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.¹
- 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

PATIENT POSITIONING SYSTEM CRITERIA (PPS)

CLINICAL OUTCOME

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

¹ NPUAP Pressure Ulcer Prevention and Treatment Clinical Practice Guideline.