

Good morning Senator Harris, Representative Ritter and members of the Public Health Committee. My name is Donna Denault, and I have been a perioperative nurse since 1984. I am as passionate about my profession now as the day I graduated.

I strongly believe in the Registered Nurse as Circulator Bill, HB 5288, because a Circulator in an Operating room is the only licensed professional with the ability and responsibility to be completely and comprehensively patient-focused during the procedure.

A personal experience I had as a circulating nurse was during my very first year in the Operating room when my patient was having most of his large intestine removed, a long and tiring procedure. After the surgeon had removed the bowel and placed it in a sterile basin, I initiated the first closing count of all the instruments, needles, and sponges (which have radiopaque tags that show up on X-ray if left in a patient).

Unfortunately, I couldn't account for one piece of tape. Used to tie off each end of the bowel, this tape comes in a long strip that the scrub nurse cuts into two pieces at the start of a procedure. Made of polyester, it is nonradiopaque.

After searching the surrounding sterile field and the floor, I notified the surgeon that half the tape was missing. Without breaking his rhythm suturing, he denied having the tape and refused to check the patient's wound. He told me to look on

the bowel segment in the basin. I did so and thoroughly searched the linen, garbage, and floor as well. No tape. Again, I reported the tape missing. But confident that he was right, the surgeon insisted that I must have lost it. He continued to close the wound. The scrub nurse didn't have a clue where the tape was but agreed that it wasn't inside the patient.

What a dilemma. Should I agree that I'd lost the tape? Should I document a correct count because the surgeon assured me it wasn't in the patient? Or should I document an unresolved count and subject the patient to an unnecessary X-ray looking for tape that might not show up? The surgeon was so sure of himself. I could lose my job if I insisted he reopen the wound only to find the tape wasn't there. But if he'd looked before starting to close, we wouldn't be in this spot! Dare I confront the captain of the ship? Suddenly I was adamant about only one thing: My patient's safety. I had to take a stand. Insisting that the surgeon stop closing the wound, I refused to issue more sutures. I then instructed him to open the layer and look for the tape.

Silence. A moment's hesitation, and a condescending remark. Then the surgeon reopened the wound and began to search for the missing tape. As the seconds passed, I held my breath. Then the surgeon's eyes opened wide as his hands touched something other than tissue. There, tied securely around the remaining bowel, in the patient, was the missing tape. The remainder of the wound closing

was uneventful. Once the dressing was taped in place, the surgeon removed his gown and gloves, came over to me and patted me on the back. Thank-you, " he said. "You just saved me a lawsuit."

I hadn't been thinking in legal terms; I'd been concerned for the patient and what could have happened to him if the surgeon continued. I'd also pictured his family, waiting frightened in the waiting room, and knew I was the link between them and the patient.

Today, the captain of the ship doctrine no longer applies in operating rooms; both nurses and physicians must advocate for patients.

Patient Safety is first and foremost an issue for the circulating nurse. The circulating nurse serves as a patient advocate while patients are most vulnerable and least able to care for themselves. Having a Registered Nurse circulator in each operating room for each surgical procedure will ensure the patient's safety during the period of the patient's vulnerability.