Safe care in the OR

Address the risk factors of pressure injury and healthcare worker injury in the OR
Are your patients at risk for pressure injuries?

Pressure injuries are a significant health issue and one of the biggest challenges your facility faces on a day-to-day basis. Aside from the high cost of treatment, pressure injuries also have a major impact on your patients’ lives and on your hospital’s ability to provide appropriate care to patients.¹

Too common and costly for patients, families, and the healthcare system

Pressure injuries affect more than 2.5M patients per year²

The overall prevalence of pressure injuries is 9.3%³

About 60,000 patients die as a direct result of a pressure injury each year⁴

Cost to treat pressure injuries can range from $20,900 – $151,700 depending on the stage of injury.²

8.5% higher risk

Patients in procedures lasting longer than three hours are at increased risk for pressure injury.³
Protect your patients' heels in the OR

The heel is the second most common site for pressure injury, which can start during operating room procedures. In fact, pressure injuries attributable to the OR account for up to 45% of all hospital-acquired pressure injuries.

The sacrum and the heels are the most common sites to develop pressure injuries.

The fearsome four: Address pressure injury risk factors

- Pressure
- Friction
- Pressure injuries
- Moisture
- Shear

Additional risk factors

- Reduced mobility or immobility
- Acute illness
- Extremes of age
- Vascular disease
- Level of consciousness

Surgical patients are at risk

- Pressure injury related to positioning in the OR is a leading cause of increased length of hospital stay among surgical patients, costing between $14,000 and $40,000 per patient.
- The rate of intraoperatively acquired pressure injuries ranges from 12% to 66% in surgical patients.
Are you at risk for injury?

Healthcare professionals incur musculoskeletal (MSK) injuries/nonfatal injuries on the job more often than any other private industry occupation.¹⁰

Healthcare workers are more likely to get injured on the job than any other occupation—more than construction laborers, firefighters, and police officers.¹⁰

The most common tasks that lead to injury are patient:

- Lifting
- Transferring
- Repositioning¹¹

Who takes care of patients when healthcare workers are injured on the job?

Many healthcare workers leave the profession early due to debilitating arm, back, and shoulder injuries. More nurses are worried about getting a back injury than contracting an infectious disease.¹⁹ And for good reason:

- 56% of nurses have experienced MSK pain that was caused by or made worse at work.¹⁰
- 80% continued to work despite having MSK pain.¹⁰
- 48% of hospital worker injuries that result in days away from work are caused by overexertion or bodily reaction that includes motions such as lifting, bending, reaching, or slipping without falling.²²

<table>
<thead>
<tr>
<th>Paying the price</th>
<th>Risks on the rise</th>
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<tbody>
<tr>
<td><strong>$15,800</strong></td>
<td>Patient obesity levels are projected to increase.¹⁵</td>
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<td>Average compensation claim due to patient handling</td>
<td></td>
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<td><strong>$37,000</strong></td>
<td>Average age of nurses has risen.¹⁶</td>
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<td>Average direct cost associated with an occupational back injury of a healthcare worker</td>
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<td><strong>$27,000 – $103,000</strong></td>
<td>Healthcare workers become statistically more vulnerable to musculoskeletal injuries as they age.¹⁷</td>
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<tr>
<td>Cost of nurse turnover</td>
<td>Estimates project 260,000 unfilled nursing jobs by 2025.¹⁸</td>
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How is your hospital addressing safe patient handling?

There is no such thing as safe manual lifting of patients, regardless of body mechanics.\textsuperscript{21}

30+ years of research and experience show that relying on proper body mechanics or manual lifting techniques alone is not effective to reduce back and other musculoskeletal (MSK) injuries.\textsuperscript{22}

Hospitals are investing in equipment, but healthcare workers are still getting injured

\textbf{82\%} of healthcare workers who sustained an MSK injury did not use facility lifting equipment.\textsuperscript{24}
Sage

Prevalon® MATS
Mobile Air Transfer System

Safely and easily transfer patients

The Prevalon Mobile Air Transfer System (MATS) is designed to provide nurses with a safe and easy way to laterally transfer patients. The system uses a cushion of air to move patients laterally from one surface to another with significantly less pulling and without the need for lifting. It is designed to remain with the patient and provide transfer assistance throughout a hospital stay.

**Imaging capability**
- Acceptable for use in MRI*, X-Ray, CT Scan, and ultrasounds

**Quick Connect Valve**
- Provides an easy, secure connection and a quick release

**Prevalon Air Pump**
- Fits into the Prevalon Air Pump Cart for easy transport or in cabinets and shelves in patient room

**Cradle inflation**
- Cradles patient with 2-phase inflation and raises patient in one smooth motion

**Reprocessed option available**
Ask your sales representative for information about our Save Simply program.

*Prevalon MATS is MR safe by rationale. The device is made from all non-metal materials; therefore MR safety testing was not performed. Compatibility tests did not show artifacts. Based on rationale, the MAT is electronically non-conductive and non-magnetic.

