Ambulatory Supplement for AORN Perioperative Standards and Recommended Practices

Speakers
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Session Number 0001

Date/Time Sunday, March 30, 2014, 8-9am

Repeat Sessions 0111, 0167
Repeat Date/Time Sunday, March 30, 2014, 10:30-11:30am
Monday, March 31, 2014, 7-8am

Contact Hours (CH) 1.0

Session Overview:
The fastest growing segment of the AORN membership is ambulatory surgery center (ASC) registered nurses. In many states ASCs outnumber hospitals. In order to meet the needs of its members and because of the unique challenges freestanding ASCs have, AORN now has an Ambulatory Division with a specific ambulatory focus on AORN Standards and Recommended Practices (RPs). Though AORN RPs are applicable to all procedural areas in both inpatient and outpatient settings, how they are put into practice varies. Because ASCs should follow the same evidenced-based recommended practices, their considerations were incorporated into the 2014 AORN RPs. Ease of use and navigation of a detailed manual were considered when developing these RPs. In order to best use the 2014 RPs with specific ambulatory information, an educational component is needed. This session will include a guide to the use of ambulatory implications. Case studies will be incorporated into this presentation.

Objectives:
1. Identify the need for Ambulatory Interpretive guidelines in AORN Standards and Recommended Practices.
2. Describe how AORN Standards and Recommended Practices with Ambulatory Interpretive Guidelines can be used in an ambulatory setting.
3. Discuss the challenges of Ambulatory Surgery Centers in interpreting perioperative Recommended Practices.
Speaker Biographies:

Jan Davidson, MSN, RN, CNOR, CASC, has been involved in nursing and physician education in various roles throughout her career. In addition to her years of perioperative experience, she has been employed in professional liability, risk management, and patient safety roles. This has provided her the opportunity to offer education to both nurses and physicians on a variety of clinical and ethical issues. Jan was the clinical director of a start-up free-standing ambulatory surgery center where her role included management of the clinical staff, staff education and training, risk management, and infection prevention. Jan serves as the staff liaison to the Joint Commission's Ambulatory Professional Technical Advisory Committee (PTAC) and is an AORN representative on the ASC Quality Collaboration Committee. She was most recently appointed as a member of the Technical Expert Panel (TEP) with the Agency for Healthcare Research and Quality (AHRQ) along with other health care professionals nationwide who will provide guidance on nationally implementing the adoption of both clinical and safety culture interventions. She is on the board of directors for the Accreditation Association for Ambulatory Healthcare (AAAHC), as well as a patient safety coalition and public awareness campaign in Denver called Think About it Colorado. Jan is also an ambulatory surgery center surveyor for AAAHC. She is currently a staff member at AORN where her role is Director of the Ambulatory Division. She is an active member of AORN, ASCA, and ASHRM.

Terri D. Link, MPH, BSN, CNOR, CIC, is currently Ambulatory Education Specialist at AORN. She has over 15 years in ambulatory surgery experience and prior to working at AORN was perioperative patient safety specialist at University of Colorado Hospital. While at University of Colorado Hospital Terri interned with the infection prevention department while completing her MPH. Terri obtained her diploma in nursing at Clarkson in Omaha, Nebraska, her BSN from Regis University, Denver, Colorado, and her MPH in 2008 from the University of Northern Colorado. Terri is an ambulatory liaison to the Recommended Practice Advisory Board and partners with Nursing Practice in developing the ambulatory supplement for AORN Standards and Recommended Practices. Terri is board certified in infection control (CIC).

Mary J. Ogg, MSN, RN, CNOR, is a perioperative nursing specialist at AORN where her responsibilities include providing professional, technical, and management consultative services regarding perioperative nursing practice to AORN members, specialty assemblies, the Board of Directors, national committees, and health care organizations. She is responsible for creating products and education materials that support the perioperative professional's safe workplace practice. Mary managed the development of AORN tool kits for sharps safety, surgical smoke evacuation, workplace safety, and safe patient handling and movement in the perioperative setting. She has authored several recommended practices, including Managing the Patient Receiving Moderate Sedation/Analgesia Recommended Practice, Electrosurgery, and Lasers, and Sharps Safety in the Perioperative Setting. Mary has authored "Clinical Issues" columns and other articles published in AORN Journal and other professional publications. Mary has practiced in multiple settings, including hospital based ORs, ambulatory surgery centers, and office-based OR in management and clinical practice roles. Prior to employment at AORN, Mary was the ambulatory surgical services manager at Inova Surgery Center in Falls Church, Virginia. Mary has worked as a staff nurse and RN first assistant in California, Maryland, Virginia, Florida, Hawaii, Kentucky, New Mexico, and Colorado. Mary graduated with a diploma in nursing from Jewish Hospital School of Nursing in Cincinnati, Ohio, and is certified as a CNOR. She holds bachelor's in health science from Chapman University in Orange, California; and a masters in science in nursing administration from George Mason University, Fairfax, Virginia.
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FACULTY DISCLOSURE:

