

“A New Paradigm in Surgical Advanced Practice: Expanding the Scope of Nurse Practitioners to Assist at Surgery as an RN First Assistant”



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Objectives

- Describe perioperative concepts for the nurse practitioner (NP)
- Identifiies nursing behaviors unique for the NP/RNFA
- Explain nurse practitioners scope of practice as an assistant at surgery



At the end of this presentation

- Describe the current concept and preparation of nurse practitioners assisting at surgery as RN First Assistants.
- Discuss the various surgical procedures requiring an assistant at surgery.
- Differentiate scope of practice between advanced practice and expanded role.



U.S. Surgical Nursing Corps History



- Revolutionary War
- Civil War
- Spanish American War
- WW I
- WW II
- Korean War
- Vietnam War
- Middle East
- Afghanistan



Missing the Boat

“The ANA believes physicians have the right to develop individuals who will assist them in the routine aspects of medical practice. However, we do not believe, as the AMA does, that this is an appropriate role for RNs, as this would be a waste of the nursing manpower.”

October 1970

Eileen M. Jacobi, EdD.

RN, October, 1970, pg. 82



Institute of Medicine (IOM)

Future of Nursing

Recommendations

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved educational system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the U.S.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructures.



APRN Regulatory Model

APRN Specialties
 Focus of Practice beyond role and population focus
 Linked to health care needs Examples include but are not limited to:
 Oncology, Older Adults,
 Orthopedics, Nephrology, Palliative care, Critical Care

POPULATION FOCI

Family/Individual Across lifespan Adult-Gerontology Women's Health/Gender Related Neonatal Pediatrics Psych/Mental Health

