

Turn Over for What: Pressure Injury Prevention and Nurse/Technical Partner Compliance.

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Turn Over for What: Pressure Injury Prevention and Nurse/Technical Partner Compliance

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Background

- There is an opportunity to improve nurse sensitive quality indicators related to pressure injuries.

- Unit acquired pressure injury development

The Number of Pressure Injuries on Each Unit

Unit	Sept 2017	Oct 2017	Nov 2017
6T	0	1	1
6K	1	0	2
4K	1	3	2
6C	3	1	0

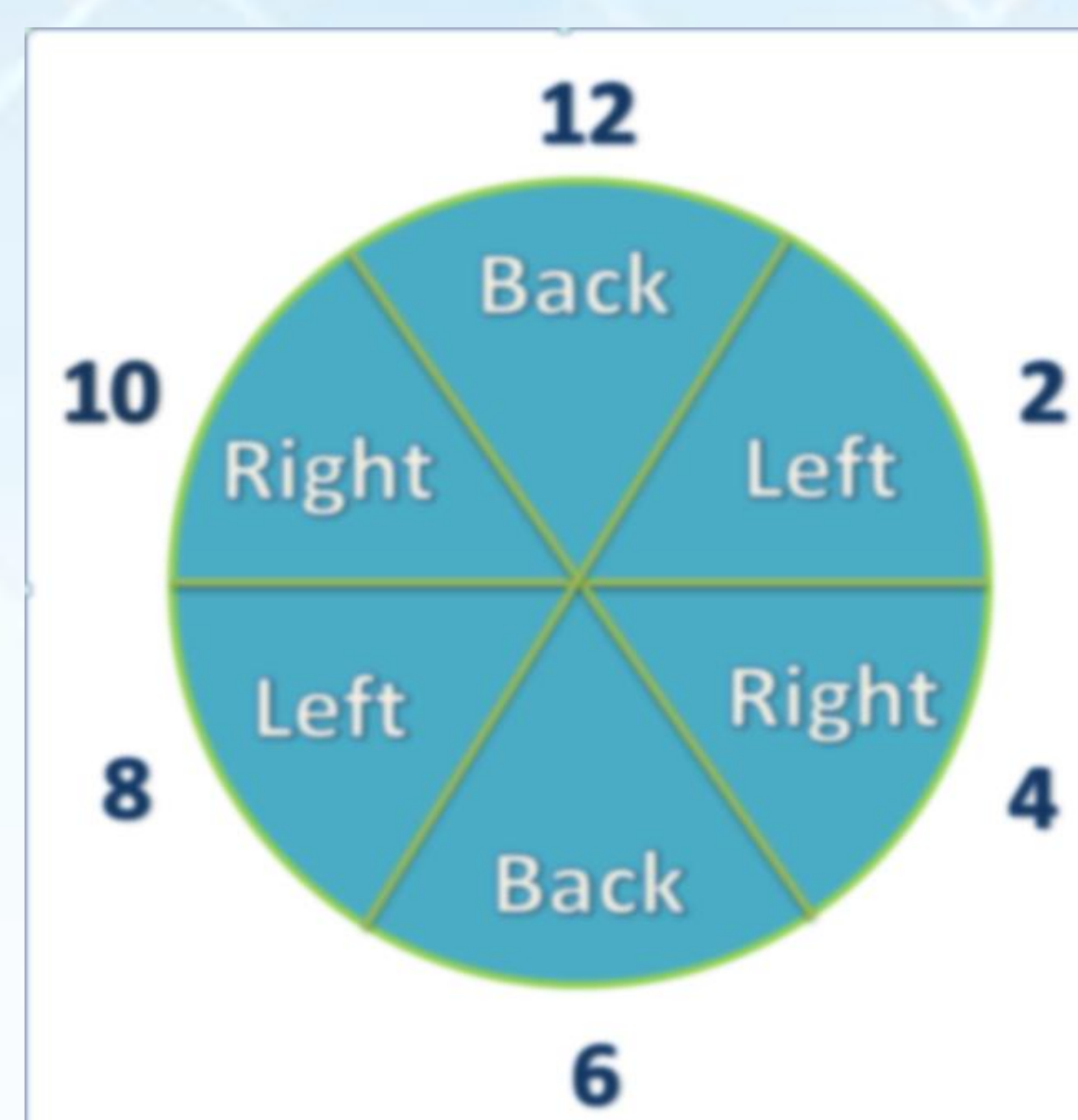
- Monitoring demonstrated repositioning is done less frequently than the recommended Q2 hours.
- Pressure injury development is associated with increased costs to the network.

PICO

In licensed and non-licensed staff on medical-surgical patient care units, does use of a visual cue versus no repositioning prompts improve compliance in turning patients with a Braden score of 18 or less at risk for pressure injury development?

- P- Licensed and non-licensed staff on med-surg units
- I- Using a visual prompt
- C- No repositioning prompts
- O- Improve compliance with turning at risk patients with Braden scores 18 or less

