

**REPORT OF RECOMMENDATIONS AND FINDINGS
ON THE PROPOSAL TO LICENSE SURGICAL FIRST ASSISTANTS
AND REGISTER SURGICAL TECHNOLOGISTS**

By the Nebraska
State Board of Health

To the Director of the Division of Public Health of the Department of Health
and Human Services, and the Members of the Health and Human
Services Committee of the Legislature

November 16, 2015

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Part One: Preliminary Information

Introduction

The Credentialing Review Program is a review process advisory to the Legislature which is designed to assess the need for state regulation of health professionals. The credentialing review statute requires that review bodies assess the need for credentialing proposals by examining whether such proposals are in the public interest.

The law directs those health occupations and professions seeking credentialing or a change in scope of practice to submit an application for review to the Department of Health and Human Services, Division of Public Health. The Director of this Division will then appoint an appropriate technical review committee to review the application and make recommendations regarding whether or not the application in question should be approved. These recommendations are made in accordance with statutory criteria contained in Section 71-6221 of the Nebraska Revised Statutes. These criteria focus the attention of committee members on the public health, safety, and welfare.

The recommendations of technical review committees take the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies formulate their own independent written reports on the same credentialing proposals. All reports that are generated by the program are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of health care professions.

The Members of the Nebraska State Board of Health

Kevin Borchert, PharmD, RP

Jim Trebbien (public member)

Shane Fleming, BSN, MSN, RN

Russell Hopp, DO

Diane Jackson, APRN

Kevin Low, DDS

Dale Michels, MD (Chair)

Anthony Moravec, DVM

Debra Parsow (public member)

Roger Reamer, MBA (Hospital Administrator)

Teresa Konda, PE

Paul Salansky, OD (Vice Chair)

Wayne Stuberg, PhD, PT

Travis Teeter, MD

Joshua Vest, DPM

Douglas Vander Broek, DC

Jeromy Warner, PsyD, LP

Meetings Held

The Meeting of the Credentialing Review Committee of the Board, Held September 10, 2015

The Meeting of the Full Board of Health, Held September 21, 2015

Part Two: Summary of Recommendations on the Surgical First Assistants' Proposal

Summary of the Technical Committee Recommendations

These committee members recommended approval of the Surgical First Assistants' proposal.

Summary of the Recommendations of the Nebraska State Board of Health

The advice of the Board's Credentialing Review Committee to the full Board

The Board's Credentialing Review Committee Members advised the full Board to recommend approval of the applicants' proposal.

The recommendations of the full Board of Health

The members of the full Board of Health recommended approval of the applicants' proposal.

Part Three: Summary of the Surgical First Assistants' Proposal

1. The following replaces the response to Question #4 on the credentialing review application for surgical first assistants submitted on February 23, 2015.

PART A: Licensure of Surgical First Assistants

Part A of this proposal seeks to license surgical first assistants that have obtained a level of education, training, and examination as approved by the Nebraska Department of Health and Human Services (hereafter, "the Department"). The surgical first assistant occupation has its own specific educational standards as well as private certification requirements. Under this proposal, the Department would collaborate with the private certifying bodies issuing certification for surgical first assistants to facilitate the State of Nebraska's endorsement of the education, training and testing upon which the private credential is based. These standards would become part of the new licensure standard for surgical first assistants in Nebraska. Under this proposal, only those surgical assistants who have met the new licensure standard of appropriate education, training and examination are eligible for licensure. The applicant group recommends that the Board of Medicine and Surgery oversees this license.

According to The American College of Surgeons, "[t]he [surgical first assistant] participates during a surgical operation and is a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions." The surgical first assistant works under the personal supervision of a physician as an allied health care provider, providing quality health care services.

Under Part A of the application, the proposed scope of practice for a surgical first assistant includes but is not limited to the following list of items. These would comprise the proposed statutorily defined scope of practice for surgical first assistants.

1. Assisting the surgical team in the intraoperative care of a surgical patient,
2. Positioning the patient,
3. Preparing and draping the patient for the operative procedure,
4. Providing visualization of the operative site,
5. Assist with hemostasis,
6. 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.),
 - d. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon,
7. Applying appropriate wound dressings,
8. Providing assistance in securing drainage systems to tissue,
9. Preparing specimens, such as grafts, and
10. Performing tasks during a surgical procedure delegable under the personal

supervision of a licensed physician appropriate to the level of competence of the surgical first assistant.

