Association of periOperative Registered Nurses

Introduction

In health care organizations, excellence is the sum of many complex parts that exemplify the best outcomes for patients. AORN created the CORE Award to recognize individual units that distinguish themselves by improving every aspect of perioperative patient care. As individual units strive for excellence, the CORE Award's three levels of designation—gold, silver and bronze—recognize significant milestones along the unit's journey to excellence.

For patients and their families, this award signifies exceptional care through improved outcomes and greater overall satisfaction. For nurses, it can mean a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale, and lower turnover. Nurses who work in organizations and units that meet a national standard for excellence consistently report healthier work environments and express higher satisfaction with their job. (Ulrich B, Woods D, Hart K. Value of excellence in Beacon units and Magnet organizations. *Crit Care Nurse.* 2007; 27(3):68-77.)

The CORE Award provides a road map and tools to assist units on their path to excellence. The journey begins by implementing processes, procedures, and systems to support excellence and remove barriers. Because we are exceptional nurses, the foundational responsibility to provide superior care is always at the forefront of our efforts.

Units that have been recognized with the CORE Award achieve:

Influence and Recognition

Units that receive the CORE Award set the standard for excellence in perioperative patient care environments by collecting and using evidence-based information to improve patient outcomes, as well as patient, family, and staff satisfaction.

Credibility

Consumers, who now pay much closer attention to quality of care when making decisions about their health care, will begin to choose facilities that have been recognized as centers of perioperative excellence into consideration when choosing a facility for treatment.

Recruitment and Retention

Prospective employees consider the CORE Award an indicator of a healthy work environment and a place where quality of care is tied directly to quality of staff. Nurses who work in these units know their skill and expertise are appreciated and valued. This, in turn, boosts employee morale.

About the CORE Award

As the leader in perioperative nursing, AORN developed the CORE Award in 2014 to provide hospitals and health care systems with a way to respond to increasing concerns about quality and safety and to evaluate the continuing evolution of clinical care. In 1999, the Institute of Medicine's (IOM's) "To Err is Human: Building a Safer Health System" called attention to the cost of preventable medical errors and patient safety. This seminal report intensified focus on outcomes among payors and led to the development of other national efforts, including The Leapfrog Group for Patient Safety, an advocacy organization. The newly created Quality and Safety Education for Nurses (QSEN) project is designed to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the

health care systems within which they work. Using the IOM competencies of quality and safety, QSEN has developed competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre- licensure programs for each competency.

CORE Award-designated units meet or exceed quality standards based on these proven indicators of excellence that closely align with the Baldrige National Quality Award, Magnet Recognition Program, National Quality Forum Safe Practices for Better Healthcare, and QSEN criteria. (See table “Alignment of Excellence Award for Excellence Criteria with Other National Recognition Programs” on page **28**).

Who Can Apply?

The CORE Award recognizes excellence at the unit level.

- Any unit where patients receive their principal nursing care in the perioperative environment may apply.
- Units must apply individually. If a hospital has multiple units seeking designation, each unit must submit a separate application.
- AORN membership is not required to apply.
- Applications are accepted at any time during the year.

To receive the award, a unit must meet defined criteria within the following categories:

- Leadership Structures and Systems;
- Appropriate Staffing and Staff Engagement;
- Effective Communication;
- Knowledge Management, Learning, Development and Best Practices;
- Evidence-Based Practice and Processes; and
- Patient Outcomes.

An environment for optimal care of patients and their families requires excellence in all categories. Awarded units receive a three-year designation.

Redesignation

Units interested in redesignation may apply any time after receiving the CORE Award.

- A new, complete CORE Award application and payment of the application fee must be submitted for redesignation.
- The unit will be evaluated solely on the information provided in the new application. Because we do not compare your old application to the new one, it is strongly recommended that in addition to answering the criteria questions, you call out the changes implemented since your last application.
- By submitting your redesignation application before your expiration date, you will ensure that your designation remains effective until your new application is reviewed, and you are notified of the outcome. Therefore, your designation will not lapse due to any processing or review delays.

Starting Your CORE Award Journey

The following guidelines are provided to assist you in responding effectively to the criteria questions posed in each category. Please review the guidelines completely before beginning your application and remember to check the AORN website (**www.aorn.org/coreaward**) for any additional materials or process changes.

The following will help you successfully complete the CORE Award application:

☐ 1. Read the entire handbook

This handbook will orient you to the CORE Award criteria, including how the reviewers will evaluate your application.

☐ 2. Read and become familiar with the meaning of key terms

Because the terms and definitions used in the CORE Award criteria may differ from those in your hospital or unit, we've provided a glossary of terms. Understanding how these terms are used in the questions can help you effectively communicate your processes and results to our expert review panel.

☐ 3. Refer to the scoring guidelines

The expert review panel evaluates your application and prepares written feedback based solely on the information you provide. In addition to written comments, the reviewers assign a score to your application, reflecting your unit's progress on its excellence journey.

☐ 4. Determine your readiness to apply

Is your unit ready to begin the CORE Award journey?

AORN provides a CORE Award Audit Tool**.** It is composed of a set of simple questions that will help determine how far along you are on the journey to excellence and whether you are ready to apply. This assessment tool is available online and in this handbook. If, after completing the CORE Award Audit Tool, you determine that your unit is ready to apply for a CORE Award, the next step is to begin developing the written application.

☐ 5. Start by preparing the Unit Profile

The Unit Profile—the most appropriate starting point for your application—provides an opportunity to describe your operating environment, key relationships, external influences, and challenges. The Unit Profile should be developed collaboratively with staff nurses and unit leaders, because it helps you and the reviewers understand what is most important in the unit. Although the Unit Profile is not scored, it must be completed and included in the document page count.

☐ 6. Write your application

Review the criteria questions for each category and prepare your unit's response to each. Plan to have someone proofread your application before submitting it. Grammatical and spelling errors make it difficult for reviewers to understand and evaluate your responses.

Strict confidentiality is observed in every aspect of the CORE Award application review and feedback process, including the online application, feedback report and expert review. In accordance with the Health Insurance Portability and Accountability Act regulations, avoid including patient- or employee-specific information. If confidential information is used in the narrative, it may be included by removing all identifying information.

To submit your written responses, you will need to download the CORE Award Application Template, a Microsoft Word document, from **www.aorn.org/coreaward.** In addition to using the template please follow these instructions:

- Pay special attention to font size and length restrictions. The minimum font size for the application is 10. The template is formatted for this font size.
- Including the pages of the application template, the maximum length is 50 pages. **If the application exceeds 50 pages, only the first 50 pages will be reviewed.**
- Ensure all graphics, particularly in the Outcome Measurement section, are appropriately labeled.
- Avoid using acronyms and abbreviations. They can have more than one meaning, which detracts from an application's clarity. If it is essential to use an abbreviation or acronym, it must be spelled out the first time it is used.

Responding effectively to CORE Award criteria questions

Each category includes a series of questions. Following the questions are notes that clarify key terms and requirements, provide additional instructions, or address important links between on or more categories. **It is very important to review the notes and use the information provided to inform your responses.**

For each question, in the first five categories (excluding unit profile), you must:

- Include a description of perioperative services' approach, application, and learning (refer to Scoring Guidelines) to illustrate how you achieved a goal or task.
- Include expected outcomes, staff engagement, measurement and evaluation, and how learning from evaluation is used for continual process improvement within perioperative services.
- Consider the views and perspectives of all key stakeholders, including staff members, leadership, and physicians.
- Provide supporting evidence for each question.
- The Outcome Measurement category allows you to provide specific, quantifiable results and measures of the processes documented in the first four categories of the application.
- Reported outcomes should match the patient population of the unit.
- For each outcome, the supporting evidence should include levels, trends, and comparisons. Levels are numeric and provided on a meaningful scale. Trends are also numeric and should show direction and rate of change with at least three data points. Comparisons should include the relevant benchmark used by your unit as the goal for each outcome.

