



AORN's

Dedication to

Quality Surgical Patient Care...

AORN, the Association of periOperative Registered Nurses, believes that nursing is a caring art and science based on the deliberate application of knowledge, judgment, skills, and interpersonal competencies. Perioperative nursing practice is defined as those activities performed by the professional Registered Nurse (RN) in the preoperative, intraoperative, and postoperative phases of the patient's surgical experience. The ultimate goal of perioperative nursing is the provision of safe, effective patient-centered care that results in the best possible outcome for the surgical patient.

AORN represents approximately 40,000 RNs who support its mission of promoting quality patient care by providing education, standards, services, and representation. AORN's comprehensive and powerful resources include publications such as AORN's *Standards, Recommended Practices, and Guidelines*; consultation; clinical and research expertise; government affairs and public policy advocacy; library services; scholarships and grants; career services; on-line and other modalities of educational activities.

AORN's *Contributions to* Quality Surgical Patient Care...

Publications

AORN publications provide information perioperative nurses and other health care professionals need to deliver high-quality patient care in a wide range of settings, including hospital operating rooms, ambulatory surgery centers, and physicians' offices.

The *AORN Journal*, published monthly, is an award-winning source of clinical and technical articles about surgical procedures and other patient care issues, including management and research issues. *SSM* and *SSM Online* feature timely information about trends in management and how those trends affect the surgical services environment. AORN publishes the *Standards, Recommended Practices, and Guidelines* annually, along with a number of position statements on high-priority patient safety issues including infection control measures; occupational health issues, such as surgical smoke plume; and public health concerns, such as the environmental impact of surgical waste.

Education

AORN's educational offerings are based on current health care and nursing issues related to perioperative nursing practice, education, patient care management, and research. To make this information easily accessible to the largest number of people possible, AORN distributes these educational offerings in a variety of formats, including conferences, books, videotapes and CDs, home study programs, and in-service packages for use by facilities such as hospitals, ambulatory surgery centers, and physicians' offices. AORN's annual Congress, the largest educational activity offered by the Association, features more than 70 education sessions that present the most current knowledge on a wide range of surgical patient and perioperative professional topics.

Safety Issues

AORN's commitment to surgical patient safety is reflected in Position Statements recently adopted by the Association's membership, including:

Correct Site Surgery

AORN is committed to promoting measures to ensure identification of the correct surgical site. Using the risk-prevention strategies suggested by AORN when developing policies and procedures will assist facilities in reducing the risk of error.

Nurse-to-Patient Ratios

AORN believes that whenever invasive procedures are performed, the minimum nurse-to-patient ratio is one professional perioperative registered nurse dedicated to each patient during that patient's entire intraoperative experience. AORN believes that each patient having an invasive procedure must be provided with a perioperative registered nurse in the role of circulator.

Task Force on Surgical Smoke

AORN's Task Force on Surgical Smoke is addressing the safety issue of smoke generated by laser and electro-surgical procedures and its impact on health care providers and patients. The Task Force has contacted the Occupational Safety and Health Administration (OSHA) and the National Institute of Occupational Safety and Health (NIOSH) to offer expertise and to encourage these policymaking bodies to release guidelines for smoke evacuation in the health care setting.

Statements of Competency

AORN developed a set of statements outlining the fundamental knowledge and skills perioperative nurses must possess to fulfill the roles and responsibilities of surgical patient care. The statements are a valuable tool in quality assurance activities demonstrating RN accountability in the care of the surgical patient. AORN has developed specific nursing competencies to meet the specific needs of different age groups of patients.

Perioperative Nursing Data Set

Effective communication promotes the provision of quality surgical patient care. AORN supports efforts to implement the Perioperative Nursing Data Set, a standardized terminology in clinical records, whether in a paper or electronic format. Use of this vocabulary enhances the effectiveness and consistency of documentation and supports efforts to evaluate clinical outcomes such as safety.

