

# Decreased rates of pressure injuries linked to better preventive care

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Rates of new pressure injuries in U.S. hospitals and other acute care settings have decreased by about half over the past decade, according to national survey data reported in the *Journal of Wound, Ostomy and Continence Nursing*.

Reductions in pressure injury prevalence are ascribed to improved preventive practices—likely spurred at least partly by changes in Medicare/Medicaid payment policy, suggests the data report from the International Pressure Ulcer Prevalence (IPUP) Survey. Catherine VanGilder, MBA, BS, MT, CCRA, of Hill-Rom, Batesville, Ind., is lead author of the new paper, posted today on the *Journal of WOCN* website.

## Findings Include Sharp Decline in 'Facility-Acquired' Pressure Injuries

The researchers analyzed US data on more than 918,000 patients reported to the IPUP between 2006 and 2015. The IPUP is the largest global running pressure injury database, with over 1,000 facilities contributing data on more than 100,000 patients each year.

The data showed a trend toward declining percentages of patients with pressure injuries. The overall prevalence of pressure injuries decreased from 13.5 percent in 2006 to 9.3 percent in 2015—a relative reduction of 31 percent, across all care settings.

The findings included significant reductions in "facility-acquired prevalence" (FAP), which measures new pressure injuries developing after the patient was admitted to the hospital or other reporting facility. The FAP decreased from 6.2 percent in 2006 to a range of 3.1 to 3.4 percent in 2013-2015—a 50 percent relative reduction.

More than 90 percent of patients were reported from [acute care](#) settings, such as academic medical centers and community hospitals. In these settings, the FAP declined from 6.4 percent in 2006 to 2.9 percent in 2015.

The greatest reductions in prevalence occurred between 2008 and 2009. That likely reflected a change in payment policy by the Centers for Medicare & Medicaid Services (CMS). In 2008, the CMS discontinued acute care payments for ancillary care of hospital-acquired pressure injuries.

The prevalence of pressure injuries varied in other settings—long-term care, long-term acute care, and rehabilitation—with no clear-cut directional trends. Analysis of patient characteristics found that body weight increased in most care settings while, unexpectedly, patient age decreased.

However, based on a standard prediction scale (the Braden score), there was no significant change in the patients' risk of pressure injury. This indicates that the declines in prevalence most likely resulted from improved pressure injury prevention practices, rather than any change in patient risk factors.

"Pressure injuries are a significant clinical complication for patients and a financial and quality issue for health care facilities," the researchers write. Several national initiatives aimed at reducing pressure injuries have been introduced in recent years. The IPUP Survey is an important

tool for hospitals and other facilities to measure and benchmark their pressure injury prevalence rates.

The article is accompanied by an [online video abstract](#), in which the authors provide further insights into their findings, addressing WOCN members and other wound care specialists. "As Braden score has remained constant and facility-acquired prevalence has gone down, this means that your pressure ulcer prevention programs are working," comments Catherine VanGilder. "Keep up the good work!"

**More information:** Catherine VanGilder et al. The International Pressure Ulcer Prevalence™ Survey, *Journal of Wound, Ostomy and Continence Nursing* (2016). [DOI: 10.1097/WON.0000000000000292](https://doi.org/10.1097/WON.0000000000000292)

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