



# AORN ADVOCACY UPDATE

Association of periOperative Registered Nurses

— THE PUBLIC POLICY BRIEFING FOR PERIOPERATIVE PROFESSIONALS —

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## As health debate rages, reform is already occurring

By Philip Dunn  
Contributing Editor

With the fate of health reform still very much in the air, AORN is stepping up its efforts to encourage members to speak out on the subject they know best—ways to improve care for real patients in actual care settings—while not neglecting the smaller ways that perioperative nurses can improve health care.

Over the summer and into the fall, health reform exploded as a domestic policy issue, as both supporters and opponents came out in full force to local meetings with occasionally combustible results. The meetings, and the sometimes heated confrontations that ensued, demonstrated that Americans place great value on their health care and health benefits systems and are highly engaged in the debate, said AORN CEO Linda Groah, RN, MSN, CNOR, FAAN.

“This is an issue that people care about very deeply, as they absolutely should,” Groah said. “Now that President Obama has told Congress about the plan he wants, my hope is that we can achieve a bipartisan agreement, such as that being considered in the Senate Finance Committee, that reforms our healthcare system in a way that is informed by evidence collected at the point of care.”

However, the noise of the debate may mask the reform that actually is already occurring in many areas important to perioperative nurses.

For instance, the American Recovery and Reinvestment Act of 2009, (commonly known as the Stimulus package) directs



While the healthcare reform debate remains a torrid domestic policy issue in Washington, change is already occurring in many areas important to perioperative nurses. AORN is advancing its efforts to encourage members to speak up on ways perioperative nurses can improve care.

\$19 billion to encourage the adoption of electronic health records and \$1.1 billion to fund comparative effectiveness research, which is intended to inform clinicians and patients about which treatments and interventions are best under which circumstances.

Both components can be useful to perioperative nurses, and AORN is well positioned to help because of its experience in gathering and disseminating OR-level quality data, Groah said.

Change is occurring in other ways, too, with health reform already taking off in some states. While this state activity may have limited national impact, they collectively add up to great effect.

And perioperative nurses are showing leadership in these.

In one such effort, the Colorado Patient Safety Coalition is bringing together healthcare clinicians in Colorado from across the professional spectrum as well as other interested stakeholders to promote sustainable health care improvement

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# Advocacy Perspectives

## Relationships, hard work lead to RN as Circulator law

By Teresa A. Nosek, RN, BSN, CNOR, ONC

In July, my state's governor, Mitch Daniels, signed a law requiring a registered nurse to circulate in every operating room.

It marked the culmination of a thrilling year in which we drafted a bill, discussed it and modified it as needed, and ultimately witnessed unanimous passage in both chambers of our legislature. It was a tremendous amount of work, in part because we did it without an AORN-funded lobbyist. We relied instead on three things: good relationships and partnerships with as many other stakeholders as possible, especially the Indiana State Nurses Association and the Indiana State Assembly of the Association of Surgical Technologists (AST); good relationships with legislators and doing our homework.

Our first trick was we combined the RN as Circulator legislation with a surgical technologist bill. A few other Indiana nurses, including Diana Sullivan, RN, MSN, CNOR, and Rhonda L. Anders, RN, BSN, MSM, CNOR, and I got together with the surgical technologists, including Sherri Alexander, CST, national president of AST, in August 2008 to discuss things that we could mutually support and decided to advance our interests—entry into practice requirements for them, RN as Circulator for us—together in one bill.

This approach wouldn't work everywhere, I realize. In some states, the surgical technologists and the perioperative nurses are at loggerheads. But here we enjoy a very friendly and collegial relationship. We're all focused on the same thing—the best care for the patient—and we've developed personal bonds over the years.

I can't remember the last time the surg

techs and the perioperative nurses were at odds over something in Indiana that we couldn't work out peaceably.



Teresa Nosek

Once we agreed to work together, we started talking to people. We talked to everyone we could. First, we co-hosted a legislative open house at the Indiana Medical History Museum, where we conducted tours and performed a mock surgery. We joined our surgical technologists and anesthesia care provider partners in answering questions regarding the various roles in the operating room. We were very fortunate that all eight members of the state Senate's Health and Provider Services Committee attended.

This gave us the opportunity to open up the operating room environment to important people who might otherwise have never seen it.

Then we started meeting with legislators. Peggy Welch, a state representative from Bloomington who is also an oncology nurse, not only agreed to sponsor the bill in the House, she advised us about who we'd need to meet with, who could be our potential supporters and opponents, and what we'd need to do to cover our bases. This was so important because it revealed the potential roadblocks, so we could navigate them more easily and not be surprised.

In the state Senate, Beverly Gard, whom I've known since I was a kid, agreed to take up sponsorship after she met with us. Really, there's nothing like being able to call on an old relationship! But that's her job—to know her constituents and their needs.

**CIRCULATOR** continued on 4



# Legislative Update

## LEGISLATIVE PRIORITIES

### Ohio RN Circulator bill

COLUMBUS, OHIO – [HB 205](#) requires hospitals and ambulatory surgical facilities to assign a circulating nurse to each procedure performed in an operating room or invasive procedure room. The bill went before the House Health Committee on Sept. 22. AORN is working with its Ohio lobbyist, the Ohio state coordinator, and other grassroots members to support this bill in the House Health Committee.

