Pressure Injury Prevention for Urology Surgical Procedures: A QI Initiative

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Pressure Injury Prevention for Urology Surgical Procedures: A QI initiative
Azadeh Wickham FNP-BC; Pat Clay RN, CPN, CWON; Kate Gibbs MHA, CCLS

<table>
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<tr>
<th>Background</th>
<th>Methods</th>
<th>Results</th>
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<td>• Perioperative pressure injury is defined as any pressure related injury, including non-blanchable erythema, purple discoloration, or blistering associated with operating room positioning</td>
<td>• After recognizing pressure injuries in Urology patients, the Urology department gathered an interdisciplinary workgroup</td>
<td>• Prior to this patient-specific prevention process, pressure injuries were identified in this population</td>
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<td>• Pressure Injuries (PI) are one of the leading causes of harm in healthcare settings</td>
<td>• High risk Urology surgical procedures were identified</td>
<td>• Zero Urology perioperative pressure injuries have been identified since the initiation of this project</td>
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<td>• Limited literature is available about PI prevention in pediatric surgical patients</td>
<td>• Wound Care and Urology collaborated to determine intervention opportunities</td>
<td>• The WOC and Urology departments have significantly increased their collaboration</td>
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| • Operating room factors impacting PI development:  
  o Positioning  
  o Anesthesia  
  o Duration of surgery  
  o Patient co-morbidities | • A process involving a pre-surgical WOC consult, operating room positioning (guided by the National Pressure Ulcer Advisory Panel clinical practice guidelines for the operating room), and post-operative follow-up was trialed and adopted (Figure 1) | • Staff are more aware of and interested in pressure injury prevention strategies |

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<th>Objectives</th>
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| In January 2018, the Urology department initiated a QI project on pressure injury prevention for Urology surgical procedures with the goal of:  
  • Establishing a patient-specific pressure injury prevention process  
  • Improving identification of at-risk patients  
  • Performing appropriate interventions related to surgical positioning  
  • Increasing staff knowledge and awareness of skin assessment  
  • Increasing staff knowledge of prevention of preoperative pressure injuries |

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<th>Figure 1</th>
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### Conclusion

• The interdisciplinary collaboration between the Urology department and a wound care RN has shown to be successful in prevention of pressure injuries during surgical procedures  
• Staff are receptive and more actively engaged in the process  
• The team plans to continue work on this process to develop shared ownership and knowledge of pressure injury prevention within other surgical specialties.

### Acknowledgments

The team would like to thank the Urology department and the Operating Room staff who participate in these surgical procedures.