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PROGRAM: PREVENTING PATIENT AND STAFF INJURY DURING TURNING AND POSITIONING

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Lori Lamb is an Enterostomal Therapy Wound Ostomy Continence Nurse with over 20 years of clinical healthcare experience. She currently works in clinical practice and as an independent clinical consultant to healthcare organizations throughout Florida. Her role often requires collaboration with stakeholders from interdisciplinary teams to implement pressure injury prevention and wound care programs. Lori is a long-term staff and patient advocate that is passionate about achieving positive outcomes. She understands the importance of implementing programs that utilize cost-effective, evidenced-based products, tools, and strategies to change practice and meet patient care goals.

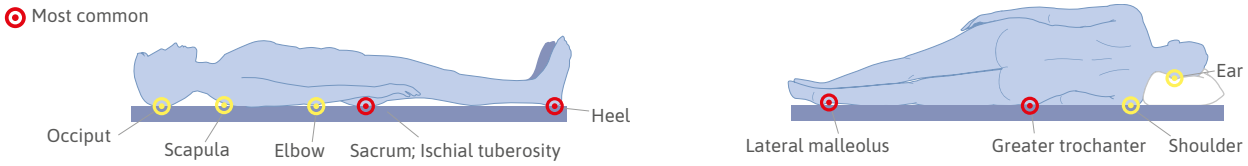
Emily Gibbs, PT, BS, CSPHP-Retired, Spartanburg Regional Healthcare District

Emily Gibbs has multiple years of experience as a SPHM Coordinator for Spartanburg Regional Healthcare District, a health system of five hospitals with connected LTAC and SNF ancillary sites, along with Hospice and Home Care groups. She has also worked as a Director for Physical Therapy and Rehab as well as a Physical Therapist at multiple locations during her professional career. Emily completed her BS degree at East Carolina University and has been an active member of APTA and the South Carolina Chapter, as well as ASPHP for the past several years, and has been a certified SPHP since 2019. She enjoys mission work, which has included international travel and volunteering in her local community.

This program is eligible for 1 CE for Registered Nurses* | 1.0 CEC through AHRMM†

WHAT IS A PRESSURE INJURY? WHAT PATIENTS ARE AT RISK?

A pressure injury, also referred to as a 'pressure ulcer', or 'bedsore', is an area of localized tissue damage caused by unrelieved pressure, friction, or shearing, usually occurring over a bony prominence.[1]



Pressure injuries commonly occur around **bony areas** of the body such as the ischium, greater trochanter, sacrum, heel, malleolus (lateral than medial), and occiput.[1]

These lesions mostly occur in individuals with conditions that decrease their **mobility**, making postural change difficult.[2]

Determining the underlying cause and risk factors for pressure injuries is critical for prevention and improved patient health outcomes.[3]

Extrinsic Risk Factors[3]

- General health status
- Mobility status
- Nutritional status
- Skin moisture
- Age
- History of pressure injury
- Drug history
- Perfusion/ oxygenation

Intrinsic Risk Factors[3]

- Pressure
- Shear
- Friction
- Skin microclimate

PRESSURE INJURY STAGES[4]

Pressure injuries have significant negative impacts on patients' quality of life, including associated risk factors for pain, increased infection rates, greater length of stay, and potential for morbidity and mortality. In tandem, healthcare systems are impacted with greater operational and financial costs.[3]

Stage 1 | Stage 2 | Stage 3 | Stage 4 | Unstageable | Deep Tissue

Annually, more than **2.5 million people in the U.S.** develop pressure injuries. For this reason, many wound care professionals focus on **research, education, and prevention of pressure injuries** to improve the quality of care.[5]

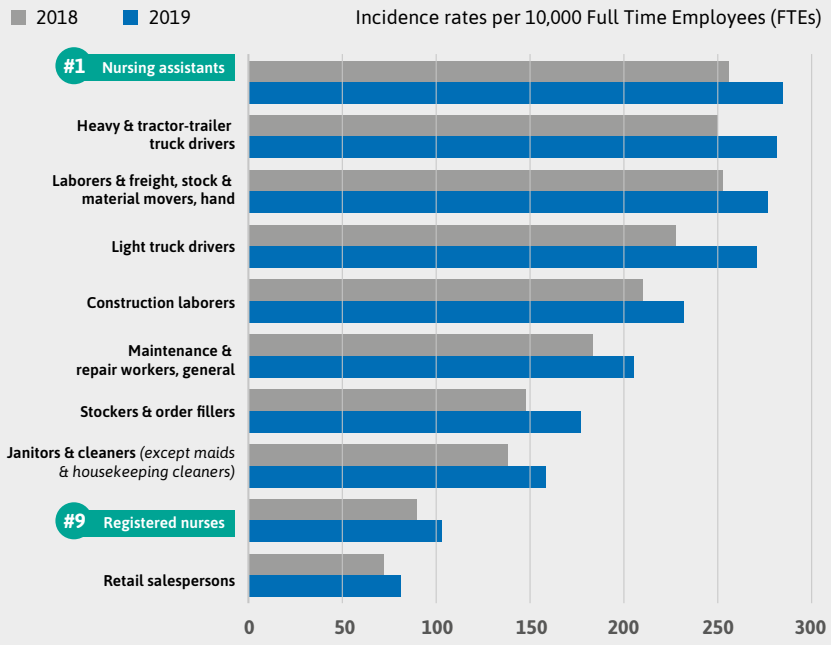
A plan of care should be developed based on patient risk factors. For immobile patients, this plan should include **turning, repositioning, and support surfaces**.[6]

A plan of care including adequate movement and repositioning with support devices helps to redistribute pressure and prevent pressure injuries.

