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Preoperative universal vs. target vs. no MRSA decolonization for elective total joint replacement patients for decreasing SSI

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Clinical Practice Issue: Different orthopedic medical groups have different practice guidelines for MRSA testing and decolonization. Some orthopedic surgeons perform targeted MRSA decolonization and many orthopedic surgeons perform no decolonization preoperatively for elective total joint replacement (TJR) patients. With a forecasted 600% increase in total joint replacement surgeries over the next two decades, there is an expected increase of 20% rise in orthopedic post-operative complications and surgical site infections (SSI). SSI in TJR patients is not only costly for the health care organization; it is life and limb threatening to the TJR patient. Though many hospitals teach their TJR preoperative patients to perform a cleansing wash by the patients the night before surgery and the pre-operative wash by staff at the affected area day of surgery; neither the surgeon's office nor the hospital universally decolonize the nares and complete body (including a wash behind the ears and in the groin) which increases the patient's risk for SSI. In order to obtain and sustain quality outcomes, clinical health care providers must be willing to look at the MRSA decolonization research translated from cardiac preoperative patients, intensive care units, acute care floors throughout various hospitals, and pre-operative cesarean section patients to the pre-operative elective TJR orthopedic patient population. We must continue to expose orthopedic physicians and nurses to new ways of improving patient outcomes and properly leading change. By presenting and applying evidence based practices regarding universal, targeted, and the lack of MRSA decolonization to pre-operative elective orthopedic TJR patients prior to surgery, we can enhance clinical practice and improve patient outcomes in regard to postoperative complications and SSI.

Outcomes: Review evidence based practice guidelines and outcomes for universal, targeted, and lack of MRSA decolonization on preoperative patients. Explore the opportunities for implementation of the evidence based practices to the preoperative elective total joint replacement patient for decreasing postoperative complications and SSI.

Biography

Jasmine D Schmidt has completed her Doctorate in Nursing Practice with an orthopedic emphasis from Grand Canyon University. She is current a Faculty Member at California Baptist University College of Nursing in Riverside, California. She is a Certified as an Orthopedic Nurse and as well as for Wound Care. She was the Founding Director of the Spine and Joint Institute in Southern California and is an Orthopedic Nurse Leadership Consultant, as well as Legal Nurse Consultant and Educator, for growing organizations. She has presented many of her work nationally and internationally on orthopedics, customer service, wound care and cultural diversity, and has served on a number of committees to promote quality and innovation.

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