

National Health Care Reform

AORN Guidelines

The AORN Board of Directors has established Health Care Reform as a new public policy priority objective and directed staff to develop guidelines and processes to fully engage AORN in the national discussion on health care change. The following was approved by the Board of Directors in January, 2009.

OVERVIEW

The AORN Board of Directors over the last few years has included enhanced support for government affairs in the strategic plan. This has matched an increasing need to support state level legislative and regulatory issues impacting AORN members. On the federal level, the new relationship with ANA provides a unique opportunity to expand AORN's impact on core nursing issues while provide increased visibility to the role and positive impact of the perioperative registered nurses on patient safety. Moreover, as the nation enters into another round of discussion on national healthcare change, the view and expertise of perioperative nurse leaders is positioned to be a credible voice in the discussion.

AORN data supports the core value and involvement of perioperative nurses in the operating room. This should be at the center of the governments plans to broaden the use of episode payment and value based purchasing based on quality outcomes. This will also be at the center of the many national health policy discussions over the next decade. Moreover the opinion of nurses in these national health policy discussions/ debates are essential and must be more visible. While AORN cannot do this alone, AORN's influence through ANA and other health care organizations can.

If national health changes are enacted, they are likely to have broad direction rather than very specific details, and thus require regulatory activities or state level activities to provide more detail as part of the implementation process.

The opinion of nursing must be heard at all levels of this national discussion and implementation. Perioperative nurse leadership and AORN data should be an active participant in these efforts. The opportunities for nurse influence and participation will include testimony before committees in Congress, panel discussions at conferences sponsored by Washington based health policy think tanks, task forces at the White House, and discussion

with individual members of Congress. Many existing entities within Washington will focus resources on these issues including for example MedPAC, AARP, provider organizations and other Associations.

The sphere of influence – or areas of nurse expertise, need careful consideration. While tax policy discussions (e.g.; keep the employer deduction or shift to an individual deduction) is well beyond the core expertise of nursing, the results of such tax policy changes need to be the perspective articulated by nursing – focused on the impact of safety, and patient centric care. While much of the discussion will be broad policy articulations, the challenge for nursing is to explain the potential impact at the patient care level – and to suggest “safety net” elements that will anticipate areas that need to be addressed during implementation.

Leveraging the AORN investment in the standardized perioperative record (SPR) to capture evidence based data to support public policy priorities for nursing is an important aspect of AORN’s ability to take a more proactive role in national health care reform.

AORN has distinguished itself as a source for practice resources. The PNDS and its Benchmarking Database and more recent investment of a SPR are internally focused as a benefit for the AORN member. Unfortunately, much of the public policy discussion is based on anecdotal or incomplete information. Thus whenever evidence based data is available, the provider of such data has an important voice in the discussion. The SPR data repository provides AORN with such opportunity.

Briefing MedPAC, CMS, OSHA, AHRQ and other key Washington DC institutions on the AORN experience with PNDS and the investment in SPR is a critical first step to understanding what their needs may be with this information. Anticipating and prioritizing the public policy issues important to nursing that could be informed by this data is an important conversation we need to have with our ANA and other Washington DC allies of AORN.

AORN Public Policy Guidelines for National Health Care Reform

1. The highest priority public policy objectives and the areas of AORN expertise centers on patient safety and workplace safety for the perioperative nurse.
2. AORN will not become involved in any endorsement of a candidate for elected office. This specifically extends to the new affiliate relationship with ANA where AORN is not a participant in their endorsement process or participation.
3. As it relates to any AORN position or support for a position related to patient or workplace safety, AORN CEO will send a notice to the Board of Directors requesting a response with a specific date.
 - a. Where such supported position is a component of a larger document with public policy recommendations that AORN opposes or may not have an opinion on, the AORN CEO will make every effort to seek approval or advice from the AORN President if time allows. Following this period AORN CEO will have full discretion to act with the full authority and support of the AORN Board of Directors.
 - b. The Board acknowledges that the public policy process is not always one dimensional and relies on a balance between achieving AORN public policy objectives at the possible cost of supporting issues that some AORN members may oppose. The AORN CEO with consultation of the AORN president will present this balance for the full review and approval of the AORN Board when time permits such process.
4. The AORN CEO will consult with the President, and/or President Elect to make AORN recommendations for perioperative appointments to advisory groups, panels, or other federal or state deliberative bodies. Whenever time and process permits, the CEO will consult with the AORN Board and / or NLC.
5. The AORN CEO will have full authority to align AORN with other organizations to collaborate in supporting national health care reform or any specific components of the national health care change discussion. The Board acknowledges that this will on occasion align AORN with organizations whose policies AORN opposes. The AORN CEO will make every effort, as time allows, to seek approval or advice from the AORN President to weigh the balance of participation to gain AORN objectives with the negative impact of aligning with an organization that AORN opposes.