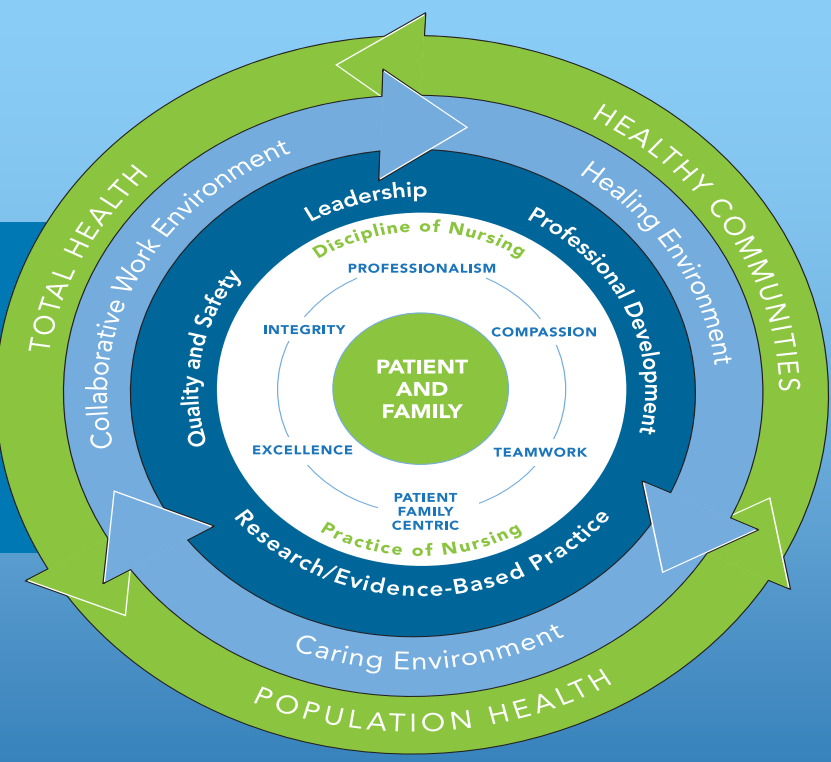


An Initiative to Improve Surgical Site Infection Bundle Metrics Adherence Specific to Post-Op Warming and Temperature Documentation Practices in the Post-Anesthesia Care Unit (PACU)

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Culture of
Excellence



INTRODUCTION

Background

Setting: 15-bay surgical recovery unit in a Sacramento hospital with focus in SSI prevention through implementation of SSI bundle metrics adherence specific to post-op warming in PACU

Quality Gap: Review of data shows January-December 2023 post-op warming documentation compliance at 77%

Project Aim: To increase post-op warming documentation from 77% to above 90% by July 31, 2024

Global Aim: To decrease the Surgical Site Infection (SSI) rate of this hospital to meet regional goal standards of 0.8.

Evidence:

Templonuevo et al. (2022) asserted that implementing a set of documentation standards within the PACU improved overall compliance and sustenance by 90% in all areas. A focused chart audit was formulated by the team with peer-to-peer feedback.

