

- Documentation of clearfast, hibiclens, and antibiotic prep all improved with EPIC documentation
- Results from staff surveys allow education to be targeted at specific gaps in practice

#### **Implications for Advancing the Practice of Perianesthesia Nursing:**

- Improving documentation compliance with ERAS protocol
- Educating staff to improve compliance rates of documentation
- Improving patient outcomes, decreased surgical site infections, cardiac arrhythmias and length of stay

#### **ASSESSING AVAILABLE PRESSURE INJURY PREDICTOR TOOLS IN THE PERI-OPERATIVE SETTING**

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**Background:** Pressure injuries (PI) have been observed in patients across the peri-operative setting, particularly among patients undergoing prolonged surgical procedures. Yet the majority of instrumentation developed to assess risk for pressure injury has been developed in the acute, intensive, or long-term care settings. As part of a quality improvement initiative at a comprehensive cancer center, validated PI prediction tools were applied retrospectively to patients who experienced a PI post-operatively.

**Objectives of Project:** The aim of this to evaluate the sensitivity of the Braden Scale and Scott Trigger Tool to predict the occurrence of intra-operative PI in a surgical oncology population.

**Process of Implementation:** An interprofessional team consisting of nurses, physician assistants, quality officers, physicians, and performance improvement professionals reviewed data of patients who developed an intraoperative hospital acquired pressure injury based on safety intelligence event reports over an 18 month period (September 2016-January 2018). Thirteen reportable Cases were identified and the Braden and Scott Trigger assessments were used to evaluate risk for PI development in this cohort of patients based on their pre-operative (within 1-2 hours of surgery) data. A team of three nurses completed the initial retrospective scoring which was then reviewed with the team to validate the results.

**Statement of Successful Practice:** Outcomes suggested that risk scoring with the Braden Scale was not predictive of intraoperative risk, and that the Scott Trigger Tool was overly sensitive to risk when applied to a later cohort of 72 patients, for which

the Scott Trigger score suggested all patients would have skin breakdown. However, of the 72 no intraoperative PI was observed.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Findings suggest the need for further evaluation of these tools, specifically in the surgical oncology population and possibly in broader populations to evaluate sensitivity and specificity among individuals undergoing prolonged surgery. The ability to refine instruments to predict PI in this population is fundamental to reducing risk for PI events in the peri-operative setting.

#### **COLLABORATIVE CARE OF PATIENTS DURING PACU HOLDS**

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**Background Information:** High quality, safe patient care is our priority at the Cleveland Clinic. Communication between all members of the care team is vital to provide safe, high quality care. Occasionally, there is a delay in the transfer of patients from the OR to PACU. This event is referred to as a PACU Hold. Once surgery is complete and all notes and orders are entered, the surgeon is not required to remain in the OR. Usually, an in-person report from the surgeon offers a chance, not only for the surgeon to discuss individualized findings and care of the patient, but allows the PACU nurse to ask questions regarding the plan of care. PACU nurses recognized that, in the event of a PACU Hold, there is potential for vital information to be lost.

**Objectives of Project:** The goal was to develop and implement a hand-off tool that improved communication; ensuring safe, high-quality patient care from the OR and into the post-operative phase of care for PACU Holds.

**Process of Implementation:** A multi-disciplinary team consisting of Perioperative educators, PACU, OR, Anesthesia, and Surgeon leadership was formed. Input was solicited from the nurses who would be utilizing the communication tool. A hand-off communication tool was developed and trialed by one surgical service line. OR nurses were educated on the use of the tool. The first trial revealed the need for changes in verbiage and process. Regular meetings were held to review the use of the tool. Multiple changes were made to the hand-off tool over time. Once all Team Members were educated on the final version, it was implemented in all service lines for PACU Holds.

**Statement of Successful Practice:** The use of the written hand-off tool for PACU Hold patients provides clear communication of vital information regarding the plan of care for our patients at the Main Campus of the Cleveland Clinic.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Clear communication between perioperative caregivers is imperative in the pursuit of reaching our goal to provide safe, high quality care. Collaboration between all