

# Skin Integrity



## AORN RECOMMENDED PRACTICES

The following are excerpts from AORN'S recommended practices for positioning the patient in the perioperative practice setting.

### RECOMMENDATION IV.

During the preoperative assessment, the perioperative registered nurse should identify unique patient considerations that require additional precautions for procedure-specific positioning.

### RECOMMENDATION VI.

Potential hazards associated with patient transport and transfer activities should be identified, and safe practices should be established.

### RECOMMENDATION VIII.

The perioperative registered nurse should actively participate in safely positioning the patient under the direction of and in collaboration with the surgeon and anesthesia provider.

### RECOMMENDATION IX.

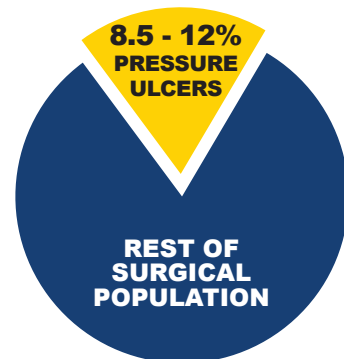
After positioning the patient, the perioperative registered nurse should assess the patient's body alignment, tissue perfusion, and skin integrity.

### RECOMMENDATION X.

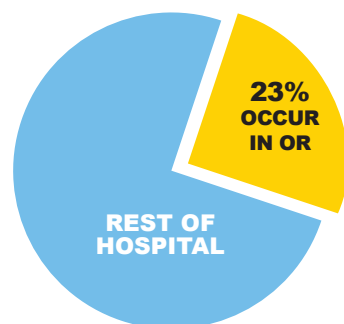
The perioperative registered nurse should collaborate with the postoperative patient caregiver to identify patient injury due to intraoperative positioning.

Visit [www.SkinIntegrity.com](http://www.SkinIntegrity.com) for more information

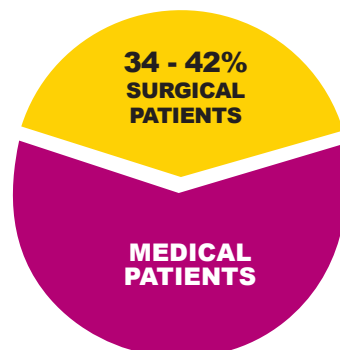
## Pressure Ulcer Prevalance



## Pressure Ulcer in Surgical Patients<sup>1,3</sup>



## Hospital Acquired Pressure Ulcers<sup>2</sup>



## Annual Cost of Pressure Ulcers<sup>2</sup>

1. Aronovitch SA. Intraoperatively acquired pressure ulcer prevalence: a national study. *J Wound Ostomy Continence Nurs.* 1999;26(3):130-136

2. Beckrich K, Aronovitch SA. Hospital-acquired pressure ulcers: a comparison of costs in medical vs. surgical patients. *Nurs Econ.* 1999;17(5):263-71

3. Stotts N. Predicting pressure ulcer development in surgical patients. *Heart and Lung.* 1988;17(6):641-647

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## Why It Matters...

Skin integrity is currently a hot topic in healthcare. There are many reasons why healthcare professionals are implementing new initiatives in skin integrity and pressure ulcer prevention. From a surge in recent research pertaining to pressure ulcers, to the new Medicare Guidelines taking effect in October 2008, much is happening to raise awareness of the issue of hospital-acquired pressure ulcers. Additionally, professional organizations like AORN are critical to advancing awareness of the issue through their release of new standards and practices to help prevent and treat hospital-acquired pressure ulcers.

## Excerpts From The Federal Register August 22, 2007

*"For discharges occurring on or after October 1, 2008, hospitals will not receive additional payment for cases in which one of the selected conditions was not present on admission."*

*"As it is not addressed elsewhere, we are responding here to the comment about hospitals billing patients for costs of hospital-acquired complications that are not counted as MCCs and CCs. Section 5001(c) does not make the additional cost of a hospital-acquired complication a noncovered cost."*

*The additional costs that a hospital would incur as a result of a hospital-acquired complication remains a covered Medicare cost that is included in the hospital's IPPS payment. Medicare's payment to the hospital is for all inpatient hospital services provided during the stay. The hospital cannot bill the beneficiary for any charges associated with the hospital-acquired complication."*

*On Pressure Ulcers: "This condition is both high-cost and high-volume. For FY 2006, there were 322,946 reported cases of Medicare patients who had a pressure ulcer as a secondary diagnosis. These cases had average charges for the hospital stay of \$40,381..."*

*"Pressure ulcers are an important hospital-acquired complication. Prevention guidelines exist (non-CDC) and can be implemented by hospitals."*



## Federal Register

In 2007 Medicare published new guidelines regarding the reimbursement requirements relating to hospital acquired conditions. These changes will take effect in October 2008. The Federal Register is a publication of the US federal government.