

**Title: MEDICAL STAFF PROCTORING**

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Location: Saint Joseph Regional Medical Center - Plymouth		Department: Plymouth- Medical Staff Affairs

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**POLICY:**

1. The medical staff of Saint Joseph Regional Medical Center-Plymouth is committed to assuring the competencies of its members through established assessment processes.
2. Members of the Medical Staff Executive Committee are responsible to oversee activities to measure, assess, and improve performance on an organization-wide basis. The Credentials Committee of the Medical Staff Executive Committee is required to develop and conduct a properly designed proctoring process that includes the following structural elements:
  - A. Definition of circumstances requiring proctoring
  - B. Specification of participants to be involved in the proctoring process
  - C. Timeframes to conduct proctoring activities and report results
  - D. Provision for participation by the individual whose performance is being proctored.
3. Essential Functional Elements/ Process goals include:
  - A. Consistent - Proctoring is conducted according to defined procedures for all cases meeting the organization’s definition of circumstances requiring proctoring.
  - A. Timely - The time frames specified in the proctoring procedures are adhered to reasonably.
  - B. Defensible - The conclusions reached through the process are supported by a rationale that specifically addresses the issues for which the proctoring was conducted, including, as appropriate, reference to the literature and relevant clinical practice guidelines.
  - C. Useful – The results of proctoring activities are considered in practitioner specific credentialing and privileging decisions and, as appropriate, in the organization’s performance improvement activities.
  - D. Ongoing - Proctoring conclusions are tracked over time, and actions based on proctoring conclusions are monitored for effectiveness.
2. All proctoring activities will be conducted in consideration and consistent with the hospital’s mission to ensure the provision of the best quality care to its patients.
3. PURPOSE:
  - A. To provide guidelines to assist the Medical Staff in determining the competency of:
    - 1) New practitioners’ who seek non-core privileges, and
    - 2) Practitioners who seek privileges to perform new or rarely performed procedures, and
    - 3) Any Practitioner when circumstances arise reflecting a quality of care concern or potential for a concern to develop.
    - 4) Any practitioner as deemed necessary and appropriate by the Medical Staff Executive Committee.

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**4. RESPONSIBILITIES:**

- A. Proctor Responsibilities: Responsibilities may include as specified one or more of the following:
- 1) Medical record review shall be concurrent and done daily;
  - 2) The proctoring physician shall see the patient within 24 hours of admission;
  - 3) Direct observation of care delivery/ procedures;
  - 4) Provision of daily oversight in the medical management of Inpatient cases.
  - 5) Completion of proctoring evaluation forms shall be case by case and sent to the Director of Performance Improvement within 72 hours of the patient's discharge.
- B. Proctoree Responsibilities: Responsibilities may include as specified:
- 1) The practitioner to be proctored carries the responsibility of finding an appropriate proctor, which is determined to be a physician who is experienced in the field of the case being performed.

**PROCEDURE:**

- A. The Credentials Committee shall approve the terms of proctoring i.e.; number of cases to be recommended and authorize acceptable proctors and the timeframe to complete the process.
- B. The Proctoree will inform the proctor of all proctoring requirements including documentation completion.
- C. The Proctoree will submit the name of the Proctor to the Credentials Committee of the MEC for approval.
- D. The proctor will be provided with appropriate forms for documentation and be expected to complete forms upon completion/satisfaction of the case/ proctoring requirements and submit them to the Director of Organizational Outcomes (within 72 hours of the patient's discharge) to be forwarded to the Credentials Committee.
- E. SPECIAL PRECAUTIONS/ CONSIDERATIONS:
1. In accordance with Indiana Statutes, Saint Joseph Regional Medical Center- Plymouth maintains the strict confidentiality of all peer review information from unauthorized disclosure. Additionally, confidentiality of all information related to patients, physicians, and all other health care providers through the review and reporting process is maintained.
  2. A professional health care provider, a peer review committee, and the governing board of the Medical Center may use information obtained by peer review committees for legitimate internal business purposes. This is based on I.C. 34-4-12.6-2

**Definitions:**

- Proctor: A practitioner whose clinical knowledge and expertise qualifies them for evaluating the performance of the proctoree.

**References/Standards:**

- Medical Staff Bylaws