CLINICAL PROBLEMS
TARGETED IN THIS STUDY

Pressure ulcers (PU) increase the risk of infections, sap, and mortality. Pressure ulcer incidence (PII) represents the second most common site for facility-acquired pressure ulcer (FAPU) development, second only to the sacrum. If left untreated, PII can lead to unsterilization and limb amputation.4 5 To aid health care professionals in the prevention and treatment of PIs, the European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Ulcer Advisory Panel (NPUAP), and the Registry Nurses Association of Ontario (RNAO) have developed evidence-based guidelines aimed at preventing the development of PIs.6 7 Health care providers must assess the financial burden associated with adverse events, such as uncontrolled PU incidence.5 Our research team is implementing a multifaceted PU prevention program to implement aggressive measures aimed at reducing the prevalence of PU.

GOALS & OBJECTIVES

A comprehensive PU prevention initiative approved by our research ethics board was implemented to assess the effect of a heel protector intervention on PU rates via the use of a custom-fit heel stabilizing device. This initiative was approved for patients meeting inclusion criteria in a regional 375-bed acute care facility.

METHODS

The PII-eligible hospital implemented a multifaceted PU prevention protocol, including high-risk patient identification and implementation of extensive skin care education to ensure ongoing prevention and detection of heel skin issues and to promote staff knowledge and awareness.

An effective heel protector adheres the following:

- Elevates the heel of the underlying support device
- Prevents friction and rotation of the bed
- Maintains "groin" on the foot
- Decreases friction, slippage, and shear
- Reduces heel-to-bed

Additional heel protectors should be easily cleaned and cost effective.8

To be considered with the heel protectors, the following exclusion criteria were met:

- Reduced score on the heel protectors
- Limited mobility
- Presence of skin ulcers

The annual prevalence and incidence surveys, performed in February 2009, evaluated the baseline for local and facility-acquired PII. The incidence rates before initiation of the heel protector program. The heel protector program included extensive education and device training to all staff nurses.

RESULTS

The annual cost avoidance was calculated to be $7,160.04.

Figure 1. Prevalence and incidence of Facility-Acquired PIs.

REFERENCE

1. Canadian Institute for Health Information. 2012. Crisis in the Acquisition of Pressure Ulcers by In-Patient Hospitalized Patients. Ottawa, ON, Canada.


