

To: Members serving on the Surgical First Assistant 407 Review Board

From: Nancy Gondringer, CRNA, Director of Surgical Services, CHI Health St. Elizabeth

Re: CST and CSFA

Date: July 8, 2015

First, I wish to express appreciation to the Nebraska Hospital Association and members of many professional groups who have worked on completing the 407 process on behalf of the Surgical First Assistants. I have been able to be part of the meeting and have found them to focus on providing safe patient care and quality outcomes for all surgical patients in the state of Nebraska.

The 407 process, although very demanding and time consuming, was the appropriate mechanism to allow all interested parties to come together and develop an overdue scope of practice for these health care providers. During the 407 process preparation the CST and CSFA were identified as vital members of the surgical team providing patient care. The committee researched various levels of practice for each provider group with the main objective in providing safe quality of care for all surgical patients in the state of Nebraska. The final product that is being debated today addresses the educational requirements, clinical experiences needed and responsibilities of the CST and CSFA. It also addresses how those roles and responsibilities interact with those of the circulating Registered Nurse and Physician provider for whom they assist during a surgical procedure.

I understand there has been confusion between a Certified Surgical Technologist and a Certified Surgical First Assistant. Both are vital to the team but their functions differ. Like all medicine and nursing some lines seemed to be blurred as both the CST and CSFA could do some of the same activities but the major difference is what activity they are performing and whose license they are functioning. The CST has more limited functions under the Registered Nurse or under the direct supervision of the physician as well as the Registered Nurse, whereas the CSFA has obtained additional education and clinical skills which allow the CSFA to provide a more comprehensive support system to the physician. A simple example would be a surgeon would place a retractor and ask the CST to hold it in place whereas the surgeon may ask the CSFA to place the retractor based on their additional education and experiences with the surgical procedure.

I have heard there has been open discussion regarding who should provide oversight for these two groups of individuals. That will be a decision the group needs to make but someone needs to have oversight into their licensure or registration that provides a mechanism to oversee this group of providers and validate they are providing safe quality of care to the citizens of Nebraska.

I have worked with both CST and CSFAs and believe both groups of allied health professionals and an important part of the surgical team. They are part of the team that cares daily for surgical patients and this legislation provides a means to monitor and have oversight into their scopes of practice. If there are questions regarding my statements please contact me at 402-432-0511.

Thank you

Nancy Gondringer, CRNA