Jan Davidson: 7. No conflict.
Terri Link: 7. No conflict
Mary Ogg: 7. No conflict
AORN Ambulatory Division

• 38% of AORN’s 45,000 members work in an ambulatory surgery environment
• Ambulatory Surgery Division launched in January 2013
• We clearly understand the needs of free-standing ASCs/office-based surgery centers are much different than our peers in acute care facilities

Ambulatory Specific Content

• At the request of our ambulatory members, specific ambulatory content was added to the AORN Perioperative Standards and Recommended Practices which specifically address the unique challenges of an ASC
**Ambulatory Specifics**

- All recommended practices were reviewed by ASC experts for ambulatory-specifics
- Additional content was identified for seven of the Recommended Practices
- Ambulatory RP information was developed using an interdepartmental approach (Ambulatory Surgery Division & Nursing Practice Department)
- Ambulatory supplemental information was reviewed by outside ambulatory practitioners.

**Ambulatory-Specifics**

- Ambulatory Supplements have been written to provide additional considerations for the perioperative RN working in a free-standing ASC or physician office-based surgery center
- Supplemental information is designated within the text of the RP to indicate there is additional ASC-specific information in the ambulatory supplement following the actual document
Ambulatory-Specific Content

1) Medication Safety
2) Environment of Care
3) Prevention of Transmissible Infections
4) Reducing Radiological Exposure
5) Prevention of Retained Surgical Items
6) Surgical Tissue Banking
7) Specimen Care and Handling
Finding the Ambulatory Supplements
RP: Transmissible Infections

and other health-care providers, and public health professionals, and professional associations should be involved to develop strategies to control and eliminate the occurrence of health-care-associated infections.

Recent studies have indicated that health-care-associated infections (HCAIs) continue to be a major problem in the United States, with an estimated 1.7 million HCAIs occurring annually, resulting in 99,000 deaths and costing approximately $30 billion per year.

Recommendation X

Preoperative patients should receive correct and ongoing education and communication related to infection prevention, including information about the importance of hand hygiene, proper gowning and gloving, proper surgical techniques, and the importance of the preoperative skin preparation.

Postoperative patients should receive correct and ongoing education and communication related to infection prevention, including information about the importance of hand hygiene, proper wound care, and the importance of early recognition and reporting of potential complications.

Ambulatory Supplement: Recommended Practices for Prevention of Transmissible Infections

Recommendation II

Surgical procedures should be limited to patients who have had surgery that same day. Intraoperative antibiotics should be administered as soon as possible after incision is made.

Recommendation IV

Electronic records should be used to document all patient care activity, including the use of personal protective equipment, hand hygiene, and the administration of medications.

Recommendation X

Postoperative patients should receive correct and ongoing education and communication related to infection prevention, including information about the importance of hand hygiene, proper wound care, and the importance of early recognition and reporting of potential complications.

Ambulatory Surgery

Recommended practices in the areas of infection prevention and control include:

- Use of personal protective equipment, including gowns and gloves, for all surgical personnel.
- Use of surgical masks for all surgical personnel.
- Use of face shields or full-face masks for all surgical personnel.
- Use of barrier precautions, including the use of surgical gowns, gloves, and masks.
- Use of contact precautions, including the use of personal protective equipment and disinfectants.
- Use of airborne precautions, including the use of negative pressure rooms and air filtration devices.
- Use of barrier precautions, including the use of surgical gowns, gloves, and masks.
- Use of contact precautions, including the use of personal protective equipment and disinfectants.
- Use of airborne precautions, including the use of negative pressure rooms and air filtration devices.
- Use of barrier precautions, including the use of surgical gowns, gloves, and masks.
- Use of contact precautions, including the use of personal protective equipment and disinfectants.
- Use of airborne precautions, including the use of negative pressure rooms and air filtration devices.
Recommended Practices

Applicable to all procedural areas in both inpatient and outpatient settings
ASCs should follow same evidenced-based standards and recommended practices
Facility policies and procedures reflect variations in practice settings and how the recommendations are implemented
ASC considerations were incorporated into the Recommended Practices for 2014
Recommended Practices Format

- Introduction
- Purpose Statement
- Evidence Review
- Recommendation (I)
- Intervention (I.a)
- Activity (I.a.1)
- Glossary
- References
Introduction

• The following Recommended Practices for Prevention of Transmissible Infections have been approved by the AORN Recommended Practices Advisory Board.
• They were presented as proposed recommendations for comments by members and others.
• These recommended practices are intended as achievable recommendations representing what is believed to be an optimal level of practice.

