A Single Long-Term Acute Care Hospital Experience With a Pressure Ulcer Prevention Program

Daniel Young, PT, DPT1 • Cathy Borris-Hale, MHA, BSN, RN2
1 Assistant Professor; Department of Physical Therapy, University of Nevada, Las Vegas; 2 Chief Nursing Officer, The Specialty Hospital of Washington-Hadley, Washington, DC

Purpose
This study describes the experience of a single, long-term care acute hospital (LTAC) with the Medline Pressure Ulcer Prevention Program (mPUPP)

Background/Significance
• The growing light being shed on pressure ulcer (PrU) costs for the people that get them and the health care systems that treat them, has challenged care facilities to look for programs to reduce nosocomial PrU
• Each PrU can cost between $700 and $135,000 in medical care related expenses and litigation
• Recent evidence suggests that successful PrU prevention programs have common characteristics

Methods and Materials
Education
• An mPUPP team provided orientation
• Education for caregivers who worked at the facility was provided through Medline University®, a web-based suite of interactive educational material
• All Patient Care Technicians attended a 4-week 1-hour interactive educational session

Products
• Medline supplied skin care products for cleaning, moisturizing and barrier protection, as well as drypads and briefs for incontinence management

Process
• The facility also implemented:
  • removal of cloth chucks from unit supplies
  • an algorithm for treatment of wounds discovered on admission until they could be seen by a wound nurse
The mPUPP was implemented during month 10 and was fully implemented by month 11

Several variables were analyzed over 24-months:
• wound care team assessment completed w/in 72 hrs
• total number of wounds treated
• total number of PrUs
• total number of nosocomial PrUs
• debridements performed
• total wound care team assessments completed
• healed / closed wounds

Results
• A significant reduction in the mean monthly nosocomial PrU rate pre-program (mean=5.90, SD=2.56) compared to post-program (mean=0.20, SD=0.42), p<.0001
• No significant changes in the other measured variables
• Subjectively staff reported approval for the program and ease of implementation

Take home points:
• The mPUPP was a central piece for a single LTAC, nosocomial PrU reduction program
• The implementation of mPUPP at this facility was associated with a significant reduction in the number of nosocomial PrUs.
• The program was sustainable