Effect of a Turn Clock on Hospital-Acquired Pressure Injury Incidence

Date: July 7, 2022
Time: 10:30 a.m. to 11:15 a.m.
Place: 204 SCCB

Abstract

Problem: Hospital-Acquired Pressure Injuries (HAPIs) are the only quality metric increasing in incidence and are preventable. HAPIs are wounds to bony prominences during a hospitalization and can increase hospital costs, morbidity, and mortality. HAPIs could be prevented through interventions, including repositioning patients every two-hours and using a turn clock method. The aim of this quality improvement (QI) pilot project was to decrease HAPI incidence.

Methods: A turn clock method was implemented on a general medicine floor at a mid-sized, suburban medical center utilizing a descriptive retrospective observational design. Data was collected for the pre-intervention timeframe from June through August 2021 and post-intervention timeframe from October through December 2021. A retrospective medical record review was used to observe HAPI incidence, turn clock usage, two-hour turning compliance, and demographic variables.

Results: HAPI incidence decreased post-intervention to 0.271% from the pre-intervention of 0.619%. In pre- and post- incidences, a two-proportions z-test revealed the differences were not statistically significant ($p = .299$). The results of a reduction of HAPI occurrences were clinically significant. Out of the 46 individuals in the sample, two individuals were turned every two-hours or 12 times in a 24-hour period. However, the average number of turns in the patients who had a turn clock was slightly higher than those without.

Implication to practice: Ongoing QI analysis could be performed. Usage of preventative interventions, such as turn teams and turn clocks, may well decrease incidences of HAPIs. Explore the possibility of creating a role designated to ensure compliance.