

# Considering New Approaches to Patient Repositioning

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The struggles of patient repositioning are as old as the nursing profession itself. But today, with the average patient weight going up and the number of caregivers going down, the struggles are not only growing more complex—they're also more dangerous. Healthcare workers already suffer among the highest rates of work-related injuries and musculoskeletal disorders.<sup>2</sup> But with thoughtful consideration, thorough and regularly refreshed educational opportunities, and proper planning, care teams can ensure a safe, dignified repositioning process for both patients and caregivers.

To lower the risk for hospital-acquired pressure injuries (HAPIs), it's recommended patients be repositioned 11 times daily.<sup>3</sup> Unfortunately, as hospitals nationwide manage nursing turnover rates as high as 37%<sup>4</sup> and a crippling nursing shortage, labor-intense repositioning is not always a priority. This problem is only made worse when nurses underestimate the functional ability of their obese or elderly patients.

More aware than ever of the risk to their nurses and patients, hospitals now often require "lift teams" or specialized equipment to hoist patients out of bed.<sup>5</sup> Regrettably, not only do the caregiver and patient still risk injury, the process itself can be uncomfortable, unsafe, undignified, and time-consuming.

Patient repositioning is often part of a larger Safe Patient Handling program designed to reduce

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3. The Prevention and Management of Pressure Ulcers in Primary and

injuries and risks among caregivers and patients. Implemented correctly, a Safe Patient Handling program can greatly reduce employee injury rates, the severity of injuries, and worker's compensation costs. Meanwhile, the measures will improve patient experience, patient satisfaction, employee retention rates, and employee wellness.

Led by an interdisciplinary committee of employees, each hospital's Safe Patient Handling program should include policies and procedures designed to keep caregivers and patients safe, including:

- Education and training for all employees at orientation and annually thereafter
- Easily accessible transfer equipment available on all units
- Widespread use of patient transfer/lift equipment
- A common language for staff to ensure clarity and minimize confusion
- New equipment, tools, and solutions for mobilizing and supporting bariatric patients

Despite data clearly showing the prevalence of injuries among nurses because of their manual lifting tasks, too little is still being done to address the problem. With the right plan in place—and careful management to ensure consistent follow-through—care teams can take better care of themselves and their patients through a better repositioning process.

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