

# The Perioperative RN Circulator



The critical “nurse” in the circulating nurse role—registered nurse vs. supervising unlicensed personnel.

# Brief History of OR Nursing



- Over the 150 years of nursing's history, so far, preparation of the patient and the environment for surgery moved from the home, until around 1920, to hospitals, as physicians became more accustomed to using them.
- Until the 1940s-50s, the registered nurse or student nurse served as the "instrument nurse" assisting the surgeon at the operative field. Over time, as modern operating rooms became more complex, requirements for documentation, patient safety, legal protections, and equipment handling have become increasingly sophisticated, and supervisory responsibilities increased, the circulating nurse role is more appropriately filled by a qualified OR RN.
- During WW II, because women were not allowed on ships at sea, Navy corpsmen were trained to assist surgeons and, with a shortage of nurses at the end of the war, this model was transferred to the civilian world.
- The closing of diploma schools of nursing, with their OR rotations, the extensive training required for operating room nursing, variations in the RN supply, cost-containment concerns, and a ready supply of surgical technologists have contributed to a reliance on STs for the scrub role.

# What is a circulating nurse?

- The circulating nurse is responsible for managing the nursing care of the patient undergoing an operative or invasive procedure and for coordinating the needs of surgical team members and other care providers involved in each procedure.



- Operative procedures today can involve as few people as the surgeon, a scrub person—ST or RN—an RN to monitor the patient, and a circulating nurse, or, a surgeon or two, an assistant—fellow, resident, PA, RNFA—an anesthesiologist, a CRNA, the scrub, an X-ray technician, a vendor, a laser operator, a blood salvage technician, perfusionist, spinal cord monitoring tech, a student or two, maybe a visiting surgeon—not all at once, but you get the idea, and one perioperative registered nurse—the circulator.

# Patient Safety and Outcomes

- Ensuring that there is a perioperative registered nurse in the role of circulator in every operating room is the top legislative priority of AORN, the Association of Peri-Operative Registered Nurses.
- AORN represents approximately 41,000 registered nurses in the U.S. and abroad who facilitate the management, teaching, and practice of perioperative nursing, including perioperative research.
- AORN's mission is to promote safety and optimal outcomes for patients by providing practice support and professional development opportunities.

# Who is the perioperative registered nurse?

- OR nurses are RNs, usually with previous nursing experience, but recently new graduates as well, who have undergone a program of intensive classroom and clinical training to prepare them for this specialized area of nursing practice.
- In addition to the assessment, planning, implementation, evaluation skills that the RN brings to this role, the OR RN must master, perform, supervise, and enforce a wide range of technical skills including aseptic technique, positioning, skin preparation, draping, medications and solutions on the sterile field, counts, specimen handling, instrument care and handling, operating and trouble-shooting numerous pieces of equipment, devices, communication and coordination throughout the case, and responding to intraoperative emergencies and changes in the progress of the case.
- Legal responsibilities, in addition to the professional and technical skills listed above, include documentation, right patient/right procedure, preventing errors and injury, advocating for patients who cannot speak for themselves, and supervising unlicensed assistive personnel.

# So why are we here?

- Over 99% of hospitals and ambulatory surgery centers (ASC) currently have RNs in the circulating nurse role and this has remained consistent for decades according to a number of surveys done by AORN and OR Manager magazine.
- In preparation for proposing an RN Circulator Bill in Minnesota, the Minnesota State Council of Operating Room Nurses (MSCORN) surveyed hospitals and ASCs and all but one are currently using RNs to circulate.
- Our concern is that as the supply of qualified RNs fluctuates and/or the pressure to reduce costs increases, the temptation might be there for facilities to economize by suggesting that the RN could be responsible for procedures in more than one room “supervising” unlicensed assistive personnel in the room.

# The consequences of error.

- AORN believes strongly, as I do, that this is a false economy.
- The consequences of error in the OR, along with the cost and suffering associated with complications such as pressure ulcers, wound infections, retained foreign objects, specimen or medication errors, failure to respond effectively in an urgent or emergency situation, injury from equipment or devices, wrong site surgery, blood product administration errors, and any number of other things that can go wrong, are so high that the cost of not providing the most well-qualified personnel in this setting should be the important consideration in the cost-benefit equation.
- Factor in the presence or absence of the professional nurse who assures that venous thrombosis prevention is in place, that the Surgical Care Improvement Project (SCIP) measures are followed, that surgical site infection prevention techniques are known and applied scrupulously, and that patients and families are supported throughout this experience—it's too costly not to utilize the OR RN.