Research and Healthcare Quality

Promoting evidence-based practice is the primary objective of AORN's research efforts. Through AORN's publications and educational programs, members are provided a framework for using evidence in clinical decision making. The AORN Foundation funds a research grant program that supports researchers in their efforts to improve the quality of patient care through research findings. Priorities for funding include determining safe practice and how to protect patients from injury during the surgical experience.

Government Affairs

AORN actively promotes efforts to ensure patient safety in public policy arenas. For example, in 1997, the Health Care Financing Administration (HCFA) proposed a revision to its regulations that would remove prescriptive staffing for RNs in the OR. AORN believes it is essential to patient safety that the present rules requiring RNs in the OR be maintained. The Association organized letter-writing campaigns, placed articles in newspapers, and met with HCFA officials to voice concern over the proposed revisions' potential impact on patient safety.

Advisory Roles

AORN serves in an advisory capacity to many national organizations and government agencies, including the Joint

Commission on Accreditation of Healthcare Organizations, the American Association for Medical Instrumentation, the Association of Professionals in Infection Control and Epidemiology, the U.S. Food and Drug Administration, the Centers for Medicare and Medicaid Services, the American College of Surgeons, and the American Association for Accreditation of Ambulatory Surgery Facilities. AORN is an affiliate member of the American Nurses Association. AORN has been granted an "Official Observer" designation by the American Medical Association, giving it an opportunity to attend AMA business meetings. AORN's affiliation with health care organizations ensures that perioperative nursing's

perspective is shared with other health care providers, creating a safer environment for patient care.

Networking

AORN is composed of approximately 40,000 perioperative RNs who are committed to safe, professional patient-centered surgical care. AORN provides a network for these professionals to discuss issues, share ideas, learn from each other's experiences, and create energy and enthusiasm. Members can connect with each other in a variety of ways, including an on-line discussion group, AORN chapters, Specialty Assemblies, and at conferences.

AORN *Standards,* Recommended Practices, and Guidelines



AORN's standards, recommended practices, position statements, and guidelines address a number of patient safety issues.

■ **Standards of Perioperative Nursing Practice**

Standards are authoritative statements that describe the responsibilities for which nursing practitioners are accountable. Standards reflect the values and priorities of the profession. They are a means to direct and evaluate professional nursing practice. Standards describe a competent level of nursing practice and professional performance that is designed to achieve desired patient outcomes in the perioperative setting. The "Standards of perioperative nursing" are generic and apply to all registered nurses engaged in perioperative practice, regardless of clinical specialty, practice setting, or educational preparation.

AORN's "**Standards of Perioperative Administrative Practice**" serve as the foundation upon which the perioperative setting is organized and managed.

AORN's "**Standards of Perioperative Clinical Practice**" focus on the process of providing nursing care and performing professional role activities.

AORN's "**Quality Improvement Standards for Perioperative Nursing**" assist in monitoring and evaluating the quality of patient care. Implementation of these standards, with emphasis on continuous monitoring and evaluation, provides the basis for selecting methods for quality improvement.

AORN's "**Standards of Perioperative Care: Patient Outcomes**" describe the desired results that patients can expect to receive during surgical and other diagnostic or therapeutic interventions.

Examples of recommended practices and guidelines that directly affect patient safety include:

■ **Standard & Transmission-Based Precautions**

This information is designed to protect patients and health care professionals from exposure to bloodborne and body fluid pathogens, which are primary potential sources for transmission of disease. Precautions include use of protective barriers, such as gloves, and prompt, frequent hand washing. Other precautions address measures that can minimize or prevent injuries caused by scalpels and other sharp instruments.

■ **Surgical Hand Scrubs**

Skin is a major potential source of contamination in the surgical environment. Although "scrubbed" members of the surgical team wear sterile gloves, their hands and forearms should be cleaned preoperatively to reduce the number of microorganisms in the event of glove tears. The surgical hand scrub removes debris, bacteria, and other organisms that may contribute to infection from nails, hands, and forearms.

