Integrating Early Detection of Pressure Ulcers (PU) into Universal Prevention Pathways

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**INTRODUCTION & METHODS**

This poster presents the results of a series of real world pressure ulcer prevention programs using an innovative technology that alerts healthcare practitioners to increased risk of pressure ulcers* when used as an adjunct to standard of care (SOC).

A PU Reduction Program enables clinicians to evaluate the impact of including this innovative technology* as an adjunct to SOC through a systematic process, without introducing additional staff or new prevention interventional equipment. Providing information on critical quality indicators:

- Reduction in HAPU's following the implementation of the technology
- Anatomically targeted early warning of increased risk
- Impact on clinical decision making for therapeutic interventions

Data collection includes HAPU incidence rates, sub-epidermal moisture (SEM) delta values at 3 anatomical sites and subsequent clinical interventions.

**RESULTS: PU Outcomes**

In Acute Care Sites (n=13 sites: n=983 patients)

- 10/13 of participating sites achieved zero HAPUs
- Average HAPU % reduction (straight) 92%
- Average HAPU % reduction (weighted)** 91%
- 2 sites also studied the Hawthorne effect and determined no Hawthorne effect present

**RESULTS: PU Reduction (Figure 2)**

59 people per 1000 with HAPUs

**CONCLUSIONS**

- 1129 patients included to date in 4 countries
- 14 sites; 13 acute care; 1 hospice care
- Total of 11 clinical care settings - see figure 1

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** Weighted by the number of patients studied at each site