



# Howard Young Medical Center

## MINISTRY HEALTH CARE

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### Medical Staff Policy & Procedure

NUMBER: MS.12.5	Effective/Approval Date: 3/94
TITLE: HYMC Medical Staff Proctoring and Focused Professional Practice Review	Revision Date: 4/94; 11/94; 8/98; 9/98; 10/98; 5/99; 7/00; Annual Review 12/02; Revised 5/05; 2/08; 8/09

**Purpose:** The purpose of time-limited proctoring and focused professional practice review is to allow the organized medical staff to identify and evaluate professional practice trends that impact the quality of care and patient safety within the organization. This process allows for any potential problems with a practitioner’s performance to be identified and resolved as soon as possible.

**Policy:** The Medical/Allied Health Staff of HYMC shall undergo an initial proctoring period to evaluate overall quality, timeliness and appropriateness of care and treatment.

Additionally, as warranted and as appropriate, applicants may undergo a time-limited proctorship to determine clinical/technical competence. The method of proctoring and focused professional practice review as described in the provisions of this policy will be determined based on the privileges requested.

**Scope:**

- Active and Courtesy Medical Staff
- Allied Health Professionals as appropriate to their scope of practice
- Individuals requesting additional privileges not previously approved
- Individuals moving from another staff category to the active staff category
- Individuals returning from an extended leave of absence
- Individuals who have the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence
- Individuals appointed where questions arise regarding a staff member’s professional practice during the course of the ongoing professional practice evaluation
- Any medical/allied health staff as requested by the Medical Executive Committee

**I. Definition: Time-limited Proctoring**

Proctoring is an objective and focused professional practice review and evaluation of a practitioner’s clinical competence. A proctor acts only as a monitor to evaluate another practitioner’s technical and cognitive skills. A proctor typically does not directly participate in patient care, has no physician-patient relationship with the patient being treated, and does not receive a fee from the patient. A proctor represents, and is responsible to, the medical staff. The main objective for proctoring is to assure the hospital has sufficient information about the practitioner to ensure that he or she is qualified to perform the granted privileges.

**II. Waiving Proctoring Requirements:**

In rare circumstances and based on the recommendation of the Department Chairperson and the Credentials Committee, initial proctoring requirements may be waived. The reasons for waiving proctoring requirements will be clearly documented.

### **III. Term of Proctoring Period**

- a.) A proctoring period shall extend for no more than six (6) months unless, in the opinion of the Department Chairperson, there has been insufficient opportunity to observe the practitioner. In this instance, the proctoring period may be extended by the Credentials Committee upon recommendation of the Department Chairperson, for an additional six (6) months.
- b.) In the case of OB privileges, the initial period of proctoring may be extended to a total of two (2) years.
- c.) Based upon the recommendation of the applicable Department Chairperson, the Credentials Committee and the Medical Executive Committee, if a practitioner fails within that period to fulfill his/her proctoring requirements, the Board of Directors may automatically terminate his or her Medical Staff membership and clinical privileges.
- d.) Based upon the recommendation of the applicable Department Chairperson, the Credentials Committee and the Medical Executive Committee, if a Medical Staff member requesting modification of staff category or additional privileges fails to fulfill his/her proctoring requirements, the Board of Directors may automatically deny the change in Medical Staff category or terminate the additional privileges.
- e.) The Medical Staff member so affected shall be given special notice of such termination and shall be entitled to the procedural rights afforded in the Fair Hearing Plan.

Allied Health Professional Staff will be entitled to the procedural rights afforded in MS.3 - Allied Health Professionals, Part Four - Disciplinary Action Procedures for Allied Health Professionals.

### **IV. General Provisions:**

- a.) Active and Courtesy Staff members of the department or departments to which the practitioner has been assigned shall have primary responsibility for evaluating the practitioner. The proctor will be provided with a copy of the practitioner's clinical privileges. It is acceptable for an Affiliated Staff member to serve as a proctor when retrospective proctoring will be conducted.

A physician who is presently under the provision of proctoring may not serve as a proctor.

- b.) Any member of the medical/allied health staff requesting additional/new privileges is required to notify the Department Chairperson, provide evidence of training/qualifications and be proctored for such privileges.
- c.) When concurrent or prospective proctoring is indicated, it is the responsibility of the practitioner to arrange directly with the proctor(s) for the observation of the required number and types of cases.

It is the responsibility of the practitioner to ensure the timely submission of the proctoring forms to the Medical Staff Office.

- d.) Approved proctoring and focused professional review methods include, but are not limited to the following:

- Concurrent proctoring – direct observation in real time.
- Prospective proctoring – practitioners describe the treatment plan or procedure they intend to carry out. This may be conducted via phone.
- Retrospective proctoring – cases are reviewed post-patient discharge for processes and outcomes.
- Off-site proctoring may be accomplished by an individual(s) at another institution with the training and experience in a relevant specialty.
- Review of operative and non-operative clinical procedures performed and their outcomes;
- Blood utilization, medication management, morbidity and mortality data;
- Requests for tests and procedures, use of consultants, medical record compliance, length of stays, utilization management;
- Any other relevant criteria as deemed appropriate by the medical staff.

