

# ASA MEMBERS ELECT NATIONAL CANDIDATES

For the first time, ASA active members came together and elected candidates for the offices of president, vice president and treasurer as well as three board positions. For the first time, CSFAs, CSAs and SA-Cs shared a common vision for the future and participated in the historic election. For the first time, a surgical assisting professional organization has a governing board composed of members carrying one or more of the three major credentials. Truly, ASA does now represent all practitioners.

The election results were:

President:	Dennis Stover, CST, CSA <i>Elected to a two-year term, 2011-2013</i>
Vice President:	Doug Hughes, CST, CSFA, CSA, CRCST <i>Elected to a two-year term, 2011-2013</i>
Treasurer:	Greg Salmon, CST, CSFA, SA-C <i>Elected to a two-year term, 2011-2013</i>
Director:	Robert Bush, CST, CSFA <i>Elected to a one-year term, 2011-2012</i>
Director:	Bruce Gruenewald, CST, CSFA <i>Elected to a two-year term, 2011-2013</i>
Director:	Bill Price, SA-C, RS-A <i>Elected to a two-year term, 2011-2013</i>



On June, 4, 2011, the first ASA Board of Directors was sworn in by newly elected AST President, Margaret Rodriguez, CST, CSFA, FAST.

Three interim officers, Theresa Cooper, CSFA, CSA, ASA Secretary; Kathy Duffy, CST, CSFA, CSA, ASA Director and Val Thompson, CST, CSFA, KCSA, ASA Director were reappointed for one-year terms. These positions will be vacant, and eligible candidates will be able to run for them in 2012.

### ASA MODEL BYLAWS ADOPTED

On June 2, 2011, ASA active members voted to adopt the model bylaws during the first business session. Copies of the bylaws have been posted on the ASA website, [www.surgicalassistant.org](http://www.surgicalassistant.org).

# ASA PRESIDENT'S COLUMN

Dennis Stover, CST, CSA

It is an honor to inform you that the ASA Board of Directors has appointed our very first committees. Members of the Education and Membership Committees were selected from the ASA founding members who submitted their completed Consents to Serve and Curriculum Vitae, indicating their willingness to help build the ASA into the premier surgical assisting membership organization. It is exciting to have so many accomplished and enthusiastic members willing to volunteer their time and talents. I look forward to working with all of our colleagues to bring about some meaningful and positive enhancements to the practice and profession of the surgical first assistant. Working together with the committees, and our coalition of members representing all certifications, I feel confident that the voices of the surgical first assistant will be heard louder than ever.

Teri Junge CST, CSFA, FAST, has been appointed as Chair of the ASA Education Committee. Under Teri's experienced leadership and guidance and her dedication and commitment to education, this committee has begun the process of developing a Surgical First Assistant Job Description. The short term tasks for the Education Committee will also include the development of Recommended Standards of Practice (RSOPs). During this year's ASA Business Meeting in San Francisco, all attending ASA

members had the opportunity to attend an open forum where discussion was held on the job description and RSOPs needed for the surgical first assisting community. Valuable input was received from the attending members and "critical mass" issues were outlined and prioritized. The education committee will take the input provided by the members as they begin development of the RSOPs. This was the first time that surgical first assistants representing all credentials have come together to work on such important issues that directly affect day-to-day practices. It is gratifying to see ASA members becoming the springboard and driving force behind the practice of the surgical first assistant.

Connie Czarnecki, CST, CSFA, has been appointed as Chair of the ASA Membership Committee. With Connie's past experience as President of the Illinois Surgical Assisting Association, she is well suited to lead this committee. The membership committee has been tasked by the ASA Board with identifying areas where the ASA can strengthen member benefits. They also will also be identifying and implementing areas of the ASA strategic plan that will grow the membership base. This group of members shares the common goal of enhancing the ability of the ASA to develop member benefits that are meaningful and, at the same time, serve as a strong recruitment tool. As the ASA membership continues

to grow, this will afford the needed resources that will be utilized in the areas of legislation and education for the surgical first assistant.