☐ 7. Submit your application

Whether you are applying for designation or redesignation, the application submission process is the same. After your application has been written and proofread, you are ready to begin the online submission process. Click "Application Process" on the CORE Award

home page (**www.aorn.org/coreaward**). Then click "Online Submission Process," and log in with your member or customer ID number. The person who logs in and submits the application will become the primary contact associated with the application.

After you log in, you will be guided through a series of steps to submit your application and payment.

Caution: The online submission process must be completed in one session from start to finish. Do not start the online submission process until you have the demographic information listed on the next page and your CORE Award application is complete. The submission process should take approximately 15-30 minutes.

During the online submission process, you will be asked for the following data about your hospital and unit. We collect this information to better understand the environment of applicants and make comparisons between groups. *Be sure to obtain the information specified before you start the online submission.*

- Unit type.
- Number of ORs in the unit.
- Primary type of facility.
- Does your hospital currently have Magnet Hospital designation?
- Has your hospital received the Malcolm Baldrige National Quality Award?
- Is your hospital a participant in the National Database of Nursing Quality Indicators (NDNQI)?
- Number of RN staff members in unit (individuals, not full-time equivalents)
- How many nurses in your unit are currently certified in specialty practice by the Competency and Credentialing Institute, the American Nurses Credentialing Center (ANCC) or another national nursing organization? Please do not include American Heart Association competencies such as Cardiopulmonary Resuscitation, Advances Cardiovascular Life Support, or Pediatric Advanced Life Support, and do not include internal hospital certifications.
- Has the primary patient population significantly changed since your last application (e.g., switched from pediatric and adults to adults only)?
- What is the primary patient population you serve?

After you have answered these demographic questions, you will be guided through the process to upload your saved Microsoft Word template and submit payment.

Submission Policies

The online submission process is final. After the application is submitted, we do not accept changes, additions, or deletions.

You may pay the $3,000 CORE Award application fee online via credit card. After the credit card is authorized, a receipt will be emailed to you. If you choose to pay with a check, you will be prompted to print your invoice. Mail the invoice and check to AORN. Applications are not processed until payment is received.

After an Application is received

When AORN receives an application, it is assigned to a panel of expert reviewers who are trained in evaluating criteria responses. All the information submitted in the application is completely confidential.

Every application receives a comprehensive feedback report that includes strengths and opportunities for improvement identified during the review process. Applicants meeting minimum score requirements receive the CORE Award designation. The final score determines which level of award is given— bronze, silver, or gold. The levels allow perioperative services to chart its excellence journey over time. Recipients receive a three-year designation.

> Gold-level Designation—Perioperative services awarded the gold-level CORE Award provide evidence of excellent and sustained unit performance and patient outcomes.
>
> Silver-level Designation—Perioperative services that earn the silver-level CORE Award exhibit continuous learning and effective systems to achieve optimal patient care.
>
> Bronze-level Designation—Perioperative services that receive the bronze-level CORE Award demonstrate success in developing, deploying, and integrating unit-based performance criteria for optimal outcomes.

Perioperative services CORE Award recipients are publicly recognized at the national level through the AORN publications, social media, and web site. AORN provides CORE Award recipients with press release materials to publicize the designation in their local media. AORN also recognizes recipients at its annual Surgical Conference & Expo.

Scoring Guidelines

The CORE Award review panel evaluates an application and prepares written feedback based on information provided by the applicant. The reviewers assign a score that reflects your perioperative services' progress on its excellence journey. The scoring system addresses how far your perioperative services has come on the journey compared to a measurable baseline.

Your perioperative services will receive a score for each of the following six categories: Leadership Structures and Systems; Appropriate Staffing and Staff Engagement; Effective Communication; Knowledge Management, Learning and Development; Evidence-Based Practices and Processes; and Outcome Measurement. The Unit Profile is not scored.

Scoring is based on two evaluation dimensions: process and results.

Process—*refers to the methods your perioperative services uses and improves to address each criteria question. Reviewers consider three factors when evaluating process responses from the first five categories (Leadership Structures and Systems; Appropriate Staffing and Staff Engagement; Effective Communication; Knowledge Management, Learning and Development; Evidence-Based Practices and Processes):*

Approach—*Approach describes how your perioperative services addresses the various factors and/or situations asked about in the criteria questions.* Consider the following when describing your approach:

- Methods used to address a factor or situation, including but not limited to related policies, procedures, and processes that your unit has developed.

- Effectiveness of your chosen methods.
- Degree to which the approach is repeatable and systematic.

Application—*Application describes how you implement the approach you described.* Consider the following when describing your application:

- Consistency with which the approach is applied.
- Use of the approach by all stakeholders (nurses, physicians, or other members of the multidisciplinary team).

Learning—*Learning describes how you evaluate your approach and application along with how the information from the evaluation is used.* Consider the following when describing your learning:

- Refinement of the approach and/or application based on cycles of evaluation and improvement.
- Implementation of evidence-based or best practices.
- Dissemination of learning and resulting changes in other relevant units or stakeholders.

Results—*refers to the measurable outcomes achieved by your perioperative services. Reviewers consider three factors when evaluating results responses from the last category (Outcome Measurement): Levels, trends and comparisons*

1. **Levels—***Levels describe your current performance in outcome measures that reflect not only your patient population, but also the processes described in the first five categories.* Consider the following when describing your levels:

- Numerical information that reflects the current level of performance.
- Positions the unit's performance on meaningful measurement scale (e.g., the number of patient falls per reporting period).

2. **Trends—***Trends describe the direction and rate of change for your perioperative services' results in each outcome measure reported.* Consider the following when describing your trends:

- Consider the rate of performance improvements or the sustainability of good performance over time.
- A statistically valid trend generally requires a minimum of three historical data points.
- An example may be the positive or negative trend of patient falls over three or more reporting periods.

3. **Comparisons—***Comparisons describes the data points used to evaluate your perioperative services' performance against similar external outcomes in each outcome measure reported.* Consider the following when describing your comparisons:

- Performance relative to appropriate national standards, other units in your hospital, benchmarks, or industry leaders.
- How to use the comparison to assess outcomes and identify areas for improvement or change (e.g., the comparison of the unit trend to an internal or external benchmark for patient falls).

