



## Pressure Injuries: The Problem and the Solution

# Action is needed to prevent pressure injuries

### The Problem

Pressure injuries (PIs) are any damage to the skin and underlying structures caused by unrelieved pressure, usually over bony areas. They present in the form of discoloured areas, blisters, ulcers or deep craters that reach to bone and endanger the life of the individual.

Prevalence and incidence rates of pressure injuries reported in Canada are high and have **significant consequences to patients**.

PIs are **costly to health-care systems** in terms of clinician time, hospital bed use and financial resources.

**PIs are largely preventable**, particularly the more severe categories (stages III and IV), and as such are looked at as a quality indicator related to the level of care delivered by an agency or facility. As a result, Accreditation Canada has added pressure injury prevention as a required organizational practice for acute care, rehabilitation, complex care, and long-term care (Accreditation Canada, 2013).

The Canadian Patient Safety institute lists "Any stage III or stage IV pressure ulcer acquired after admission to hospital" as a **"never event."**

### The Numbers

- **26%** prevalence across all health-care delivery sites
- **25%** incidence in patients aged 60–69 years
- **45%** incidence in patients over 85
- Up to **95%** of persons with a spinal cord injury will develop a PI in their lifetime
- May be the direct cause of **7 to 8%** of premature deaths in persons with a spinal cord injury.
- The cost of care for a single PI can range from **\$13,000 to \$115,000** (with a median cost of \$36,000).
- PI treatment can increase nursing time by up to **50 percent**.

## The Solution

A change in policy and procedure can reduce the prevalence and incidence rates in any care setting. Required steps include:

- **Prevention as a priority:** Culture change in all health settings is required to support prevention.
- **Improved risk assessment on admission or change of status:** Accreditation Canada Required Organizational Practices (2016) requires that each patient's risk for developing a pressure injury be assessed and interventions to prevent pressure ulcers be implemented.
- **Plans of care connected to risk:** Both the prevention and treatment of pressure injuries must be part of a comprehensive process based on appropriate initial and continual patient assessment.

### The Economics of Prevention versus Treatment

The numbers speak for themselves:

Daily cost of prevention = **\$54.66** < > Daily cost of treatment = **\$2,770.54**

*(Padula WV, Mishra MK, Makic MB, Sullivan PW. Improving the quality of pressure ulcer care with prevention: A cost-effectiveness analysis. Med Care. 2011;49(4):385-92)*

In a 100-bed facility, with high-risk patients and 25% prevalence, this could translate to **\$2 million for prevention vs. \$25 million for treatment annually.\***

\* Cost of Prevention = 365 (days in the year) x 100 (number of patients at any given time) x \$54.66 (cost of prevention);

Cost of Treatment = 365 (days in the year) x 25 (number of patients with a PI at any given time) x \$2,770.54 (cost of treatment)

## The Bottom Line

To save dollars, suffering and patient lives, let's work together to make pressure injury prevention a priority through improved risk assessment policies and procedures and allocation of resources toward validated prevention programs.

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