AORN
Association of periOperative Registered Nurses
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March 25, 2013

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4171-NC
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-4171-N; Medicare Program; Request for Information to Aid in the Design and Development of a Survey Regarding Patient Experiences With Hospital Outpatient Surgery Departments/Ambulatory Surgery Centers and Patient-Reported Outcomes From Surgeries and Procedures Performed in These Settings

Dear Administrator Tavenner:

The Association of periOperative Registered Nurses (AORN) represents the interests of 160,000 perioperative registered nurses, including over 42,000 members in the United States, 48% of whom identify themselves as working in an ambulatory surgery setting. Perioperative registered nursing is a specialized area of nursing practice. As a fundamental member of the surgical team, the perioperative registered nurse can function in the role of circulator, scrub person, or first assistant during surgery. In each of these roles, perioperative nurses work in collaboration with other members of the surgical team such as the surgeon, anesthesia provider, surgical technologist, and other assistive personnel.

AORN's mission is to promote safety and optimal outcomes for patients undergoing operative and other invasive procedures by providing practice support and professional development opportunities to perioperative nurses. Because of this, AORN strongly advocates for quality reporting, including patient-centered experience of care standardized surveys. AORN also serves as part of the cooperative effort of the ASC Quality Collaboration interested in ensuring ambulatory surgery center (ASC) quality data is appropriately developed. Please accept the following response regarding CMS-4171-NC (78 Fed. Reg. 5459, January 25, 2013).

AORN recommends any standardized survey instrument focus on the care provided by the facility, rather than the physician. It is valuable to know if the overall patient experience was one in which the patient felt safe and well-cared for. Measurement of the patient's experience through the use of some form of survey is already a common ASC practice. Information gathered is typically used for internal quality assessment, performance improvement and benchmarking, as well as fulfilling a variety of state reporting, certification and accreditation requirements.

It is also important for the survey to address the experience of surgical care received in hospital-based outpatient surgical departments (HOSDs) as well as ASCs. As surgical facilities continue to face cost pressures and revenue constraints, we would encourage that the survey be structured in such a way as to minimize any additional cost to the HOSD and ASC.

In addition, because of the broad spectrum of specialty practice in an ASC, there is significant variation possible in virtually every aspect of the care process depending on the patient's planned surgical procedure. This means that in order to develop a concise standardized survey instrument, questions must be focused on aspects of patient experience that are likely to be universal, and that the patient-reported outcomes assessed will also need to be similarly universal in nature. It is also important that the survey take into consideration that an ASC may only offer surgical services. ASCs do not play a role in identifying or determining diagnostic and therapeutic options for the patient and their condition, nor can they provide care for the patient prior to their arrival at the facility or following their discharge from the facility.

In addition to the above considerations, AORN proposes the following with regard to specific survey questions:

Focus on Nursing Care. AORN suggests that a portion of the proposed survey address care from the nursing staff. Specifically, patients should be asked 1) if their nurses treated them with courtesy and respect, 2) if their nurses listened carefully, 3) if their nurses offered explanations in a way the patient could understand, and 4) how timely the patient received help when they wanted or needed it.

Discharge Instructions. It is also important to know if patient needs were met with regard to discharge instructions. Questions such as 1) whether the patient had a good understanding of how to care for him or herself after leaving the facility, 2) whether the patient had a good understanding of what symptoms or other health problems to look out for after leaving the facility, and 3) whether the patient had a good understanding of who to contact for follow-up care.

As a founding member of the ASC Quality Collaboration, AORN is fully supportive of the ASC Quality Collaboration's comments to CMS concerning the development of a survey regarding patient experiences with HOSDs and ASCs.

Thank you for the opportunity to comment on the proposed rule. Should you have any questions regarding these matters, please feel free to contact me at (303) 755-6304 ext. 220.

Sincerely,

Linda K. Groah, MSN RN CNOR NEA-BC FAAN
CEO/Executive Director