Automated Patient Repositioning Improves Quality, Safety and Satisfaction for Both Patients and Caregivers

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BACKGROUND
- The Bureau of Labor Statistics reports that approximately 35,000 healthcare workers suffer on the job each year.
- The majority of these injuries result from lifting patients up-in-bed 10-20 times each day when gravity causes them to slide down in bed.
- NIOSH recommends manually lifting only 35 lbs of weight.
- ANA National Healthcare Worker Protection Act re-introduced into Congress in 2015 outlining the shift to a zero manual lifting strategy.

PROJECT OBJECTIVE
The primary objective of this research project was to improve quality and patient satisfaction, to prevent injury, and to decrease the number of HAPIs associated with manual repositioning.

METHODS
- Design: A replication study using electronic surveys and shared data collection procedures was designed by TCHHN and utilized by BSSF to collect both caregiver and patient feedback.

RESULTS/OUTCOMES
- There was consistent and positive feedback on automated versus manual boosting from caregivers and patients at both TCHHN and BSSF as illustrated in the below graphs.
- Positive feedback from both caregivers and patients about automated versus manual boosting.
- Nursing practices and protocols could be standardized and implemented to ensure caregivers boost a patient up-in-bed every time they walk into the patient’s room.
- Consider future expansion or facilities where multi-site replication studies/projects similar to this could be conducted.

CONCLUSIONS AND FUTURE IMPLICATIONS
- Project collected comparable data between TCHHN and BSSF that showed consistent and positive feedback from both caregivers and patients about automated versus manual boosting.
- Other noticeable outcomes from the two projects included:
  - 0 HAPIs at both TCHHN and BSSF in areas where implemented.
  - 0 caregiver injuries from boosting at both TCHHN and BSSF in areas since implementation of the automated repositioner.
  - Multiple positive patient and family comments about the comfort of automated repositioning at both TCHHN and BSSF in areas where implemented.

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