

# Time-to-Turn: Reducing Patient Handling Injuries During In-Bed Repositioning



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## BACKGROUND

The American Nurses Association conducted a survey on health risk and found that 42% of respondents worry about healthcare worker injury (HCWI) during patient handling (PH). While 75% reported access to PH equipment, only half reported consistent use.

Most PH equipment is inefficient to use and geared toward out-of-bed mobility. Injuries during in-bed PH are now recognized as a significant source of HCWI and PH equipment for in-bed mobility reduces risk.

Objectives were to: 1) reduce HCWI during in-bed repositioning, and 2) increase compliance to q2 turning.

## METHODS

The 2014 standard of care for in-bed PH was pillows and draw sheets for turning, boosting, repositioning and maintenance of turn angle.

In January 2016 we implemented a new protocol that included the use of an in-bed PH device that served as a replacement for pillows and draw sheets.

We educated all staff in the proper use of the device and monitored compliance with the new protocol.

## RESULTS

In 2014 we experienced 13 staff injuries that occurred during in-bed PH and our compliance to Q2 hour turning was 22%.

After implementation (through July of 2016), there were no staff injuries associated with in-bed PH while using the new protocol, and our turning compliance increased to 85%. The only staff injury occurred while turning a patient and NOT using the new protocol.

	Time Frame	HCWIs <sup>1</sup>	# of PHIs	Product Cost <sup>2</sup>	Total Cost	# of PHIs
Pre-Intervention	2014	13	13	not provided	\$192,051	
Post-Intervention	2016	0	\$0	\$0	\$0	0
Return on Investment					\$0	



	Time Frame	HCWIs <sup>1</sup>	# of PHIs	Product Cost <sup>2</sup>	Total Cost	# of PHIs
Pre-Intervention	2014 (Jan- Dec)	13	192,051	not provided	\$192,051	
Post-Intervention	2016 Annualized Post-Intervention	0	\$0	\$66,542	\$66,542	\$125,509
Return on Investment					\$125,509	



## CONCLUSION

We experienced a 100% reduction in HCWI related to in-bed PH using our new protocol. When considering both the added cost of the new PH device and the cost avoidance from prevention of HCWI, our overall return on investment (ROI) was \$133,155.

Our plan is to continue to track both patient and staff outcomes and well as ROI related to our new process.

References:  
American Nurses Association Health Risk Appraisal (HRA). Preliminary Findings October 2013-October 2014. nursingworld.org/HRAExecutive-Summary.

Fragala, et al, (2016). Patient-handling injuries: Risk factors and risk-reduction strategies. American Nurse Today, 11(5): 40-44.