



February 21, 2014

Representative Tina Liebling
House, Health and Human Services Policy Committee Chair
Minnesota House of Representatives

Re: H.F. 1993; Response to Surgical Technologist Questionnaire

Dear Representative Liebling and Committee members:

We are writing in response to the Surgical Technologist Questionnaire posted by the Health and Human Services Policy Committee concerning H.F. 1993 on behalf of the Association for periOperative Registered Nurses (AORN). AORN represents the interests of more than 160,000 perioperative registered nurses by providing nursing education, practice standards, and clinical practice resources to enable optimal outcomes for patients undergoing operative and other invasive procedures. AORN's 45,000 registered nurse members, including approximately 800 in Minnesota, manage, teach, and practice perioperative nursing, are enrolled in nursing education, or are engaged in perioperative research.

AORN defines and advances best nursing practices for surgical patients by researching and distributing scientifically based recommendations. Evidence-based and published annually, AORN's *Perioperative Standards and Recommended Practices* set the gold standard for operating room procedure. As a fundamental member of the surgical team, the perioperative registered nurse can function in the role of circulator, scrub person, or first assistant at surgery.

AORN's Patient Safety Concerns – Registered Nurse Supervision

AORN is generally supportive of education and certification for allied health care personnel working in the operating room, including surgical technologists. However, AORN and the Association of Surgical Technologists (AST) disagree on the independence of surgical technologists and the need for the surgical technologist to be supervised by the registered nurse in the room. The questionnaire submitted by AST misstates this concern as a desire to impose staffing ratios in Minnesota hospitals. AORN policy is consistent with the Medicare Conditions of Participation for Hospitals, which are clear that surgical technologists serving in the scrub role do so under the supervision of a registered nurse. 42 C.F.R. §482.51(a)(2) provides, "Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of a registered nurse." The accompanying CMS Interpretive Guidelines concerning Surgical Services in Medicare-participating hospitals provide that the circulating nurse must be an RN.

AORN is not seeking to change existing staffing practices in Minnesota hospitals. AORN is asking that any bill that would codify operating room procedure and/or hospital hiring standards (such as H.F. 1993) accurately reflect current practice in order to uphold and promote Minnesota's high expectations for improving patient safety in Minnesota operating rooms.

Immediately prior to and during operative procedures, circulating nurses are responsible for completing and verifying surgical documents, verifying patient identification, ensuring correct site surgery, assessing the patient for allergies to drugs and contrast medium and other preexisting conditions that may influence the course of the operation, preparing and positioning patients for surgery, maintaining infection control throughout the procedure, overseeing blood transfusions, monitoring high-tech activities, such as arterial lines, electrosurgical and laser devices, video and imaging equipment and other patient monitoring devices. The circulating nurse is also responsible for coordinating activities in the event of an emergency.

This is a very important element in how operating rooms are organized. The surgeon is not always in the operating room. Often, the surgeon is not employed by the hospital while the surgical technologist is. The perioperative registered nurse circulator is responsible for planning and directing patient care within the operating room, observing the surgical team from a broad perspective, and assisting the team to create and maintain a safe, comfortable environment for the patient's surgery. The perioperative RN is also responsible for supervising the appropriate performance and completion of delegated nursing tasks, including the scrub role. As the surgical technologist prepares the operating room and sterile supplies and instruments, and performs in the scrub role during the procedure, he or she is doing so under the supervision of the registered nurse circulator who is present for the duration of the procedure.

Because of these crucial responsibilities, the circulating nurse and the entire operating team need to be working under the same understanding that any surgical technologist performing the scrub function is working under the RN circulator's direct supervision. AORN recommends that the language in H.F. 1993 be amended to reflect current best practices in Minnesota hospitals, which is that the surgical technologist in the scrub function works at the direction of the surgeon and under the supervision of the registered nurse circulator who is in the operating room for the duration of the procedure.

Thank you for your consideration. If you have any questions please feel free to contact me directly at (303) 755-6304 ext. 220.

Sincerely,



Linda Groah, MSN RN CNOR NEA-BC FAAN
CEO/Executive Director

Resource

CMS, Regulations and Interpretive Guidance for Hospitals, §482.51(a)(2): *"Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of a registered nurse."*

AORN Position Statement: Allied Health Care Providers and Support Personnel in the Perioperative Practice Setting,

https://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx.