



**OREGON AMBULATORY
SURGERY CENTER ASSOCIATION**

Our Patients Come First

HB4106:



ALIGNING SURGICAL TECH TRAINING
WITH THE REST OF OREGON STATUTE

WHAT IS A SURGICAL TECHNOLOGIST

"Surgical technology" means intraoperative surgical patient care that involves: (a) Preparing an operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely; (b) Preparing an operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments and equipment using sterile techniques; (c) Anticipating the needs of a surgical team based on knowledge of human anatomy and pathophysiology and how those fields relate to the surgical patient and the patient's surgical procedure; and (d) Performing tasks as directed in an operating room, including: (A) Passing instruments, equipment or supplies; (B) Sponging or suctioning of an operative site; (C) Preparing and cutting suture material; (D) Transferring fluids or drugs; (E) Handling specimens; (F) Holding retractors and other equipment; (G) Applying electrocautery to clamps on bleeders; (H) Connecting drains to suction apparatus; (I) Applying dressings to closed wounds; and (J) Assisting in counting supplies and instruments, including sponges and needles.



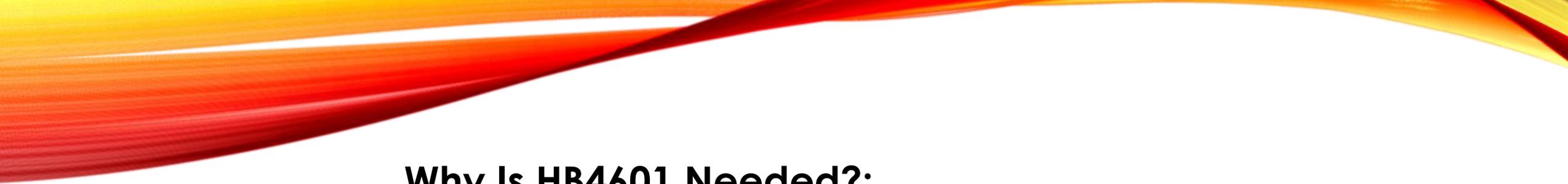
NOTE That SurgTechs **DO NOT** perform surgery on patients - - **ever**.

But they are critical to the overall operation and organization of a successful surgery.



What Is The Problem:

- Oregon communities, urban and rural, have a **crisis level shortage** of surgical technologists for hospital and outpatient surgery settings.
- A shortage exists because there are only 2 training programs in Oregon, **both in Portland.** They generate too few certified surg techs to meet the need. Some individual facilities have 6-8 openings, and estimates are that the health system will need over 100 certified surg techs in the next 2-3 years.
- The shortage:
 - Causes delays in needed and often critical surgical procedures,
 - Forces nurses to take time away from their tasks to perform the surgical pre and post prep work
- Oregon statute for surgical techs - and only surgical techs - is very limited / classroom only



Why Is HB4601 Needed?:

The current Oregon Statute and the rules that comply with that statute are not flexible:

OHA and BOLI reviewed the statute, and advised that there is no existing flexibility to pursue other models.

The statute must be changed to align with flexibility in other skilled training sectors.

Oregon Statute:



Skilled Workforce	ORS = Flexible & <u>Allows</u> for Paid Work-Based Training	ORS = <u>Restricts Work Based Training</u>
✓	Certified Medical Assistants	Certified Surgical Technologists
✓	Certified Nursing Assistants	
✓	Certified Electrician Journeymen	
✓	Certified Plumbing Journeymen	
✓	Certified Data / Technology	
✓	Certified Aircraft Mechanic	
✓	Network Security Administrator	
✓	Structural Ironworker	
✓	Operating Engineer	
✓	+ 17 other careers	

HB4601 -1:



Expands options - - similar to dozens of other skilled positions in Oregon.

Opens the door for rural residents, communities of color, those living in poverty, young people and individuals who can't afford to move their families to Portland.

Offers living wage healthcare jobs (\$25-\$32 starting pay, + benefits) and opportunities for advancement!



How Would It Work?



This apprenticeship program will be approved by the *Bureau of Labor and Industries* (BOLI) under ORS 660 and is similar to the existing model for other skilled OREGON apprenticeship programs (including medical).

Knowledge, testing standards and certification will be required by the ***National Center for Competency Testing (NCCT)***, which has a partnership with ***AORN's*** “Safe Surgery Together” Program for continuous education.