Purpose

• Why is this recommended practice important?
• Description of the intent and scope of the document

Example

These recommended practices are intended to guide perioperative RNs in implementing standard precautions and transmission-based precautions (i.e., contact, droplet, airborne) to prevent infection in the perioperative practice setting.
Evidence Review

How was the literature searched?

- What databases were used?
- What search terms were used?

Example

A medical librarian conducted a systematic review of MEDLINE®, CINAHL®, Scopus®, and the Cochrane Database of Systematic Reviews for meta-analyses, randomized and nonrandomized trials and studies, systematic and nonsystematic reviews, guidelines, case reports, and opinion documents and letters.

Recommendation

- Broad “should” statements in a bold font
- “Must” statements if it is a regulatory requirement
- Designated by a Roman numeral (I)

Rationale

Examples

Recommendation IV (Transmissible Infections)
- Airborne precautions should be used when providing care to patients who are known or suspected to be infected with microorganisms that can be transmitted by the airborne route.

Recommendation I (Sharps Safety)
- Health care facilities must establish a written bloodborne pathogens exposure control plan
Rationale

• Why?
• Summary of evidence that supports the recommendation

Example

• Airborne transmission can occur when small particles that contain infectious agents that remain infective over time and distance are inhaled.
• The use of airborne precautions can help minimize transfer of diseases that are spread by the airborne route (e.g., Mycobacterium tuberculosis [TB], rubeola, Varicella zoster)

Intervention

• Steps or actions needed to complete the recommendation statement
• Designated by a Roman numeral followed by a lower case letter ( I.a )
• Evidence rating
• Rationale
**Intervention**

**Example**
IV.h. Elective surgery should be postponed for patients who have suspected or confirmed TB until the patient is determined to be noninfectious. If surgery cannot be postponed, perioperative personnel should follow airborne precautions and consult with an infection preventionist. [1:Strong Evidence]

**Activity**

- More **specific** steps or actions needed to complete the intervention statement.
- Designated by a Roman numeral, a lower case letter, and an ordinal number. (IV.h.1)

**Example**
IV.h.1. A single-use, disposable bacterial filter should be placed between the anesthesia circuit and the patient’s airway.
References

• Each reference is appraised and scored.
• Scores are noted in brackets after each citation

Example

Glossary

Specialized terms with their definitions related to the document

Example
Airborne infection isolation: The isolation of patients infected with organisms spread via airborne droplet nuclei < 5 μm in diameter.
Developing Policies & Procedures

Policy

• Use an intervention statement as a basis for your policy statement.
  – II.c. Medications should be stored according to manufacturer’s medication storage requirements.
• The “should” becomes a “must” in the policy statement.
  – Medications must be stored according to manufacturer’s medication storage requirements.
Procedure

• Use an activity statement as a basis for your procedure statement.
  – VI.d.1. Goggles should fit snugly, especially at the corners of the eye and across the brow, be indirectly vented, and have anti-fog properties.
• The “should” becomes a “must” in the procedure.
  – Goggles must fit snugly, especially at the corners of the eye and across the brow, be indirectly vented, and have anti-fog properties.

Using the Recommended Practices

• Index
  – Search for a specific topic (eg, restricted area)
  – Updated & improved
  – Located at the end of the book
• Implementation articles
  – AORN Journal
• Webinars
  – Highlights new and changed content
  – Recoded and available on the website
• Recommended Practices Summaries
  – AORN Journal
  – Highlights important points
Medication Safety

• Contracted pharmacy services
• Ordering, procuring, and administration of medications in an ASC
• Safe injection practices
• Compounding medications
• Tracking of controlled substances

RP: Medication Safety

The medication concentrations that are acceptable for use in critical care settings. Newly released medications present risk for errors because users are less likely to be familiar with them and information often cannot be found in printed medication references.\(^9\)

I. Pharmacies should be available for consultation with members of the perioperative team in all facilities, including ambulatory surgery centers and surgical specialty facilities, and at each phase of the medication process.\(^7\)

Errors may be more likely to occur when medication products and dosing strengths are available without pharmacist review. Collaboration between pharmacists and members of the perioperative team to determine special consultation for medication using, preparation, and administration is necessary. Medications in critical care should be identified by medication concentration, strengths, weight-based dosing, and effect management decreases the opportunity for medication errors.

Recommendation II

Medications, chemicals, reagents, and related supplies should be procured and stored in a manner that facilitates safe and efficient delivery to the patient.

