

BOARD OPINION ON DELEGATION OF DUTIES FOR SKIN CLOSURES

LEGAL AUTHORITY

This is a Board opinion issued pursuant to the Board's statute, KRS 311.602, to assist licensees in determining what actions would constitute unacceptable conduct under the provisions of KRS 311.595. The Board has decided to publish this opinion because it addresses issues of significant public and medical interest.

This opinion is not a statute or regulation, and does not have the force of law.

STANDARDS OF ACCEPTABLE AND PREVAILING MEDICAL PRACTICE RELATING TO A PHYSICIAN'S INVOLVEMENT IN A COLLABORATIVE AGREEMENT, IN GENERAL

The Board has determined that the following principles constitute the standards of acceptable and prevailing medical practice relating to a physician's conduct in delegating duties for skin closures. In making this determination, the Board has considered the relevant statutes, practice standards relating to physician's conduct and interactions with other health care professionals and basic practice standards.

DEFINITIONS. The following surgical closures of the skin are used to repair skin defects to restore skin continuity while preserving function and aesthetics:

"Simple closure" means a simple one layer closure that is used when the wound is superficial, i.e., primarily involving epidermis or dermis or subcutaneous tissue, without significant involvement of deeper structures.

"Layered closure" means closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, along with the closure of the skin (epidermal and dermal)."

"Complex closure" means the repair of wounds requiring more than layered closure involving scar revision, debridement, extensive undermining, stent or retention sutures."

"Skin flap closure" means adjacent tissue transfers or rearrangements consisting of skin and subcutaneous tissue that is moved from one part of the body to another. A vascular attachment is maintained for nourishment. Skin flaps are designed in either an axial pattern in which they include a larger, usually named, subcutaneous artery, or in a random pattern in which the blood supply is derived entirely from the sub-dermal plexus. Because of its superior blood supply the axial flap may be significantly longer in length than the random flap. Skin flaps may include muscle (myocutaneous flap), cartilage and/or hair follicles in addition to epidermis and dermis.

"Skin grafts" consist of tissue that has been completely separated from its blood supply before being transplanted to another area of the body:

- Split-thickness skin grafts (STSG) include the epidermis and a partial thickness of dermis
- Full-thickness skin grafts (FTSG) include the epidermis and a full thickness of dermis
- Composite grafts consist of epidermis, full-thickness dermis and variable amounts of subcutaneous tissue, cartilage, muscle and/or hair follicles

STANDARDS OF ACCEPTABLE AND PREVAILING PRACTICE

Under the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky, a licensed physician may delegate the performance of the following procedures to certified or licensed non-physicians in compliance with relevant statutes and regulations outlining the appropriate scope of practice for those non-physicians:

- Simple closures
- Layered closure

Under the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky, a licensed physician may not delegate the performance of the following procedures to certified or licensed non-physicians:

- Complex closures
- Skin flap closures
- Skin grafts

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A physician may **not** delegate to certified or licensed non-physician because of the complexity involved in repair of skin defects to restore skin continuity while preserving function and aesthetics.

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Adopted: December 15, 2005