Unit Profile (Not Scored)

Organizational Description: What are the key characteristics of perioperative services, including the operating environment and relationships with other units, patients, families, and stakeholders? Within your response, include answers to the following questions:

1. Describe the facility designation in which perioperative services functions.
2. How many operating/procedure rooms are there in Perioperative Services?
3. What are the major cultural populations cared for by Perioperative Services? How does Perioperative Services meet the cultural/spiritual needs of the patient and family for each major group?
4. How many cases were performed in the past year?
5. Describe the multi-professional staff members (skill mix) that provide hands on patient care within Perioperative Services as indicated below. Obtain the nursing care hours or minutes for the past 6 months prior to application submission.
6. How many Perioperative Services staff are members of the Association of periOperative Registered Nurses (AORN)?
7. Describe the governance structure of how decisions affecting clinical practice/operations are made within Perioperative Services. Attach model of governance structure if available.
8. Attach the Perioperative Services organizational chart with titles and degrees listed for perioperative leaders.
9. Designations/awards held by the facility within Perioperative Services functions.
10. Accreditation held by the facility within Perioperative Services functions

Leadership Structures and Systems

The criteria questions in this category are aimed at soliciting information about how your perioperative leaders support and maintain a healthy work environment. For each question reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement. Within the response, include answers to the following questions:

1. Do the perioperative leaders hold staff meetings at least monthly? Describe one process (application, approach & learning) utilized to improve the effectiveness of staff meetings (e.g. more interactive, sharing ideas etc.).
2. Do the perioperative leaders round within Perioperative Services? Describe the rounding process by perioperative leaders within Perioperative Services including any tools utilized in rounding. Describe the process (approach, application & learning) of how Perioperative Services utilized rounding
3. Is there a professional recognition program (PRP) utilized within Perioperative Services that recognizes the expertise of the nurses? If Yes, describe (may attach policy description). Are nationally recognized perioperative certifications (e.g. CNOR, CASC, CRNFA, CSSM, CNS-CP) included in the PRP? If No, is there a financial award (e.g. salary increase, bonus) for holding a nationally recognized perioperative certification outside of the PRP?
4. Is there an Emerging Leaders/Leadership succession program within Perioperative Services? If Yes, describe (may attach policy description).
5. Describe one recent key hospital decision and the process (approach, application & learning) utilized to communicate that decision to the Perioperative Services' staff. A key hospital decision can be a change in technology, change in policy/procedure, purchase decision etc.
6. Does the facility, within Perioperative Services functions, have a new product selection committee? Do perioperative staff nurses participate on this committee? Describe the process (approach, application & learning) for one initiative related to the product selection/change impacting Perioperative Services.
7. Does Perioperative Services utilize a valid tool (e.g. AHRQ's Patient Safety Culture Tool) to assess the culture of safety a minimum of every 2 years? If Yes, describe tool utilized and who is surveyed. Describe the process (approach, application & learning) of how Perioperative Services utilized recent survey results for a culture of safety related initiative.
8. Does Perioperative Services monitor physician satisfaction? Describe the process (approach, application & learning) of how Perioperative Services utilized recent results for a physician satisfaction related initiative.
9. Does Perioperative Services monitor patient/family satisfaction? Describe the process (approach, application & learning) of how Perioperative Services utilized recent results for a patient/family satisfaction related initiative.
10. Provide a high-level overview of the key challenges or patient safety issues within Perioperative Services. Describe the process (approach, application & learning) for one example of how Perioperative Services addressed a key challenge or patient safety issue.

Appropriate Staffing and Staff Engagement

The criteria questions in this category are aimed at soliciting information about how your unit engages, manages and develops staff. For each question, reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement.

1. Describe the total number of staff and levels of education held by Perioperative Services staff as indicated below. The IOM report on nursing education recommendations include: “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” “Increase the proportion of nurses with baccalaureate degree to 80% and double the number of nurses with a doctorate by 2020.”
2. Is the % of RNs with BSN > 80% in Perioperative Services? If No, describe the process (approach, application & learning) Perioperative Services is utilizing to increase that percentage. If Yes, describe the process (approach, application & learning) Perioperative Services utilized to reach that percentage.
3. Describe the process (approach, application & learning) for how staffing needs are determined within Perioperative Services. Describe the required skills, staffing levels and skill mix, how seasonal variances may be addressed, and any other creative ways staffing need have been addressed.
4. Describe the process (approach, application & learning) for how advance practice registered nurses are utilized within Perioperative Services.
5. Are specialty teams utilized within Perioperative Services? Describe the process (approach, application & learning) for how skill management in Perioperative Services ensures an effective match between patient needs and staff competencies. Skill management refers to the ability of Perioperative Services to optimize the use of its workforce by focusing on a shift from personnel mix to adapting workers’ knowledge and skills (competencies). It may include role enhancement such as with the use of Advanced Practice Nurses in the Preoperative area.
6. Describe the process (approach, application & learning) for how Perioperative Services recruits, hires, places and retains new staff? The process may include staff participation in staffing decisions, peer reviews, preceptor or mentor programs, group interviews or nurse shadowing.
7. Describe the process (approach, application & learning) for how Perioperative Services addressed a staff safety issue in the work environment.
8. Does Perioperative Services monitor employee/staff satisfaction? Describe the process (approach, application & learning) for one example of how Perioperative Services utilized recent results to improve employee/staff satisfaction.

Effective Communication

The criteria questions in this category are aimed at soliciting information about how your unit ensures effective communication among all staff that provide care. For each question reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders and evidence of continued evaluation, shared learning and process improvement.

1. Describe the process (approach, application & learning) for how Perioperative Services' staff receive training in effective communication? Training may include formal training or coaching such as team training.
2. Describe how Perioperative Services communicates near misses and critical events with the entire staff. Provide one example of a sentinel event that occurred internally or externally and the process (approach, application & learning) utilized for staff learning from that event. Sentinel event notices may come from the Department of Health, Hospital Associations, The Joint Commission, vendors or FDA, etc.
3. Describe the process (approach, application & learning) for how Perioperative Services demonstrates continuity of care for the surgical patient beginning with the scheduling, preoperative assessment/teaching, medication reconciliation, intraoperative care, post-operative education and discharge planning. Continuity of care may be demonstrated using Advanced Practice Nurses within the preoperative phase of care, discharge coordinators in postoperative phase of care, etc.
4. Describe the process (approach, application & learning) for how Perioperative Services identifies and resolves care-related ethical issues. Ethical issues may relate to patient autonomy, dignity, confidentiality and human rights
5. Describe the process (approach, application & learning) for how Perioperative Services handles traumatic, stressful incidents. Traumatic incidents may be related to end-of-life issues, unexpected death, feeling overextended, combative patients or families, massive bleeding, surgeon-related issue
6. Describe the process (approach, application & learning) for how Perioperative Services addresses and eliminates abusive and disrespectful behaviors. Examples of processes to ensure that abusive and disrespectful behaviors are addressed and eliminated could include zero tolerance policies or joint nurse/physician elevation and resolution processes.
7. What formal and or informal processes and measures determine satisfaction of interactions, processes and systems between Perioperative Services and those to or from which you transfer patients?
8. What formal and or informal processes and measures determine satisfaction of interactions, processes and systems between Perioperative Services and those departments you interact with frequently (i.e., central sterile processing, infection prevention, pharmacy, quality, laboratory, pathology, radiology, environmental services)?

Knowledge Management, Learning, Development and Best Practices

The criteria questions in this category are aimed at soliciting information about how your unit ensures staff competency among those who provide care; and manages and encourages knowledge sharing. For each question reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement.

