



THE SURGICAL ASSISTANT

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2016 NEW OFFICERS ELECTED

The offices of Secretary and three Board of Director positions were open. Rebecca Hall, CSA, was elected ASA Secretary; Fred Fisher, CSFA, CSA; Debora Klaudt, CSFA; and Michael Morrison, CSFA, were elected to the ASA Board of Directors.

In addition to the newly elected officers, these ASA members have been recently appointed to the ASA Education Committee.

- | | |
|------------------------------------|-------------------------------|
| Jeff Cortese, CSFA, Chair | Melissa Schumacher, CST, CSFA |
| Laura Tiffany Harrod, CST, CSFA | Donna Surdyk, CST, CSFA |
| Libby McNaron, CST, CSFA, RN, FAST | Karen Winston, CST, CSFA |

At the ASA Orlando meeting, a draft of the ASA Robotics Position statement that the committee had developed was approved. The committee is now working on specific best practice guidelines.

ASA Position Statement on Surgical Assisting in Robotics

As defined in position statements by the American College of Surgeons and the American Medical Association, surgical assistants are trained individuals who function to assist the surgeon to complete a safe and efficient operation by performing the tasks of exposure of the operating field, maintaining hemostasis and other technical functions.

The Association of Surgical Assistants recognizes in their position statement on Assisting that the role of the surgical assistant is differentiated by education and that surgical assistants are educated in the advanced surgical procedure details and the principles of surgical assisting. The Association of Surgical Assistants advocates that

all surgical assistant practitioners be appropriately educated, certified, and credentialed according to all federal, state, local and facility-specific regulations and policies to function as a surgical assistant in any case including those that require robotic equipment and instrumentation.

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EARN UP TO 15 CE CREDITS ASA 2017 SPRING MEETING

**HOUSTON, TEXAS
MARCH 10–11, 2017**



**SHERATON HOUSTON GALLERIA
2400 WEST LOOP SOUTH, HOUSTON, TX, 77027**

ASA MEETING AGENDA

FRIDAY, MARCH 10, 2017

Noon – 5 pm	Hands-on Orthopedic Workshop Chris White, CSFA; and Chavel Silva, CSFA
6-7 pm	Keynote Address Texas Licensure: Sunset to Sunrise in 2017 Robert Kamm, JD, ASA Texas Lobbyist
7-8 pm	Reception Sponsored by Meridian Institute of Surgical Assisting

SATURDAY, MARCH 11, 2017

7:45–8 am	Welcome Kathy Duffy, CSFA, CSA, AST President
8–8:50 am	Mediation: Reconciling Competing Interests for Resolution and Results Stephanie Whalum, JD
9–9:50 am	What Is Risk Management?
10–10:50 am	Ankle Fracture Rosendo Villareal, CSFA
11–11:50 am	Infection Control in Surgery Lillian Kao, MD, FACS
Noon–12:50 pm	Lunch (sponsored by NBSTSA)
1–1:50 pm	Combining Roles: Working as a Surgical Assistant while Managing a Private OR and Clinic Katherine Holsclaw, CSFA
2–2:50 PM	Nissen Fundoplication Julianne Santarosa, MD, FACS
3–3:50 PM	Patient Autonomy Rebecca Lunstroth, JD, MA
4–4:50 PM	Billing David Bartczak, CSA, OPA-C, LSA
5–5:50 PM	Medical Missions Sean Doutros, MD



ASA HOUSTON MEETING FEES

(Includes Friday reception and keynote, Saturday Ed sessions and lunch).

Association of Surgical Assistants
6 West Dry Creek Circle
Suite 200
Littleton, CO 80120
303-694-9130
www.surgicalassistant.org

ASA HOUSTON MEETING

ASA member: \$275
ASA student member: \$175
(currently enrolled in CAAHEP-accredited surgical assisting program)
Nonmember: \$300

HANDS-ON WORKSHOP

Hands-on Orthopedic Workshop:
ASA member \$250 /
nonmember: \$275

Attendance is limited to 125. Confirmation will be emailed. Onsite registration will be available on a space-available basis. All cancellations must be received in writing by March 1, 2017.

