NK1EO 01

The Effects of an Educational Intervention Based on "Visual Cues" and a "Buddy System" on the Incidence and Prevalence of Pressure Ulcers

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INTRODUCTION

Pressure ulcers (PrU) are a complication and threat to patients with acute and chronic limited mobility. Approximately 2.5 million patients are treated for PrU in the USA and account for 60,000 deaths per/year (Tschannen, Bates, Talsma, & Ying, 2012).

PURPOSE

To evaluate the effectiveness of visual cues and a buddy system on the incidence and prevalence of unit acquired pressure ulcers and to determine the accuracy of a national quality indicator.

METHODS

IRB approval was obtained in February of 2012 to conduct a research study.

1. Design: A Quasi experimental, pre/post intervention design.

2. Data collection:

A. A 7-item qualitative survey was collected pre and post-intervention and recoded to determine staff's repositioning practices and barriers to repositioning in the clinical environment.

B. Pre and post PrU incidence data was collected on a weekly basis for a period of 3-months each. Quarterly PrU prevalence rate were compare to NDNQI quarterly reported data.

3. Intervention:

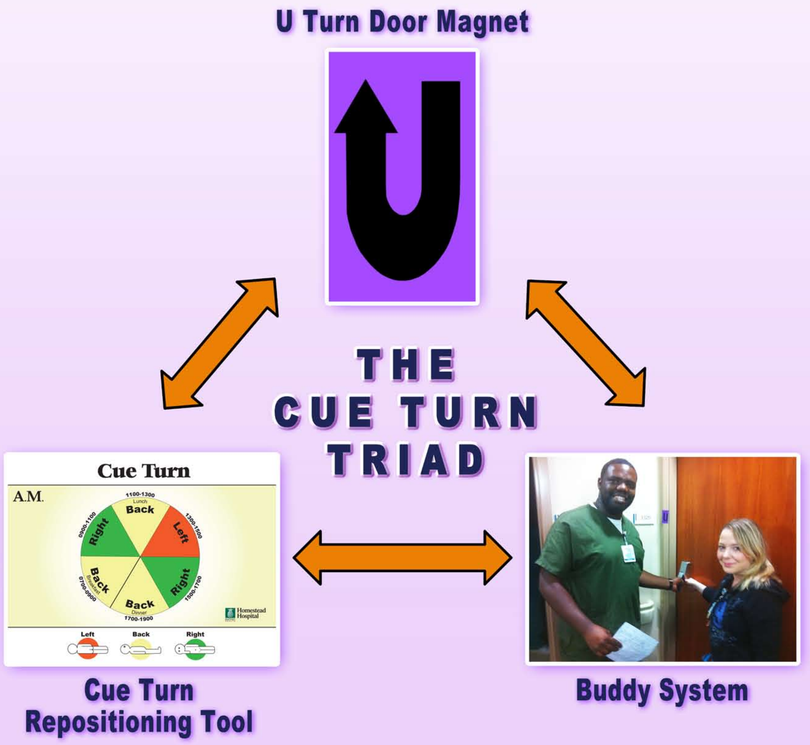
The **Cue Turn Triad**:

A. A door magnet (U Turn Magnet) identified the patients at risk.

B. A turning tool (Cue Turn) standardizing repositioning times and positions.

C. A **"Buddy System"** defined as an accountable counter partner assigned to assist with repositioning patients at risk.

Educational component: An instructional video on the use of the **Cue Turn Triad** in the clinical setting.

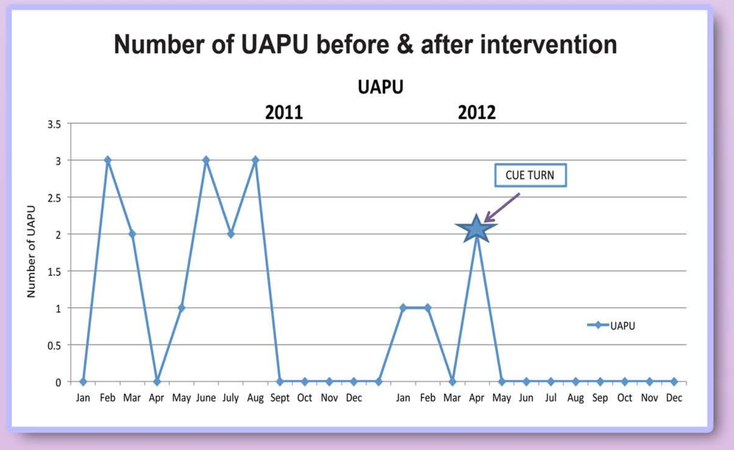


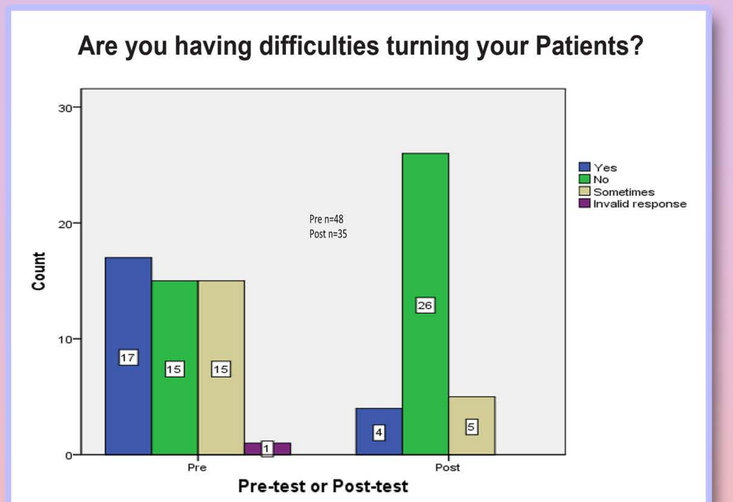
RESULTS

The **Cue Turn Triad** reduced unit acquired pressure ulcer rates from 16 to 2 (an estimated improvement rate of over 87%) on post-intervention. No disparity was found between NDNQI reported prevalence rates and calculated prevalence rates.

Pre-survey 38% of those surveyed could not articulate a set schedule for turning patients. On Post-survey 68% identified that they followed the schedule provided by the **Cue Turn Triad**.

Questions	Value X^2=	df	Asymp. Sig. (2-sided) p=
1. Are you having difficulties turning your patients?	15.339	3	.002
2. Are you having this problem with a specific type of patient?	13.935	3	.003
3. What types of problems are you having turning your patients?	15.994	7	.025
4. Problems with lack of help and time	13.914	3	.003
5. Do you follow a set schedule for turning your patients? If not, why not; if yes, what is it?	38.157	2	.000
6. Do you get help from other personnel or do you use some type of equipment to help turn your patients?	10.850	4	.028
7. What Criteria do you use?	15.744	7	.028





A larger proportion of the staff reported having less difficulty turning patients after the implementation of the **Cue Turn Triad**, especially with the orthopedic and bariatric population.

IMPLICATIONS FOR PRACTICE/DISCUSSION

The **Cue Turn Triad** presents an opportunity to: 1. Improve patient outcomes. 2. Increase quality through an efficient standardized process. 3. Avoid potential losses in revenues related to PrU and increased length of stay.

CONCLUSIONS

1. The **Cue Turn Triad** improved patient outcomes by reducing UAPU rates over time by 87%.

2. Standardized repositioning practices and fostered teamwork.