1. Are continuing nursing education contact hours awarded through any of the following mechanisms? Check all that apply. ANCC accreditation, ANCC approved provider status, State Board of Nursing, Other (Identify name).
2. Describe and provide an example of how the orientation plan is tailored (approach, application, and learning) to individual needs? Describe and provide an example of how feedback from orientees is used to revise the orientation process?
3. Describe the process (approach, application, and learning) Perioperative Services uses to encourage and provide continuous learning and ongoing staff development. Within your response, include how the professional gap is determined (gap in knowledge, practice, and/or skills), how the gap is verified, identification of the desired learning outcome, how the program is designed using evidence-based practice or the best available evidence, and how the outcome of the learning will be measured. Sources to identify learning gaps include, but are not limited to quality indicators, patient satisfaction results, occurrences, near misses, needs assessments, trends, regulatory and accreditation requirements, AORN guidelines, and other standards.
4. Describe the process (approach, application, and learning) as to how both new knowledge and behaviors (skills) are reinforced in day-to-day practice. When an individual performance gap is documented identify the process (approach, application, and learning) used to correct the performance gap. Tools to impact an individual gap may include education, an individual performance plan and should include outcome measures.
5. Provide examples of how evidence-based staff development has changed practice in Perioperative Services? Include the measures used to document and sustain the change.
6. Describe how competencies are assessed (approach, application, and learning) in Perioperative Services including critical competencies (high risk/low volume activities such as malignant hyperthermia, OR fires, etc.) and frequency of assessment for both new hires and established staff. Address validation of staff new to Perioperative Services, contract staff and temporarily assigned staff. Include mentor or formal orientation programs if in place. Examples should include both knowledge and behavior components used to determine competency verification such as competency fairs, competency checklists, certification, Periop Mastery, continuing professional education, or academic education.
7. Describe the process (approach, application, learning) used by perioperative leaders to identify and manage issues that create moral distress for staff. How is learning shared within Perioperative Services? Moral distress occurs when a staff member knows the ethically appropriate action to take but can't act upon it or when a staff member behaves in a manner contrary to his or her personal and professional values, undermining his or her integrity and authenticity. Identifying and managing issues that create moral distress may include monitoring the clinical climate to identify recurring situations that result in moral distress, protocols for situations that cause moral distress, critical stress debriefings or grief counseling.

Evidence-Based Practice and Processes

The criteria questions in this category are aimed at soliciting information about how your unit engages all staff to achieve better patient outcomes, improve processes, and stay current with evidence-based practice and research. For each question, reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement.

1. Describe the process (approach, application & learning) for how Perioperative Services used evidence-based practice resources for a policy, procedure or protocol. Provide one example. Include sources of evidence used.
2. Describe the process (approach, application & learning) of how an individual within Perioperative Services stays current with the latest advances to support clinical practice and shares that information with others.
3. Describe the process (approach, application & learning) of one research or evidence-based practice project that was implemented within Perioperative Services. Describe the evidence that was translated and how outcomes were measured.
4. Describe the process (approach, application & learning) of how Perioperative Services implemented preventive measures for a never event. Provide one example. A never event may be Wrong site/procedure/patient surgery, retained surgical items, Medication errors, Failures in instrument processing, prevent pressure injuries, Specimen management errors, Surgical Fires, Perioperative hypothermia, Burns from energy devices, Difficult intubation or airway emergencies
5. Describe the process (approach, application & learning) for one patient and family engagement initiative practiced within Perioperative Services. May include patient/family satisfaction programs, communication mechanisms, PACU visitation policies, infant/child orientation processes/support, induction/emergency protocols that support patient care. Consider the patient waiting areas, preoperative, postoperative areas, family lounges, etc.
6. Describe the process (approach, application & learning) for one emergency readiness initiative within Perioperative Services. May include consistent evaluation of emergency equipment needs, room set up for emergency cases, subsequent trauma debriefing to evaluate emergency procedures etc.
7. Describe the process (approach, application & learning) for one pain management initiative within Perioperative Services. May include changes in policies and procedures, training, competency validation etc.

Outcome Measurement

This category focuses on the results achieved from your objective evaluation and patients/ family evaluations of the unit's performance. Through measuring your progress, you can assess and improve processes related to clinical, staff, patient and family outcomes.

For each question, reviewers will evaluate the data presented. Specifically, they are evaluating your current performance levels[1], trends over time[2], and results against comparable benchmarks[3]. Although there are no requirements for the reporting time frame or amount of data you present, keep in mind that your results are used for performance management of your unit. Therefore, the measures you select to include should support decision making in a rapidly changing environment, and the measurement intervals should be appropriate for effective, timely, data-based decision making.

1. Demonstrate how the healthcare record uses a standardized nursing language (e.g., Perioperative Nursing Data Set latest version) that include actual/potential diagnoses/problems, interventions and outcomes in clinical documentation demonstrating nursing's contribution to patient outcomes. Demonstrate whether patient data is captured on paper or electronic, the nursing process is completed for each operative or other invasive procedures performed.
2. What are Perioperative Services key patient outcome measures and results? How do these results compare with recognized standards where applicable? Responses to these questions must include quality indicators specific to the surgical patient population and scope of service. For example the Surgical Care Improvement Project (SCIP) criteria (e.g. antibiotic timing, antibiotic selection, beta-blocker administration, DVT prophylaxis, normothermia, etc.); appropriate hair removal; patient burns; unanticipated returns to surgery; surgical site infections; wrong site, wrong side, wrong patient, wrong procedure, wrong implant; patient flow indicators; adverse drug events; CLASBI; MDRO; CAUTI; Glycemic Control; patient falls, safe surgery checklist use, patient/ family satisfaction surveys etc.
3. Describe how outcome metrics are shared, who sees them, how they are communicated and what changes are implemented via process improvement. Recognized standards may include National Database of Nursing Quality Indicators (NDNQI), National Quality Forum (NQF), National Association of Children's Hospitals and Related Institutions (NACHRI), and The Joint Commission (TJC). Include levels and trends in your results and explanation of process improvement projects.Describe outcomes achieved by using health information technologies to improve patient safety (e.g., CPOE, Barcode/RFID sponges and instruments, clinical decision support) in the perioperative environmeAdditional Information:

Is there anything else that makes your department unique or that you are proud of that you would like to share with the assessment team?

CORE Award Glossary of Terms

Abusive and Disrespectful Behaviors	Behaviors that contain or are characterized by insulting, injurious, mistreatment, or overly harsh language or actions towards another person or group of people.
Addendum	New documentation used to add information to an original documentation entry of patient health information.
Administrative Controls	Workplace practices controlled by administrative or management roles (e.g., providing adequate staffing levels).
Advanced Practice RN	As stated in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (2008), an APRN is a nurse: 1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles; 2. who has passed a national certification examination that measures APRN, role and population focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program; 3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals; 4. whose practice builds on the competencies of RNs by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy; 5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions; 6. who has clinical experience of sufficient depth and breadth to reflect the intended license; and 7. who has obtained a license to practice as an APRN in one of the four APRN roles: certified RN anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).
Allied Health Care Professional	Health care personnel with formal education and/or clinical training who may or may not be regulated through registration, statutory certification, licensure, or voluntary national specialty certification.
Amendments	Additional documentation completed to clarify a preexisting entry of patient health information.
Application	The consistency with which the approach is applied; use of the approach by all stakeholders (nurses, physicians, other members of the multidisciplinary team). It is one of the dimensions considered in evaluating process criteria items.
Approach	The methods used to address a factor or situation, including but not limited to related policies, procedures, and processes that your unit has developed; the effectiveness of your chosen methods; and the degree to which the approach is repeatable and systematic. It is one of the dimensions considered in evaluating process criteria items.
Appropriate Staffing and Systems	Adherence to and use of a staffing model based on a predetermined methodology used to assign staff based on skill mix, competency, patient volume, acuity, and/or other environmental circumstances.
Assignment	The distribution of work that each staff member is to accomplish during a given work period.

