

Patient repositioning in the operating room: **Utopia or reality?**

Hospital
Ortopédico



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Pressure injuries are a matter of relevance in health institutions. Patients are at high risk of developing injuries in the operating room, with an estimated incidence of over 66%. Having it said, implementing measures for prevention based on scientific evidence and international guidelines becomes necessary.

Objective:

Descrever a campanha de descompressão da face em pacientes em posição prona, realizada em Hospital Ortopédico privado na cidade de São Paulo - AACD.

Method:

Experience report of the pressure injury prevention campaign related to surgical positioning.

Results:

The main characteristic of the injuries is injuries to the face, mainly to the chin, as our biggest challenge is the prone position. It was identified in multidisciplinary meetings that the prevention measure with less adherence to the institutional protocol was repositioning the patient in the operating room, described in the protocol as decompression of the face every 2 hours by the anesthetist team. The measures described in the protocol contributed to a better result of the incidence and severity of injuries as the protocol was institutionally strengthened, but opportunities for improvement were identified. Therefore, the LPP



Prevention Campaign was created with the following strategies:

Visual impact: images of pressure injuries related to the surgical placement of personal collections in medical comfort to sensitize the team.

Sound impact: sound reminder (bell) in the corridor of the operating room every 2 hours played by the nurse to remind the anesthetist to decompress the face of the patient in the prone position.

Technical impact: the presence of the stoma therapist nurse once a week to monitor adherence to preventive measures and identify risks.

Conclusion:

The protocol standardized the actions of the multidisciplinary team, and the implementation of the campaign strengthened the nurse's role as a care decision-maker in positioning and establishing the patient safety culture for the entire multidisciplinary team.

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ATP so we guarantee the cleaning process?

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The cleaning process consists of removing organic and inorganic dirt and reducing the microbial load present in health products, to make the product safe to be handled and prepared for disinfection or sterilization. (Brazil, 2012). Some materials have complex compliance and limited internal spaces which are difficult to be reached, such as, the central core of biofilm prevention and control. Ensuring cleanliness requires well-defined processes, time, training, and follow-up, since any failure in the processing of materials is considered a severe event, which may compromise the sterility of the material, causing a risk of infection.

At AACD hospital, after cleaning, we perform the Adenosine Triphosphate (ATP) test on some materials such as: cannulated endoscopes with lumen, scoliosis material, hip and knee arthroplasty and handpiece for shaver blades. The test is a quick, simple, efficient and reliable method to verify the effectiveness of the cleaning and decontamination process.

The test is a valuable tool for the MSC teams, for the surgical process, and the hospital infection control team, as it complements the protocols of the cleaning processes established in the institution or automated cleaning processes to guarantee the care quality.

Results:

The manufacturer's guideline is that the results should be below 45 URLs; however, since we challenge our own process, we've set the limit up to 10 URLs.

Out of the 1610 samples, 53 were disapproved resulting in 3.29% of non-compliance.

Conclusion:

The need to assess and measure the level of residual contaminants in healthcare products is indisputable. ATP test has as a benefit not only to monitor the cleanliness of the material as the primary and most important procedure in the process, but also reduce the risk of infection in order to ensure that the process was carried out successfully. Therefore, since the ATP tests were applied by our team in our own environment, we could conclude that the cleaning conditions in our institution are adequate and safe.



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Creation of Software dedicated to the reality of an Orthopedic Hospital

Hospital OrtopédicoAACD

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Materials and Sterilization Centers had not yet been modernized taking the risk of becoming obsolete which would compromise finances and the quality of services offered by the hospital. Given the fact that the modernization at AACD Hospital is a complex process due to 95% of the volume of the material processed is external, meant by the use of high-cost Orthoses, Prostheses and Special Materials (OPMEs), two aspects of the process should be taken into consideration: the volume of the material and the financial value involved. Due to this scenario, we highlight the need to build a specific traceability system for OPME materials, meeting the needs of many material and sterilization centers, where it will support the assistance team involved in the surgical process.

The main objective is to guarantee and eliminate financial losses, optimization of work, ensuring traceability and efficient management of all CME processes, such as, receiving materials, cleaning, inspection, preparation, sterilization, and distribution, thus bringing operational gains, ensuring process safety and the institution's financial health.

