

IDENTIFYING SKIN INTEGRITY ISSUES IN PACU: A QUALITY IMPROVEMENT PROJECT

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Providence St Vincent Hospital, Portland, Oregon July 15, 2021

BACKGROUND

When patients are subjected to prolonged periods of immobility pressure injuries can occur. This, combined with the use and removal of adhesives and positioning devices can cause further skin integrity issues. Pressure injuries that develop in the operating room account for up to 45% of all Hospital Acquired Pressure Injuries (HAPI)³. According to the literature, HAPIs that occur during the perioperative phase can increase the cost of a surgery related hospital stay by an estimate of 44%. HAPIs may add approximately \$1.3 billion annually to health care costs in the United States.¹

A retrospective 6-month baseline chart review demonstrated lack of consistency among staff on how to treat, document and report skin integrity issues.

PURPOSE

Baseline data from August 2020-January 2021 reported only 4 skin-related Datix entries out of 6,281 patients seen in the Post-Anesthesia Care Unit (PACU). Of those, only 3 had concurrent documentation in EPIC.

Our Unit Partnership Council in conjunction with leadership, undertook an evidence-based quality improvement project to investigate whether education on HAPI would increase identification, standardize treatment and improve accuracy of documentation of skin integrity issues in PACU.

REFERENCES

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METHODS

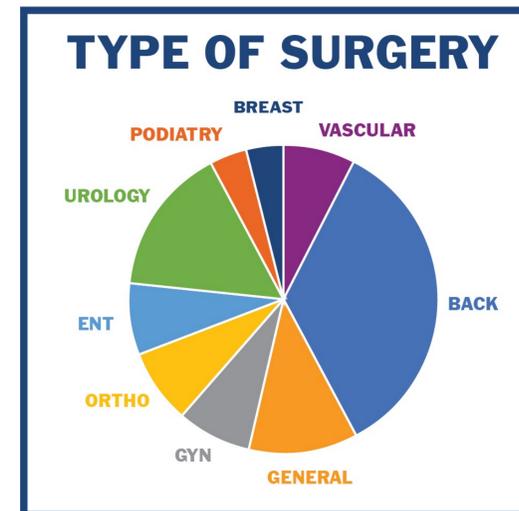
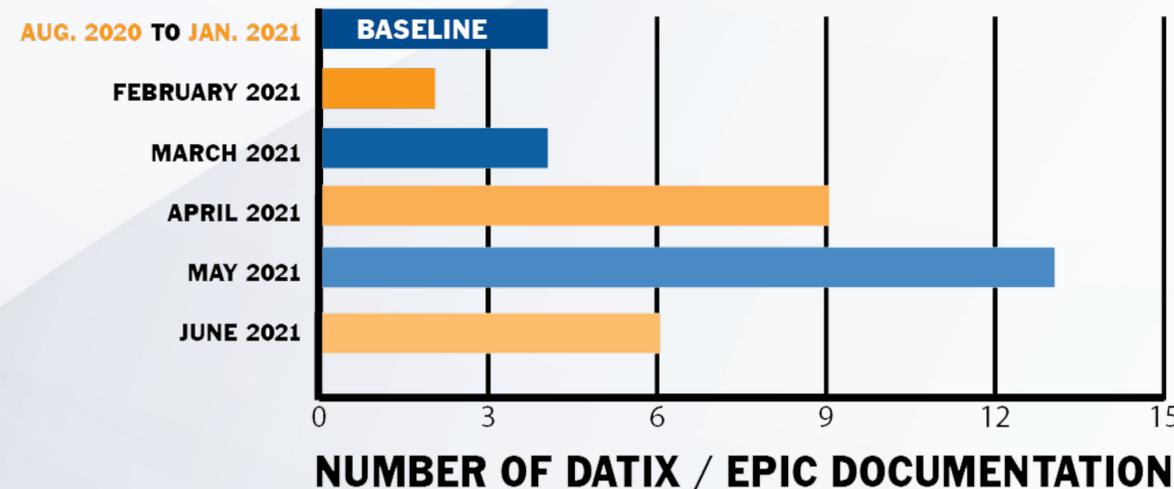
This evidence-based quality improvement project was a retrospective review of Datix reporting with concurrent chart review of EPIC documentation.

The PACU nurses (n=28) attended an educational power point presentation. The information presented included the new process of "4-eyes" skin assessment for all patients with surgery times greater than 2 ½ hours and one of the following risks factors: **1)** BMI >30, **2)** diabetic, hypertension, respiratory or vascular disease, **3)** age >70, **4)** hematocrit <25, and **5)** Braden Scale <13. Staff were educated on how and when to fill out Datix reports and how to document in EPIC.^{4,2}

Datix were reviewed monthly during the Surgical Services Monthly SCNE meetings where process improvements were discussed.

RESULTS

After educating our staff and implementing criteria specific skin assessments, our documentation with both Epic and Datix confirms we are creating a culture of prioritizing patient safety. Our Datix reporting dramatically increased along with thorough documentation, early recognition, treatment and appropriate monitoring of skin issues throughout the hospital stay.

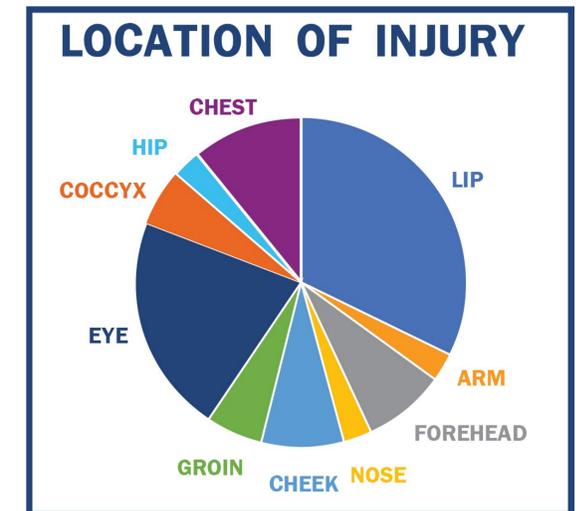


RESULTS cont.

- February 2021: 1021 patients, 2 Datix = 0.0019%
- March 2021: 1186 patients, 4 Datix = 0.0033%
- April 2021: 1212 patients, 9 Datix = 0.0074%
- May 2021: 1133 patients, 13 Datix = 0.011%
- June 2021: 1170 patients, 6 Datix = 0.0051%

Of the 34 Datix created during the project, only 18 met the criteria for the 4-eyes skin check. Of those, 15 were on the face. Back surgery patients were 32% more likely to experience skin issues as a result of positioning.

We saw a decrease in Datix reporting in June 2021 attributed to better identification and reporting by Operating Room staff.



DISCUSSION/CONCLUSIONS

There were significant improvements in the nurse's ability to both identify and accurately describe any new skin issues noticed in PACU. There was also improvement in prompt reporting and accurately treating skin integrity issues.

Although, the "4-eyes" full body check was only completed on patients meeting study criteria, there was a noticeable increased awareness and documentation of Medical Adhesive Related Skin injuries (MARSIs) especially around the eyes and mouth.

Limitations included limited data collection to a single site. Secondly, we limited our study population to those surgical cases lasting longer than 2 1/2 hours and having higher risk for skin breakdown.

Further work needs to be done around utilizing preventative dressings and better documentation of pre-existing wounds.

Ongoing attentiveness, commitment and support around skin integrity best practices in the peri-operative period could lead to a reduction in Hospital Acquired Pressure Injuries (HAPI) occurring in this setting.¹

