

Professor Jeffrey Baldwin, PharmD, RP, RPhA, FASHP
Response to March 9, 2015 Email Inquiry

1. The Nebraska State Assembly of Surgical Technologists & Surgical Assistants is the Nebraska chapter of the Association of Surgical Technologists and Association of Surgical Assistants, which are co-sponsors of this application. Members of the Nebraska State Assembly, as well as the national associations, are active participants in the credentialing review process and were in attendance at the first meeting of the Technical Review Committee.
2. This excerpt is from the American College of Surgeons Statement of Principles, which was originally published in September 2008. It is frequently cited as the governing code for improving patient care and promoting ethical practice of medicine. The American Board of Surgical Assistants references the portion of the Statement addressing surgical assistants on its website, which also has a link to the full statement: www.absa.net/acsama_policies.php.
3. The American College of Surgeons and Association of Surgical Assistants outline of surgical assistant functions can be found here:
www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Surgical%20Assistant%20Job%20Description.pdf.
4. The Association of Surgical Technologists outline of surgical technologist functions can be found here:
www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Surgical_Technologist_Job_Description.pdf.
5. The Joint Commission defines a licensed independent practitioner “as an individual, as permitted by law and regulation, and also by the organization, to provide care and services without direction or supervision within the scope of the individual’s license and consistent with the privileges granted by the organization.”
(www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentialing_booklet.pdf)
6. The Commission on Accreditation of Allied Health Education Programs describes the curriculum of surgical assisting programs, as well as other relevant information at www.caahep.org/Content.aspx?ID=52.

As stated in the application at the top of page 16, CAAHEP “recommends” the prerequisites that follow, but that are not required, prior to entering into an accredited program.

The extent to which pharmacology is imbedded in accredited program credentials is being investigated at this time.

7. The examination eligibility requirements for certification under the National Board of Surgical Technology and Surgical Assisting (NBSTSA) can be found at nbtsa.org/examinations-csfa.html.

Applying for and passing the CSFA examination is a requirement for all avenues of eligibility in the table. An “or” at the end of the bulleted statement indicates that the requirement is an

optional avenue of eligibility. An “and” indicates that it is required. Neither an “and” or an “or” indicates that it is required.

8. The Director of Surgery under which the surgical assistant completed the case experience must verify the surgical case experience. Currently, the NBSTSA requires that 200 cases are completed when an eligible avenue of meeting certification requirements.

A blank verification form is available at nbstsa.org/downloads/2015/2015-CSA-SA_C-Path-Apps.pdf, page 3.

9. The Licensee Assistance Program (LAP) applies to licensees, certificate holders, and registrants of the State of Nebraska. Under the application, surgical technologists, as registrants, are eligible for LAP.

The fee schedule is based on the current schedule for medication aides and is simply a recommendation for the State’s consideration. Under 172 NAC 2, all credential and renewal fees include the \$1 LAP fee/year.

10. Licensure of surgical first assistants who have obtained a level of education, training, and examination as determined appropriate by the State will actually increase the availability of qualified surgical first assistants. Under the current moratorium on delegation of tasks in Nebraska, no surgical assistant is “qualified” to function as trained. Licensure will allow those eligible for licensure who obtain the license to fill the current lack of qualified surgical assistants in the State. It will also incentivize those who are not yet eligible to obtain the education, training, and examination required for licensure, boosting the current availability of surgical assistants.

As Part B of the application proposes the creation of a registry to simply monitor surgical technologists in anticipation of future regulation of this occupation, the availability of “qualified” surgical technologists will be unaffected as long as the fee schedule is not cost prohibitive.

As noted on page 26, no. 6, surgical assistants and surgical technologists are generally employed by a hospital. Their services are included in fixed global billing schedules that are generally unaffected by minimal variations in overhead costs.

11. Please see accompanying handout.

Sent: Monday, March 09, 2015 10:51 AM

To: Briel, Ron

Subject: Comments/ suggestions/ questions concerning Surgical Assistants & Surgical Technologists Credentialing Review Application

Per my statement at the SFA TRC meeting on 3/6, here are my comments/ suggestions/ questions concerning Surgical Assistants & Surgical Technologists Credentialing Review Application submitted by Sidney Regional Medical Center, Sidney NE dated February 23, 2015. Pages referenced hereafter refer to page numbers included on that document.

