AORN activities reflecting the IOM recommendations

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KEY MESSAGES From IOM Report on the Future of Nursing

As a result of its deliberations, the IOM committee formulated four key messages that structure the discussion and recommendations presented in this report:

- 1. Nurses should practice to the full extent of their education and training.
- 2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- 3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
- 4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

RECOMMENDATIONS From IOM Report on the Future of Nursing

IOM Recommendation 1: Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.

AORN in collaboration with the New York and Texas state Action Coalitions issued letters identifying the lack of reimbursement for RNFA services as inconsistent with the IOM recommendations.

Perioperative nurses are actively involved in the following State Action Coalitions: Florida, Idaho, New York, Texas, Virginia, Georgia, Illinois and California.

AORN contributed financially to the AORN State Council of California in a feasibility study to develop a focus on perioperative nursing in the Nurse Practioneer program at Western University of Health Sciences in Pomona California. The program, which opened in 2012, offers areas of study for the APRN as preparation in the Family Nurse Practitioner (FNP) role with a subspecialty track in perioperative nursing.

AORN and the Certification and Competency Institute (CCI) conducted a job analysis of perioperative advance practice registered nurses to assess the feasibility of developing a certification exam. The certification exam is being developed by CCI and will be available in



March of 2014.

Addressing scope of practice barriers at the national level:

AORN actively participates in the activities of the Coalition for Patients Rights (CPR) and is collaborating to develop an updated state public policy strategy. CPR is dedicated to improving consumer access to all caregivers by removing state and federal barriers to nurses practicing to the full extent of their education and training.

AORN is an active leader in the Nursing Community, a forum for national professional nursing associations to build consensus and advocate on a wide spectrum of health care and nursing issues, including practice, education and research. The Nursing Community is committed to improving the health and health care of our nation by collaborating to support the education and practice of RNs and APRNs. The forum continues to meet regularly to provide input and to influence public policy.

IOM Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.

AORN joined the Champion Nursing Council an organization including AARP and more than 80 other nursing, consumer, purchaser, and health care provider organizations. The shared goal is to achieve a healthcare system that provides seamless, equitable, accessible quality care for every American.

AORN is an original supporter of the Partnership for Patients and collaborated to establish the Procedural Harm Affinity Group in support of the Hospital Engagement Network (HEN) efforts directed at achieving individual hospital commitments to accelerate and measure improvement in HAI and readmission goals.

AORN is an active participant in the National Quality Forum (NQF).

The AORN SYNTEGRITY® Standardized Perioperative Framework organizes and structures clinical data for perioperative nursing care. The Framework is built upon the Perioperative Nursing Data Set (PNDS) and is embedded in leading perioperative information systems.

The Companion Guide for the AORN SYNTEGRITY® Framework was expanded to include clinical content to improve outcomes, simplify navigation to save nurses time, and enhance functionality for easier integration of the Framework's content into OR Information Systems.

The data crosswalk developed by AORN for SYNTEGRITY® has been licensed by CMS to update the SCIP measures into eMeasures.



AORN is an active participant in the Alliance for Nursing Informatics (ANI), an organization, whose members are dedicated to advance nursing informatics leadership, practice, education, policy and research through a unified voice. Association of Nurse Executives (AONE) is a member of the ANI and AORN supports AONE's position statement on the Nursing Informatics Executive Leader. AORN also provided input and supported ANI's comments and testimony on Meaningful Use. Both ANI and AORN believes that CMS should expand the definition of meaningful use to encompass support for all health care professionals in an integrated community.

AORN is an active participant in Integrating the Healthcare Enterprise (IHE) an initiative by healthcare professionals and industry to improve the way care providers and patients create, manage and access electronic health records (EHRs) efficiently and securely. IHE accelerates the adoption of EHRs by improving the exchange of information to improve the quality, efficiency and safety of care by making relevant health information accessible. One of AORN's clinical staff is the co-chair for the IHE Nursing Subcommittee which is responsible to review profiles and make recommendations to ensure the profile proposals address the needs and incorporate the requirements identified by nursing professionals.

AORN worked with National Database of Nursing Quality Indicators (NDNQI) to identify data elements for care of the surgical patient that are nurse sensitive and can be accessed from SYNTEGRITY. These data elements will be included in the NDNQI data base and will be required to be submitted by Magnet Facilities.

AORN's Recommended Practices Committee was transitioned to an advisory board and continues to have liaisons from the American Association of Nurse Anesthetists, the American College of Surgeons, the American Society of Anesthesiologists, and the Association for Professional in Infection Control and Epidemiology, the Centers for Disease Control and Prevention, and the International Association of Healthcare Central Service Materiel Management.

AORN implemented an evidence ranking system for the Recommended Practices in 2012. Four Recommended Practices were submitted and accepted into the National Guideline Clearing House for inclusion in their data base.

IOM Recommendation 3: Implement nurse residency programs. State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

Versant Residency Program discontinued the program they developed for perioperative training and now include AORN's Periop 101 as part of their curriculum.

