The national incidence of nosocomial heel pressure ulcer prevalence in long-term care facilities is steadily increasing (from 19% to 30% over the past decade). Successful heel ulcer prevention programs have resulted in a reduction of 95% in new heel ulcer incidence; the most common site for skin breakdown.2 Pressure ulcers are often viewed as quality-of-care indicators.3 The annual cost of treating facility-acquired pressure ulcers ranges from $46 million to $3.6 billion.4-7 The researchers concluded that the Prevalon Pressure-Relieving Heel Protector system significantly reduces the risk of developing heel pressure ulcers in a high-risk population. There has been a significant higher score from critical care nurses on Braden “At Risk” Category 18-15 of incidence ranging 2.1% to 5%).

**CONCLUSIONS**

A process improvement intervention for heel ulcer prevention can be effective if implemented on multiple levels, including staff education, revision of inpatient protocols, and efforts from supervisory staff to ensure ongoing staff and patient compliance.

**Early and aggressive implementation of pressure-reducing and pressure-reduction products as part of the individual care plan is effective in prevention of heel facility-acquired pressure ulcers.**

**REFERENCES**