



O.R. COMMUNICATOR

Spring 2009

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PRESIDENT'S CORNER **BY** **CATHERINE REID, CST**

2009 National Conference Update

Las Vegas was wonderful. I arrived Sunday, May 24th two days early as I was excited to attend the two day Leadership forum. Sleeping in Monday was a much anticipated way to begin the forum. The group consisted of mostly Presidents and Vice Presidents from other state assemblies, about 75 attendees in all. I was particularly impressed by four of the attendees. Those four are not currently holding positions on their state boards. Their desire was purely an opportunity to learn more about becoming involved, quite a commitment to their state I'd say.

We broke up into groups of about 10-15 and participated in five roundtable discussions. Each discussion was led by a different member of the state assembly leadership committee (SALC). The activity gave us specific insight into the responsibilities each member of the board. Michelle Rey played President. Karen Silvis played Vice President. Winnie Lynn played Secretary. Jean Carty-Turner played Treasurer. Rounding out the discussions was Christopher Lee who played Director. Holly Falcon, SALC committee chair discussed 27 expectations of all State Assembly officers and board members. 27 may seem overwhelming but not so if we conduct ourselves in a professional and active manner.

In retrospect, I now better appreciate the leadership and visionary qualities necessary to run a successful state assembly. I whole

heartedly believe that the current success of this board is due to the mentoring of Deb Turner. I am proud of our current board. Each of us has embraced Deb's mentoring and I believe that to be the reason for our success. I personally want to thank you Deb, for sharing your leadership and vision that has so quickly brought us to this point.

The second day was presented in lecture style covering six important aspects that directly affect state assemblies:

Recruitment/Retention/Marketing/Career Days, Effective communication, Bylaws & Parliamentary Procedures, Financial management, Legislation & Continuing Education policies.

The AST Board elected 5 positions, in this an odd year. Running for President were incumbent Sherri Alexander, CST and Kathy Snyder BS, FAST. Running unopposed for Vice President, Margaret Rodriguez CST, CFA, BS, FAST. Running unopposed for Treasurer, Georgia Carter CST, CFA, LPN. Running for 3 Director positions, Bill Hammer CST, ME d, Chris Keegan CST, MS, FAST, Michelle Muhammad CST, Chris Suttinger CST and Christopher Lee CST. Each state is allowed 6 delegates for voting. Oregon's delegation was represented by 5 members. Catherine Reid CST, Deb Turner CST, CFA, Debbie Deering-Larson, CST, CFA, Don Dreese CST, CFA, and Melissa Garringer CST. As an elected delegate our responsibilities were to attend business session # 1 and 2, the candidate's forum and discuss the candidates' qualifications. Election results were announced during business session 2. Congratulations go to Sherri Alexander, Margaret Rodriguez, Georgia Carter, Bill Hammer, Chris Keegan and Christopher Lee.

My favorite experience of the trip was meeting all our national Representatives. At the head of the table, Bill Teutsch CAE, FASAHP, CEO of AST and the AST Board of Directors, the independent accrediting bodies and the staff behind the scenes at AST National. Deb Turner was a great tour guide to the "stars" of the show.

Rounding out a wonderful experience at conference was the ending featured speaker Stephen Harden, BS. Soaring over the Safety and Quality Chasm Using Aviation's Best Practices to Improve Patient Safety and Quality of Health Care. "An expert airline pilot draws upon his industry experience with B727's and B737's



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from inspiring and real patient stories from the O.R., incorporating interactive exercises and direct audience participation. This presentation illustrates a proven methodology organizations use to create and sustain a culture of safety.” (quote taken from the conference guide)

I am generously blessed by my experience at conference. Las Vegas was my third national conference in 15 years and has again caught the fire for the profession at a new level. I want to thank each and every one of the members who believed in me as a leader and voted to send me as a delegate to convey the concerns and successes of those back home in Oregon. I am truly grateful for my conference registration being paid by the members of OAST, thank you!