Accommodations: Sheraton Houston Galleria, 2400 West Loop South, Houston, Texas 77027; 713-586-2444. **Rates:** \$139/night plus tax, single or double occupancy. **Reservation deadline** is February 16, 2017. Room block is limited.

Register and pay online at
www.surgicalassistant.org

What does ASA do for me?

KATHY DUFFY, CSFA, CSA, ASA PRESIDENT

Why should I become a member of ASA? I can get the same certification renewal benefits from AST for less money!! ASA certainly doesn't have anything to offer me so why join? All they want is my money and there's no payback for me, so I'll just stay with AST. It's cheaper.

How many times have you had that conversation with someone? Frustrating, for sure. A logical argument? Of course its not!!

Most medical professionals belong to their professional organization. On a whole, OR nurses belong to their local AORN chapter. Doctors belong to The American Medical Association and other local chapters, Surgeons belong to the American College of Surgeons, and on and on and on.

There are an estimated 3,000+ Certified Surgical First Assistants (CSEAs), but nowhere near that number have joined ASA. Why would that be? Could it be that it all just boils down to money? Let's look a little closer..... What does ASA actually do with all that dues money collected?

For starters.....

ASA has been supporting legislative efforts. And to be a little more specific, In Texas ASA has been underwriting the cost of a lobbyist to advocate for surgical assistants because the bill sunsets this year. That initiative is protecting the surgical assistants right



A brochure from the Association of Surgical Assistants (ASA). The top half features a photograph of two surgical assistants in blue scrubs and masks, looking intently at a patient. The text on the brochure includes: "The importance of utilizing qualified surgical assistants is increasing as communities confront a decrease in the number of surgeons. Overall, the resources of hospitals are diminishing but the need for quality patient care will continue to grow." The ASA logo is prominently displayed. Below the logo, it says "Association of Surgical Assistants & West Dry Creek Circle, Suite 200 Littleton, CO 80120 303-525-1210". To the right, the text asks "WHO ARE THE SURGICAL ASSISTANTS WORKING IN YOUR OR? ARE YOUR NURSES AND TECHS WORKING OUTSIDE OF THEIR SCOPE OF PRACTICE?". At the bottom, there is a small inset photo of a surgical assistant in a clinical setting and a short paragraph of text.

to practice. In Nebraska, a licensure bill was passed this year. In Colorado, a registration bill was renewed this year. ASA is ramping up efforts in Tennessee, and Georgia is the next target. These legislative efforts are funded by ASA, not AST.

And then there's.....

ASA member dues supported work for a separate category with the National Uniform Claims Committee; supported the work and publication of the ASA Core Curriculum; supported the development of the exam study prep; supported and taught CSFA exam prep workshops. ASA exhibited with the Association of Hospital Risk Managers (ASHRM) to begin to establish relationships with the higher levels of hospital administration. ASA developed a brochure addressing who is working in the role of surgical assistant in the OR. (This brochure is available at no charge to ASA members by contacting kludwig@surgicalassistant.org.)

ASA is the only organization that is specifically advocating for state licensure and certification for surgical assistants. ASA has been at the forefront of working to obtain recognition for surgical assistants

ASA offers some pretty awesome workshops and conferences. In October at our Conference in Orlando, we had a two day workshop on the daVinci surgical Si and Xi robots. Who else does that??

Aaaand, you're AST membership is included.

What other membership organization provides all this?

It's crucial that practitioners unify. All surgical assistants should be members of ASA.

With all that we offer, why wouldn't you join?

So, now you know what ASA does for you. What do YOU do for ASA?

There is strength in numbers. Join ASA. Support your professional organization.



Five years ago, ASA launched a surgical assisting salary survey. It is time again to obtain information from the surgical assistant professionals regarding the range of their compensation, location, benefits, type of employment, employer information, level of experience etc.