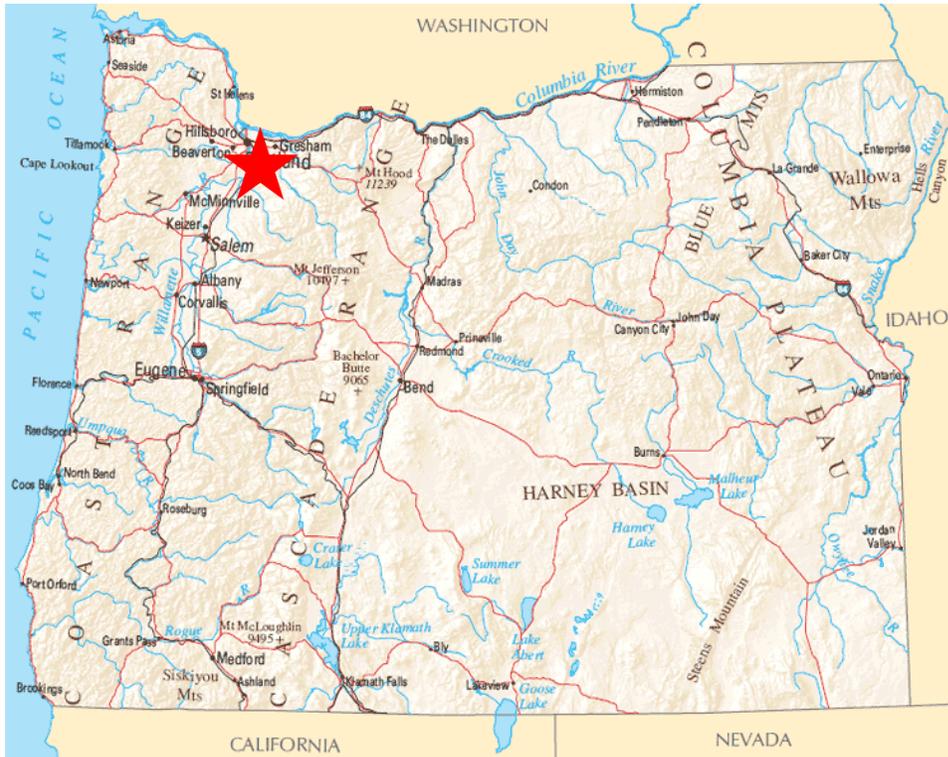
Educational elements will be provided through approved, certified and experienced partners, i.e. certified community college and/or certified existing trade school programs.

Education standards will require online and in-facility educational elements.

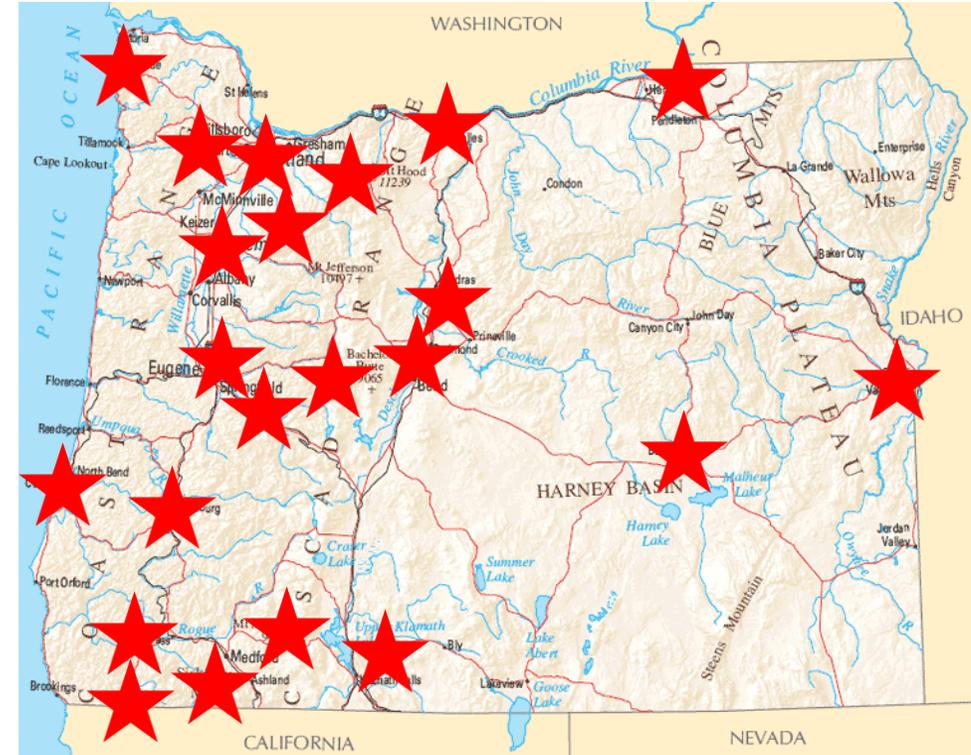
Standards will be even higher than existing programs.

