

## **AORN Position Statement on Patient Safety**

### **POSITION STATEMENT**

AORN believes:

- all patients have the right to receive the highest quality of perioperative care in every practice setting where operative and other invasive procedures may be performed;
- every patient experiencing an operative or other invasive procedure deserves to have, at a minimum, one perioperative registered nurse (RN) circulator in the intraoperative phase of care<sup>1</sup>; and
- health care providers must collaborate to create and maintain an organization-wide culture of patient safety.

AORN is committed to patient safety by promoting excellence in perioperative nursing practice and advancing the profession through scholarly inquiry to identify, verify, and expand evidence-based perioperative knowledge.<sup>2</sup> AORN, as a leader in patient safety, is dedicated to reducing error, educating health care providers about best practices, and engaging patients in taking part in their own care.<sup>2</sup> AORN is committed to perioperative workplace safety, the cornerstone of providing safe patient care.<sup>2</sup> AORN supports innovative and collaborative strategies to strengthen the culture of safety within the practice setting.<sup>2</sup>

### **RATIONALE**

Perioperative patients are vulnerable to injury due to diminished or absent sensations of pain, the inability to act on those sensations, and the inability to communicate or make personal care decisions while receiving anesthesia. These vulnerabilities increase patients' risks and require that health care providers value patient safety first and foremost. Patients should be involved in their own care and be encouraged to ask questions and speak up about their safety concerns.<sup>3,4</sup> The perioperative setting is a high-risk environment that presents unique challenges in the delivery of patient care. Adverse effects on patient outcomes may include the potential for infection, hemorrhage, nerve injury, burns, wrong-site surgery, or death. A variety of factors may cause adverse events to occur.<sup>5-10</sup>

Vital components of a safe perioperative environment include

- patient centeredness,<sup>3,4</sup>
- teamwork,<sup>11,12</sup>
- effective verbal and written communication,<sup>2,4,11-15</sup>
- infection prevention,<sup>16-18</sup>
- sharps injury prevention,<sup>19</sup>
- fall prevention,<sup>20</sup>
- safe patient handling and movement,<sup>20,21</sup>
- correct cleaning and care of instruments,<sup>22</sup>
- a safe environment of care,<sup>23-26</sup>
- fire safety,<sup>23</sup> and

- appropriate staffing levels.<sup>27</sup>

The perioperative RN recognizes the contributions of all health care providers and collaborates to achieve safe, quality patient care. The primary responsibility of the perioperative RN is to promote the health, welfare, and safety of the patient. AORN's Guidelines for Perioperative Practice describe evidence-based practices for the delivery of safe perioperative care.<sup>2</sup> The Perioperative Nursing Data Set (PNDS) is another resource the perioperative RN can use in planning, implementing, and evaluating care. The PNDS describes patient care interventions and actions that can be taken to protect the patient and promote positive patient outcomes.<sup>28</sup>

The perioperative RN establishes a professional bond with the patient through advocacy.<sup>2</sup> This patient-nurse bond is further strengthened through nursing interventions that promote optimal outcomes. The patient's physical and emotional needs are entrusted to the perioperative RN by the patient and his or her designated support person(s), who also expect that the care provided will be safely and effectively delivered by the entire health care team.

