

**Testimony of Valerie Schultz, RN, CNOR, BAS**  
**House Health Policy Committee**  
**In support of SB 605**  
**March 23, 2010**

Good morning Mr. Chairman and members of the House Health Policy Committee.

My name is Valerie Schultz, and I am a Registered Nurse who has worked in the perioperative area for greater than 25 years, and a member of AORN 1988. My careers span from staff nurse, educator, manager and Director in the Operating Room. I'm here today with my colleagues representing the Association of periOperative Registered Nurses (AORN), and myself as a surgical nurse and manager. I hope my testimony can explain why an RN Circulator is vital for patient safety in the operating room.

I'd like to thank you for the opportunity to speak on behalf of the nursing community in support of Senate Bill 605, Senator Roger Kahn's RN Circulator Bill. In brief, SB 605 requires circulating nurses to be present in operating rooms during surgeries conducted in operating rooms for the duration of the procedure. The nurse may only be assigned to that procedure, and must be present for the entirety of the procedure.

During the past 2 decades as a manager, I have seen many changes in the operating room. There have been new, more complex procedures, major technological advances, integration of IT, video systems, and procedures that while more complex for the surgeon and nurse, are minimally invasive for the patient. The only thing that you can count on in the OR, is that the equipment, procedure, or method you're using today will most likely be outdated tomorrow.

**Evolution of complexity in Surgery**

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Management of a surgical department requires that I focus on many concerns to keep the department running policies & procedures, financial responsibilities, mentoring, capital budgets, crucial conversations and confrontations but most important, my staff. Do they have the education, current knowledge, competence and empowerment to provide all the specialized distinct care to their patients? These are major safety issues.

The RN circulators in my Surgery department possess unique knowledge of the OR through specialized education and classes- as well as a good understanding of AORN

guidelines to care for their patients. These nurses use the knowledge gained from their nursing degrees to understand anatomy, physiology, pharmacology, physical assessments, and disease processes to name a few. This background is vital to the care and safety of the surgical patient. To assure positive outcomes, the RN also uses researched and evidence based practice that comes from multiple accredited sources.

Our OR's have new informatics systems that require the collection, analysis of patient data that is used to make knowledge- based decisions and inferences for patient care. I need to be sure that my professional staff have the proper skill sets to meet the patient mix to ensure a positive perioperative experience.

Results of safety and patient satisfaction are reported on public web sites such as HCAHPS (HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS & SYSTEMS): SCIP (SURGICAL CARE IMPROVEMENT PROJECT), MHAs (Keystone Surgery) so that people can make informed decisions about which hospital they choose for their care. These results inform the health care consumer of the safest, quality care, the lowest infection rates and patient satisfaction results. These reports prove the facility provides positively engaged employees and physicians.

I'm concerned about legal and ethical issues today making sure my staff understands the moral and ethical judgment and principles that they face in their clinical practice. Nurses' use evidenced bases research studies to base their care.

As a manager I am first and foremost a patient's advocate. I invoke that in my staff - and believe that the most vital duty of the RN Circulator. They are the patient's voice during this critical time when they are most vulnerable. The RN coordinates the "time out" for patient safety, ensuring the right surgeon, patient, procedure, side and other parameters for correct site surgery.

#### **Cost of SB 605**

In a difficult economic period for all, cost is an obvious concern for any legislation. I can happily report that this legislation should **not cost hospitals or ambulatory surgery centers anything in terms of increased staffing costs**. Hospitals and ambulatory surgery centers throughout the state already staff their operating rooms with circulating nurses because they understand how important a nurse circulator is to patient safety. Therefore, for hospitals already providing the appropriate standard of care, **this bill will lead to no new staffing costs or costs of any type**.

If any hospitals, or their association, testify that this bill would increase staffing costs, I would urge you to ask them what their current practice is, and why they do not have a circulating nurse in every operating room. Some have asked whether SB 605 is simply an attempt to codify staffing policy for Facilities. **It is not**. The bill does not specify how many nurses need to be working in the hospital at any given point, it doesn't specify pay for nurses, and it doesn't specify hours for nurses. Rather, **the bill is patient focused** and attempts to simply ensure that **every patient** undergoing a surgical procedure in this state **receives the same level of care** that you would hope you receive. The nurse circulator is

the only patient advocate in the operating room whose responsibility is the patient's well being, and if a hospital fails to meet this standard of care I would question whether they are doing all that is necessary to ensure that patients have the best possible outcomes.

Having told you what an RN circulating nurse does - I hope that you can understand why I, as a manager, in a 22 suite OR needs to depend upon professionals with these qualifications to provide the very best care for each of our surgical patients. The RN circulator provides the first line of defense. They provide a safe environment, protection against infection, and as an advocate for the patient, are able to assist in decreasing adverse events that could otherwise occur during the surgical procedure.

Since the greatest share of Michigan hospitals already follow these recommendations put forth by AORN, the Joint Commission and the Commissions of Medicare and Medicaid, having an RN in the role of the circulating nurse would cause no increase in cost, or financial hardship to the hospital. It will however, provide the same safe consistent care to every patient every time.

I love Michigan and am proud of the healthcare my hospital, Sparrow, delivers and the reputation of other hospitals in this state.

**In Conclusion**

All patients deserve an RN Circulator during their surgery, to serve as a patient's eyes, ears and champion when the patients cannot speak for themselves. I thank you for the opportunity to testify today.

Thank you for letting me testify today, and I would appreciate your support of SB 605.