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Do Automated Reposition and Alert systems reduce the development of Pressure Ulcer?

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Abstract

Do Automated Reposition and Alert systems reduce the development of Pressure Ulcer?

Each year more than 2.5 million people in the USA develop pressure ulcers, which are painful skin lesions that increase the risk for serious infection in patients. In some cases, pressure ulcers, if left untreated can lead to death. In the USA, hospital acquired pressure injury costs (HAPI) has a possibility to exceed \$26.8 billion. About 59% of these costs are disproportionately attributable to a small rate of Stages 3 and 4 full-thickness wounds, which occupy clinician time and resources. PUs occurs when bedridden or wheelchair bound individuals are left in the same position for long periods of time without regular repositioning. Furthermore, healthcare workers are negatively affected when dealing with Pus as studies show that 71.1% of caregivers suffer from lower back pain due to the regular need of repositioning patients. Standardization of well-established practices is needed to ensure patients are being repositioned at regular intervals to prevent the occurrence of PU in patients. The purpose of this EBP model study is to look at the use of automated repositioning systems that can alert healthcare providers when to reposition patients and compare those options to traditional methods currently being used. Data will be gathered by researching the use of sensor-based alerts and automatic turning devices. Healthcare workers will be interviewed about their current practices and to find out where improvements can be made. Two healthcare workers will be tasked with selecting four wheelchair / bedridden patients to be monitored using an automated turning device during a 6-week period. Conclusions drawn will show that switching to automated systems will have a greater effect of reducing PUs. This will result in lower risks for patients and healthcare workers and will also result in lower costs for healthcare facilities.