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Turn Teams

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Walden University

College of Nursing

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Executive Summary: Quality Improvement Initiative

Turn Teams

by

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Summary

Hospital-acquired pressure injuries (HAPIs) are recognized as a prominent cause of patient morbidity and mortality, affect lengths of stay, and are one of the most costly and chronic adverse events in healthcare. A structured Turn Teams program with enhancements was evaluated in a novel unit within a healthcare organization that had implemented the approach on another unit as the focus of this Doctor of Nursing Practice project. The guiding question was, Does implementing Turn Teams as a quality improvement measure improve pressure injury rates in patients with a Braden Score of 18 or lower and enhance staff compliance with the hospital's 2-hour turn policy?

Over the course of 6 weeks, the project measured HAPI incidence rates and turning compliance using a pre-post assessment approach. Descriptive statistics were used to evaluate analyze compliance rates and HAPI incidence per 1,000 patient days to understand the impact. Results showed a 40% decrease in HAPIs and a 30% increase in staff compliance with the turning policy on the novel target unit. The principal outcome of this project is a Turn Team Implementation Toolkit that includes role descriptions, workflow protocols, and compliance audit tools.

Reduced HAPI and adherence to the patient turn policy illustrate the benefits of this project to the hospital, unit, and patients. By ensuring that all patients, regardless of age, ethnicity, socioeconomic status, or clinical complexity, have equitable preventive treatment, the Turn Team initiative promotes consistent, compassionate, and culturally sensitive care. These programmatic enhancements sustain advancement in care delivery.

Background

Hospital-acquired pressure injuries (HAPIs) continue to be a significant problem in healthcare and a crucial measure of nursing quality. Due to personnel constraints, communication barriers, and unclear responsibilities, studies show that compliance with repositioning timetables is typically uneven (Barakat-Johnson et al., 2019). Consistently implementing turning techniques at the bedside is challenging, even though frequent repositioning is known to help prevent pressure injuries.

Patients remain at risk of pressure injuries even after using the Braden Scale to assess their risk, if there is systematic follow-through and prompt repositioning (Hultin et al., 2022; Jansen et al., 2020). Internal quality reviews at the project site showed that 62% of reported turns occurred within the 2-hour deadline. A planned intervention was required to bridge the gap between clinical practice and research-based recommendations. The hospital had already implemented the Turn Team program on a prior unit. The project, therefore, focused on the implementation of the program with enhancements to address noted HAPI rate and nursing compliance with the 2-hour turn policy gaps on a novel unit to assess whether the approach could have similar success.

Practice-Focused Question and Purpose

The project's practice-focused question was: Does implementing Turn Teams as a quality improvement measure improve pressure injury rates in patients with a Braden Score of 18 or lower and enhance staff compliance with the hospital's 2-hour turn policy? This Doctor of Nursing Practice project set out to assess how well a structured Turn Team model reduced the incidence of pressure injuries in hospitals and increased

adherence among nursing personnel to evidence-supported repositioning procedures on a novel unit following implementation on another patient unit.

Evidence Supporting the Practice Change

The research supporting the Turn Team approach is strong and consistent. Following the implementation of a multidisciplinary preventative program that included staff education and standardized repositioning schedules, Gupta et al. (2020) documented a 54% decrease in HAPI rates. Turn Teams, according to research by Kahn and Jonusas (2019), significantly decreased the incidence of skin injuries in medical-surgical units and increased compliance. Multiple hospital units saw significant reductions in pressure injury rates after using a multidisciplinary team approach, according to Miller et al. (2019). Pressure injuries are less likely to occur when patients are repositioned often and stick to their treatment plans, as shown by Yap et al. (2022). Improvements in self-assurance, understanding, and adherence to prevention practices were observed in nurse-led collaboration models (Barakat-Johnson et al., 2019).

This body of literature was evaluated using the Johns Hopkins Nursing Evidence-Based Practice synthesis approach, yielding a level of evidence ranging from good to high and an overall quality rating of Level I–III. To reduce HAPIs and increase compliance with turning procedures, organized Turn Team treatments are strongly supported by consistent results across trials.

Project Development

Outcome Variables

This project primarily focused on two key variables: (a) the incidence rate of HAPI per 1,000 patient days and (b) the proportion of reported turns accomplished within

the 2-hour turning policy, which represents the rate of staff compliance with the policy. Total recorded turns, on-time turn completion rates, and the number of at-risk patients identified each week were included as secondary factors.

Data Collection Method

Dual signature turning logs, electronic health records, and wound care recording systems were used to obtain de-identified retrospective data. To determine the rates and degrees of compliance before the intervention, baseline data were collected over 4 weeks prior to its implementation. Data were collected weekly for 6 weeks after Turn Teams were implemented. Elements of the data set included the following: the total number of recorded turns, the timing of turns, the frequency of new HAPIs, the number of at-risk patients (defined as a Braden Score ≤ 18), and the patient census. To maintain confidentiality and comply with HIPAA, all patient identities were removed prior to data extraction.