As I stated in my address to the AST House of Delegates, these are exciting times for our profession. Membership continues to grow at an unexpected rate, resources are being allocated by the ASA for legislation in several states, and we are well on the way to having strong educational resources available to all members. During the recent ASA Board of Directors meeting, the Board was able to move most of the ASA short-term strategic goals into the "accomplished" column. We are now able to convert some of our long-term goals into short-term well ahead of the anticipated benchmarks originally set.

I would like to encourage all of the ASA members to get involved, fill out a Consent to Serve and join us as we journey down this trail together. As always, if I can personally be of any assistance to you please feel free to contact me.

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The *Consent to Serve* and *Curriculum Vitae* forms are available online at [www.surgicalassistant.org](http://www.surgicalassistant.org) under About ASA.



# Membership Application

Association of Surgical Assistants • [www.surgicalassistant.org](http://www.surgicalassistant.org)  
6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031  
Phone: 800.637.7433, option 3 • Fax: 303.694.9169  
[memberv@surgicalassistant.org](mailto:memberv@surgicalassistant.org)

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Have you ever been a member of ASA?  No  Yes, under the name of \_\_\_\_\_  
Email \_\_\_\_\_  
I was recruited by: \_\_\_\_\_ (member's name), \_\_\_\_\_ (membership #)

## MEMBERSHIP DUES **Membership categories and discounted first-time CSFA exam bundles explained on the back of this form.**

**Please check the appropriate choice for membership dues or bundle.**

**Active...\$150 (INCLUDES AST MEMBERSHIP)**

*Copy of your credential must be submitted for verification.*

Credential Held:  CSFA = NBSTSA  CSA = NSAA  SA-C = ABSA

Certification Number \_\_\_\_\_ Cert Start Date \_\_\_\_\_ Cert End Date \_\_\_\_\_

**Associate...\$150 (INCLUDES AST MEMBERSHIP)**

Credential Held:  CST  CRNFA or RNFA  PA-C  OPA-C  Other \_\_\_\_\_

**Bronze Exam Bundle...\$317** (First-time certification only, **INCLUDES ASA & AST MEMBERSHIP**. See other side for requirements.)

**Silver Exam Bundle...\$202** (First-time certification only, currently an ASA member. See other side for requirements.)

**Student...\$45** (Requirement: currently enrolled in a CAAHEP-accredited surgical assisting program.)

Complete School Name \_\_\_\_\_ Start Date \_\_\_\_\_ Graduation Date \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Instructor's Email \_\_\_\_\_

**Gold Student Exam Bundle...\$237** (First-time certification only, includes ASA membership. See other side for requirements.)

**DUES INFORMATION** All dues are for one year. Dues are not refundable and membership is not transferable.

## PAYMENT METHOD **Remit to: ASA, 6 West Dry Creek Circle, Ste 200, Littleton, CO 80120-8031 or fax 303-694-9169**

Check or money order enclosed (make checks payable to AST)

Bill my credit card:  VISA  MasterCard  AmEx # \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

- Check here if you **do not** wish to receive email notification in addition to your regular postal notifications.
- ASA shares mailing information with a very limited number of organizations which provide membership with liability coverage and other services at a discounted rate as a benefit of membership. Check here if you **do not** wish to receive information.

**Join ASA Today!**

Print and mail your application with payment to  
ASA • 6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120  
or fax to 303.694.9169  
or submit this form directly to ASA by clicking "SUBMIT"

**SUBMIT**

# ASA IN SAN FRANCISCO

On Wednesday, June 30, ASA sponsored three hands-on workshops before the annual meeting, including an advanced suturing lab, an orthopedic cadaver lab, and an endovascular harvesting workshop at the SimSurg Center located in the California Pacific Medical Center. ASA gratefully acknowledges Arthrocare Orthopedic, the Sorin Group, Karl Storz Endoscopy and Meridian Surgical Assisting for their support. Feedback from the participants was overwhelmingly positive.