Sincerely,
Catherine Reid, CST
President OAST

CONFERENCE REPORTS

AST NATIONAL CONFERENCE

Las Vegas, Nevada

Deborah Turner, CST, CFA

The AST National Conference was held in Las Vegas this year. I was honored to attend as a delegate for the State of Oregon and I want to thank the OAST Board of Directors and members for paying for my conference registration.

Monday afternoon I attended the Association of Surgical Assistant's forum. We had 3 speakers talking on various topics. Additionally, the ASA committee handed out a survey asking for our input regarding the future of the organization of ASA. We were told that ASA would break away from AST in January 2010. They are contemplating a new name for the organization; one of the suggestions was "The American College of Surgical Assistants." Their vision for the organization is to encompass all surgical assistants, the CFA, CSA and the SA-C. They know this will take time and the plan is to form State Assemblies in each State for the surgical assistants, just like AST has been doing for the surgical technologists. The survey also asked if we would attend a conference separate from the AST conference for the ASA and if we would consider being a member of both organizations. They are contemplating a

fee of \$200 a year, which may also include malpractice insurance. Tuesday, we had various surgical topics in the morning and then in the afternoon, we split into two groups and did hands on distal tibia fractures and femoral fractures.

Wednesday was the 1st true day of conference, with opening ceremony, keynote address, business session one and the featured topic, Ethics of Surgical Innovation. Exhibits from 1-4pm, Catherine, her husband Tom and I sold our OAST tee shirts and 50/50 raffle tickets during the exhibits. More various educational topics from 4-6pm and then the opening night party. This was a fun evening, with quite a few people dressed up in Rat Pack attire.

Thursday was an exhausting full day of education, with exhibits again from 10am-1pm. Mark Martin, Mount Hood Student assisted with selling the tee shirts and raffle tickets. We sold 32 tee shirts and sold \$200 worth of 50/50 tickets. At 5pm the Oregon delegates (Catherine Reid, Debbie Deering Larson, Don Dreese, Melissa Garringer and myself) met to listen to the candidates speak who were running for an elective office. Shortly after, we met and discussed the candidates and decided whom we would vote for as a delegation, immediately after this Catherine drew the winning ticket for the 50/50 raffle. The winner was one of our Mount Hood students, Natalya Mukha, congratulations Natalya.

Friday was another full day with education topics, voting and business session two. The officers and board members elected this year are as follows: President Sherrie Alexander, Vice President Margaret Rodriguez and Treasurer Georgia Carter.

Three board of directors, Bill Hammer, Chris Keegan, Christopher Lee. No new amendments to the bylaws this year. That evening, the closing night party was held and everyone dressed in their Egyptian attire. All in all it was a fun filled busy learning event.

COMMITTEE REPORTS

BYLAWS / P&P / RULES

L. Heaton, LPN, CST

At the last convening of the AST Board of Directors this last spring, it was decided to amend the state level bylaws. Due to the



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COMMITTEE REPORTS CONT.

recent elections at conference the final draft is being held back for final approval from the newly elected board. We will pass along the final copy as it becomes available.

FUNDRAISING

L. Heaton, LPN, CST

Hi OAST Fun "Fund Raisers".

We are looking for energetic, certified surgical techs willing to have fun and build lasting treasury!

If this sounds like you please join us on the OAST Fun "Fund Raising Committee". Many hands make light work, and working together for our Association makes it fun. 5 of our Prize Winning T-Shirts were sold before Conference and 32 Tee shirts were sold @ conference for a Grand total of 37. Way to go Team!!

So many Great Surgical Technologists out there, and so many great ideas, don't hold back, share your secrets and join the team for great fun and excitement! You'll be glad you did.

EDUCATION

S. Radabaugh, CST

Can you believe that it is summer already?! It seems like just yesterday we were having our Spring Workshop at St. Vincent's.

Like they say, time flies! We as an educational committee are very excited about the upcoming events. Thanks to many of you suggestions, we are hoping to have some great workshops! Next planned is the fall workshop.