A BOLI / ORS mandated “**Joint Committee,**” (*HealthSTAR Clinical Program Development Committee - - CPDC*) will develop and recommend specifics.

**Current Statute: 1
Option and Location =
Portland**



**HB4601: 30+ Options
and Locations
throughout the state!**



To Be Very Clear:

A Surgical Tech Apprentice:

MUST be under supervision at all times while in the operating room

HB4106 -1 Amendment:

“(b) Is at all times while performing surgical technology provided adequate direct supervision as required by the standards for the registered apprenticeship program in which the person is enrolled.

NEVER performs surgery on a patient, even after they are fully certified. SurgTechs play a **support and technical role** to assist the team that is performing a surgical procedure.

Bottom Line: Apprenticeship is a proven model in Oregon. HB4601 -1 allows for a flexible approach that meets the needs of the modern health education / training system.

Who Supports?

OREGON supports HB4601

65 **OREGON** organizations, including hospitals, surgery centers, doctors, nurses and surgical techs in every corner of the state support this OREGON DEVELOPED and OREGON BASED solution to our health care workforce crisis.





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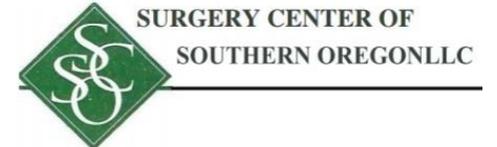
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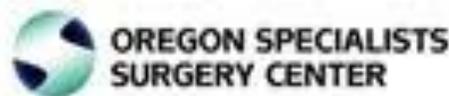
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Background and
Additional Information:

HB4601 Expands the Training Options and Protects High Standards:



Minimum Requirements (Others may well be added by the Joint Committee):

High school diploma or GED Prerequisite = **YES**

Complete the comprehensive required coursework = **YES**

Obtain Graduate Surgical Tech Program or Degree Certificate = **YES**

Complete Surgical Tech Competency Testing = **YES**

100+ hour practicum/work based supervised experience = **YES**

Military Experience Option = **YES**

Continuing Education Requirement = **YES**

NCCT Certification Requirement and all Testing Criteria = **YES**

Continuous Oversight and Systems Improvement by HealthSTAR = **YES**

Compliance with all Oregon health rules and regulations = **YES**

Work supervision by physician, nurse administrator, operating room staff = **YES**

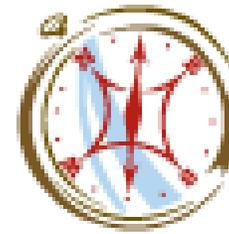
Meets ALL existing educational and testing standards.



Safety: BOLI Requirements ORS660.002, National Center for Competency Testing , OHA Public Health Regs 333/ Division 76, OAR409.045, DOL, HealthSTAR apprentice supervision required.

Oversight: State Agencies and HealthSTAR Joint Committee 501c3, OHA Licensing, 3-year accreditation reviews, established complaint process, etc.

Protection: All state regulations and laws apply, insurance and facility policies require supervision and safety, national accreditation requires safety standards.



National Center for Competency Testing

<https://www.ncctinc.com/certifications/tsc>

More than 30 years of experience in medical certifications, training and credentialing, and working with surgical technology apprenticeships

PROUD MEMBER




Medical Assistant
Phlebotomy Technician
Tech in Surgery-Certified (NCCT)
Medical Office Assistant
ECG Technician
Insurance & Coding Specialist
Patient Care Technician



National Center for Competency Testing

**CERTIFICATIONS:
GUIDING YOUR PATH**

Make fulfilling your career easy with NCCT.

