

Bringing Down the House: The Inside Story

Holmes Regional
Medical Center
Health First

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Introduction

In preparation for the October 2008 ruling for nonreimbursable "Hospital Acquired Conditions" under the new CMS guidelines, our facilities decided to take a proactive stance on making positive changes.

At our three hospital system, it was decided that one of the best ways to "Bring Down the (House's) facility acquired pressure ulcer rates was to seek out and obtain improved support surfaces.

Purpose

In our patient population, we were faced with a high incidence of low Braden Risk Assessment scores. We were challenged with finding a pressure redistribution surface that would not only provide positive clinical outcomes for our current patient population, but would also be cost effective.

During these trying economic times, choosing a cost effective support surface is a key component in the selection process.

It was also important for us not to jeopardize patient comfort or the high quality we would expect from a therapeutic mattress.

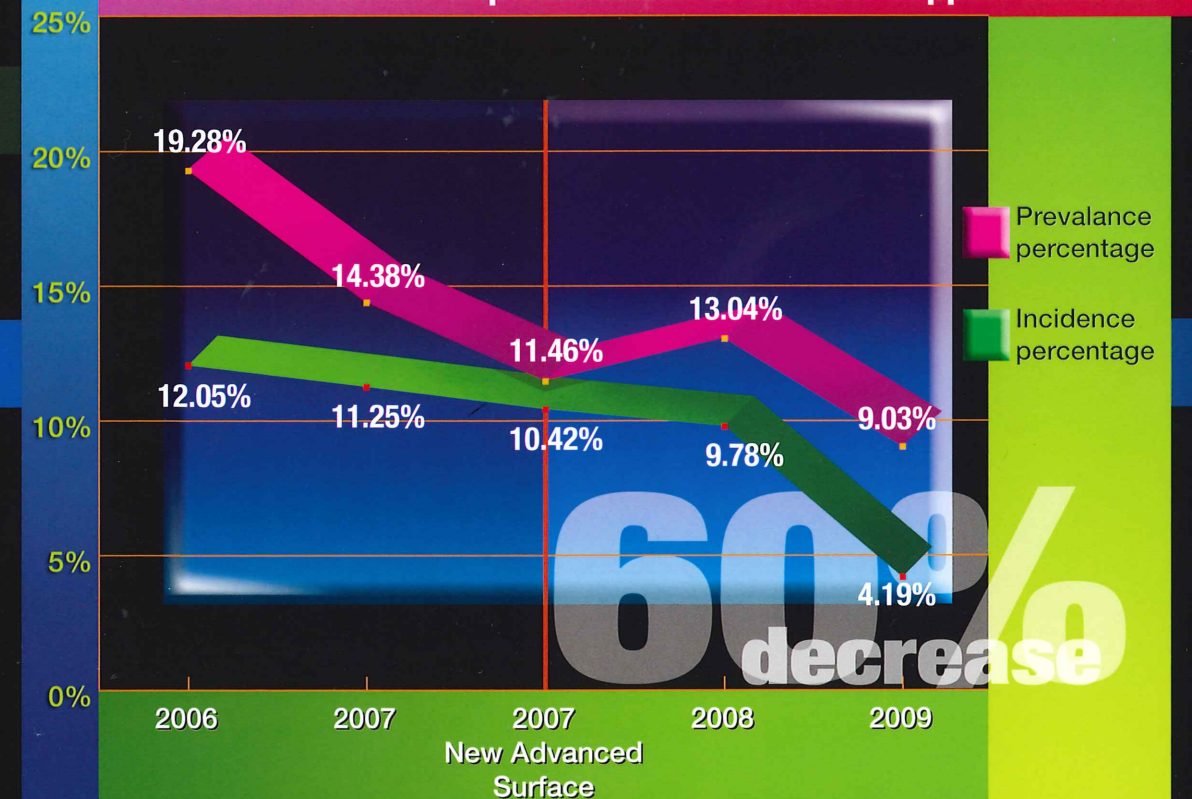
Objective

Because new technology creates a complex task in examining support surfaces, we needed to obtain one that would accommodate our current hospital frames and serve multiple functions. The goals for the surfaces were:

- Decrease friction/shear effects
- Pressure redistribution
- Meet all hospital standards for quality
- Provide optimal comfort
- Provide stability to reduce falls during patient egress
- Easy to set up and use
- Durable (prolonged clinical efficacy)
- Easy to clean and maintain
- Portable and easy to store, if necessary

Results

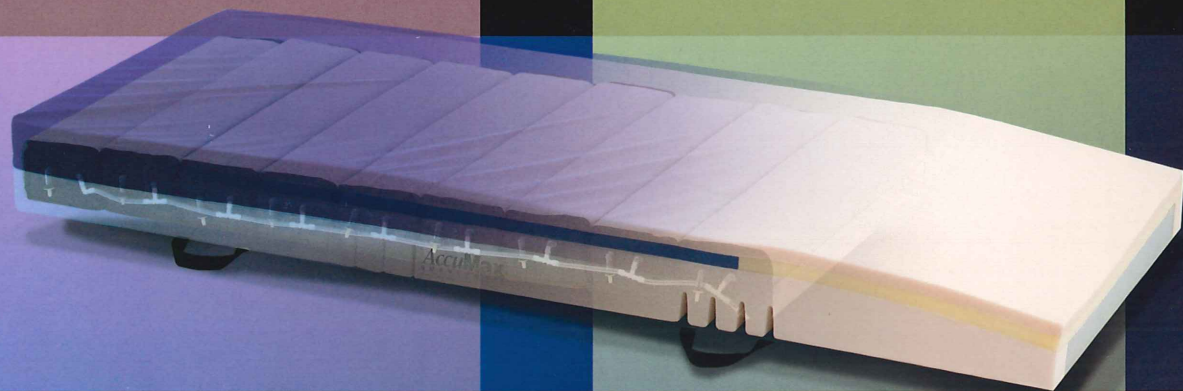
Pressure Ulcer Prevalence & Incidence Percentages On the Units Before and After the Implementation of the New Support Surfaces*



Conclusion

After making our decision with the purchase of our non-powered, reactive pressure redistribution surfaces as our standard hospital mattress, we have documented proof by reducing our facility acquired pressure ulcer prevalence rates over the last three years.

Our incidence rate went from 10.42% to 4.19%, a 60% drop in the units that received the new, advanced surfaces.



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