

MINUTES
of the Fourth meeting of the
Surgical First Assistants' Technical Review Committee

June 18, 2015
1:00 p.m. to 4:00 p.m.
Lower Level Conference Room "A"
The Nebraska State Office Building, Lincoln, NE

Members Present

Diane Jackson APRN (Chairperson)
Ben Greenfield, LP
Judith Lee Kissell, PhD
Jeff Baldwin, Pharm. D., R.P.
Michael R. Kinney, J.D.

Members Absent

Mary C. Sneckenberg
James Temme, R.T.

Staff Present

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Diane Jackson called the meeting to order at 1:02 p.m. The roll was called; a quorum was present. She welcomed all attendees and indicated that the agenda and Open Meetings Law were posted and the meeting was advertised online at http://dhhs.ne.gov/Pages/reg_admcr.aspx. The committee members unanimously approved the agenda and minutes from the May 27th, 2015 meeting.

II. Discussion on the Surgical First Assistant Proposal

Ms. Jackson began by stating that at the last meeting the committee did accept the amendment to the applicant group's proposal; however, there were still some outstanding questions that needed to be addressed. The first item to be clarified involved the definition of a misdemeanor. Ms. Hurst provided and reviewed a document titled "Examples of DHHS Regulations on "Misdemeanor" & "Felony" Attachment #1. The applicant group's recommendation was to include language in regulations that do not limit or define misdemeanor or felony. Mr. Kinney indicated that there should be some definition that does not include non-moving violations or juvenile matters. Mr. Greenfield reflected on what the Perfusionist did in relation to the definition. The Perfusionist do not limit or define misdemeanors. Dr. Baldwin suggested using the Pharmacists definition which states, "Conviction of a misdemeanor or felony under state law, federal law, or the law of another jurisdiction and which, if committed within this state, would have constituted a misdemeanor or felony under state law and which has a rational connection with the applicant's, or licensee's fitness or capacity to practice the profession..." (172 NAC 128.007.03) Mr. Rieker stated that the applicant group would like to start from a point of full transparency and not leave any subjectivity so that an applicant can't decide what to report and what not to report.

Ms. Jackson then asked what board the Surgical First Assistants (SFA) would fall under. Ms. Hurst stated that the SFA's would be a committee under the Board of Medicine and Surgery. Ms. Jackson stated that would need to be added back into the appropriate section of their amendment to the proposal. There was discussion on which board would oversee Surgical Technologists (STs). It was suggested they would be under the Board of Nursing since their work is directed by nurses. The applicant group will further discuss this with the Department.

The next item discussed was verification of competency for STs. Ms. Hurst handed out a copy of the Application for Medication Aide Registration Attachment #2. She outlined section five of the document as an example of how documentation of competency assessment could be handled for STs. Mr. Kinney asked if it was necessary for an applicant to include their date of birth and social security number on the application due to privacy and potential identity theft issues. The applicant group stated they would find out the reason those items are included on the application.

The next topic discussed involved how to define direct patient care. After much discussion, it was decided that it is nearly impossible to find the line between medical tasks and direct patient care. In conclusion, the committee directed the applicant group to develop a range of functions for STs that can be directed by a nurse. The Surgical SFA can perform all of the duties defined in the range of functions plus the SFA scope of practice. Mr. Rieker stated that their proposal has the SFAs working under the personal supervision of a physician.

The next topic that needed some additional clarification was regarding closures. It was recommended that the following language be included in the closure section of the scope of practice for SFAs;

- Utilize appropriate techniques to assist with closure of body planes
 - A. Utilizing running or interrupted subcutaneous sutures with absorbable or non-absorbable material
 - B. Utilizing subcuticular closure technique with or without adhesive skin closure strips
 - C. Closing skin with method indicated by surgeon (suture, staples, etc)
 - D. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon.

Ms. Hurst also distributed a listing of definitions and acronyms, Attachment #3, and a document titled "Surgical First Assistant Credentialing Review – The Four Criteria", Attachment #4, for the committee to review.

III. Comments by Other Interested Parties

There were no additional comments by other interested parties at this time.

IV. Public Comment

A public member asked which STs would be required to go through a competency assessment. Ms. Hurst stated that STs are reaching out to the state to get clarification regarding who has to go through the competency

V. Next Steps

Ms. Jackson stated that the public hearing on this review will be on July 8th, 2015 beginning at 1:00 pm. She reviewed the format for the public hearing.

VI. Other Business and Adjournment

There being no further business, the meeting was adjourned by acclamation at 2:50 p.m.

Attachments:

Attachment #1 Examples of DHHS Regulations on Misdemeanor & Felony

Attachment #2 Application for Medication Aide Registration

Attachment #3 Definitions and acronyms

Attachment #4 Surgical First Assistant Credentialing Review – The Four Criteria