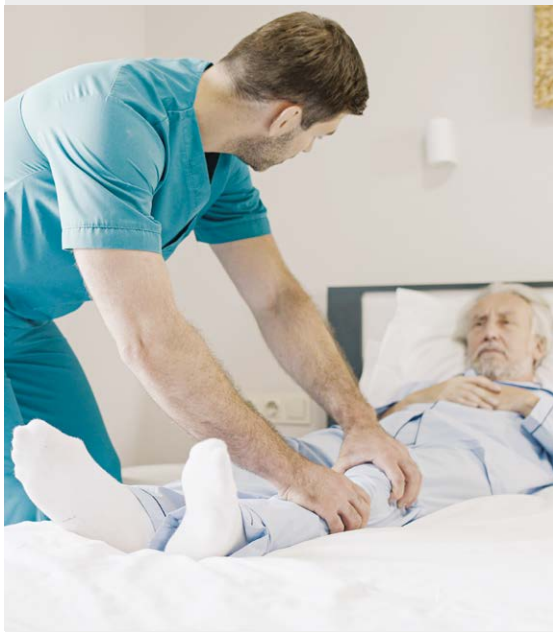
CARE FOR THE CAREGIVERS - SUPPORT TO AVOID STAFF INJURIES RELATED TO PATIENT TURNING AND REPOSITIONING

In many facilities **patient turning and repositioning** continues to be done manually, leading to healthcare worker injuries. Statistics show that **healthcare workers suffer the most injuries compared to other occupations**.[7]

Incidence rates of cases involving days away from work for selected occupations in private industry, 2018-2019



Nursing Assistants and **Registered Nurses** come in at **#1** and **#9** of the top 10 occupations with the highest incident rates involving days away from work.[7]



7 TIPS FOR SAFE PATIENT HANDLING[8]

1. IN THIS AGE OF DO-IT-YOURSELF, DON'T
2. Know that injury isn't always from a single event
3. Remember that body mechanics aren't enough
4. Don't accept injuries as "part of the job"
5. Take the time and space to do it right
6. Know where lifts are and how to use them
7. Report injuries as soon as possible

NIOSH National Institute for Occupational Safety and Health

– **Revised Lifting Equation** –

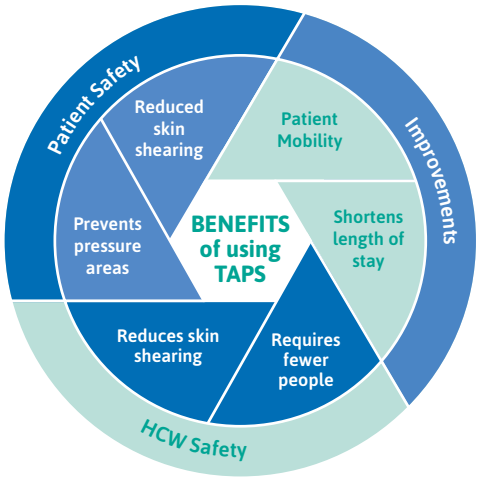
35 lb weight limit for safe lifting by healthcare workers

One leg of a 180 lb patient weighs 36 lbs[9]

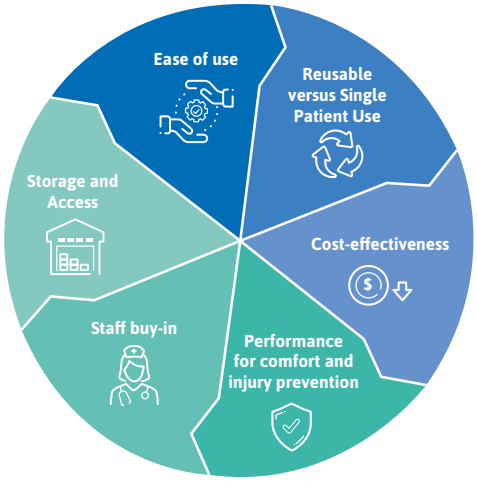
CEILING LIFTS:

"Gold Standard", but costly to install! An evidence-based **Turning And Repositioning System (TAPS)** is recommended as the standard of care for **shear and friction risk reduction** in healthcare settings. They are **cost-effective and easy for staff to utilize in supporting patient comfort and safety.**

Benefits of Using a Turning and Positioning System



Considerations for Choosing a Turning and Positioning System



"Must Haves" for Improved Healthcare Outcomes with a Turning and Positioning System

- Staff buy-in
- Good education and training plan
- Constant follow up and feedback
- Ongoing monitoring and retraining as needed to evaluate pressure injury and staff injury
- Requires work with an interdisciplinary team

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† This webinar was approved for 1.0 CEC contact hour through AHRMM - the leading professional membership group for the healthcare supply chain. (https://www.ahrmm.org/).

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