BACKGROUND:
- Hospital acquired pressure ulcers are one of the most common preventable conditions which significantly increases the healthcare costs.
- Despite the introduction of stringent guidelines and advances in medical technology, the prevalence of pressure ulcers in hospitalised patients continues to remain high.
- Preventing pressure ulcers is an important part of patient care and saving lives and reducing patient discomfort and reducing the cost of treatment.

In 2013, the medical team began a quality improvement initiative to reduce the annual incidence of HAPUs (Ulcers) from 3.33% (historically) to less than 0.8% by implementing evidence-based prevention strategies. The SSKIN Bundle is an evidence-based strategy.

AIM:
- All new 300 days without unit acquired pressure ulcers
- Maintain 100% compliance with SSKIN Bundle by June 2016
- Minimize Pressure Ulcers in all at-risk patients
- Maximize Moisture Management
- Standardize Predisposing Factors

OUTCOME:
- Specific activities and strategies that change the behavior of staff

6M. METHODOLOGY & INTERVENTIONS:

OUTCOME

- SSKIN Bundle Compliance & Improvement

AIM

- All new 300 days without unit acquired pressure ulcers
- Maintain 100% compliance with SSKIN Bundle in the General Ward

PRIMARY DRIVERS

- SSKIN Bundle
- Risk Assessment & Reassessment
- Minimize Pressure
- Position
- Moisture Management
- Standardize

SECONDARY DRIVERS

- SSKIN Bundle
- Risk Assessment & Reassessment
- Minimize Pressure
- Position
- Moisture Management
- Standardize

CHANGE CONCEPTS

- SSKIN Bundle
- Risk Assessment & Reassessment
- Minimize Pressure
- Position
- Moisture Management
- Standardize

RESULTS

- E-Chart Pressure Ulcer Cost in the Medical & Surgical Beds

P-Chart: Percent of patients receiving daily pressure ulcer risk reassessment

- Percent of patients receiving daily pressure ulcer risk reassessment

COST EFFECTIVE ANALYSIS:

Objectives: To study the impact of implementing evidence-based prevention strategies to reduce the incidence of HAPUs to a low prevalence.

Design: Case-controlled study based on the daily documentation and calculation of standard costs to determine the impact of the initiative.

Methodology:
- Establishing an effective preventive system to reduce the incidence of HAPUs
- Maintaining 100% compliance with SSKIN Bundle in the unit
- Measuring the positive changes related to patient care
- Calculating the monetary savings achieved

Setting: SSKIN Bundle

Subject: All long-term care patients at risk of developing pressure ulcers during their hospital stay

Time period: Jan 2015 - Dec 2016

Calculation of Cost

- Cost Spent

- Cost Saved

CONCLUSIONS:

- An important association between cost and the incidence of pressure ulcers has been established.
- Prevention is a cost-effective strategy to improve patient care.
- The increase in SSKIN Bundle compliance led to a reduction in the incidence of pressure ulcers.
- The reduction in the incidence of HAPUs led to a decrease in the total cost of care.

SUMMARY STATEMENT:

- The implementation of evidence-based prevention strategies has significantly reduced the incidence of pressure ulcers and improved patient care.
- The cost analysis has shown that prevention is a cost-effective strategy.
- The project has led to a positive impact on the patients and the hospital's bottom line.
- The initiative has set a benchmark for similar efforts in other hospitals and organizations.