

Purpose

To decrease the incidence of sacral gluteal Hospital Acquired Pressure Injuries (HAPIs) and increase turning compliance in the Intensive Care Unit (ICU) with the integration of an airassisted repositioning device (AARD).

Background

Sacral gluteal HAPIs commonly affect ICU patients due to decreased mobility and poor hemodynamics. HAPIs have long term effects on



From Pressure to Prevention: Air-Assisted Repositioning in the ICU

Julia Wyrick BSN, RN, CWCN, Jillian Nichols BSN, RN, CCRN, & Caitlin Silva MSN, RN, NPD-BC, CCRN, SCRN,

Approach

- Project Location: 28 bed ICU.
- Device acquired through clinical nurse collaboration and leader advocacy for funding.
- Trialed and feedback included ease of use for nurse workflow.
- Nurse education on patient selection, positioning, and device management. Select clinical nurses trained as super users for the rollout.
- Observed turns utilized for data collection over 6 months. Turning assessment was defined in two parts: 1) compliance with a turning schedule, 2) offloading of the patient sacral gluteal region.

For references and abstract, please use the QR code to view the electronic poster online.

Outcomes

Pre-implementation: Turning compliance: 54.7% Sacral gluteal off load: 18% Total Sacral Gluteal HAPI 2023: 10 Post implementation: Turning compliance: 60% Sacral gluteal off load: 71% Total Sacral Gluteal HAPIs 2024 (6 months): 1 Adjusted for time: 80% SG HAPI reduction Estimated cost savings of \$83,600 Projected annual cost savings of \$167,200

Implications for Practice

Turning compliance and offloading increased after education and implementation of AARDs, decreasing HAPI incidence and associated costs. Nursing structural empowerment and decisionmaking impacted device selection, implementation, and post evaluation stages improving patient outcomes in ICU patient population.

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