THE DREADED DONOR SITE DILEMMA - A QUALITY IMPROVEMENT PROJECT
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Objectives
Standard of care for donor site dressings was observed to be affecting patient outcomes; increased reports of pain, anxiety, and poor mobility necessitated this change. In an effort to identify a donor site protocol that would be satisfactory to both patient and health care professional, a quality improvement project was initiated. Key performance indicators to test the protocol’s efficacy include patient pain rating less than or equal to four, anxiety less than or equal to four, and ease of mobility greater than or equal to seven. Dressing effectiveness, in terms of healing, is achieved when the donor site is greater than 70% healed at time of final donor dressing removal.

Methods
Ten patients requiring skin grafting admitted to the Burn Center were included in this quality improvement project. Participants were included chronologically by surgery date until total number of participants was achieved. Patients were excluded if the physician was unable to place dressings per protocol immediately upon donor site harvest. Comorbidities and donor site location, size, and depth were recorded.

Donor site protocol stipulates placement of a clear, occlusive dressing over the donor site after harvest in the operating room. This is to remain in place for 48 hours; if leak were to occur, dressing would be reinforced with additional occlusive dressings. Clear, occlusive dressing is removed after 48 hours and replaced with Mepilex® Transfer Ag which remains in place until follow up or wear time reaches fourteen days.

Pain, anxiety, and ease of mobility ratings were identified periodically by the patient using a visual analog scale: 24 hours post-operatively, with change of donor site dressing to Mepilex® Transfer Ag, with first post-operative dressing change not to include donor site, and upon follow up with physician after dismissal. Physicians subjectively determined donor site percentage of healing at follow up visit.

Results
All key performance indicators were met with this dressing protocol. Pain and anxiety scores remained less than four throughout the patient’s hospital stay and upon return home. Mobility scores appear to be lower during the first two days post-operatively; however, when outliers are accounted for, mobility scores are greater than seven throughout the study. Median wear time for the Mepilex ® Transfer Ag was 11.5 days prior to removal in the physician’s office with 85% healing noted. Healing percentage ranged from 50% to 100%. All donor sites were harvested from the thigh with sizes ranging from 4cmX4cm to 19cmX17cm.

Conclusions
Overall, this donor site dressing protocol has demonstrated a dramatic increase in positive patient outcomes as compared to the previous standard of care. To ensure the continued success of this protocol, it will be imperative to monitor outcomes and ease of use. Factors that potentially influenced the desired outcomes included patient compliance and co-morbidities; those with history of clotting disorders or who removed the dressing prematurely may have compromised their percentage of healing. Accounting for these variables will be imperative as this donor dressing protocol is transitioned to use on larger donor sites.