### Michigan RN Circulator bill

LANSING, MICH. – [SB 605](#) and [HB 4615](#) state that ambulatory surgery centers or hospitals may assign a qualified registered nurse to be present in the operating room for the duration of each surgical procedure. AORN is working with its Michigan lobbyist, the Michigan state coordinator, and other grassroots members to support this bill in the House and Senate Health Policy Committees in October.

### Virginia State Coordinator testified on surgical technology

RICHMOND, VA. – Virginia State Coordinator, Bonnie Vencill, RN, CNOR, and State Council Chair, Steve Balog, RN, MSN, CNOR, testified before the State Board of Health Professionals regarding surgical technology on Aug. 10. The Virginia Council of periOperative Registered Nurses submitted [written comments](#) in July. Another public hearing will be held on Sept. 30 by the Board of Health Professionals.

AORN submitted a definition of RN circulator for Draft Regulations for the Li-

censure of Inpatient Hospitals in Virginia. The following definition was submitted: “Circulating RN” means a registered nurse present in any and each separate operating room where surgery is being performed for the duration of the operative procedure who utilizes professional judgment to direct, manage, and delegate the nursing aspects of care throughout the perioperative phase. Directing, guiding, and overseeing care provided by allied health personnel does not encompass “administrative management.”

### Congressional legislation on safe patient handling

WASHINGTON – H.R. 2381 was introduced in the U.S. House of Representatives on May 17. The legislation requires the Secretary of Labor to propose a standard on safe patient handling and injury prevention to prevent musculoskeletal disorders for direct-care registered nurses and all other healthcare workers that requires the use of engineering controls to lift patients and the elimination of manual lifting of patients through the use of mechanical devices, except where patient care may be compromised.

It requires healthcare employers to: (1) develop and implement a safe patient handling and injury prevention plan; (2) provide their workers with training on safe patient handling and injury prevention; and (3) post a uniform notice that explains the standard and the procedures to report patient handling-related injuries. It allows health care workers to: (1) refuse to accept an assignment in a health care facility that violates safety standards or for which such worker has not received required training; and (2) file complaints against employers who violate this Act. It prohibits employers from taking adverse actions against any health care worker who in good faith reports a violation, participates in an investigation or proceeding, or discusses

violations. It authorizes healthcare workers who have been discharged, discriminated, or retaliated against in violation of this Act to bring legal action for reinstatement, reimbursement of lost compensation, attorneys’ fees, court costs, and other damages.

ANA unveiled their new [safe patient handling](#) Web site to support this legislation.

## OTHER BILLS OF NOTE

### NY Hospital Incident Reports

ALBANY, N.Y. – [A 9114](#) was introduced on Sept. 4 and requires hospital incident reports to be simultaneously provided to the affected patients and/or their legal representatives.

## IN OTHER NEWS

### Nurses gain audience with Obama

President Obama [spoke to nurses](#) on healthcare reform on Sept. 10. The President asked the American Nurses Association to attend, and to include nurses from different healthcare workplaces.

Two AORN representatives, Patricia C. Seifert, RN, MSN, CNOR, CRNFA, FAAN, editor-in-chief of the *AORN Journal*, and AORN past president Paula Graling, RN, MSN, CNS, CNOR, attended the address, held in room 450 of the Eisenhower Executive Office Building in Washington.

Obama discussed his respect and appreciation of nurses, along with his vision of healthcare reform. Read more about the president’s address to nurses in the October issue of [AORN Connections](#).



# Legislative News

## DEBATE continued from 1

initiatives in the state and raise awareness among providers and consumers on steps that should be taken to achieve these goals. Sharon Giarrizzo-Wilson RN, BSN/MS, CNOR, perioperative nursing clinical informatics specialist in AORN's Center for Nursing Practice, has been participating in the coalition's meetings both as a representative of perioperative nursing and as a patient advocate.

"In our meetings I'm finding that physician attendees listen to the involvement of nurses in collecting data that can be used to improve patient care," Giarrizzo-Wilson said. "Doctors listen because they know nurses know the conditions inside the care facility. Everyone else in the room listens

as a result. So when you make recommendations, you find you really have a respected voice."

Craig Jeffries, Esq., AORN's public policy consultant, is encouraging members to use that respected voice in the upcoming weeks and months as leaders in Washington continue to grapple with health care reform.

"This debate will continue," Jeffries said. "AORN members are speaking up and are being heard both on the national stage and in many states, and we are influencing the conversation. But this will continue only as long as our members show up and speak up."

## CIRCULATOR continued from 2

As we started meeting with stakeholders, we found that most would lend their support pretty quickly. The Indiana Hospital Association was fine with our language, but wanted an exception for critical access hospitals (CAH). They said it was a matter of resources. But that was a deal-breaker for us, because we didn't think it was right that there be one standard of care for some hospitals and another, lower standard of care for others.