Turning Magnet



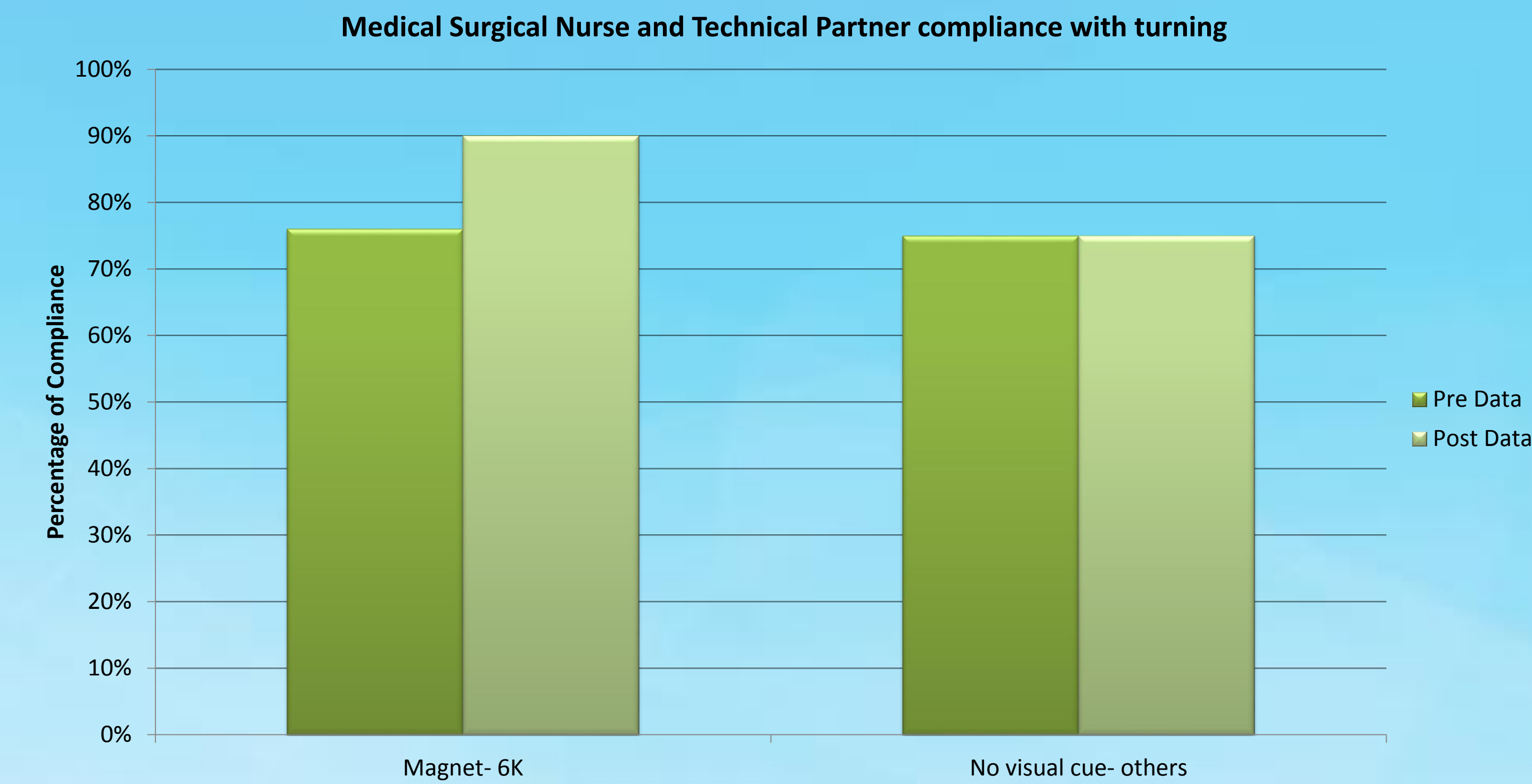
Evidence

- Pressure injuries account for \$11 billion in annual health care spending in the US. ³
- Turning and repositioning is fundamental to pressure injury prevention. ³
- Having a visual aide helps nurses and technical partners consistently turn patients. ²
- Pressure injury development can have a negative impact on a patient's quality of life. ⁴
- Evidence showed that nurses relied on techs to turn patients within 30 minutes of a scheduled time. ¹
- Turning sensor reminded nurses and techs to turn patients. ²

Implementation Plan

- Secret shopper repositioning audits were performed on patients who required repositioning. Secret shoppers included PCS from unit during day shift, and nurse residents during night shifts for 4 shifts.
- During safety huddle or through use of Epic report, determine the patients who have a Braden score of 18 or less (exclude patients who refused repositioning).
- Implementation of turning clock as a visual cue on 6K; other units were control units-6T, 6C use individual nurse timed turning; 4K uses even and odd hour turning.
- Following magnet implementation, repeat monitoring related to compliance of turning during night shift for 4 shifts.
- Qualitative data- surveys were provided to staff on 6K to obtain feedback on use of magnets.

Monitoring Results



Conclusion

Outcomes:

- Improved compliance of turning.
- Staff stated magnets helped with compliance of turning and repositioning. However, some staff stated that the specific timing of magnet was not for every patient.

Long term goals and outcomes:

- Proposal to Skin Integrity Quality Improvement Team & unit skin champions
- Promote patient safety
- Decrease costs for the network
- Improve patient outcomes

Reference

1. Bergstrom, N., Horn, S. D., Rapp, M. P., Stern, A., Barrett, R., & Watkiss, M. (2013). Turning for ulcer reduction: A multisite randomized clinical trial in nursing homes. *Journal of the American geriatrics society*, 61(10), 1705-1713.
2. Do, N. H., Kim, D. Y., Kim, J. H., Choi, J. H., Joo, S. Y., KaNg, N. K., & BaeK, Y. S. (2016). Effects of a continuous lateral turning device on pressure relief. *Journal of physical therapy science*, 28(2), 460-46
3. Gillespie, B. M., Chaboyer, W. P., McInnes, E., Kent, B., Whitty, J. A., & Thalib, L. (2012). Repositioning for pressure ulcer prevention in adults. *Cochrane Database Syst Rev*20144Cd009958.
4. Moore, Z. E., & Cowman, S. (2012). Repositioning for treating pressure ulcers. *Cochrane Database Syst Rev*, 9.

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