Correcting Inaccurate Surgical Wound Classification through Culture Change in the Operating Room

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**Problem**

Significant inaccuracy in surgical wound classification between the Surgeons, the Nurses and NSQIP along with poor communication scores & an unequal perception of the occurrence of debriefings in the OR as seen from the results of our Culture of Safety Attitudes Questionnaire.
Findings

• Initial Chart Review-OR/NSQIP Comparison Results
• Cultural Safety Attitudes Questionnaire:
  * Are Briefings common in the OR?
Influences on Surgical Wound Classification Assignment

People
- Surgeon
- Nurse

Procedures/Method
- Pre-op
- Post-op

Clinical Systems

Documentation

Environment

Policy

Surgical Wound Class Assignment
Method

S
- Sensitization:
  - Awareness of Monitoring
  - Sharing Findings/Regular Updates

A
- Authorization:
  - Surgeon Champion
  - Administrative Support

M
- Motivation:
  - Computer Prompts
  - Inclusion in Paperwork

E
- Education:
  - Posters/Flash Cards
  - Case Studies
Results & Conclusions

- Increased Surgeons/RNs Awareness
- Highlighted the Role of NSQIP
- CSAQ provided insight into communication barriers.
- Provided a first step
- Enhanced patient “handoff” communication
- Developed new tools--Surgical Scorecard

Graph showing percentage correct before and after SAME.
QUESTIONS

THANK YOU