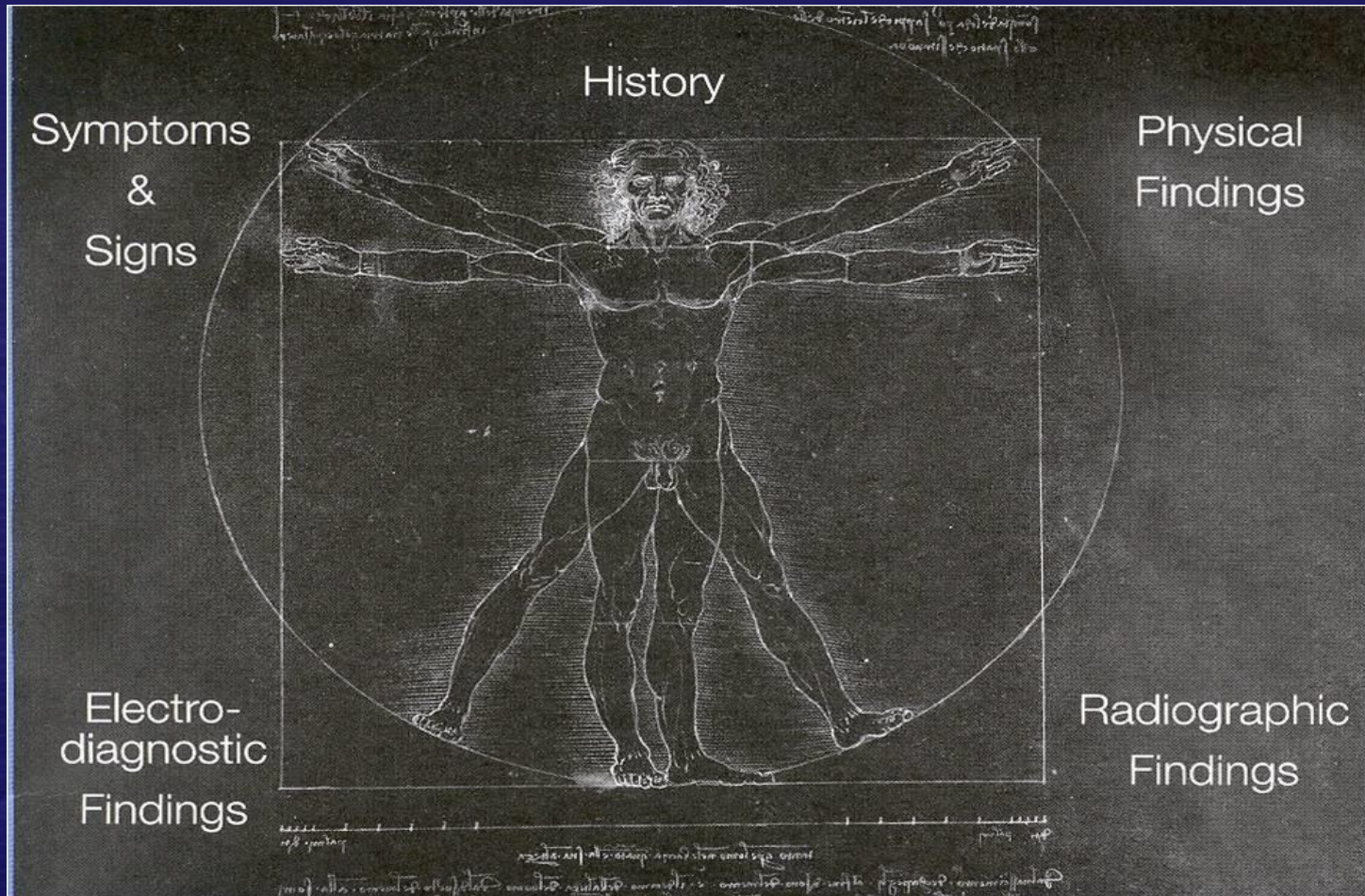
APRN ROLES

Nurse Anesthetist Nurse Midwife Clinical Nurse Specialist ++ Nurse Practitioner +

Licensure occurs at Levels of Role & Population Foci

+The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Program may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNP's in these roles.

Physical Assessment



Definition of Surgery

- Surgery simply means opening the human body and cutting tissues to treat problems that arise in the body. This may mean removing tissue, altering tissue or simply changing the way the human body works with treatments performed inside the body, typically under anesthesia



Surgical Specialties

- General surgery
- Orthopedic surgery
- Neurosurgery
- Spinal surgery
- Otolaryngology
- Obstetrical surgery
- Gynecological surgery
- Craniofacial surgery
- Radical neck surgery
- Genitourinary surgery
- Cardiac surgery
- Thoracic surgery
- Vascular surgery
- Trauma surgery
- Plastic surgery
- Ophthalmologic surgery



William S. Halstead, MD



- 19th century legendary American surgeon
- Precise surgical technique
- “School for safety in surgery” that emphasized gentle tissue handling, meticulous hemostasis, sharp dissection, aseptic practice and attention to detail
- Lowered surgical infections & improved patient outcomes



Roles of surgeon and assistants

Surgeon	First assistant	2 nd assistant
Incisions	Provide exposure	Retraction
Dissection	Tying suture	Cutting suture
Suturing	Following suture	Suction
Cutting tissue	Clamping	Observation
Hemostasis	Suction	



Definition of Perioperative Nursing

Perioperative nursing is a nursing specialty that works with and cares for patients who are having *operative or invasive procedures*. **Perioperative nurses** work closely with surgeons, anesthesiologists, nurse anesthetists, surgical technologists, PAs, and APRNS (e.g., NPs, CNMs, CRNA, and CNS).



