



San Francisco General Hospital and Trauma Center
Committee on Interdisciplinary Practice

STANDARDIZED PROCEDURE: Licensed Acupuncturists (LAcS)

Title: Licensed Acupuncturists (LAcS) in the San Francisco Health Network

I. Policy Statement

- A. It is the policy of San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, Pharmacists, Registered Nurses, Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B. All standardized procedures are to be kept in a unit-based manual. A copy of these signed procedures will be kept in an operational manual in the Integrative Health Office, in each clinic utilizing the services of a LAc, and on file in the Medical Staff Office.

II. Functions To Be Performed

A. Definitions:

In accordance with California Codes Section 4927d, "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion.

A licensed Acupuncturist (LAc) is a licensed health professional with at minimum a master's degree in Asian and Oriental Medicine (conferred by a school either accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or approved directly by the California Acupuncture Board) who evaluates

and treats patients according to the principles of Traditional Oriental Medicine, using these techniques.

An acupuncturist licensed in the State of California is also authorized to perform or prescribe therapies and techniques in accordance with California Codes Section 4937. Portions of this code encompassing the scope of practice permitted on the SFGH Medical Center premises include the following: an acupuncturist may perform or prescribe the use of acupuncture, electro acupuncture, moxibustion, cupping, oriental massage, acupressure, breathing techniques, exercise, heat, cold, and magnets to promote, maintain, and restore health.

To be performed within the SFHN by a LAc, these activities require standardized procedures. These standardized procedures include guidelines stating specific situations requiring the Licensed Acupuncturist to seek physician consultation.

B. Functions:

Non-physician Licensed Acupuncturists (LAc) will evaluate patients according to the principles of traditional acupuncture and provide acupuncture treatment to SFHN Primary care patients and oncology patients with stable medical conditions according to standardized procedures. Administration of acupuncture is based on laws and regulations by the State of California Acupuncture Board.

III. Circumstances under Which An LAc May Perform Function

A. Setting

The Licensed Acupuncturist (LAc) may perform the following standardized procedure function in any San Francisco Health Network primary care health center under supervision of SFG and in Oncology Clinic.

B. Requirement for referral

This standardized procedure describes the care LAc will provide to SFHN patients. An acupuncturist's assessment and management will be provided only to patients who have been evaluated and referred by a specific primary care provider(PCP), by an oncologist responsible for the patient's care, by a colleague on their behalf, or by a colleague who accepts responsibility for follow up after the referral.

C. Supervision

1. Overall Accountability:

The Licensed Acupuncturist is responsible and accountable to the Medical Director of the Integrative Health Service (IHS) and an identified physician acupuncturist supervisor, who is privileged by the SFGHMC to provide acupuncture in the setting in which the LAc is practicing (i.e. Community Primary Care, or a specific hospital-based service). Each is ultimately responsible and accountable to the chief of that service.

2. A qualified consulting physician, who may be the director of the HIS or another attending, will be available to the LAc, in person, at all times.

3. Physician consultation is to be obtained as specified in the protocol and under the following circumstances:

- a. Immediately for any urgent or emergent condition arising which requires prompt medical attention;
- b. Immediately for acute decompensation or deterioration of patient status;
- c. Immediately for problems requiring hospital admission or potential hospital admission
- d. Promptly for any complication arising from acupuncture treatment
- e. In a timely manner when symptoms for which the patient was referred fail to improve within a reasonable time frame
- f. In a timely manner at the request of the patient, acupuncturist or referring physician.

IV. Prerequisites - Requirements for the Licensed Acupuncturists

A. Basic Training and Education

1. Minimum of a Master's degree in Asian and Oriental Medicine (conferred by a school either accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or approved directly by the California Acupuncture Board) who evaluates and treats patients according to principles of Traditional Oriental Medicine, using these techniques.

2. The LAc shall maintain a current and valid license issued by the State of California Acupuncture Board of the Department of

Consumer Affairs in accordance with California Codes Section 4938.

3. The LAc must have documentation of completion of a clean needle technique course
4. The LAc must be currently credentialed by SFGH on behalf of the SFHN
5. Copies of licensure and certification must be on file in the Medical Staff Office.
6. Receipt of or filed application for a CHN number

B. Specialty Training

1. The LAc must have at least 3 years of clinical experience including demonstrated clinical competence to recognize and manage acupuncture-related complications.

V. Evaluation

A. Evaluation of LAc Competence in performance of standardized procedures.

1. Initial: at the conclusion of the standardized procedure training, the Integrative Health Service will assess the LAc's ability to practice, the quality and consistency of his or her documentation and delivery of therapeutic modalities.
 - a. Clinical Practice
 - Length of proctoring period will be three months. The evaluator will be a supervising physician acupuncturist or a Lead LAc who is a member of the SFGH Medical Staff.
 - The method of evaluation in clinical practice will utilize feedback from consulting providers and the review of at least 10 charts, the first 3 of which include direct observation. Documentation will be reviewed and signed off by the IHS medical director and reported to the medical director of each involved clinic.
2. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Medical Director, and/or designated physician and other supervisors, at appropriate intervals.