The applicants want to ensure that training for surgical first assistants can occur in Nebraska. This requires that trainees are allowed, under state law, to perform tasks integral to the accredited program in which he or she is enrolled while unlicensed. Under this proposal, the applicants are requesting that statutory language similar to that which applies to physician assistants under [Neb. Rev. Stat. 38-2048](#) is developed and included in the legislative proposal to facilitate training of surgical first assistants in the state. This will also pave the way for development of accredited programs in Nebraska's educational institutions.

The proposed language is as follows: Notwithstanding any other provision of law, a trainee may perform medical services when he or she renders such services within the scope of an approved program.

The following health care practitioners will be exempted from the Surgical First Assistant Practice Act: Physicians, Advanced Practice Registered Nurses, Physician Assistants, Registered Nurses and Licensed Practical Nurses.

PART B: Registry for Surgical Technologists

Part B of this proposal requests creation of a mandatory registry with a competency assessment requirement for surgical technologists. The purpose of this registry is to assist the State of Nebraska in ensuring that individuals functioning in the surgical technology occupation meet the competency requirements necessary to provide quality care in the State. The applicant group recommends that the Board of Nursing oversee the creation and maintenance of the registry.

Completion of an accredited surgical technology program is not a requirement of the registry but a component of the information collected. As a provision of Part B of this proposal, the registry shall include the highest level of education of the registrant. Applicants will be required to provide a copy of his or her transcript in support of an indication that he or she has completed a surgical technology program. The proposal also requests that the documentation includes an opportunity for the applicant to acknowledge his or her possession of certification in surgical technology from a private certifying board.

The proposed model for the mandatory registry qualifications includes:

To qualify for placement on the Registry, the applicant must:

1. Be at least 19 years of age;
2. Be of good moral character; and
3. Be a citizen of the United States, or an alien lawfully admitted into the United States;
4. Submit to the Department:
 - a. A completed application including:
 1. applicant name, address, birth date, last four digits of the applicant's Social Security Number;
 2. identification of any felony or misdemeanor conviction along with date of occurrence and county in which the conviction occurred;

3. whether or not the applicant has completed an accredited program in surgical technology;
 4. whether or not the applicant has obtained private certification in surgical technology; and
 5. certification of competency assessment completed by a licensed health care professional.
- b. All records, documents or information requested by the Department;
- c. The required non-refundable fee as determined.

Though the Department will develop registry requirements, the following is a potential model based on the Medication Aide Registry ([71-6723](#), [71-6725](#)), including the elements for the competency assessment. Surgical technologists are allied health professionals who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the direction of hospital and clinic policies to ensure that the operating room environment is safe, equipment functions properly and the operative procedure is conducted under conditions that maximize patient safety. As part of the registry application, a determination will be made by a licensed health care professional and placed in writing that the surgical technologist is competent to perform the following functions and procedures. These items would be defined in statute as the range of functions and procedures for surgical technologists. The statute will also include wording that clarifies that surgical first assistants are also able to use these same functions and procedures.

1. Checks supplies and equipment needed for surgical procedure,
2. Scrubs, gowns and gloves,
3. Sets up sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure,
4. Performs appropriate counts with circulator prior to the operation and before incision is closed,
5. Gowns and gloves surgeon and assistants,
6. Helps in draping sterile field,
7. Passes instruments, etc., to surgeon during procedure,
8. Maintains highest standard of sterile technique during procedure,
9. Prepares sterile dressings,
10. Cleans and prepares instruments for terminal sterilization,
11. Assists other members of team with terminal cleaning of room,
12. Assists in prepping room for the next patient,
13. Positioning the patient,
14. Preparing and draping the patient for the operative procedure, and
15. Providing visualization of the operative site.

The applicant group recommends that proof of current national certification exempts registry applicants from the competency requirement if the Department deems it appropriate.

The full text of this proposal can also be found under the Surgical First Assistant topic area of the credentialing review program link at http://dhhs.ne.gov/Pages/reg_admcr.aspx

Part Four: Discussion on the Issues

Comments by Diane Jackson, APRN, Chairperson of the Surgical First Assistant's Technical Review Committee

Ms. Jackson provided an overview of the work of her committee. She stated that the core issue of this review is whether surgical first assistants should be licensed to perform suturing procedures. Currently, only physicians, advanced practice nurses, and physician assistants are allowed to perform suturing procedures.

Ms. Jackson informed the other Board members that there are approximately fifteen surgical first assistants in Nebraska, most of whom are under the employment of surgeons. Ms. Jackson informed the other Board members that there are at least six-hundred surgical technologists in Nebraska, perhaps as many as nine-hundred, according to some estimates. The proposal would create a registry for them. She went on to state that their work consists of assisting surgeons during surgery as well as maintaining a 'sterile field' during surgical procedures. She went on to state that there are two schools in our state that provide training for surgical technologists, but added that some have received informal training via 'OJT', which the current proposal would allow to continue.

