Combination of Safe Patient Handling and Use of Ergonomic Repositioning Device Reduces Hospital Acquired Pressure Ulcers and Employee Injury Claims

Molly Persby, RN, C, MHSA, Divisional Vice President, Clinical and Quality Services, Select Medical

**BACKGROUND**

Safe patient handling and appropriate repositioning can help enhance patient safety by preventing hospital acquired pressure ulcers (HAPUs) and preventing caregiver injury.2,3

- It is estimated over 1 million patients develop HAPUs each year, which are associated with increased mortality, morbidity, decreased patient quality of life, and increased costs.3,4

- Nursing is reported in the top 10 professions each year that experience injuries. In 2009, nurse aides, attendants, and orderlies reported a total of 35,160 musculoskeletal disorders such as low back pain, rotator cuff injuries, and sciatica.3,4

With national campaigns focused on the “Triple Aim” of improving the health of the population, enhancing patient care experiences (including quality, access, and reliability), and reducing the per capita cost of care (Institute for Healthcare Improvement), health care organizations are implementing interventions to help improve both patient and caregiver safety.5

**OBJECTIVE**

Our healthcare organization recognizes that effective HAPU prevention requires evidence-based nursing and adherence with prevention guidelines (NAPAP guidelines, references), and understands the need to ensure compliance with evidence-based prevention such as frequent repositioning (Yang et al, 2012 reference). A multi-hospital quality improvement initiative combined HAPU prevention with a focus on worker safety, by utilizing an assistive device for turning and repositioning patients.6

**METHODS**

**Clinical setting:** Three hospitals within the Select Medical system were included in this multi-hospital quality improvement initiative: Select Jackson, Lewiston, and Madison.

**Intervention periods:** The three hospitals utilized the assistive patient repositioning device across different time periods during 2011.

- **Select Jackson:** 03/09/11-11/10/11
- **Lewiston:** 07/18/11-11/07/11
- **Madison:** 06/26/11-10/31/11

**Intervention:** Patients with an anticipated length of stay ≥5 days, Braden sub-scores of moisture 1 and mobility <2, and weighing ≥350 pounds were placed on a turn and repositioning system designed to offload the sacrum, manage moisture, reduce friction and shear, and decrease the effort required to reposition patients within the bed.

**Metrics:** The effectiveness of the intervention was measured by comparing “before” and “after” average HAPU per 1000 patient days and the number of repositioning-related employee injuries “before” and “after” each intervention period. Economic metrics were calculated through an internal, de-identified review of costs.

**RESULTS**

**CONCLUSION**

A unique system for turning and repositioning of patients combined with the use of a specific mobility and moisture protocol may aid in preventing the incidence of sacral pressure ulcers and staff injuries.

**REFERENCES:**