



THE SURGICAL ASSISTANT

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ASA ELECTS NEW OFFICERS



The new 2015–2016 ASA Board of Directors was announced at the ASA Annual Meeting that was held October 4–6 in Nashville, Tennessee.

The newly elected board includes Kathy Duffy, CSFA, CSA, President; Greg Salmon, CSFA, CSA, Vice President; Jodie Woods, CSFA, Treasurer; Shannon Woods, CST, CSFA, Director; and Christina Tuchsén, CSFA, LSA, Director. Returning board members include: Rebecca Hall CSA, Secretary; Paul Beale, CSFA, Director; Fred Fisher, CSFA, CSA, Director, and Crystal Weidman, CSFA, SA-C, Director.

Dennis Stover, CST, CSA, gave the oaths of office to the newly elected board. ASA was fortunate to be the beneficiary of Dennis's talents and commitments for the past six years. He was able to provide a strong foundation for the future of the organization.

This year's election was the first online opportunity for members to cast their ballots and the first time members were invited to ask questions of any candidate on the Members Only section of the ASA Town Hall. The ASA Board intends to repeat the use of the Town Hall again for the 2016 elections.





What's in the Works!

KATHY DUFFY, CSFA, ASA PRESIDENT

Things got off to a running start after the National Conference in Nashville. The new board met in Chicago in November and began developing the direction of our Strategic Plan for the next five years. We also are working to create Ad Hoc Committees for Membership, Marketing and Conference Planning. These are brand new committees and we are working on streamlining the application process for members who would like to serve on those or any other existing committee.

The Conference Planning Committee has been working feverishly to put together the Educational Component of the Spring 2016 Conference in Las Vegas. It will be the first time ASA has been able to offer dual educational tracks to attendees, and we hope that you will make every effort to attend! We are also offering three hands-on workshops on Friday, March 4: Endovascular Harvesting; Wound Management and IV Therapy. Registration is limited—don't wait and be disappointed. Registration and hotel information are available at www.surgicalassistant.org.

This is the time of year that things get crazy. Gift shopping, decorating, visiting family, busy surgical schedules (we all know how crazy surgery is in December, right?) I would like you all to, just for a moment, take a step back, look around you and count your blessings! As surgical assistants, we see a mixture of surgical outcomes, some happy and some not so much. Make sure that you carve out some time just for you and yours... to re-cooperate, regenerate and reconnect.

~Happy Holidays!~



EARN UP TO 18 CONTINUING EDUCATION CREDITS AT THE ASA 2016 SPRING MEETING

MARCH 4-5, 2016

EMBASSY SUITES LAS VEGAS | 3600 PARADISE ROAD

ASA MEETING AGENDA

FRIDAY, MARCH 4

8 AM-5 PM **8 CEs**

Choose one of three off-site workshops. Transportation provided. Each workshop offers 8 CE credits. Registration is limited. Detailed descriptions available online at www.surgicalassistant.org.

- Endovain Harvesting
- IV Therapy
- Wound Management

6-7 PM **1 CE**

KEYNOTE ADDRESS
Professionalism and Social Networking in the Medical Community (applicable as Ethics credit)
Luke Newton, MD

7-8 PM
Reception
Sponsored by Meridian Institute of Surgical Assisting



Attendance is limited to 125. Confirmation will be emailed upon registration. Onsite registration will be available on a space-available basis. All cancellations must be received in writing by February 20, 2016. Accommodations: Las Vegas Embassy Suites, 3600 Paradise Road, Las Vegas, NV 89169.702-893-8000. Deadline for reservations is February 2, 2016. Rates: \$115/night/king; \$129/night double/ Room block is limited.



SATURDAY, MARCH 5

9 CEs

7:45-8 AM **Welcome** Kathy Duffy, CSFA, CSA, ASA President

▼ Choose only one of two sessions in each specific time period. ▼

- 8-8:50 AM
- Total Ankle Arthroplasty
Timothy Watts
 - Evidence-based Laparoscopic Entry and Closure Techniques
Luke Newton, MD

Midmorning Break (sponsored by ARCSTSA)

- 9-10:50 AM
- Tell Me Something I Don't Know
ASA Board/Participants
 - Foley Catheter for Perioperative Patient/
Skills Lab

- 11 AM-NOON
- Introduction to Medical Billing
Rebeca Paley, BS
 - Patient Characteristics That Increase Complication Risk
Solomon Paley, MD

