

TITLE: PHYSICIANS ASSISTING AT SURGERY

POLICY #

MANUAL: MEDICAL STAFF

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Effective Date: 6/26/01

Approval /s/

Reviewed/Revised: 9/04, 2/08, 07/11; 2/15

I. VALUES CONTEXT

Our value of Excellence requires us to provide a safe environment.

II. PURPOSE\EXPECTED OUTCOME(S)

A. To comply with State Regulations

1. Title 22, Chapter 5, Section 70223 b. (4).

70223 b: A committee of the medical staff shall be assigned responsibility for:

70223 b (4): Determining which operative procedures require an assistant surgeon or assistants to the surgeon.

B. To insure the presence of qualified physicians/assistant during surgical procedure when deemed necessary based upon guidelines from the American College of Surgeons.

III. POLICY

A. Supportive Data – Physicians as Assistants at Surgery: 2013 Study

This is the-sixth edition of Physicians as Assistants at Surgery, a study first undertaken in 1994 by the American College of Surgeons (“ACS”)and other surgical specialty organizations. The study reviews all procedures listed in the “Surgery” section of the American Medical Association’s Current Procedural Terminology (CPT™) 2013. Each organization was asked to review codes applicable to their specialty and determine whether the operation requires the use of a physician as an assistant at surgery: (1) almost always, (2) almost never, or (3) some of the time. The results of this study were presented in the report issued by ACS, a copy of which is on file in the SRMH Operatig Room.

This table presents information about the need for a physician as an assistant at surgery. It is noted that an **indication that a physician would “almost never” be needed to assist at surgery for some procedures does NOT imply that a physician is never needed.** The decision to request that a physician assist at surgery remains the responsibility of the primary surgeon and, when necessary, should be a payable service.”

It should be noted that unlisted procedure codes are not included in this table because, by nature, they are undefined and vary on a case-by-case basis.

The organizations participating in this effort understand that local resources and patient characteristics can have an impact on the type of professional who may be asked to serve as an assistant at surgery.

- B. Personnel – Assistant: It is the responsibility of the surgeon to secure an assistant and ensure that the assistant is present just immediately prior to the commencement of the surgical procedure.

It may be necessary to utilize non-physicians as first assistants. A physician assistant (“PA”) or Registered Nurse First Assistants (“RNFA”) may be used as a first assistant with additional surgical training and at the discretion of the surgeon, **provided the privilege to assist at surgery has been approved by the Medical Staff and the Hospital for such privileges.**

IV. PROCEDURE

- A. On occasion, acute surgical emergencies will present from various sources (inpatients, Emergency Department, or ICU) where the surgeon’s judgment and discretion are paramount, and expediency in proceeding with surgery in all haste is a necessity. This policy does not restrict such action nor in any way obviate the surgeon’s responsibility.
- B. It is the responsibility of the operating surgeon not to begin a surgical case without the knowledge that the intended assistant is readily available.
- C. A surgical assistant must be an individual who is capable, if necessary, of maintaining the operative situation until a more qualified surgeon is available; or who is able to continue the procedure to completion with or without another assistant. Use of a **Physician Assistant or a Registered Nurse First Assistant, who has been approved for surgical assisting privileges, in accordance with SRMH credentialing policies,** will be at the discretion of the surgeon.
- D. In accordance with regulations, the policy and the “Physician as Assistants at Surgery” study by the American College of Surgeons is to be reviewed every three years or more often if necessary, by the applicable department chairs and section chiefs. All listings in the study are subject to modification based upon changing needs in standard of treatment.
- E. **All privileges for acting as a first assistant at surgery must be approved by the Medical Staff and Board of Trustees of Santa Rosa Memorial Hospital.** When a PA or RNFA is used as first assistant, their practice must comply with the established Surgical Services Scope of Practice (Approved by Surgical Services and Patient Care Services). The Surgical Services Scope of Practice document is reviewed and approved by the Interdisciplinary Practice Committee and the Medical Executive Committee with input by the Chairpersons of the various Medical Staff Departments and Surgery Department Section Chiefs.
- F. If a Surgical Technicians or Staff Nurses are used as assistants to the surgeon, their practice must comply with the established Surgical Services Scope of Practice referenced in Item E above.

<p>Author/Department: Departments of Surgery & Sections/Anesthesia & Orthopedics Most Recent Revision Approval Dates: Surgery Service (Departments of Surgery, Orthopedic Surgery, Anesthesia): 02/02/2015 Medical Executive Committee: 02/10/2015 Board of Trustees: 02/24/2015 References: Title 22 California Code of Regulations, Chapter 4;The Joint Commission; American College of Surgeons: Physicians as Assistants at Surgery 2013 Study</p>
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