This information provides a picture of the profession — how it has changed and where it is growing .

The survey is anonymous to ensure confidentiality. The survey is convenient — online and succinct.

ASA will publish a general summary in an upcoming issue of this newsletter.

Specific details will be available to the ASA members on the Members Only Page in the future.

Who needs this information? ASA receives many inquiries from hospitals, surgeons, medical staffing departments, OR directors and others.

Acquiring your feedback helps grow this profession; provide benefits to both hospital-employed and independent practitioners; generate the interest of future practitioners and offer legislators concrete details regarding employment in their respective states.

ASA needs to have enough responses for this to be effective and successful. Our goal is 1,000.

The survey will be posted online on January 10. Please take a few minutes to respond.

Surgical Assistants Survey

Which surgical assisting credential do you hold?

- CSFA
- CSA
- SA-C

How long have you been certified?

- Less than 1 year
- Less than 3 years
- 4 -10 years
- 10-15 years
- More than 15 years

Did you attend a formal surgical assisting education program?

- Yes
- No

Name of Program

Do you work as a surgical assistant full time?

- Yes
- No

How long have you been working as a surgical assistant?

- Less than 1 Year
- Less than 3 Year
- 4-10 years
- 10-15 years
- More than 15 years

What state do you currently practice in?

Does your state require certification/ licensure?

- Yes
- No

Does Your state regulate surgical assistants?

- State License
- State Certification
- State Registration
- No State Regulation Available

Are you licensed, registered or certified in your state?

- Yes
- No

Please choose your type of employer?

- Hospital employed (Full-time)
- Hospital employed (Part-time)
- Self-employed/Independent contract
- SA Group employed
- Physician Group employed
- Other

How many surgeons do you work with?

- Less than 5 surgeons
 - Between 6 and 10 surgeons
 - More than 10 surgeons
-

Please indicate what specialties you work in. Select all that apply.

- General Surgery (open and laparoscopic)
 - Plastic and/or Reconstructive Surgery
 - Vascular (open and endoscopic)
 - Orthopedic (open and arthroscopic)
 - GYN (open and laparoscopic)
 - OB (C-sections)
 - Cardiac
 - Neurosurgery
 - Trauma
-

Do you assist in procedures that require surgical robots?

- Yes
 - No
-

Are you required to have a certification for working in surgical robotics?

- Yes
 - No
-

In performing your job which duties would be pertinent?

- Harvesting Grafts
 - Dissecting tissue
 - Removing tissue
 - Implanting devices
 - Altering tissues
 - Opening and closing
-

As of August 1, 2016, what was your base annual salary in your primary position?

- Less than \$30,000
 - \$40,000 - \$50,000
 - \$50,000 - \$75,000
 - \$75,000 - \$100,000
 - More than \$100,000
-

Are you paid an hourly wage or are you salaried (that is, no pay for overtime)?

- Hourly wage
 - Salaried
-

What other types of compensation are possible in your current position? (please select all that apply)

- Paid Overtime
 - Health/Dental Insurance
 - Pension/Retirement
 - Paid Vacation/Time Off
 - Sick Pay
 - Tuition Reimbursement
-

What is the highest level of education you have completed?

- Associates Degree
 - Bachelors Degree
 - Masters Degree or higher
-

What is your age?

- 20-29
 - 30-39
 - 40-49
 - 50-59
 - 60+
-

Are you a member of ASA?

- Yes
 - No
-

Please provide a reason.

[Finish Survey](#)

INCREASING ACCREDITED SA PROGRAMS

THE PATH TO GROWING THE PROFESSION

The origin of the surgical assistant can be traced back to the nineteenth century. In 1890, Sister Mary Joseph,¹ became a surgical assistant to Dr. Mayo and his two sons. In addition to her work at St. Mary's as a surgical assistant, she is credited with contributing to the success of the Mayo brothers in establishing their world-famous surgical practice and Mayo Clinic.¹

As defined by the American College of Surgeons, the surgical assistant provides aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant to the surgeon during the operation does so under the direction and supervision of that surgeon and in accordance with hospital policy and appropriate laws and regulations.²

The nonphysician surgical assistant is a vital member of the operating room team. A well trained, certified practitioner in this role is crucial to the efficiency and success of the operation. Having this formally trained professional as part of the operating room team enhances patient care and safety.