■ **Environmental Cleaning**

All patients should be provided a safe, clean environment. Environmental cleaning measures are required before, during, and after each surgical procedure and at the end of each day. This cleaning reduces the amount of dust and organic debris and helps reduce airborne contaminants that may travel on dust and lint. The use of leakproof, tear-resistant containers minimizes the risk of exposure to infectious materials for patients, health care professionals, and the environment.

■ Patient Skin Preparation

The purpose of preparing the patient's skin before surgery is to reduce the patient's risk of postoperative wound infection by removing as much soil and bacteria as possible with proper cleansers and with the least amount of tissue irritation.

■ Electrosurgical Safety

Electrosurgery is used routinely to cut and coagulate body tissue with high radio frequency electrical current. AORN's recommended practices are designed to protect both the patient and members of the surgical team by describing the safe operation, care, and handling of electrosurgical equipment.

■ Laser Safety

AORN's recommended practices on laser safety address issues such as appropriate eyewear, laser exposure to skin, smoke plume, and protection from fire and electrical hazards.

■ Smoke Plume

AORN promotes practices that help reduce health care professionals' and patients' exposure to surgical smoke plume from electrosurgical devices and lasers. Individuals who are exposed to surgical smoke plume may be at risk for developing respiratory irritation. AORN has developed recommendations to protect patients and staff members from potentially harmful exposures.

■ Patient Positioning

A patient's protective responses are altered by anesthesia agents or medications. A patient's breathing, blood flow, and skin integrity may be compromised during lengthy surgical procedures. Proper positioning techniques, equipment, and other devices contribute to patient safety and assist in providing adequate exposure for the surgical site. AORN's recommended practices

provide guidance for minimizing patient risk due to complications related to positioning.

■ Sharps

As health care employers begin to acknowledge the hazards and risks associated with the direct delivery of health care services and begin to seek safe needle devices for workers, manufacturing standards should be established to ensure that truly safe and effective devices are available in the marketplace. The FDA's role in supporting the development and manufacture of high-quality, safe, affordable, and effective devices is critical to achieving a truly safe working environment. AORN supports the FDA's efforts in collaboration with manufacturers and users to create a safer health care work environment.

■ Counts

The implementation of accurate count procedures helps ensure that the patient is not injured as the result of items such as instruments, sponges, and other devices being retained in the body. AORN's recommended practices define basic steps that the surgical team may follow to ensure accurate, consistent counts of such items.

■ Care/Cleaning of Equipment

To ensure safe, effective patient care, several recommended practices address the proper care and cleaning of instruments and equipment.

■ Sterilization/Decontamination

One of the major responsibilities of the perioperative nurse is to reduce the patient's risk of acquiring postoperative infections. Proper decontamination procedures protect not only the patient, but also health care professionals. AORN's recommended practices provide guidance

for sterilizing instruments, supplies, and equipment that have a direct influence on patient outcomes.

■ Medical Waste

Three types of regulated waste are generated by health care facilities. One type is radioactive waste, which is regulated by the Nuclear Regulatory Agency, and another is hazardous chemical waste, which is regulated by the U.S. Environmental Protection Agency. The third type of waste is potentially infectious waste. AORN's recommended practices address acceptable handling and disposal of potentially infectious waste. Facilities that use this document to develop an infectious waste treatment program may reduce its impact on costs while ensuring public safety.

■ Latex Guideline

Exposure to latex may result in a histamine release in sensitized people. This can lead to localized swelling, redness, edema, itching, and systemic reactions, including anaphylaxis. AORN's Latex Guideline promotes a safe health care environment for latex sensitive or latex allergic patients and health care workers.

■ Malignant Hyperthermia Guideline

Malignant hyperthermia, a potentially lethal syndrome experienced by a small number of surgical patients, can be triggered by the administration of certain anesthetic agents. AORN's Malignant Hyperthermia Guideline is based on the Malignant Hyperthermia Association of the United States' nationally recognized protocol. It specifically addresses perioperative care for surgical patients confirmed to have or thought to be susceptible to malignant hyperthermia.

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