

PROGRAM: PREVENTING PATIENT AND STAFF INJURY **DURING TURNING AND POSITIONING**



Lori Lamb, BSN, RN. ET/WOC Nurse. Independent Clinical Nurse Consult

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**

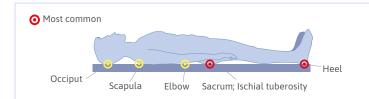
Emily Gibbs has multiple years of experience as a SPHM Coordinator for Spartanburg Regional Healthcare District, a health system of five hospitals with connected LTAC and SNF ancillary sites, along with Hospice and Home Care groups. She has also worked as a Director for Physical Therapy and Rehab as 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.

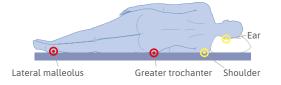
This program is eligible for 1 CE for Registered Nurses* | 1.0 CEC through AHRMM[†]

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



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

such as the ischium, greater trochanter, sacrum, heel, malleolus (lateral than medial), and occiput.1

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

Extrinsic Risk Factors³



General health status



History of pressure injury

Mobility



Nutritional status



history



moisture



oxygenation

Intrinsic Risk Factors³





Pressure

Shear



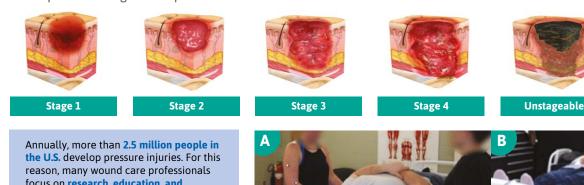
Friction



microclimate

PRESSURE INJURY STAGES⁴

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



focus on research, education, and prevention of pressure injuries to improve the quality of care.5

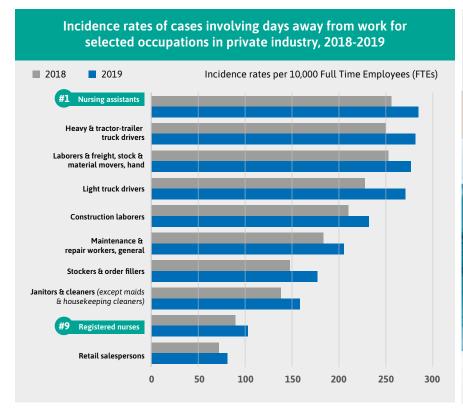
A plan of care should be developed based on patient risk factors. For immobile patients, this plan should include turning, repositioning, and support surfaces.6

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.



come in at #1 and #9 of the top 10 occupations with the highest incident rates involving days away from work.7

Nursing Assistants and Registered Nurses

Deep Tissue

7 TIPS FOR SAFE PATIENT HANDLING⁸



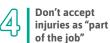
IN THIS AGE OF DO-IT-YOURSELF, DON'T



Know that injury isn't always from a single event



Remember that body mechanics aren't enough





Revised Lifting Equation –

35 lb weight limit for safe lifting by healthcare workers

One leg of a 180 lb patient weighs 36 lbs9





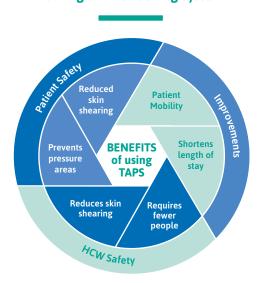
Know where lifts are and how to use them

Report injuries as soon as possible

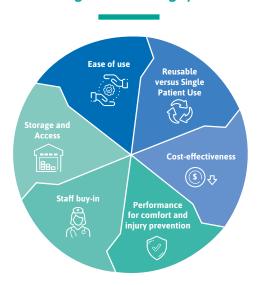
CEILING LIFTS:

"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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- * Program content approved for 1 CE for Registered Nurses. Ansell is a recognized provider of continuing education approved by the California Board of Registered Nursing, provider #CEP 15538.
- † 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/).



