

LA PREPARATION PREOPERATOIRE DU PATIENT ET LA PREVENTION D'INFECTION DU CHAMP OPERATOIRE

Auteurs :

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RESUME

En 1999, le ministère de la Santé et des Soins de longue durée de l'Ontario a approuvé un financement pour le St. Mary's General Hospital dans le but de créer un centre régional de soins cardiaques. En juillet 2003, le programme de chirurgie cardiaque a été lancé. Pendant l'étape de planification du programme, des protocoles relatifs à la préparation de patients allant subir une chirurgie cardiaque ont été élaborés.

Objectif : Partager des politiques, des protocoles et des outils de formation à l'intention des patients développés à partir de normes de pratiques guidées par la recherche et fondées sur les preuves. Effectuer une revue d'une année (janvier à décembre 2004) et évaluer le taux de

conformité relatif à la préparation préopératoire de patients lors de tout pontage aortocoronarien.

APPROCHE : Analyse rétrospective des dossiers

LIEU : Centre régional communautaire de soins cardiaques disposant de 191 lits

PARTICIPANTS : Tout patient adulte subissant un pontage aortocoronarien entre le 1^{er} janvier 2004 et le 31 décembre 2004.

ANALYSE : Le taux de conformité suivant la formation du patient relatif au lavage préopératoire, à l'évaluation de l'exécution du lavage préopératoire et au site de rasage selon la salle d'opération cardiovasculaire.

CONCLUSION : Une équipe de personnel infirmier autorisé était en mesure de mettre en place des politiques et des protocoles au sein d'un programme de chirurgie cardiaque qui correspondaient aux normes recommandées par les Centers for Disease Control and Prevention (CDC), l'Association des infirmières et des infirmiers de salle d'opération du Canada (AIISOC) et l'initiative Des soins de santé plus sécuritaires maintenant! Une analyse rétrospective des dossiers démontre que le personnel infirmier applique et consigne de manière assidue les protocoles relatifs au lavage préopératoire et au rasage.

PRE-OPERATIVE PATIENT PREPARATION IN THE PREVENTION OF SURGICAL SITE INFECTIONS

Authors:

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ABSTRACT

In 1999 the Ontario Ministry of Health and Long Term Care granted funding to St. Mary's General Hospital for a Regional Cardiac Care Center. In July 2003 the cardiac surgery program opened. During the program-planning phase, protocols and procedures related to patient preparation for cardiac surgery were developed.

OBJECTIVE: To share policies, protocols and patient teaching tools developed from research driven, evidenced based standards of practice. To complete a one-year review (January to December 2004) and assess the compliance rates with pre-operative patient preparation procedures on all Coronary Artery Bypass Graft (CABG) cardiac surgery patients.

DESIGN: Retrospective chart review.

SETTING: 191 bed community-based Regional Cardiac Care Centre.

PARTICIPANTS: All adult patients undergoing Coronary Artery Bypass Graft (CABG) surgery from January 1st 2004 to December 31st 2004.

ANALYSIS: Compliance rate following patient education related to pre-operative washes, assessing completion of pre-operative washes, and location of clipping relative to the Cardiovascular Operating Room (CVOR).

CONCLUSION: A team of Registered Nurses was able to effectively implement policies and protocols within a cardiac surgery program that meet the recommended standards of care of the

Centers for Disease Control and Prevention (CDC), Operating Room Nurses Association of Canada (ORNAC) and Safer Health Care Now! Initiative. A retrospective chart review has demonstrated that staff consistently apply and document care in accordance with the developed pre-operative wash and hair clipping protocols.

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) has extensively reviewed methods of pre-operative patient preparation to identify practices that reduce the risk of developing a surgical site infection (SSI).¹ The Operating Room Nurses Association of Canada (ORNAC) has also developed *Recommended Standards, Guidelines, and Position Statements For Perioperative Registered Nursing Practice*, to promote best practices, maintain standards, and ensure a standard of care for all surgical patients.² More recently, the Institute for Healthcare Improvement released the *Safer Healthcare Now!* campaign that outlines practice components to prevent SSI.³

Historically, standards of care have been difficult to implement in that they state what to do but not how to do it. Approximately 2 to 20% of all CABG surgeries result in surgical site infections leading to increased morbidity and mortality for the cardiac patient and an immense cost to the healthcare system through the treatment of SSI.⁴ It is important that CDC and ORNAC standards, as well as *Safer Healthcare Now!* initiatives, be applied to this patient population. By sharing policies and protocols that have been developed at St. Mary's Regional Cardiac Care Centre, nursing staff at other health care facilities can access the tools that will assist them in implementing practice change and adhering to standards that result in improved patient outcomes.

