



# Ambulatory Care Network

HEALTH SERVICES • LOS ANGELES COUNTY  
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<b>Policy &amp; Procedure Number</b>	<b>ACN</b>
	<b>PO-03.003</b>
<b>Origination Date:</b>	9/25/2014
<b>Revision Date:</b>	9/25/2017
<b>Review Date:</b>	11/1/2017
<b>Approved By:</b>	ACN P&P

**TITLE: Proctoring of New Providers**

**DIVISION: Ambulatory Care Network**

**SERVICE AREA/ UNIT: Medical Administration**

## 1.0 PURPOSE:

To ensure that all licensed medical practitioners are granted privileges at an Ambulatory Care Network (ACN) facility based on the recommendations of proctors and in accordance with the requirements set forth in this policy.

## 2.0 POLICY:

Licensed independent practitioners, during their initial period of provisional privileges, as well as existing practitioners, who request new or additional privileges, shall undergo a formal period of proctoring.

## 3.0 PROCEDURE:

### 3.1 Assignment of Proctor

Upon granting of provisional privileges to a licensed independent practitioners (for initial, new, or additional privileges), the ACN facility medical director shall assign one or more proctors.

No fee may be charged by the proctor for this specific service.

In a situation where the provisional practitioner has insufficient cases (at that ACN facility) to complete the proctoring, proctoring or equivalent performance (OPPE) data may be accepted from other entities, such as other ACN and DHS facilities or outside Hospitals and Ambulatory Surgical Centers, to supplement actual observation on the premises. The proctor or reviewer at the other entity must be someone who would be eligible in that entity on the basis of his/her credentials, and the range and level of privileges evaluated is the same. The provisional practitioner must consent to authorize the other entity to release copies of his/her proctoring or OPPE reports (with all patient identification information deleted) or provide a summary of proctoring or OPPE activities.

It is within the discretion of the ACN facility medical director to determine whether the proctoring at an outside entity meets the proctoring requirements of the ACN.

The person to be proctored shall be told the names and duties of his proctors.

### 3.2 Function and Responsibility of the Proctor

The proctor shall be responsible for evaluating the practitioner's performance in the exercise of the clinical privileges that have been granted according to the following specified criteria: If a procedure is performed, the proctor shall evaluate the indication for the procedure, the technique of the procedure, the manner by which it is performed and the overall procedure management of the patient.

The proctor shall utilize patients' charts, discussions with the practitioner and actual observation, as necessary, as the basis for the review.

For each case that is proctored, the proctor shall complete the Proctoring Report forms.

Though the proctor's primary responsibility is to evaluate the proctored practitioner's performance, if the proctor believes that intervention is warranted in order to avert harm to a patient, he or she may take any action necessary to protect the patient.

If the proctor and the proctored practitioner disagree on the appropriate treatment of a patient, the dispute shall be referred to the ACN facility medical director for resolution.

### 3.3 Responsibility of the Proctored Practitioner

The practitioner shall provide the information that is requested by the assigned proctor regarding the patient and the planned management.

### 3.4 Scope and Duration of Proctoring

Each practitioner granted clinical privileges must be proctored on a sufficient variety and number of cases (minimum standard of five (5) or at the discretion of the facility medical director), depending upon the scope of privileges requested. Cases are to be a representative of the full scope of practice of the practitioner.

If patient care cannot be directly observed, cases will be proctored utilizing chart review. Charts reviewed will be representative of the full scope of the practice of the practitioner, including episodic treatment, management of chronic conditions, and health maintenance activities, as appropriate.

The period of proctoring shall be a minimum of six (6) months.

In those cases where insufficient activity has occurred, or further proctoring is deemed justifiable to satisfy the proctoring requirements, the ACN facility medical director shall notify the practitioner. Proctoring shall be extended for a specific period of time, not to exceed a total proctoring period of eighteen (18) months. In those cases, where insufficient activity has occurred for a period of 18 months, the ACN facility medical director will notify the practitioner and attempt to obtain proctoring and/or OPPE information from other ACN, DHS, outside Hospitals or Ambulatory Surgical Centers. In the event the practitioner fails to satisfactorily complete the proctoring requirements after the time period allotted and no outside information is obtained to support the granting of full active privileges, the ACN facility medical director shall report the deficiencies to the ACN Credentialing and

Privileging Committee (ACN C&PC) for their review and recommendation to the Governing Body.

### 3.5 Proctoring Review

Results of proctoring and recommendations must be submitted, on or before expiration of the proctoring period, to the facility medical director who reviews and makes recommendations relative to the granting of privileges. The ACN C&PC makes final recommendations to the Governing Body regarding privileges. The proctoring report forms and all case reviews are maintained in the practitioner's credentialing file in the ACN Credentialing Unit.

