

Pressure Ulcers Cost U.S. Healthcare \$10.2 Billion and Contribute to Nearly 29,000 Hospital Deaths Each Year

But new technology can dramatically curb the pressure ulcer pandemic

by Margaret Doucette, D.O.

(NAPS)—American healthcare, renowned for pioneering new technology to save lives, has all but ignored one of the most costly and deadly Hospital-Acquired Conditions (HACs), which the federal government defines as preventable patient injuries.

While the number of other HACs has decreased by 8 percent, pressure ulcers have been resistant to improvement efforts. They continue to grow by 10 percent annually.

Pressure ulcers are both costly and deadly.

The U.S. Agency for Healthcare Research and Quality (AHRQ) reports that pressure ulcers add \$10.2 billion to U.S. healthcare costs. As the chart above shows, pressure ulcers are associated with more than 45 percent of the nation's 63,619 HAC-related deaths and are the leading contributor to HAC-related deaths.

Costly, deadly problem

Averaging the impact among the nation's 5,534 hospitals means that each will treat more than 127 pressure ulcers, write off more than \$1.8 million in unreimbursed treatment costs and see more than five pressure ulcer patients die every year.

Medicine has wrestled with the problem of pressure ulcers for generations. Their prevention relies on physically moving or turning a patient at frequent intervals to relieve pressure on different parts of the body. Unfortunately, turning a patient can slip on the priority list of busy hospital staff.

Technology that monitors patient movement and notifies nurses when a patient needs to be turned exists and is available throughout the United States. Dozens of studies presented in public medical forums demonstrate that a wearable patient-monitoring technology helps hospitals prevent pressure

Hospital-Acquired Condition (HAC)	Total number in 2016	Excess mortality rate (95% CI)	Estimated HAC-related deaths / year	% of total HAC-related deaths / year
Pressure Ulcers / Injuries	704,906	0.041	28,901	45.4
Falls	218,399	0.05	10,920	17.2
Adverse Drug Effects	845,400	0.012	10,145	15.9
Catheter-Associated Urinary Tract Infections	175,032	0.036	6,301	9.9
Ventilator-Associated Pneumonia	24,194	0.14	3,387	5.3
Surgical Site Infections	73,212	0.026	1,904	3.0
Central Line Associated Blood Stream Infections	5,848	0.15	877	1.4
(Post-Op) Venous Thromboembolisms	20,103	0.043	864	1.4
OB Adverse Events	64,077	0.005	320	0.05

Pressure ulcers present a problem to many patients.



ulcers, reduce their medical costs and save lives. These studies all monitored patients at risk for pressure ulcers using the Leaf Patient Monitoring System, the only system on the market designed exclusively to help providers prevent pressure ulcers.

One randomized trial of more than 1,200 patients at a large California academic medical center concluded that the pressure ulcer incidence rate was 74 percent lower among patients monitored by the wearable monitoring system.

Tech can save lives, money

Applying the same rate of reduction to the national problem, the deployment of wearable technology could save more than 21,000 lives and nearly \$7.5 billion in unreimbursed healthcare costs each year. For the average hospital, that would mean \$1.36 million in annual savings.

Technology can help our understaffed clinical teams reduce the risk of very preventable pressure ulcers. For the sake of our patients' well-being—and our healthcare institutions' financial stability—we need to seriously consider the benefits new technology can provide.

• Margaret Doucette, D.O. is chief of Physical Medicine and Rehabilitation at the Boise VA Medical Center, where she oversees wound prevention and care efforts. The founder and former medical director of the Elks/St. Luke's Wound Care Center and a co-founder of the Idaho Pressure Ulcer Prevention Coalition, Dr. Doucette has been instrumental in developing wound care programs across the continuum of care in Idaho. She is published and presents nationally and internationally. She is adjunct faculty at several universities and a clinical associate professor at the University of Washington.