

HAPI Panel of Experts Topic of the Month – November 2019

Optimizing Turn Compliance

Introduction

As patient care staff face the challenges of busy shifts, complex patients, and multiple competing priorities, compliance with patient turning/repositioning can fall below expected. A recent ICU audit by one THA HIIN hospital found turn compliance to be at 48%. Similar findings were published in 2016 by researchers at Stanford Healthcare who identified overall turn compliance at 60% and ICU turn compliance at 38-51%.¹ Fortunately, there are strategies to help busy staff optimize turn compliance.

The Most Common Strategy: Reminders

White Boards

Two panelist hospitals use whiteboards that communicate either the next turn time and position, or the last time turned and position. This improves communication between aides, therapists and nurses, and allows the family to see that their loved one is being turned regularly. The white boards are integrated into hourly rounding as well as bedside report.



EMR Prompts

Another type of reminder in use by a panelist hospital is an EMR prompt every two hours that requires documentation of the patient position. Unlike a prompt that can be cancelled and not acted upon, the required documentation of patient position increases the likelihood of patient turning.

Other Reminders

Other types of reminders include playing an overhead tone every two hours or sending pages to nurse phones. Panelists felt, however, that these reminders may have limited effectiveness due to the risk of alarm fatigue.

Another Key Strategy: Ensuring Staff Have Help

Unit-Based Turn Champions

In a successful HAPI-reduction initiative, Saint Francis Hospital in Columbus, Georgia, assigned nurses or aides on each shift in med-surg departments as “Heel’s Angels” with the responsibilities of knowing which patients in the department required regular turning, and supporting the staff assigned to those patients to ensure turning. Heel’s Angels were given a slightly lighter patient assignment to allow them time to support their coworkers. Their support included such activities as gathering turn equipment, helping to turn the patient, helping with a task that freed the patient’s nurse/aide to do the turn, or simply reminding the patient’s nurse/aide a turn was due.



Dedicated Turn Teams

Dedicated turn teams have proven successful at many hospitals, including Emory University in Atlanta, Georgia.^{2,3} Turn teams can be department-based using department staff or can be larger in scope with a dedicated house-wide turn team. Teams can be combinations of patient-care assistants, LPNs, RNs, physical therapy assistants, or respiratory therapists. Generally, they focus on patients with high risk for skin breakdown and/or pneumonia and provide round-the-clock turning of the patient. Depending on

training and licensure scope, turn-team members may also assist with skin assessments, skin care, and/or patient and family education. Scripps Mercy Hospital in San Diego, California used a turn team in the step-down unit to augment turning by staff, with the turn team doing two of the six turns of a 12-hour shift. Even with this seemingly small intervention, hospital-acquired pressure injuries in the unit went to zero, and the hospital saw a reduction in worker harms related to patient handling.⁴

Wearable Technology

The future of optimizing turn compliance may lie in wearable technology such as Leaf Healthcare sensors.⁵ While panelists who have investigated the Leaf Healthcare program state that it is cost-prohibitive for their organizations, it opens an interesting glimpse into the future of patient care.

Maintaining Awareness Through Auditing

A final strategy to optimize turn compliance is conducting routine turn audits and sharing the results with staff. A panelist shared two different audit approaches:

- Choose one day for a small group of health professionals to check patient position in select rooms four times during the day, approximately three hours apart. The first check will serve as the baseline position. The remaining three checks are to determine if the patient has been changed into a different position. Turn compliance is then calculated as the number of position changes over the number of observations (excluding the baseline observation). This can serve as a one-time spot-check or can be done on a monthly or quarterly basis.
- Have department staff audit their own department, with all staff checking on a set number of patients after shift change (for baseline position) and then again in 2-3 hours (to see if there has been a position change). Turn compliance is calculated as in the above example: number of position changes over number of observations (excluding the baseline observation). This can be done daily while working on active improvement, then advanced to lesser frequency to ensure sustainment.

Costs That May be Mitigated with a Dedicated Turn Team

- Lost revenue associated with HAC penalties (both with individual claims and in the CMS HAC Penalty program)
- Costs associated with HAPI treatment
- Costs associated with HAPI-related lawsuits
- Workman's comp costs related to worker harms from patient handling
- Costs associated with prolonged length of stay and readmissions related to HAPI.

References

1. Pickman, D., Ballew, B., Ebong, K., Shinn, J., Lough, M., & Mayer, B. (2016). Evaluating optimal patient-turning procedures for reducing hospital-acquired pressure ulcers (LS-HAPU): study protocol for a randomized controlled trial. *Trials* 17, pp.190. doi: 10.1186/213063-016-1313-5.
2. Still, M., Cross, L., Dunlap, M., Rencher, R., Larkins, E., Carpenter, D., Buchman, T., & Coopersmith, C. (2013). The turn team: a novel strategy for reducing pressure ulcers in the surgical intensive care unit. *Journal of the American College of Surgeons*, 216(3), pp. 373-379.
3. Lillis, K. (2015). Experts share best practices in preventing pressure ulcers. *Infection Control Today*. Retrieved from: <https://www.infectioncontroltoday.com/pressure-ulcers/experts-share-best-practices-preventing-pressure-ulcers>.
4. Ringhofer, J. & Goodwin, S. (2011). Turn team: the importance and impact on a step-down unit. Scientific abstract. *Wound, Ostomy, and Continence Nurses 43rd Annual Conference*. Retrieved from: <https://wocn.confex.com/wocn/2011am/webprogram/Paper6010.html>.
5. www.leafhealthcare.com

The HAPI Panel of Experts is a group of wound care and quality professionals that represent hospitals of varying sizes and geographic regions of Tennessee. The Panel convenes monthly to discuss a topic specific to pressure injury prevention and share their practices and recommendations.

Panel of Experts

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If you would like to suggest a topic for the Panel to discuss, please email your request to Rhonda Dickman at rdickman@tha.com.