Minimum Standards for Surgical Technologists

Surgical technologists are not regulated in most states. AST advocates to state legislatures for surgical technologists to be graduates of accredited programs and earn Certified Surgical Technologist (CST) certification from the National Board of Surgical Technology and Surgical Assisting.

Legislators generally think healthcare facilities set standards. Healthcare facilities are accountable only to the Joint Commission and state law for standards. The Joint Commission relies on state law. In the end, without a state law, no one is setting standards for surgical technologists unless healthcare facilities set high standards voluntarily. During a workforce shortage, some healthcare facilities prioritize keeping operating rooms running at maximum capacity than ensuring staff are competent and safe. State legislators need to take leadership.

Surgical technologists not only serve as the surgeon’s co-pilot and provide instruments and supplies to the surgeon, but they also ensure the presence of all instrumentation needed for surgery.

Surgical technologists prevent patient harm and death through effective medication safety practices, preventing surgical fires, adept surgical implant and cancer specimen management, perfect surgical sterile technique, and high performance during trauma surgical cases.

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No one directly supervises the surgical technologist before or during surgery. Surgical technologists use independent judgment based on education and clinical knowledge.

During robotic surgery, surgeons are not near the sterile field, the surgical technologist, or the patient.

Surgical technologists significantly impact healthcare costs by preventing surgical site infections and properly handling expensive surgical instruments.

As essential surgical team members, surgical technologists must perform very effectively to prevent “never events,” including medication errors, surgical implant errors, unintended retained surgical items, patient burns, and incorrect site surgery.

The American Colleges of Surgeons, the Association of Surgical Technologists and many other surgical professional groups believe in accredited education and Certified Surgical Technologist (CST) certification from the National Board of Surgical Technology and Surgical Assisting because a high level of performance is needed from day one on the job for patient safety, staff retention, patient outcomes, surgical outcomes, and the safety of colleagues.

Online-only, greatly shortened, unaccredited surgical technology programs are popping up nationwide. Healthcare facilities are hiring these gravely under-qualified professionals with unrecognized certifications, who are creating havoc in the operating room and putting patients in harm’s way.

The Bureau of Labor statistics estimates 107,000 surgical technologists are employed nationwide. A vast majority of these are graduates of accredited programs and CST-certified.

The Joint Commission reports that 36% of accredited hospitals surveyed in 2011 were noncompliant with its standards to reduce the risk of infection associated with medical equipment, devices, and supplies.[2] Surgical technologists are the last stop before infected instruments reach a patient.

The U.S. Department of Health and Human Services cited that surgical site infections result in an estimated 13,088 deaths per year and cost hospitals approximately $25,546 per infection.

What is Being Proposed?

Surgical technologists must graduate from a nationally accredited educational program and pass the Certified Surgical Technologist exam. Surgical technologists are exempt if employed before or on the grandfathering date or other exceptions.

Oversight is through the normal process of hospital/ASC licensure review – no change, minimal effort by hospitals and ambulatory surgery centers.

References