Reducing Harm Through Standardized OR Pressure Injury Prevention Protocols

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BACKGROUND

•**Problem:** Pressure Injuries (PIs) in the perioperative setting pose a significant patient safety risk.

•**Local Trend (HARM):** PI incidence at Missouri Baptist Medical Center increased from 9 PIs (Q1-Q2 2024) to 14 PIs (Q3-Q4 2024), suggesting an association with OR procedures.

•**Need for Action:** This trend highlighted an urgent need to standardize and enhance staff education.

•**The Team:** An interdepartmental team, led by two main OR clinical nurses, was formed to develop sustainable, evidence-based PI prevention guidelines.

•**Focus:** The guidelines specifically address high-risk areas and intervention techniques, aiming to prevent PIs that appear up to 72 hours postoperatively.

STUDY QUESTION

Does the creation of perioperative pressure injury prevention guidelines and standardized education reduce pressure injuries associated with operating room procedures?

References available by request

METHODS & DESIGN

We used a pretest/posttest, quasi-experimental design to evaluate a comprehensive PI prevention program.

Core Components

The program was built on three interconnected cores:

- •Enhanced Education
- •Standardized Practice Implementation
- •Continuous Data Monitoring

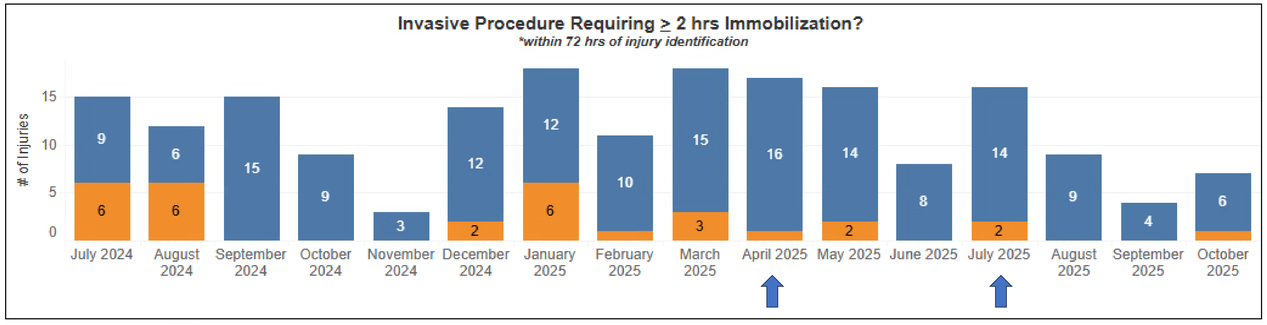
Program Development & Implementation

1. Guideline Creation: Developed evidence-based guidelines, a standardized intraoperative positioning protocol, and improved communication strategies.
2. Staff Education:
   - •**Phase 1 (April-June 2025):** Completed computer-based learning on the organization's e-learning platform.
   - •**Phase 2 (July 2025):** Completed hands-on skills sessions to validate clinical competency in proper positioning, padding techniques, and identifying high-risk areas.
3. Evaluation & Measurement:
   - •Knowledge: Staff knowledge improvement measured via same-day pre- and post-intervention surveys.
   - •Adherence/Outcomes: Key metrics are continuously monitored via organizational dashboards to track compliance and identify new PIs within 72 hours of procedures (requiring over two hours of labor per week for continuous tracking).

PRE-LIMINARY RESULTS

•**Key Finding**: Following the launch of the comprehensive PI prevention program (beginning April 2025), a positive downward trend in PI incidence has been observed.

•**Specific Impact**: The number of PIs requiring ≥2 hours of immobilization showed a notable reduction, decreasing from a high of 10 or more cases per month (e.g., December 2024, February 2025) to consistently 3 or fewer cases per month in the latest reported period (July-October 2025).



EDUCATION SAMPLE

•**Format:** Staff completed a computer-based learning module containing 3 parts, assessed by pre- and post-tests.

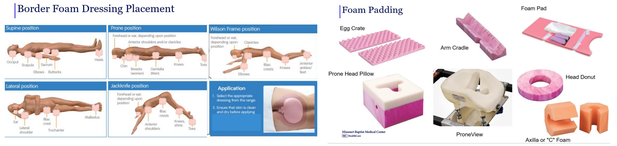
•**Competency Goal**: Successful completion required a post-test score of 80% or higher.

•**Module Parts:**

•Part 1: Preoperative Skin Assessments

•Part 2: Evidence-Based Best Practice Positioning

•Part 3: Pressure Injury Prevention Interventions/Devices



HANDS-ON SKILLS DAY

•**Objective:** To validate clinical competency in proper positioning, padding, and identifying high-risk areas.

•**Method:** Clinical Coaches utilized hands-on simulation training (mannequins and equipment) to practice:

- •Supine, Lithotomy, and Prone positioning.
- •Surgical Teams, RNs, and RNFAs engaged in positioning and identified pressure points for each position.

•**Outcome:** Engagement with all roles ensured proper pressure reduction techniques and best practices were established across the surgical team.