Prevalon MATS
- 39” x 81”
- (1) Prevalon MATS Glide Sheet
- (1) M° Microclimate Body Pad
- 10 systems/case

Reorder #3242-R
Expandable hose
- Extends to 10 ft to easily accommodate care settings

Easy Grab Handles
- Positioned along outer edges

Integrated head support
- Inflation provides comfortable support for the head and neck

M² Microclimate Body Pad
- Effectively absorbs and locks in moisture to protect patient’s skin while allowing air to flow through

Point of Care Power Switch
- Integrated into workflow to improve efficiency by allowing caregiver to focus on patient at the bedside

Hose Protection Sleeve
- Helps protect hose from environmental contamination

Prevalon MATS
39" x 81"
(1) Prevalon MATS Glide Sheet
(1) M² Microclimate Body Pad
10 systems/case
Reorder #3242
Reorder #3244
TAA Compliant
Reorder #3247
Without M² Microclimate Body Pad

Prevalon Air Pump - 120V
1/case
Reorder #7455

HEPA Equipped Replacement Filter
4 filters/case
Reorder #7465

Hose Protection Sleeve (HPS)
50/case
Reorder #7460

Prevalon Air Pump Cart
1 cart/case
Reorder #7475

M² Microclimate Body Pad
30 pads/case (6 bags of 5)
Reorder #7250
Sage Heel Protector OR

Protect heels and safely secure lower limbs in the operating room

The heel is the second most common site for pressure injury, which can start during operating room procedures. Patients in surgeries lasting longer than three hours are at an increased risk for pressure injury.

The Sage Heel Protector OR completely elevates the heels from the OR surface while securing the legs during procedures in the supine position. This helps minimize the risk of heel pressure injury during surgery and helps keep the patient’s feet and legs in the recommended position.

Offload the heels

- Calf Cradles completely elevate the heels and distribute pressure over the lower leg without creating undue pressure on the Achilles tendon. Sequential Compression Device compatible.

Secure the lower limbs

- Side Rail Straps and Calf Cradle Connector Strap help prevent legs from migrating off the OR table, even when patient is in lateral tilt position.
Maintain knee flexion

- Knee Cushion helps maintain recommended knee flexion throughout surgery and minimizes the risk of popliteal vascular compression during supine surgery. Replaces pillows.

**AORN guidelines:**

- “In the supine position, the patient’s knees should be flexed approximately 5 to 10 degrees.”
- “The patient’s heels should be elevated off the underlying surface…”
- “Using a heel-suspension device distributes the weight of the patient’s leg along the calf without placing pressure on the Achilles tendon.”

**Sage Heel Protector OR**

- (1) Knee Cushion
- (2) Calf Cradles
- 4 packages/case
- Reorder #7330
A study published in the *Journal of Wound Ostomy Continence Nursing* assessed the effect of a heel protector intervention on heel pressure injuries.\(^7\) 

- **28% decrease**
  - Over one year

A study published in the *Journal of Wound Ostomy Continence Nursing* assessed the effect of a Quality Improvement process based on a tailored protocol, in-service education, and a heel protective device.\(^8\) 

- **95% decrease**
  - Over three months
- **$12,400-$1,048,400**
  - Estimated cost savings

A study published in the *Journal of Wound Ostomy Continence Nursing* assessed the effect of an intervention using heel pressure ulcer and plantar flexion contracture prevention protocols for high-risk patients.\(^9\) 

- **0 hospital acquired heel pressure injuries**
  - Over seven months
- **$1,900,000**
  - Estimated annual cost savings
Changing practice involves lots of effort and, above all else, data. You may know a change is needed, but you lack the evidence to gain acceptance. Evaluation is critical, but you may not have resources to gather, analyze, and report on your own. We can help. Our exclusive team of CustomerOne professionals is your expert resource for customized measurement and data analysis.

### Available resources include:

- Ongoing product and process in-servicing and education
- FocusRN—a free accredited learning portal with interactive CE modules
- Focused clinical support through our Clinical Science Liaison Team
- Pre- and post-intervention assessments
- CustomerOne tracking and reporting
- Education through the Sage Speaker Program from clinical thought leaders

### Helping you drive change at your facility

**Our CustomerOne Value Analysis Program measures, analyzes, and reports**

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Simple interventions.
Extraordinary outcomes.

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We are driven to solve real problems and make healthcare better for you and your patients.

Find our Sage nurse trusted products at shopsageproducts.com or call 800 323 2220