Pressure Ulcers

A Case Study in Achieving Better Health & Better Health Care

Virginia has many assets to apply to the task of achieving better health and health care—a diverse and vibrant economy, strong health care systems, a rich history of principled and capable policy leadership and highly ranked educational programs. However, too often we fail to achieve optimum health for all Virginia’s citizens and communities, effectively manage chronic disease or assure access to effective primary or preventive care; the result is less productive citizens and higher costs later. While the Commonwealth is a top-tier performer in many areas, when measured on broad system performance, neither Virginia relative to other states – nor the nation as a whole – scores well enough.

Because we can and must do better, the Virginia Hospital & Healthcare Association has developed a “Healthy Virginia” framework on which to build reforms that achieve better health and better health care for all citizens of the Commonwealth. The framework rests on six pillars:

- Higher quality care
- Improved efficiency
- Access and coverage for all – supported by all
- Better information
- Attention to public health and safety
- Strong workforce

Hospitals and health systems are committed to invigorating their work to improve quality and safety of the care they provide, pursue innovation in chronic disease management and advocate for necessary state and federal policy changes. However, achieving top-tier performance ultimately will depend on our ability to engage policy, business and other stakeholders to build coalitions to accelerate broad system improvement.

This is why VHHA’s vision includes the creation of a public-private partnership of business leaders, health systems and providers and public and private payers, among others. Such a partnership would determine priority areas for improvement, identifying areas where Virginia’s health performance is falling short of that of other high-performing states based on quantifiable measures – with significant quality-of-life and cost consequences. The partnership can then support initiatives to close the identified gaps.

Working through a public/private collaborative permits pooling and leveraging data and incentives across the public and private sectors, thus capitalizing on and accelerating improvement efforts already underway. No one sector has sufficient scale by itself to achieve the pace and level of improvement that is possible with collaboration.

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Applying the Framework to Improve Quality: Pressure Ulcers

Virginia’s obligation to lower the incidence of pressure ulcers in nursing facility residents provides a case study for applying VHHA’s framework. The Commonwealth Fund Commission on a High Performance Health System reported in June 2007 that 15.8 percent of Virginia’s nursing home residents have pressure ulcers, compared with an average of 8.1 percent for the top five states in the nation on that measure.

In spite of concerted efforts to bring Virginia’s considerable resources to bear on this problem over recent years, Virginia’s pressure ulcer rate has remained unacceptably high. This health issue fits squarely in the VHHA reform framework described above:

- Pressure ulcers are preventable.
- We have the necessary commitment and talents available within the health care community to prevent them.
- There are ongoing efforts identifying steps needed to bring improvement.
- Improvement is measurable.
- The barriers to achieving significant improvement are larger than dedicated long-term care experts can surmount alone; they require the joint efforts of a broader statewide commitment of resources from the public-private partnership suggested in VHHA’s framework.

This article describes in more detail the Commonwealth’s standing on pressure ulcer incidence, the ongoing work to identify steps needed for improvement and the need for the commitment of a statewide public-private partnership to implement the changes needed.

The discussion reflects and summarizes the findings and recommendations of a “Summit for Change: Pressure Ulcers in Long Term Care,” held on November 8, 2006, by the Virginia Pressure Ulcer Resource Team (VPURT) and The Virginia Chapter of the American Association of Retired Persons (AARP). This conference brought together key stakeholders, agents of change and influential decision-makers to develop strategic action priorities for pressure ulcer prevention within Virginia’s long-term care system.

The Virginia Pressure Ulcer Resource Team (VPURT), a group of dedicated health care professionals and advocates from various backgrounds and perspectives, is dedicated to improving quality of care in all health care settings by lowering the incidence of pressure ulcers through data collection and analysis, public awareness, education and training and public policy recommendations. Team members include physicians, nurses, administrators and representatives from state agencies, professional and provider organizations, including VHHA, and suppliers of health care services.

Prevalence of Pressure Ulcers

As noted above, the prevalence of pressure ulcers for residents in long-term care facilities in Virginia is significantly higher than the nation’s average regardless of patient risk factors and facility size. Virginia ranked sixth highest nationally in the number of high-risk residents with pressure ulcers according to the most recent data of the Centers for Medicare and Medicaid Services (CMS) – meaning only five states report more individuals with pressure ulcers.

By the year 2030, approximately 20 percent of the nation’s population will be over the age of 65. Approximately 70 percent of pressure ulcers occur in individuals over the age of 70. Normal age-related changes in the skin contribute to susceptibility to developing pressure ulcers, and there is an increasing number of individuals with chronic co-morbidities that put them at increased risk for immobility and thus pressure ulcers. These medical conditions include hip fractures, gait abnormalities and progressive neurologic disorders such as Alzheimer’s dementia and Parkinson’s disease.

Pressure ulcers can lead to devastating complications and place demands on an already stressed health care system. The prevalence of pressure ulcers as well as the effectiveness of preventive measures can be core indicators of overall health care quality.

