Identifying Skin Integrity Issues in the Post Anesthesia Care Unit (PACU): A Quality Improvement Project

PROVIDENCE ST VINCENT HOSPITAL

Podium Presentation

Presentation by: Lori Patten BSN RN CPAN and Jenny Kimsey BSN CCRN

Disclosure

Statement of Disclosure : No conflicts of interest have been identified with anyone involved or presenting this learning activity.

Background

Pressure injuries that develop in the Operating Room (OR) account for up to 45% of all Hospital Acquired Pressure Injuries (HAPI's) (1).

Prolonged immobility during surgery, combined with the use and removal of adhesives pose a significant risk for the post-surgical patient.

HAPI's that occur during the perioperative phase can increase the cost of a surgery related hospital stay by an estimate of 44% (2).

Purpose

Baseline data for 6 months showed that out of 6,281 patients seen in the PACU only 4 skin related safety reports were created.

Our Unit Partnership Council in conjunction with leadership took on the project to investigate whether education on HAPI would increase identification, standardize treatment and improve accuracy of documentation.

Our Aim

Providence St Vincent Medical Center chose to prioritize skin care in 2021.

Our PACU didn't have a standardized approach for documentation/treatment for skin integrity issues.

We wanted to create an "in the moment" opportunity to improve the safety and quality of care for our patients.

Objectives

- Standardize the process for identification, documentation, interventions and reporting.
- PACU staff will understand their role in the treatment process when skin breakdown occurs.
- Update wound supplies available in PACU to treat common intraoperative skin breakdown.
- Create collaboration with the OR to evaluate and identify causes of skin breakdown.

Medical Adhesive Related Skin Injuries (MARSI)

These are underreported prevalent conditions that occur in the hospital setting.

Given our knowledge of MARSI, it is important to limit harm to our patients, maximize quality outcomes and quality of life (3).

MARSI's may occur with tape application and removal, requiring careful attention when performing these tasks.

During our study, we experienced an increased awareness of MARSI's.

Most MARSI's noted were found around the eyes and mouth.

Who did we assess?

All patients with surgical time >21/2 hours AND those who meet one of the following risk factors:

- BMI >30
- Diabetic, HTN, Respiratory or Vascular disease
- Age >70
- Braden Scale score <13

Process

- Skin checks are completed by 2 nurses during the PACU stay.
- Areas of concern are defined as blanchable or non-blanchable, skin tear or pressure injury.
- The findings will be documented in the skin section of our Epic flowsheet for continuity and safety reports will be done when required.

Skin Issue found: Where do I go from here?

- Skin Resource Tip Sheet provided at each bedside.
- Laminated instructions readily available for treating both skin tears and pressure injuries.
- If area is blanchable, continue to monitor as this may disappear once pressure relieved and not require a safety report and LDA.
- Wound consults can be initiated by nursing for stage 2-3 skin tears.

Methods

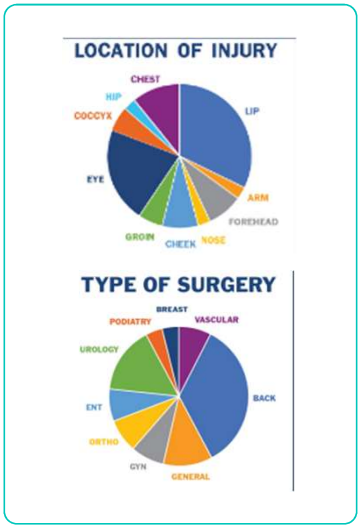
•Retrospective review of safety event reporting along with chart review of Epic documentation.

•Safety reporting sheets were reviewed monthly at our Skin Care Nurse Expert (SCNE) meeting. During this time process improvements were discussed.

Results

- After educating our staff and implementing specific skin assessment criteria, our documentation with both Epic and safety reports confirms we have created a culture of prioritizing patient safety.
- Our safety event reports increased dramatically as well as our Epic documentation.
- 34 safety reports were created and 18 of those met the criteria for the skin checks to be done.

- 15 out of the 18 skin integrity issues were on the face. Majority were back surgery patients
- Back surgery patients were 32% more likely to experience skin issues due to positioning



Discussions / Conclusions

Significant improvements have been noted in the PACU nurse's ability to identify, accurately describe, document, and treat any new skin issues.

Ongoing attentiveness, commitment and support around skin integrity best practices in the perioperative period could lead to a reduction in HAPI occurring in this setting.

References

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Thanks for listening

Questions?