Surgical Conscience

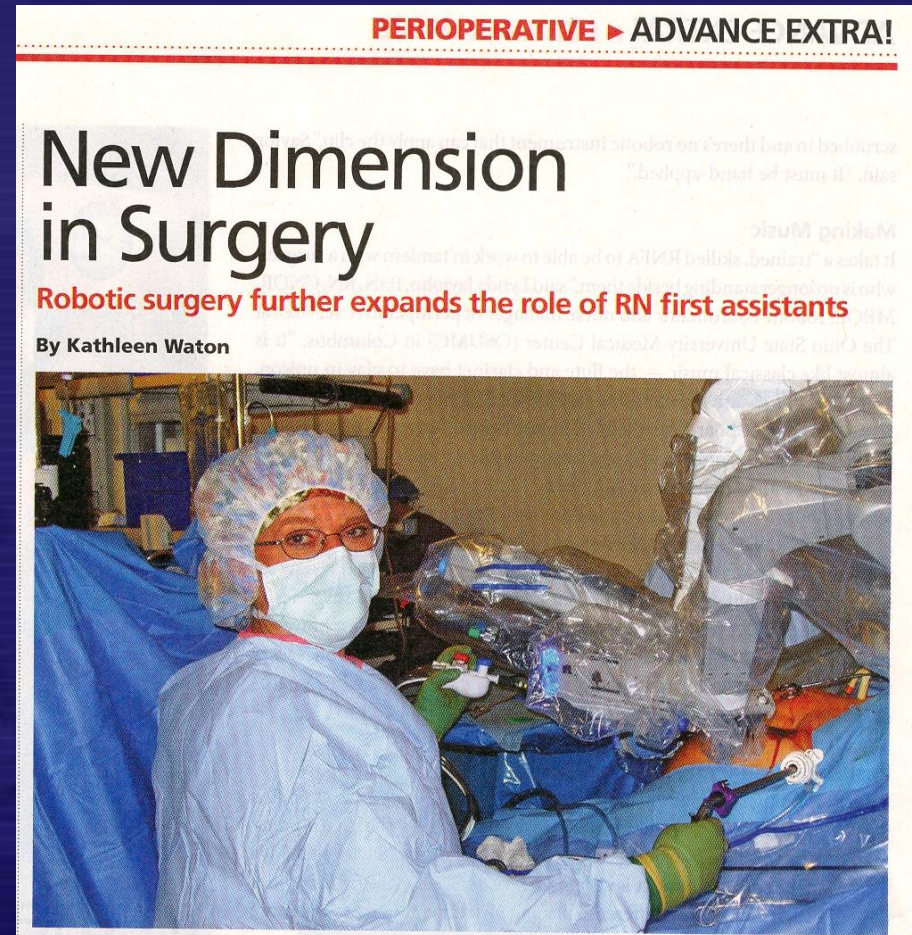
- The term refers to the concept of human conscience as it applies to the performance of all of the activities that occur in the operating room.
- In its strictest sense, **surgical conscience** is about much more than just using good surgical technique or not taking shortcuts.
- It's about consistently exhibiting ethical behavior and promoting patient safety all the time, in every circumstance—and doing the **“right thing”** in a surgical setting even if nobody else is watching or is aware that patient safety has been compromised, however minor or insignificant the compromise may appear to be.

<http://ortoday.com/surgical-conscience-a-guiding-light-in-the-modern-or/ortoday.html>



Definition of RN First Assistant (RNFA)

- An RN who through additional education and training has obtained the necessary technical skills and knowledge to function as the assistant to the surgeon during an operation.
- Additionally, the RNFA is competent to perform individualized nursing care management before and after surgery.



RN First Assistant

Intraoperative performance of surgical first-assistant techniques such as:

- *using instruments/medical devices*
- *providing surgical site exposure,*
- *handling and/or cutting tissue,*
- *providing hemostasis,*
- *suturing, and*
- *wound management*



RN First Assistant

- First assisting behaviors based on an extensive body of scientific knowledge
- Unique behaviors delegated: medical functions → **expanded role**
- Behaviors may vary depending on patient populations, practice environments, services provided, accessibility of human and fiscal resources, institutional policy and state nurse practice acts.



American College of Surgeons (ACS) Official Statement

- ACS: 1980-*Qualifications of Assistant in OR*
- **RNs** may function as assistants when more completely trained assistants **not** available
- OR team cannot be reduced-scrub nurse may **not** act as assistant
- Practice privileges-hospital based
- **RNs** must adhere to state nursing practice act



American Association of Neurological Surgeons

- Statement: Neurosurgical Assistants

The neurosurgeon in charge of the case is best able to determine the level of competence required by the surgical assistant and should have the responsibility in choosing an appropriate assistant surgeon or surgical assistant.



AANS Statement of Neurosurgical Assistants

- The assistant (whether physician, **advanced practice provider**, or other) should receive **separate reimbursement commensurate with his/her talent and training.**



Scope of Practice

The phrase “scope of practice” (SoP) can be interpreted two ways.

It’s what you **know to do**- suture, handle/cut tissue, provide exposure, use instruments/medical devices, and provide hemostasis and so on.