3. Ongoing Professional Performance Evaluation (OPPE)

Every six months, the Medical Director or designee will monitor compliance with specific departmental indicators and send reports to the Medical Staff Office and to the Medical Directors of the involved facilities.

4. Biennial Reappointment: Medical Director, designated physician or designated same discipline peer will utilize feedback from colleagues and consulting providers and the review of at least five charts in order to evaluate the LAc's clinical competence, the quality and consistency of their documentation and their delivery of therapeutic modalities. At least 25 unduplicated patient encounters must be documented for each biennial period

VI Guidelines and Supporting References

- a. Guidelines may also be referenced to supplement the standardized procedures and guide the acupuncture therapy process with appropriate consultation with the Medical Director and/or the physician responsible for the patient's care at the time the therapy is provided.

VII. Development and Approval of Standardized Procedure

A. Method of Development

Standardized procedures are developed collaboratively by the Nurse Practitioners/Physician Assistants, Nurse Midwives, Pharmacists, Physicians with Acupuncture experience and Administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval

The CIDP, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures prior to its implementation.

C. Review Schedule

The standardized procedure will be reviewed every three years and as practice changes by the LAc, the IHS Medical Director, and the Chiefs of Services in which Lacs are practicing.

D. Revisions

All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet.

Procedure #1: Acupuncture Evaluation and Therapies

A. DEFINITION

In accordance with California Codes Section 4927d, "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electro acupuncture, cupping and moxibustion.

An acupuncturist treating patients of the SFGH Medical Center, primary care health centers, or SFGH inpatient services is not authorized to order laboratory or other diagnostic studies, but may recommend such tests to be considered by the patient's physician.

1. Location to be performed: Community Primary Care clinics or Oncology Clinic.
2. Performance of procedure:
 - a. Indications: Chronic pain or symptoms which are intractable or for which the patient prefers the addition of acupuncture care; this may include issues of mental health as well as physiologic imbalance.
 - b. Precautions: none
 - c. Contraindications: Active psychotic and medically unstable individuals are not eligible to receive these services.

B. DATA BASE

1. Subjective Data
 - a. Historical information relative to the presenting illness (presenting symptoms or condition) including review of medical records as appropriate.
 - b. Status of relevant symptoms e.g. present/absent, acute/chronic and quality.
 - c. Past health history, family history, occupational history, personal/social history, review of symptoms.
2. Objective Data
 - a. Physical examination according to acupuncture physical examination standards of practice, which include, but are not limited to pulse palpation and tongue observation.

C. DIAGNOSIS

The LAc will diagnose within the system of traditional oriental medicine; the LAc will not diagnose medical conditions within the context of western biomedical science.

D. PLAN

1. Therapeutic Treatment Plan

- a. Prior to the therapeutic session, the patient will complete an initial intake form. The LAc will review the form to identify primary goals for the session, and potential precautions for acupuncture therapy. If potential concerns are identified, the LAc will discuss these issues with the Medical Director, physician supervisor or referring physician prior to commencing therapy.
- b. The LAc may perform or prescribe the use of acupuncture, electro acupuncture, moxibustion, cupping, oriental massage, acupressure, breathing techniques, exercise, heat, cold and magnets to promote, maintain and restore health.
- c. The LAc will follow all infection control procedures, will perform clean needle technique and will store and utilize materials and accessories according to appropriate Environment of Care policy and procedures.
- d. Patient consent obtained before procedure is performed and obtained according to hospital policy. Written consent will be obtained prior to the first treatment provided to each patient.

2. Patient conditions requiring Attending Consultation

- a. Please refer to consultation section III C. 3

3. Patient and Family Education

In verbal and/or written format, the LAc will explain the therapeutic modalities and appropriate follow up to the patient and family (when appropriate)

4. Follow-up and Referral

Performed in accordance with the standard of practice and/or with consulting physician's recommendations.

E. RECORD KEEPING

A. The LAc will document patient care therapies in the medical record within 72 hours of the patient visit in accordance with hospital and health center regulations.

B. Documentation of encounter will include:

1. Patient subjective report (e.g. chief complaint)
2. Patient history as reported during patient interview

3. Physical examination according to acupuncture physical examination standards of practice, which include, but are not limited to pulse palpation and tongue observation.
4. Diagnosis according to acupuncture principles and scope of practice
5. Assessment and treatment plan in accordance with California Code Section 4937 and this document
6. A consent form signed by the patient authorizing acupuncture treatment for their first session of acupuncture
7. Type of acupuncture provided during session
8. Documentation of any complications associated with a procedure should such occur
9. Follow up recommendations
10. Signature, date, time and CHN number

F. Summary of Prerequisites, Proctoring and Reappointment Competency

<p>Prerequisite:</p> <ol style="list-style-type: none"> 1. Current and valid license issued by the State of California Acupuncture Board of the Department of Consumer Affairs in accordance California Code Section 4938 2. Completion of a clean needle technique course 3. Three years of clinical experience
<p>Proctoring Period:</p> <ol style="list-style-type: none"> 1. Three months in length 2. 10 chart reviews, the first 3 of which will include direct observation
<p>Reappointment Competency Documentation:</p> <ol style="list-style-type: none"> 1. Minimum number of 25 unduplicated patient cases and 5 chart reviews needed every two years.