A copy of the 2012 AORN Perioperative Standards and Recommended Practices book was sent



to all state boards of nursing for their review and reference.

AORN provided financial support for two educational briefings hosted by the Congressional Nursing Caucus and the Nursing Community to highlight the current and emerging role of nurses and the continuing expansion of nursing educational opportunities.

IOM Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

AORN House of Delegates endorsed the goal of 80% of perioperative nurses to have a baccalaureate degree by 2020. The AORN Foundation awarded \$181,193 in scholarships to students and nurses in 2012.

AORN participates in the National Student Nurses Association's Conference to educate attendees on the value of perioperative nursing and provides a discount on AORN membership.

IOM Recommendation 5: Double the number of nurses with a doctorate by 2020. Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

AORN supports the increase in the number of nurses with a doctorate by 2020 and members are eligible to seek scholarships from the AORN Foundation.

IOM Recommendation 6: Ensure that nurses engage in lifelong learning. Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

AORN has collaborated with the University of St Thomas in Houston Texas and Otterbein University in Westerville, Ohio to include the fundamentals of perioperative nursing in their undergraduate nursing programs. Case Western has also included perioperative nursing in the junior year of the BSN program.

AORN collaborated with six Denver area health care facilities and Metropolitan State University of Denver to offer a perioperative blended program including AORN's Periop 101: A Core Curriculum to current Denver area registered nurses both new graduates and experienced RNs. This ten week program will provide the participants with a certificate of completion for Periop 101(AORN) and nine hours of academic credit from Metropolitan State University of Denver to increase the pool of novice perioperative nurses.



AORN created the Center for Nursing Leadership in 2012 to provide needed resources and support for novice and emerging leaders and nurse executives. In partnership with industry, the Center hosted 15 localized networking events in ten metropolitan cities around the country.

AORN and Chamberlain College of Nursing formed an affinity partnership to offer discounted tuition rates for RN to BSN, as well as Master of Science of Nursing and DNP programs.

Since 2011 AORN has included 25 free continuing education units with membership.

In addition to the core curriculum for nurses new to perioperative services, AORN developed a core curriculum for Physician Assistants/Residents/Medical Students and one for OB RN's that circulate on surgical procedures.

AORN developed the Periop Mastery Modules to test both the level of knowledge and confidence in that knowledge. This program utilizes the latest scientific advancements in understanding how the human brain acquires, retains and recalls information at critical times. The modules incorporate the AORN Perioperative Standards and Recommended Practices.

AORN collaborated with the Studer Group to present a certificate program in communication and leadership skills for the surgical team.

The Competency and Credentialing Institute and AORN partnered to present a certificate program for Surgical Services Management.

In November 2012 the American Nurses Credentialing Center (ANCC) announced that AORN was awarded Accreditation with Distinction, the highest recognition awarded by ANCC's Accreditation Program. Organizations accredited with distinction have completed a review without any progress report requirements.

The AORN Foundation awarded \$129,753 in professional development grants in 2012.

AORN is collaborating with the Health Information and Management Systems Society (HIMSS) to bring a Preconference Nursing Informatics Symposium to the AORN Surgical Conference and Expo 2014 to advance informatics in the perioperative environment.

AORN collaborated with experts in nursing informatics to host a Nursing Informatics Boot Camp to give perioperative nurses the opportunity to gain a basic understanding of the scope and standards of the practice of nursing informatics and current informatics trends and issues in health care.

IOM Recommendation 7: Prepare and enable nurses to lead change to advance health.

Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.



AORN conducted focus groups in 10 metropolitan cities in 2011 in an effort to assess the needs of the perioperative nurse executive. As a follow up to these focus groups, AORN added a new division focused on the nurse executive. In 2012 and 2013, networking sessions were presented in 10 U.S. cities. The sessions received 100% validation on content, usefulness and desire to return.

AORN sponsored one nurse to attend the ANA Advocacy Institute in the fall of 2011 and two nurses to attend in the fall of 2012. This program is designed to groom nurses as political leaders and nurse advocates.

One of AORN's perioperative nursing specialists was the first nurse to be appointed to the board of AAAHC.

AORN has representation on the ASC Quality Collaboration Board of Directors and the technical Advisory Committee.

AORN supported NIOSH research on respiratory protection and residual smoke in the OR

AORN and OSHA created a laser safety checklist and sharps safety checklist.

IOM Recommendation 8: Build an infrastructure for the collection and analysis of Interprofessional health care workforce data. The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.

AORN conducts an annual compensation survey for perioperative nurses. A multiple regression model is used to examine how a number of variables, including job title, education level, certification, experience and geographic region, affect nurse compensation. The effect of other forms of compensation such as on-call compensation, overtime, bonuses, and shift differentials, on base compensation rates is also examined. The survey in 2012 also addressed the perioperative nursing shortage, focusing on perceived changes in staffing related aspects of the perioperative nursing workplace during the past several years.

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