Greg Salmon and Kevin Berger focus on technique during the endovascular lab.



Anne Hunter hones her suturing skills at Arthrocare.



Kevin Berger listens to Marcia Schafer from the Sorin Group.



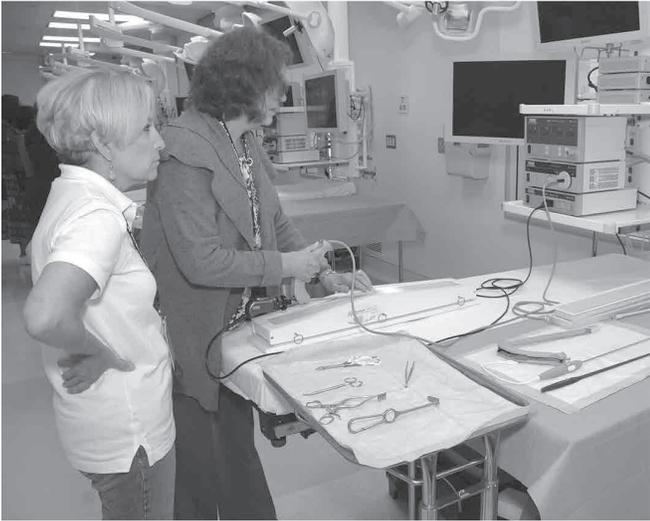
Jesse Lackey and Crystal Rae Coddington in the advanced suturing workshop.



Ahmad Dastgeer, Polly Thomas and Bruce Gruenewald get ready to vote on Saturday.



Walter Clerk concentrated on his technique during the cadaver lab.



Kathy Duffy and Karen Shearer partnered up for the endovain lab.



Scott Lettow practices suturing at Arthrocare.



Dennis Stover, Wendy Stock and Paul Hartshorn at the SimSurg Center.



Bruce Gruenewald intently listens at the beginning of the cadaver lab.



Felicia Bogar and Ginger Kilgore share smiles before voting for candidates.



ASA Board members wait behind the scenes.



Anastasia Kirby focused on suturing technique during the cadaver lab.



ASA officers Theresa Cooper and Dennis Stover participated in the 2011 Surgical Technologist Outreach event with the AST Board and ARC/STSA.



Sidney Sanders is about to cast his ballot for the first election of officers.

# THINKING ABOUT TRAVELING?

## TIPS ON BEING PREPARED

VERA POLLY THOMAS, CST, CSFA, SA-C

The decision behind deciding to become a traveling CST or CSFA, CSA or SA-C is different for each individual. The two primary reasons I have found from asking those who have done this before are finances and adventure. Whatever the reason, once you have made the decision, the real journey begins before you ever leave for your first assignment.

My personal decision has many layers; but for the most part was based on the unexpected death of my older brother. I woke up on Friday, April 1, with the realization that if I was to die two years from now, my life of five jobs, both employed and self-employed, left no room for fun or family. I filled out an online application, received the callback that I was accepted and told my husband that we were going traveling. Three days later, I gave notice to all my surgeons and the hospitals, and we started selling everything. Every traveler has a story behind the choice to travel, and this is mine.

My decision to travel was easy. What I want to share with you is the process I went through before I left for my first assignment. There are many requirements from both the

agency you choose and the hospitals that employ you. I would have benefited from a list of these basic requirements from the start.

