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Chloraprep Dry Time

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• QIC – Mary Hunter, BSN, RN
• General Surgery Team
A3 Overview

A3 for Problem Solving

Focus: Chloraprep Dry Time

A3 Team: Nikki Chilton, Becca Milner, Kristin Sapp, and Chelsea Dereniek

Objectives
- Reduce time to dryness per manufacturer’s guidelines
- Patient dissatisfaction with delay in procedures
- Ensure quality and safety for patient care

Date: 10/19/19

Chore the Problem
- Problems: Following manufacturer’s guidelines
  - Current guidelines are 3 minutes
- Patient’s expectation: 1 minute
- Patient satisfaction: 1 minute
- Delay in procedures

Break Down the Problem

Set a Target
- Our goal is to increase the percentage of dry time compliance for solutions used in general surgery in the operating room from 55% to 100% by the end of February 2020 at Children’s Mercy, Adair Hall.

Develop and Implement Countermeasures

Break Results & Process
- Problem: High variability in dry time
  - Data show high variability in dry time
  - Data show improvement in dry time

Standardize and Follow Up
- Standardize the following measures to ensure consistent dry time:
  - Chloraprep dry time compliance
  - Patient satisfaction
  - Staff satisfaction

Systematic Process for Solving Problems

LOVE WILL.
Clarify the Problem

• Problem: following manufacturer guidelines on dry time
• Desired state: waiting the time for drying according to manufacturer guidelines
• Current state: belief/perception that we may not be waiting full time to dry according to manufacturers’ instructions.
• Patient/customers expect we follow guidelines to prevent risks such as SSI and fires.
• Key measures: procedures we wait the amount of time we are supposed to versus procedures we are not.
• Measuring time—3 minutes of dry time for Chloraprep.
• Clarifying/Pieces of problem:
  • Paying attention to the clock
  • All clocks matching exact times
  • Three minutes isn’t purposeful
Breakdown the Problem

- Designated responsibility of calling out time
- Calling out verbally time started
- Trauma vs routine
- Responsible person to prep
- Source of timing the dry
- Prep time start at beginning or end of prep
- Barriers: awareness, clock times not matching
Initial Data

Waiting 3 minutes for Chloraprep to Dry

- 15 no
- 27 yes
Set a Target

• Our goal is to increase the percentage of dry time compliance for chloraprep used in general surgery in the operating room from 36% to 75% by the end of February 2020 at Children’s Mercy Adele Hall.
Identify Root Cause

Why is dry time not being followed?
• People aren’t paying attention to the clocks.

Why aren’t people paying attention to the clocks.
• Because it is not a designated role.

Why is it not a designated role?
• Because it is not a standardized practice.

Why is not a standardized practice?
• Because there was not awareness that it was a problem.

Why was there not awareness that it was a problem?
• Lack of education
Our goal is to increase dry time compliance of surgical prep (Chloraprep) within General Surgery from 36% to 75% by February 2020 at Childrens Mercy Hospital, Adele Hall Campus.
Check Results and Process

- After implementing whiteboard use, data shows there was an increase in compliance to manufacturer guidelines on waiting 3 minutes for Chloraprep to dry from 30% to 54.5%.

Chloraprep Dry Time Observations: is the General OR team staff waiting 3 min for Chloraprep to Dry?

- Using Whiteboard?
  - No: 22
  - Yes: 0

- Waiting 3 min?
  - No: 10
  - Yes: 12
Check Results and Process

- After implementing the use of timers, data shows there was a decrease in compliance to manufacturer guidelines on waiting 3 minutes for Chloraprep to dry from 30% to 26.3%.

Chloraprep Dry Time Observations: is the General OR team staff waiting 3 min for Chloraprep to Dry?

- Using Timers?
  - No: 8
  - Yes: 30

- Waiting 3 Min?
  - No: 10
  - Yes: 28
Check Results and Processes Cont.

Observation Percentage: Number of observations where Chloraprep was allowed to Dry for 3 Minutes

- October: 35.70%
- December: 54.50%
- January: 26.30%

Goal: 75%

Chloraprep was allowed to dry
Standardize and Follow Up

- Our implementations of whiteboard usage and timers would not be included as a standard of care as neither yielded positive results. The issue of surgical prep dry time compliance would require further data collection, and documentation in order to pinpoint root cause and alleviate the issue in the OR.
Conclusion

• Was AIM Statement met?
  • No. While our dry time compliance did see a temporary increase during the time we implemented “whiteboard usage”, this had no direct correlation to the actual usage of the whiteboards but rather the anticipated presence of Joint Commission members during that time frame.

• Pediatric nursing implications
  • Without the allowance of surgical prep dry time we risk causing harm to our patients.

• Lessons learned from working on project
  • Issue with compliance integrity
References


Questions?