Prevalence Defined

- Prevalence (point prevalence) is defined as the number of patients (cases) with a pressure ulcer in a specific population at a specific time, usually evaluated on a one-time, cross-sectional basis.

- A prevalence study reports the number of patients with pressure ulcers, but does not specify which patients arrived at a health care organization with a pressure ulcer and which patients developed a pressure ulcer after admission.

Prevalence vs. Incidence

- Conditions that have a long duration tend to exhibit higher prevalence than incidence rates.

- The prevalence of pressure ulcers should be much higher than the incidence because pressure ulcers are typically a rare occurrence, but once an ulcer develops it takes time to heal.
Using Prevalence Data

- When a prevalence study is conducted in numerous health care facilities on the same day, a unique snapshot of patients affected by pressure ulcers within a particular health care setting is provided.

- Prevalence data provides an opportunity to gain insight into the magnitude of the problem of pressure ulcers in healthcare organizations.
  - Data can support health resource planning and identify the degree of compliance with prevention and treatment protocols.

MA Collaborative Prevalence Definitions

- **Acute Care**
  - # patients with stage II-IV facility acquired PU on day of collection/ total number of patients on the unit(s)

- **Home Health**
  - Unduplicated # patients with stage II-IV agency acquired PU during 2 week collection period/ Average daily census

- **LTC**
  - # residents with stage II-IV facility acquired PU on day of collection/ total # residents

Benchmarking

- Statewide and national pressure ulcer prevalence surveys provide a benchmark to evaluate an individual facility's care and treatment of patients at risk for pressure ulcer development. Success, however, lies in the health care professional's ability to take the information and apply it to clinical practice.

- Through the use of a benchmarking approach, performance gaps can be identified, processes can be put into place, and improved patient outcomes can be monitored and maintained.
Prevalence Data *

<table>
<thead>
<tr>
<th>Facility Acquired</th>
<th>MA Collaborative Prevalence 2010 (baseline)</th>
<th>National Prevalence Study 2009¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>1.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>4.2%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Home Health</td>
<td>1.1%</td>
<td>No data available</td>
</tr>
<tr>
<td>All Settings Combined</td>
<td>1.9%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

*Prevalence data excludes Stage I Pressure Ulcers


Comparison Baseline and Quarter 1

<table>
<thead>
<tr>
<th>MA Collaborative</th>
<th>Prevalence June 2010 (baseline)</th>
<th>Prevalence September 2010 Q1</th>
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</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>4.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Home Health</td>
<td>1.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>All Settings Combined</td>
<td>1.9%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Prevalence by Region

<table>
<thead>
<tr>
<th>MA Collaborative</th>
<th>Baseline</th>
<th>Quarter 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>1.1%</td>
<td>.9%</td>
</tr>
<tr>
<td>Metro</td>
<td>1.5%</td>
<td>.9%</td>
</tr>
<tr>
<td>North</td>
<td>3.9%</td>
<td>.5%</td>
</tr>
<tr>
<td>South</td>
<td>1.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>West</td>
<td>.84%</td>
<td>50%</td>
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</table>
Distribution by Setting

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>SNF</th>
<th>HHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Metro</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>North</td>
<td>3</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>South</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>West</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 47 Participants

National Prevalence Study Findings

Regardless of setting, the most common pressure ulcers are:

- Stage I and II (76%)
- Located on sacrum/coccyx (37%), and heels (30%)

Disparities:

- Caucasian/White more Stage I pressure ulcers (48%) than 18%
  Stage III, IV, Unstageable, and/or DTI
- Asian more Stage I pressure ulcers (48%) than Stage II, IV,
  Unstageable, and/or DTI (15%)
- Darker skinned have highest rate of Stage III, IV, Unstageable,
  and/or DTI

National Prevalence Study Findings

Ulcer Severity (overall)

- 13.3% are Stage III, IV, or unable to stage
- 36.8% are facility acquired
- 9.1% are device related

- Device related pressure ulcers represent approximately 11.9% of facility acquired pressure ulcers.
  
  - Most common site: ear (20%), sacrum/coccyx (17%), heel (12%), buttocks (10%)
  
  - Most common acute care units: Pedi, L&D, Cardiac, ICU, Neuro, Cardiac, and step down
National Prevalence Study Findings (Acute Care)

Approximately one in 10 patients in adult ICUs developed a pressure ulcer; 3.3% of these were Stage III-IV, unstageable, or DTI.

ICUs:
- Overall prevalence: 16.6%
- Facility Acquired 8.8% - 10.4%
- 65% - 75% of these were Stage II or higher

Med-Surg Units:
- Overall prevalence 8.6% - 13.4%
- Facility Acquired 3.95 - 4.3%

National Prevalence Study Findings
- The prevalence of severe pressure ulcers (Stage III, IV, unstageable, DTI) is highest in adult ICU (3.3%), followed by LTC (4.4%) and LTAC (3.2%)
- Approximately 48% of all patients who had pressure ulcers were assessed at mild or no risk (Braden scale score > 14). Prevalence within the Braden Score risk categories aligned with risk for developing pressure ulcers.

Understanding Variations
- Variability in types of treatment provided
- Patient characteristics such as acuity, length of stay
- Geographic (interstate) differences
- Provider type: profit/non-profit, hospital based, etc.
- Expertise of the staff collecting the data (reliability)
- Variations in nursing practice
- Changes in number of participants reporting