In 2003, an extensive literature review identified research based standards of care that are effective in reducing SSI. Following this review, a team of nursing staff and physicians used the CDC and ORNAC standards to develop hospital policies to be applied to all elective and

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urgent cardiac surgery patients. These policies included:

- Patient education related to performing pre-operative full body washes with 4% Chlorhexidine impregnated sponges prior to their surgery; and
- Hair clipping, by a Registered Nurse First Assistant (RNFA), immediately prior to transfer of the patient to the CVOR

Following the completion and implementation of the protocols, a one-year (January 1 to December 31, 2004), retrospective chart review was completed on all. Compliance with the developed protocols related to documentation, number of body washes completed related to the patient's BMI, and hair-clipping, in relation to patient location, were assessed.

METHODS

Starting in January 2003 a review of current practices across Ontario's Cardiac programs was initiated. Concurrently, an extensive Internet based literature review was completed combining the search terms surgical site infection, CABG, patient preparation, pre-operative washes, pre-operative hair removal, and cardiac surgery. The literature search provided evidence for pre-operative practice, associated infection rates and outcomes related to cardiac surgery, as well as professional practice and government advisory committee recommendations for best practices in perioperative nursing care

By July 2003, prior to the opening of the cardiac surgery program, the policies, procedures and documentation tools had been created and were ready for implementation in the Cardiac Surgery program. St. Mary's Regional Cardiac Care Centre uses medical information technology databases, computer accessible hospital policies and procedures, and a computerized materials management system. To comply with hospital practices, the pre-operative wash protocol (see Appendix A), hair-clipping protocol for cardiac surgery (see Appendix B), and referring documentation screens entitled "pre-op wash education" and "hair clipping for CVOR" were created in electronic format. The nurses

providing pre-operative patient education documented the patient education that was provided, including instructions related to the appropriate method of pre-operative washing and the number of washes to be completed, by the patient, leading up to the surgery date. On the day of surgery, the RNFA reviews with the patient the number of pre-operative washes completed and documents this information. Documentation in the electronic patient record allows for the evaluation of staff and patient compliance to the hospital protocols. Future analysis will allow for the comparison of the compliance levels with the rates of post-operative development of SSI.

In collaboration with the Information Technology (IT) department, electronic reports were developed to identify the number of washes a patient was instructed to complete, related to their BMI; the number of washes completed by day of surgery; and the location of hair clipping. Through the analysis of these reports the authors were able to complete a comprehensive, retrospective review of patient education and patient and staff compliance with washes and hair removal protocols.

Prior to the opening of the cardiac surgery program, RN staff were provided with in-service education sessions highlighting pre-operative practices and the newly developed policies. The importance of these practices, and the evidence-based research demonstrating their impact on infection rates and patient outcomes, were highlighted during these sessions. Nursing staff from clinical areas, including cardiology, cardiac surgery, critical care and the operating room, were required to attend.

EVALUATION

Of the 359 "isolated CABG procedures", 326 patient charts had documentation of preoperative wash education and number of washes completed. 71.6% of patient charts documented the provision of pre-operative wash education. This includes 78.7% of elective, 57.1% of semi-urgent, 69.2% of urgent, and 26.7% of emergent. 90.8% of patient charts included documentation of the quantity of



from major procedure to minimal reminder



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PREOPERATIVE PATIENT PREP (cont.)

washes the patient was instructed to complete pre-operatively. Based on the charted BMI, however, only 73% of patients were instructed to perform the correct number of pre-operative washes (90.4% of elective, 91.6% of semi-urgent, 73% of urgent, 6.7% of emergent). Due to the inherent condition of emergent patients it is expected that nursing staff will be unable to adhere to the pre-operative wash protocols in this patient population. Table 1 demonstrates the correlation between patient urgency and staff compliance to the pre-operative wash protocol.

All 359 patients had hair-clipping documentation completed. Documentation showed that 82.1% of the patients were clipped outside of the CVOR (42% were elective, 34.8% were semi-urgent, 2.8% were urgent, 2.5% were emergent), 7.5% of patients were clipped inside the CVOR (1.4% were elective, 0.5% were semi-urgent, 3.9% were urgent, 1.7% were emergent) and 10.4% did not require hair clipping at all. In accordance with the hair clipping protocol, 5.8% of the patients who had hair removal completed in the CVOR should have been clipped outside of the CVOR as their surgeries were planned (elective, semi-urgent and urgent). 1.7% of CABG cases during the study period were emergent and therefore hair-clipping within the CVOR is acceptable due to the deteriorating condition of

the patient. Table 2 demonstrates, based on patient urgency, staff compliance with hospital hair removal policies.

CONCLUSION/DISCUSSION

Evidence based standards of practice can be successfully implemented in the hospital setting through the development of hospital policies, procedures and documentation tools. Key to their successful implementation was RN staff education. By educating nursing staff on the evidence based literature that has driven the creation of the hospital policy and highlighting the benefit of compliance with these protocols to reduce SSI, may aid in replicating the high compliance rates documented in this study.