DATE & LOCATION CHANGE...Plans for the ortho workshop in Portland have fallen through. The new date has been set for October 17th, 2009. And since there were quite a few requests for the beach again, the location looks like Lincoln City! We hope that you can all make it there to join us! It should be a very fun (and informative) time at the beach!

GAPA

D. Turner, CST, CFA

I attended the Legislative updates during conference and wanted to share with you the information that was shared with us.

AST supports state and federal legislative and/or regulatory efforts that will require that surgical technologists are graduates of accredited surgical technology programs and certified by the National Board of Surgical Technology and Surgical Assisting (NBSTSA)

- *Education and certification requirements for healthcare facility employers hiring surgical technologists*
- *Enumerates tasks and functions performed by surgical technologists*
- *Establishes continuing education requirements*
- *Grandfather provisions*
- *Addresses supervision of surgical technologists*
- *Legislation: Status and Activity Certified Surgical Technologists Current Legislation and Regulations*
- *Tennessee: Education/Certification Entry to Practice*
- *South Carolina: Certification Entry to Practice*
- *Illinois: Title Protection/Registration*
- *Washington: Registration*
- *Indiana: Title Protection*
- *Surgical Technologist Certification 2009 Successes*
- *Texas: HB 643 Passed House and Senate on unanimous vote and is on its way to Governor Perry for signature*
- *Indiana: HB 1593 Passed House and Senate and has been signed into law by Governor*
- *ST Certification Entry to Practice Current and Proposed Initiatives*
- *Michigan: HB 4834*
- *Kentucky: SB 111*
- *Minnesota: SF 467*
- *Oregon: SB 379*
- *Wisconsin: at Legislative Drafting Office*
- *Missouri: HB 57*
- *Massachusetts: SB 797*
- *Ohio: Electoral Defeat of Bill Sponsor*
- *Virginia Department of Healthcare Professions Sunrise Process*
- *Oregon*
- *Legislature meets in odd numbered years*
- *2007 – Model language submitted to stakeholders; issue of regulatory cost of validating credential and continuing education*



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- *2009 – nursing (OHA, OSCPN) and physicians support*
- *regulatory authority regarding accountabilities*
- *Hearing before Senate Health Committee*
- *Mock Surgery*
- *OHA retrenchment*
- *Tick, Tick, Tick – more to come about this*
- *Minnesota*
- *Lobbyist selected*
- *Model language submitted to drafting office*
- *Meeting with legislators*
- *Stakeholders meeting and articulation of opposition*
- *Reality intervenes!! Budget debate derails all but non-controversial bills*
- *“Informational hearing” scheduled for July*
- *Bill has 2 year life, re-addressed in 2010*
- *“A bill not voted upon is still a live bill.”*
- *Michigan*
- *Issue champion development*
- *Hearing before Joint Healthcare Committee, December 2008*
- *Stakeholder reciprocal support with MCORN*
- *Effective lobbyist relationships*
- *Mock Surgery in April! 100+ participants*
- *Colleague letters and grassroots mobilization*
- *“The only difference between a rank novice and a public policy expert is one visit.”*
- *Massachusetts*
- *Dual-subject bill – ST Credentialing and RN Circulator*
- *Stakeholders meetings in 2007-2008*
- *Hearing and successful vote from Joint Public Health Committee: summer 2008*
- *Fragmentation of coalition Fall, 2008, questions regarding supervision; committee chairs defer “controversial” bill, session ends*
- *Regroup, refine, re-file: revised, streamlined bill (credentialing) filed in 2009; stakeholders discussions renewed*
- *Indiana*
- *2008 credentialing bill at risk, amended to title protection, passed. Mock surgery!*
- *2009 session: Model bill requires employment of legislatively credentialed CSTs.*
- *Initiative with OR Nurses re: RN Circulator. Power of joint effort*
- *Hearing before Senate Health Committee*
- *Continuous explanation of legislation right up until passage*
- *Texas*
- *Six years in the making!*
- *Path traveled from licensure to registration to licensure and then Credentialing Act*
- *Supervision question resolved: “Look for the second right answer.”*
- *Commitment from the grassroots! Testimony at House and Senate committee hearings*
- *Stakeholder support: TNA pro, THA neutral*
- *What Drives Legislative and Public Policy Initiatives?*
- *GRASSROOTS!*
- *“Never underestimate the power of a few committed people to change the world. Indeed, it is the only thing that ever has.” – Margaret Mead*
- *“If you think you are too small to make an impact, try going to sleep with a mosquito.” – Anita Roddick*
- *Grassroots: Definition*
- *Individuals coalescing around a specific issue using a common argument and/or message to achieve a common goal guided by a singular strategy.*
- *Grassroots Advocacy*
- *The process of supporting a cause or issue utilizing a set of targeted actions*
- *Speaking up, drawing attention to an important issue and actively engaging and directing decision-makers toward a solution*
- *“Okay, you’ve convinced me. Now go out there and bring pressure on me.” -- FDR*
- *Elements of Effective Advocacy*
- *Know the process*
- *How a bill becomes law*
- *Regulation versus legislation*