But it is also what the *law* allows a RN First Assistant (RNFA) in your state to do. It’s important that what you are doing in your practice be parallel to the law on SoP in your state.

The RNFA role is *recognized* in all **50** states Nurse Practice Act’s however it is an understood statement in most.



Scope of Practice (SoP)

- State board of nursing (SBN) established to interpret and enforce the state nurse practice act.
- Institutional policies should outline the parameters of RNFA practice according to SBN policy → **AORN**
- Practicing outside SoP?



Scope of Practice

The ultimate decision as to the use of an assistant-at-surgery remains with the primary surgeon, and the role varies with the surgical procedure, specialty area and type of hospital. The ultimate goal is to assure quality of patient care.



What is the RN First Assistant role?

- Facilitate surgery
- Right-hand professional provider to surgeon(s)
- Flex between roles
- Ability to multi-task
- Contribute to patient's outcomes
- Ultimate patient advocate

Surgery is not a static profession



Surgical Etiquette

- The role of the RNFA is to aid the operating surgeon and make the operation flow smoothly.
- Optimally, the RNFA follows the lead of the surgeon like the partner in a dance.
- The RNFA does not try to lead but instead **anticipates** the needs of the surgeon and adjusts his or her **momentum** to match the **rhythm** of the surgeon.



Role

- The Surgical NP/RNFA provides
 - Preoperative
 - Intraoperative
 - Postoperative

CARE of the PATIENT



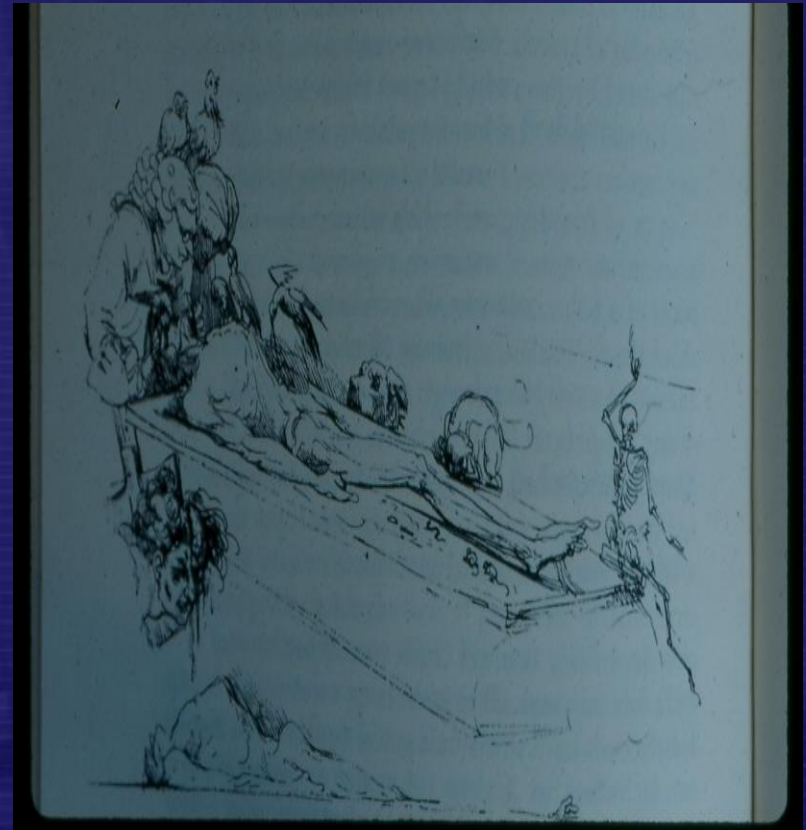
Role

- Preoperatively the Surgical NP/RNFA provides
 - Pre-op teaching by having a detailed understanding of the specific procedures of a surgical sub-specialty
 - Ordering pre-op lab tests &
 - Diagnostic studies
 - Obtain and dictate history & physical
 - Reconcile at home medications
 - Consult with other healthcare providers



The Art & Science of Surgery

- Clinical reasoning
- Operative risks
- When to operate
- Surgical technique
- Operative principles
- Decision-making





