

Patient Turning and Repositioning: Current Methods & Challenges, a WOCN Perspective

72% of Wound Care Nurses Report Patients Frequently Move Out of Position After a Turn

INTRODUCTION

In order to learn about turning and repositioning protocols in hospitals and staff compliance, Sage Products Inc. surveyed 173 wound care nurses who attended the 2012 Wound Ostomy and Continence Nurses Society (WOCN) Annual Conference, held June 9-13, 2012, in Charlotte, North Carolina.

BACKGROUND

A pressure ulcer is defined as “localized skin injury and/or underlying tissue, usually over a bony prominence as a result of pressure, or pressure in combination with shear.”¹ Sacral pressure ulcers are the most common, accounting for 37% of all pressure ulcers.² Sacral pressure ulcers can lead to increased length of stay for patients and increased costs for facilities.

Frequent turning and repositioning of patients is critical to preventing sacral pressure ulcers. Clinical guidelines recommend q2° turning,³ which is extremely challenging for staff to accomplish. It can be physically demanding especially with larger patients, and often requires considerable nursing time.

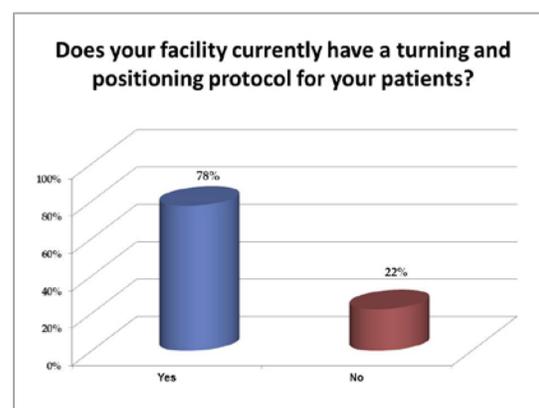
Manual lifting and other tasks involving repositioning patients are associated with increased risk of pain and injury to staff, particularly to the back.⁴ Turning and repositioning puts staff at risk for musculoskeletal disorders (MSDs), which

include conditions such as low back pain, sciatica and rotator cuff injuries.⁴

Records show a high prevalence and cost of staff injuries due to turning and repositioning patients. In 2009, nurses, aides, orderlies and attendants suffered a total of 25,160 MSDs.⁵ Nurse back injuries cost an estimated \$16 billion annually in worker’s compensation benefits.⁶ Medical treatment, lost work days, light duty and employee turnover cost an additional \$10 billion.⁶

RESULTS

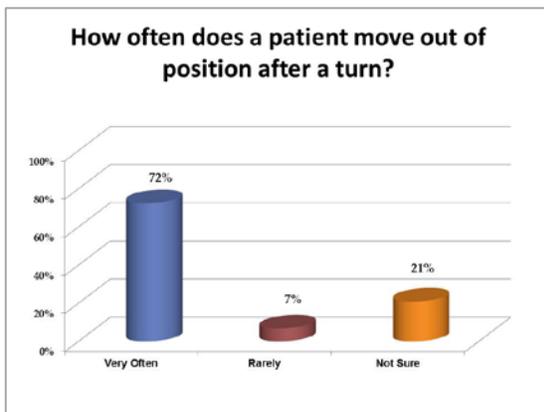
Survey results show 78% of respondents have a turning and positioning protocol in their facilities. The large majority (93%) turn/reposition their patients on a q2° schedule. The guidelines most frequently referenced when selecting a turning protocol were identified as WOCN (84%), NPUAP (66%) and OSHA (38%).



When asked how well they think their facility's turning/repositioning protocol is followed, 60% of respondents said "well" and 35% said "not well."

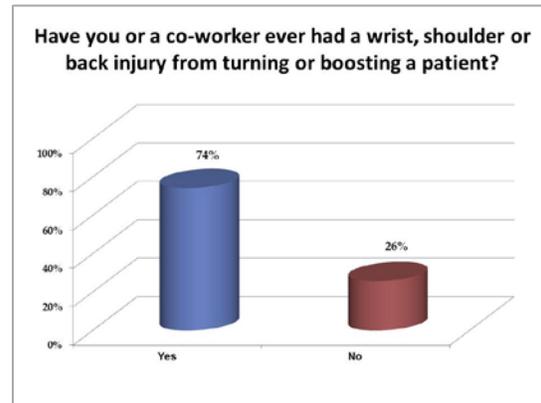
Respondents use a variety of products for turning and positioning. Pillows were the most frequently used by 80% of respondents. Other products included sliding sheets (53%), foam wedges (35%), turning/ repositioning beds (28%) and turn teams (20%).

72% of wound care nurses indicated patients "very often" move out of position after being turned, and 44% said their facility currently has performance improvement initiatives for patient turning and repositioning.



In regard to staff injury due to turning and repositioning, 74% of respondents said themselves or a co-worker has had a wrist,

shoulder or back injury from turning a patient.



SUMMARY

The survey of 173 wound care nurses confirmed that patient turning and repositioning is a major priority. 78% of respondents have a turning/repositioning protocol in their facilities, and 44% have initiatives to improve compliance.

Nurses use a variety of products for turning and positioning, with pillows being the most common. However, the survey shows that those products have limited effectiveness. 72% of nurses said their patients move out of position "very often" after a turn.

The survey also shows that patient turning puts staff at risk for injury. 74% of nurses said themselves or a co-worker has been injured due to turning or repositioning a patient.

1. Wound, Ostomy & Continence Nurses (WOCN) Society, Clinical Practice Guidelines for Prevention and Management of Pressure Ulcers, 2010. 2. Young ZF, Evans A, Davis J. J Nurs Admin (JONA). Jul/Aug 2003;33(7/8):380-3. 3. Registered Nurses Assoc of Ontario (RNAO), Risk assessment and prevention of pressure ulcers. Toronto (ON), 2005 Mar, p80. 4. Occupational Safety and Health Administration (OSHA), Guidelines for nursing homes: ergonomics for the prevention of musculoskeletal disorders, 2009. 5. United States Department of Labor, Bureau of Labor Statistics, Nonfatal occupation injuries and illnesses requiring days away from work, press release 2009, available at <http://www.bls.gov/news.release/osh2.nr0.htm> 6. White E, The elephant in the room: huge rates of nursing and healthcare worker injury, available at <http://www.nhnurses.org/Documents/Announcement-Flyers/Alert.aspx>