The project started in January 2021 and even though it had been delayed due some problems faced in its implementation, the conclusion forecast remained until April 2023. As a result we could accomplish the following outcomes: a reduction in time to receive instruments and disposables, labels for identifying materials not anymore had to be manually typed but could be printed directly from the system already integrated with patient data and QR CODE as an automated process, each employee login allowed the individual time to get the instruments and returning them to be measured, generating individual productivity metrics, monthly reports with easy access to all the data of the material entry and return, freedom of movement in all sectors, as we use state-of-the-art tablets, batch control of inputs/equipment for each thermo disinfected material using photography and QR CODE, reduction of time and guarantee of safety and traceability of the material/patient/process.

We concluded that the tool brought safety to the process. It allowed us to map the phases of our demand in our environment objectively and safely. On the top of it, the process proved to be a reliable and effective working tool and became a reference to all the hospital field. Furthermore, the tool is also recognized because of the implementation of the management tool with excellent outcomes to the sector's production since the moment the OPME was received to its return. All this was made possible due to the innovative register integrated into the patient's medical record, which currently is unique in the national and international hospital market.



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One of the main objectives of health institutions is to optimize the use of resources. The surgical center is one of the main business units of any hospital, where major interventions take place, capable of making a difference in the lives of patients and, at the same time, it is the sector responsible for most of the revenue. That is why it is so important that this area directly influences the institution's sustainability and growth as a business. Efficiency is the key to a medical service of excellence so that it is perceived by users. Managers are always involved in this search, through the best use of resources, both in human resources and equipment and physical space, aiming to reduce costs and impacts to the quality of the provided service.

Objective:

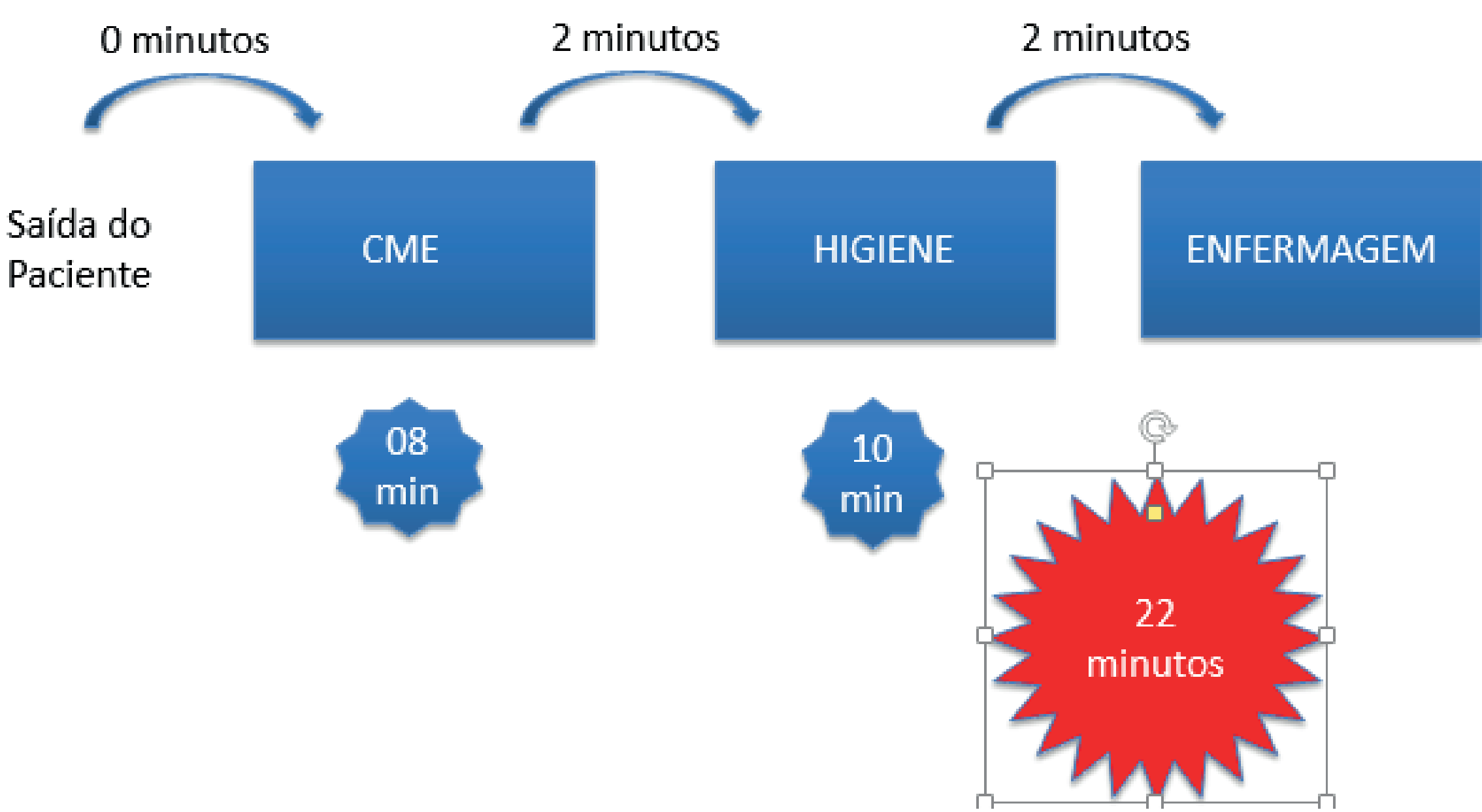
To create the Setup team to reduce room turnover time at an orthopedic hospital in São Paulo.

