# Utilizing technology to enhance a comprehensive pressure injury prevention program to improve quality, efficiency, and patient safety across a hospital system

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#### Problem

- Hospitals are rewarded for the quality of care provided rather than the quantity of services provided<sup>1</sup>, motivating hospitals to monitor and invest in PIP strategies.
- Turning and repositioning are fundamental to PIP, yet studies reveal hospital turn protocols are executed around 40%<sup>2</sup> - 65%<sup>3</sup> of the time.

## Study Designs and Methods

- A 3-hospital health system totaling 815 beds in the New England region of the US analyzed pre/post intervention HAPI incidence data to validate the clinical and economic outcomes of the intervention.
- A staged implementation of a RRS\* across the critical care areas of 3 hospitals was performed (Figure 1).
- Pre/post- intervention HAPI incidence was collected and analyzed over 27 months.

### Results

 Monthly systemwide turn adherence with RRS has remained greater than 80%.

#### HAPI incidence

 A 48% average overall reduction in HAPI was observed across all the 3 hospitals.

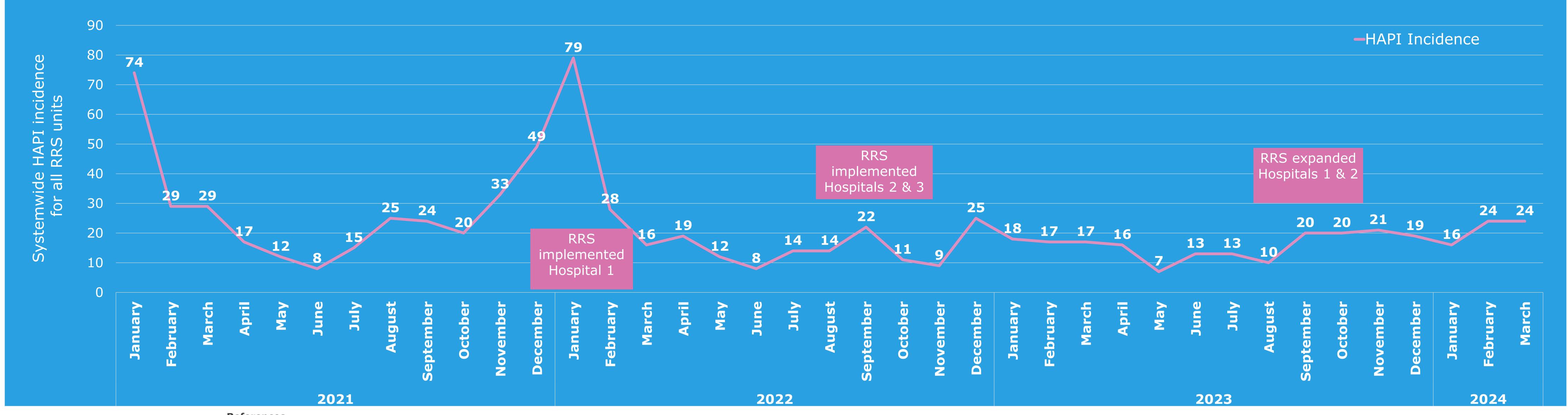
## Economic analysis

- \$2,583,360 The estimated difference in HAPI treatment costs<sup>4</sup> in year 1 at Hospital 1.
- \$686,000 the total investment made in the RRS.

#### Conclusion

 The addition of the RRS to our comprehensive PIP program reduced HAPI incidence across all 3 hospitals and created a positive ROI.

Figure 1. Systemwide hospital-acquired pressure injury incidence for all eventual RRS units from baseline to complete implementation of the RRS



#### **Abbreviations**

RRS = Repositioning Reminder System

PIP = Pressure injury prevention

= United States of America

ROI = Return on Investment

HAPI = Hospital-acquired pressure injury

References

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\*LEAF Patient Monitoring System, Smith and Nephew, Hull, UK

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