

Community Pressure Ulcer Occurrence: Description on Hospital Admission

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Purpose & Rationale: The purpose of this study is to describe community-dwelling adults admitted to acute care with a present-on-admission (POA) pressure ulcer (PU).

Research Questions: 1) Determine the prevalence of POA-PU, 2) Determine the pre-hospital location of patients with POA-PU, 3) Describe demographics, PU characteristics, risk factors, and post-hospital outcome of community-dwelling adults admitted to hospital with PU.

Synthesis/ Review of Literature: PU epidemiology is mostly understood by institutional rates with less information on community-acquired incidence.¹ PUs disproportionately affect the elderly and immobile, a growing US demographic with preference for community dwelling as opposed to institutionalization. Current data reflects an increase in PU acquired in community settings.² Shifting trends in patient safety and healthcare delivery create the need to refocus the lens on PU occurrence to the community setting.³

Methods / Procedures: A retrospective descriptive study; sample included all adults, over age 18, admitted with a POA-PU over a 1-year period, to an 800-bed urban academic medical center in New England. Subjects were identified from a clinically validated PU registry. Data were extracted electronically from selected standardized electronic health record (EHR) fields.

Results: The prevalence of patients admitted to acute care with a POA-PU was 7.4%. For the majority (76.1%), the pre-hospital location was the community; the remainder came from a health-care facility (23.9%). The community-dwelling subjects (N=1,022) had a mean age of 72.7 ±15.4; 52.4% were male, 80.3% white, 30.9% lived alone, 99.2% insured, and 30.6% college educated. They presented with a mean of 1.46 pressure ulcers, of which 37.5% were full thickness. Over half (51.5%) were discharged to a facility, 33% to home, and 14% died or received hospice care. The 30-day readmission rate was 15.5%.

Discussion/Application to Practice: Clinically-validated surveillance data show a higher prevalence of POA-PU than previously reported with administrative data. Electronically-extracted EHR data provides population health evidence of community PU occurrence that may be useful for risk stratification, prevention, and care coordination for integrated health systems.

References:

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