



# ALLIED HEALTH WORKERS IN THE ASC

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The delivery of health-related services that are Allied Health distinct from medicine and nursing.

- O AH Careers are wide ranging and can be independent or collaborative.
- O AH Jobs are about 60% of the medical field.
- O 2 Types of Allied Health Personnel:
  - ✓ Professionals can direct the care on behalf of, or in collaboration with physicians - typically independent of the physician.
  - ✓ Workers are dependent on the physician.

https://www.indeed.com/career-advice/finding-a-job/what-is-allied-health



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## **Allied Health Education**

## **Possible Routes**

- Short certification programs
- Associate degree programs
- o 4-year degrees
- On-the-job training

https://nursinglicensemap.com/resources/allied-health/

## It's More than Semantics

#### **Allied Health WORKER**

Provides support to "main" provider

#### **Examples**

- RNFA
- Neurophysiological Intraoperative Monitoring Technician
- Anesthesia Tech or Anesthesia Assistant
- Private Surgical Scrub Tech or RN

### **Allied Health PROFESSIONAL**

Provides diagnostic interpretation

#### **Examples**

- Nurse Practitioner
- CRNA
- Physician's Assistant



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## **Scope of Practice**

## **Sutures**

- O Can RN suture if private scrub with a physician?
- O Can an ST suture if a private scrub?
- O Suturing is considered a minor surgical procedure
- Check your state
  - ✓ No ability to suture unless APN
  - Ability to suture unless muscles, tendons or blood vessels are involved
  - Emergency only





## **ASC Responsibility for Allied Healthcare Providers**

- o MEC/GB
- Sponsoring Physician
- Perioperative RN/Clinical Director

**AORN** Position Statement on Allied Health Care Providers

The perioperative RN is responsible for supervising the appropriate performance and completion of delegated nursing tasks, both direct and indirect. Supervision of allied health care providers and support personnel is a function of the perioperative RN.



https://www.aorn.org/-/media/aorn/community/government-affairs/issues-and-initiatives/asc-policy-news/positionstat-allied-health-care-providers-and-support-personnel.pdf



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## **Documentation Requirements** for Allied Healthcare Providers

- O Must have the same competencies as employees with similar functions
- Application
- o CV
- Licensure/Certification as applicable with verification
- Malpractice Insurance (usually physician sponsor provides)
- Delineation of Privilege Form
- Orientation
- Health File
- Annual Competency/Review by MD & Designee at ASC
- Reapproval every 2 years by MEC/Board (no peer review)



## **Delineation of Privileges** Neurophysiological **Intraoperative Monitoring Tech**

DELINEATION OF PRIVILEGES

Neurophysiological Intraoperative Monitoring Technician

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#### DEFINITION:

A Neurophysiological Intraoperative Monitoring Technician is a member of the health care team who provides medical care authorized and supervised by a physician member of the medical staff. The NIMT Obtains certification from the American Board of Registration of Electroencephalographic and Evoked Potential Technologists (ABRET) or an associate's degree in electroencurodiagnostic technology (END), accredited by the Commission on Accreditation of Allied Health Education Programs.

The IOMT provides monitoring during high risk neurological surgery. Specific procedures within a specialty are individually credentialed as indicated by training and experience. The interpreting provider must be physically present or available by means of real-time, remote monitoring.

#### CRITERA FOR CREDENTIALING:

#### Initial Credentialing:

- Completion of a certification from ABRET or Associates degree in END.
   Documentation of current health screen including TB testing
   BLS certification
   Completion of facility orientation

#### Re-Credentialing Criteria:

- Demonstrate continued certification
   Demonstrated continued competency as evaluated and determined by the supervising physician
   Documentation of current health screen including TB testing
   BLS certification

## INTRAOPERATIVE MONITORING TECHNICIAN CORE PRIVILEGES AND RESPONSIBILITIES:

It is understood that when the IOP performs delegated acts, tasks or functions of medicine, it is under the authorization and/or supervision of a physician. This non-physician physician can perform as a team member and is integrated into each service as described in the guidelines for that service.