Authority Having Jurisdiction	An individual or organization designated by a government agency to enforce building codes and other regulations.
CORE Award Audit Tool	A tool to assess the unit's readiness to apply for the CORE Award in Perioperative Nursing Services.
Baldrige National Quality Award	The Malcolm Baldrige National Quality Award recognizes organizational performance excellence. The award promotes awareness of performance excellence and sharing of information on successful performance strategies. For more information, visit http://baldrige.nist.gov.
Bargaining Unit	A group of employees who are covered by the same work rule agreement(s) and are represented by specific agent(s).
Baseline	A set of critical observations or data used for comparison or a control. Association for the Advancement of Medical Instrumentation. *Comprehensive guide to steam sterilization and sterility assurance in health care facilities; ANSI/AAMI ST79:2006.* Arlington, VA: Association for the Advancement of Medical Instrumentation; 2006:54-111.
Benchmarks	Processes and results that represent best practice or outcomes for similar activities. Benchmarks provide a point of reference for comparison and can be used as a standard against which a unit can compare its approaches or assess its outcomes. Benchmarks can also provide the impetus for breakthrough improvement or change.
Call-Converted to Work	On call hours that are converted to work hours when the employee is called in to work.
Care Team	All staff members involved in caring for a patient.
Case	A single instance of a patient undergoing an operative or other invasive procedure during a single anesthetic administration. A case may involve one or more operative or other invasive procedures on the same patient during the single instance. A single patient may have multiple cases in the same day or visit.
Circulating Nurse (Circulator)	A role performed by the perioperative RN without donning sterile attire during the preoperative, intraoperative, and postoperative phases of surgical patient care. In collaboration with the entire perioperative team, the circulating nurse uses the nursing process to provide and coordinate the nursing care of the patient undergoing operative and other invasive procedures.
Clinical Information Systems	Computer technology used in the patient care environment for collecting patient health care information.
Clinical Practice Guidelines	Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.
Clinical Support Technologies	Assorted technologies used in the patient care environment to facilitate the clinician's ability to provide safe, comprehensive interventions for delivery of quality health care.
Commissioning	A quality process used to achieve, validate, and document that facilities and component infrastructure systems are planned, constructed, installed, tested, and are capable of being operated and maintained in conformity with the design intent or performance expectations.
Communication	The process by which information is exchanged between individuals, groups, and organizations
Comparisons	Data points used to evaluate a unit's outcomes against similar external outcomes. Use of comparisons allow a unit to know where it stands relative to other units or best practice and are one dimension considered in evaluating results.
Competency Verification	A statement describing a specific ability or set of abilities that requires specific knowledge, skill, and/or attitude.

Concurrent	An activity that takes place in real time; care in progress.
Correction(s)	A change made to the documented patient health information meant to clarify the entry after the document has been authenticated.
Critical Competencies	Activities, knowledge, and skills used to respond to high risk/low volume situations such as OR fires, malignant hyperthermia, or other situations that present significant safety risk to patients.
Cultural Populations	People of the same ethnicity or nationality who share similar characteristics, beliefs, and values.
Cultural/Spiritual Needs	Needs of people based on the desire for fulfillment of love, community, connection with the divine, moral direction, and inspiration.
Culture of Inquiry	Group reflection in a safe, trustful, and respectful environment that forces participants to make their knowledge public to their colleagues and provides a wide range of critical perspectives on an issue at hand.
Culture of Safety	A safety culture encompasses the attitudes held within a workplace, from the leadership to the front lines about patient safety. It includes the openness of health care workers to discuss patient safety issues and concerns with their colleagues and leaders; how safe they feel about speaking out if they think that a patient is in danger; how serious they think the organizational leadership is about patient safety; and how well they think they work as a team without the fear of retaliation. What is safety culture? Center for Innovation in Quality Patient Care. http://www.hopkinsmedicine.org/innovation_quality_patient_care/areas_expertise/improve_patient_safety/culture/what_is_safety_culture.html. Accessed January 5, 2014
Data Mining	The process of extracting and analyzing data for usable information from relationships, patterns, information clusters, and data trends. The new information may be used for predictive modeling in decision support processes for clinical, operational, and research use.
Data Quality	Data remaining unchanged from its original meaning: it is complete, correct, comprehensive, and consistent for the intended use.
Data Repository	A central location where health care data (e.g., clinical data, financial data, operational data) and files are stored and maintained for later retrieval and use.
Debriefing	The process of inquiry following a surgical case when all team members are encouraged to participate in an open discussion about how the procedure went, what would have made it better, and what they believe should be done differently in the future to improve.
Decision-Making	The act of making a choice. Decision-making can include choices that are evaluated and made in a transparent manner to include delayed decision-making as well as deferred decisions.
Delegated Tasks	Tasks that can be assigned to someone based on the patient's acuity level and the competency of the health care worker. The potential for harm, the complexity of the task, the problem solving, or innovation required, the unpredictability of the patient's outcome, and the level of patient interaction must be taken into consideration when delegating a task, as well as whether the act of delegation is consistent with applicable law, regulations and accrediting agency standards.
Delegation	The transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcome. Most state nursing practice acts authorize RNs to delegate; however, any nursing intervention that requires independent, specialized nursing knowledge, skill, or judgment cannot be delegated.
Demographics	The major and minor characteristics of the patient population served including major diagnoses, procedures, age, and cultural or ethnic groups.

Direct Care	Time spent providing hands-on care to patients. Individuals who provide direct patient care includes RNs, surgical technologists, nursing assistants, orderlies, RN first assistants, and surgical assistants.
Distraction	An event that causes a diversion of attention while performing a task or diverts the person's concentration on the task.
Education	The knowledge, comprehension, and insight acquired by an individual after studying a specific subject.
Electronic Health Record (EHR)	An electronic record of health-related information for an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff members across more than one health care organization.
Electronic Medical Record (EMR)	An electronic record of health-related information for an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff members within one health care organization.
Emergency Preparedness	The broad preparation that encompasses numerous and multiple levels within an organization to effectively deal with and manage an unanticipated or out of the ordinary event that challenges people and organizations to respond effectively to the various and broad patient needs that may be encountered.
Emergency Spill Plan	A plan of action for any unanticipated release of ethylene oxide or other hazardous chemicals into the workplace.
Empower	To authorize authority or power to another.
Endorsement	Express approval publicly of another association's position or project provided it is consistent with AORN's mission and values and it is not in conflict with any of the position statements currently endorsed by AORN.
Engineering Controls	Safety engineered devices designed to prevent or reduce the incidence of worker injury and blood borne pathogen exposure.
Environment of Care	The environment of care is made up of three basic elements: the building or space, including how it is arranged and special features that protect patients, visitors, and staff; equipment used to support patient care or to safely operate the building or space; people, including those who work within the hospital, patients and anyone else who enters the environment, all of whom have a role in minimizing risks. These elements all promote a safe, functional and supportive environment within the hospital, so that quality and safety are preserved. For more information, visit http://www.jointcommission.org.
Ergonomics	The science of fitting the demands of work to the anatomical, physiological, and psychological capabilities of the worker to enhance efficiency and well-being.
Evidence-based Design	A process used by architects, interior designers, and facility managers in the planning, design, and construction of health care facilities. Individuals using evidence-based design make decisions based on the best information available from research, project evaluations and evidence gathered from client operations. An evidence-based design should result in improvements to an organization's outcomes, economic performance, productivity and customer satisfaction.
Evidenced-based Practice (EBP) and Processes	A problem-solving approach in practice that involves the conscientious use of current best evidence in making decisions about patient care; EBP incorporates a systematic search for and critical appraisal of relevant evidence to answer a clinical question along with clinical expertise, patient values and preferences.
Facility Designation	Type of macro system (e.g., community hospital, academic medical center, multi-organizational system, for-profit company).
Failure Mode and Effects Analysis	A proactive approach to prevent or lessen the chances of a sentinel event occurring, or reducing the risk/liability when an event occurs. This differs from root cause analysis,