NCCT believes people can learn in a variety of ways so we offer multiple routes of eligibility for certification testing. Students and graduates of NCCT authorized schools, working professionals, and military trained professionals may all qualify to take NCCT



Tech in Surgery - Certified (NCCT), TS-C (NCCT)
Accredited by NCCA



Surgical technologists are allied health professionals who are responsible for various tasks pre, intra, and post operatively. They maintain asepsis during surgery, anticipating the surgeon's needs while remaining attentive to all aspects of the surgical procedure to ensure a safe environment for the patient.

The NCCT Testing Requirements are Rigorous & Meet National Institute for Credentialing Excellence.

TS-C (NCCT) Detailed Test Plan Effective Date: November 2019 This detailed test plan reflects the results of a national job analysis study that determined the critical job competencies to be tested by NCCT in this certification examination. It contains 175 scored items, 25 unscored pretest items, and candidates are allowed four (4) hours to complete the examination. This certification examination is comprised of 95-98% standard, 4-option multiple-choice items and 2-5% alternative items (e.g., Drag and Drop, Multi-Select, Hotspot). Number of Scored Items Critical Job Competencies A Set up for surgical procedure 55 1 Preoperative Care and Preparation Page 1 www.ncctinc.com Tech in Surgery – Certified TS–C (NCCT)

Detailed Test Plan EX-0504

A1 Arrange sterile instruments and supplies for surgical procedures

A2 Visually inspect and assemble any equipment and instruments used during the case.

B Execute patient safety

B1 Anticipate the needs of special patient populations (e.g., pediatric, geriatric, immune compromised).

B2 Explain the surgical Time Out.

B3 Understand safe transfer of the patient to the operating room table.

B4 Understand placement of the safety belt and pressure pads on the patient.

B5 Verify count with circulating nurse/nurse (e.g., sutures, sharps, sponges, instruments).

C Apply sterile technique

C1 Use appropriate personal protective equipment (e.g., mask, eye protection).

C2 Explain the principles of aseptic technique while opening supplies for the surgery.

C3 Describe proper sequence for surgical hand scrub.

C4 Describe the proper technique for donning sterile gown and gloves.

C5 Outline the sequence for gowning and gloving the surgical team.

C6 Outline the sequence for draping the patient.

68 2 Perioperative Care and Preparation

A Assess the integrity and sterility of items A1 Differentiate methods of sterilization (i.e. temperature, length of time).

A2 Determine liquid sterilants and disinfectants according to parameters and manufacturer's recommendations.

A3 Verify correct package integrity (read indicators, know what makes a package unsterile).

A4 Verify biological and DART air removal tests per protocol. B Utilize preference cards

B1 Modify surgeon's preference card (pick list) as necessary.

B2 Prepare supplies listed on preference card. B3 Utilize cost saving measures.

C Document unusual events (e.g., sentinel events, incident reports)

C1 Given an example, identify information required to complete an incident report.

C2 Define reportable incidents.

D Understand environmental safety

D1 Initiate preventative and/or corrective actions in potentially hazardous situations.

D2 Perform appropriate actions during an emergency.

D3 Explain RACE & PASS.

D4 Utilize laser safety.

D5 Explain what actions to take during a biohazard spill.

D6 Utilize Safety Data Sheets (SDS).

D7 Understand standard precautions.

E Prepare the operating room according to the surgical procedure (e.g., temperature, position lights, ensure items are functioning, and placement of furniture)

F Facilitate the completion of proper documentation

F1 Handle specimens appropriately.

F2 Report the total amount of medications and solutions used during the procedure.

G Understanding of basic sciences as they relate to surgical procedures

G1 Apply knowledge of human anatomy to the surgical procedure.

G2 Apply principles of asepsis

G3 Distinguish modes of transmission of microorganisms to apply appropriate contact precautions (e.g., TB, MRSA, CDiff, VRE).

G4 Understand the uses, effects, and complications of drugs and solutions.

G5 Execute the 5 rights of medication administration.

G6 Understand appropriate fluid utilization. 35

3 Intraoperative Care and Preparation A Support the needs of the surgeon

A1 Assess the need for retraction to facilitate proper operative exposure.

A2 Determine necessary instruments and supplies during surgery.

A3 Anticipate intra-operative assistance to the surgeon (e.g., sponging, suctioning, irrigation, wiping instruments).

A4 Apply indirect cautery under the direction of the surgeon.

A5 Prepare and cut suture materials as directed.



B Execute end of the procedure tasks

B1 Summarize the steps to assist with skin closure.

