FACT NPIAP® SHEET

NATIONAL PRESSURE INJURY ADVISORY PANEL

INCIDENCE

Centers for Medicare & Medicaid Classify Pressure Injuries a

"NEVER EVENT"

NO OTHER PREVENTABLE EVENT OCCURS AS FREQUENTLY AS PRESSURE INJURIES

Acute Care Rates: 2%–40%

PRESSURE INJURY INCIDENCE/ PREVALENCE

PREVALENCE

ONE OF THE FIVE **MOST COMMON** HARMS EXPERIENCED BY PATIENTS

25.2% Long Term Acute Care

9.7% Acute Care

11.8% Long Term Care (Nursing Home)

12.0% Rehabilitation Centers

(2014 data)

PRESSURE INJURY COST

2007: **$11.6 BILLION**

PATIENT CARE COST PER PRESSURE INJURY: $20,900 TO $151,700

2019: **$26.8 BILLION** *(ESTIMATED)*

LAWSUITS

17,000 Directly related to pressure injuries

Annually

2ND most common claim after wrongful death

IMPACT ON PATIENTS

2.5 million patients per year develop a pressure injury

60,000 patients die every year as a direct result of pressure injuries

Patients with hospital acquired pressure injuries (HAPI) have a median **excess length of stay** of 4.31 days

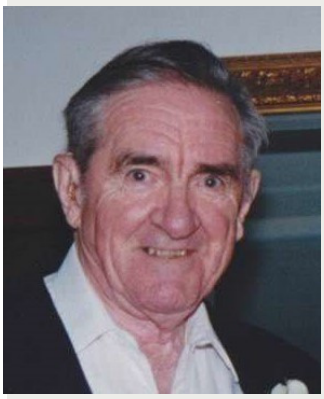
Patients with HAPI have **higher 30-day readmission** rates (22.6% vs. 17.6%)

HAPI rates are **increasing**. All other hospital acquired conditions are decreasing *(AHRQ, 2019).*

For more info visit, www.NPIAP.com

A Patient Journey

Preventing Hospital Acquired Pressure Injuries



Meet Joe

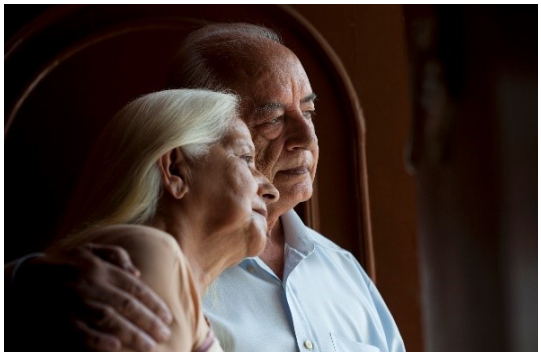
Joe and his wife are recently retired and enjoying their freedom to travel, especially to see their children and grandchildren! They have a cruise planned to celebrate retirement and are looking to sell their home and buy one with less need for maintenance.

Today Joe and Alice are off to help their daughter who is about to give birth to their ninth grandchild. Joe was lifting the last of the bags filled with gifts for the new baby and family into the car when he feels some tightness in his chest.

He brushes it off as likely related to his age and all those bags he packed, or maybe just his arthritis flaring up. Off they go on the 4-hour drive, excited to see the family and meet the baby! But the chest pain doesn't let up and Joe finally admits to Alice that he has a little "indigestion". Being a worrier, Alice insisted that he stop at an Emergency Room, just to be sure everything is OK.

The Medical Emergency

Sadly, this was not indigestion. Joe is having a heart attack. The surgeon reviewed the process and possible complications but assured them that complications were very rare. Alice was extremely scared because Joe is the love of her life and heart surgery is a big operation.



The operation lasted just over 4 hours and the surgeon said everything went well. Joe does not remember much of the next few days, but Alice does.

The doctors said his blood pressure was low and his heart was struggling to beat normally so he would require additional medication to support his heart and recovery. These complications were part of what the surgeon talked about as possible complications, but Alice wondered if there was anything more.

Within two days Joe was feeling better so the care team helped him move from the bed and into a chair. That is when Alice saw a dark purple area on Joe's lower back. The nurses explained that this was a pressure injury and likely developed when Joe was not able to be moved in bed because of his low blood pressure. Alice did not remember that pressure injuries were discussed by the surgeon…but maybe she just forgot.

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What Happened?

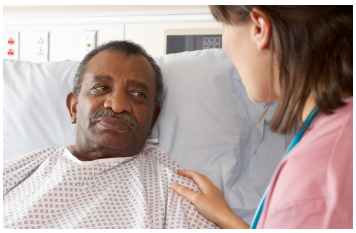
The purple area, called a deep tissue pressure injury, continued to open up and become a deep wound.

Joe spent the next 18 months going to the wound center for treatment, going to surgery for debridement to remove dead tissue from the wound, using a negative pressure device to help the wound heal and having a wound nurse come to the house to dress the wound. The pressure injury healed 20 months from the time of open-heart surgery. But when it healed, the scar that formed was painful and Joe struggles to this day to sit because when he sits it pulls on the scar.

The baby is almost 2 years old, and Joe and Alice have had to miss a lot of milestones including multiple holiday gatherings due to the wound that developed during hospitalization. Joe and Alice have many questions. Are pressure injuries a common problem after surgery? Are they all this painful? Could this have been prevented?

What We Need

Stories like this one of Joe Gorman are more common than you might realize.