NOON-1 PM **Lunch** (sponsored by NBSTSA)



- 1-1:50 PM
- Preventing Infection in Total Shoulder Arthroplasty
 - Advanced Robotic Surgery—A Team Approach
George Tuchsén, MD

- 2-2:50 PM
- Critical Airway Management
Richard Byrd, MD
 - Robotic Advancements in Urology
Jayram Krishnan, DO

- 3-3:50 PM
- Introduction to ACLS
Mary Chalfant, RN, MS
 - Technology Advancements: Not Yesterday's Suture

Afternoon Break (sponsored by NBSTSA)



- 4-4:50 PM
- Minimally Invasive Surgery: Mitral Valve
Michael Morrison, CSFA
 - Optimal Device Performance and Improving Surgical Outcomes

5-5:50 PM **Making a Difference Through Medical Missions**
Faith in Practice Linda McCarthy

5:50-6 PM **Closing** Kathy Duffy, CSFA, CSA

ASA LAS VEGAS MEETING FEES

Includes Friday reception, keynote presentation, Saturday education sessions, breaks and lunch.

Mail to: ASA, 6 West Dry Creek Circle, Suite 200, Littleton, CO 80120, 303-694-9130, www.surgicalassistant.org

Date _____ Member/Cert No. _____

Name (please print) _____

Circle title: CST CSFA CSA SA-C Other

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Email _____

Credit card billing address (if same as above, leave blank)

City _____ State _____ Zip _____

2016 ASA Las Vegas Meeting	ASA Member:	\$275
	ASA Student* Member:	\$175
	Nonmember:	\$300

Friday Workshops Choose only one; must be registered for ASA meeting.	ASA Member:	\$249
	Nonmember:	\$299

*Currently enrolled in CAAHEP-accredited surgical assisting program

Money Order/check enclosed for \$ _____
(No purchase orders accepted)

VISA MC AmEx

Name on Card _____

No. _____ Expiration Date _____

Total amount charged \$ _____

Signature _____

COLORADO SURGICAL ASSISTANT REGISTRATION RENEWAL UPDATE



Colorado currently requires registration for all surgical assistants and surgical technologists. Colorado registration took effect in 2010 after the legislature was pressured to regulate surgical technologists and surgical assistants after an uneducated and uncertified surgical technologist, Kristen Parker, infected at least 33 patients with hepatitis C, after stealing fentanyl and not replacing the virus-infected syringes before the needles were inserted into patients.

In early 2015, the sunset process began on the Colorado Surgical Assistant and Surgical Technologist Registration Program. The sunset process is when policymakers analyze the current program's need and effectiveness to determine whether or not to renew the program. The Colorado surgical technologist and surgical assistant law expires in September 2016, unless it is renewed by the Colorado legislature and approved by the Governor.

In early 2015, AST and ASA began to work with the Department of Regulatory Agencies (DORA) to begin the analysis of the current program. An appointed DORA analyst studies the issue, then writes a report with recommendations which is submitted to the Colorado legislature. ASA and AST advocated to require education and certification for newly-practicing

surgical technologists and surgical assistants as a required component of the Colorado DORA registration.

Policymakers often do not believe that professionals so integral to surgery are not more regulated. Thus, they believe instead that surgical technologists and surgical assistants are not truly a part of the surgery. To combat this perception, ASA and AST use photographs, demonstrations and live surgeries. A picture paints 1,000 words, a live surgery paints 10,000. The first exposure of the DORA analyst to surgical assisting and surgical technology was at a live surgery. ASA and AST worked with a Colorado member on the national AST Board of Directors to arrange to have the DORA analyst view a live ACL replacement.

The ACL replacement was compelling. Prior to surgery, ASA and AST met with the DORA analyst to discuss how other states regulate surgical technologists and surgical assistants. ASA and AST shared hundreds of examples of how undereducated and under-trained surgical assistants and surgical technologists can cause patient harm. As the DORA analyst entered the operating room, she watched a Certified Surgical Technologist set-up the room alone without any direct supervision, dispelling the myth surgical technologists are always under

direct supervision. During the set-up, the Certified Surgical Technologist noticed a break in the sterile field and corrected it, all without guidance, potentially preventing a surgical site infection of the young patient's new ACL. As the patient entered the room, the DORA analyst was informed that even though the patient seems awake, the anesthesia had already taken effect, therefore the patient may not remember seeing the surgical assistant or surgical technologist. This is an important point because it demonstrates that a decision on whether or not to regulate surgical assistants and surgical technologists should not be based on the volume of patient complaints: patients do not watch surgical assistants or surgical technologists in action.

