

IDENTIFICATION & PREVENTION OF PRESSURE ULCERS ORIGINATING DURING PERIOPERATIVE CARE

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Background Information: Existing literature suggests that hospital operating rooms contribute significantly to hospital-acquired pressure ulcer development (Connor, Sledge, Bryant-Wiersema, Stamm, & Potter, 2010). It was found that there was no single instrument that has been consistently utilized as a predictive tool for pressure ulcers specifically in the perioperative environment. In order to combat these gaps, a project team was formed.

Objectives of Project:

1. Develop a charter including data definitions, establishing the criteria to appropriately attribute perioperative acquired pressure ulcers.
2. Analyze the data for possible indicators of pressure ulcer development that can be documented and monitored to establish patterns in high risk patient and steer future quality improvement initiatives.
3. Monitor the monthly incidence rate and will perform root-cause analysis on those pressure ulcers reported.

Process of Implementation: To start, the clinical developer began researching best practices when it came to predictive tools. It was found that the AORN suggested that Scott triggers, would be an effective predictive tool for identifying high risk surgical patients.

Statement of Successful Practice: Within the 6 months of data collected, out of 2,309 surgical patients, there were 14 surgical patients who had at least 1 pressure ulcer recorded within 72 hours of their last surgery. The incidence rate was found to be around .6% for Orthopedics service and 1.1% for Transplant, with Ortho having a notably larger case volume.

Implications for Advancing the Practice of Perianesthesia Nursing:

The findings of the project have the following clinical implications:

- The identification and alerting of Perioperative staff to those patients at a high-risk of developing a pressure ulcer is a crucial pre-operative step in the reduction of pressure ulcer incidents.
- When those high-risk patients have been identified, Periop nurses should employ aggressive use of preventative measures in redistributing pressure in the identified pressure points.