Many patients with this or similar experiences who develop a pressure injury ultimately die, but only after extensive and expensive treatments, surgeries, and hospitalizations [1]. The cost of pressure injuries in the United States exceeds 26.8 billion dollars per year. [2] Regardless of the payor source, the treatment of pressure injuries results in a massive burden in all areas of healthcare. The incidence and true burden of pressure injury is relatively unknown overall and unidentified in high-risk groups apart from a few single hospital studies. Some hospitals track their pressure ulcers rates, some hospitals don't measure them at all. There is little to no consistency in the data.

$26.8 Billion +

cost of pressure injuries in the United States

60,000 Patients

die each year due to pressure injury complications

We Need to Do Better for our Patients

The National Pressure Injury Advisory Panel is focused on how to accurately measure pressure injuries. These data can inform doctors, hospitals, and patients of the risk for pressure injury.

When we are all using the same data to drive prevention and treatment, we will be able to develop successful programs of prevention.

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Improving Patient Outcomes Through Education, Research and Public Policy

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2021 FACT SHEET: ABOUT PRESSURE INJURIES IN US HEALTHCARE
National Pressure Injury Advisory Panel (NPIAP)
www.npiap.com

Fact	Comment
2.5 million cases per year[1]	Second most common diagnosis in health system billing records in the U.S.
60,000 deaths per year[1]	Would make it the 8th most frequent cause of death in U.S. based on CDC reporting
High Incidence Rate in Facilities	• 2.1 per 1,000 average incidence across all acute care facilities[2] • 10-20% average incidence across critical care units • 20-30% average incidence across skilled nursing facilities
$26.8 Billion in acute costs[1]	Accounts for 25% of all "wasteful spending" related to failures in healthcare delivery, according to U.S. CMS Director's Office[3]
$75,000-$150,000 per patient[1]	Average cost to facility for a stage 3, 4, or unstageable pressure injury
$250,000 avg. malpractice claim[4]	The #1 most common malpractice claim in the U.S.; many cases settle for more than $1 million
$0	The amount that U.S. CMS will reimburse a hospital for a pressure injury case, based on 2008 passage of reduced payments for hospital-acquired conditions[5]
$0	The amount that U.S. CMS will reimburse a hospital to pay for the clinician-time and material resources to prevent a pressure injury[5]
1% Medicare Penalty[6]	U.S. CMS will penalize hospitals 1% of total reimbursements if their hospital-acquired condition rates (including pressure injury) fall into the bottom 25th-percentile of performance
CDC: 0 Cases and 0 Deaths	Currently, the CDC does not track numbers of pressure injury outcomes nationally
Increased rate by 6% since 2014	U.S. AHRQ reports an increased pressure injury rate between 2014-2017; it is the only hospital-acquired condition rate currently increasing rather than improving nationwide[7]
Increased Risk to Under-represented Minorities	Individuals with darker skin tones at increased risk of pressure injury because clinicians do not have resources to accurately identify/differentiate early-stage bruising and erythema [8]
Increased Risk to Elderly	Elderly individuals, especially those who suffer from malnourishment and other chronic conditions are predisposed to higher risk[2]
Increased Risk to Spinal Cord Injury	Individuals living with spinal cord injury have 14-times greater odds of developing a pressure injury than average inpatients[9]
Increased Risk to Active-Duty Military[10]	• Operation Iraqi Freedom: 53% of casualties had pressure injuries • Military Medicine: 22% incidence rate across most facilities
Increased Risk to Veterans[10]	• Veterans Affairs (VA) hospitals: pressure injury rate of 4.1 per 1,000, approximately double that of national average • Veterans Affairs (VA) Polytrauma Rehabilitation: 38% of patients present with pressure injuries at time of admission • Only 57 out of 170 VA Medical Centers (34%) are performing better than non-VA hospitals to prevent/manage pressure injury escalation
COVID-19	There is increased risk of pressure injury in critically ill COVID-19 patients[11]
$50-$100 per patient per day[12]	The cost to prevent most pressure injuries in hospital patients by: • Performing daily risk assessments and skin checks • Nursing time to reposition patients side-to-side • Manage moisture, incontinence and nutritional issues • Offload pressure and reduce shear with beds, dressings and other devices • Continually educate clinical staff about clinical practice guideline revisions
International Clinical Practice Guideline[13]	NPIAP, in partnership with international collaborators, publishes revisions to pressure injury prevention guidelines every 5 years; the latest version (2019) was translated into 17 languages
Need for Federal Government to Prioritize this Issue	• AHRQ: improve data-tracking so we have reliable data on pressure injury outcomes • CMS: provide financial-reward incentives for facilities to prevent pressure injuries, in balance with financial-penalty incentives for poor outcomes • CDC: begin tracking pressure injuries as they do other emerging diseases nationally • HHS: provide more funding opportunities in support of research on pressure injury care
A Non-Partisan Issue	Pressure injury prevention requires a series of straightforward tasks implemented daily at the bedside, but nonetheless remains a harmful outcome to millions of Americans, particularly our elderly, military, veterans and people of color; this is an issue that we can all agree needs improvement, and therefore something that conservatives, liberals and independents can get behind to support by allocating federal resources in the 2020s to alleviate risk to patients

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[12] Padula et al. (2019): https://qualitysafety.bmj.com/content/28/2/132

[13] Clinical Practice Guideline (2019): http://www.internationalguideline.com/