The surgery began. The operating room was bustling with the surgeon, Certified Surgical First Assistant, Certified Surgical Technologist, Certified Registered Nurse Anesthetist, RN circulator, the DORA analyst, ASA and AST staff and members, a medical student and an industry representative. The DORA analyst watched as the surgeon quizzed the medical student on anatomy, "which muscle is being used for this ACL replacement?" She did not know, but the surgical assistant did: semitendinosus. The DORA analyst watched as



the surgical technologist predicted every move of the surgeon. She saw the surgical assistant create the ACL graft, all behind the surgeon's back without supervision. She watched as a physician assistant walked in the room and the surgical assistant trained the physician assistant in preparing the ACL graft. A live screen was streaming the surgery, and many times throughout the surgery the DORA analyst could not differentiate the surgeon's hands from the surgical assistant's hands: another compelling reason for regulation. The DORA analyst watched as the surgical assistant closed independently while the surgeon dictated.

After the surgery, the DORA analyst asked whether or not the surgeon thought surgical assistants and surgical technologists should be educated and certified. He said, "yes, with a good team, a 60-minute surgery takes 60 minutes. With a bad team, a 60-minute surgery can take two hours." She asked if he had bad experiences with undereducated and undertrained surgical assistants and surgical technologists at hospitals and he said "absolutely." The surgeon then explained how critical an effective team is in every type of surgery.

Immediately after the surgery, the DORA analyst was handed a copy of the accreditation guidelines and

Core Curriculum for accredited surgical technology and surgical assisting educational programs along with the Virginia Department of Health Professions Report on Surgical Technology and Surgical Assisting. This favorable report concluded that surgical assistants and surgical technologists perform complex and potentially dangerous tasks in an autonomous fashion, that these tasks require specialized skills and training, that the unregulated performance of these tasks poses a risk of harm to patients, and that surgical assistants and surgical technologists should be regulated. The DORA analyst was also informed that Medicare Conditions of Participation and private accreditation organizations, such as The Joint Commission, do not have any specific competency standards for surgical assistants or surgical technologists.

After the live surgery, in early 2015 and throughout the summer, ASA and AST staff and members met countless times in person with the DORA analyst at the Department's offices in Denver. The synopsis on how surgical assistants and surgical technologists can potentially cause patient harm was reviewed along with examples from the field. In addition, examples of patient harm due to criminal behavior, drug addiction and mental illness

were discussed. Academic journal articles were also shared. One JAMA study found surgical site infections are the primary reason for hospital readmissions. Another JAMA study discovered that surgical site infections cost the US health care system at least four billion dollars per year and that surgical site infections contribute the most to the overall costs incurred by health care-associated infections. In addition, research studies were shared that demonstrated reduced surgical site infection-associated costs (an 11% reduction) and fewer adverse surgical events (a 40% reduction) in facilities that hire certified surgical staff.

ASA and AST also distributed job descriptions, overviews of the professions, a detailed comparison of surgical assistants and surgical technologists, competencies, the American College of Surgeons statements and American Medical Association statements in support of the education and certification, robotic surgery photos, instrumentation photos and examples of Colorado job postings that demonstrated some Colorado employers are not currently requiring education or certification.

The DORA sunset report was unveiled on October 15, 2015. In other states that have rejected regulation of surgical assistants and surgical

technologists, many of the following erroneous reasons have been used: surgical assistants and surgical technologists are under supervision and therefore do not need education or training; complaints have not been filed, therefore, regulation is unnecessary; or, the free market will offer solutions. The DORA report was free of these ill-informed and careless claims. The DORA report acknowledged the high-level of education and competence required of surgical assistants and surgical technologists in the field. The DORA report reflected an understanding of the important independent decisions that surgical assistants and surgical technologists make from moment to moment in the operating room. Nonetheless, the DORA recommendation was to sunset the registration program, but preserve the “safe harbor” that allows employers to share information about employees. The report acknowledges surgery is risky and states, “there is no question that the public benefits from competent, well-trained operating room personnel.”