So it was time to go into research mode. Using IHA's Web site and publicly available data, I pretty quickly found out that we had 35 CAHs in Indiana. I called them all, and learned that all but one CAH already was putting a circulating nurse in the OR as a matter of policy.

Notified of this, the hospital association yielded. But the knowledge also turned out to be useful later, because in a hearing in

February the state Department of Health brought the point up again, about how this might impact rural hospitals. It was so important to be able to tell the legislators that the overwhelming majority of hospitals were already doing what we were asking in the bill.

Ultimately that sealed the deal for us. We passed unanimously out of committee, 8-0, and then passed unanimously out of both chambers. A bill that didn't even exist a year ago was now law, and we helped make it happen.

It wasn't easy—it involved a LOT of meetings, a lot of phone calls, and a lot of preparation. But in the end we got our bill signed into law—and patients in Indiana are safer because of it.

*The author is AORN state coordinator for Indiana.*

## Public Policy online road map

AORN Government Affairs coordinates grassroots activities in the promotion of AORN's legislative priorities. One of the most effective methods for influencing public policy is direct communication between constituents and decision makers.

Through the public policy pages of AORN's [Web site](#), members have access to legislators and the tools needed to effectively communicate AORN's position on legislative initiatives. Members can also [sign up](#) to be included in the AORN grassroots network, get involved in current legislative initiatives, and find information regarding legislation in their states. All grassroots members receive free the monthly e-mail AORN Advocacy Update to keep informed about all AORN advocacy activities.

Through AORN's [public policy pages](#), members can get involved by communicating directly with legislators and other decision-makers on public policy issues that affect perioperative professionals. They can also navigate the [legislative map](#) to access the most current laws and legislation affecting perioperative nurses by individual state, as well as to find state and regional legislative coordinators, links to nursing organizations and nurse practice acts and the latest developments on public policy initiatives in each state.

[Lobbying tools](#) and other advocacy resources are also available through the AORN online public policy pages. [Start exploring.](#)



# Advocacy News



AORN Government Affairs needs state coordinators in Kansas, Montana, New Hampshire, and North Dakota. The [State Coordinator](#) is the liaison between AORN's public policy interests, efforts in their state, the [National Legislative Committee](#), and AORN Government Affairs staff. In this role, the State Coordinator is the eyes and ears for legislative issues in the state and the AORN leader who brings their specific state needs to the attention of the NLC Regional Coordinator for support of AORN [legislative priorities](#). If you live in one of these states and have an interest in the state coordinator positions, please contact Josephine Colacci, AORN Government Affairs Manager at [jcolacci@aorn.org](mailto:jcolacci@aorn.org).

Additionally, we are seeking "mentees" for all states. A mentee is a person who will work with the state coordinator and the NLC to learn the role of the state coordinator. If you are interested in becoming a mentee, please contact Josephine Colacci at [jcolacci@aorn.org](mailto:jcolacci@aorn.org).

## Chapter advocacy tools

AORN legislative advocacy is growing and needs more chapter involvement. To support chapters, AORN Government Affairs has created a new online toolkit with a number of resources, including an [Action steps](#) guide for chapter presidents. The guide will help chapter presidents give direction to their members on how to get more involved in advocacy. The online guide also provides a [public policy road map](#) to help chapters navigate AORN's online public policy resources, including model letters created by chapter presidents to chapter members on grassroots advocacy, and a [chapter challenge letter](#) identifying tasks that the chapter members can achieve to support their state coordinator in legislative activities. These new tools will help chapters promote AORN's [legislative priorities](#). Chapter members can also stay current with legislative news by signing up as an AORN grassroots member in order to receive their monthly [AORN Advocacy Update](#).

## Obtain a Perioperative Nurse Week proclamation

Perioperative Nurse Week is Nov. 8-14. The Government Affairs Department created [steps on how to request a proclamation](#). Additionally, there is a sample letter to elected officials requesting a proclamation and a sample proclamation. If there is a signing ceremony for the proclamation, please take photographs and send a copy of the proclamation and pictures to [Jo Colacci](#).

## AORN individual awards submission reminder

The Outstanding Achievement in Public Policy Advocacy award category was established in 2008 to recognize accomplishments focused on member activity in the legislative arena. This award honors an individual who has demonstrated outstanding achievement in public policy advocacy contributing to the advancement of perioperative patient care and safety. The AORN Individual Awards Program features 15 award categories, including 2 new categories for 2010. By submitting a nomination, you may win a free AORN 3-year membership! [Learn more about all awards offered by AORN](#). Postmark deadline for individual awards submissions is November 13, 2009.

## Advocacy Tools

### Sign up electronically to be a grassroots member

Government Affairs has a new [electronic sign up form](#) to become a grassroots member on its public policy Web page. State councils and chapters can help encourage grassroots involvement by linking to the new form through their own Web sites and blogs.

Additionally, AORN members can encourage peers to join grassroots and receive [action alerts](#) on healthcare reform and legislative priority issues by [state](#).

The electronic sign-up form and action alerts are another way get fellow AORN members involved.

Learn more about [AORN Grassroots](#).