+ Evidence in focus

Poster summary

Use of the LEAF^o Patient Monitoring System in at-risk intensive care unit (ICU) patients helped to reduce hospital-acquired pressure injury (HAPI) incidence

Gasparini R, Derisma Q, Hannon R. "Turning" to technology: Reducing hospital acquired pressure injuries in critical care with visual turn cueing. Poster and oral presentation presented at: National Teaching Institute & Critical Care Exposition (NTI) Virtual Meeting. May 24–27, 2021.

Key points



Overview

- Pilot study to determine the impact of introducing the LEAF System over a 3.5-month period
- Patients at risk of developing HAPIs and an expected ICU stay ≥48 hours were assigned a LEAF Sensor and a two-hour turn protocol

Results

- 105 patients monitored for 11,341 care hours
- 56% improvement in turn protocol adherence following introduction of the LEAF System compared with the national average
- 67% relative reduction in the incidence of sacrococcygeal HAPIs with the LEAF System compared with baseline (Figure)
- No patients with the LEAF Sensor and high turn adherence developed a HAPI
- In a subset of patients (n=102) that were mechanically ventilated, 92% of patients with increased turning adherence remained free of ventilator-associated events
- Over the 3.5-month period, ROI was \$536,000 and was estimated to be \$3.4 million if implemented hospital-wide, based on 2018 data

Staff received general refresher training and were encouraged to
respond to visual turn cues from the LEAF System

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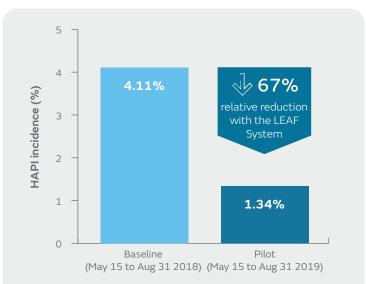


Figure. Relative reduction in sacrococcygeal HAPI incidence prior to and following introduction of the LEAF System

Conclusions

Use of the LEAF System for at-risk ICU patients improved turn protocol adherence, reduced HAPI incidence and provided substantial ROI within the 3.5-month pilot.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

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