# SM SSMHealth Saint Louis University Hospital

## BACKGROUND

- Level one Trauma Academic Hospital working on decreasing sacral pressure injury incidence in ICU patients
- 5 ICUs providing tertiary and quaternary care to patients with complex needs
- Standard of care (SOC) for PI prevention:
  - Low air loss bed
  - Preventative sacral foam dressing for Braden score <18
  - Q 3 days and prn sacral dressing change
  - Continuous lateral rotation (CLRT 80% 100% q5min)
- Performance improvement project initiated for manual turning of hemodynamically unstable patients that were not able to tolerate CLRT at above settings.
- Repositioning patients is an important component in the prevention of pressure injuries.<sup>1</sup>
- WOCNs initiated the patient positioning system (PPS) to aide patients and staff with manual repositioning and ensure a 30 degree turn
- The complete nursing culture change from CLRT to manual turning with PPS was a lengthy process over 18 months

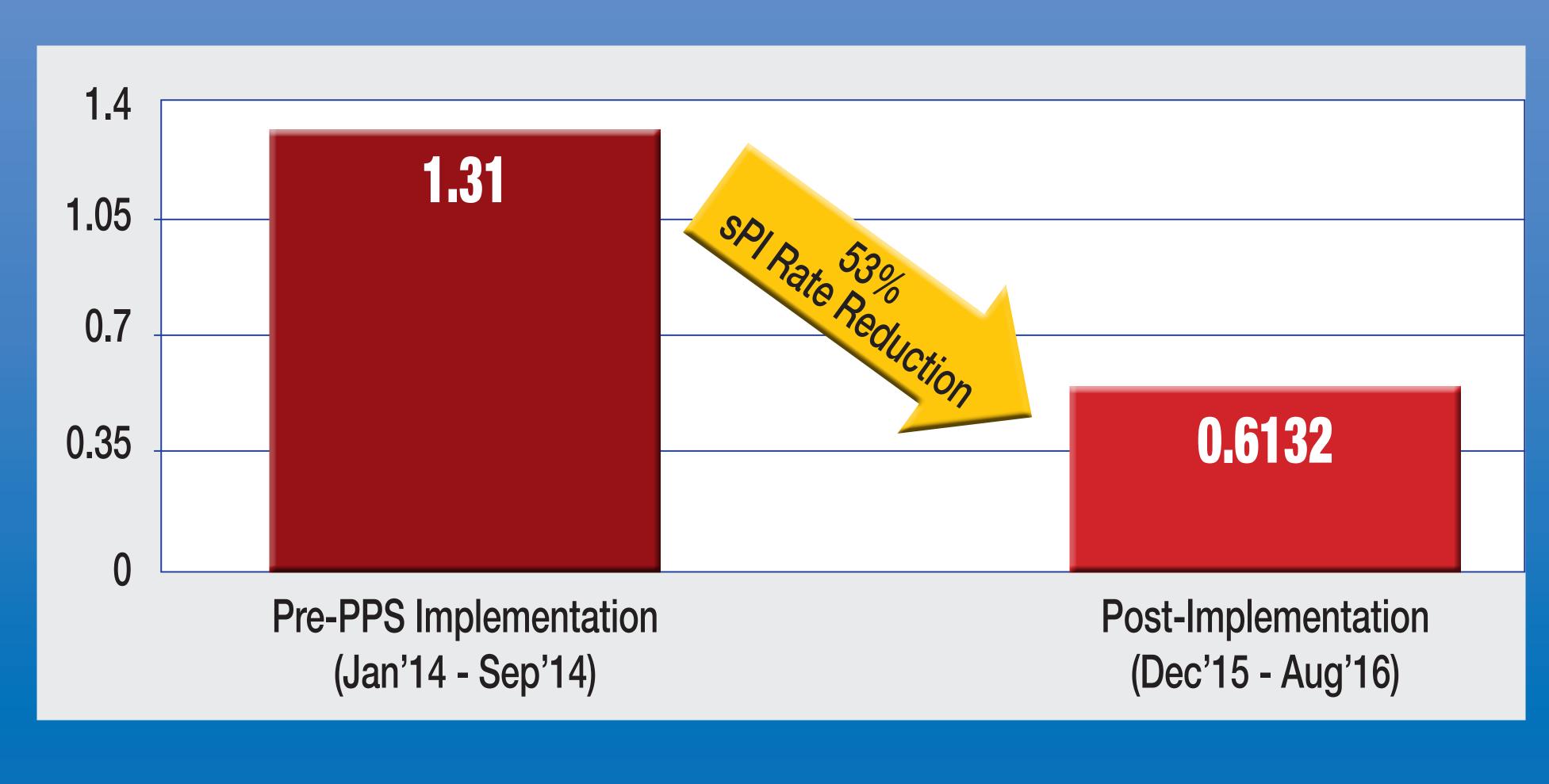
## **Pressure Injury (PI) Reduction Initiative** in Hemodynamically Unstable Patients - Saint Louis University Hospital, Saint Louis, Missouri -

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# PATIENT POSITIONING SYSTEM CRITERIA (PPS)

 CVVH w/line instability OR Vasopressors > 24hrs Braden Scale Paralyzed > 24 hrs two or more score of < 14 of the Induced hypothermia following Surgery lasting > 8 hrs

## **CLINICAL OUTCOME**



- Vented > 48 hrs and unable to tolerate CLRT
- Spinal cord injury (new or compromised)
- Existing sacral/coccyx pressure injury on admission



### METHODS

• Retrospective comparison of sacral PI (sPI) occurrence in ICU patients over two 9-month time periods before (Jan'14 – Sep'14) and after (Dec'15 – Aug'16) the implementation of a PPS

• Low air loss beds were used throughout both time periods

• Foam sacral dressings were also used during both time periods for sPI prevention with the identical application criteria and dressing change

• All 5 ICUs standardized to new turning criteria April 2016

#### RESULTS

 Pre-Implementation: (Jan'14 – Sep'14) Sacral Pressure Injuries: 18 • sPI Rate: 1.31 per 1,000 patient days

• Post-Implementation: (Dec'15 – Aug'16) • Sacral Pressure Injuries: 9 • sPI Rate: 0.61 per 1,000 patient days

• There was a 53% Reduction in sPIs within the ICU patient population after the PPS was fully implemented