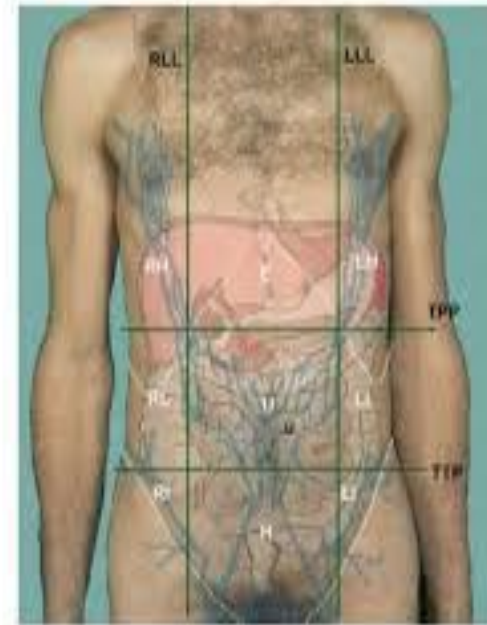
Review and interpret image studies



Surgical Anatomy and Technique

- Possess a profound basic science knowledge of surgical anatomy
- Understand anatomical entities involved with each operation
- Be familiar with an Atlas a step-by-step of proposed surgical procedures

Surface anatomy of anterior abdomen



Role

- Intraoperatively the NP/RNFA has competent knowledge of
 - Sterile technique
 - Positioning
 - Prep/Drape
 - Advanced profound knowledge of surgical anatomy
 - Incision landmarks
 - Dissection techniques



Surgical Time Out (WHO--Surgical Safety checklist)

- Core components of STO

Interview patient & family

Patient identification

Verify surgical consent

Verification of operative site

Assure patient & family understand surgery

H&P, PMH (Beta Blockers), PSH, and allergies

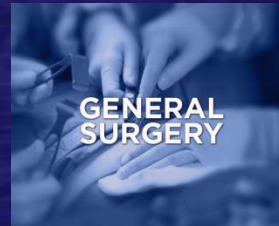
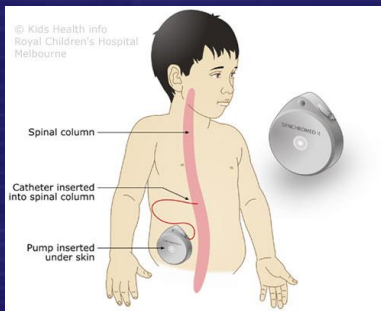
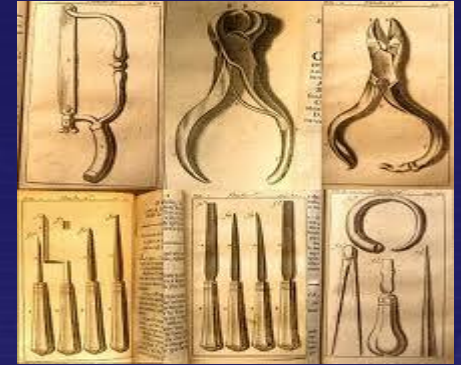
Required on hand equipment & blood availability



Role NP/RNFA

- Intraoperative surgical first-assisting, including but not limited to,
- (RNFA Behaviors)
 - Providing surgical site exposure
 - Handling and/or cutting tissue
 - Suturing and tying techniques
 - Providing hemostasis
 - Use of surgical instruments & medical devices
 - Wound management



