

LCB File No. R169-05

**PROPOSED REGULATION OF THE
BOARD OF MEDICAL EXAMINERS**

**NOTICE OF WORKSHOPS
TO SOLICIT COMMENTS ON A PROPOSED REGULATION AND
NOTICE OF HEARING
FOR ADOPTION OF A REGULATION OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS**

Workshop Notice: The Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada 89502, is proposing the amendment of regulations pertaining to Chapter 630 of the Nevada Administrative Code. Two (2) Workshops have been set for the purpose of soliciting comments from interested persons on the adoption of the amendment to the regulation.

The first workshop will be conducted **Monday, November 7, 2005, at the hour of 2:00 o'clock p.m.**, or as soon thereafter as it may be conducted on that date, at the offices of the Board at 1105 Terminal Way, Suite 301, Reno, Nevada.

The second workshop will be conducted **Tuesday, November 8, 2005, at the hour of 10:00 o'clock a.m.**, or as soon thereafter as it may be conducted on that date, in the conference room of the Colorado River Commission, Grant Sawyer State Office Building, 555 E. Washington Avenue, Suite 3100, Las Vegas, Nevada.

Action – Proposed amendment to NAC Regulations

Amendment to NAC 630.__(235?), to adopt a form for reporting in-office surgical procedures using any form of anesthesia as defined in NRS 630._____.

Public Hearing Notice: The Nevada State Board of Medical Examiners will hold a **public hearing at 10:00 o'clock a.m., on Monday, November 21, 2005**, or as soon thereafter as it may be heard on that date, at the offices of the Board at 1105 Terminal Way, Suite 301, Reno, Nevada. The purpose of the hearing is to receive comments from all interested persons regarding the amendment of Nevada Administrative Code Section 630.__(235?). If no interested person, who is directly affected by the proposed action, appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

The proposed amendment is necessary to insure the competency of physicians licensed by the Board.

The proposed change to Chapter 630 of the Nevada Administrative Code is set out hereinafter.

- The proposed amendment is needed to ensure the competency of physicians licensed to practice medicine in the State.
- The proposed amendment will not have a direct economic effect on the business of the practice of medicine or any other business or on the public.
- Enforcement of the proposed amendment will not result in an increased cost to the Nevada State Board of Medical Examiners.
- To the Board's knowledge, the proposed amendment does not overlap or duplicate the regulations of other state or local governmental agencies or any federal regulations.
- The proposed amendment does not establish any new fees or increases to existing fees.
- The proposed amendment does not affect small businesses in any way.

Persons wishing to comment on the proposed action may appear at the scheduled public hearing or may address their comments, data, views or arguments, in written form, to the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, P.O. Box 7238, Reno, Nevada 89510-7238. **Written submissions must be received by the Board on or before five (5) days prior to the date set for the public hearing.**

A copy of this notice and the regulation to be amended will be on file at the State Library, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulation to be amended will be available at the offices of the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada, and in all counties in which an office of the Board is not maintained, at the main public library, for inspection and copying by members of the public during business hours. This notice and the text of the regulation to be amended are also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653 and on the Internet at <http://www.leg.state.nv.us>. Copies will also be mailed to members of the public upon request. A reasonable fee may be charged for copies if it is deemed necessary.

Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against adoption.

This notice of hearing has been posted at the following locations:

Washoe County Courthouse – Reno, Nevada
 Reno City Hall – Reno, Nevada

Elko County Courthouse – Elko, Nevada
White Pine County Courthouse – Ely, Nevada
Clark County Health Department – Las Vegas, Nevada
Carson City Office of the State Attorney General
Las Vegas Office of the State Attorney General
Reno Office of the Nevada State Board of Medical Examiners
Carson City Public Library – Carson City, Nevada
Churchill County Public Library – Fallon, Nevada
Las Vegas Public Library – Las Vegas, Nevada
Douglas County Public Library – Minden, Nevada
Elko County Public Library – Elko, Nevada
Goldfield Public Library – Goldfield, Nevada
Eureka Branch Public Library – Eureka, Nevada
Humboldt County Public Library – Winnemucca, Nevada
Lincoln County Public Library – Pioche, Nevada
Lyon County Public Library – Yerington, Nevada
Mineral County Public Library – Hawthorne, Nevada
Tonopah Public Library – Tonopah, Nevada
Pershing County Public Library – Lovelock, Nevada
Storey County Public Library – Virginia City, Nevada
Washoe County Public Library – Reno, Nevada
White Pine County Public Library – Ely, Nevada
Battle Mountain Branch Public Library – Battle Mountain, Nevada

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NAC CHAPTER 630

Explanation – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: NRS 630.003, 630.130, 630.275 and 233B.040

NAC 630.____ (235?) is hereby added to read as follows:

NAC 630.(235?) Form for Reporting In-Office Surgical Procedures Using Anesthesia. (NRS 630.130, 630.____ (AB 555))

In accordance with statutory requirement, all physician licensees of this Board will report any in-office surgical procedures conducted by such licensees which use any form of anesthesia as defined in NRS 630.____, to the Board on an annual basis, and not later than January 31, for each preceding year, on the form below. Failure to comply with this requirement may subject the licensee to discipline as provided by statute.