Certification as a surgical assistant is required by many employers, as well as state and local legislation in several areas. According to surgical assistant

Resource,³ the majority of hospitals and other surgical facilities will require certification as a condition of gaining privileges as a surgical assistant at that institution.

The path to become a surgical assistant requires formal education through an accredited surgical assisting program. The NBSTSA (National Board of Surgical Technology and Surgical Assisting) will no longer accept on the job experience as validation to sit for certification as a CSFA® after December 1, 2016.

In order to be properly credentialed as a surgical assistant practitioner at a public or private facility, an assistant must maintain certification, continuing education, and personal liability insurance.

According to The Joint Commission, all the practitioners at the OR table are required to be appropriately educated and credentialed by your facility's medical staff.⁴

So how can we aid hospitals in filling the need for the mid-level practitioner in the operating room and protect our patients? By increasing the number of CAAHEP (Commission on Accreditation of Allied Health Educational Programs) accredited surgical assisting programs. It is only through this avenue can we grow the profession and increase the number of certified surgical assistants working in the field assisting surgeons and caring for patients. Currently, there

Rebecca Hall, CST, CSA, FAST, ASA Secretary

are only ten CAAHEP accredited surgical assisting programs in the country. Growing the profession requires growing the number of accredited surgical assisting programs throughout the country. Our surgeons deserve qualified help and our patients deserve safe care.

References

1. <https://www.britannica.com/biography/Sister-Mary-Joseph-Dempsey>
2. <http://www.caahep.org/Content.aspx?ID=52>
3. http://www.surgicalassistantresource.org/index.php?p=1_4_Surgical-Assistant-FAQ
4. The 2009 Joint Commission Requirements Related to the Culturally Competent Patient Centered Care Hospital Accreditation Program (HAP). https://www.jointcommission.org/standards_information/cfaqdetails.aspx?Standards_Fauid=9088&Programid=46. Accessed August 18, 2016.

CONTRACTS

Fred Fisher, CSFA, CSA, ASA Director

In today's climate, it seems that we are faced with contracts of all types. In our profession it can be a positive or a negative. Listed below are some of the types of contracts that we are faced with.

- Employment contracts
- Hospital contracts (both employed and non-employed)
- Non-compete contracts
- Independent contractors\sub-contractor's contracts
- Insurance company contracts
- Surgeon contracts
- Call coverage contracts
- Attorney contracts
- Billing company contracts
- Surgical Assistant school contracts
- Collection agency contracts
- Malpractice insurance contracts

This can seem to be overwhelming! I have had both positive and negative results over the years with contracts. The one thing I know for sure is this!

- Have an attorney that specializes in the type of contract you are looking at.

This seems like a no brainer but over the years I have witnessed many bad events happen when people chose not to do this. The money upfront and that fee that they charge is well worth it.

One contract that is hardly ever discussed, but is an essential contract in our profession is the Malpractice Insurance contract. You may say to yourself, what contract!! When you get your malpractice coverage you

are in a contract with said company. Many people choose just to look at the amount it costs and what the limits of liability are. Ex; 1 Million/3 million Each incident each occurrence.

Look and if need be have an attorney look at it. Questions like general liability.

What is it and do I need it? What do I need as coverage for as a C corp, S corp, LLC, Sole proprietor, Sole proprietor with employees, Partnership, Professional Association?

Do I need supplementary coverage for thing like?

- First party assault
- Wage and loss expense
- Deposition expense
- First aid reimbursement
- Office property damage

Other things like are you covered under the terrorism risk insurance act?? This is just a few examples of items you might want to look. Some insurance companies cover and others do not. The old adage, you get what you pay for, holds true here.