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- Agency rulemaking
- *Know your issue*
- **Entry to practice requirements for surgical technologists: graduation from an accredited program, certification by NBSTSA**
- *Know your goals and objectives*
- **What stage is the initiative in**
- **What outcomes are acceptable and what alternatives are acceptable**
- Elements of Effective Advocacy
- *Know your facts*
- **Research, data, support**
- *Know your strategy*
- **Develop a formal position, with key statements and messages**
- **Develop a tactical action plan**
- *Know your decision-makers*
- **Determine your target audiences (elected officials, public servants, media, public)**
- Elements of Effective Advocacy
- *Know your allies*
- **Stakeholder meetings**
- **Coalition building**
- **Maximize common ground**
- Example of Coalition Building: AORN Letter of Support
- Example of Ally Development: ACS Letter of Support
- *[ST-47] Revised Statement on surgical technology training and certification [by the American College of Surgeons]*
- **The following statement was developed by the ACS Committee on Perioperative Care, and approved by the Board of Regents at its June 2005 meeting.**
- *Surgical technologists are individuals with specialized education who function as members of the surgical team in the role of scrub person. With additional education and training, some surgical technologists function in the role of surgical first assistant.*
- *Surgical technology programs are accredited by the Accreditation Review Committee for Educational Programs in Surgical Technology—a collaborative effort of the Association of Surgical Technologists and the American College of Surgeons, under the auspices of the Committee on Accreditation of Allied Health Education Programs. Accredited programs provide both didactic education and supervised clinical experience based on a core curriculum for surgical technology.*
- *Accredited programs may be offered in community and junior colleges, vocational and technical schools, the military, universities, and structured hospital programs in surgical technology. The accredited programs vary from nine to 15 months for a diploma or certificate to two years for an associate's degree.*
- *Graduates of accredited surgical technology programs are eligible for certification by the Liaison Council on Certification for the Surgical Technologist, an administratively independent body from the Association of Surgical Technologists consisting of representative certified surgical technologists, a surgeon, and the public.*
- *The American College of Surgeons strongly supports adequate education and training of all surgical technologists, supports the accreditation of all surgical technology educational programs, and supports examination for certification of all graduates of accredited surgical technology educational programs.*
- Elements of Effective Advocacy
- *Know your Opposition*
- **Identify opponents**
- **Identify motivations for opposition**
- **Evaluate effect of opposition - persuasiveness**
- **Be prepared to respond**
- **Do not ignore opposition**
- **Stay consistent with message**
- **Look for common ground**
- **Compromise**
- **Commitment to neutrality**
- **Look for the second right answer**
- **Influencing Public Policy**
- *The Basics*
- **Educate yourself.**
- **Read, read, read.**
- **Watch, watch, watch.**
- **Think, think, think.**
- **Take Action.**
- *The Experts*