ANNUAL REPORT FORM

All licensed physicians in Nevada, both M.D.s and D.O.s, are required by law, Chapters 630 and 633 of the Nevada Revised Statutes, to report to their respective licensing boards annually, all in-office surgeries which require the use of conscious sedation, deep sedation or general anesthesia, and the reporting of any sentinel event arising from any such surgery.

This requirement applies to all surgical procedures performed in-office or any other facility, EXCEPT at a medical facility as that term is defined in NRS 449.0151, i.e., a surgical center for ambulatory patients or a hospital, among many others, or surgeries performed outside the state of Nevada.

This annual report includes:

- (1) the number and type of surgeries in which conscious sedation is used*

Conscious sedation means a minimally-depressed consciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.

(2) *the number and type of surgeries in which deep sedation is used*

Deep sedation means a controlled state of depressed consciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, and which is accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

(3) *the number and type of surgeries in which general anesthesia is used*

General anesthesia means a controlled state of unconsciousness, produced by a pharmacologic or non-pharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

(4) *surgeries which include a sentinel event*

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function, and includes any case in which the patient requires hospitalization within 48 hours after the conclusion of the in-office procedure.

THIS REPORT IS CONFIDENTIAL AND NOT SUBJECT TO SUBPOENA OR DISCOVERY, AND NOT SUBJECT TO INSPECTION BY THE GENERAL PUBLIC

Failure by a licensee to submit a report or to knowingly file a report containing false information constitutes grounds for initiating disciplinary action against said licensee.

This report must be submitted to your licensing board by 31 January of each year for the previous year's procedures.

1. *In-office procedures requiring conscious sedation*

Type of procedure:

Number:

2. *In-office procedures requiring deep sedation*

Type of procedure:

Number:

3. *In-office procedures requiring general anesthesia*

Type of procedure:

Number:

Reportable sentinel events in office-based surgery facilities

Reportable sentinel event

- 1. *Death that is related to a procedure or surgery which takes place in the office setting or within 14 days of discharge.***
- 2. *Transfer to a hospital or emergency center for a period exceeding 24 hours.***
- 3. *Unscheduled hospital admission for longer than 24 hours, within 72 hours of an office procedure and which is related to that procedure.***
- 4. *Other serious events: A serious or life-threatening event, occurrence or situation in the office setting, involving the clinical care of a patient that comprises patient safety and results in unanticipated injury requiring the delivery of additional health care***

services to the patient. These events include, but are not limited to, the following examples:

- *surgery performed on the wrong body part*
- *surgery performed on a wrong patient*
- *wrong surgical procedure performed on a patient*
- *unintentional retention of a foreign object in a patient after surgery or other procedure*
- *perforation or laceration of vital organ*
- *serious disability associated with a medication error*
- *serious disability associated with a burn incurred from any source*
- *serious disability associated with equipment malfunction*
- *anesthesia-related complication/event, such as: anaphylaxis , shock, prolonged hypoxia, hypertensive crisis, malignant hyperthermia, severe hyperthermia, renal failure, aspiration, severe transfusion reaction and unanticipated anesthesia awareness*
- *cardiac or respiratory complication/event, such as cardiac arrest, respiratory arrest, myocardial infarction, prolonged life-threatening arrhythmia, pneumothorax, pulmonary embolism*
- *neurological complication/event, such as CVA, prolonged seizure, prolonged unresponsiveness, significant nerve injury, coma, paralysis, brain or spinal injury*
- *infectious complication/event, such as septic shock, deep site wound abscess/infection*
- *fracture or dislocation of bone or joints*

Adverse incident report should include the following information:

1. *Brief narrative description of the adverse event:* _____

2. *Date of procedure(s)* _____
3. *Date and time of adverse event* _____
4. *Specialty of the physician(s) performing procedure(s)* _____
5. *Type of anesthesia* _____
6. *Anesthesia provider title:*
____ *MD Anesthesiologist*
____ *CRNA*
____ *MD performing procedure*
____ *RN*
____ *Other*

7. *Patient age* _____

8. *Patient gender* _____

9. *Was patient transferred to a hospital?*

_____ *Yes*

_____ *No*

10. *Outcome (example: death, loss of function)* _____

11. *Action plan: Brief summary of the lessons learned and description of the corrective action(s) taken or to be taken:* _____

Dated this _____ *day of* _____, 200__.

Signature

Print name, office address and phone number