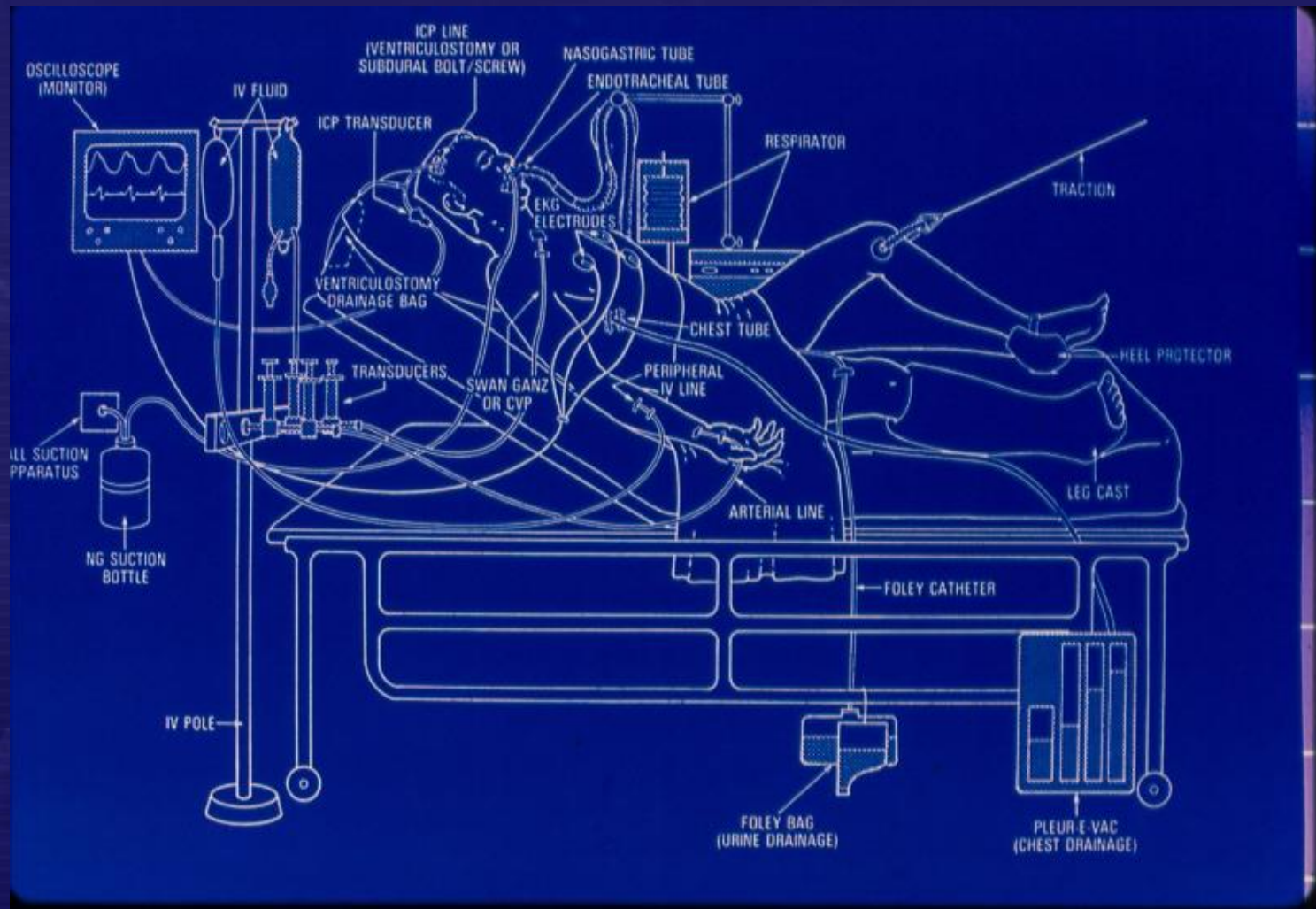


Role of NP/RNFA

- Postoperatively
 - Write post-op note and orders
 - Accompany patient to PACU/ ICU
 - Provide care of specific surgical post op patients
 - Daily hospital rounds
 - Postoperative teaching
 - Take home post op medications: Rx
 - Discharge summaries
 - Post-op follow-up in clinic/office

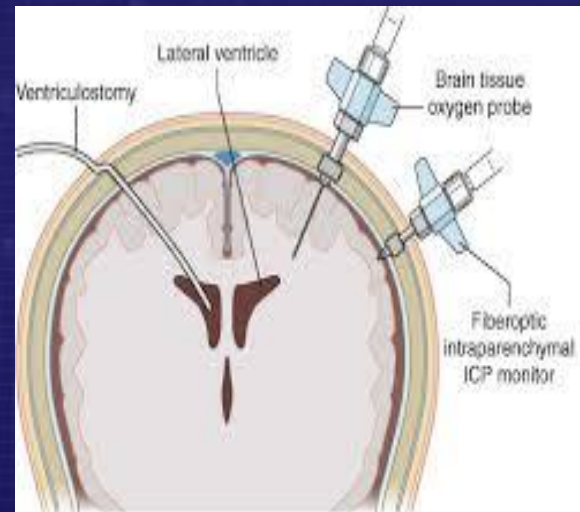


Clinical Competence



Advanced Practice Providers (APP) Procedures

- Shunt taps
- Lumbar punctures
- Insertion of intracranial monitors
- Jackson-Pratt (JP), Blake, and external ventricular drain management and removal
- Application of spinal traction (Gardner-Wells tongs, HALO ring)
- Device interrogation and programming of a neurological devices such as a shunt valve, vagal nerve stimulator, deep brain stimulator or intrathecal pump
- Load brain lab datasets and assist with neuro navigation



