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.

<table>
<thead>
<tr>
<th>The Number of Pressure Injuries on Each Unit</th>
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<tr>
<td>Unit</td>
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<tr>
<td>6T</td>
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<td>6K</td>
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<tr>
<td>4K</td>
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<tr>
<td>6C</td>
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- 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

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 preformed 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

<table>
<thead>
<tr>
<th>Medical Surgical Nurse and Technical Partner compliance with turning</th>
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<tr>
<td>Pre Data</td>
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<tr>
<td>Turning Magnet</td>
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<tr>
<td>Percentage of Compliance</td>
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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