The Perioperative Pressure Ulcer Prevention Program

An innovative effort to prevent pressure ulcers in surgical patients

Background & Goal

Pressure ulcers, or bedsores, are painful and potentially life-threatening injuries that can develop when people rest on one part of the body for too long. As of October 2008, Medicare no longer pays hospitals to treat bedsores and several other preventable problems that develop after hospitalization. Some private insurers are following Medicare’s lead. Annual treatment costs nationwide are estimated at up to $1.5 billion, with some studies showing the incidence of heel ulcers alone reaching more than 50% of surgical patients.

The Perioperative Pressure Ulcer Prevention Program (PPUPP) aims to drastically reduce the incidence of pressure ulcers in surgical patients through aggressive prevention methods.

Program Description

Perioperative Pressure Ulcer Prevention Program (PPUPP) is a program that covers staff education and awareness, assessment of environment and patient population served, skin and risk assessment, universal pressure precautions, equipment selection, positioning competencies, nurse specialty collaboration, quality improvement, and tracking of complications, care plans based on research. It supplements traditional methods to prevent pressure ulcer development (such as turning and repositioning) to incorporate new surfaces, padding, heel offloading devices, head cradles, and ulnar pads. It uses “Scott Triggers” – a set of evidence-based factors (named for nurse/program founder Suzy Scott-Williams) identified as predictors of highest risk for pressure ulcer development in the study (e.g., age 62 or older, Albumin level below 3.5 and ASA score 3 or greater).

Evidence of Success

• In an experiment involving 323 patients between 2000 and 2004, 38% of patients who had the standard pad during surgery developed the sores. But only 7% of patients who had the pressure-relieving pad developed pressure ulcers.

• Over a five year period at the VA in Memphis – using 100% integrated air beds, and implementing a nursing protocol and tracking – the nosocomial pressure ulcer rate was dropped by 65%, saving more than $3.4 million on care.

• In the case of hip or knee replacement – common surgeries for Medicare patients – Medicare pays hospitals $10,300 for the surgery itself but has paid up to an additional $3,500 to treat pressure ulcers or other complications. Now that Medicare will not provide additional payment to treat pressure ulcers, a hospital where 4,000 patients suffer from the ulcers each year could lose $14 million on treatment.

• In addition to these reimbursement issues, other savings factors include:
  • Risk of litigation which is ranging from around $250,000 to $1 million per verdict
  • Cost of treatment $50,000 - $70,000 to heal a full thickness ulcer
  • Risk of infections and death
  • Increased length of stay

For More Information Please Contact

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