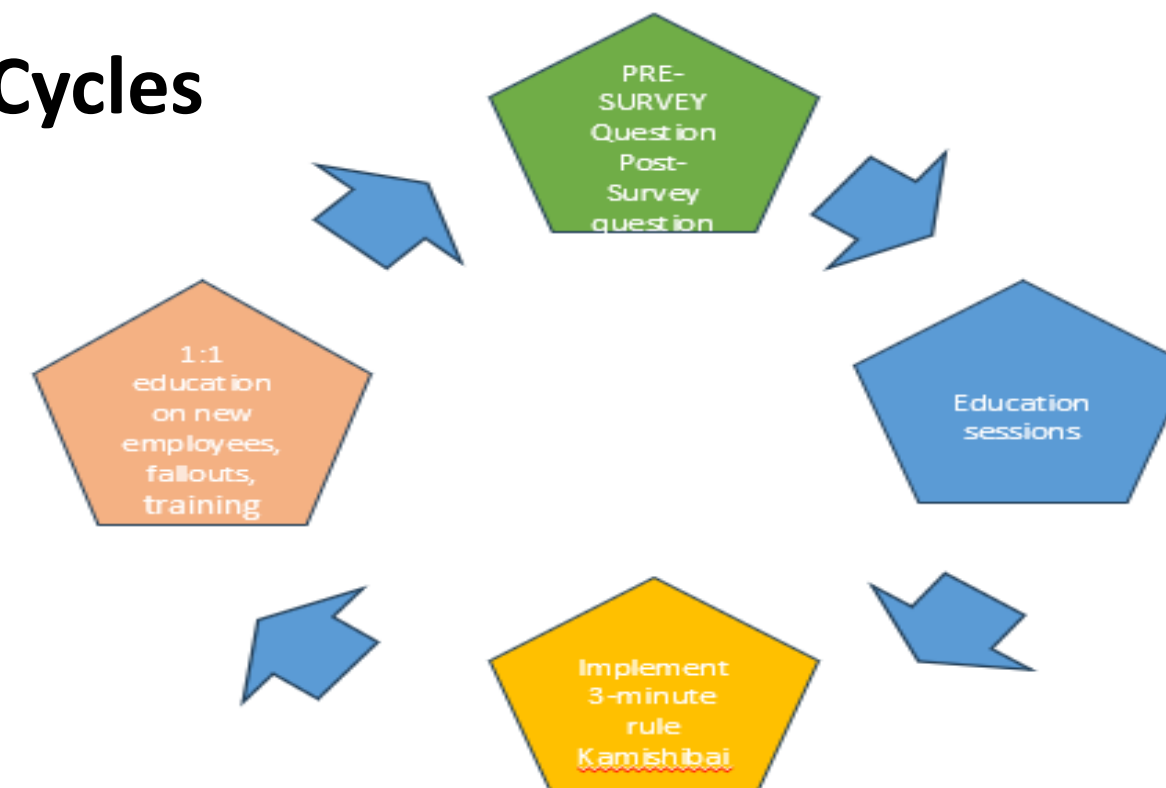
Munroe et al. (2021) indicated improvement in documentation when staff utilized a checklist to streamline information in their assessments and nursing care with focus on structured documentation accuracy.

INTRODUCTION

METHODS

Measure	Data Source	Target
Outcome		
SSI Monthly Compliance Report	KP Regional Data	90% and above
Process		
% adherence to correct temperature documentation	KPHC SSI Audit Tool	90% and above
% adherence to warming devices documentation	KPHC SSI Audit Tool	90% and above
% RNs being able to articulate the post-op warming process	Process observations (Kamishibai) – Pareto Chart	90% and above
Balancing		
% of staff who incur incremental overtime due to documentation after 3 minutes	Incremental OT/MMMB Binder/Timecards	20%

