Head Over Heels: Best Practices for Preventing Heel Ulcers

Ewonne Fowler, RN, CNS, CWON and Suzy Scott, RN, MSN, CWOCN

Overview

Healthcare-associated heel pressure ulcers are viewed as a quality of care indicator and are no longer reimbursable under CMS guidelines. This presentation provides a comprehensive review of the sciences, contributing factors for, and prevention of heel pressure ulcers. Furthermore, a perioperative pressure ulcer study demonstrates the incidence of heel ulcers (p<0.05) following surgery.

The Problem

In the fiscal year of 2016, the Centers for Medicare & Medicaid Services (CMS) reported 2,294 cases of pressure ulcers as a secondary diagnosis. For patients with a pressure ulcer, the average hospital charges were $40,381.

Goal: Zero Heel Pressure Ulcers

The right protocols, products, and products

Immediate and ongoing skin care

Early and aggressive implementation of prevention protocol

Application of heel pressure-relieving devices

Assessment

The CMS believes in a holistic assessment of the patient that includes the following:

- Skin assessment
- Braden Scale Pressure Ulcer Risk Assessment

The Braden Scale can be used to assess risk factors and establishes guidelines for an individualized plan of care. The Braden Scale was recently revised to identify patients in the risk category of 18 to 15 as at risk rather than at low risk.

- Risk factors addressed by the Braden Scale include the following:
  - Activity
  - Sensory Perception
  - Mobility
  - Moisture
  - Friction & Shear
  - Nutrition

- Assessment of concomitant disease
  - E.g., Peripheral vascular disease, diabetes mellitus

Anatomic Locations of Pressure Ulcers

1. Sacrum
2. Heel
3. Shoulder
4. Elbow
5. Ankle
6. Hip
7. Knee
8. Perineal
9. Lower back
10. Thorax
11. Scapula
12. Occiput

CME and reimbursement issues

In the CMS Federal Register of June 22, 2007, the CMS announced a shift from the old system, under which hospitals were paid the same for services regardless of quality of care to a new system, Value Based Purchasing, which links payment more directly to performance. Pressure ulcers are one of the conditions that will be incentivized under the new reporting and payment rules starting in October 2018. CMS will not reimburse hospitals for care related to hospital-acquired pressure ulcers.

Heel protectors work

Heel protectors float the heel off the bed surface, reducing pressure as well as friction and shear.

Preventing Hospital-Acquired Heel Pressure Ulcers

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Perioperative Pressure Ulcers

A perioperative pressure ulcer is a pressure-related deep tissue injury under intact skin that presents within the first 5 days following surgical procedures.

Perioperative Pressure Ulcers Can Be Prevented

In a prospective, controlled study using a special surgical table surface, the rate of pressure ulceration were 38% in the control group (66/176 patients) and 7% in the study group (10/147). The study found that incorporating a heel pressure ulcer prevention protocol — continued with early, aggressive implementation of pressure-reducing devices, and early identification of high risk patient populations — reduced the rate of heel pressure ulcers.

References

- Of patients who acquired pressure ulcers in a hospital setting, 91% had Braden scores in the ‘least risk category (18-15)’.
- In a prospective, controlled study using a special surgical table surface...