Medication errors have been traced back to procurement, the last phase of the medication use process. Risk for errors at this phase can be reduced by making positive data more about stock of unused multidose containers, shelf life, and the general supply chain. Medication availability, delivery, and products being taken from the wholesaler to the end user.\(^6\)

IIa. The health care organization’s medication management plan should incorporate considerations for procurement including, but not limited to,
- obtaining medications from manufacturers or suppliers with validated quality programs
- developing procedures for correct or potential product shortages, discontinuances, and method for identifying potentially contaminated vials because vials had gone through three distribution steps before reaching the end user and where the name of a subsidiary company to the original manufacturer.\(^8\)

Errors at the procurement phase have been reported when medications that are received are not verified with what was ordered before they are stocked. The Pennsylvania Patient Safety Authority reports two cases involving errors in mixing 1,000 mL bags of IV solutions. One involved 1,000 mL of sterile water for injection that was mistakenly compressed and stored in a diabetic insulin (I.P. insulin) ampule instead of the 0.9% sodium chloride solution. The second case involved the misted diluted 1,000 mL of sterile water for injection instead of 0.9% sodium chloride.\(^b\)

IIb. Medications in perioperative storage areas should be related based on the expiration date indicated on the medication label. Medication storage areas that are organized to avoid outdated doses helps to reduce the risk of administering expired medications to patients. Medications that are stored on emergency or special procedures may not be used frequently and have increased risk of becoming outdated before they are used. Rotating low volume units of medications from the dispensing pharmacy or through vendor agreements may avoid damages in stocks of potential matching loss and also reduces potential environmental pharmaceutical waste.

Processes should be implemented when attached medications are not available because of shortages, discontinuations, or recalls. Processes should include, but not limited to,
- removing needed items from storage and returning them to the appropriate location,
- proceeding substitutions, and
- communicating to patients independently.
Compounding Pharmacies

- Drug Quality and Security Act, signed November 2013
- Gives FDA oversight in compounding pharmacies
- Will oversee mass producing pharmacies
- May register with FDA – though not mandatory
- Smaller compounding pharmacies who compound for individual patients will continue to be regulated by state boards of pharmacy
Ambulatory Supplement: Transmissible Infections

- Designated facility Infection Preventionist
- Risk assessment
- Screening of patients and family for infectious diseases
- Isolation precautions in a ASC
- Staff education
- Policies and Procedure development
- Surveillance and outbreak investigations

An ASC that is certified by the Centers for Medicare & Medicaid (CMS) must designate a staff member trained in infection prevention to lead the facility’s infection prevention program.

(This is a regulatory requirement which makes it a “must” statement.)
Intervention

IV.h. Elective surgery should be postponed for patients who have suspected or confirmed TB until the patient is determined to be noninfectious. If surgery cannot be postponed, perioperative personnel should follow airborne precautions and consult with an infection preventionist. [Recommended for Practice]

Amb Personnel in an ASC that provides care to patient with confirmed or suspected TB should follow recommendation IV.

Amb Unless the facility has the capability of establishing a negative pressure room, patients with suspected or confirmed cases of TB should be transferred to or rescheduled at a facility with a negative pressure room.

Transmissible Infections Scenario

• A 66 year-old patient - cataract procedure - patient’s first language is Spanish – speaks and understands limited English
• Several family members are in attendance
• Son is acting as interpreter
• The previous day the center attempted to contact the patient to obtain a history but were unsuccessful
• A nurse enters the preop room and introduces herself
Scenario - continued

- While the nurse is interviewing the patient the sister has a coughing spell and the nurse notices blood on her tissue. She asks if she has been sick.
- The son tells the nurse she was being treated in Mexico for tuberculosis though now was feeling much better and thought she no longer needed to take her medication since it was very expensive.
- The son also told the nurse his mother had lived with her sister for many years in Mexico.

Scenario – Discussion Questions

- What should the nurse do first?
- Is isolation appropriate? If so, for whom and what kind?
- Should the surgeon be notified?
- Would the facility guidelines infection prevention program indicate the best response?
- Should the preop nurse consult with the facility Infection Preventionist?
- Would this require notification to the state department of health?
Scenario-Retained Surgical Item

- It is 5:30pm and the ASC is just finishing the last procedure of the day – an excision of a ganglion cyst under local anesthesia.
- The circulating nurse and scrub tech are doing the final count and a sponge is missing. No radiology personnel are on site.
- The surgeon doing the procedure is an orthopedic surgeon who has been credentialed and is privileged to operate and interpret fluoroscopy studies for orthopedic procedures.

Scenario-Discussion Questions

- Should the surgical team call a radiology technician in to do an x-ray?
- If so, should the skin closure be delayed until this occurs?
- Would it be appropriate for the surgeon to take a picture using fluoroscopy to determine the presence of a retained sponge?
- Is it appropriate for the surgeon to read and interpret the fluoroscopic study?