Attachment 1

# APPENDIX

## DEFINITIONS

**Delegation:** "the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcomes." (American Nurses Association, www.aacn.org/wd/practice/docs/aacndelegationhandbook.pdfwww.aacn.org/wd/practice/docs/aacndelegationhandbook.pdf)

**Direct supervision:** services furnished directly or under arrangement in the hospital or on-campus provider-based department means that the physician must be present on the same campus and immediately available to furnish assistance and direction throughout the performance of the procedure. For services furnished directly or under arrangement off-campus in a provider-based department of the hospital, direct supervision means that the physician must be present in the off-campus provider-based department and immediately available to furnish assistance and direction throughout the performance of the procedures. (CMS Manual, Chapter 15, Section 80.)

**General supervision:** the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. (CMS Manual, Chapter 15, Section 80.)

**Licensed independent practitioner:** The Joint Commission defines a licensed independent practitioner "as an individual, as permitted by law and regulation, and also by the organization, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization." (www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentialing_booklet.pdf)

**Personal supervision:** a physician must be in attendance in the room during the performance of the procedure. (CMS Manual, Chapter 15, Section 80.)

**Scope of practice:** A 2005 Federation of State Medical Boards report defined scope of practice as the "Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability." (Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005, library.fsmb.org/pdf/2005_grpol_scope_of_practice.pdf)

**Surgical assistant (SA):** As defined by the American College of Surgeons (ACS), surgical assistants provide aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant performs these functions during the operation under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations. (www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Surgical%20Assistant%20Job%20Description.pdf)

**Surgical technologist (ST):** allied health professionals, who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists possess

expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

Surgical technologists prepare the operating room, including the sterile field, setting up surgical equipment, supplies and solutions. During surgery, surgical technologists pass instruments, fluids and supplies to the surgeon and prepare and manage surgical equipment. Surgical technologists simultaneously manage the sterile field and specimens. Surgical technologists perform a count of sponges and supplies to prevent foreign retained objects. Surgical technologists are certified following successful completion of a CAAHEP-accredited program or other programmatically-accredited surgical technology program and the national Certified Surgical Technologist (CST) examination administered by the National Board of Surgical Technology and Surgical Assisting.
(www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Job%20Descriptions.pdf)