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- **The Pros and Cons of Lobbyists**
- **Access, Influence, Intelligence**
- Influencing Public Policy
- *The Activities*
- **Constituent visits – the power of constituents!**
- **Advocacy days**
- **Letter and email campaigns**
- **Telephone campaigns**
- *The results*
- **Circle back: what worked**
- **Communicate with affected members**
- **Rethink, retool, revise, renew**
- Public Policy Resources
- *AST Department of Government Affairs*
- **Research support**
- **Legislative/regulation drafting**
- *AST Website*
- **Capwiz**
- **Current public policy information**
- *Advocacy Training*
- **Talking points**
- **Colleague letters**
- **Lobby days**
- **Grassroots coordination/mobilization**

Surgical Assistants Legislative and Public Policy Update

- **Surgical Assistants and the law**
- Scope of practice
- Delegation
- Licensure/Registration/Title protection
- Reimbursement
- **Scope of practice: Regulatory and Legislative Framework**
- State Medical practice acts
- State board of medicine – rulemaking – advisory opinions
- Delegated medical functions
- **Exemplar provisions**
- “A physician and surgeon may delegate an act, task, or function to an individual who is not licensed if the procedure is directly supervised by a licensed physician or surgeon who is physically present during the performance of the procedure, the delegation of such procedures not prohibited or otherwise restricted by the board or that health

facility or agency and the delegation of that act, task or function is specifically authorized by the health facility or agency to be delegated or performed, in Michigan” “Surgical Assistants to assist the surgeon. A surgical assistant may consist of a resident, another physician, a registered nurse first assistant or a specially trained surgical assistant. Delegation of medical tasks, the physical presence of the physician is required in the same location as the unlicensed person to who the medical task has been delegated while the medical task is being performed, in Ohio.”

- **Other delegation regulations**
- States specifically referencing delegation of surgical tasks in medical practice acts, regulations or other health codes – GA, MD, MI, NV, NM, OH, OK, PA, SC
- States addressing issue of delegation – CO, AL, MN, MO
- Other jurisdictions establish by custom, practice or delegatory powers given physicians under MD licensing acts, or are silent
- **Legislative framework: Licensure, Registration and Delegation**
- States that have adopted licensure/registration for the surgical assistants also address delegation – TX, IL, KY, DC
- **Scope of practice: Licensure** IL, KY, TX, DC
- **Restrictions on scope of practice** CA, NJ, NY, WA
- **Federal regulatory framework: CMS**
- Conditions of participation acknowledge scope of practice
- Contents of surgical consent form
- Non-physician practitioners are “performing tasks within their scope of practice for which they have been granted privileges by the hospital”
- “Important surgical tasks”
- Opening and closing, dissecting tissue, removing tissue, harvesting grafts, transplanting tissue, implanting devices, placing invasive lines.
- **Reimbursement**
- State laws allowing reimbursement
- Generally follow licensure states – TX, KY, IL, MN, CO



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OAST IN THE NEWS

COMMITTEE REPORTS CONT.

- **Licensed surgical assistants**
PA, RNFA, NP
- **Federal reimbursement – Medicare**
Medicare part B: NPP's (non-physician providers) only PA, NP, CNS, Nurse Midwives, RN Anesthetists

2009 Legislative Initiatives

- Virginia department of health professions sunrise process Licensure of surgical assistants Certification of surgical technologists Pennsylvania, Licensure – Arizona, refilling licensure bill – Sunrise process: NE, MD (2010) CMS reimbursement regulations unlikely
- **Surgical Assistant and public policy**
AST advocacy agenda supports the regulation and reimbursement of surgical assistants
- Public policy advocacy requires the commitment of members at the grassroots level



Thomas Patterson/Statesman Journal

Who's Behind the Mask?

SB 379 Lobbied to Require ST Certification

Friday, March 20th, the Oregon Association of Surgical Technologists, demonstrated four surgical procedures, including a total knee replacement, in the Capitol.

