

**From:** Kylie Drake  
**Sent:** Tuesday, November 03, 2015 9:29 AM  
**To:** Briel, Ron  
**Subject:** 407 Comittee: Left Out

Dear Ron,

My name is Kylie Drake and have been a CST working in central Nebraska for five years. I'm sure by now you have an idea of what a CST does in a conventional facility such as a surgery center or hospital. However there is an increasing desire for surgeons to hire their own private certified surgical technologists. I served as such in an orthopedic office for two years before my current supervisory role.

With rapid changes in healthcare, we find surgeons needing a sense of consistency and confidence in the persons working beside them. Rapid turnover of staff at these facilities has left this request unfulfilled. This puts the responsibility on the shoulders of the surgeon, who then needs to hire a highly qualified CST to ensure the best care of the patients, at their own cost. The job description for a CST as is, in no way applies to these individuals working in a private setting.

There has not been a point in my experience with this career where I have taken orders from a nurse over that of the surgeon, apart from minor ancillary duties. After all, the surgeon is the one paying my salary and should rightfully be the individual giving me instruction. Not to mention, even in a conventional setting the CST's function is to aide the surgeon, that surgeon has always given the CST more direction of what to do and how to do it than the circulating nurse. Updating these regulations would be a reflection of how surgery operates in the present.

Obtaining licensure regulations would be a necessary update. Every other person who comes in contact with that patient in the operating room is licensed. It makes sense that the assistants such as CST's should be too. The most vulnerable position a person can be in is lying in an operating room. Those patients trust that they are receiving the best treatment possible. Right now, with no required licensure we can neither guarantee we have the most qualified personnel, nor prove every safety precaution has been placed. Not making a change would be detrimental to our patients, this needs updated.

Thank you for your time,

Kylie C. Drake, CST

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