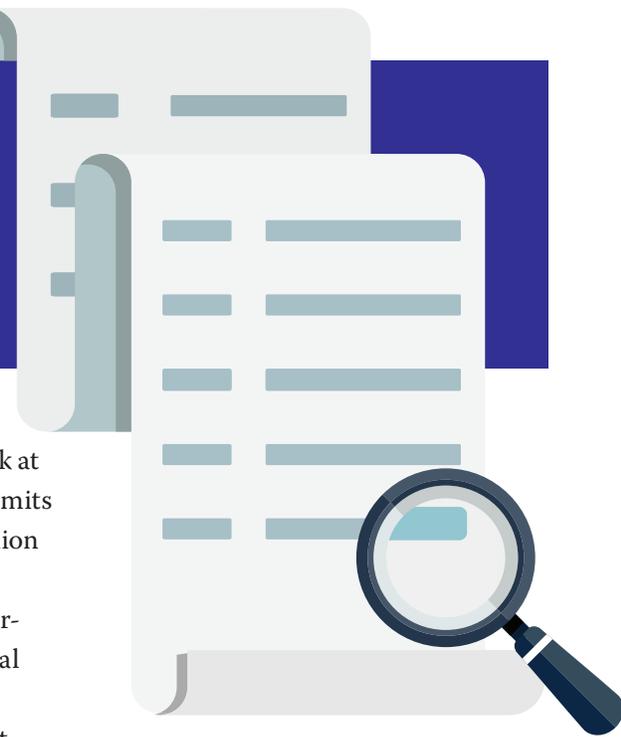
Another issue facing us today is insurance company contracts. In many areas of the country we are still not allowed to become in network providers, but in the other areas we can with some insurance companies. We each have to decide what the best option is for ourselves. There are pros and cons of each and go with whatever one fits your needs. In some states as a participating provider you get a fee schedule

of all surgeries that they will reimburse for and the amount. Make sure that before you sign have an attorney look at the contract. Ex: 80/20, 70/30. There are many types of insurance coverage that patients may have, how much will you pay on each different coverage??

For many hospital employed surgical assistants, they also face issues. If they relocate and get a fee for that and they want to leave? Sign on bonus? They work as an employee part time and bill on their own part time. Make sure there is a contract in place and you are aware of what is in the contract.

One of the most important items you always want clarification on is this!!! If something happens how do I get out of it!!!! Many companies, hospitals, insurance companies, billing companies, collection agencies, have outs but they will be in their favor. Be aware of this and if you do not like said language, change it.

In closing, the best advice I can give you is make sure you have a good attorney (one that specializes in said contract). Listen to your gut instinct and trust in the process.





Join ASA—

the only professional surgical assisting organization that:

- ✓ Successfully applied to the National Uniform Code Committee (NUCC) for a new definition of surgical assistants in the taxonomy code.
- ✓ Completed first application phase to the BLS to add the surgical assistant to the Healthcare Practitioners and Technical Occupations.
- ✓ Provided major financial support in Florida and for **enacting legislation** in Virginia
- ✓ Offers an authoritative job description
- ✓ Sponsors billing and reimbursement education opportunities
- ✓ Researches and provides Recommended Standards of Practice
- ✓ Publishes the *Core Curriculum for Surgical Assisting*
- ✓ Sponsors advanced-level hands-on workshops, including robotics, cadaver labs, endovascular harvesting, and learning-at-sea cruises
- ✓ Offers discounts to take the CSFA examination
- ✓ Publishes information that's relevant in the quarterly *The Surgical Assistant*
- ✓ Sponsors an annual meeting that features nationally recognized surgeon speakers
- ✓ Hosts open Facebook site for surgical assistants
- ✓ Hosts an open Discussion Board
- ✓ Host an open online Jobs Board
- ✓ Offers ASA dues-paying members free opportunities to post Positions Wanted

Join ASA to advance your career in surgical assisting and advance our profession.

www.surgicalassistant.org

