

ASA Position Statement on First Assisting

Approved by BOD: March 30, 2018

ASA acknowledges the varied educational backgrounds of the surgical first assistant. Nonphysician surgical assistant students and practitioners come from diverse and dynamic backgrounds. Surgical assistants have had previous operating room experience as surgical technologists, operating room nurses, physician assistants, or foreign medical doctors (with documented surgical experience) prior to beginning their specialized training. ASA strongly supports standard qualifications to practice as a surgical assistant. surgical assistants (SAs) should meet national standards, be a graduate of a nationally accredited program as of this date to enter the field, attain and maintain national certification, and be credentialed with the appropriate job title by the appropriate authority.

The purpose of this statement is to ensure that surgical assistants have the specialized training and education to provide the highest quality of patient care. As defined by the American College of Surgeons (ACS) and supported by the Association of Surgical Assistants (ASA),

"The first assistant in a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide in exposure, maintain hemostasis, and other technical functions."

The Center for Medicare and Medicaid Services (CMS) Conditions of Participation relating to informed consent and staffing affect the role of non-physician surgical assistants in the operating room are outlined:

42 C.F.R. §482.24(C)(2)(v).

A "well designed consent form might include" "...that qualified medical practitioners who are not physicians... will be performing only tasks that are within their scope of practice, as determined under State law and regulation, and for which they have been granted privileges by the hospital."

42 C.F.R. §482.51(a)(4)

"Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner."

Interpretive Guidelines §482.51(a)(4)

"Surgical privileges are granted in accordance with the competencies of each practitioner. The medical staff appraisal procedures must evaluate each individual practitioner's training, education, experience, and demonstrated competence as established by the hospital's QAPI

program, credentialing process, the practitioner's adherence to hospital policies and procedures, and in accordance with scope of practice and other State laws and regulations.

The hospital must specify the surgical privileges for each practitioner that performs surgical tasks. This would include practitioners such as MD/DO, dentists, oral surgeons, podiatrists, RN first assistants, nurse practitioners, surgical physician assistants, surgical technicians, etc. When a practitioner may perform certain surgical procedures under supervision, the specific tasks/procedures and the degree of supervision (to include whether or not the supervising practitioner is physically present in the same OR, in line of sight of the practitioner being supervised) be delineated in that practitioner's surgical privileges and included on the surgical roster.

If the hospital utilizes RN First Assistants, surgical PA, or other non-MD/DO surgical assistants, the hospital must establish criteria, qualifications and a credentialing process to grant specific privileges to individual practitioners based on each individual practitioner's compliance with the privileging/credentialing criteria and in accordance with Federal and State laws and regulations. This would include surgical services tasks conducted by these practitioners while under the supervision of an MD/DO."

"Surgery and all surgical procedures must be conducted by a practitioner who meets the medical staff criteria and procedures for the privileges granted, who has been granted specific surgical privileges by the governing body in accordance with those criteria, and who is working within the scope of those granted and documented privileges."

Surgery is a team effort and the surgical assistant role along with the other members of the surgical team collaborate to ensure safe patient care that facilitates optimal patient outcomes.

References

Association of Surgical Assistants. www.surgical assistant.org

Association of Surgical Technologists. www.ast.org

Rothrock J, Seifert P. *Assisting in Surgery Patient-Centered Care*. Competency and Credentialing Institute. Denver:CO; 2009.

State Operations Manual: Appendix A Regulations and Interpretive Guidelines for Hospitals. Centers for Medicare and Medicaid Services. (2017, December 29). Available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf. Accessed March 15, 2018.

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