

Safe Patient Handling Initiative Results in Reduction in Injuries and Improved Patient Outcomes for Pressure Ulcer Prevention

BACKGROUND

Hospital acquired pressure ulcers (HAPUs) are associated with increased comorbidity, decreased quality of life, and increased costs.¹ Evidence-based HAPU prevention efforts require multiple interventions, including frequent patient repositioning.² In many cases, the process of repositioning can result in caregiver injury. The Occupational Safety and Healthcare Administration reports >50% of injuries are associated with overexertion.³ Safe patient handling is "the term referring to policies and programs that enable nurses to move patients in a way that does not cause strain or injury".⁴ A safe patient handling quality improvement (QI) initiative was developed to help ensure appropriate patient repositioning for HAPU prevention, while at the same time preventing caregiver injuries associated with repositioning.

METHODS

Objective:

To improve adherence to best practices in patient positioning to prevent HAPUs, and prevent repositioning-associated injuries in healthcare staff.

QI Intervention:

- Baseline period: The "before" period of the QI initiative extended from January 2012 through October 2012.
- Baseline metrics: The metrics for the "before" period were the number of HAPUs that developed and the number of healthcare worker injuries associated with repositioning. The evidence-based cost used to calculate cost avoidance of healthcare worker injury was \$22,500. The evidence-based cost used to calculate cost avoidance of HAPUs was \$2,000 for stage I and II ulcers and \$43,180 for stage III and IV ulcers.
- Launch of safe patient handling initiative: November 2012
- Safe patient handling initiative: Use of a heel offloading device* and patient turning and repositioning device**.
- Standard of care pre-intervention: Offloading with chucks, pillows, and rolled blankets as necessary.
- Inclusion criteria for assistive repositioning device: Past medical history of pressure ulcers, mobility-limiting comorbidities, and a Braden⁵ score of <14.
- Monitoring compliance: Compliance was monitored through direct patient observation and rounding, chart review for turning and positioning, quarterly pressure ulcer surveys, and incident report monitoring for hospital/unit acquired wounds.
- **Protocol:** continued next column

*Prevalon®Pressure-Relieving Heel Protector (Sage Products LLC; Cary, IL) ** Prevalon[®] Turn and Position System (Sage Products LLC; Cary, IL)

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- and/or a Braden moisture score of <2?
- Unconscious/Comatose

every 2 hours

DISCONTINUE USE:

PRECAUTIONS:



CLINICAL IMPLICATIONS

• There was a reduction in staff injuries with the introduction of the turning and repositioning device.

• Staff compliance with best practices in repositioning was enhanced with a device for repositioning that was easy

 The improved adherence to best practices in repositioning may have led to a reduction in HAPUs.

ACKNOWLEDGEMENTS

The author would like to thank the intensive care and Neuro trauma ICU for trialing the patient safety products, and Hurley Medical Center staff for utilizing the product and their increased awareness of the issues that led to improved patient

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