	which is done after a sentinel event occurs and is a retrospective review of process and processes.
Focused Review	A formal review of one indication, procedure, or practitioner over a specified time frame. It can be retrospective or concurrent.
Goal	"The result that a department, service, or organization aims to accomplish; also, a statement of attainment/achievement that is proposed to be accomplished or attained." Kepler LA, Stuart J, Keifel J. Ten-step template. *QRC Advisor.* 1990;6:1-3.
Governance Structure	Describes how decisions affecting operations are made within perioperative services. For example, top-down management versus unit-based councils.
Guidelines for Perioperative Practice	Guidelines that describe excellent perioperative nursing practices, promote patient and health care worker safety, and guide policy and procedure development in operative and other invasive procedure settings.
Health care Personnel	All paid and unpaid people who work in a health care setting (e.g., any person who has professional or technical training in a health care-related field and provides patient care in a health care setting or support services (e.g., environmental services).
High Volume	The procedures or treatments that occur frequently, on a regular basis, or affect a large patient population.
Healthy Work Environment	A healthy perioperative work environment can be defined as a practice setting that is safe, healing, humane, and respectful of the rights, responsibilities, needs, and contributions of all members of the perioperative team. Key components to sustain a healthy perioperative culture are collaborative practice; rich communication; accountability; adequate staffing systems; expert, credible, and visible nursing leadership; shared decision making; encouragement of professional practice; recognition of the value of nursing's contribution; and peer recognition.
Hospital-Acquired Condition (HAC)	Serious preventable adverse events of concern to public and health care providers.
Implementation	The execution of planned nursing interventions with consideration of the patient condition to accomplish the defined goal.
Important Aspects of Care	"Clinical or service–related activities that involve a high volume of patients, entail a high degree of risk for patient, or tend to produce problems for staff or patients. Such activities are deemed most important for purposes of monitoring and evaluation. Kepler LA, Stuart J, Keifel J. Ten-step template. *QRC Advisor.* 1990;6:1-3.
Indicator	"Well-defined, measureable, objective statement related to the structure, process or outcomes of care; direct attention to problems or opportunities to improve care." Kepler LA, Stuart J, Keifel J. Ten-step template. *QRC Advisor.* 1990;6:1-3.
Indirect Care	Time spent on activities that support patient care and direct care providers but do not involve hands-on patient care activities. Indirect care providers include the director, manager, charge nurse, educator, environmental services personnel,

	instrument processing personnel, materials management, personnel, and clerical and business personnel.
Institute of Medicine (IOM)	An independent, nonprofit organization that works outside government to provide unbiased, authoritative advice to decision makers and the public to inform health decisions by those in the government and private sector. For more information, visit http://www.iom.edu.
Integrity	The accuracy, consistency, and reliability of information content, processes, and systems.
Invasive Procedure	The surgical entry into tissues, cavities, or organs, or the repair of major traumatic injuries.
Joint Accountability	Accountability for established unit outcomes and norms that are shared between medical, nursing, administration, and other key leaders.
Key Challenges	Jobs, duties, or situations that are difficult because a lot of effort, determination, and skill must be used in order to be successful. Challenge. Cambridge Dictionaries Online. http://dictionary.cambridge.org/dictionary/business-english/challenge_1. Accessed February 25, 2014.
Knowledge Management	People or organizations who use technologies involved in creating, disseminating, and using knowledge data.
Leadership	The power or ability to lead other people and the set of characteristics that make a person a good leader.
Leadership Structure, Relationships, and Accountabilities	A defined structure or structures related to leaders and who they report to, the different and various relationships that are established within and around that structure to get work done, and the scope of responsibility that the leaders have related to work production and unit, department, and organization success.
Leapfrog Group, The	A voluntary program that mobilizes employer purchasing power to alert America's health industry that leaps in health care safety, quality, and consumer value will be recognized and rewarded. For more information, visit http://www.leapfroggroup.org/home.
Learning	The refinement to the approach and/or application based on cycles of evaluation and improvement; implementation of evidence-based or best practices; dissemination of learning and resulting changes with other relevant units or stakeholders. It is one of the dimensions considered in evaluating process criteria items.
Levels	Numerical information that places or positions a unit's results and performance on a meaningful measurement scale. Levels are one of the dimensions considered in evaluation results criteria items.
Licensure	Formal, legal permission form authorities to carry out certain activities, which by law or regulation require such permission. An occupation can be licensed only through formal action of a legislative body (i.e., state, federal, local authorities). Each profession's scope of practice includes specific activities that only licensees may perform. Restriction is the hallmark of licensure.
Magnet Recognition Program®	Developed by the ANCC to recognize health care organizations that provide nursing excellence. The program also disseminates successful nursing practices and strategies. For more information, visit: http://www.nursecredentialing.org/magnet.aspx
Methodology	The strategies, models, or steps for gathering and analyzing the data in the quality improvement/performance improvement process.

Mission, Values, and Vision	Inspirational statements that convey the scope, purpose, and objectives of an organization.
Moral Distress	The conflict that occurs when staff members know the ethically appropriate action to take but cannot, or act in a manner contrary to personal or professional values that undermines their integrity and authenticity.
Multi-Professional Staff	A group of independent staff members who are respected because of their high level of education and training and work or function together to achieve a common goal.
National Association of Children's Hospitals and Related Institutions (NACHRI)	An organization of children's hospitals. NACHRI promotes the health and well-being of all children and families by supporting children's hospitals and health systems committed to excellence in health care to children. For more information, visit http://www.childrenshospitals.net.
National Database of Nursing Quality Indicators® (NDNQI®)	A proprietary database of the American Nurses Association that collects and evaluates specific nurse-sensitive data from hospitals in the United States. For more information, visit http://www.nursingquality.org.
National Quality Forum (NQF)	A nonspecific organization that improves the quality of health care for all Americans through fulfillment of its three-part mission: setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance and promoting national goals through education and outreach programs. For more information, visit http://www.qualityforum.org.
Near Miss	An occurrence that could have resulted in an accident, injury, or illness but did not by chance, skillful management, or timely intervention. "Any process variation that did not affect the outcome (for the patient or personnel), but for which a recurrence carries a significant chance of a serious adverse outcome. Such a near miss falls within the scope of the definition of a sentinel event, but those outside the scope of sentinel events that are subject to review by the Joint Commission under its Sentinel Event Policy." Glossary. In: *Hospital Accreditation Standards.* Oak Brook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations; 2002:331, 345,351,354,360.
Nurse-Sensitive Value-Based Purchasing (NSVBP)	Nursing-sensitive value-based purchasing has been proposed as an initiative that would help to promote optimal staffing and practice environment through financial rewards and transparency of structure, process, and patient outcome measures. Kavanagh KT, Cimiotti JP, Abusalem S, Coty M. Moving healthcare quality forward with nursing-sensitive value-based purchasing. *J Nurse Scholar.* 2012;44(4):385-395. http://onlinelibrary.wiley.com/doi/10.1111/j.1547-5069.2012.01469.x/full. Published October 15, 2012.
Nursing	The protection, promotion, and optimization of health and abilities; the prevention of illness and injury; the alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, communities, and populations.
Nursing Process	A systematic approach to nursing practice using problem-solving techniques, including the components of assessment, planning, implementation, and evaluation.
Operating Room (OR)	A room within the surgical suite that meets the requirements of a restricted environment and is designated and equipped for performing operative and other invasive procedures.