Ms. Jackson stated that one of the strengths of the current proposal is that it would enable surgical first assistants to do their work in Nebraska. Currently they are not allowed to practice in Nebraska. She added that another strength of the current proposal is the fact that it would create a regulatory mechanism for surgical technologists in the form of a registry. This registry would help define basic information about this profession including exactly how many members of the profession there are in Nebraska and how we might go about providing discipline for them. Ms. Jackson stated that one weakness of the proposal is the relatively small number of surgical first assistants in our state. She added that another weakness of the current proposal is that it does not call for the licensing of surgical technologists.

Dr. Vest asked Ms. Jackson about defining a pathway for surgical technologists to become surgical first assistants. Ms. Jackson responded that such a pathway is included in the proposal and that it involves approximately eighteen months of additional training. She added that some of this training is on-line and some of it is hands-on.

Board member Parsow asked Ms. Jackson how the registry for surgical technologists would help us regulate the members of this profession. Ms. Jackson responded that the registry would provide for the disciplining of this profession and that an offending practitioner could be removed from the registry which would mean that he or she could no longer practice in Nebraska. She added that the applicants informed the members of her committee that they intended to model this registry along the lines of the current med aid registry. She added that the applicants also stated that there would be a fee for this credential.

A spokesperson for the surgical technologists informed the Board members that there are two routes for a person to become a surgical first assistant, one of which is working as a surgical technologist and then taking additional training to become a surgical first assistant. The other route is an academic one via one of the eight surgical first assistant education and training programs around the nation. Dr. Teetor commented that nurses also have a special training program for satisfying requirements for surgical first assistant practice. A spokesperson for nursing commented that satisfying these requirements includes taking two-thousand hours of training, plus additional didactic training, plus additional clinical work.

Comments by Interested Parties

John Lindsay, JD, speaking on behalf of Nebraska Ambulatory Surgical Centers, expressed concern that the surgical technology component of the proposal would restrict access to, and increase the cost of, surgical services because of the added costs associated with additional training for these technicians. He added that the applicants did not demonstrate any public health related rationale for this component of the proposal.

Board member Diane Jackson commented that the proposal does not require additional training for surgical technologists but merely requires passing a competency assessment administered by a physician before being allowed to provide services. Mr. Lindsay responded that this assessment process would restrict the number of surgical technologists available to provide services, thereby increasing the costs of these services. Ms. Jackson responded that this assessment is not essentially different from what is already occurring under the auspices of employers and that, under the terms of the proposal, employers would continue to define how such assessments would be done and evaluated. Ms. Parsow commented that the proposal should be no more restrictive than what already exists under the current practice situation.

Discussion by the Members of the Full Board of Health

Dr. Hopp commented that he sees merit in the surgical first assistant licensure component of the applicants' proposal, but not in the surgical technology component of the proposal. He went on to state that no information was presented to document that there is any harm to the public associated with the services of surgical technologists, and that this is why he sees no need for that component of the proposal. He added that he would be willing to support a motion recommending the surgical first assistant component of the proposal as long as such a motion does not include the surgical technology component. Dr. Stuberg reminded the Board members that credentialing review proposals cannot be separated into component parts and acted on piecemeal. They are always voted 'up or down' as a single entity.

Dr. Michels asked whether or not a surgeon would be able to give an order or make a request to a surgical technologist during a surgical procedure under the terms of the proposal. Ms. Jackson responded that a physician cannot give a surgical technologist an order, and must work with the nurse that oversees the surgical technologist. Dr. Michels asked for clarification regarding which board or boards would be administering the various components of the proposal. Ms. Jackson responded that the surgical first assistant licensure would be administered by the Board of Medicine and Surgery and that the surgical technology registry would be administered by the Board of Nursing. Dr. Michels expressed concern about the increasing number of technology groups that are seeking to have their credentialing proposals administered by the Board of Medicine and Surgery.

Part Five: Recommendations of the Board of Health

Actions Taken by the Board Members:

The members of the full Board of Health took the following action on the applicants' proposal.

Voting to recommend approval of this proposal were Borchert, Fleming, Low, Salansky, Stuberger, Vest, Vander Broek, Jackson, Parsow, Konda, Teetor, Trebbien, and Warner. Voting against approval of this proposal were Hopp and Michels. By this action the members of the full Board of Health recommended approval of the applicants' proposal.