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Recommended Citation

Melecio, Tan RN; Childers, Marjorie RN; Naglieri-Prescod, Deborah; and Dutton, Cathi RN, "Implementation of a Pressure Ulcer Prevention Protocol in the Perioperative Setting" (2022). *Nursing Research and Scholarship 2022*. 5.

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Implementation of a Pressure Ulcer Prevention Protocol in the Perioperative Setting

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Abstract

Problem

Despite using pressure unloading devices in the project setting, there was a 1.08% incidence of Stage II and III perioperative ulcers during CY 2019. Perioperative nurses do not currently follow a pressure ulcer prevention protocol in assessing surgical patients. Through various customer discoveries, it was determined that there are inconsistencies and knowledge gaps related to skin assessment and timing of skin padding related to a lack of protocol in the unit.

Purpose

The purpose of this Doctor of Nursing Practice (DNP) quality improvement project was to develop a perioperative pressure ulcer prevention protocol for use by nurses with emphasis on early identification of risk factors initiation of preventive practices upon admission, and ongoing inspection of skin as well as safe caregiving practices to decrease the incidence of perioperative pressure ulcers.

Clinical Question

For perioperative nurses in the surgical unit (P), will the implementation of a perioperative pressure ulcer prevention protocol (I), compared to current practice with no protocol (C), increase the perioperative nurses' knowledge on etiology and prevention and decrease the incidence of perioperative pressure ulcers (O) in 60 days (T)?

Introduction

Incidence

- o Surgical Unit 2019
 - 463 patients
 - Stage II and Stage III pressure ulcers
 - 1.08 pressure ulcer rate
- Associated with longer length of stay, increased pain, suffering, morbidity, mortality.
- Increased Financial Costs
 - o \$1.4 billion annually, 44% of the price of major surgical hospital stays
 - o Single ulcer: \$500 - \$70,000
 - o \$14,000 - \$40,000 per patient for longer hospital stays

Goals

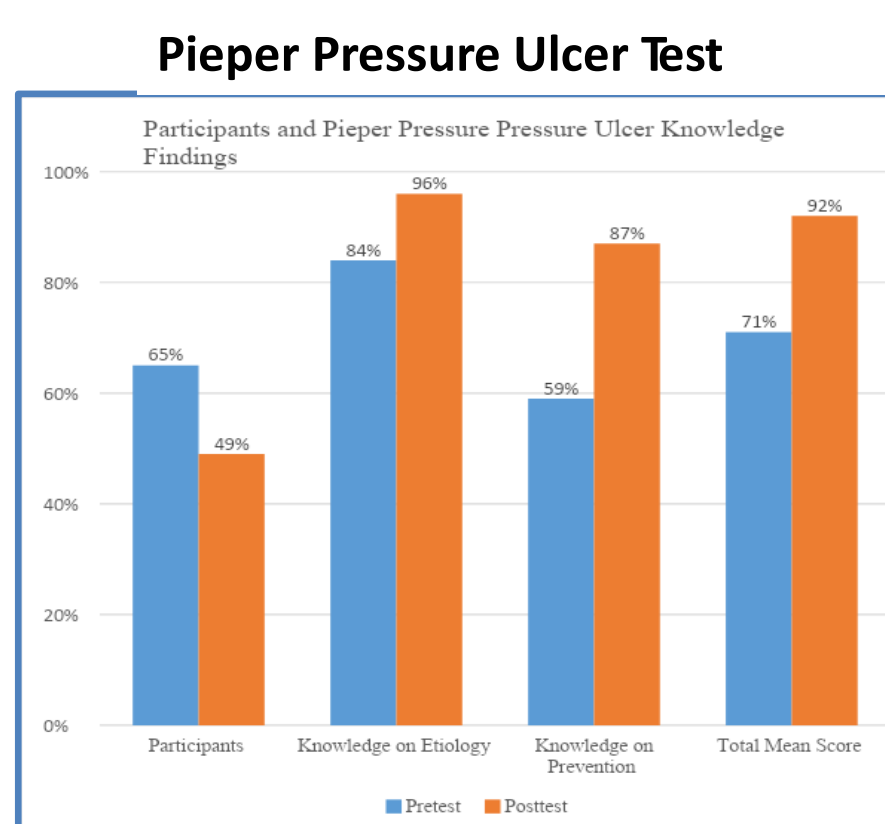
1. Participants would demonstrate improvement in knowledge by at least 25% after receiving pressure ulcer prevention education.
2. Perioperative pressure ulcer incidence would decrease by 25% compared to pre-intervention data.
3. The use of protocol and related documentation would be reinforced and sustained to ensure the continuity of care.



