

How to Protect Our Largest Organ: Perioperative Skin Impairment Initiative

MD Anderson Cancer Center

Making Cancer History®

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Background

Prevention and identification of patients' skin integrity and measures to promote skin integrity in the perioperative setting is imperative for patient safety. Significant government guidelines, financial implications and national nursing initiatives assist in measuring and improving patient outcomes. An institutional initiative was implemented to reduce the incidence of hospital acquired pressure injuries and improve nursing competency on pressure injury prevention through education. Nurses in the perioperative setting focused on improving nursing care focused on skin impairment and documentation.

Objectives

- □ Evaluate nursing knowledge of patient skin integrity in the perioperative area and the incidence rate of hospital acquired vs present on admission skin impairments.
- ☐ Increase nursing documentation of skin integrity and patient education by at least 10% and maintain at least 90% compliance in nursing competency.
- Monitor the monthly compliance and incidence rate of reported skin integrity.
- ☐ Improve early recognition of preexisting skin impairments in the Pre-Op area.
- ☐ Identification of barriers in the clinical setting to performing skin integrity assessments, documentation and skin integrity prevention.

Process of Implementation

The skin initiative began in December 2016 with the development of unit based registered nurse and patient care technician skin champions from within the PACU environment.

SKIN CHAMPIONS:

The skin champions attended a training class which included didactic teaching, visual aids and a PowerPoint presentation.

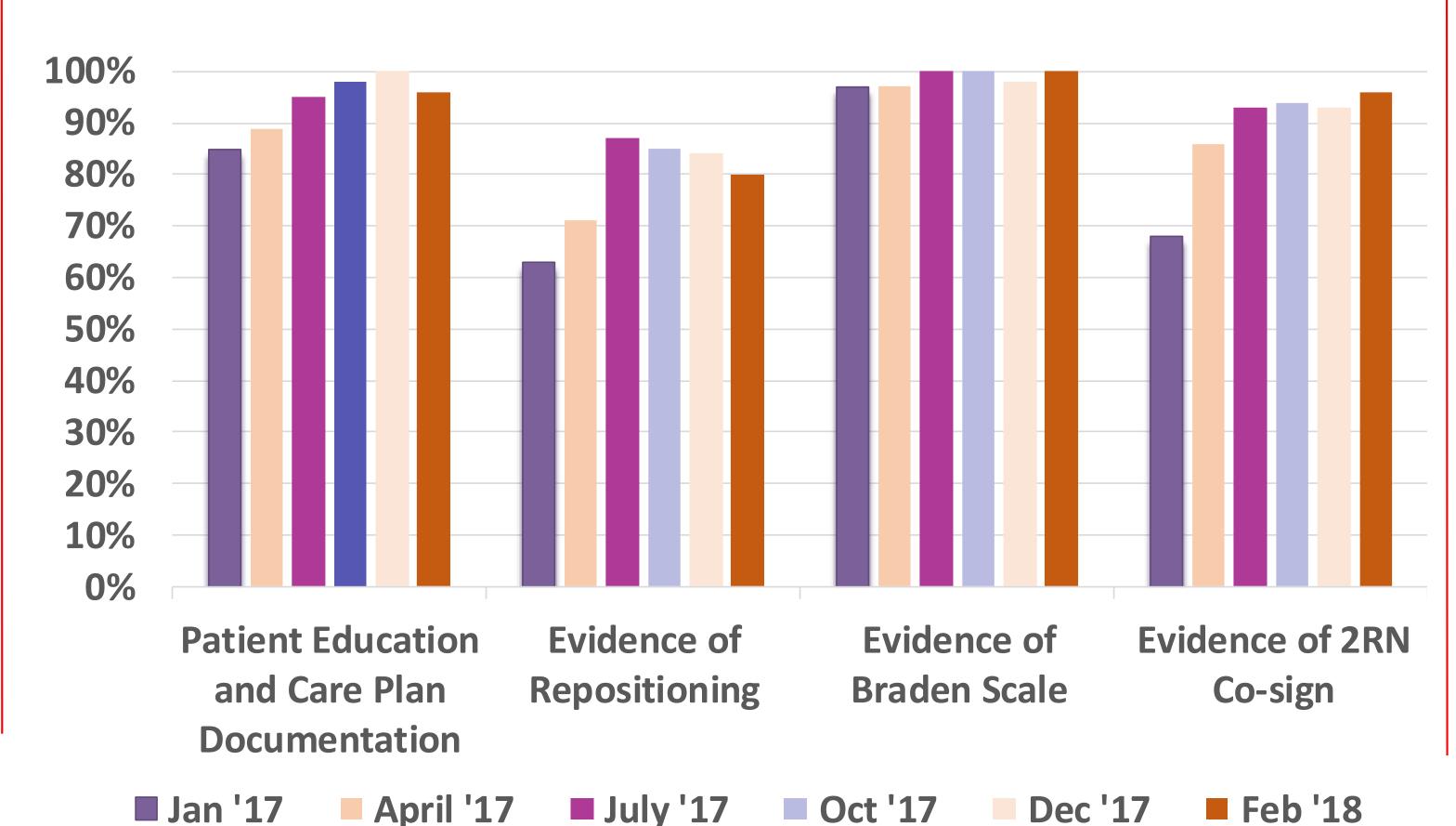
Skin champions educated and re-educated staff about documentation related to pressure injuries and significant events. The education included a PowerPoint presentation, hands on demonstration, and learner verification of the education.

NURSING STAFF:

All nursing staff were required to complete online modules specific to skin integrity identification and care.

SUSTAINABILITY & MONITORING:

The skin champions assisted with the institution's initiation of a 2RN co-signature documentation for all patients upon admission and transfers. Monthly skin audits were also completed by the skin champions.



Results

Collaboration among multidisciplinary groups improved the clinical nursing teams' awareness and interventions related to skin integrity. The evaluation of skin integrity in the perioperative setting included monthly audits of patient education, documentation of preexisting impairments, documentation of hospital acquired impairments and verification of repositioning. Each month, the audits were reviewed and teaching points were reviewed based on the areas with less than 90% compliance. Evidence of patient repositioning was addressed by staff re-education and edits to the audit tool. Evaluation of the patient's Braden scale risk and collaboration with the Wound Ostomy and Continence (WOC) nurses helped prevent and further progress patient's skin integrity. A sustainability of at least 80% compliance of the identified action items was achieved.

Successful Practice

Identifying skin champions, providing extensive education related to skin integrity, collaborating with multidisciplinary teams and obtaining monthly audits can improve early recognition, documentation and interventions related to skin integrity. Diligence in regards to proper skin integrity education that includes nursing assessment, documentation, and evaluation in the perioperative area can lead to improved patient outcomes. Communication and documentation related to pressure injuries can decrease the risk of hospital-acquired pressure injuries and prevent worsening of pre-existing injuries in the operating room.

Team Members

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