Source: Fauci AS, Kasper DL, Braunwald E, Hauser SL, Longo DL, Jameson JL, Loscalzo J, *Harrison's Principles of Internal Medicine*, 17th Edition; <http://www.accessmedicine.com>. Copyright © The McGraw-Hill Companies, Inc. All rights reserved.



Preparation of the NP/RNFA

- Successful completion of an RNFA program
- Education is equivalent to six (6) semester credit hours of formal, post-basic nursing study
- Meets the **“AORN Standards for RN First Assistant Education Programs”**
- Required, as of **January 1, 2016**, to acquire the knowledge and skills needed to provide safe, competent surgical first assistant services by completing a RNFA program, which may be a standalone program or may be a portion of a graduate or postgraduate program (e.g., additional coursework included in a graduate APRN program)



Halsted, the “father of the American residency system,” performing surgery.



Acceptable Competency & Credentialing (CCI) RNFA Programs

- <http://www.cc-institute.org>
- Competency & Credentialing Institute (888) 257-2667



AORN Standards for RN First Assistant Education Programs

- Advanced practice registered nurses without experience in perioperative patient care must undergo an assessment by the program instructor. The assessment should include competency in preoperative and postoperative care, aseptic technique, scrubbing, gowning, gloving, creating and maintaining a sterile field, and positioning the patient. *If it is determined that the applicant's knowledge or skills are deficient, faculty members in the educational institution shall develop a plan to remediate the identified deficiencies.*

»

Approved: AORN December 2013



APRNs

Align yourself with an OR Nurse Educator

- ***Gowning & gloving***
- ***Aseptic technique***
- ***Creating & maintaining a sterile field***
- ***Positioning***
- Prepping & draping
- Operative instrumentation
- Application of tourniquets
- Placement of monitoring devices
- Dressings & drainage systems
- Post-operative pain control methods
- Peri-Anesthesia Nursing

Review: Essential Surgical Skills 2nd
edition CD ROMS—Disc 1



Credentialing & Privileging

What's the difference?

- Credentialing is the process of examining an individual's credentials to determine his/her ability to meet set criteria. e.g. licensure, any degrees, or certifications.
- Privileging is the process a candidate must complete to gain the privilege of being able to provide patient care in a facility. e.g. types of procedures, qualifications required, evaluating qualifications, and approving, modifying, or denying the request for privileges

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Bryon Burlingame MS, BSN, RN, CNOR
PP 264-267



American College of Surgeons Physicians as Assistants at Surgery 2013 Study

The study reviews all procedures listed in the “Surgery” section of the AMA’s Current Procedural Terminology (CPT TM) 2013

<https://www.facs.org/~/.../pas%202013.ashx>



Reimbursement

Will Medicare pay?

Medicare pays for a surgical assistant when the procedure is authorized for an assistant and the person performing the service is a physician, physician assistant (PA), nurse practitioner (NP) or a clinical nurse specialist (CNS).



Summary

- Perioperative nursing is a specialized area of practice for the ***advanced practice registered nurse*** (APRN).
- Specialty areas of practice (Surgery) require additional preparation. The perioperative NP who functions in the role of the first assistant at surgery is functioning in an ***expanded*** perioperative nursing role which requires additional specialized education.
- We need to ensure that all nurses are working to the highest level of their education and training as the IOM report states.
- Embrace this opportunity and take a risk!
- ***Si se puede!*** UFW motto: Cesar Chavez y Dolores Huerta 1972



Gracias! for your attention!



UCLA Extension RN First Assistant Program



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- uclaextension.edu/RNFA

Post Conference *QUESTIONS?*

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