11-3-2023

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Re-Evaluating Mobilization Practices and Their Impact on HAPIs

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EBP Question

In adult acute care patients, does the use of a turn team versus the use of no turn team impact hospital acquired pressure injury rates (HAPIs)?

PICOT

Population: In adult acute care patients

Intervention: Does the use of a turn team compared to the use of no turn team

Comparison: Versus the use of no turn team

Outcome: Impact hospital acquired pressure injury rates

Background

Hospital acquired pressure injuries (HAPIs) contribute to longer length of stay, poor clinical outcomes and increased healthcare costs. HAPI prevention is essential to avoiding clinical complications and protecting the overall health of individuals. The risk for developing pressure injuries is higher for those with limited mobility, those who are bed bound or chair bound, and individuals with impaired vascularization, poor nutrition and incontinence.

Currently at Rochester General Hospital (RGH), HAPI prevention measures include regular nursing assessment and intervention evaluation, multidisciplinary involvement in patient skin care and mobility, and the clinical practice of turning and positioning patients at risk for skin breakdown or impaired nutrition. In addition to these interventions, for individuals with a Braden Scale score of less than 18, a preventative foam dressing is applied to the patient's skin to protect bony prominences. There is not currently a dedicated turn team or mobility team throughout all of the adult acute care units at RGH.

Non-modifiable risk factors and the clinical complexity of adult acute care patients present challenges for bedside care teams in regard to preventing HAPIs. Despite the preventative measures that are currently in place, RGH continues to battle HAPIs.

Literature Review

Our RN Residency Group requested a comprehensive literature review from the RGH Librarian on the topic of patient mobility practice, turn team use and HAPI reduction. After reviewing the results of the literature search, the group selected the most applicable research articles and completed a literature matrix table to compare methodology, interventions implemented and outcomes associated with the interventions. Collectively, the group determined how evidence-based practices represented in the articles could be applicable.

Interventions

RN Skin Champion Rounding and Intervention Evaluation

Weekly RN rounds were conducted to determine appropriate pressure injury interventions for each individual patient based on Braden Scale, clinical condition and mobility needs. For a 9 month study using this approach to HAPI prevention, a 27% HAPI rate was reduced to 0% in a surgical intensive care unit (4).

Turn Team: Scheduled Rotation

Using the entire clinical team scheduled on each shift, the responsibilities of patient mobility and repositioning were shared through scheduled time slots. Team members were supported by their charge nurse to complete patient mobility (1). Visual cues utilized to alert multidisciplinary patient care team of which patients require turning based on their individual needs (2). The two studies using these approaches to HAPI prevention observed an average of 63% reduction in HAPIs (2,4).

Trained Technician Turn Team

Unlicensed assistant personnel trained to reference Braden Scale, pressure injury staging and hemodynamic stability to determine necessary mobility interventions. Turn teams consisted of dedicated technicians that mobilized patients Q2 and collaborated with nurse partners to ensure patient care was individualized. (3) A 10% reduction in HAPIs over a period of 15 weeks was noted following the implementation of this intervention (4).

Implications for Clinical Practice

Based on our literature review, it is evident that the implementation of visual cues to identify patients who require assistance with mobility and positioning in addition to the implementation of scheduled turn teams could have a positive health impact for the patients at RGH and reduce HAPIs incidence.

Our current use of the Braden Scale involves daily RN assessment and intervention documentation. The research suggests that training unlicensed staff to consider their patient’s Braden Scale scores when determining daily care needs could result in a deeper understanding of a patient’s risk factors for skin breakdown and the relevance of the interventions the patient requires to prevent pressure injuries. This could lead to improved clinical practice compliance. With greater involvement from unlicensed staff in skin care and pressure injury prevention, it would also be necessary to reinforce documentation of interventions from these care team partners.

References