Strategic Action Priorities for Pressure Ulcer Prevention

- Make pressure ulcer prevention a key performance reimbursement methodology.
- Increase funding that supports the nursing facility staff critical needs of nursing home residents.
- Increase the accountability of every health care professional in pressure ulcer prevention.
- Make pressure ulcers a reportable event.
- Develop and implement a uniform patient transfer form.
- Create an independent center for pressure ulcer prevention.
- Redirect unused Virginia Department of Medical Assistance Services $10/day bed supplement to pressure ulcer prevention.
- Encourage quality through criteria for nursing facility beds.
Once pressure ulcers develop, they may become chronic without vigilant and aggressive treatment. Medical conditions such as peripheral vascular disease, diabetes mellitus, renal disease, obesity, malnutrition, incontinence, sepsis and systemic factors such as hypoalbuminemia, anemia and vitamin deficiency are associated with protracted wound healing.

Persons at risk must move frequently in order to reduce the likelihood of developing a pressure ulcer. They can develop quickly, but treatment of pressure ulcers is complex, time-consuming and costly. Even if an ulcer heals, there is a significant chance that it will recur. Treatment costs (products, therapies, personnel, pain and suffering) escalate exponentially, driving total health care expenditures to a level that far exceeds the cost of prevention. Therefore, prevention of the development of pressure ulcers, as with many geriatric medical conditions, is the most important aspect of management.

While the Summit focused on pressure ulcers in nursing homes, this is not just a nursing facility problem. Nursing facility data reflects a much broader issue as patients often arrive in nursing homes with pre-existing pressure ulcers, developed at home, in hospitals or other settings.

**Current Approaches to Prevention**

Evidence clearly indicates that most pressure ulcers are preventable. The IHI campaign, “Protecting 5 Million Lives from Harm,” in the “Prevent Pressure Ulcers How-to Guide” indicates that pressure ulcers can be prevented with two major steps: first identifying patients at risk; and, secondly, reliably implementing prevention strategies for all patients who are identified as being at risk. A comprehensive literature search concurs on these critical elements to successful reduction or elimination of facility-acquired pressure ulcers.

Identifying patients at risk begins with an admission assessment for all patients; timely identification of at-risk patients can trigger early implementation of prevention strategies. Reassessment of all patients should occur consistently at designated intervals to ensure that proactive adjustments are made for pressure ulcer prevention management according to the changing needs of the patient. Developing individualized comprehensive prevention strategies requires the skills and knowledge of a multidisciplinary team to:

- Manage moisture from incontinence, perspiration or exudates
- Optimize nutrition and hydration
- Minimize pressure by turning and positioning patients routinely, using pressure relieving surfaces and floating heels
- Encourage maximum mobility potential
- Educate patients, families and staff on pressure ulcer prevention
- Communicate with health care providers across the continuum regarding a patient’s skin integrity

**What's Needed**

VPURT, AARP Virginia and all summit participants emphasized the need for a strategic approach that uses well-defined actions for a program that focuses on prevention in all health care settings.

Specifically, Summit organizers convened work groups of experts organized around four critical areas identified as key to improving pressure ulcer rates: quality enhancement; resource revitalization; regulatory effectiveness and workforce. Reviewing all the recommendations from the breakout groups, the following themes for change emerged:

- Adjust survey process to focus on outcomes and reward them
- Connect the process indicators to the outcome indicators for a more consistent survey process that identifies quality problems
- Reward compliance and quality outcomes with pay-for-performance reimbursement that encourages quality
- Identify and set a threshold to make intervention mandatory for facilities with quality deficiencies
- Increase civil monetary penalties and use them for education and consultation

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- Require the use of a mandated transfer form as a condition of licensure

Following the Summit, VPURT and AARP Virginia convened follow-up meetings to discuss the information received at the Summit in greater detail. Participants developed the following set of “Strategic Action Priorities for Pressure Ulcer Prevention”:

- Make pressure ulcer prevention a key outcome parameter for pay-for-performance reimbursement methodology
- Increase funding that supports the nursing facility staff needed to meet the critical needs of nursing home residents for prevention of pressure ulcers
- Increase the accountability of every health care professional in pressure ulcer prevention
- Make pressure ulcers a reportable event
- Develop and implement a uniform patient transfer form
- Create an independent center for pressure ulcer prevention education
- Redirect unused Virginia Department of Medical Assistance Services $10/day bed supplement to pressure ulcer prevention in high-risk patients
- Encourage quality through criteria for issuing certificates of public need for nursing facility beds

**Conclusion**

In order to reduce the number of pressure ulcers in Virginia, we need a strong leadership/organizational commitment, operational ties with other organizations and community stakeholders, effective systems for assessing and monitoring residents for pressure ulcers and evidence-based processes for prevention and treatment.

Clearly, we have the necessary clinical know-how and commitment of dedicated health care providers. However, to take Virginia from the bottom of the list of states on this quality measure to the top, we need the critical mass that can be organized only with a public-private partnership of providers, payers, government and business leaders to provide the financial, educational and other resources needed to address this serious quality issue – and the many other health care challenges we face.

The full VPURT report, along with other resources related to pressure ulcer treatment, is available on the VPURT web site at [http://www.vpurt.org/index.htm](http://www.vpurt.org/index.htm).


See also information on the “Advancing Excellence in America’s Nursing Homes” campaign at [http://www.nhqualitycampaign.org](http://www.nhqualitycampaign.org).