Successful Practices for Postoperative Normothermia Patients

Pamela E. Windle, MS, RN, NE-BC, CPAN, CAPA, FAAN
Teresita S. Santiago, BSN, RN, CPAN
Post Anesthesia Care Unit
St. Luke’s Episcopal Hospital, Houston, Texas

A national quality measurement is committed to improve surgical patient safety through the reduction of postoperative complications. Surgical site infections (SSI) have been a huge concern in the perioperative area. One of the goals was to achieve the Surgical Care Improvement Project (SCIP) Infection 7: All colorectal surgery patients with immediate postoperative normothermia (to achieve 96.8°). Effective October 2009, an expanded SCIP measurement for achieving 96.8° for ALL patients undergoing surgical procedures under general or neuraxial anesthesia for 60 minutes or more was endorsed by the National Quality Forum (NQF) in July 2008 as NQF #0452 in "Surgery Patients with Perioperative Temperature Management". The high levels of patient acuity, length of surgical procedure and type of surgeries became challenging, especially the ultimate goal is to save lives by reducing the incidence of surgical complications by 25% by the year 2010.

Our Post Anesthesia Care Unit (PACU) department had already developed a process improvement for initiation and completion of the previous initiative. In summer, 2009, one of the PACU charge nurse and nurse manager decided to be proactive; provided in-services and educational training regarding new changes, such as the use of warmed forced-air blankets during surgery, and in the PACU. Key PACU staff members were identified 24/7 and were taught how to monitor hypothermic patients every 5 minutes and the necessary interventions to be activated. A trail run to check admission temperature for ALL patients started in August 2009. Daily audits are performed in PACU for compliance, results reported and discussed during the weekly collaborative LEAN SCIP meetings with staff representations from nursing, operating room, pharmacy and case management discussing results and ongoing issues. The collaboration, commitment and active staff involvement both RNs and unlicensed personnel helped paved the way and showed that all patients monitored closely in PACU achieved positive excellent results. Although some surgical complications are inevitable, we believe in constant vigilance and providing better and improved systems of care can be beneficial.

The group’s cohesiveness and dedication to achieve this improvement process is of utmost importance for the continuum of care for surgical patients. Ongoing awareness of staff, designated responsibilities and accountability to specific group members for thermoregulation makes the difference in the overall quality care of patients and prevention.