AE

ADMINISTRATIVE EYECARE

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ASC STAFFING ROLES AND CONSIDERATIONS

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Allied Ophthalmic Personnel (AOP) perform a wide variety of tasks and procedures under the direction of a licensed ophthalmologist in the practice setting. They collect data, perform procedures, administer medication and treatments, and supervise patients. Given the importance and value of their role in this setting, it seems logical they could serve in a similar capacity in the Ambulatory Surgery Center (ASC).

However, in the ASC, the ophthalmologist is the surgeon, not the staff supervisor. The ASC is the employer and the provider. Therefore the approach to clinical staffing relies heavily on regulatory conformance and staff function within established scope of practice. It is imperative for surgeons and administrators to understand their staff roles and responsibilities to ensure quality provision of care, meet compliance standards, and mitigate risk.

Patient care is delivered by nursing staff in the ASC. Surgical techs (STs) assist the surgeon in the operating room and may have responsibility for instrument processing and supply management. Depending on procedure volume and throughput, nursing assistants (NA) or medical assistants (MA) may be utilized as "nurse extenders" to facilitate efficiency pre- and post-operatively.

NURSING STAFF

Nursing care is typically provided by Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Licensed Vocational Nurses (LVNs), and sometimes by Surgical Techs (STs) and Medical Assistants (MAs).

RNs. Registered Nurses provide patients with a comprehensive nursing assessment and implement physician orders including medication administration. Their licensed scope of practice allows them to assess and document patient care including, but not limited to, pre- and post-op patient assessment, the time-out process, use of the safe surgical checklist, and clinical status as it relates to discharge criteria. Should an emergency arise, the RN is typically responsible for activating an emergency code and coordinating the care the patient requires.

Half of the states have mandated an RN circulator—the advocate

when patients cannot speak for themselves—for hospitals, and most of those also mandate an RN circulator for ASCs. The Centers for Medicare and Medicaid Services (CMS) also has regulations addressing the RN circulator. Responsibilities include observation of the entire surgical process, verification of surgical counts as needed, identification and correction of any breaks in asepsis, direction of the time-out process, medical record documentation, and adherence to informed consent.

LPNs, LVNs, and STs. Licensed Practical Nurses or Licensed Vocational Nurses and Surgical Techs may assist with circulating duties, but must be directly supervised by an RN. CMS defines that direct supervision as "…immediately available and able to physically intervene and provide care." In the ASC, this means inside the operating room. Therefore an RN circulator is the most efficient staffing model. In no case should an LPN or ST be substituted for an RN in the circulating role.

LPN/LVNs have a limited scope of practice. In most cases, they are restricted to a focused assessment of the patient, meaning vital signs and gathering of certain data. The RN is required to perform a comprehensive nursing assessment. LPN/LVNs are not a substitute for an RN. States differ on licensure scope of LPN/LVNs, so check your state board of nursing to understand the scope of practice of LPN/LVNs in your employ.

Because laser procedures (such as those involving yags) are viewed as minor procedures, some ASCs use STs or MAs to circulate these procedures. Remember that circulating involves assessment and documentation of care. Only an RN can provide that assessment, documenting in the patient record items such as time out, use of safe surgical checklist, and a nursing assessment. It is not within the scope of a MA or ST to perform these functions.

ADMINISTRATION OF ANESTHESIA

Certified Registered Nurse Anesthetists (CRNA) are often used in ASCs for administration of anesthesia. This should be their only function. While they are an RN, they cannot circulate surgical cases at the same time they are functioning as an advance practice nurse.

When an RN is used to provide conscious sedation under the direction of a physician, that RN must be dedicated to administering sedation and monitoring the patient's response. A circulating RN is still required to perform circulating duties.

NURSE EXTENDERS

While unlicensed assistive personnel (UAP) such as NAs, MAs, and ophthalmic assistants may be employed at the ASC, they are not functioning in the capacity of physician extenders here. In this setting, their function is nurse extender. They assist with vital signs, weights, clothes changing, equipment cleaning between patients, stocking, and patient transportation. They are not allowed to administer medications, even eyedrops. Regulation of UAPs varies by state so it is important to know what your state allows and requires for training and certification of UAP.

SCRIBES

Scribing for physicians began in the hospital, specifically the Emergency Department (ED). A scribe was hired so that the ED physician could focus on the emergency in front of him/her. With the penetration of electronic medical records, scribing has crept into ASCs.

This is acceptable as long as the individual has training in how to scribe, has a specific job description, and is not performing other functions. For example, an RN circulating a case cannot also scribe for a surgeon. Additionally, specific notation should indicate the use of a scribe such as "Scribed by Dr. X, scribe name and title" with the date and time of the entry.

MAXIMIZING EFFICIENCY, MINIMIZING RISK

Staffing is a never-ending challenge in the ASC. Knowing and understanding the scope of practice of your staff members will enable your staffing decisions to maximize efficiency and minimize risk. *AE*

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