The DORA report justifies not renewing state registration by stating that Joint Commission accreditation, Medicare rules, Colorado ambulatory surgery center rules and Colorado Department of Public Health and Environment (CDPHE) regulations provide enough of a safeguard. The report discusses the Centers for Medicare & Medicaid Services’ interpretive guidelines that Medicare provides to state inspectors which state that hospitals should perform a written assessment of a practitioner’s training, experience, health status and performance before allowing that person to perform surgical tasks. The report acknowledges that Joint Commission accreditation is voluntary that only requires criminal background checks

if facility policy requires it. The report reviews CDPHE rules which require practitioners provide services within their scope of practice and be “prepared through formal education, as applicable, and on-the-job training, in the principles, policies, procedures, and techniques involved so that the welfare of patients will be safeguarded.” The DORA report also discusses the records ambulatory surgical centers must keep for each employee, which includes education, credentialing verification, evaluations and background checks for licensed individuals. The text of the DORA report states facilities already perform back-



ground checks on surgical assistants and surgical technologists, yet the data in the report’s appendix demonstrates otherwise: many facilities self-reported not performing background checks on surgical assistants and surgical technologists.

ASA and AST aim to renew the current registration. Fortunately, a DORA recommendation does not carry the weight of law. The DORA recommendation is only that: a recommendation to the legislature, which is the next entity to make a decision on whether or not to renew surgical technologist and surgical assistant registration through DORA.

ASA and AST have overridden state regulatory agency recommendations at the state legislature before, and we can again. Our message is patient safety. During the time the Colorado DORA registration of surgical assistants and surgical technologists was in effect, the DORA registration prevented many surgical assistants and surgical technologists who abused alcohol and who were addicted to drugs from entering Colorado operating rooms. It only takes one bad actor to infect many, and the surgical assistants and surgical technologists who were not granted DORA registration or had their registration revoked, were prevented from participating in tens of thousands of surgeries. This potentially prevented patient harm in hundreds to thousands of Colorado patients in the last four years alone.

On the day DORA released its report, ASA and AST hired a lobbying firm to represent ASA and AST in Colorado. The lobbyist firm is one the best firms at the Capitol. Their professionals have a combined 30 years of experience, are known for representing respectable causes and have a superior track record of success. The firm’s specialization is in health care and their relationships with key legislators, state agency staff and health care leaders is unparalleled.

Currently, ASA and AST staff and committed members are working with the lobbying firm to lay the groundwork for the 2016 session. ASA and AST leadership have been meeting with the DORA government affairs staff and many legislators, especially legislators in the Senate and legislators who sit on the House health policy committees. Once the session begins in January, decisions could be made very quickly. In the coming months, Colorado surgical assistants need to carefully watch for emails containing calls to action and act immediately.

Surgical Assisting

LOOKING BACK AND FORWARD

BEN PRICE, CHIEF EXECUTIVE OFFICER, NBSTSA

In October, Crit Fisher, CST, FAST, president of NBSTSA and I had the privilege of attending the Association of Surgical Assistants meeting in Nashville, and had a productive conversation with their leadership. As I've returned to this profession after some time away, the conversation we had brought to mind the value in taking a look now and then at our history and background.

When AST made the decision to formally begin representing the interests of CSTs functioning in the role of the surgical assistant in 1988, NBSTSA (formerly the LCC-ST) began working with AST on the development of the CSFA examination. This process spanned three years and included the development of the surgical assistant curriculum outline, completed in 1991.

The first CSFA (previously titled "CFA") examination was offered in September 1992, with 409 testing that year. The Association of Surgical Technologists continued their commitment to support surgical assisting (made in 1988), with the AST House of Delegates approving a resolution on the CSFA credential, "...that all CST surgical assistants should hold the Certified First Assistant credential" in May of 1999.

