“Time” To Turn

Samantha Rhinesmith BSN, RN
Lehigh Valley Health Network, Samantha.Rhinesmith@lvhn.org

Rachael Bell BS, RN
Lehigh Valley Health Network, Rachael.Bell@lvhn.org

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“Time” To Turn

Samantha Rhinesmith, BSN, RN & Rachael Bell, BS, RN
Lehigh Valley Health Network, Allentown, Pennsylvania

Background/Triggers

- Recent Prevalent Study revealed 4 Hospital Acquired Pressure Injuries (HAPIs) on 3B and PCU Units at the Pocono Campus.
- Infrequent Q2 turning observed on current units.
- Desire to provide optimal patient care to high risk patients.

PICO

"Will implementing a visual turn clock outside patient rooms with high skin risk Braden Score improve turn rate compliance for licensed and unlicensed personnel on PCU and 3B units?"

P- Licensed and Unlicensed Personnel
I- Turning Clock
C- Visual time clock compliance VS. non-visual compliance on PCU and 3B units
O- Increased compliance on turning noted through direct observation and documentation of compliance

Evidence

- Prevalence of HAPIs is high
  - 2.5 million per year (Duncan 2007).
- Hospital acquired pressure injuries are pricey
  - National Pressure Ulcer Advisory Panel 2017
  - Estimated $70,000 per incident, $11,000,000 every year (Padula 2011).
- Reposition guidelines nationally are not consistently being followed (Tucker 2009).
- Healthy people 2020
- 5 Million Lives Campaign & The Joint Commission
  - Visual reminders outside patient door increased staff compliance for Q2 Turns (Duncan 2007) (Baldelli 2018).
  - Pressure injuries decreased 7-15% in 1 year from nurse education program, including the use of visual reminders (Baldelli 2018).

Pre-Implementation

- Daily rounding/huddle with Unit Supervisors on Braden scores regarding high risk patients.
- Daily rounding/huddle with Unit Supervisors to review and remind Turn Clock compliance.
- Print out education reminders and post in high flow areas.
- Email clinical staff on visual turn clock
  - Educate regarding Prevalent Study HAPI numbers.
  - Educate on importance of Q2 Turning.
  - Educate on Turn Clock procedure
  - Educate on documentation

Implementation

- Provide each unit with laminated turning schedule Turn Clocks.
- Display Turn Clock outside high risk patient door.
- Daily secret shopper observation provided by Unit Supervisors, Nurse Residents and HUCs.
- Weekly compliant percentages gathered and compiled.

Post-Implementation

- Compliance by Nursing Staff on Turning

Conclusion/Next Steps

- Assess staffing issues/concerns related to poor compliance on 3B.
  - Turn Clock design confusing. Requested movable dial to show current turn so RN, NA can visually see from outside room if turn was complete.
  - More Nurse Assistant education required on charting Q2 turns.
- Educate and implement nurse driven Skin Bundles to all at-risk patients.
  - Turn Clocks, wedges, heel boots, and skin protection products.
  - Pilot to start March 1, 2019 on PCU.

REFERENCES


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