



A Position Statement on Perianesthesia Safety

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the principles of safe, quality nursing practice in the perianesthesia setting. ASPAN, therefore, sets forth this position to define the scope of perianesthesia safety.

Background

In healthcare, a culture of safety can simply be defined as the collective shared knowledge and beliefs regarding safe healthcare practice settings as well as the provision of safe care. Safety, the prevention of any incidence or risk of injury, danger, or harm, is an urgent healthcare priority. Concerns over patient, worker and environmental safety have plagued the industry for years. On innumerable occasions perianesthesia nurses have sought the support of ASPAN to provide clinically sound, reliable and prudent standards by which to provide care across the perianesthesia continuum.

Several studies and publications have emphasized the need for vigilance to achieve and maintain an environment of safety in healthcare.¹⁻⁶ Common to these reports are the identification of both specific and broad quality issues. Safety concerns are addressed within the scope of management practices, workforce and clinical practices, workflow processes, institutional commitments to safety and communication behaviors. Many studies recommend solutions aimed at eliminating safety threats through the implementation of evidence based practices in management and clinical arenas.

One of ASPAN's goals is to promote a safe perianesthesia care setting and provide guidelines for best practices. The perioperative and perianesthesia settings offer unique and compounding challenges to supporting safety in the workplace. Some of these challenges include monitoring administration and response of high risk drugs, risks inherent in surgical interventions, rapid turnover of patients, altered consciousness, lack of family support and other factors that render patients unable to advocate for themselves.

Position

ASPAN is highly committed as an advocate for a culture of safety in all perianesthesia practice settings. ASPAN's core values for the culture of safety include communication, advocacy, competency, efficiency, timeliness, and teamwork. Characteristics of this culture of safety delivered in an environment of caring and guided by principles of research and evidence based practices, include but are not limited to

1. Communication
 - a. Reporting errors/unsafe practices
 - b. Ensuring a complete and systematic approach to hand off processes and transfer of care
 - c. Developing and using effective listening skills
2. Advocacy
 - a. Protecting the patient from harm
 - b. Upholding ethics of care
 - c. Maintaining patients' rights
 - d. Seeking and implementing best practices
3. Competency
 - a. Achieving and supporting professional competence and competency building in clinical practice
 - b. Initiating, supporting and providing education for staff and patients
 - c. Demonstrating appropriate clinical judgment and critical thinking
 - d. Measuring and monitoring quality measures and nurse sensitive indicators

4. Efficiency/Timeliness
 - a. Maintaining a healthy environment of care
 - b. Providing timely interventions and reports
 - c. Appreciating cues and initiating appropriate interventions
5. Teamwork
 - a. Collaborating with healthcare providers
 - b. Building mutual respect and trust between all healthcare providers
 - c. Supporting an organizational culture of safety

Expected Outcomes

Recognizing the complexities of caring for patients in a dynamic healthcare environment, creating and maintaining a culture of safety is a priority for perianesthesia nurses. ASPAN is committed to providing the support perianesthesia nurses need to develop, maintain, and work in a culture of safety.

Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on November 3, 2006 and approved by a vote of the ASPAN Representative Assembly on April 15, 2007 in Anaheim, California.

This position statement was reviewed in October 2009 at the Standards and Guidelines Committee in Batesville, Indiana.

REFERENCES

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