AORN
Association of periOperative Registered Nurses
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Thank you for giving AORN the opportunity to provide our perspective regarding "Meaningful Use" to the National Committee on Vital and Health Statistics Executive Subcommittee. This very timely and important issue will support comparative effectiveness to facilitate improvements in the quality, efficiency and safety of health care.

As a 501( c)(6) association based in Denver, AORN represents over 43,000 registered nurses and has a history of patient centered safety and quality activities. Since the 1980's the Association of periOperative Registered Nurses (AORN) has been a pioneer in developing and promoting the Perioperative Nursing Data Set (PNDS), a standardized language for documentation and evaluation of the care provided in the operating rooms of our nation's hospitals and ambulatory surgery centers. The guiding premise of the PNDS effort was to assist perioperative nurses in documenting the care they gave before, during and after the surgical procedure, while providing a foundation for examining and evaluating the quality and effectiveness of that care.

While effectiveness within a hospital or surgery center was informed by this data, the ability for comparison between providers was rarely available because each facility customized the PNDS to their environment. In early 2008, AORN embarked on an initiative to create a standardized perioperative framework (Syntegrity) that will be integrated into hospital and surgery center electronic perioperative information systems. With the emphasis on electronic and standardized data collection coming from the federal government, the SYNTEGRITY™ framework is poised to fill that emergent need.

AORN is acknowledged nationally as the association that establishes evidence based standards and recommendations for care of the surgical patient. SYNTEGRITY™ incorporates these standards and recommended practices into the database. Thus, SYNTEGRITY™ creates an opportunity for a national surgical data repository that could be used to measure quality outcomes and potentially be used for comparative effectiveness studies to decrease cost and improve quality.

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Meaningful use criteria should include:

1. Data collection from **nursing sources** is a critical element to inform **effectiveness** decisions;
2. **Standardized data** available from the point of patient care is essential to inform **comparative** analysis.
3. **Standardized Infrastructure** such as SYNTEGRITY™ that creates an opportunity for a national surgical data repository that could be used to measure quality outcomes and potentially be used for comparative effectiveness studies to decrease cost and improve quality.
4. **Quality improvement** must play an essential role
5. **Clinical standards** such as AORN standards and recommended practices are a key resource.
6. **Standardized vocabularies** such as AORN's Perioperative Nursing Data Set (PNDS) to facilitate documentation and evaluation of the care
7. **Performance measurement** as a core building block to provide high quality affordable care. Information that is grounded in good evidence will support quality improvement, payment reform, and enable better clinical and consumer decision-making. This information can tell us which care is leading to better outcomes and which treatment options are more cost effective.

In conclusion, "meaningful use" needs to create an opportunity for a national surgical data repository that could be used to measure quality outcomes and potentially be used for comparative effectiveness studies to decrease cost and improve quality.

For further information from AORN or to set up an information briefing, contact Craig Jeffries, AORN Public Policy Consultant at CJeffries@AORN.org.