

improve nurses' performance in terms of patient safety, continuity of care, and improving quality outcomes. To build on this success, Perioperative Services is taking steps to improve RN to RN handoff from the OR to the PACU. Overall, contributing to the organizational goal of becoming a high-reliability unit.

**OVERCOMING COMMUNICATION BARRIERS DURING THE PRE-PROCEDURE EVALUATION**



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**Background:** The Pre-Procedure Evaluation (PPE) phone program interviews patients scheduled for elective surgery or procedures requiring anesthesia. The PPE nurse obtains the patient's medical and surgical history, list of medications, and completes the nursing assessment. The information is reviewed by the anesthesia staff prior to the procedure. The intent of PPE is for the anesthesia team to access fitness for surgery and develop a specific individualized plan of care to ensure a safe anesthetic with positive outcomes.

The PPE nurse provides information and instructions to the patient such as pre-procedure medication instructions (according to an approved medication list from the Anesthesia Department), eating and drinking instructions, showering instructions and logistics on what is required the day of procedure.

**Objective of project:** The goal is to complete the pre procedure evaluation on all scheduled patient.

Possible obstacles that are encountered during a phone interview include:

- language barrier
- patients with illiteracy or low literacy
- patients residing in skilled nursing facility or group home
- patients that require home health services and visiting nurses
- patients with intellectual disabilities

**Process of Implementation:** Prior to the phone interview each patient is assessed for any obstacles that would impede the phone interview.

Systems are in place to conduct the interview with facility, interpreter services, pharmacy, legal guardians with follow up in written form via fax or E mail to the patient or the patient provider.

**Statement of Successful Practice:** Adequate information, including a thorough medical history, is obtained for each patient regardless of any obstacles. The anesthesia staff has the information needed to follow up prior to the patient's procedure and to establish a plan of care for the anesthesia staff on the day of the procedure. The preoperative nurse is able to access the PPE documentation which facilitates patient flow on the day of surgery or procedure.

Patients are prepared for the day of procedure and aware of their plan of care.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Patient barriers are overcome prior to admission using interdisciplinary teamwork thereby providing better care for the patient.

**SURGICAL SITE INFECTION REDUCTION: THROUGH POVIDONE-IODINE NASAL DECOLONIZATION PRIOR TO SURGERY**



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**Background Information:** Surgical site infections (SSIs) are the most common and expensive healthcare-acquired infection in the United States, occurring in 2-5% of patients who undergo surgery. Patients who experience deep SSI's report lower quality of life and pain. SSI elimination reduction is a current national patient safety goal. Thus, the objective of this nurse-driven process improvement project was to implement a cost-effective and practical decolonization protocol to improve outcomes for high-risk veteran populations undergoing surgery, as well as avoid undue suffering, and hundreds of thousands of dollars in medical expenses.

Prior to the implementation of this project, a decolonization protocol was used for cardiac and orthopedic preoperative patients only. The process involved screening for methicillin-resistant Staphylococcus aureus (MRSA) colonization via nasal swab preoperatively. Patients who tested positive were prescribed mupirocin ointment to nares BID and chlorhexidine showers for five (5) days prior to surgery. Adherence to the protocol was problematic for both providers and patients. Despite interventions to reduce SSI, stagnant MRSA SSI rates at VA Portland Healthcare System prompted a new initiative to decrease infections.

**Objectives of Project:** The Objective of the project was to eliminate or reduce surgical site infections at VA Portland Health Care System, Portland, OR.

**Process of Implementation:** The team learned of new evidence-based best practice recommendations from the Houston VA Medical Center who reduced SSIs by 50 % with screening for MRSA in the pre-operative clinic to ensure proper antibiotic for surgery, followed by treating each preoperative patient with chlorhexidine washcloths, oral chlorhexidine rinse, and intranasal povidone-iodine.

Starting May 15, 2017, all surgical patients at our VA facility now receive intranasal Povidone-Iodine treatment before surgery

**Statement of Successful Practice:** For the past three years the medical center has averaged 11 SSIs per year, and for the first fiscal year of implementation 5 SSIs and 4 SSIs for the second fiscal year were reported.. Signifying a 42% reduction in MRSA SSI over the last 7 years.

**Implications for Advancing the Practice of Perianesthesia Nursing:** A Nurse driven process significantly decreased incidence of MRSA SSI's at the VA Portland Health Care System

*Note: All abstracts are printed as received from the authors.*