Organizational Barriers	Internal and external barriers within an organization that hinder or impair work or the progress of work to achieve an organizational goal. Some barriers may include technical, structural, psychosocial, managerial, and goals and values. Ziegenfuss JT Jr. Organizational barriers to quality improvement in medical and health care organizations. *Am J Med Qual*. 1991;6(4):115-122. http://ajm.sagepub.com/content/6/4/115.short.
Organizational Resources	Resources available to and used by organizations to conduct their work, such as human, intellectual, material, or equipment resources. They may be sourced internally or externally.
Orientation/Onboarding Process	Implementation and evaluation of a plan to meet a new perioperative RN's learning needs based on an assessment of their abilities to provide nursing care using clinical reasoning, problem-solving skills, and knowledge of guidelines for perioperative practice.
Outcome Measures	Determination and evaluation of activity, plan or program results and comparison with intended or projected results.
Patient/Family Engagement	Patients and their families are essential partners to improve the quality and safety of health care. Their participation as active members of their own health care team are an essential component of making care safer and reducing readmission. The Importance of patient engagement and patients' voices. Centers for Medicare & Medicaid Services. http://partnershipforpatients.cms.gov/about-the-partnership/patient-and-family-engagement/the-patient-and-family-engagement.html.
Patient/Family Satisfaction	Satisfaction, as described by CMS, now encompasses "The Partnership for Patients" and its over 8000 partners is focused on making hospital care safer, more reliable, and less costly through the achievement of two goals: making care safer and improving care transitions**.** About the Partnership for Patients. Centers for Medicare & Medicaid Services. http://partnershipforpatients.cms.gov/about-the-partnership/aboutthepartnershipforpatients.html
Patient/Family Satisfaction Scores	The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS provides a national standard approach to measuring the patient perspective to allow systems and providers to use the information to improve quality of care. HCAHPS: Patients' Perspectives of Care Survey. Centers for Medicare & Medicaid Services. http://www.hcahpsonline.org/home.aspx
Patient Outcome Measure	Observable, measurable, physiological, and psychological responses to perioperative nursing interventions.
Peer Review	The examination and evaluation by associates of a practitioner's clinical practice. Individuals are evaluated by recognized, established standards. Physicians review physicians, RNs review RNs, and so on.
Peer Support Network	A network of people and/or peers coming together through a variety of means (e.g., face to face, virtual) to provide support, education, or guidance related to a common issue.
Performance Expectation	The desired condition or target level for each performance measure.

Performance Measure	"A quantitative tool (e.g., rate, ratio, index, percentage) that provides an indication of an organization's performance in relation to a specified process or outcome. (See process measure and outcome measure)."
Perioperative Executive Committee	A group of individuals (often a surgeon, an anesthesiologist, a nurse, and an administrator) who have executive responsibility and accountability for management and performance outcomes of perioperative services.
Perioperative Nurse	An RN who, using the nursing process, develops a plan of nursing care and then delivers that care to patients undergoing operative or other invasive procedures. Perioperative nurses have the requisite skills and knowledge to assess, diagnose, plan, intervene, and evaluate the outcomes of surgical interventions. The perioperative nurse addresses the physiological, psychological, sociocultural, and spiritual responses of surgical patients during the perioperative period.
Perioperative Nursing	The practice of nursing directed toward patients undergoing operative and other invasive procedures.
Perioperative Services	A department or division in a hospital that meets the requirements of a restricted environment, is designated and equipped to care for patients before surgical and/or invasive procedures, can house patients during operative and other invasive procedures, and is designed to care for patients following operative and other invasive procedures.
Perioperative Services Structure	System of management or control over the unit or division.
Personnel	Paid or unpaid health care workers, students, volunteers, physicians, and others who may have direct patient contact or opportunity for exposure to patients or devices, supplies, or equipment used for patients.
Physician Satisfaction	Approval of services, processes, outcomes, and relationships a physician has with a unit, department, or hospital.
Population	The entire set of individuals sharing some common characteristics (e.g., all patients with a disease undergoing the same procedure or of the same demographic).
Position Statement(s)	Approved by AORN's Board of Directors, they represent AORN's official position on current health care issues affecting perioperative nursing practice and the profession.
Postoperative Period	The period begins when the patient is transferred to the OR bed and ends when the patient is transferred to the postoperative care unit.
Practitioner	One who has met the professional and legal requirements necessary to provide a health care service (e.g., physician, nurse, dentist, dental hygienist, physical therapist).
Procedure Performed	The name of the surgical or procedural intervention performed for definitive treatment rather than diagnostic or exploratory purposes, or which is necessary to take care of a complication. http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx
Process	The methods your unit uses and improves to address each criteria question. Reviewers consider three factors when evaluating process responses from the first four categories: approach, application, and learning.
Professional Development Program	A plan to continue to learn and grow within a profession to remain knowledgeable about current, updated, and new trends taking place within health care and the practice of nursing.

Preoperative Period	The period begins when the decision to have surgery is made and lasts until the patient is transferred to the operative room bed.
Private Certification	Voluntary, specialty certification by a private, non-governmental entity that represents a level of professional achievement and a demonstrated knowledge of clinical competence and practice standards. Certification in perioperative nursing demonstrates the perioperative nurse's individual commitment to excellence in practice and demonstrates accountability to the general public for that practice.
Problem-Prone	Those processes or steps that commonly generate incidents or barriers for patients and/or staff.
Procedure Room	A room designated for the performance of procedures that do not require a restricted environment but may require the use of sterile instruments or supplies.
Product	All medical devices, capital equipment, and patient-care-related items.
Profession	A vocation or occupation requiring special (usually advanced) education, knowledge, and skill. The labor and skill of a profession is predominantly intellectual rather than physical.
Professional Practice	The tasks, skills, and knowledge required to practice nursing within the standards established by organizations within the professional community and state boards of nursing.
Range of Functions	Tasks and activities that are learned in an approved allied health and competency evaluation program for clients who are stable and predictable. These functions are typically performed by allied health personnel supervised by a licensed nurse, who may need to limit the range of tasks performed based on client needs.
Registration	The least restrictive form of regulation, which carries neither warranty of competence nor any assurance that the registrant has met any predetermined standards, such as level of education or experience. Certain qualification may apply including, but not limited to, education, experience, or examination requirements. Disciplinary action may be a part of state law.
Regulation	A rule or order having force of law issued by executive authority of the government. Regulation is intended to protect the public, offer public assurance the regulated individual is competent, and provide a means to discipline regulated individuals. Levels of regulation include (from least to most restrictive) registration, certification, and licensure.
Results	Outcomes achieved by the unit. Results are evaluated based on current performance, performance relative to appropriate comparisons, and the rate of improvement.
Retrospective	A review that begins with current manifestations and links this effect to some occurrence in the past, post-discharge or post-procedure, not concurrent.
Root Cause Analysis	A retrospective process for identifying basic or causal factor(s) underlying variation in performance, including the occurrence or possible occurrence of a sentinel event.
Scheduled Procedure	The planned operative or other invasive intervention(s) to be performed during a case. May also include the health care organization's assigned code.
Scope of Practice	State nurse practice acts define the legal parameters for nursing practice (i.e., scope of practice). The parameters of practice granted to nurses or other licensed individuals, through licensure. A profession's scope of practice defines the specific activities that only licensees may perform presumably because there is a significant risk of harm to the public if the activities are performed by unlicensed individuals. The scope of practice of a licensed health care professional is statutorily defined by each state's laws in the form of a practice act, which includes requirements for accountability and is governed by a professional board.

