

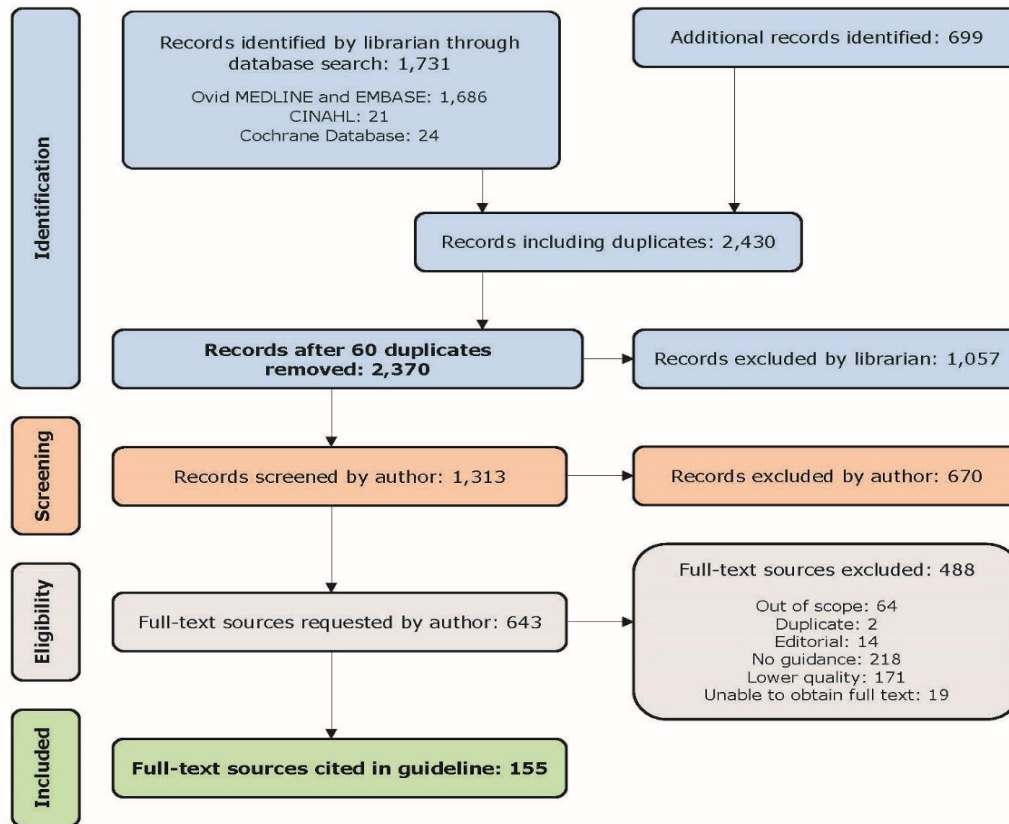
## Evidence Review

The Guideline for Patient Information Management was approved by the AORN Guidelines Advisory Board and became effective as of April 19, 2022.

A medical librarian with a perioperative background conducted a systematic search of the databases Ovid MEDLINE, Ovid Embase, EBSCO CINAHL, and the Cochrane Database of Systematic Reviews. The search was limited to literature published in English **from June 2015 through June 2020**. At the time of the initial search, weekly alerts were created on the topics included in that search. Results from these alerts were provided to the lead author until **July 2021**. The lead author requested additional articles that either did not fit the original search criteria or were discovered during the evidence appraisal process. The lead author and the medical librarian also identified relevant guidelines from government agencies, professional organizations, and standards-setting bodies. **Search terms** included *Affordable Care Act, ambulatory facility, American Recovery and Reinvestment Act, ambulatory surgery center, analytics, big data, charting, charting by exception, clinical decision support systems, computer-assisted decision making, computerized patient records, consent (research), data analytics, data collection, data mining, data storage and retrieval, decision making (computer-assisted), decision support systems (clinical), documentation, electronic data interchange, electronic health records, electronic medical record, electronic signature, forms and records control, government regulations, Health Care Reform Act, health informatics, health information exchange, health information interoperability, health information system interoperability, HIT for economic and clinical health, Health Insurance Assistance for the Unemployed Act of 2009, Health Insurance Portability and Accountability Act, Health Level 7, Health Level Seven, Health Level Seven (organization), Health Level Seven International, HIPAA, HITECH Act, HL7, hospital information systems, information management, information retrieval, information storage, information storage and retrieval, informed consent, interoperability, Kassebaum Kennedy Act, machine learning, meaningful use, medical informatics, medical information exchange, medical records, Medicare and Medicaid electronic HCR, Medicare and Medicaid Health Information Technology for Economic and Clinical Health Act, multi hospital information systems, nursing informatics, Obamacare, office-based surgery, operating room, operating room information systems, operating suite, operating theater, paper charting, Patient Protection and Affordable Care Act, Public Law 104-191, Public Law 111-148, Public Law 111-5, records management, same day surgery, surg\*, systems integration, TAA Health Coverage Improvement Act of 2009, and variance charting*. Included were research and non-research literature in English, complete publications, and publications with dates within the time restriction when available. Excluded were non-peer-reviewed publications and older evidence within the time restriction when more recent evidence was available. Editorials, news items, and other brief items were excluded. Low-quality evidence was excluded when higher-quality evidence was available, and literature outside the time restriction was excluded when literature within the time restriction was available (**Figure 1**).

Articles identified in the search were provided to the project team for evaluation. The team consisted of the lead author and one evidence appraiser. The lead author and the evidence appraiser reviewed and critically appraised each article using the AORN Research or Non-Research Evidence Appraisal Tools as appropriate. The literature was independently evaluated and appraised according to the strength and quality of the evidence. Each article was then assigned an appraisal score. The appraisal score is noted in brackets after each reference as applicable. Each recommendation rating is based on a synthesis of the collective evidence, a benefit-harm assessment, and consideration of resource use. The strength of the recommendation was determined using the AORN Evidence Rating Model and the quality and consistency of the evidence supporting a recommendation. The recommendation strength rating is noted in brackets after each recommendation.

Figure 1: PRISMA 2009 Flow Diagram



Adapted from Moher D, Liberati A, Tetzlaff J, Altman DG; The PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. PLoS Med. 2009;6(6):e1000097.

## Publication History

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- Reformatted September 2012 for publication in *Perioperative Standards and Recommended Practices*, 2013 edition.
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- Evidence ratings revised and minor editorial changes made to conform with the current AORN Evidence Rating model.
- Revised 2022 for online publication in *Guidelines for Perioperative Practice*.

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