

## **INTRODUCTION**

Trends in health care have mandated increased control of costs, efficient use of resources and supplies, decreased length of stay for surgical patients, and shifting of many surgical procedures from inpatient to ambulatory care settings. Along with this shift has come an increasing awareness of the need for continued quality improvement in the provision of perioperative patient care which should be based on established standards of care (*Rothrock, 2003*).

Standards are an authoritative statements that describe a common or acceptable level of client care (*Ellis and Harty, 2000*). They are valid acceptable definitions of the quality of care (*Sale, 2000*), and they delineate the aspects of care every patient will receive also, they are consistent across all the patient care areas in the facility (*Allan, 2000*). Standards of care are the measure by which the legal system evaluates the conduct of a nurse. They are designed to ensure appropriate, consistent, comprehensive, high quality care to all. The nurse judged against professional standards (*Rothrock, 2003; Marquis and Huston, 2006*).

Standards of nursing are valuable to the nursing profession because they provide a consistent basis for practice, shape the profession toward attainment of common goals, and can be used as both a legal and an ethical model from which to evaluate actions and interactions between nurses and the consumers of their care. Standards of nursing apply not only to practice, but also to the way in which nursing practice and the profession as a whole is conceptualized in terms of legal and ethical requirements and responsibilities (*George, 2002*).

When standards of nursing care are developed, the level of nursing personnel required to implement these standards can be specified, individualized care plans for clients can be planned, and the cost of providing nursing care can be determined. In addition, organization accreditation standards can help develop policies to eliminate outmoded procedures, cut waste by reducing over use and redundancy, and make health system more efficient by encouraging the provider staff to review and evaluate the every basics of there operations (*Particia, 2000*).

The nursing profession has three types of standards: *Structural standards*: these provide the framework for the system in which nursing care is delivered. Examples include the Joint Commission of Accreditation of Healthcare Organizations (JCAHO), American Nurses Association (ANA), and Association of Operating Room Nurses (AORN). Administrative standards. *Process standards*: these are nursing oriented and describe the activities and behaviors designed to achieve patient centered goals. Examples include the ANA standards and perioperative nursing standards, both based on the nursing process, which describe the correlation between the nursing process activities and the quality of patient care rendered. *Outcome standards*: these standards focus on what has happened to the patient as a direct result of nursing intervention.

Standards for perioperative nursing practice, these standards, originally written in 1975, published in 1981 and revised in 1992, establish a basic model with which to measure the quality of perioperative nursing practice by establishing these standards, the profession puts its obligation to quality patient care into daily practice. Through the association of operating room nurses (AORN), the professional body for perioperative nursing practice, the standards have created a tool with which to measure how the profession in general and individuals in

particular are performing compared with acceptable levels of practice expected by their colleagues, society and the patient entrusted to their care. AORN has demonstrated an ongoing commitment to the surgical patient though its concern for the quality of perioperative nursing practice to assist in the provision of quality patient care, AORN has developed statement of the standards for perioperative nursing practice are based on the nursing process frame work (*Fairchild, 1993*).

Perioperative nursing provide specialized care to the surgical client, promoting the return to optimal function. The goal of perioperative nursing practice is to assist clients, their families and significant others to achieve a level of wellness equal to or greater than that which they had before the procedure (*AORN, 1995*).

Perioperative nursing should include a systematic series of interventions directed toward preoperative assessment development and implementation of an individualized intraoperative plan of care, postoperative evaluation of the patients responses and of the expected outcomes should be ongoing following nursing care (*Atkinson, 1996 and Rothrock, 2003*).

Perioperative nursing includes three distinct phases: preoperative, intraoperative, and postoperative. In each phase, the nurse plays an integral role, using the nursing process to individualize care and meet the surgical client's specific needs. The preoperative phase includes all the activities necessary to prepare the client properly for surgery. It begins when the decision for surgery is made and ends when the client is transferred to the operating room bed (*Timby, 2003*).

The intraoperative phase includes those activities that occur from the time the client is transferred to the operating room bed until the time the client is transferred to the postanesthesia area. Intraoperative nurses include the scrub and circulating nurses (*Taylor, 2001 and Timby, 2003*).

The postoperative phase begins when the client is transferred into the recovery facility and ends with a resolution of surgical consequences. This phase may be short (less than a day) or lengthy (several months or longer), depending on the nature and extent of the procedure and the client's ability to recover from it. Nurses in the recovery facility, nurses in the post surgical unit and nurses in extended care or home care settings use the nursing process during the postoperative period to individualize client care (*Hirnle, 1996*).

The OR or surgical suite environment is physically isolate from other areas of the hospital or surgical clinical in the surgical suite. There also are separate clean and contaminated areas. Surgical suites are designed to be efficient, in that the needed equipment and supplies are immediately available for use. Usually the furniture is made of stainless steel for easy cleaning and disinfecting (*Timpy, 2003*).

Specific traffic patterns for personnel, patients and supplies and equipment must be established to maintain aseptic environment and provide the services needed to perform safe and effective surgery. Signs should clearly mark the area and the environmental controls and/or restrictions required ideally, each patter is unidirectional; that is the flow of traffic is from entry to exit and from clean to dirty unrestricted area, semi restricted area, and restricted area are the main zones should be considered in the operating room suite (*Fairchild and Fogy, 1993*).

Standards are developed by professionals or any member of the health care team working in a particular area or with a specific concern group. These standards are statements that are specific and concern activities in wards and units. They are presented in statements of performance to be achieved within an agreed time and are acceptable, achievable, observable and measurable (*Sale, 2000*).

Standards are created through a process, which starts at a feasibility stage, and progresses through research and development to result in a new standard proven for repeatable applications. Standards are maintained through a process of selection, measurement, and correction of work, so that only those products or services, which emerge from the process, meet the standards (*Hood and Leddy, 2003*).

Criteria make the standard work because they are detailed indicators of the standard and must be specific to the area or type of patient criteria describe the activities to be performed, whereas the standard states the level at which they are to be performed (*Sale, 2000*).

Once standards and criteria are established, standards should be measured for achievement. Measurement of achievement means that stated criteria is needed to ascertain whether standards are met or not. The criterion-based performance is superior to other forms of rating because it describes behavior and not traits and thus objectivity is assured (*Cookfair, 1996; Donabedian, 1995*).

There are two approaches to monitoring standards retrospective evaluation and concurrent evaluation. Retrospective; involves all the assessment methods that occur after the patient or client has been discharged. Concurrent; involves assessment that takes place while the patient or client is still receiving care. Concurrent approach is perhaps

more valuable as it gives staff the opportunity to correct any negative outcomes while the patient is still in their care (*Swansburg, 1993*).

An audit is a systematic and official examination of a record, process, or account to evaluate performance. Auditing in health care organization provides managers with a means to determine the quality of services rendered (*Marguis and Huston, 1998*). Auditing quality gives very useful information that can help in developing quality standards (*Flippo, 2000*).

Perioperative nurses need to be able to continuously audit, evaluate and assure the quality of care they provide (*Wicker, 2000*). Regular audits are undertaken to ensure that the standards are being achieved with the assumption that if they have been correctly defined and reviewed, a high quality of service will be followed (*Flippo, 2000*).

So each organization and profession must set its own standards to guide individual practitioners in providing safe and effective care meanwhile, the standards allow nurses to carryout professional roles, and is serving as protection for the nurse, the patient and the institution where health care is given standards are commitments and assurance that the highest quality of care will be provided to all patients in all health care settings (*Taylor, 2001*). So, the present study intended to develop and validate standards for the operating rooms.