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## **Delineation of Privileges** Neurophysiological Intraoperative **Monitoring Tech**



1	<b>DELINEATION OF</b> Neurophysiological Intraoperat		ian Page 2 of 3	
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# Delineation of Privileges Private Surgical Scrub

competent to perfor	m the following procedures with supe	upervised and has proven to be rvision of a physician.				
REQ. APP.	<b>0</b> ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Assist sponsoring physician in surge	ry				
	Drape patient/prep skin for surgery	,				
	Gown/glove physicians and assistan	its in surgery				
	Pass instruments in surgery					
	Retract tissue in surgery					
	Irrigate/suction wounds					
	Remove drains					
	Load/unload autosutures					
	Thread/cut/tie/remove sutures					
	Mix/drain medications					
	Other (describe):					
	-					
Annual Review Date	Allied Health Worker	Clinical Director				
Date:	Physician Signature:					
Reviewed by Clinica	al Director (data):					
Neviewed by Cillica						
Approved by Medic	al Advisory Committee (date):					
	. ,					
Medical Director		Date				
Governing Body		Date				

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Competency Based Performance Assessment Private Scrub
PROGRESSIVE SURGICAL SOLUTIONS A EVISION OF REM CONSULTING

	COMPETENCY BASI PRIVAT	ED PERFORM E SURGICAL			Page 1 of 3	
DA	ATE:					
1	Does Not Meet Expectations	minimum requir	rements. In	position requirements. Perfo nmediate improvement requi	ired.	
2	Meets Some Expectations			s competent performance. No le improvement needed in si		and
3	Meets Expectations	Frequently mee within establish	ets job requ standards	irements, all planned object	lives were achieve	
4	Exceeds Expectations	Frequently exce above establish		quirements, all planned obje rds.	ectives were achie	eved
CO	MPETENCY		SCORE	COMMENTS		
	CHNICAL SKILLS					
1.	Capable of trouble shooting equip	ment problems.				
2.	Verbalizes knowledge of risks and					
3.	Reports malfunctioning equipment to personnel.					
	Demonstrates awareness of proto malfunctioning equipment and rep	air.				
5.	Anticipates the need for equipmen	t and supplies				
6	based on surgeon preference.  Selects equipment and supplies in	an omanized	1			
0.	cost effective and timely manner.	an organized,				
7.	cost effective and timely manner. Assures all equipment is functioning	ng before use				
_	and removes any malfunctioning e	quipment.				
8.	Demonstrates skill in appropriate instruments and equipment.	use of				
Q	Operates mechanical, electrical ar	nd air-nowered				
٥.	equipment according to manufact					
	instructions.					
	Assures emergency equipment an available at all times.					
11.	Keeps surgical suites clean, tidy, f	ree of soiled	1			
12	equipment and supplies, and prop Follows established policies and p	rocedures for	<del>                                     </del>			
	surgical counts.		1			
	Initiates corrective actions when s are incorrect.	-				
	Demonstrates ability to create and sterile field.					
	Uses principles of aseptic practice situations.					
10.	technique occur.	Juno III	1			
17.	Wears appropriate attire in restrict	ed area.				
	Adheres to recommended traffic p			1		
19.	Demonstrates knowledge in the sa handling of instrumentation.	afe care and				
20.	Demonstrates knowledge of sterile standards and practices.	processing				

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Competency Based Performance Assessment Private Scrub	COMPETENCY BASE PRIVAT	<facility e="" ed="" name:="" performanci="" scr<="" surgical="" th=""><th>E ASSESSMENT</th><th>Page 3 of 3</th></facility>	E ASSESSMENT	Page 3 of 3
	ALLIED HEALTH WORKER COMMEN		Sponsoring Physician Signatu	re Date
PROGRESSIVE SURGICAL SOLUTIONS A EVISION OF IRSM CONSULTING				

Allied Health Workers are beneficial to your ASC

## Remember...

- O Know scope of practice
- O Credential and appoint
- O Review competencies





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## **Questions?**

Contact Debra Stinchcomb <a href="mailto:debra@pss4asc.com">debra@pss4asc.com</a>





# Available to Members on eSupport

#### eSupport > Facility Staff Documentation > Personnel Files

- O Personnel File Guidelines for Allied Health Workers
- Allied Health Worker Duties Request Form (Example)

#### **eSupport > Medical Staff Credentialing > Credentialing Guide**

- Credentialing Guide | Allied Health Professionals
- General Orientation Checklist: Medical Staff / Allied Health Professionals



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A place to connect, support, and network with other ASC managers all over the country

www.facebook.com/groups/ascmanagers



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## **Upcoming Webinars**

DATE		CE	WEBINAR TOPIC	SPEAKER
AUG 22	60	RN, CASC	Meaningful Hand Hygiene Surveillance	Crissy Beze
SEP 26	20		Excel for Nurse Leaders	Nancy Stephens
OCT 28	60	RN, CASC	Revenue Cycle Management: Improving the Bottom Line	Kylie Kaczor
NOV 28	20		Annual Survey Watch Report 2022	Cyndi Krause
DEC 16	60	RN, CASC	Life Safety Risk Assessment: What is it and what is Required?	John Crowder, Jr.



www.ProgressiveSurgicalSolutions.com/webinars