**V. Procedure:**

**New Appointees:**

- a.) Following approval by the Board of Directors, the practitioner will be assigned a lead proctor(s) by the appropriate Department Chairperson. In general, the proctor will have credentials and privileges that are similar or equal to those of the proctored physician. The practitioner will receive written notification of the proctoring requirements.
- b.) Based upon available information, the Department Chairperson will determine the number of cases and mechanism of proctoring.
- c.) Within the first three months, retrospective proctoring will be initiated by Medical Staff Services. Cases will be assigned to the lead proctor and review will include all aspects of care outlined in the appropriate proctoring form. Following review of these records, the completed proctoring forms will be forwarded to the appropriate Department Chairperson. The Department Chairperson may recommend to the Credentials Committee:
  1. No additional review or proctoring is indicated, recommend conclusion of time-limited proctoring, or
  2. recommend further retrospective review of an additional specific number of cases, or
  3. recommend that concurrent review of a specific number of cases occur prior to recommending conclusion of time-limited proctoring.
  4. In the event of (2) or (3) above, the Department Chairperson will provide the practitioner in writing, the reasons/rationale for the continued proctoring. The practitioner will be encouraged to review any health information records where documentation or quality of care concerns have been identified.

- d.) Following retrospective review and in the event the Department Chairperson concurs that a certain number of admissions or surgical procedures require concurrent review, the admissions department will be informed to co-admit to the lead proctor, and/or the Director of Surgery will be informed that the practitioner's lead proctor needs to be present prior to the induction of anesthesia.
1. The lead proctor must be present in the operating room in which the case is being done during the surgical procedure. Anesthesia will not be started until the evaluator is present.
  2. If the lead proctor disagrees about the procedure to be done or the indications for it, the lead proctor should explain his or her opinion to the practitioner.
  3. The lead proctor has the right and the responsibility to directly intervene (even to the extent of taking over the case) at any time during the concurrent evaluation, if, in his or her opinion, such intervention is in the best interest of the patient. The intervention shall be reported immediately to Quality Management and to the Department Chairperson.

**Modification of Privileges:**

- a.) Based upon available information, the Department Chairperson will make a recommendation to the Credentials Committee of the number of cases to be concurrently and/or retrospectively reviewed. The practitioner will receive written notification of the proctoring requirements.
- b.) Upon board approval, the medical/allied health staff member may perform the additional privileges requested with the recommended proctoring requirements.
- c.) Proctoring for these privileges may be accomplished by another member of our medical/allied health staff or by an individual(s) at another institution with the training and experience in a specialty associated with the new procedure and a familiarity with its expectations, possible complications and outcomes.
- d.) Upon successful completion of the proctoring requirements, the Medical Executive Committee will inform the staff member in writing that they may perform the additional privileges independently.

**VI. Conclusion of Time-Limited Proctoring Period:**

- a.) Based upon the requirements established by the Department Chairperson and the Credentials Committee, the Medical Staff Services office will monitor the proctoring period. In the event that it appears proctoring requirements are not being fulfilled, the Department Chairperson and lead proctor will be informed.
- b.) At the end of the proctoring period, the appropriate Department Chairperson will review all available information and make a recommendation to the Credentials Committee as to whether or not the proctoring period may be concluded by submitting a signed statement indicating the following: *The practitioner has met all of the qualifications, has discharged all of the responsibilities, and has not exceeded or abused the prerogatives of the Medical Staff category or Allied Health Professional Staff to which he or she was appointed; and, the practitioner has satisfactorily demonstrated his or her ability to exercise the clinical privileges initially granted to him or her.*

- c.) Based upon the review of all available information and in the event the Department Chairperson does not feel the proctoring period should be concluded, the Department Chairperson may offer any of the following recommendations to the Credentials Committee:
1. the proctoring period as outlined in III a. or b. - “Term of Proctoring Period” be extended (not to exceed one year);
  2. privileges may not be exercised until evidence of completion of specific continuing medical education has been reviewed by the Department Chairperson. If the continuing medical education has not been completed prior to the end of the practitioner’s initial term of appointment, their membership and privileges will expire. The practitioner may reapply upon completion of the required continuing medical education.
  3. the Medical Staff member will be informed that he/she has failed to fulfill the proctoring requirements. The practitioner will be given special notice of such termination and that he/she shall be entitled to the procedural rights afforded in the Fair Hearing Plan.
  4. Allied Health Professional Staff member will be informed that he/she has failed to fulfill the proctoring requirements and will be entitled to the procedural rights afforded in MS.3 - Allied Health Professionals, Part Four - Disciplinary Action Procedures for Allied Health Professionals.
- d.) Based upon the recommendation of the Department Chairperson, the Credentials Committee will recommend to the Medical Executive Committee one of the following:
1. the proctoring period be concluded;
  2. the proctoring period as outlined in III a. or b. - “Term of Proctoring Period” be extended (not to exceed one year);
  3. privileges may not be exercised until evidence of completion of continuing medical education;
  4. Medical Staff member will be informed that he/she has failed to fulfill the proctoring requirements. The practitioner will be given special notice of such termination and that he/she shall be entitled to the procedural rights afforded in the Fair Hearing Plan.
  5. Allied Health Professional Staff will be informed that he/she has failed to fulfill the proctoring requirements and will be entitled to the procedural rights afforded in MS.3 - Allied Health Professionals, Part Four - Disciplinary Action Procedures for Allied Health Professionals.

## **VII. Immunity**

Evaluation during the time-limited proctoring period and focused professional practice review is the responsibility of all members of the Medical/Allied Health Staff. Proctoring and focused professional practice review is an aspect of peer review and as such is protected under the same state and federal law protections as other peer review activities. All documents prepared for the purpose of reviewing or monitoring the quality of care and services of the individuals working at the hospital are to be held confidential and considered privileged in accord with Wisconsin Statutes, Sec. 146.38.

The records are prepared for the purpose of reviewing or evaluating the quality of care and services of the individual health care providers working at the hospital. All documentation generated as a result of proctoring or focused professional practice review shall be secured in the practitioner's clinical activity profile.