Method:

This is an experience report, carried out in a surgical center composed of 9 operating rooms, the sample included records made by the nursing team of the unit that collect the time referring to the setup of the operating room in an exclusive form for the data.

Results:

Throughout 2020, we performed 5643 surgeries with an average result of 34 minutes of room rotation, with the worst result being 44 minutes and the best result being 21 minutes. In 2021, we performed 6719 surgeries with an average result of 21 minutes, the worst result being 25 minutes and the best result 18 minutes. From January to August 2022, we performed 5089 surgeries with an average of 23 minutes, with the worst result being 35 minutes in January, related to medical leave due to COVID-19, and the best result being 19 minutes. After implementing the project, there was a 22% reduction in setup time in 2020, 43% in 2021, and 47% in 2022.

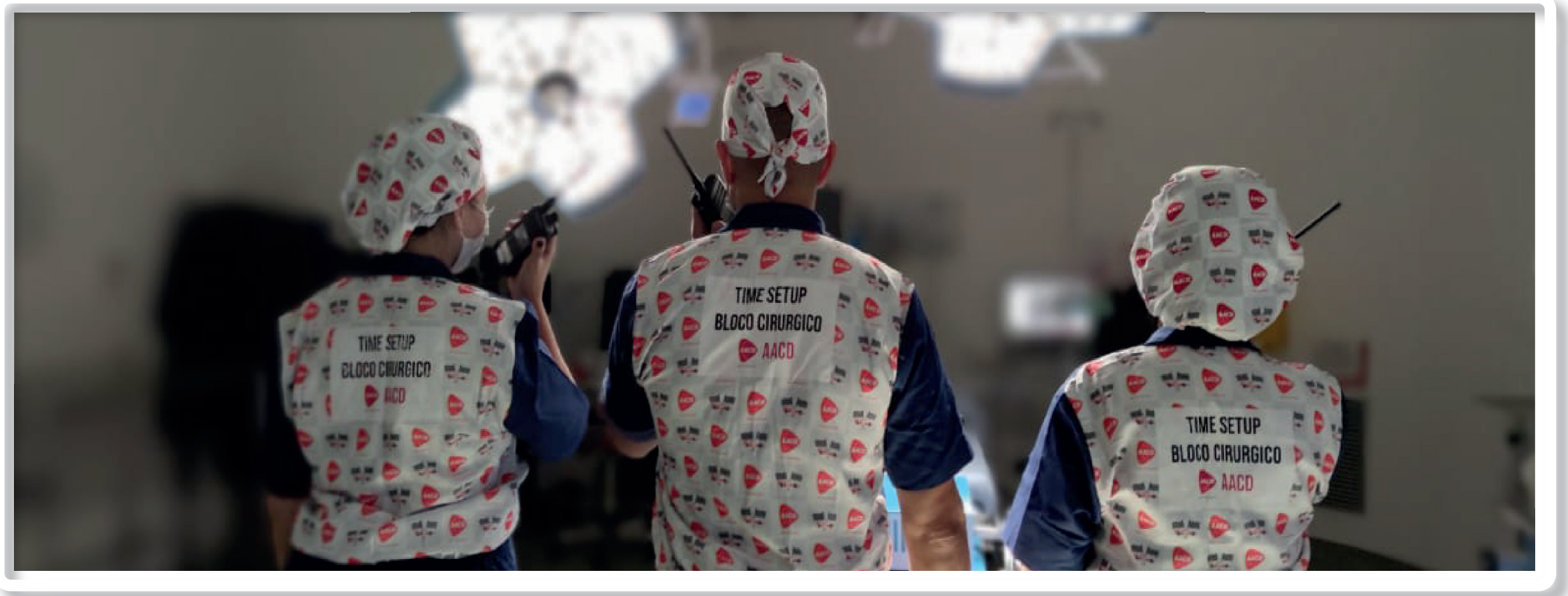


Discussion:

The room rotation corresponds to the activities of referring the patient to the post-anesthetic recovery room (PACU), removing contaminated material and forwarding it to the sterilized material center, and cleaning furniture and equipment.

Conclusion:

It is concluded that the creation of the dedicated team met the demand for reducing the time to perform the room rotation and that this action, when well coordinated with an engaged team, can be obtained in terms of operating room efficiency. With the gain in productivity, there was an expansion of the project, hiring 3 Nursing Technicians.



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Report of experience in an orthopedic hospital Every form of play is an activity inherent to child behavior, bringing various emotional, physical, mental, and social benefits. Besides being a playful way of working with reality, that also allows child development and the elaboration of emotions. The right to play should be preserved and stimulated in children even when they are in the process of hospitalization, considering this environment is surrounded by mysteries and prohibitions in addition to the association with bad traumas and painful experiences. Children have limited resources to face delicate situations such as the surgical process. While playing, the child uses a safe means of verbally and non verbally expressing their emotions and perceptions about the lived experience. Thus, one of the strategies that help children to understand and assimilate the surgery process is therapeutic play. The therapeutic toy is a way to provide the approach with the child, manage surgical stress, and enable the translation of reality into playing, thus allowing the understanding of the child of the health-disease process, surgical treatment, and rehabilitation.

Objective:

To report the experience with therapeutic toys in the pre-surgical admission environment and post-anesthetic recovery (RPA) in children submitted to surgical procedures in an Orthopedic Hospital of São Paulo.

Method:

