

Benchmarking Studies

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A Strong (but easy to implement) Study:

TOPIC: Maintaining Normothermia Peri-Operatively to Prevent Surgical Site Infections (SSI) - AORN Recommended Practice

CONCERN: Keeping patient's temperature above 96.8 F is considered critical to the prevention of SSIs. "Body temperature should be monitored and maintained as close to normothermia as possible during the preoperative period. Hypothermia may delay healing and predispose patients to wound infections". Standards, Recommended Practices, and Guidelines 2007 Edition

PLAN/STUDY: Patient temperatures are taken in pre-op, OR admission, each 60 minute increment in the OR, upon PACU admission, and at discharge. You could keep it simple and just do Pre-Op, one hour into OR time, and admission to PACU.

DATA: Temps dipped below 97.5 F in 62% of the patients assessed in the two month period.

IMPROVEMENT PLAN:

1. Keep Pre-Op ambient room temp between 70-76 degrees F.
2. When the patient arrives into the PACU, apply a warmed blanket directly on the skin of the patient and put the room temperature blankets on top of that.
3. Buy a Patient Warming System and make sure that the device is applied and turned on BEFORE sedation or anesthesia is begun.
5. Use temp dots to monitor patient temperature during the procedures.
6. Assess temp of patient within 5 minutes of arrival to PACU and continue warming the patient if the temp drops below 98.0 F
7. Patient cannot be discharged until temp is raised above 98.0 F.

COMMUNICATION: Have an office meeting and "roll out" the new policies to the medical/nursing staff. Use graphs, props, and assessment tools to get the staff excited about the changes to come.

START DATE: Assign the date of implementation....make sure that you give yourself enough time to get new equipment in and in-service all staff members on the new equipment and policies.

RE-ASSESS: After using the new policies and equipment, perform the study again approx 3 months or 6 months later and see if the data has changed to support the AORN Recommended Practice.

Other studies:

- Patient Satisfaction Survey
- Employee Satisfaction Survey
- % of patient with complications that increase PACU time (PONV, dizziness, inability to get patient to a pain level of less than 3)
- Dwell Time Studies in the Practice (how long are patients waiting for their appt)
- Duplicate documentation (chart audits to see where entries are recorded more than once by the same staff member). You may find that assessment tools and

other nursing documentation tools may need to be updated to streamline documentation...thus saving staff time and decreasing patient frustration with answering the same question several times)

- Cancellation Rates (how many cases are cancelled and why are they cancelled?)
- Pt Education Surveys (give patients a quiz after their pre-op...identify areas that patients do not understand their instructions)
- Med-Surg Supply Cost Savings (taking the top 20 items you order and get bids from three companies to see who will save you the most money)
- Post-Operative Pain Management (assessing patients at 24 hours to see what their pain levels are and how they are returning to activities of daily living)