### Basic Official Documentation Requirements (all current, no exceptions):

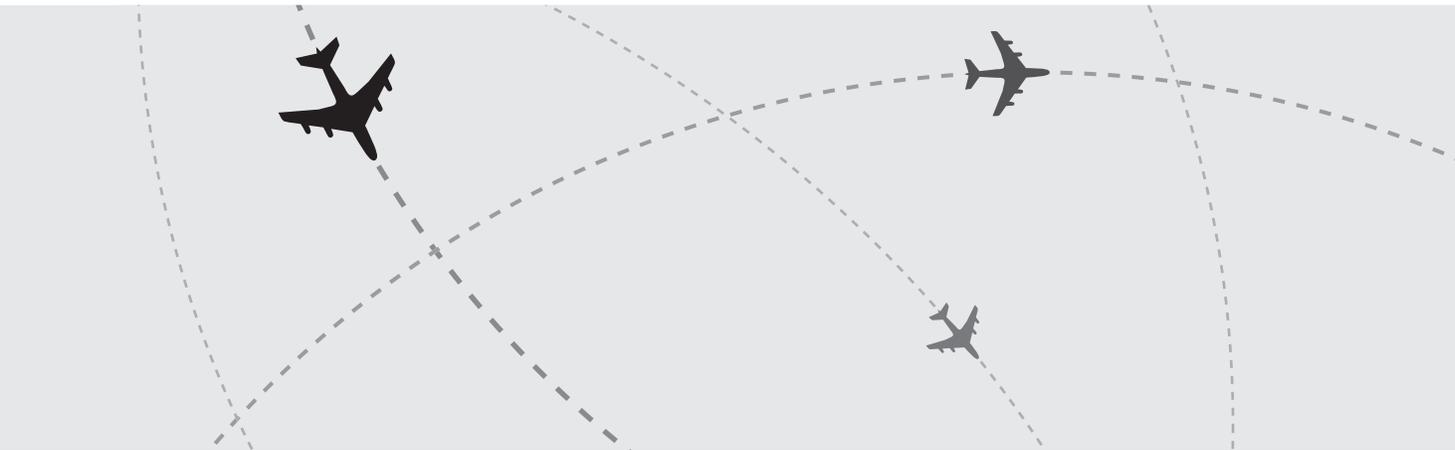
- Original Certification/s
- Proof of certification, licensure or registration as required in the states requiring certification
- ACLS/BLS
- Immunization Records - Titters (with lab results and injection dates) to include Rubella, Rubeola, Measles, Mumps (get separate mumps titer even if you have had the MMR), Hepatitis B series, TDap, TB-PPD, Varicella and Flu shot
- Baseline Laser Eye Exam
- Malpractice Insurance
- Driver's License, Social Security card (plus passport if traveling to Canada or outside the US)
- Be prepared to have the following done with employment package paperwork from agency:
- Physical, qualification for fitting of N-95 mask and drug test

Assignments can be for as short as five weeks up to the customary

13 weeks. You may also have the choice to extend if the hospital still has the need. Usually, about three weeks before your assignment expires, your recruiter/consultant will start sending you openings that might interest you. At this point, the paperwork should be easier, because the agency already has what they need, and it will just be the new hospital's specific requirements. Here are some of the tips and advice for the actual travel portion between assignments that I have learned from other travelers' experiences and my own.

### Tips and Advice:

- Find an accountant, who has experience with traveling clients, and keep a separate tax file (deductions can include mileage to and from work, GPS, internet (email access for work), phone line (faxing line for work), and parking fee if required by hospital or apartment complex.
- Buy a laptop to replace your home unit, a fax/scanner/printer (all in one) and an external hard drive.
- Find a hotel you like and apply for their rewards program to save money.



- Request accommodations from your agency on housing (which floor of building, one or two bedroom apartment, swimming pool and workout facility etc).
- Evaluate the housing subsidy. It may be more beneficial to find your own.
- Go paperless on everything. Bill online. Use the hospital's shredder.
- Set up a PO Box instead of apartment address for mailing (easier to forward from for your next assignment).
- Be very thorough with the initial apartment checklist; take pictures, and do a final walk through with an apartment employee (so you aren't responsible for damages, carpet stains, etc. that were already there).
- Go to a welcome center or hotel for brochures for the area.
- Ask the apartment complex what companies are mostly used for phone, internet and cable (combine all in one if possible).
- Go to the hospital before your start date, if possible. Introduce yourself and get familiar with the driving route and how much time you need to allow for your commute.