The *Pre-Operative Wash Instructions* and *Hair Clipping Protocol* were developed in 2003 to coincide with the opening of the Cardiac Surgery program at St. Mary's Regional Cardiac Care Centre. Ongoing literature reviews have identified that these policies continue to be relevant and up to date with recommended practice as evidenced by the pre-operative wash and hair removal recommendations of the *Safer Healthcare Now!* campaign.

Best practices standards and guidelines are accessible to all health care providers but are

Table 1

Documentation N= 359	% of elective N= 174	% of semi-urgent N= 14	% of urgent N= 156	% of urgent N= 15
Pre-operative wash education completed	78.7 %	57.1%	69.2%	26.7%
Number of washes completed documented	95.4%	85.7%	87.8%	73.3%
Number of washes completed accurate to BMI	90.4%	91.6%	73.0%	6.7%

Table 2

Documentation N= 359	% of elective N= 174	% of semi-urgent N= 14	% of urgent N= 156	% of urgent N= 15
Hair clipping outside of the CVOR	42%	34.8%	2.8%	2.5%
Hair clipping inside of the CVOR	1.4%	.5%	3.9%	1.7%

Appendix A

St. Mary's General Hospital, Kitchener, ON

TITLE: PRE-OPERATIVE WASH PROTOCOL

PURPOSE:

To outline the method for pre-operative washing for the surgery patient in preparation for a planned cardiac surgery.

PREOP WASH:

Chlorhexidine 4% is the preferred pre-operative wash agent at SMGH. All patients scheduled for cardiovascular surgery as an elective, semi-urgent or urgent case will complete the pre-op wash regimen.

ASSESSMENT:

The nurse in the pre-admission clinic will provide each elective patient with pre-operative wash teaching. The nursing staff on 700 (inpatient cardiac surgery/cardiology) will provide pre-operative wash teaching to all semi-urgent and urgent patients. The RN will obtain an accurate height and weight on the patient. BMI will be determined based on the height and weight of the patient.

PROCEDURE:

Patients with a BMI<30 will have a total of 2 pre-operative washes. One pre-operative wash will be completed the night before their planned surgical procedure and one pre-operative wash the morning of the planned procedure. Patients with a BMI>30 will have a total of 5 pre-operative washes. One wash will be completed daily for the 4 consecutive days leading up to the planned surgical date. The fifth pre-operative wash will be completed the morning of the planned procedure.

1. Each pre-operative wash will require two (2) chlorhexidine 4% scrub brush-sponges.
2. The patient will first be instructed to wash their hair, face and body with their normal bath products.
3. The patient will then be instructed to wash with the soft side of the brush-sponge beginning at their neck and working towards their waist. Then, using the same soapy sponge, begin at the feet and work towards the waist. The groin should be the last area cleansed.
4. Ensure the patient is aware to avoid contact of the pre-op wash solution with their ears and eyes.
5. Wash each area for 2 minutes.
6. Instruct the patient to rinse the pre-operative wash off.
7. Have the patient repeat wash using a new brush-sponge and the same procedure, steps 3-5.
8. Instruct the patient to rinse the pre-operative wash off.
9. Dry entire body with a clean, dry towel.

EVALUATE:

Ensure that the patient understands wash method prior to completing pre-operative wash. Evaluate condition of skin to ensure no adverse reactions such as rash or skin irritation.

DOCUMENTATION:

"Pre-op Wash Protocol" can be viewed under protocols on the Process Interventions screen. "Pre-op wash Assessment" documented with each shower. Add "Integumentary Assessment" to PI screen if patient has adverse reaction to Chlorhexidine 4% and inform physician.

ORIGIN: Jennifer Beamer

DATE APPROVED: May 23rd, 2003

DATE REVISED:

DATE COMPUTERIZED: May 23rd, 2003

DATE REVIEWED:

RESPONSIBILITY: Nursing Practice Council

REFERENCES: AORN 2003, ORNAC 2003; Paulson, D.S. Efficacy Evaluation Of A 4% Chlorhexidine Gluconate As A Full Body Shower Wash. *AJIC*. 1993;21(4): 205-209; Wihlborg, O. The Effect of Washing With Chlorhexidine Soap On Wound Infection Rate In General Surgery. *Annales Chirurgiae et Gynaecologiae*. 1987; 76: 263-265.

PREOPERATIVE PATIENT PREP (cont.)

Appendix B

St. Mary's General Hospital, Kichener, ON

TITLE: HAIR CLIPPING PROTOCOL FOR CARDIAC SURGERY

PURPOSE:

To outline the method for pre-operative hair removal for the cardiovascular surgery patient in preparation for a planned cardiac surgery.