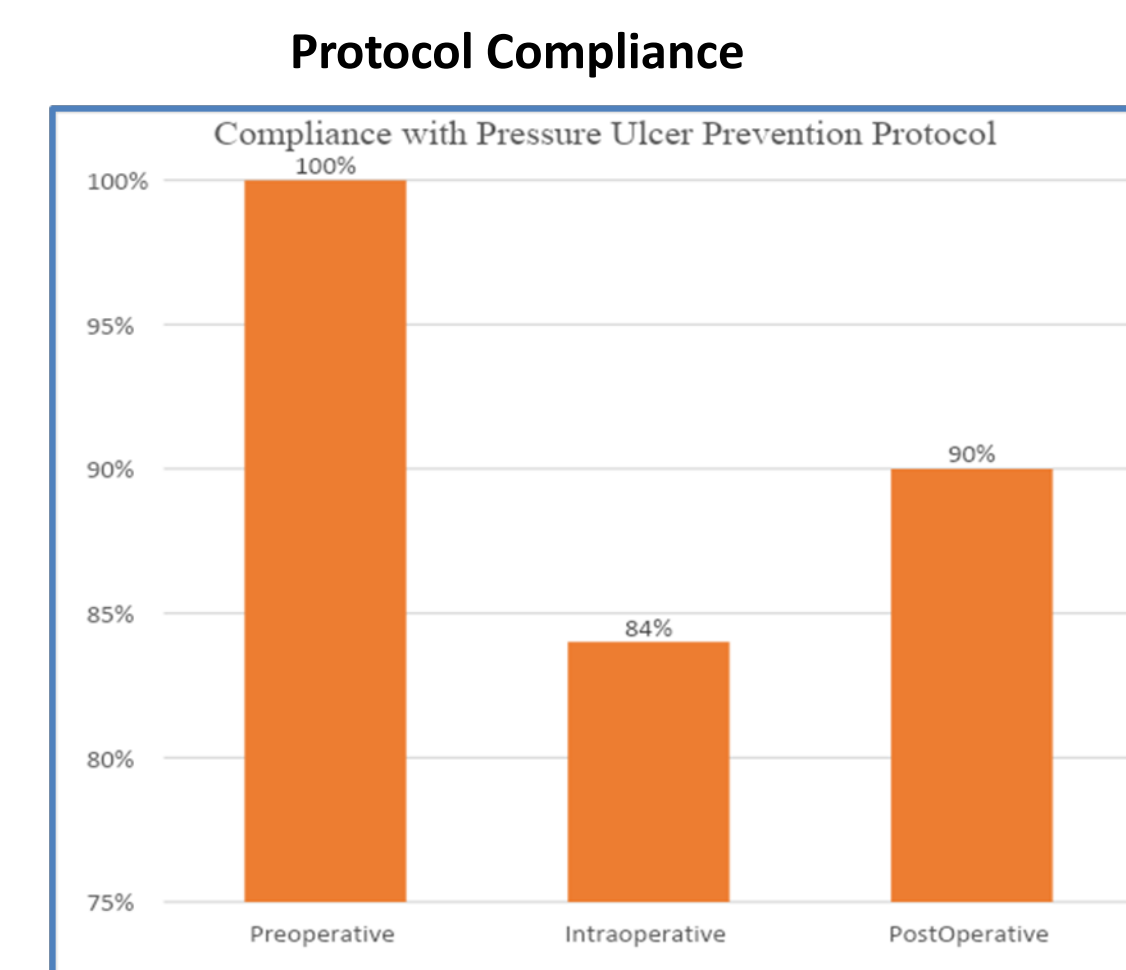
Methodology

- Descriptive design with pretest/posttest methodology and chart review.
- Project setting: BMC Operating oom.
- 65 perioperative nurses who qualified for the study.
- Retrospective chart review of 463 charts for Stage II and III pressure ulcer incidence in the surgical unit January 2019-December 2019 (1.08%).
- Development and implementation of Pressure Ulcer Protocol to aid nurses in identifying changes in skin integrity before the surgery and 48 to 72 hours post-surgery.
- Pieper Pressure Ulcer Test used to assess the perioperative nursing knowledge regarding pressure ulcer etiology and prevention and administered via SurveyMonkey®.
- Baseline knowledge assessed September 8-September 22, 2021.
- Educational in-service sessions provided from September 23-September 30, 2021.
- Posttest knowledge assessed October 7, 2021.
- Nine-week implementation of Pressure Ulcer Prevention Protocol October 8-December 14, 2021.
- 30 Pressure Ulcer Protocol forms collected to evaluate the compliance of participants on their assessment and documentation preoperatively, intraoperatively, and postoperatively.