1. Pg 5: is there a reason why the Nebraska State Assembly of Surgical Technologists & Surgical Assistants was not among the sponsors of the proposal? (I realize there is not requirement that they do so)
2. Pg 10, 2nd paragraph under PART A: Recommend applicants cite source of ACS statement or provide us with a link so we can review the document.
3. Pg 11, Surgical Assistant Functions – 1st paragraph – would like a citation or link to ACS quotation. In 2nd paragraph, cite or link to ACS and ASA sources of information included on the Surgical Assistant Functions table.
4. Pg 13, Surgical Technologist Functions section, paragraph 2 – cite or link to AST information.
5. Pg 13: table: item 4. (12) and (13): how/where is “licensed independent practitioner” defined? Same comment on Pg 15, first unbolded paragraph under 8
6. Pg 16, paragraph 1: CAAHEP references should be supported by citation or a link. We really should have access to that information in more detail. To read the requirements that follow, it appears that SA programs require a PRIOR BS or higher degree; is this the case? “Students should also have successfully completed college level instruction in:” – is this prior to or during the SA curriculum? To what extent is pharmacology required?
7. Pg 17, 1st paragraph and table: cite or link needed to information. Questions about the table:
 - a. Does the “and” in the 5th bulleted item on the table refer to just bulleted items 5 and 6 or does it refer to bulleted items 3, 4, or 5 AND 6? Similar confusion on bulleted items 10-13 related to use of OR on bullet 10 with AND on the next 2.
8. Pg 17 discussion re. CE should be more specific about what CE is required: who certifies CE? Same comment in information contained in items 17 & 18 on Pg 19.
9. Pg 25: I assume that the quoted licensing fees include the \$1/year LAP fee? I believe that registration does not make STs eligible for the LAP, correct? If it does, is the \$1/year fee included?
10. Pg 26, item 4.: Might not licensure/registration decrease the availability of qualified SAs and/or STs, thus driving up salaries and the cost of procedures? Cost could be a public harm; please address this.
11. Pg 28: Cite source of definitions used. Expand Personal supervision to also define direct and indirect supervision.

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APPENDIX

DEFINITIONS

Delegation: “the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcomes.” (American Nurses Association, www.aacn.org/wd/practice/docs/aacndelegationhandbook.pdf)

Direct supervision: services furnished directly or under arrangement in the hospital or on-campus provider-based department means that the physician must be present on the same campus and immediately available to furnish assistance and direction throughout the performance of the procedure. For services furnished directly or under arrangement off-campus in a provider-based department of the hospital, direct supervision means that the physician must be present in the off-campus provider-based department and immediately available to furnish assistance and direction throughout the performance of the procedures. (CMS Manual, Chapter 15, Section 80.)

General supervision: the procedure is furnished under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. (CMS Manual, Chapter 15, Section 80.)

Licensed independent practitioner: The Joint Commission defines a licensed independent practitioner “as an individual, as permitted by law and regulation, and also by the organization, to provide care and services without direction or supervision within the scope of the individual’s license and consistent with the privileges granted by the organization.” (www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentiaing_booklet.pdf)

Personal supervision: a physician must be in attendance in the room during the performance of the procedure. (CMS Manual, Chapter 15, Section 80.)

Scope of practice: A 2005 Federation of State Medical Boards report defined scope of practice as the “Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.” (Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005, library.fsmb.org/pdf/2005_grpol_scope_of_practice.pdf)

Surgical assistant (SA): As defined by the American College of Surgeons (ACS), surgical assistants provide 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 performs these functions during the operation under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations. (www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Surgical%20Assistant%20Job%20Description.pdf)

Surgical technologist (ST): allied health professionals, who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists possess

expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

Surgical technologists prepare the operating room, including the sterile field, setting up surgical equipment, supplies and solutions. During surgery, surgical technologists pass instruments, fluids and supplies to the surgeon and prepare and manage surgical equipment. Surgical technologists simultaneously manage the sterile field and specimens. Surgical technologists perform a count of sponges and supplies to prevent foreign retained objects. Surgical technologists are certified following successful completion of a CAAHEP-accredited program or other programmatically-accredited surgical technology program and the national Certified Surgical Technologist (CST) examination administered by the National Board of Surgical Technology and Surgical Assisting.

(www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Job%20Descriptions.pdf)