

Turning the Tide on Pressure Injuries

Erlanger Turn Team Uses Focused Attention, Education to Drive Numbers Down

A data-driven, award-winning healthcare organization, Erlanger Health System doesn't shy away from following where the facts lead. And when it came to hospital-acquired pressure injuries (HAPI), the data showed incidence rates trending in the wrong direction.

Although turning wedges, preventive foam, and turning protocols were already in place at the leading academic medical center, a review of quarterly numbers raised a red flag. To address the issue, Julie Brandt, MHA, BSN, WOCN, CCHP, nurse director for Erlanger Health System, put together a risk management plan to address those rates and improve clinical outcomes, while also lowering costs and increasing satisfaction.

Pilot Program

"We created the Turn Team because we were having a high number of pressure injuries and wanted more focused attention," explained Brandt, who has oversight of enterostomal therapy for Erlanger. "If you have someone focused on turning and keeping up with turning, it's more consistent versus a floor nurse who has multiple tasks. Floor nurses' attention can be ... and should be ... diverted when necessary. They are constantly prioritizing their patients' needs so an emerging threat takes precedence over a turn."



Julie Brandt

With executive leadership support, Brandt was given the green light to staff a Turn Team pilot. It took several months to fully develop the vision for the program and staff the team. LPNs were selected for the nursing perspective they bring to prevention and care of pressure injuries. However, from her own experience as a nurse, Brandt knew that simply doing one skin assessment after another would make for tedious days and lead to burnout.

For the program to thrive, she felt like it was important to train and retain these nurses so that they would become experts in identifying and caring for patients with pressure injuries ... and more importantly, help prevent them from ever occurring. "We're doing a lot of teaching and putting LPNs through wound care training," noted Brandt, who added the system is looking at creating a Turn Team certification for participating LPNs. "We started letting them do repeat wound care dressing changes. We're empowering them, and that has helped us retain nurses," she noted.

With a plan in place, Brandt said, "We really got off and running at the end of 2018." She added the pilot started on Med-Surg floors with four LPNs working closely with unit nurses and the hospital's wound, ostomy, and continence nurses to identify at-risk patients. HAPIs are particularly common in neuropathically compromised patients, including stroke and renal patients who might not have signal sensation to let them know it's time to reposition.

Education is at the center of the Turn Team's work with the realization that it's easy to forget that skin is the largest organ and the first line of defense. "They do a lot of education with patients and their families. They created a flyer that helps explain ... with some graphic pictures ... what can happen if you don't turn," said Brandt. She added the team also explains to high-risk patients why their particular condition puts them at increased risk of pressure injuries.

"We were having a lot of noncompliance with patients. They wanted to sleep ... they didn't want to turn," Brandt said, adding the reaction was understandable. However, she continued, "When we really started showing them what can happen if you don't turn and explaining why it's so important to regularly turn, they became much more compliant."

Brandt added, "We also send them home with discharge instructions on how to prevent bed sores at home and teach the family what to look for."

Having a group of LPNs solely focused on pressure injuries also brought to light needed improvements in the tools on hand. "When we started the Turn Team, one of the first things they realized is that our turning wedge wasn't a good one and patients didn't like it ... it was uncomfortable," Brandt said.

Happily, the manufacturer was more than willing to make a site visit, meet with the team and redesign the wedge. "They created a new wedge for us. It was a little bit smaller, and now patients love it have no problem staying on it," she noted, adding small tweaks can make a big difference.

Results: A Win/Win/Win

While some hospitals only account for HAPIs from stages two through four when reporting, Erlanger includes the beginning stages of deep tissue injury (DTI) and stage one sores, which are not open wounds. "After all, it's still an injury," Brandt pointed out of the more stringent standard the health system has set for reporting.

"Our hospital-acquired pressure injuries are definitely coming down," she continued with excitement. In fact, there was a more than an 85 percent reduction in pressure injuries when comparing the May 2019 audit to the pre-Turn Team May 2018 audit. The most recent figures put HAPIs at less than 1 percent.

Lowering incidence rates also lowers costs. Caring for patients with HAPIs is more expensive, typically adds to the length of stay, and can result in reimbursement cuts from federal payers for higher stage injuries. "For what a hospital-acquired pressure injury costs the hospital, we believed we could staff with LPNs and reduce that (cost) considerably," Brandt pointed out, adding she was grateful for the vision of the hospital's executive team in being willing to move forward with the pilot.

The focused effort has also won the appreciation of busy bedside nurses, patients and families. "Patients are more satisfied knowing we are there turning them and taking good care of their skin," she said of another win for the program.

Next Steps

"Looking to the future and based on the Med-Surg success, we hope to expand to critical care floors," said Brandt. "We currently have four LPNs but are in the process of bringing in a fifth one."

While launching a Turn Team required an up-front investment of time and resources, the returns have been very positive, highlighting the value of focusing on one thing and doing it extremely well.

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.



Erlanger Turn Team (L-R):
Spring Stone, Brittany Cox, Jenn Walls,
Glenda Crawley & Sarah Cwiek