Intervention Implementation

Previously, the medical-surgical stroke unit used the Turn Team Toolkit/program. The program was noted to have a few deficits, so enhancements were made prior to implementing and evaluating it on the novel unit, a telemetry unit. The original program included scheduled patient repositioning by a designated interdisciplinary turn team, a standardized turning interval for high-risk patients, and electronic documentation to confirm turn and patient positioning.

The enhancements included better education, directional arrow signs (see Appendix), and turning logs, including two signature fields. The Braden Scale was used to identify patients with scores of 18 or lower, and their room numbers were recorded on

the Q2 turn list. The Turn Team program was developed and executed after extensive pre-implementation preparation. The Braden Scale was used to evaluate all patients. Those with scores of 18 or below were identified as needing Turn Team treatments. Nurses, patient care technicians (PCTs), and nursing aides made up the Turn Team during each shift.

It was recognized that for the program to be successful, staff training was crucial. Training on the Turn Team initiative was provided to all nursing staff and PCTs. Topics covered included identifying patients at risk, repositioning them using evidence-based methods, using the door signage system, and completing dual signature documentation. To ensure everything was clear and consistent across shifts, the Turn Team Implementation Toolkit was sent to all unit stakeholders.

Every shift started with a review of the Braden Scores and an update to the list of patients who needed 2-hour rotations. All the eligible patients' rooms had directional arrows posted on the doors. These arrows showed the patient's latest turn; the left arrow indicated the left side, and the right arrow indicated the right side. Staff members passing by the room could see the patient's positioning status using this simple visual method, so they did not have to check paperwork or ask colleagues.

Identical turning times were observed every 2 hours (e.g., 8:00 a.m., 10:00 a.m., 12:00 p.m.). Every member of staff was given a turn at a particular time and placed on a master roster. To improve accountability and safety, a two-person team was assigned to turn the patient. Each patient's positioning was arranged by two staff members at the designated time, following the turning pattern (which alternated between the left, right, and back sides). The door arrow was then adjusted accordingly. With their signatures, the

two team members documented the patient's position, the time of the turn, and any observations made during the skin evaluation in the turning log. This dual-signature requirement ensured peer accountability and turn verification.

The Turn Team lineup and duties were reviewed in a huddle at the start of each shift. Updated arrows, dual-signature records, and punctual turns were all ensured by charge nurse rounding checks throughout the shift. With monitoring, we could quickly address compliance issues and ensure everyone on staff followed the process.

Data Analysis Method

To evaluate the impact of the enhanced Turn Team program, descriptive statistics were used. Pre- and post-implementation data were used to evaluate the impact. The rate of new HAPIs per 1,000 patient days was used to compute the incidence rates. To get the compliance rate, the total projected turns were divided by the number of recorded turns executed within the 2-hour interval to arrive at the completion rate. Run charts were used to study patterns weekly and to see how compliance and HAPI rates changed over time.

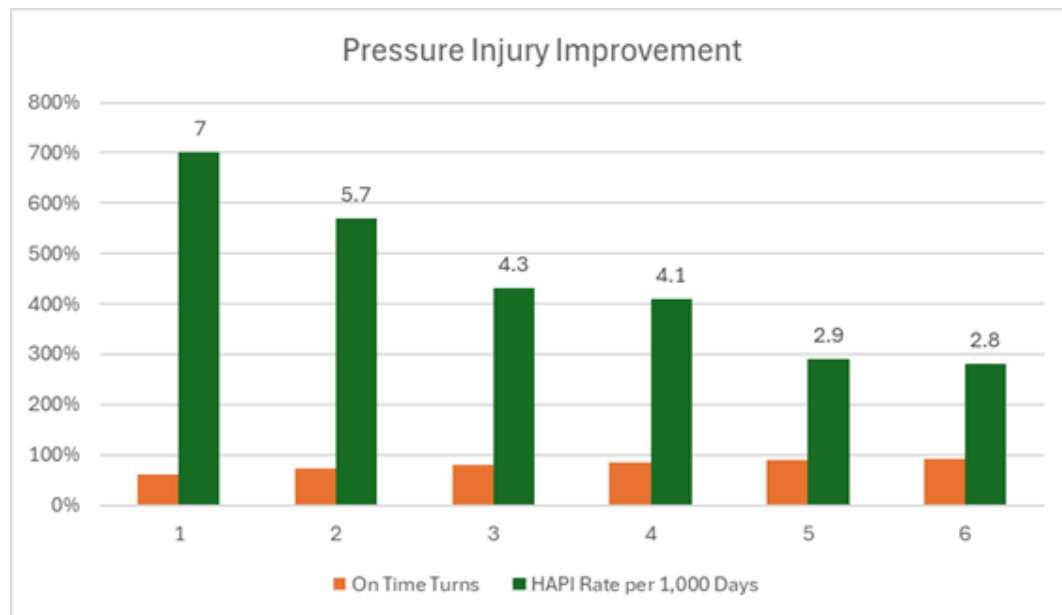
Results

Results showed a 40% decrease in HAPIs after implementation; the rate dropped from 7.0 per 1,000 patient days in Week 1 to 2.8 per 1,000 patient days in Week 6 (see Table 1 and Figure 1). The percentage of employees who followed the 2-hour turning policy rose from 62% at the beginning of the implementation period to 92% at its conclusion, a 48% increase. By Week 6, there had been a noticeable improvement in following the turning procedure, with the number of reported turns improving from 2,450 in Week 1 to 3,180.