Even as new surgical assistants were testing and entering the field, the profession continued to develop educationally, including:

- Development of the formal "Core Curriculum for Surgical Assisting" first edition 1994, second edition 2006; third edition 2014).
- AST drafts Essentials & Guidelines for an Accredited Surgical First Assisting Program in 1994;
- Development of the "The Surgical Wound" manual (1995);
- First SA program, Delta College, receives AST approval (1996);
- First SA study skills book published in 1996; second edition study guide published in 2007

While the earliest programs were AST approved, In 1996 the ARC/STSA, formerly the ARC-ST, presented the Surgical Assistant Curriculum and Draft Standards to the

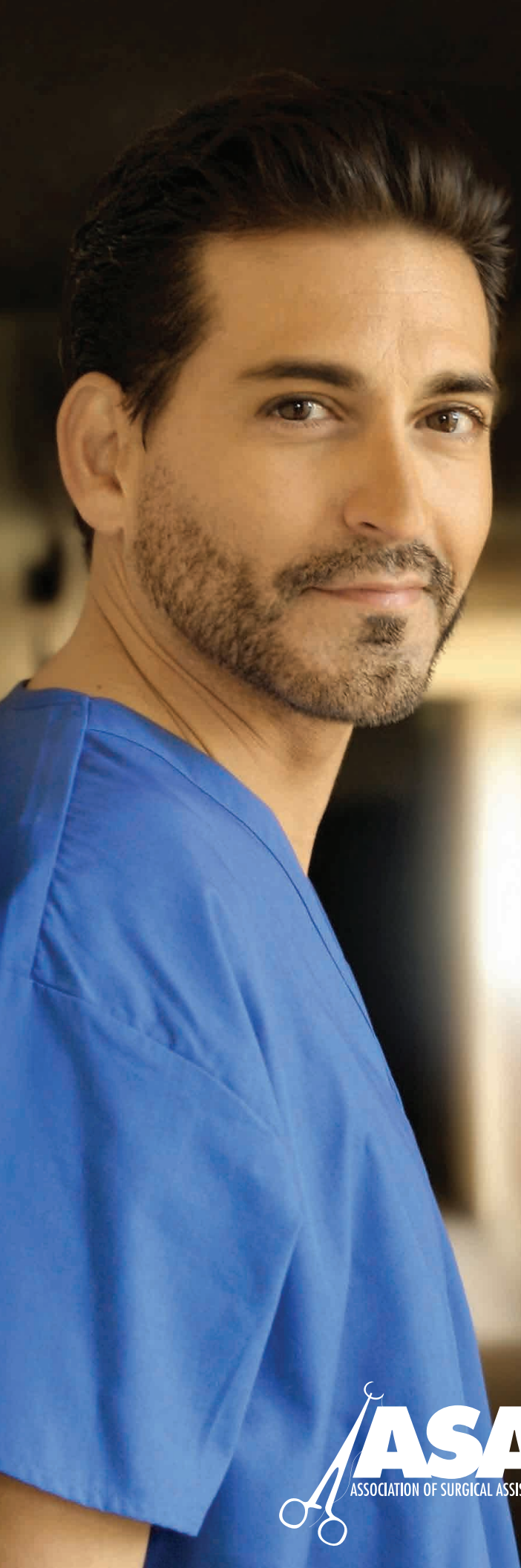
American College of Surgeons and subsequently engaged with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to develop surgical assistant program accreditation standards. In April 2002 the first Accreditation Standards and Guidelines for the profession of surgical assisting are adopted and approved by the ARC-ST, AST, ACS, and CAAHEP—CAAHEP subsequently accredits the first surgical assisting programs in 2003. SA Standards were revised and updated in 2008.

Currently, there are eight CAAHEP-accredited schools of surgical assisting spread across the US:

- Gulf Coast State College—Panama City, FL
- College of Southern Idaho—Twin Falls, ID
- Madisonville Community College—Madisonville, KY
- Wayne County Community College—Western Campus—Belleville, MI
- Mayo Clinic College of Medicine—Rochester, MN
- University of Cincinnati, Clermont College—Batavia, OH
- Meridian Institute of Surgical Assisting—Nashville, TN
- Eastern Virginia Medical School—Norfolk, VA

And, as the profession has grown, the Association of Surgical Technologists and also the Association of Surgical Assistants have continued to advance patient safety via legislation, with laws in place now in at least seven states requiring licensure, certification, or registration to practice as a surgical assistant.

As of September 30, 2015, there are 3,179 NBSTSA credentialed Certified Surgical First Assistants, and that number continues to grow, as does the system of accredited programs offering training in the field. We are quickly approaching the 25th anniversary of the first offering of our credential. NBSTSA's leadership now looks to the future, collaborating with our partners at ASA, AST, ARC/STSA, ACS, and the larger surgical assisting and allied health communities as we continue to develop credentialing standards to ensure safe, high quality patient care.



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

