Visual Aids & Their Effect on Pressure Injuries

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BACKGROUND

- There has been an increased incidence of pressure injuries among low-level patients.
- Hospital acquired pressure injuries are not covered by insurance providers and lead to an increase in out of pocket expenses for the hospital.
- Nurse to patient ratios can have an effect on the consistent turning of low-level patients.

P I C O

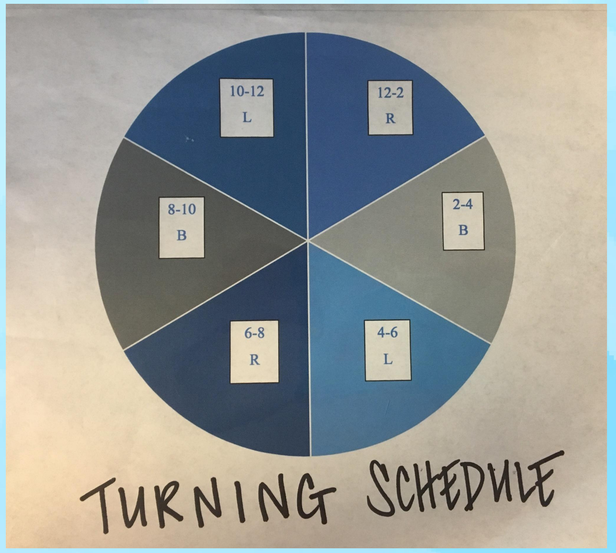
- P: Low level patients
- I: Use of a visual aid
- C: No visual aid/ standard practice
- O: Incidence of pressure injuries

EVIDENCE

- Frequent turns decrease the incidence of pressure injuries (Chew, Thiara, Lopez, & Shorey, 2017).
- Standardized protocols help nurses be more engaged and involved in process improvement, eliminate waste of time, money, people, materials, time, and opportunities (Baldelli & Paciella, 2008).
- The use of cueing including checklists, EMR, and auditory reinforcements reinforce teamwork and improve care delivery processes (Coyer, et al., 2015).
- Repositioning in some form is recommended in most clinical guidelines, but most guidelines no longer advocate repositioning q2hr (Gunningberg, Sedin, Andersson, & Pingel, 2017).

IMPLEMENTATON

- Education was provided to staff on the use of the turning schedule.
  - This was accomplished through the use of huddles, staff meetings, and posters placed in staff areas.
- Visual aids were installed in patient rooms directly below patient information boards for ease of use.
- The target population for the turning schedule was patients with low Braden scores and patients that were unable to effectively reposition themselves.



REFERENCES

Baldelli, P., & Paciella, M. (2008). Creation and Implementation of a Pressure Ulcer Prevention Bundle Improves Patient Outcomes. *American Journal of Medical Quality,23*(2), 136-142. doi:10.1177/1062860607313145

Chew, H. J., Thiara, E., Lopez, V., & Shorey, S. (2017). Turning frequency in adult bedridden patients to prevent hospital-acquired pressure ulcer: A scoping review. *International Wound Journal,15*(2), 225-236. doi:10.1111/iwj.12855

Coyer, F., Gardner, A., Doubrovsky, A., Cole, R., Ryan, F. M., Allen, C., & Mchamara, G. (2015). Reducing Pressure Injuries in Critically Ill Patients by Using a Patient Skin Integrity Care Bundle (Inspire). *American Journal of Critical Care,24*(3), 199-209. doi:10.4037/ajcc2015930

Latimer, S., Chaboyer, W., & Gillespie, B. (2013). Patient participation in pressure injury prevention: Giving patients a voice. *Scandinavian Journal of Caring Sciences,28*(4), 648-656. doi:10.1111/scs.12088

Gunningberg, L., Sedin, I., Andersson, S., & Pingel, R. (2017). Pressure mapping to prevent pressure ulcers in a hospital setting: A pragmatic randomised controlled trial. *International Journal of Nursing Studies,72*, 53-59. doi:10.1016/j.ijnurstu.2017.04.007

OUTCOMES

- The data shown in the table below was collected for 1 month prior to implementation and for 1 month immediately following the implementation of the turning schedule. It compares the number and incident rate of pressure injuries that occurred during that time period.
- There was not a significant change to the incidence of pressure injuries following the implementation of the turning schedule.

Incidence of Pressure Injuries	**Pre-Implementation** *Raw Number/Incident Rate*	**Post-Implementation** *Raw Number/Incident Rate*
Stage I, II, and Unstageable	1/1.3	1/1.3
Stage III and IV	0/0	0/0
Suspected Deep Tissue Injuries	3/3.9	1/1.3

NEXT STEPS

- This study was limited by the length of data collection, staff compliance, and sample size.
- Continue to evaluate the use of the visual aids to determine if length of use has an effect on staff compliance.
- Provide follow up training on the use of the turning schedule to improve staff satisfaction and compliance.
- Collection of data for a longer period of time would lead to more accurate data.

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