Table 1*Turn Team Implementation: Weekly Compliance and HAPI Outcomes*

Week	Total patients	At-risk patients	Average daily census	Documented turns	On-time turns	New HAPIs	HAPI per 1,000 patient days
1	172	58	35	2,450	62%	5	7
2	170	55	34	2,620	74%	4	5.7
3	176	61	36	2,880	80%	3	4.3
4	180	64	37	3,050	86%	3	4.1
5	175	59	35	3,140	89%	2	2.9
6	178	60	36	3,180	92%	2	2.8

Note. HAPI = hospital-acquired pressure injury.

Figure 1*Pressure Injury Improvement*

Note. HAPI = hospital-acquired pressure injury.

Limitations

Several limitations could have affected the result of this project. To start, it was difficult to determine long-term sustainability given the implementation time of just 6 weeks. The second limitation is that the project included only one medical-surgical telemetry unit; thus, its results may not apply to other patient populations or hospitals. Compliance rates may have been affected by staffing fluctuations during the implementation period, especially on shifts that were either under- or overstaffed. It is possible that better compliance during the assessment period was attributable in part to the Hawthorne effect, in which behavior changes when there is an awareness of being monitored. Finally, the accuracy of the paperwork depends on staff compliance with the dual-signature requirement; therefore, some transactions may not have been adequately recorded and there could have been lost data.

Significance Beyond a Local Site

In addition to affecting patient outcomes and healthcare expenditures and serving as a critical performance indicator for hospitals, HAPIs are a widespread problem nationwide, making this initiative significant beyond the local level. The Turn Team model is an evidence-based intervention that can be easily adjusted to fit a variety of therapeutic contexts, including critical care units, long-term care institutions, and rehabilitation units as demonstrated by this project. This work provides a template for other institutions to improve their pressure injury prevention efforts and how existing programs can be enhanced as they are rolled out across organizations. This project demonstrated quantifiable gains in clinical outcomes and staff compliance. Nursing administrators, QI teams, and clinical educators from throughout the healthcare system

may benefit from the Turn Team Implementation Toolkit's standardized methodology and additional enhancements made as part of this project.

Conclusions

Impact of Organization

Better accountability and long-term adherence were achieved using visual monitoring tools such as door arrows and dual-signature paperwork. Measurable gains in patient on-time turning compliance and decreases in HAPIs were achieved because of this project. These care improvements translated into reduced wound care spending, shorter hospital stays, and better morbidity and mortality outcomes. The project was also able to demonstrate success in moving the Turn Team Toolkit/program on a new unit in a new patient type. In addition, the nursing staff and PCTs worked more effectively together because of increased multidisciplinary cooperation. Improved communication between shifts and a sustainable system for pressure injury avoidance were achieved via the deployment of visual tools and dual-signature documentation. Following the success of this project, leadership rallied around the idea of rolling out the approach to additional units.

Recommendations

The Turn Team Toolkit and program can be maintained and even expanded upon by implementing the following suggestions. Evaluate its use on other high-risk units, such as oncology, orthopedics, and critical care, where patients are at greater risk of pressure injuries. Create an electronic health record-based real-time monitoring system to record data for continuous quality improvement, monitor turning compliance, and notify staff of missed turns. Maintain interest and competency by providing frequent refresher

training on topics such as evidence-based repositioning procedures, pressure injury avoidance, and the significance of accurate recordkeeping. To ensure continual progress, overcome compliance obstacles, and oversee ongoing monitoring, a multidisciplinary committee should be formed that oversees the program. Dissemination of the project outcomes through nursing conferences, peer-reviewed publications, and professional networks will allow others to learn from this effort and adopt similar programs.

Implications for Nursing Practice and Positive Social Change

The project emphasizes nurses' leadership in quality improvement and patient safety. By implementing evidence-based therapy and promoting teamwork, nurses improve patient outcomes and HAPIs. The Turn Team approach empowers nurses and PCTs to reduce pressure injuries at the bedside to increase healthcare quality.

The initiative supports equitable and consistent preventive care to all patients, regardless of age, race, ethnicity, socioeconomic status, or clinical complexity, which promotes positive social change using an evidence-based approach that is standardized. It will, in turn, help to reduce preventive care gaps and ensure that every patient receives high-quality and equitable care with a focus on prevention.

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Appendix

Directional Arrow Signs

Arrows placed outside the patient's room indicate the patient's current direction of turn.

