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June 25, 2012

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1588-P
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Re: CMS-1588-P; Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates; Hospitals' Resident Caps for Graduate Medical Education Payment Purposes; Quality Reporting Requirements for Specific Providers and for Ambulatory Surgical Centers

Dear Administrator Tavenner:

The Association of periOperative Registered Nurses (AORN) submits the following comments regarding CMS-1588-P and the Medicare Program (77 Fed. Reg. 27870, May 11, 2012).

AORN represents the interests of 160,000 perioperative registered nurses, including over 41,000 members in the United States and abroad who facilitate the management, teaching, and practice of perioperative nursing, are engaged in perioperative research, are enrolled in nursing education, and perioperative nurses who work in related business and industry sectors.

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 applauds CMS's continued commitment to increasing patient safety and quality of care protections while reducing unnecessary health care costs in U.S. hospitals and ASCs.

Perioperative nurses have specific expertise and interest in ensuring patient safety for patients

undergoing surgery and other invasive procedures. Because of this expertise, AORN is able to offer the following comments in support of CMS's proposal to include Surgical Site Infection (SSI) Following Cardiac Implantable Electronic Device (CIED) in its list of Hospital-Acquired Conditions (HACs) for FY 2013. SSI following CIED is reasonably preventable through the application of evidence-based guidelines. The standard of practice regarding insertion of CIEDs should be consistent with the standard practices for any invasive procedure. In other words, guidelines and recommended practices that apply to procedures in the operating room should apply equally to procedures involving CIEDs, regardless of where the procedure is performed. AORN believes that if hospitals and other facilities follow standard operating room procedures regarding surgical attire, hand hygiene, sterile technique, sterilization, traffic patterns, environmental cleaning, maintaining a sterile field, preoperative skin antisepsis, and retained surgical items in all areas and settings where CIEDs are inserted, the chance of a SSI is greatly reduced. AORN believes that the addition of SSI following CIED to CMS's HAC list for FY 2013 will prompt hospitals to follow well-established standards of practice in all areas of the hospital where invasive procedures are performed, and not limit these standard successful practices to only the surgical suite.

AORN is also fully supportive of CMS's proposal to assess whether acute care hospitals are using a safe surgery checklist to ensure effective communication and patient focused safe practices are being performed prior to the administration of anesthesia, prior to incision, and prior to the patient leaving the operating room. AORN was an early endorser and remains a strong advocate for use of a safe surgery checklist to prevent wrong site, wrong side, wrong patient surgeries and increase optimal surgical outcomes for all patients.

In addition, as a specialty nursing organization with affiliate membership in the American Nurses Association (ANA), AORN is fully supportive of the comments submitted by the ANA concerning this entire proposed rule. Further, as a founding member of the ASC Quality Collaboration, AORN is fully supportive of the ASC Quality Collaboration's comments to CMS concerning the proposed quality reporting requirements for ambulatory surgical centers.

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,

A handwritten signature in black ink, appearing to read "Linda Groah". The signature is fluid and cursive, with the first name "Linda" being more prominent than the last name "Groah".

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

cc: Deborah Spratt, MPA BSN RN CNOR NEA-BC CRCST CHL, AORN President
Craig Jeffries, Esq., AORN Public Policy Consultant
Amy Hader, JD, AORN Director of Legal and Government Affairs