The demonstration revealed the crucial role played by all members of the operative team, particularly the role played by the Certified Surgical Technologist. Not coincidentally, it will also promote passage of SB 379.

The mock surgery was an effort to educate the public and lawmakers on the importance of classroom and clinical training for everyone working in the operating room. Surgical technologists are the only professionals in Oregon operating rooms not required by law to have any training or further credentialing as prerequisite to being hired.

SB 379, currently in the Senate Health Care & Veterans Affairs Committee, aims to change that by setting state standards for the profession. "It's important for the state and hospitals to close this last gap in operating room patient safety," said Senator Bill Morrisette, D-Springfield, chief sponsor of the bill, along with Reps. Ben Cannon, D-Portland, and Sara Gelser, D-Corvallis.

"Today, in operating rooms throughout our state, there are literally hundreds of surgeries being performed," said Deborah Turner, a surgical technologist and spokeswoman for Oregon



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Association of Surgical Technologists.”

“With state and federal scrutiny being directed at reducing preventable medical errors, many of which occur in the operating room, it is imperative that our health care providers are properly trained. We all expect that our physician will be one of the medical staff in the operating room. But do you know all of the people behind the masks? How can you be certain everyone in that room is educated, skilled, and qualified to perform surgery?”

Surgical technologists work as part of the surgical team in Oregon operating rooms, helping to ensure patient safety and actually assisting at the operating table during the surgery itself. Along with physicians, anesthesiologists, and nurses, surgical technologists fill an important role in the operating room and the delivery of surgical patient care.

They assist in surgical operations under the supervision of surgeons and registered nurse supervisors. The surgical technologist’s primary responsibilities involve preparing the operating room and the instruments, equipment and supplies that will be needed; and passing instruments, sponges and sutures to the surgeon. The surgical technologist is the surgical team’s expert on sterility and aseptic technique, necessary to preventing contamination of the surgical site and surgical infections. Surgical technologists must be constantly vigilant for any break in technique that could endanger the sterile field so vital to the successful outcome of the operation.

With SB 379, the Oregon Association of Surgical Technologist, joined by many of their surgical colleagues, are pursuing legislation that would make graduation from an accredited program in surgical technology and holding and maintaining the Certified Surgical Technologist Credential a prerequisite to employment in Oregon.

“Our surgical patients deserve no less than a competent surgical team,” Turner said. “Senate

Bill 379 intends to bring that last needed part of professionalism to the operating room.”

GREETINGS! FROM THE NEW VICE PRESIDENT

My name is Sarah Radabaugh and I am your new OAST Vice President. I graduated in 2005 from Mt. Hood Community College, where I had the pleasure of not only learning from an excellent staff, but also wonderful technologists around the state through my clinical experience. Currently I am employed at Sacred Heart Medical Center in the Eugene/Springfield area. As well as being Vice President, I also chair the Educational Committee.

I am very excited about our upcoming year in the association and hope that you are too. We on the education committee are working very hard to assure excellent workshops that satisfy not only CEUs, but also are informative and interesting. I look forward to working with all of you this year and hope to see you this October at our fall workshop!

Sincerely,
Sarah Radabaugh, CST
Vice President OAST



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OAST BOARD MEMBERS

PRESIDENT

Catherine Reid, CST
cst4oast@yahoo.com

VICE PRESIDENT

Sarah D. Radabaugh, CST
sarahdawn79@hotmail.com

TREASURER

Deborah Turner, CST, CFA
deborah@comcast.net

SECRETARY

Carol Hogenkamp, CST
carolhogenkamp@hotmail.com

BOARD DIRECTOR

Brian K. Nobles, CST
brian@nobles.net

BOARD DIRECTOR

Damen L. Sanchez, CST, CFA
damsan2009@yahoo.com

BOARD DIRECTOR

James W. Steele, CST
james.w.steele@hotmail.com

BOARD DIRECTOR

David J. Wiper, CST, CFA
dwiper@earthlink.net

OAST
PO BOX 40024
EUGENE, OR. 97404

<http://oregon.ast.org>

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