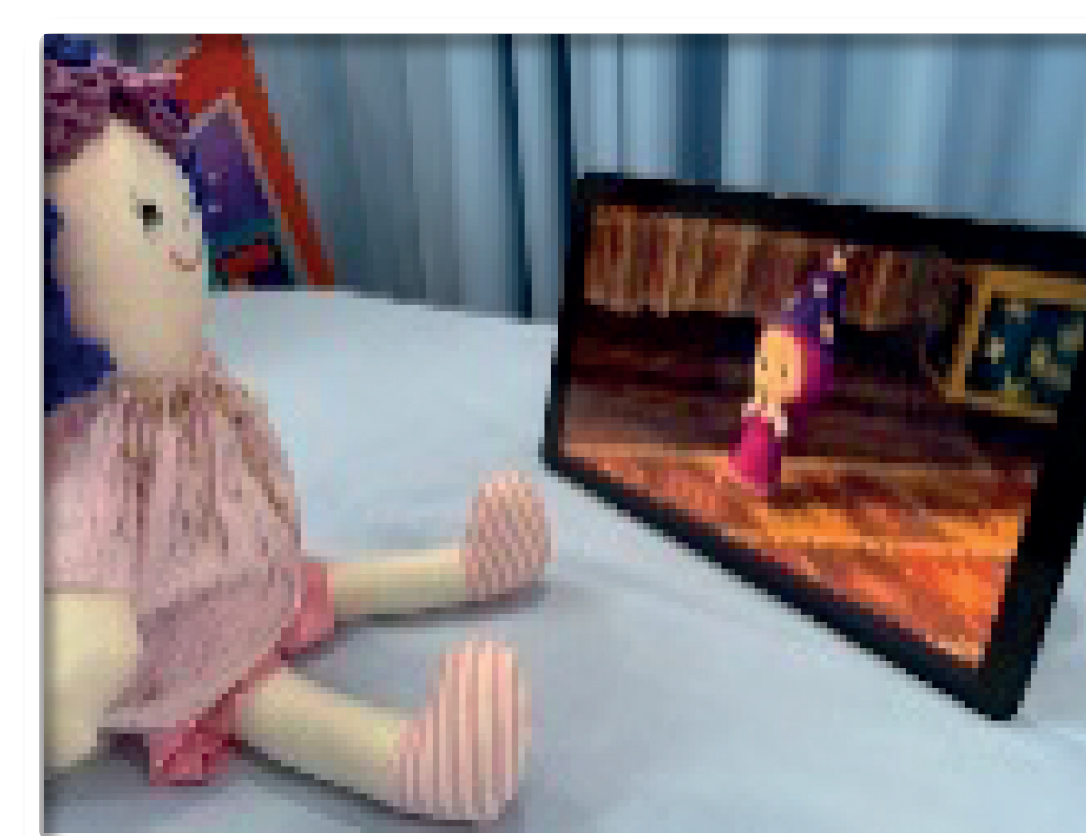
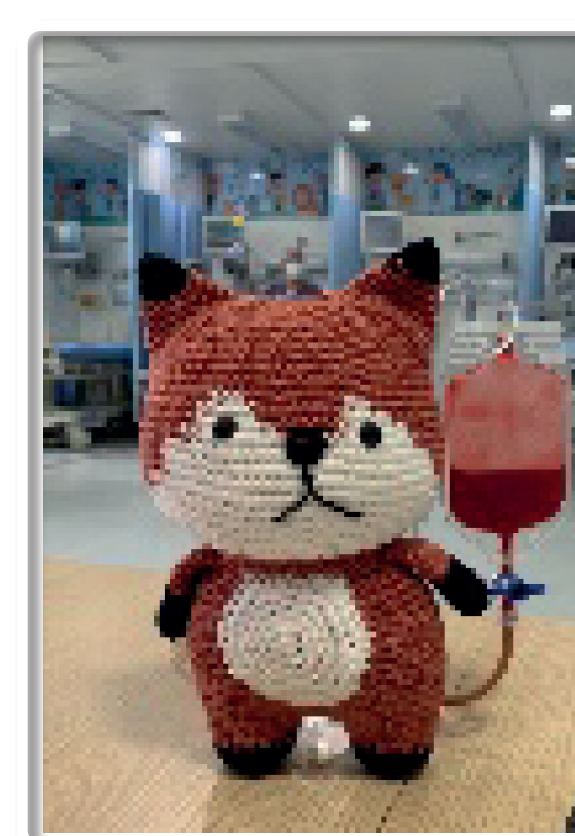
Report of experience lived in an orthopedic hospital, with children from 1 to 13 years old, from 2018 to 2022.

Results:

In the admission routine and RPA of this Hospital it was identified that due to the tension of the surgical process, many companions used the cell phone as entertainment for children. As a result, significant changes in the behavior of this population were identified: greater ease of approach and approximation of the care team - accompanying patients, decreased anxiety and crying, and involvement in the operative process. Through an understanding of the success of the action instituted, the stimulus of referral of the favorite toy to the surgical environment was initiated, to involve it in the process of orientation to the patient - routine of surgical site demarcation and work of acceptance of devices in the postoperative period: the presence of bandage, dressing, splint, cranial halo, among others, thus working its similarity with the toy project that entitled my friend equal to me.

Conclusion:

Toys were essential to make the patient's experience less traumatic, allow anxiety control, team approach, and acceptance of manipulation and image after the surgical approach.



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