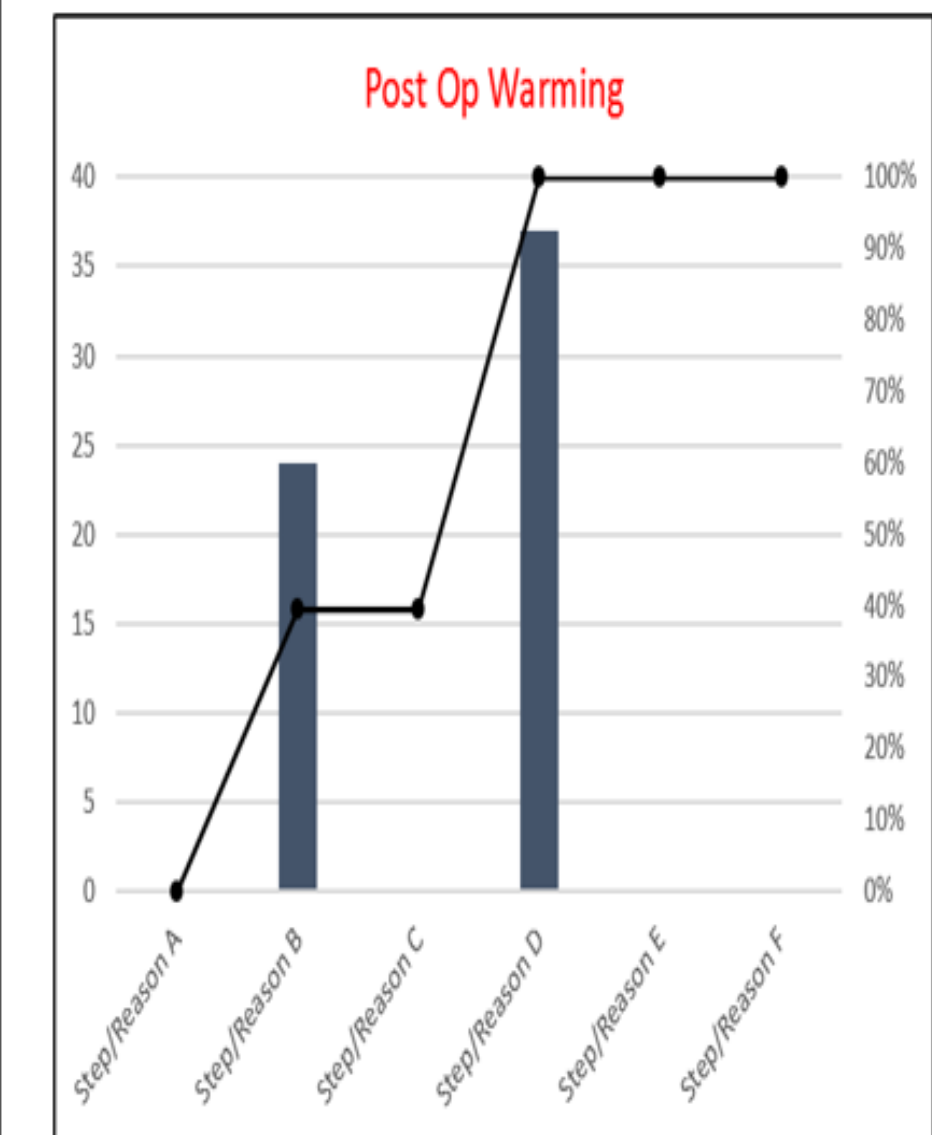
PDSA Cycles



Post-Op Warming	Post-Op Warming
Observation: Identify an RN caring for a patient needing POST-OP WARMING. Go to bedside and complete together. ✓ All items that are completed X All items incomplete Please observe the RN for the following: 1. Arrival in PACU by OR RN state arrival time 2. The arrival time is agreed upon 3. Temperature is taken (if <96.8 TEMP repeat TEMP is needed in 15 minutes until GOAL) 4. DOCUMENT Temp in FLOWSHEET. If Temp is <96.8 escalate to ANM 5. Warming device is placed on patient 6. Temp and warming device is documented 3 minutes after agreed ARRIVAL TIME in PACU	After observation: 1. Discuss with RN / PCT the observation 2. Correct any elements needed in real-time. 3. Provide on time education using the JI. 4. Return to white board: ✓ If all elements completed: turn green side up in completed slots. ✓ If missing one or more elements: turn red side up in the completed slots. 5. Complete the logs to document the observation: a. Daily Audit Log: Leader initials in the appropriate block for date of observation and the step that was missed.