POLICY STATEMENT:

Hair clipping by electric, disposable clippers is the preferred method of hair removal for the cardiac surgery patient at SMGH.

ASSESSMENT:

The RNFA will determine the need for hair clipping in all elective, semi-urgent and urgent cardiac surgery patients. Emergent cardiac surgery patients may not follow this protocol due to their urgent nature. The RNFA will be responsible for completing hair clipping on all appropriate patients outside of the OR in the current area that the patient is located (i.e. 700, CCU/ICU, AM admissions).

INTERVENTION:

Electric hair clippers with disposable heads will be used by the RNFA for hair removal. Hair clipping is completed only when appropriate. The cardiac surgeon and/or RNFA will determine when hair clipping is appropriate.

EVALUATION:

Ensure patient understands need for hair removal and purpose prior to implementing intervention. Evaluate condition of skin to ensure no adverse reactions such as rash or skin irritation.

DOCUMENTATION:

"Hair Clipping Protocol" can be viewed under protocols on Process Interventions screen. Hair Clipping intervention documented on PI. Add "Integumentary assessment" to PI screen if patient has adverse reaction to hair removal and inform physician.

ORIGIN: Jennifer Beamer RN

DATE APPROVED: May 23rd, 2003

DATE REVISED:

DATE COMPUTERIZED: May 23rd, 2003

DATE REVIEWED:

RESPONSIBILITY: Nursing Practice Council

REFERENCES: AORN 2003; ORNAC 2003.

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not always implemented because staff do not have the tools required for change. Through the development of these new policies, and the electronically accessible documenting tools for use by nursing staff, Registered Nurses at St. Mary's Regional Cardiac Care Centre implemented change through the review of current site practices, implementation of national standards and review and documentation of the effectiveness of these changes.

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Author: Dorothy Dewar, ORNAC Secretary 2007-2009

The ORNAC Executive & Board met for its biannual meeting in Toronto November 2nd, 3rd and 4th, 2007.

- ❖ ORNAC President Linda Socha welcomed new board members Candice Franke SK, Anne Smith PE, Leah Restall MB, Kathy Radcliffe ON and Vanna Wasson NB. Farewell, and thank you, was expressed to Francine Clautier Quebec.
- ❖ The Standards Committee has completed Module 1 which is now for sale through CSA. No rest for the committee, though, as they have already started work on revising Module 4.
- ❖ ORNAC's Auditor, Mr. Delorme, attended the Board meeting, reviewed the finances, and gave ORNAC a clean bill of health!!
- ❖ The Awards Committee is developing criteria for several new awards. *The Gloria Stephens Award for Excellence as an Educator in the field of Perioperative Nursing* and the *RMAC Surgical Safety Award* will be presented at the 2009 National Conference in St John's, NL. Details will be on the web site when finished as well as in CORNJ.
- ❖ Three Post Graduate Perioperative RN Programs received ORNAC approval within the past 6 months. Congratulations are extended to Saskatchewan Institute of Applied Science and Technology, Calgary Health Region Post Graduate Perioperative Program and Algonquin College in Ottawa, ON.
- ❖ ORNAC continues to work on obtaining Federal Incorporation. It is hoped that this process will be finalized by the end of the year.
- ❖ ORNAC has purchased a subscription for *Eluminate*, a computer program which allows us to connect through the internet to work in a virtual office. The package includes 10 seats and unlimited usage. The

Executive has made use of it and the Standards Committee, along with many other ORNAC committees, plans to make use of it for committee work. A Calendar has been set up on the ORNAC web site to book its usage times. It is hoped that this access may be offered to the Provincial groups so they can work remotely within their Provinces. More information to follow.

- ❖ The CNA has launched a reference group as part of its centenary activities.
- ❖ An initiative in Environmental health has been developed to respond to public concerns and a growing body of evidence which suggests that one of the major issues that will challenge the health care system in the future will come from pollution, climate change and environmental issues. The main goals of the project is to increase nurses' awareness of environmental health issues, provide nurses with the tools they need to support environmental health in practice, education, research and policy and to support nurses in reducing their own environmental footprint. Bonnie MacLeod, ORNAC's President Elect, will represent ORNAC on this Committee.
- ❖ ORNAC has secured a booth at, and is a Bronze sponsor of, the upcoming Canadian Student Nurses Association Conference to be held in Winnipeg in January 2008.
- ❖ ORNAC's President Linda Socha represented us at the World Conference in Seoul Korea. where she also gave two presentations. She also traveled to Harrogate, England to attend the AFPP Conference and presented there also.
- ❖ ORNAC continues to receive "undeliverable" Journals. Please go to the ORNAC web site at www.ornac.ca and change your address or inform a member of your executive.
- ❖ Edmonton, Alberta has been successful in its bid to host the 2013 ORNAC National Conference. Dates for your diary: May 5th – 12th, 2013