- Think twice about taking a job with a hospital that utilizes many travelers—there may be a reason.

These lists are by no means all inclusive, and I add to them daily, but it should give you a good start. I am a couple weeks into my first assignment at Milford Memorial Hospital in Delaware. The acceptance, gratitude and respect I have received from the entire OR department, including the surgeons, is quite exceptional. I was prepared to dig in my heels and just do my job, because I have heard that many times travelers are not a welcome addition to the staff. Thankfully, they have made my first experience as a traveler wonderful. I do have a housing issue that has taught me a few things to be aware of next time around, but I will save that for another column.

Hopefully this information is helpful to those of you thinking of changing directions in your career. I am a frequent visitor on the ASA Discussion Forum, and would love to hear from anyone who has questions, suggestions for more tips on traveling, or just an experience to share.

## COMMITTEE ANNOUNCEMENTS

### Education Committee

The ASA Board of Directors has appointed several ASA members to an education committee. Their first responsibility is to review the surgical assistant job description based on feedback received during the Standards of Practice session, revise the job description and present it to the ASA Board of Directors for review.

The members of the ASA Education Committee include:

- Teri Junge, CST, CSFA, FAST, chair
- Scott Lettow, CST, CSFA
- Duane Prickett, CST, SA-C
- Sidney Sanders, CST, CSFA
- Shannon Smith, CST, CSFA
- Polly Thomas, CST, CSFA, SA-C

### Membership Committee

The members of the ASA Membership Committee include:

- Linda Altermatt, CST, CSFA
- Felicia Bogar, CST, CSFA
- Christie Cook, CST, CSFA
- Connie Czarnezki, CST, CSFA, chair
- Stacey May, CST
- Christina Tuchsén, CST, CSFA



**Association of Surgical Technologists**

6 West Dry Creek Circle, Suite 200  
Littleton, CO 80120

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## **ASA STATEMENT ON REIMBURSEMENT**

ASA has been asked to provide information about current Medicare reimbursement policies for assistants-at-surgery and to assess the practice of using a billing company to file claims with Medicare Part B on the basis that the services were provided “incident to” the surgery by auxiliary personnel using a reassignment number from the surgeon.

Surgical assistants cannot enroll in Medicare, and cannot be paid by Medicare as assistants-at-surgery. Medicare will pay for assistants-at-surgery only when the person reporting the service is a physician or the person bears the designation of physician assistant, nurse practitioner, nurse midwife, or clinical nurse specialist. If the person who assists at surgery is a surgical

technologist or bears any title other than those listed, the service is not payable by Medicare.

Surgical assisting services in a hospital setting also cannot be billed under the Medicare “incident to” provision. “Incident to” is defined in 42 CFR § 410.10(b) as “services and supplies furnished incident to a physician’s professional services, of kinds that are commonly furnished in physicians’ offices and are commonly either furnished without charge or included in the physicians’ bills.” Incident to services must be furnished in a “non-institutional” setting and to “non-institutional” patients. 42 C.F.R. § 410.26(b)(1). Noninstitutional means all settings other than a hospital or a skilled nursing facility. 42 C.F.R. § 410.26(a)(5). Because the surgical assistant services are furnished in a hospital—an

institutional setting—they cannot be billed as incident to services.

ASA consulted Ann McCullough, an experienced health care attorney with the law firm of Polsinelli Shughart PC. Ms. McCullough stated that “Under current Medicare regulations, there is no lawful basis for Medicare payment for surgical assistant services in a hospital setting. Period. There is no work around, such as reassignment or using a billing company, that changes this premise. These practices can expose surgeons and surgical assistants to liability for submitting false claims to Medicare.”

*Editor’s Note: The information provided by ASA does not constitute legal advice. Members are encouraged to consult with their own attorneys for further questions and advice.*