Recommended Practices for Product Selection in Perioperative Practice Settings

The following Recommended Practices for Product Selection in Perioperative Practice Settings were developed by the AORN Recommended Practices Committee and have been approved by the AORN Board of Directors. They were presented as proposed recommendations for comments by members and others. They are effective March 1, 2010.

These recommended practices are intended as achievable recommendations representing what is believed to be an optimal level of practice. Policies and procedures will reflect variations in practice settings and/or clinical situations that determine the degree to which the recommended practices can be implemented.

AORN recognizes the various settings in which perioperative RNs practice. These recommended practices are intended as guidelines adaptable to various practice settings. These practice settings include traditional operating rooms (ORs), ambulatory surgery centers, physicians' offices, cardiac catheterization laboratories, endoscopy suites, radiology departments, and all other areas where surgery and other invasive procedures may be performed.

Purpose

These recommended practices provide guidelines for evaluating and purchasing medical devices and other products used in perioperative settings. Patient and worker safety, quality, and cost containment are primary concerns of perioperative RNs as they participate in evaluating and selecting medical devices and products for use in practice settings.[1] In this document, the term *product(s)* will be used to refer to all products, medical devices, and capital equipment unless otherwise stated.

Recommendation I

A mechanism for product selection should be developed.

A mechanism for product selection assists with consistently selecting functional and reliable products that are safe, cost effective, and environmentally friendly; promote quality care; and prevent duplication or rapid obsolescence.

I.a. A multidisciplinary product evaluation and selection committee should be established.

Involvement of a multidisciplinary committee allows input from all departments where the product will be used and from personnel with expertise beyond clinical end users (eg, infection control, finance, materials management/purchasing).[2,3]

I.a.1. The members of a multidisciplinary product evaluation and selection committee should be based on the size of the health care organization, the type of product, and the affected end users consisting of, but not limited to,[3,4]

- RNs;
- physicians;
- scrub personnel;
- central/sterile processing personnel;
- anesthesia care providers;
- infection preventionists;
- pharmacists;
- nurse educators; and
- material management/purchasing agents;

and, as applicable, liaisons from

- environmental services,
- administration,
- biomedical engineering,
- risk management,
- radiology,
- finance, and
- laboratory.

Adjusting the composition of the committee will allow health care organizations of various sizes to appoint a responsible individual with the competency and authority to fulfill more than one role (eg, perioperative RN functioning as an infection preventionist and nurse educator).There may be products that do not affect all departments, in which case only the specific end users or representatives from directly affected departments would need to be involved.

I.b. Perioperative RNs should have an integral role in the evaluation and selection of surgical products.

The perioperative RN has a professional responsibility to consider "factors related to safety, effectiveness, efficiency, and the environment, as well as the cost in planning,