## References

1. *AORN Position Statement on One Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing a Surgical or Other Invasive Procedure*. 2014. AORN, Inc. <http://www.aorn.org/guidelines/clinical-resources/position-statements>. Accessed November 14, 2016.
2. Introduction to the AORN Guidelines for Perioperative Practice. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:1-6.
3. *Busting the Myths about Engaging Patients and Families in Patient Safety*. Oakbrook Terrace, IL: The Joint Commission; 2016. [https://www.jointcommission.org/assets/1/18/PFAC\\_patient\\_family\\_and\\_safety\\_white\\_paper.pdf](https://www.jointcommission.org/assets/1/18/PFAC_patient_family_and_safety_white_paper.pdf). Accessed November 14, 2016.
4. *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation*. Oakbrook Terrace, IL: The Joint Commission; 2012. <https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf>. Accessed November 14, 2016.
5. Wachter RM. Patient safety at ten: unmistakable progress, troubling gaps. *Health Aff (Millwood)*. 2010;29(1):165-173.
6. Greenberg CC, Regenbogen SE, Studdert DM, et al. Patterns of communication breakdowns resulting in injury to surgical patients. *J Am Coll Surg*. 2007;204(4):533-540.
7. *Patient Safety Act: HHS Is in the Process of Implementing the Act, So Its Effectiveness Cannot Yet Be Evaluated*. GAO-10-281. Washington, DC: United States Government Accountability Office; January 2010. <http://www.gao.gov/assets/310/300382.pdf>. Accessed November 15, 2016.
8. Kenney LK. Collaborating to support those involved in adverse events. *Focus on Patient Safety*. 2009;12(4):6-7.
9. Davenport DL, Henderson WG, Mosca CL, Khuri SF, Mentzer RM Jr. Risk-adjusted morbidity in teaching hospitals correlates with reported levels of communication and collaboration on surgical teams but not with scale measures of teamwork climate, safety climate, or working conditions. *J Am Coll Surg*. 2007;205(6):778-784.
10. Stone PW, Mooney-Kane C, Larson EL, et al. Nurse working conditions and patient safety outcomes. *Med Care*. 2007;45(6):571-578.
11. TeamSTEPPS®: Strategies and Tools to Enhance Performance and Patient Safety. Agency for Healthcare Research & Quality. <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html>. Accessed November 15, 2016.

12. 2016 National Patient Safety Goals. The Joint Commission.  
[https://www.jointcommission.org/standards\\_information/npsgs.aspx](https://www.jointcommission.org/standards_information/npsgs.aspx). Accessed November 15, 2016.
13. The teach-back method: tool 5. In: DeWalt DA, Callahan LF, Hawk VH, Broucksou KA, Hink A. *Health Literacy Universal Precautions Toolkit*. AHRQ Publication No. 10-0046-EF. Rockville, MD: Agency for Healthcare Research and Quality; 2010:28-30.  
<http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf>. Accessed November 15, 2016.
14. Garrett JH Jr. Effective perioperative communication to enhance patient care. *AORN J*. 2016;104(2):111-120.
15. "What Did the Doctor Say?:" *Improving Health Literacy to Protect Patient Safety*. Oakbrook Terrace, IL: The Joint Commission; 2007.  
[https://www.jointcommission.org/assets/1/18/improving\\_health\\_literacy.pdf](https://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf). Accessed November 15, 2016.
16. Guideline for prevention of transmissible infections. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:507-542.
17. Guideline for hand hygiene. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:29-50.
18. Guideline for sterile technique. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:75-104.
19. Guideline for sharps safety. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:423-446.
20. Guideline for positioning the patient. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:691-710.
21. AORN guidance statement: safe patient handling and movement in the perioperative setting. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2015:733-752.
22. Guideline for cleaning and care of surgical instruments. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:815-850.
23. Guideline for a safe environment of care, part 1. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:243-268.
24. Guideline for a safe environment of care, part 2. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2016:269-294.
25. Guideline for safe use of energy-generating devices. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:129-158.
26. Guideline for radiation safety. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2017:339-374.
27. *AORN Position Statement on Perioperative Safe Staffing and On-Call Practices*. 2014. AORN, Inc.  
<http://www.aorn.org/guidelines/clinical-resources/position-statements>. Accessed November 14, 2016.
28. Petersen C, ed. *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011.

### Additional Resources

- Advancing Patient Safety: A Decade of Evidence, Design, and Implementation*. AHRQ Publication No. 09(10)-0084. Rockville, MD: Agency for Healthcare Quality and Research; 2009.  
<http://www.ahrq.gov/sites/default/files/publications/files/advancing-patient-safety.pdf>. Accessed November 15, 2016.
- O'Connor M. 8 ways to improve hospital patient safety. May 27, 2016. Hospitals and Health Networks.  
<http://www.hhnmag.com/articles/7308-ways-to-improve-hospital-patient-safety>. Accessed November 15, 2016.



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