Time to Turn:

Evaluation of a Turning Clock for Resident Positioning in Long-Term Care

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BACKGROUND

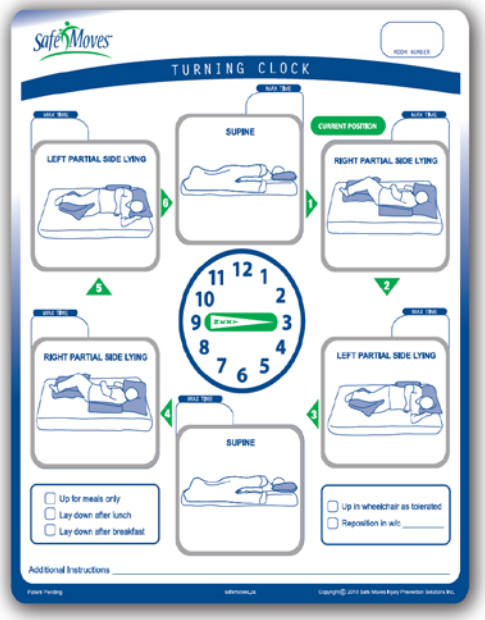
Approximately 29% of Residents in long-term care have a pressure ulcer (Woodbury & Houghton, 2004).

The use of an individualized repositioning schedule is a strategy recommended to prevent pressure ulcers in at-risk individuals (EPUAP, 2009; Keast et al, 2006).

As needs differ between Residents, it is often a challenge to communicate repositioning schedules to front-line staff which can result in inconsistent positioning. However, using diagrams with clocks and body positions may be helpful to remind staff when and how to position a Resident (Sussman & Bates-Jensen, 2007).

A Turning Clock was developed by Safe Moves Injury Prevention Solutions to promote consistent bed positioning care practices for at-risk Residents.

The Safe Moves Turning Clock is an interactive communication tool that is posted at the Resident's bedside and outlines the individualized repositioning plan including frequency of positioning, type of position and the time for the next position change.



EVALUATION OBJECTIVES

The evaluation aims to answer the following questions:

1. Is the Safe Moves Turning Clock effective in promoting the prescribed positioning schedule in bed?

2. Is the Safe Moves Turning Clock effective in preventing new pressure-related skin breakdown in high risk Residents?

3. Is the Safe Moves Turning Clock effective in promoting healing of existing pressure ulcers or pressure-related skin damage?

4. Does the Safe Moves Turning Clock help supervisors with monitoring and re-enforcement of turning and positioning schedules? Are there suggestions for changes/improvements to the tool?

TARGET GROUP CHARACTERISTICS:

1. Residents who have current pressure related skin breakdown.

2. Residents with history of pressure related skin breakdown within the last 12 months (indicating high risk of future skin breakdown).

EVALUATION GROUP SIZE: 10

DURATION OF EVALUATION: 6 weeks

METHODS

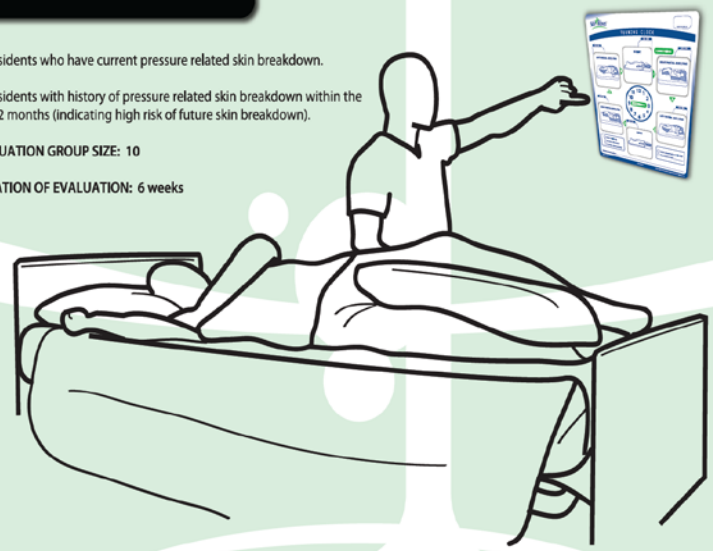
All Managers, Nurses and HCA's attended a training session using the Safe Moves Turning Clock Training Module. The training session covered: causes of skin breakdown, how to appropriately position a Resident in bed, and how to use the Safe Moves Turning Clock.

To answer the evaluation objectives, the following methods were used:

Question 1:
Regular audits of a Resident's position in relation to the information on the Safe Moves Turning Clock were conducted by the day, evening & night supervisors once per shift during each day of the 6 week trial.

Question 2:
Using a Head-to-Toe Assessment Tool, the Wound Care Team Members performed a head-to-toe skin assessment at the beginning (baseline), midpoint (3 weeks), and end point (6 weeks) of the trial period.

Question 3:
To note evidence of wound healing, information was collected on wound measurements on a weekly basis in the 6 weeks leading up to the trial and on a weekly basis during the trial.



Question 4:
A short questionnaire for managers, supervisors and the wound care team was administered at the end of trial to collect information/feedback in relation to satisfaction, helpfulness of the tool to promote turning and positions schedule and suggestions for improvements to the Safe Moves Turning Clock.

FINDINGS

The findings suggest that the Safe Moves Turning Clock was effective in:

1(a) Promotion of the prescribed positioning schedule (out of 723 audits, 92% of the time the Resident was in the correct position as indicated by the Safe Moves Turning Clock), and

1(b) Promotion of correct positioning in bed (out of 723 audits, 95% of the time the Resident was correctly positioned as caregivers were trained).

2. Prevention of new pressure-related skin breakdown in 8 of the 10 at-risk Residents. In investigation of the 2 Residents who experienced new skin breakdown during the evaluation, it was found that the cause was due to issues NOT related to bed positioning.

3. Promotion of healing of existing pressure-related skin damage in 7 of 8 Residents with skin breakdown at the beginning of the evaluation.

4. Assisting to monitor Residents' positioning schedules. 100 % of the 10 Managers/wound care team members that completed the post evaluation survey indicated that the Safe Moves Turning Clock was an effective tool for monitoring positioning schedules and recommended continued use of the Safe Moves Turning Clock as a method of improving quality Resident care.

CONCLUSION

The results suggest that the Safe Moves Turning Clock is an effective tool to promote consistent bed positioning care practices for at-risk Residents. Slight modifications have been made to the Safe Moves Turning Clocks based on results from the evaluation.

There are plans to expand the use of the Safe Moves Turning Clock to other Homes across Canada and the potential exists to use the Safe Moves Turning Clock in other settings such as acute care and community based care. Further research is suggested with a larger sample sizes across settings to build upon these findings.

European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel (2009). Prevention and treatment of pressure ulcers: Quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel. Retrieved on July 16, 2010 from http://www.epuap.org/guidelines/Final_Quick_Prevention.pdf

Keast, D. H., Parslow, N., Houghton, P, E, Norton, L and Fraser, C. (2006). Best practice recommendations for the prevention and treatment of pressure ulcers: Update 2006. Wound Care Canada, 4(1), 31-43.

Sussman, C & Bates-Jensen, B. (2007). Wound care: A collaborative practice manual for physical therapists and nurses (2nd ed.). Baltimore: Lippincott, Williams and Wilkins.

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