

To Whom It May Concern:

My name is Karen Rustermier and I am a perioperative registered nurse. I have been an Operating Room nurse for 45 years. As a Registered Nurse Circulator, I am responsible for managing patient care within the operating room utilizing the nursing process, observing the surgical team from a broad perspective, and assisting the team to create and maintain a safe, comfortable environment during the patient's surgery. Immediately prior to and during operative procedures, circulating nurses are responsible for: Preparing the operating room, sterile supplies, instruments, ensuring the proper equipment is set up and functioning correctly, troubleshooting malfunctions, completing and verifying surgical documents, verifying patient identification, ensuring correct site, correct procedure surgery, answering patient's questions, preparing and positioning patients for surgery, maintaining infection control and ensuring there is not a breach in sterility and taking corrective action if there is, overseeing blood transfusions and medications, and counting surgical items prior to the operation and after to ensure none are retained in the patient. It's my job to constantly look at the big picture to advocate for the patient and ensure a safe surgical experience. The circulating nurse is also responsible for coordinating activities in the event of an emergency. The circulator constantly reassesses the patient and utilizes knowledge of pathophysiology, pharmacy, anatomy, social factors and microbiology in order to formulate and or revise the care plan. As you can see, our number one priority is patient safety.

As several of the surgical technologists who have written in support of licensing have indicated, they assist the circulating nurse. Because surgical technologists assist us and because supervision of allied health care providers is also the responsibility of the circulator, we must work closely and collaboratively with them. As the surgical technologist helps prepare the operating room and sterile supplies and instruments, and performs in the scrub role during the procedure, he or she is doing so as a delegated role and under the supervision of the registered nurse circulator who is present for the duration of the procedure.

For patient safety, it is important to not disrupt how an operating room functions or create confusion. Currently, even while the surgical technologist is under that supervision, they can and do take directions from physicians during procedures. Surgical technologists do not receive the same type of training or education as physicians, registered nurses, or other licensed professionals. In addition they are functioning in a historically nursing role. In fact, an RN or a surgical technologist can serve as the "scrub nurse". Scrapping the current operating room structure would be harmful to patients.

While a few states have some regulation of this role, none license the surgical technologist.

I hope the committee agrees with nurses that licensing surgical technologists is unnecessary and would likely be quite costly. I will be submitting the Colorado Department of Regulatory Agencies 2015 Sunset Review of their Surgical Assistant and Surgical Technologist Registration Program that clearly outlines the cost of a registry and their findings that the system was not as effective in its intent as the facility oversight was. I will also submit the document Occupational Licensing: A Framework for Policymakers 2015 prepared by the Department of the Treasury Office of Economic Policy, the Council of Economic Advisers, and the Department of Labor which highlights the economic effect of over licensure.

I look forward to the 407 meeting on December 22, 2015.

Sincerely,

Karen Rustermier RN BSN CNOR
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