



## Sample Talking Points

### This legislation:

- Protects the public by establishing minimum education and certification standards for currently unregulated members of the operating room surgical team: surgical technologists. No minimum standards currently exist;
- Provides an exemption for surgical technologists who are currently employed;
- Provides an exemption for students and a grace period for recent graduates; and
- Provides an exemption for all licensed practitioners.

### The unregulated practice of surgical technology creates a risk of patient harm.

Prior to surgery, surgical technologists prepare the operating room and surgical equipment. Skillful pre-surgery technique protects patients from life-threatening surgical site infections, malfunctioning equipment and unneeded delays during the procedure. During procedures, surgical technologists stand next to the surgeon and the patient, preparing and managing the equipment and supplies throughout the surgery. The surgical technologist must be able to anticipate the needs of the surgeon because every moment a patient is in surgery the risks related to anesthesia and bleeding increase. The surgical technologist is trained to handle and minimize exposure to hazardous materials, communicable diseases and bloodborne pathogens at a rapid pace. Surgical technologists are responsible for maintaining the sterile field aiming to prevent surgical site infections. Surgical technologists are also responsible for counting objects inserted into the patient. Proper counting prevents occurrences of foreign retained objects.

### Patients are at an obvious disadvantage during surgery – they are frequently unconscious.

Patients most often do not know who is on the surgical team, nor do they have a choice of surgical team members prior to surgery.

### The surgeon is not in a position to select a well-trained surgical team and prevent patient harm.

Many surgeons find that in today's health care marketplace they do not have the same authority to select their surgical team that they once did. In most cases, facilities impose a surgical team upon a surgeon. Surgeons are at a disadvantage, as they may not realize these personnel are unregulated and be forced to work with surgical technologists trained on the job. Surgeons do not want to spend precious surgery time training or mitigating the actions of improperly-trained surgical technologists. In addition, not all mistakes may be caught and many mistakes cannot be mitigated. In addition, surgeons have a very limited view of the surgical team throughout surgery, especially when performing laparoscopic or robotic surgeries. Surgeon's eyes are generally on the patient.

### No current regulations are in place that ensure minimum competency of surgical technologists.

The Joint Commission, Medicare and state law do not have standards in place for surgical technologists.

### Certification of surgical technologists will not increase costs to health care facilities.

For example, data available from the Bureau of Labor Statistics indicates no correlation between higher wages of surgical technologists and states that have regulated the profession. Many hospitals already require their surgical technologists to be Certified Surgical Technologists (CST). The bill contains several provisions to ease any administrative burdens that hospitals may encounter. Any surgical technologist currently employed would be exempt from the requirement. Exception language exists in the legislation for facilities that have trouble finding certified surgical technologists.

### Certification of surgical technologists decreases the cost of health care and improves quality.

Requiring certification of surgical technologists reduces health care costs and increases quality. The surgical technologist is the professional in the operating room charged with the responsibility of maintaining the integrity of the sterile field, preventing surgical site infections. The sterile field refers to surfaces that sterile objects, such as surgical instruments, may contact. The sterile field includes the area immediately around a patient that has been prepared for a surgical procedure. Protecting the sterile field involves carrying out specific procedures using sterile technique.

Surgical site infections and health care-acquired infections significantly drive health care costs. Health care-acquired infections incur an estimated \$28 to \$33 billion in excess healthcare costs each year.<sup>1</sup> The hospital cost is an estimated \$20,785 per surgical site infection<sup>2</sup>, with an estimated impact of more than \$3.3 billion in US health care costs due to surgical site infections alone.<sup>3</sup> Surgical site infections result in an estimated 13,088 deaths nationally per year.<sup>1</sup> Reduction in surgical site infections would save lives and reduce medical costs borne by patients, state Medicaid and (federal) Medicare.

Facilities using certified surgical technologists have lower surgical site infection costs. Empirical data and studies analyzing surgical technologists' contributions to patient outcomes are rare, due largely to the fact that the profession is unregulated at present. Most studies involving adverse medical and surgical events are not publicly available, making analysis difficult. Nonetheless, some data are available. Data from Virginia reveal that facilities utilizing only credentialed surgical technologists reduced the costs associated with extended stays due to surgical site infection by 11%.<sup>4</sup>

Certified Surgical Technologists also increase quality. The Minnesota Adverse Health Events Reporting Act requires public dissemination by healthcare facilities of 28 adverse medical events. Analysis of the data from 2009-2013, by facility, reveals that reported adverse surgical events (wrong body part, wrong procedure, wrong patient, foreign retained objects) occurred 40% less often in hospitals that require education and certification for surgical technologists compared to hospitals that do not require education or certification for surgical technologists. The surgical technologist is the professional near the patient responsible for counting supplies and instruments to prevent foreign retained objects. Foreign retained objects analyzed separately occurred 55% less in hospitals that require surgical technologist education and certification compared to hospitals that do not. Data were calculated using relative increase. Because of the confidentiality of root cause analyses of these events, it is difficult to

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determine exact fault. Nevertheless, the data decisively show that healthcare facilities that value competency in their surgical staffs experienced better outcomes. (Data source: [http://www.health.state.mn.us/patientsafety/.](http://www.health.state.mn.us/patientsafety/))

<sup>1</sup> U.S. DHHS Steering Committee on Healthcare Associated Infections. (2009). *Action Plan to Prevent Healthcare Associated Infections*. Washington, D.C.: U.S. Department of Health and Human Services.

<sup>2</sup> Eyal Zimlichman, MD, MSc, et. al (2013). Health Care-Associated Infections: A Meta-analysis of Costs and Financial Impact on the US Health Care System. *JAMA Internal Medicine*, 22: 2039-2046.

<sup>3</sup> Stone, P., Braccia, D., & Larson, E. (2005). Systematic Review of Economic Analysis of Health-Care Associated Infections. *American Journal of Infection Control* , 33: 501-509.

<sup>4</sup> [www.vapricepoint.org](http://www.vapricepoint.org)