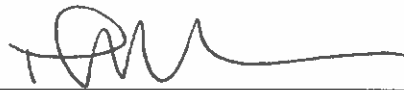
#### ATTACHMENTS:

- Attachment A – Letter to proctor
- Attachment B – Letter to provider
- Attachment C – Form to be completed by proctor
- Attachment D – Form to be completed by Dept. Chair and Medical Director

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**Prepared by:** ACN Credentialing and Privileging Committee (ACN C&PC)

**Approval:**



Date: 11/16/17

Nina J. Park, MD  
Chief Executive Officer

#### P&P History

Date	Department	Policy & Procedure #	Comments	Next Annual Review Due
9/25/2014	ACN	PO-03-003	Initial policy approved	9/25/2015
11/17/2016	ACN C&PC	PO-03-003	Revised	11/17/2017
12/8/2016	ACN P&P	PO-03-003	Approved	12/8/2017
9/25/2017	ACN C&PC	PO-03.003	Revised	9/25/2018



# Health Services

LOS ANGELES COUNTY

## Los Angeles County Board of Supervisors

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*To ensure access to high-quality,  
patient-centered, cost-effective health  
care to Los Angeles County residents  
through direct services at DHS facilities  
and through collaboration with  
community and university partners.*



<http://dhs.lacounty.gov>

DATE:

TO:

FROM:

You have been appointed to proctor \_\_\_\_\_ who has been granted provisional privileges in the Ambulatory Care Network (ACN). You will also be asked to evaluate this practitioner's professional competence, clinical judgment, ethics and conduct, compliance with ACN and facility policies and procedures. The proctoring period is from \_\_\_\_\_ to \_\_\_\_\_. Your report will form part of the basis for the granting of privileges at \_\_\_\_\_.

All efforts will be made to keep these reports in the strictest confidence. Each practitioner must be proctored on a sufficient variety and number of cases (minimum standard of five (5), or at the discretion of the facility medical director), depending upon the scope of privileges requested. Cases are to be a representative of the full scope of practice of the practitioner.

If patient care cannot be directly observed, cases will be proctored utilizing chart review.

The period of proctoring shall be a minimum of six (6 months).

Attachments: Proctoring form C and copy of privileges requested

cc: ACN Credentialing Unit



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through direct services at DHS facilities  
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DATE:

TO:

FROM:

Your credentialing application and request for privileges has been acted upon the recommendations of the Medical Director and the ACN Credentials & Privileging Committee, and the Governing Body has approved and granted provisional privileges at \_\_\_\_\_ for a period of six months. During this time, you will be evaluated for the granting of full privileges. Your proctoring period is from \_\_\_\_\_ to \_\_\_\_\_.

Your proctor(s) will be \_\_\_\_\_, M.D. and \_\_\_\_\_, M.D. At the end of your proctoring period, your proctor will submit a report based on your professional competence, clinical judgment, ethics and conduct, compliance with ACN and facility policies and procedures.

It is your responsibility to be proctored. The proctors must observe your clinical performance. You need to be proctored for at least five (5) cases.

Failure to complete proctoring may delay you being granted privileges in the Ambulatory Care Network.

DEPARTMENT OF HEALTH SERVICES AMBULATORY CARE NETWORK			
Practitioner Proctored		Name of Proctor	
Proctoring Period			
Start Date ____ / ____ / ____		End Date ____ / ____ / ____	
Type of Visit/Diagnosis/Procedure	Date	Patient Name	MRUN
<p><b>Note:</b></p> <p>If less than 5 cases proctored, justification <u>and</u> approval from the Medical Director are necessary.</p>			
<p><b>Justification:</b></p>			
<p><b>Approved by:</b> Medical Director's Name</p>		Signature	Date

	Meets Expectations	Does Not Meet Expectations
• Professional competence		
• Clinical judgment		
• Ethics and conduct		
• Attendance at provider/practitioner meetings		
• Compliance with ACN and facility policies and procedures		
• Cooperation with facility personnel		
• Use of clinic facilities		
• Interactions with other practitioners		
• General attitude towards patients, the facility and the public		
• Physical and mental capability to carry out his/her duties		
<p><b>Comments</b></p>		
<p><b>Recommendation:</b></p> <p><input type="checkbox"/> Grant active full privileges</p> <p><input type="checkbox"/> Continue provisional privileges</p> <p><input type="checkbox"/> Deny requested privileges</p>		
Proctor's Name	Proctor's Signature	Date

<b>DEPARTMENT OF HEALTH SERVICES AMBULATORY CARE NETWORK</b>
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**NOTIFICATION OF COMPLETION OF PROCTORING,  
PROCTOR'S FINDINGS, AND DEPARTMENT/SERVICE/UNIT RECOMMENDATIONS**

This form must be completed and submitted by a department/service/unit representative at the time proctoring and other evaluations are completed, with copies to the facility Medical Director for the ACN Credentialing and Privileging Committee.

Practitioner Proctored		
Department/Service/Unit	Specialty	
Recommendation: I have reviewed the proctoring reports and other information available concerning the above-named practitioner, and I make the following recommendations:		
<input type="checkbox"/> Grant All Requested Privileges <input type="checkbox"/> Extend Proctoring for _____ Months <input type="checkbox"/> Deny All Requested Privileges		
<i>Explanation for extending proctoring or deny of privileges:</i>		
Department/Service/Unit Representative Name	Signature	Date
Medical Director's Name	Signature	Date
<b>Practitioner Review:</b> If there is a recommendation that any requested privileges are to be denied, these should be reviewed by the Medical Director with the Practitioner.		
I have reviewed the above recommendations and the reasons for them and I <input type="checkbox"/> agree <input type="checkbox"/> disagree with them.		
Practitioner's Signature	Date	