# Roles and Responsibilities

- The surgeon's primary responsibility is the procedure. He/she may or may not know the patient well other than the surgical problem. They also often operate in several facilities and knowledge of policies and practices of a particular facility may be limited.
- The anesthesia care providers are focused on the physiological stability of the patient—airway, breathing, HR and rhythm, BP, arterial and other pressures, fluid and electrolyte balance, blood volume, anesthetic agents, induction and wake-up.
- The scrub person—technologist or RN—handles instrumentation, suture, sponges, drills and equipment on the field, medications, solutions, supplies, counts, specimens, and more, and often assists by holding retractors, camera, tools, suctioning, blotting, etc.
- Other technicians or assistants have their specific role.
- The only person in the room ***whose job is the whole patient*** is the perioperative RN. His or her planning, critical thinking skills, judgment, experience, communication and coordination assure the patient's safety and comfort, before, during, and after their procedure. Further, the RN is expected to know the facility, its policies, routines, emergency procedures.

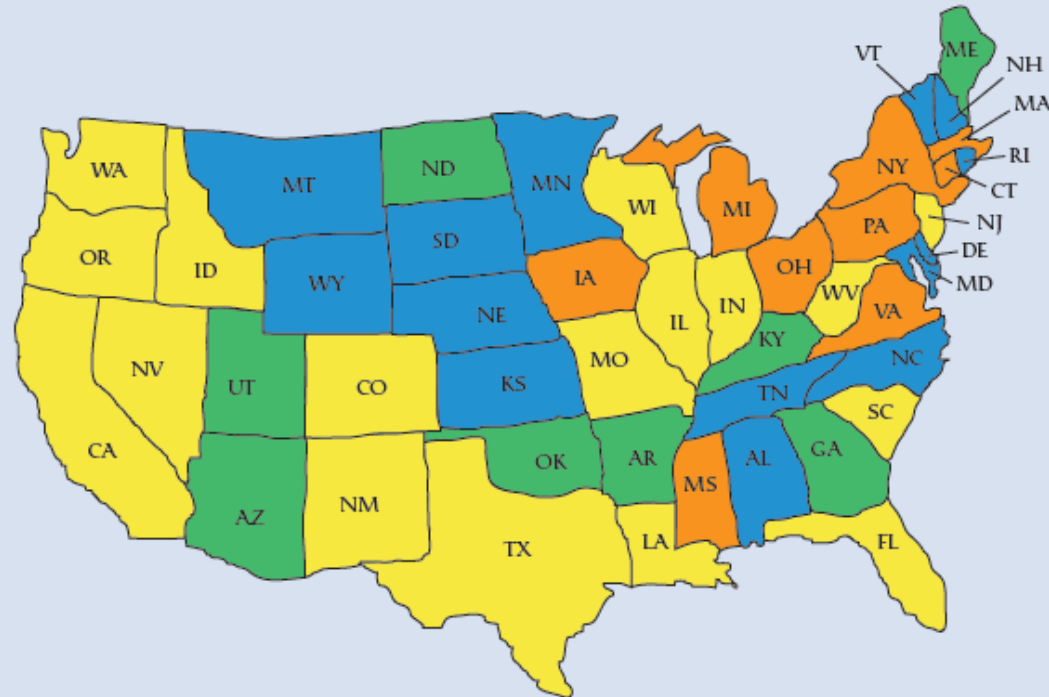
# Where do we stand with legislation?

- At least 21 states have laws or regulations in place that are specific to having a registered nurse serve as the circulator in hospitals, and 16 states have similar language for ambulatory surgery centers.
- Many state boards of nursing and the Center for Medicare & Medicaid Services affirm through public directives, advisory opinions, practice guidelines, or regulations that the circulating role belongs to the perioperative RN.
- CMS language, however supportive of the role of the RN in the OR, states that LPNs and surgical technologists may assist in circulating nurse duties under the supervision of a qualified registered nurse who is immediately available to respond in emergencies.
- The Joint Commission states that a registered nurse supervises perioperative nursing care, that registered nurses perform circulating nurse duties, but allows that duties may be delegated.

# Where do we stand.....?

- This language is not strong enough to assure that the RN will be a dedicated staff member for each case. Having an RN immediately available for emergencies, besides being impossible if you are needed in another room, does not assure the optimal care desired by most facilities. This requires the consistent application of high quality nursing care that is provided by nurses.
- The possibility exists, however little often used presently, for interpretations that might not be in the best interests of patient care and safety. If the RN is supervising in more than one operating room, all patients supervised by that one RN are now at risk.
- The progress of many cases is unpredictable, chances of not being where you are needed at any given time are high, the pressure to be more efficient (go faster) can lead to errors, and the hierarchy in ORs places the less powerful caregivers (LPNs and STs) in a very weak position to intervene effectively for patients.

