Skin Care Initiative – CVI

The Problem

Hospital-acquired pressure ulcers are identified as one of several top-priority patient safety indicators and are high-burden conditions that have high cost, high volume or both and could "reasonably" have been prevented using evidenced-based guidelines. The Cardiac and Vascular surgery patient population is particularly vulnerable and fall into the high -burden category.

Aim/Goal

- Beth Israel Deaconess Medical Center's 2009 Annual Operating Plan, in line with the 2009 Patient Safety Goals, is to eliminate preventable patient harm by 2012.
- Aggressive preventative care will decrease unintentional costs to the medical center and substantially improve the patient experience

The Team

- Mary Francis Cedorchuk Nurse Manager CVI OR
- Shari Pasley Vascular Resource Nurse CVI OR
- Verna Rettagliati Cardiac Resource Nurse CVI OR
- Margie Serrano Nurse Manager CVICU/Farr 6
- John Cotter CNS CVICU
- Diane Pascarelli CNIII CVICU
- Marnie Chaves UBE Farr 6
- Pam Donovan CN II Farr 6
- Janice Cunnane RN, CWOCN
- Linda Denekamp Nurse Manager Farr 5/VICU
- Charlotte Guglielmi Perioperative Nurse Specialist
- Deborah Heck Tassone CN IV Perioperative Services

Interventions

- Collaboration – CVI staff and Wound Care Specialist
- Pre /intra operative skin assessment/documentation of CVI patients
- Evaluation of CVI OR beds/surgical positioning aids - Wound care specialist
- CVI OR staff education regarding skin assessment and patient positioning
- Use of Criticaid (moisture barrier ointment) – CVI OR patients > 2hrs duration
- Careful selection of CVI OR positioning equipment
- Carefully communicate/document skin assessment in the peri-operative period
- Careful assignment of pressure redistribution mattress post op per algorithm, eg Kinair bed for sternal debridement, open chest patients
- Staff lift patient surface to surface vs. dragging to ↓ friction injuries to the skin.
- Handoff communication between CVI OR staff, CVICU staff, CVI Med/Surg staff
- Reposition patient as soon as possible after surgery.

The Results/Progress to Date

Peri-Operative Pressure Ulcers are defined as a mechanical stress induced ischemic necrosis of three-dimensional soft tissue due to placement on a nonconforming support surface - the OR bed. Preventative measures initiated to date include:

- Increasing CVI OR staff's ability to identify patients who are at high risk for peri-operative pressure ulcer development, eg post-op open chest, cardiac surgical patients:
- Patients are immobilized, chemically paralyzed and unable to be turned, fluid overloaded, on vasopressors and moist from open chest drainage.
- Recognition of vulnerability accepting urgent patient transfers from outside facilities. Skin assessment must be carefully evaluated and documented at the point of entry, eg Direct admits to the CVI OR/Endovascular suite
- Employing special consideration to CVI patients ↑ age 62, ASA Score III or ↑, length and type of surgery ↑2hrs, position of patient during surgery, current skin integrity.
- Improved intra-operative documentation

OUTCOMES
Skin Condition post-op:
ESU pad site(s): ☐ Unchanged from Pre-op ☐ N/A
☐ Skin unchanged from pre-op ☐ Skin change(s) noted
☐ Redness / Erythema * # ____ ☐ Break in Skin* # ____
☐ Other * ____
* Number and record on body figure
☐ Skin changes reported to ☐ Surgeon ☐ Resident
☐ Skin changes assessed by ☐ Surgeon ☐ Resident
☐ DSD applied ☐ N/A ☐ Verbal report of skin changes called to ____ R.N. ☐ N/A

Next Steps/What Should Happen Next

- Perioperative Services/CVI OR - Skin Care Task Force, Feb '09
- Assessment and expansion of initiatives to include all areas of Perioperative Services
- Ongoing surveillance of Patient Safety Reporting System to validate effectiveness of initiatives
- Ongoing education for all staff - Pressure Ulcer Staging Competency

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

The Silverman Institute For Healthcare Quality and Safety

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