RESULTS or CONCLUSION

Process: Post Op Warming			
Time Period: Feb 5, 2024-May 6, 2024			
Step or Fallout Reason	Number of Occurrences	Percent of Total	Cumulative Percent
Step/Reason A	0	0%	0%
Step/Reason B	24	39%	39%
Step/Reason C	0	0%	39%
Step/Reason D	37	61%	100%
Step/Reason E	0	0%	100%
Step/Reason F	0	0%	100%
Total Fallouts	61	100%	
Sample Size (Observations)	73	84%	



Facility Name
Surgery Date

SAC
Year to Date

** Data for surgeries performed between 1/7/2024 & 6/8/2024

Click Here to Download Last Week Patient List

Go Live Date for SSI - 06/01/2017

SSI Process Metric Summary For SAC

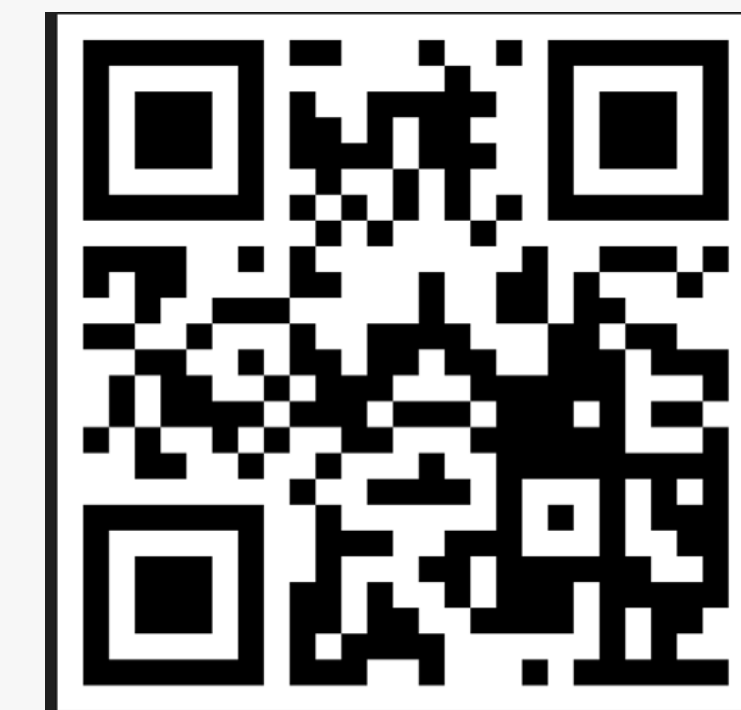
Metric Name	Grand Total	General Surgery	Gynecology	Head and Neck	Neurosurgery	Orthopedics	Plastics	Spine	Urology	Vascular
Temp in Preop	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%
Weight in Preop	96%	97%	95%	97%	96%	97%	96%	92%	97%	86%
CO Monitor in Preop**	85%	90%	90%	89%	75%	80%	100%	94%	100%	
Warming in Preop	97%	98%	96%	99%	95%	98%	99%	97%	97%	100%
CHG Wipes in Preop	96%	96%	97%	100%	100%	96%	84%	97%	91%	92%
First Antibiotic	99%	100%	100%	97%	97%	99%	99%	96%	100%	100%
Hair Clipping in OR	5%	5%	10%	3%	6%	2%	11%	7%	14%	0%
Surgical Skin Prep	99%	99%	98%	100%	99%	100%	100%	99%	95%	100%
Antibiotic Redose	95%	93%	100%	100%	96%	92%	98%	88%	100%	
Temp in Postop	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%
Warming in Postop	100%	100%	100%	100%		100%	100%	100%		

Disclaimer: Use caution when interpreting trends if a full week (Sunday - Saturday) or month of patient data is not yet available.
No Percentage or no data or Gray box means - No patient in the denominator for the Metric

IMPLICATIONS FOR PRACTICE

This Quality Improvement project allows for standardization of care in the PACU with consistency in practices and ensuring patients receive the same level of high-quality care regardless of shift. There is data-driven decision making within the department with continuous monitoring and feedback enabling increase buy-in from staff with transparency in trends and compliance that is tracked over time. Staff engagement and education leads to increased awareness of the quality initiative that fosters a culture of safety and continuous improvement.

REFERENCES



Acknowledgments

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