Results

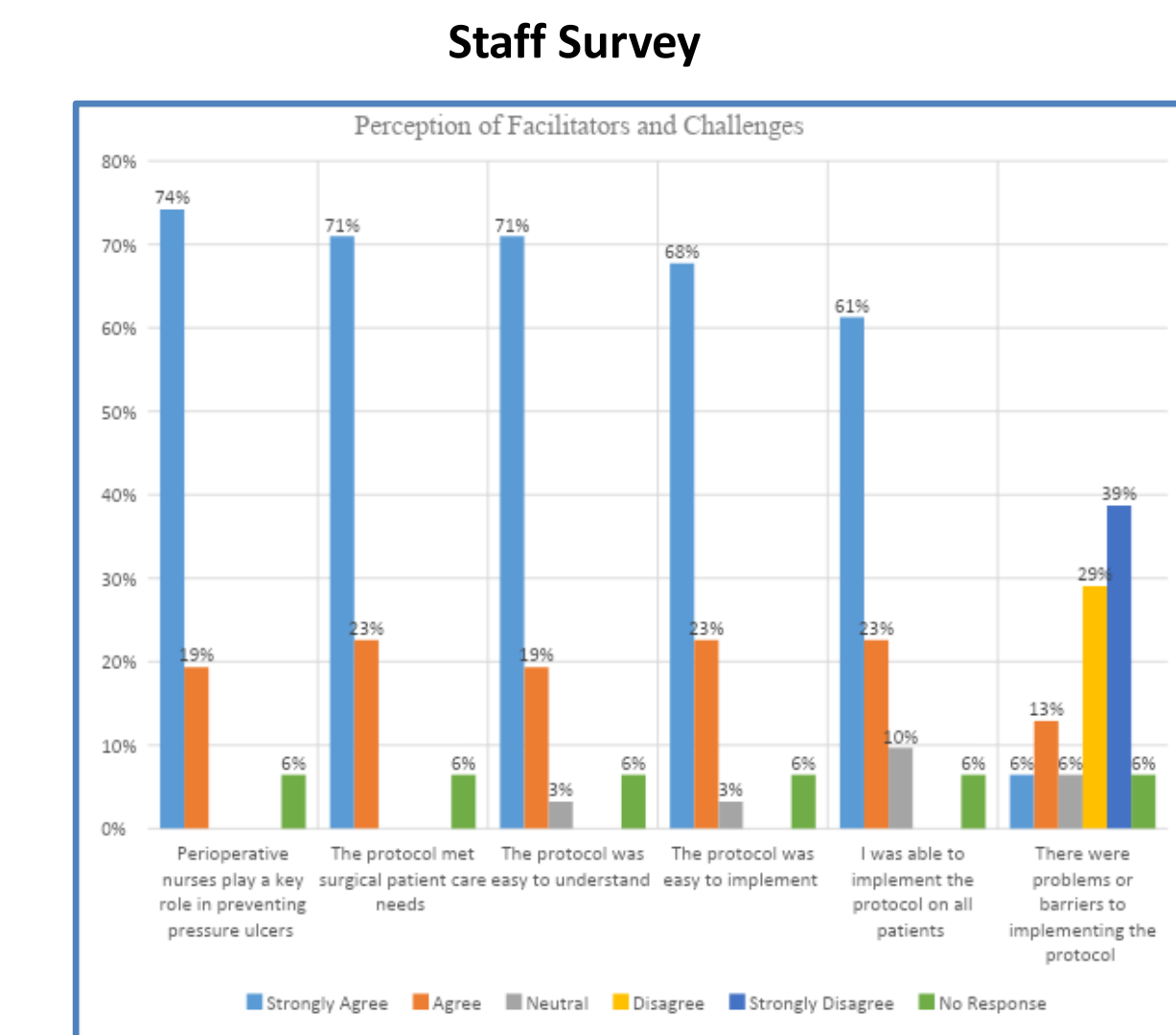


Overall Score ↑ 28%
 Etiology Knowledge ↑ 14%
 Prevention Knowledge ↑ 48%



73% success rate
 100% preoperative protocol
 16% (5) incomplete intraoperative skin assessment
 10% (3) incomplete postoperative skin assessment

Results (continued)



94% (28) A/SA perioperative nurses play a key role in preventing pressure ulcers

94% (28) – A/SA protocol met the surgical patient care needs

90% (27) – A/SA protocol was easy to understand

91% (27) A/SA protocol was easy to implement

84% (25) – A/SA able to implement in all patients

68% (20) – A/SA no problems or barriers to implementing the protocol
 Key: A/SA = Agree/Slightly Agree

Conclusion

Project Goals Measured and Met

1. Participants would demonstrate improvement in knowledge by at least 25% after receiving pressure ulcer prevention education – 14% increase in etiology knowledge and 48% increase in prevention knowledge.
2. Perioperative pressure ulcer incidence would decrease by 25% compared to baseline – No pressure ulcers 72 hours after procedure.
3. The use of protocol and related documentation would be reinforced and sustained to ensure continuity of care – Project was successful and will be adopted for use.