Problem

Skilled Nursing Facilities (SNFs) are tightly monitored by regulatory agencies and pressure ulcers are a critical part of that review. A local SNF was concerned about the number of patients that already had pressure ulcers when admitted from the hospital. We determined that the following data points would be helpful in identifying the problem:

- the number of patients admitted with pressure ulcers to a 50 plus bed subacute unit from the local hospitals
- the total number of patients admitted from each hospital
- the percent of patients admitted from each hospital with pressure ulcers

Our goal was to share the data collected with the respective hospital(s) for their review and quality improvement initiatives.

Methodology

The facility assessed each patient’s skin condition upon admission. The following data was recorded for each admission: the name of the transferring hospital, the total number of admissions from each hospital, the number of patients with pressure ulcers and the total number of pressure ulcers for those patients. The data was collected over twelve months in a format that provided comparison of hospital to hospital.

Results

For January through December of 2004 the percentage of patients admitted to the SNF from the hospitals with pressure ulcers ranged from 3.45% in only one facility to 50%. The other six facilities fell in the range of 6.84% to 11.9%. By totaling all of the hospital admits and all of the patients admitted with pressure ulcers from the hospital, we were able to calculate that overall 9.91% of patients admitted from the hospital to this facility arrived with one or more pressure ulcers. Patients receiving care in the subacute unit had an acquired pressure ulcer rate of only 1.39%. The percentage of residents/patients who developed pressure ulcers in the SNF for the same period based on average daily census ranged from 1.8% to 1.92%. The overall SNF acquired pressure ulcer rate was 1.80%. In this subset of patients, data shows there is a five-fold difference in the incidence of pressure ulcers in patients admitted from hospitals versus pressure ulcers acquired in the SNF.

Data Sharing

We have met with several of the hospitals to share this data. The hospitals are interested in the data and one of the institutions expressed appreciation for the information, another stated that they are aware of the problem and are working to resolve it.

Conclusion

Patients requiring long-term nursing care and/or post acute care for nursing-rehabilitation services are less likely to develop pressure ulcers in skilled nursing facilities than in the hospital setting. In this subset of patients, our study revealed a five-fold difference in the number of patients admitted from the hospital with pressure ulcers and the number of patients who developed pressure ulcers in the SNF. By sharing this data with the hospitals it may be possible to decrease the number of pressure ulcers developing in the hospital setting. This study highlights the need for SNFs to perform careful assessments at the time of admission to help delineate admission-related ulcers from those acquired in the facility. SNFs also need to share data with local hospitals concerning ulcer rates.