Scrub Personnel	Personnel who may don sterile garb and pass instruments, equipment, and may provide limited assistance to a surgeon or practitioner during an operative or other invasive procedure. Such personnel may be RNs, LPNs, surgical technologists, or other specifically trained people.
Seasonal Variances	Variation in surgical volumes related to the seasons of the year, weather, or common travel schedules of those being served.
Sentinel Event	"An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called 'sentinel' because they signal the need for immediate investigation and response."
	Official accreditation policies and procedures. In: *Hospital Accreditation Standards.* Oak Brook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations; 2002:48-49.
Shared Governance Model	Shared governance is a model of nursing practice designed to integrate core values and beliefs that professional practice embraces, as a means of achieving quality care to improve nurses' work environment, satisfaction, and retention. Anthony MK. Shared governance models: the theory, practice, and evidence. *Online J Issues Nurs.* 2004;9(1):7. www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No1Jan04/SharedGovernanceModels.aspx
Skill Mix	The mix of staff based on different roles. Commonly in perioperative services, it may be between RNs and surgical technologists, but may also include other special roles.
Specialty Teams	Consistent groups of staff members that specialize in one or more services in the OR and provide consistent direct patient care in those areas.
Staff Satisfaction	The extent to which employees are happy or content with their jobs and work environment.
Stakeholder (key)	A person, group, or organization with a direct or indirect stake in the unit that affects or may be affected by unit actions, objectives or policies. These include patients, physicians, or other departments such as interventional radiology, tele-ICU, rapid response teams, transport teams, post anesthesia care units, and hospital administration.
Standard	"A statement that defines the performance expectations, structures, or processes that must be substantially in place in an organization to enhance the quality of care." Glossary. In: *Hospital Accreditation Standards.* Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Accreditations; 2002:331346,351,354,360.
Standardization	A method of communicating information and conducting tasks in a consistent manner.
Statutory Certification	Requires passage of a law or regulation by a governmental entity and is a mandatory service to the public that allows consumers to identify providers who have met an established standard. See also Title protection/practice protection.

Structure	"Organizational characteristics, fiscal resources, and management qualifications of health professionals, physical facilities and equipment, and the environment where care takes place." Official accreditation policies and procedures. In: *Hospital Accreditation Standards.* Oakbrook Terrace, IL: Joint Commission on the Accreditation of Healthcare Organizations; 2002:48-49.
Structured Nursing Language	A common vocabulary understood by nurses (e.g., PNDS) that is a collection of defined concepts with organized interrelationships describing the nursing process and providing nurses with a common means of communication.
Supervision	The active process of directing, guiding, and influencing the outcome of an individual's performance of an activity. Supervision does not include managing.
Support	Express publicly that AORN supports another association's position or project in concept; while not inconsistent with the mission of AORN, the project or concept is not close enough to the core mission of AORN to warrant endorsement.
Surgical Cases	Surgical/interventional event when one patient has surgery; a case may incorporate one or multiple surgical procedures during one event.
Surgical Services	(See perioperative services)
Systematic	Approaches that are well-ordered, repeatable, and use data and information to facilitate learning. To be systematic, approaches will build in the opportunity for evaluation, improvement and sharing.
Tailored Health care Information	The unique patient characteristics based on multiple factors influencing health status and health behaviors and collected to inform individualized nursing interventions.
Title Protection	A means by which the public is assured that an individual who is providing care has met the educational standards for a specific practice. The term "practice protection" can be used interchangeably with title protection.
Training	A process or organized activity designed to help an individual attain the necessary skill or behavior required to perform, or improve an individual's performance of a task. The specific goals of training are to improve capability, capacity, productivity, and performance.
Transitional Care	Set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care in the same location.
Transparency	Characterized by visibility or accessibility of information especially concerning business practices.
Trends	Numerical information that shows the direction and rate of change for a unit's results. A statistically valid trend generally requires a minimum of three historical data points.
Unit	Area in which the patient receives primary nursing care after hospital admission.
Worker Fatigue	A condition of perioperative personnel that may be related to work hours in excess of 12 hours/day or 60 hours/week that has been associated with reduced staff satisfaction, and has been identified in recent studies to be linked to an increase in patient care errors, worker injuries such as needle-stick injuries, musculoskeletal injuries, and subsequent health issues from fatigue and sleep deprivation.
Zero Tolerance	The policy or practice of not tolerating undesirable behavior, such as violence or illegal drug use, especially in the automatic imposition of server penalties for first offenses.

Alignment of CORE Award with

Other National Recognition Programs

This informational chart is provided as a crosswalk between the Core Award and what is contained in other award programs

CORE Award	Leadership Structures & Systems	Appropriate Staffing & Staff Engagement	Effective Communication	Knowledge Management, Learning and Development	Evidence-based Practice and Processes	Outcome Measurement
Baldrige National Quality Program	Leadership	Workforce Focus		Operations Focus Measurement, Analysis and Knowledge Management	Measurement, Analysis and Knowledge Management	Results Customer Focus
Magnet Recognition Program	Structural Empowerment Transformational Leadership			Exemplary Professional Practice New Knowledge, Innovations and Improvements		Empirical Outcomes
Pathway to Excellence	The Work Environment is Safe and Healthy Systems are in Place to Address Patient Care and Practice Concerns The CNO is Qualified & Participates in All Levels of the Organization Collaborative Relationships are Valued & Supported Nurse Managers are Competent & Accountable	Nurses Control the Practice of Nursing Orientation Prepares New Nurses for the Work Environment Equitable Compensation is Provided A Balanced Lifestyle is Encouraged	Nurses are Recognized for Achievements	Professional Development is Provided & Used	A quality Program & Evidence-Based Practice are Used	

National Quality Forum	SP1: Leadership Structures & Systems SP2: Culture Measurement Feedback & Intervention SP4: Identification & Mitigation of Risks & Hazards	SP10: Direct Caregivers (Non-Nursing Staffing) SP9: Nursing Workforce (Staffing) SP8: Care of the Caregiver	SP3: Teamwork Training & Skill Building (to reduce preventable harm to patients) SP5: Informed Consent SP7: Disclosure (Following serious unanticipated outcomes) SP12: Patient Care Information (CPDE accessible) SP13: Order Read-Back & Abbreviations	SP14: Labeling of Diagnostic Studies (Red Lab Dx) SP15: Discharge Systems (hand offs) SP16: Safe Adoption of Computerized Prescriber Order Entry	SP6: Life-sustaining Treatment SP17: Medication Reconciliation SP19: Hand Hygiene SP20: Influenza Prevention SP21: Central Line Associated Blood Stream Infection Prevention SP22: Surgical Site Infection Prevention SP26: Wrong-Site, Wrong- Procedure, Wrong- Person Surgery Prevention SP24: Multi-drug resistant organism prevention (MDRO) SP25: Catheter-Associated Urinary Tract Infection Prevention SP27: Pressure Ulcer Prevention SP28: Venous Thromboembolism Prevention SP29: Anticoagulation Therapy (peds/neo) SP31: Organ Donation SP32: Glycemic Control SP33: Fall Prevention	