# RN Circulator Hospital Legislation/Regulations



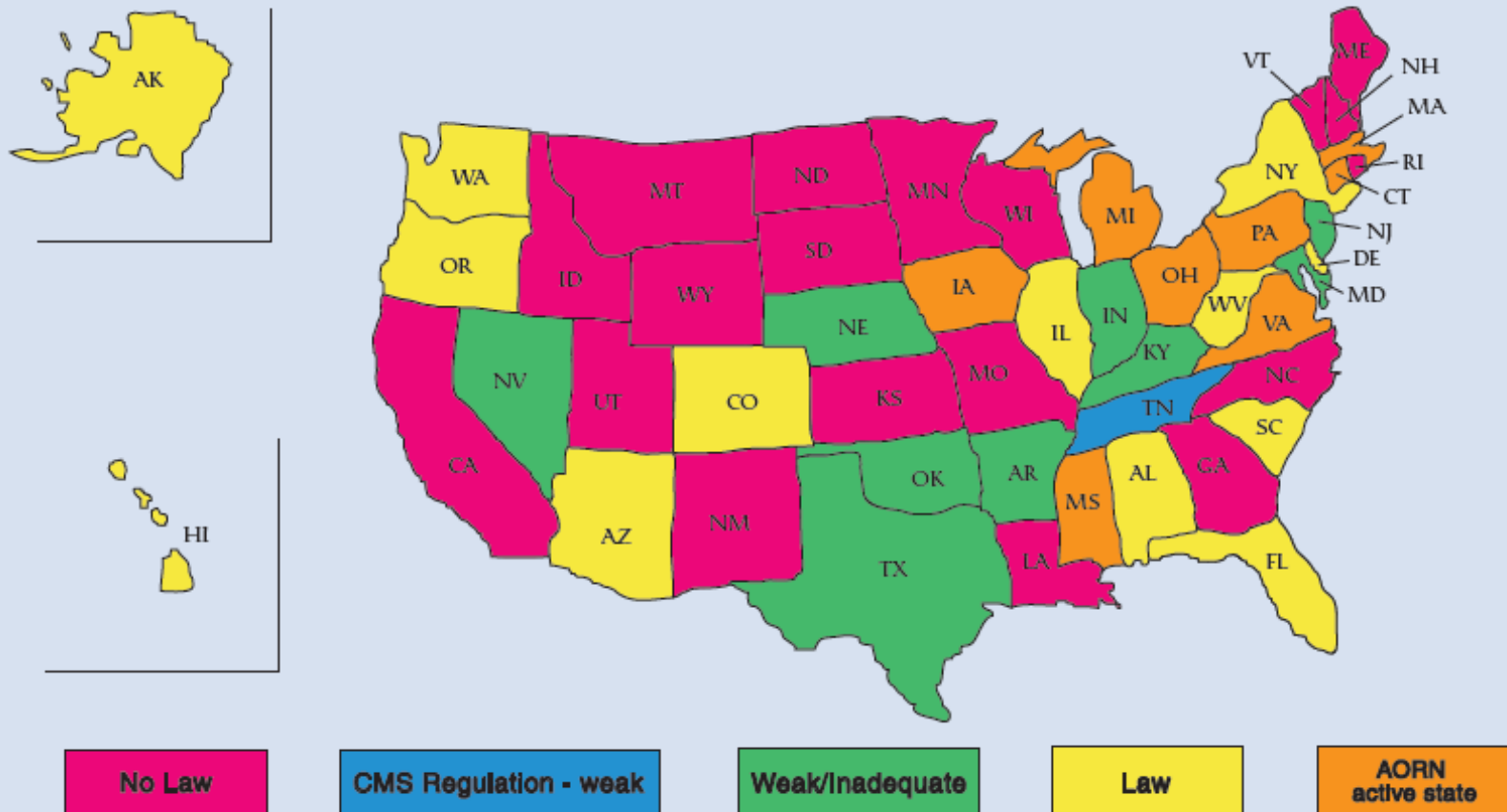
CMS Regulation - weak

Weak/Inadequate

Law

AORN active state

# RN Circulator Legislation/Regulations Ambulatory Surgical Centers



## Current legislation continued.

- Wisconsin has passed an RN circulator law.
- Iowa's RN circulator bill has passed the state senate and is making its way through the house.
- AORN is committed to statutes in all 50 states that mandate RN circulators for patients undergoing invasive or operative procedures as the most reliable mechanism to assure safe and effective care for patients.
- The American Nurses Association and the Minnesota Nurses Association both support this initiative.
- Local chapters and MSCORN are actively working now to obtain sponsors for an RN Circulator bill in Minnesota.

# Next Steps



- The actual language of an RN Circulator bill is not difficult, many examples already exist.
- Since all but a very few hospitals and ASCs already employ RNs as circulators, along with many who scrub and circulate, this legislation should not increase health care costs. And I would argue that the RN who can scrub, circulate, teach, work charge, take call, supervise others, and prevent errors, is very cost-effective.
- Thanks to forums such as these, some of us are learning more about public policy and legislative processes.
- We understand that we will need to ask for support from other professional associations, make more contacts in the legislature, testify before committees, ask colleagues to write letters of support.

“the growing increase in public accountability for hospitals will swing the pendulum back to nursing to help meet the expectations”

Bill Duffy, Past National President of AORN

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