Patient Turning and Repositioning: Current Methods & Challenges, a Critical Care Nurse Perspective

93% of Nurses Report Staff Injury Due to Turning or Boosting a Patient

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INTRODUCTION

In an effort to learn about current turning and repositioning methods in hospitals as well as their effectiveness, Sage Products Inc. surveyed 357 critical care nurses who attended the 2012 American Association of Critical Care Nurses (AACN) National Teaching Institute (NTI), held May 19-24, 2012, in Orlando, FL.

BACKGROUND

A pressure ulcer is defined as "localized skin injury and/or underlying tissue, usually over a bony prominence as a result of pressure, or pressure in combination with shear."[1] Sacral pressure ulcers are the most common, accounting for 37% of all pressure ulcers.[2] Sacral pressure ulcers can lead to increased length of stay for patients and increased costs for facilities.

Frequent turning and repositioning of patients is critical to preventing sacral pressure ulcers. Clinical guidelines recommend q2˚ turning,[3] which is extremely challenging for staff to accomplish. It can be physically demanding especially with larger patients, and often requires considerable nursing time.

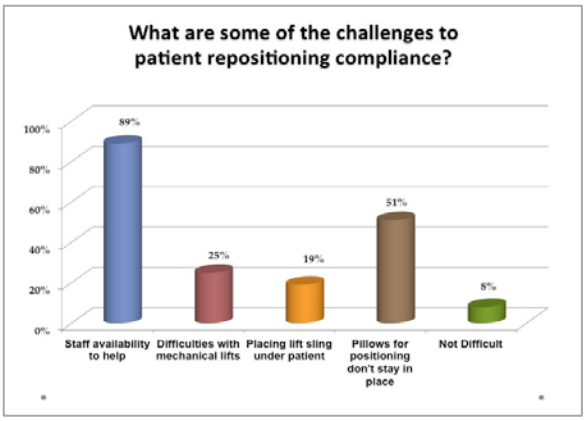
Manual lifting and other tasks involving repositioning patients are associated with increased risk of pain and injury to staff, particularly to the back.[4] Turning and repositioning puts staff at risk for musculoskeletal disorders (MSDs), which include conditions such as low back pain, sciatica and rotator cuff injuries.[4]

According to published reports, nurse back injuries cost an estimated $16 billion annually in worker's compensation benefits.[5] Medical treatment, lost work days, light duty and employee turnover cost an additional $10 billion.[5]

RESULTS

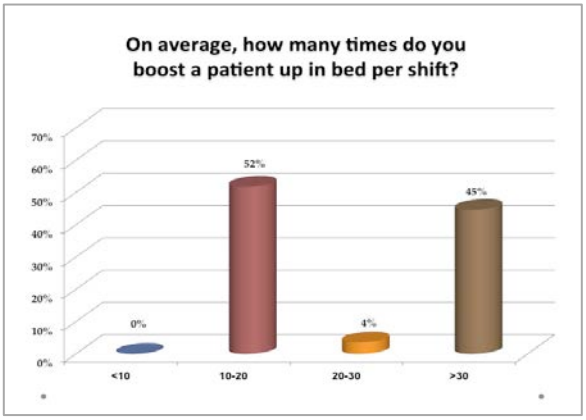
Survey results show that the large majority of facilities (93%) have a q2˚ repositioning protocol. 6% said their protocol calls for repositioning PRN, or as needed. When respondents were asked to rate the difficulty in achieving their unit's repositioning protocol given their workload and patient complexity, 58% said it was "difficult" and 19% responded "very difficult."

Among the methods currently being used for positioning, 86% of nurses said they are using pillows. Other methods included foam wedges (49%), lift systems (44%) and draw sheets (26%). And although pillows were

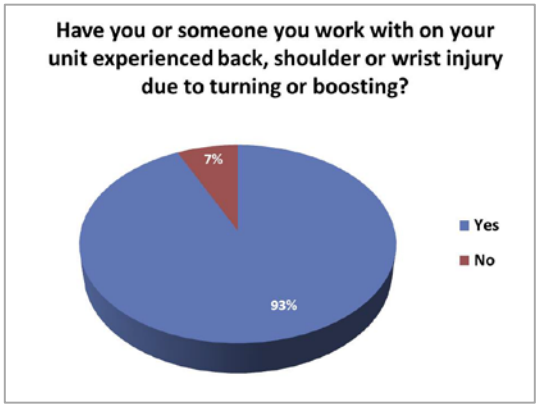


shown to be the method most commonly used, 51% of nurses noted “pillows for positioning don’t stay in place” as one of the challenges to patient repositioning compliance. The most common challenge cited (89%) was “staff availability to help.”

When asked about the effectiveness of their repositioning efforts, 52% of nurses said they boost a patient up in bed 10-20 times per shift. 45% said they boost a patient more than 30 times per shift.



In regard to staff injury, 93% of nurses said themselves or someone on their unit has experienced a back, shoulder or wrist injury due to turning or boosting a patient.



SUMMARY

The survey of more than 350 critical care nurses confirmed that patient turning and repositioning is a significant challenge for nursing staff.

93% of nurses identified their repositioning protocol as q2˚, yet 77% find it difficult or very difficult to comply with that protocol.

Why do nurses find accomplishing a q2˚ repositioning protocol difficult? Challenges include the use of pillows that don’t stay in place, the need to boost patients between 10 and 30 times per shift, and a lack of staff to help with turning and repositioning.

Ultimately, 93% of nurses reported themselves or a co-worker has been injured as a result of turning a patient.

1. Wound, Ostomy & Continence Nurses (WOCN) Society, Clinical Practice Guidelines for Prevention and Management of Pressure Ulcers, 2010. **2.** Amlung S, The 1999 national pressure ulcer prevalence survey: a benchmarking approach. Advances in Skin & Wound Care, 2001;14:297-301. **3.** Registered Nurses Assoc of Ontario (RNAO), Risk assessment and prevention of pressure ulcers. Toronto (ON), 2005 Mar, p80. **4.** Occupational Safety and Health Administration (OSHA), Guidelines for nursing homes: ergonomics for the prevention of musculoskeletal disorders, 2009. **5.** White E, The elephant in the room: huge rates of nursing and healthcare worker injury, available at http://www.nhnurses.org/Documents/Announcement-Flyers/Alert.aspx