

Applicant group response to ASA/AST recommended answers dated June 30, 2015

As the Technical Review Committee has requested, the following responses from Sidney Regional Medical Center and the Nebraska Hospital Association address the recommended answers issued by the Association of Surgical Technologists and affirmed by the Association of Surgical Assistants dated June 30, 2015.

1. Comments regarding the definition of ‘misdemeanors’ being used. What are some examples?

Neither organization provided a recommendation for this question. Please see the original submission from SRMC and the NHA in response to this question, included below.

Please see the document entitled “Examples of DHHS Regulations On ‘Misdemeanor’ & ‘Felony’” dispersed at the June 18th meeting of the Technical Review Committee (TRC) for examples of current professional and occupational licensure regulatory definitions of “misdemeanor” and “felony.”

As discussed at the meeting, the applicant group wants to ensure the absence of subjectivity in interpretation of the reporting requirements in the licensure application process. Requiring reporting of all misdemeanors and felonies while excluding infractions ensures full disclosure on the part of the applicant. Additionally, the applicant group wants to facilitate the Department of Health and Human Services’ (“Department”) efforts to standardize credentialing regulations while maintaining public safety. Recent occupational licensure regulations do not limit the definition of “misdemeanor” and “felony.”

The applicant group recommends that application requirements for both licensure of surgical first assistants and registry of surgical technologists exclude minor traffic violations and do not limit the definition of “misdemeanor” and “felony.”

2. Comments on ‘due diligence’ pertinent to the following items NOT being included in the SFA scope of practice: a. positioning the patient, b. preparing and draping the patient for the operative procedure, c. providing visualization of the operative site, and d. applying wound dressings.

As discussed at the June 18th TRC meeting, inclusion of functions within a statutory scope of practice are specific to the occupation addressed and do not preclude other allied health care professionals or health care practitioners from performing them. In meeting with the Department, it was recommended that functions integral to an occupation are included in the proposed scope of practice. Based on the Department’s recommendation, these functions will remain in the proposed scope of practice for the surgical first assistant.

3. Comments on the role of SFAs in the closure of body planes, if any.

As submitted during the July 8th meeting of the TRC, the following limitations on closure of body planes were amended into the proposed scope of practice:

Assist with closure of body planes,

- a. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material,

- b. Utilizing subcuticular closure technique with or without adhesive skin closure strips,
- c. Closing skin with method indicated by surgeon (suture, staples, etc.), and
- d. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon.

4. Comments on the role of SFAs in preparing specimens, grafts, etc., if any.

As indicated in the proposed scope of practice for surgical first assistants, licensed practitioners will be able to prepare specimens, including grafts, which is an accepted function for the occupation. Harvesting of grafts is not included in the proposed scope of practice.

5. Comments regarding who should or should not be required to sit for the ST assessment procedure.

The applicant group recommends that proof of current national certification exempts registry applicants from the competency requirement if the Department deems it appropriate. If the Department finds exemption of certified surgical technologists is appropriate, any surgical technologist not possessing certification will be required to complete the assessment procedure for registry eligibility.

6. Comments regarding which board or boards should administer the regulation of STs and SFAs?

As indicated in the application amendment dated July 8th, 2015, the applicant group recommends that the Board of Medicine and Surgery administers licensure of surgical first assistants and the Board of Nursing has oversight of the surgical technologist registry. The amendment is supported by both the Nebraska Nurses Association (NNA) and the Nebraska Medical Association (NMA).

The NHA has discussed this issue at length with fellow stakeholders and adheres to the consensus that the Board of Nursing is the most appropriate oversight entity for the registry. Surgical technologists do not practice independently and function primarily under nurse supervision. Though independent practitioners may direct surgical technologists before, during and after operative procedures, nurses are the only practitioners who delegate tasks to surgical technologists.

The Board of Nursing also has experience managing other registries for dependent allied health professionals with oversight of the medication aide and nursing assistant registries. As a framework for registry management already exists under the Board of Nursing, development of a new registry with this Board will be more streamlined and cost effective.

While it has been argued that Nebraska should adopt models attributed to other states and the applicant group should recommend that the Board of Medicine & Surgery oversee the registry, this argument does not consider Nebraska's unique legal boundaries. Physicians cannot delegate tasks to unlicensed individuals in Nebraska. Independent practitioners do not possess the same relationship with allied health care professionals as physicians in other states as they can only direct unlicensed personnel to complete a task. In Nebraska, registered nurses are the primary supervisors of unlicensed personnel and are therefore the appropriate administrators of regulation relating to these fields, including surgical technology.

As registered nurses are the primary supervisors of surgical technologists and delegate tasks integral to the field of surgical technology, and development and management of the registry will be more cost effective for a

Board already familiar with this type of oversight, SRMC and the NHA contend that the Board of Nursing is best suited to regulate the registry of surgical technologists.

7. Comments regarding which health professionals should administer or evaluate the competency assessment for STs?

Though the Department will determine who the appropriate health care professionals are for evaluating surgical technologists for purposes of the competency assessment, the applicant group recommends that it is in line with the medication aide registry requirements of a licensed health care professional who must indicate his or her occupation and medical license number.

8. Comment on the nature of the assessment process for STs: Is it a formal examination? Or is it an interview? Or something else?

SRMC and the NHA agree that demonstration is the appropriate nature of this assessment. As is the case for medication aides in Nebraska, the competency assessment is a demonstration of the registry applicant's ability to perform basic functions of the occupation. The licensed health care professional must observe and certify that s/he witnessed the registry applicant's ability to successfully complete the functions listed. This might occur during the educational process, on-the-job training, or in the course of the applicant's employment.

It has been suggested that a licensed independent practitioner (i.e. physician) should conduct the competency assessment and the applicant group is amenable to this recommendation.

9. Comment on the idea of defining a scope of practice for SFAs and a range of functions for STs under the terms of the proposal, with the exception that SFAs would have both a scope of practice and a range of functions, whereas STs would only have a range of functions.

As licensed health care professionals under this proposal, surgical first assistants will have a statutory scope of practice that defines the functions an individual can perform under the license.

The State of Nebraska does not define range of functions for unlicensed personnel. Statutes surrounding regulation of unlicensed individuals define the occupation and requirements for proposed regulation but do not address the full range of functions that an allied health professional can potentially perform.

The minimum standards for competencies outlined statutorily for a registry define the functions that must be demonstrated for registry eligibility and do not operate as a scope of practice. The statutes outlining Nebraska's medication aide registry (which can be found [here](#)) illustrate this principle. While the proposed minimum standards for competencies of a surgical technologist list a range of functions, these are for demonstrative purposes only and do not limit or define the functions of a surgical technologist.

A facility such as a hospital or clinic will determine the appropriate range of functions of a surgical technologist utilizing a job description and/or competency requirements in line with national standards and an individual's experience.