B2 Understand dressing materials.

B3 Explain the application of casts, splints, braces, and similar devices.

C Preparation of supplies 17 4 Postoperative Care and Preparation A Recognize possible post op complications (e.g., bleeding at surgical site, hematoma)

C1 Distinguish among stapling devices.

C2 Confirm with the surgeon and the circulating nurse the specific type and/or size of implantable devices.

C3 Outline the steps for surgical device preparation (drains, catheters, tubing).

C4 Identify the appropriate sutures/needles.

B Execute end of case procedures

B1 Complete room turnover after surgery (return unused supplies)

B2 Maintain the sterility of the back table and mayo stand until the patient leaves the room.

B3 Explain how to prepare the instruments for the decontamination and sterilization process.

Existing Options Maintained / Standards The Same:

	High School or GED Pre-requisite	Graduate Surgical Tech Program by Degree or Certificate	Complete Surgical Tech Competency Testing	Military Experience Option	Continuing Education	Stay in your community	Earn while you learn
CAAHEP	Yes	Yes	Yes	No	Yes	No	No
NBSTA	Yes	Yes - CAAHEP or ABHES only	Yes	Yes	Yes	No	No
NCCT	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Who Supports?

OREGON supports HB4601

65 **OREGON** organizations, including hospitals, surgery centers, doctors, nurses and surgical techs in every corner of the state support this OREGON DEVELOPED and OREGON BASED solution to our health care workforce crisis.



Individual Supporters Including Nurses, Surgical Techs, Physicians Administrator, Training Experts:



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Hope Arrington, RN
Rocio Ayala Candice Bartlett, RN
Aimee Baxter, RN Jackie Bech, RN
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Cascade Spine Center
Cascade SurgiCenter Center for Specialty Surgery
Columbia River Surgery Center
East Pavilion Surgery Center
East Portland Surgery Center
Eye Health Eastside Surgery Center
Eye Surgery Center
Eye Surgery Center (Medford)
Eye Surgery Institute
Grants Pass Surgery Center
Interstate Ambulatory Surgery Center
Klamath Surgery Center
Lane Surgery Center
McKenzie Surgery Center
Medical Eye Center
Northbank Surgical Center
Northwest Spine and Pain

Oregon Eye Surgery Center
Oregon Outpatient Surgery Center
Oregon Specialists Surgery Center
Oregon SurgiCenter
River Road Surgery Center
Riverbend Surgery Center
Salem Endoscopy Center
Salem Outpatient Surgery Center
Skyline Ambulatory Surgery Center
Slocum Surgery Center
South Portland Surgical Center
Spine Surgery Center of Eugene
Sunnybrook Ambulatory Surgery Center
Sunset Surgical Center
Surgery Center at Tanasbourne
Surgery Center of Mt. Scott
The Corvallis Clinic Surgery Center
Willamette Surgery Center
Wilshire Surgery Center
Yamhill Valley Surgical Center

Surgical Techs SUPPORT This Legislation:

Jan 17, 2022

To: The Oregon Legislature

Good morning,

I am a surgery tech at Ashland surgery center and I am writing in support of a program that would allow us to train our own techs to scrub.

I have been a scrub tech for 45 years and am looking forward to going per diem when I hit 65 this year. We have been trying to hire a qualified ST since before the pandemic began. It would be nice to find the right person and integrate them into our practice.

Thank you for your efforts.

Cindy DeGroft

Ashland, Oregon

mcdegroft@gmail.com



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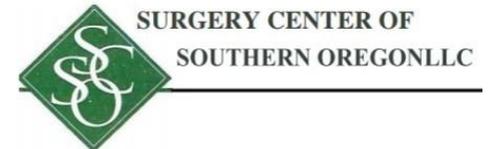
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Bottom Line:

Safe, Proven, Effective



The OREGON Apprenticeship Model Works

- ✓ Today, nurses are having to step in and take over these responsibilities, and that's taking nurses away from what they do best.
- ✓ This program will help with the nursing shortage
- ✓ These are high paying jobs, \$25-32 an hour to start, with opportunities for advancement.
- ✓ The apprenticeship model is good for rural residents, BIPOC communities, single parents, and young people, who will now be able to pursue this field without moving hundreds of miles away and paying for housing and extra living expenses for 2 years.

Questions:

Doug Riggs, doug@ngrc.com

