

Understanding the differences

The overall goal of collecting pressure ulcer rates and their frequency of development helps to guide facilities and caregivers in identifying trends and opportunities for improving outcomes. However, there is not one clear, defined or standardized way to measure the frequency of pressure ulcer development rates in facilities. Inconsistencies in collection methods make it difficult to compare the data for accurate benchmarking. And even the various national organizations within the wound care industry have each made their own interpretation of the terminology and guidelines for data collection.

Definitions

Prevalence is the percentage of patients with a pressure ulcer in a facility. It is a count of the number of people with pressure ulcers who exist in a patient population at a specific point in time, regardless of when the pressure ulcer developed.¹

Hospital or Facility-Acquired Prevalence is the percentage of patients who acquired a pressure ulcer after admission to the facility that is measured at a specific point in time.

Incidence is the percentage of patients who develop a pressure ulcer after admission to a facility who have been observed over a specific period of time. It is a count of the number of new people who developed pressure ulcers over a pre-determined period of time.¹

What are the differences between Prevalence and Incidence?

	Prevalence	“True or Cumulative” Incidence	“Modified” Incidence
Time Period for Data Collection	One day survey that captures both prevalence and facility-acquired prevalence.	Daily for one month to one year (Facility or Unit).	Requires two or more survey days to capture prevalence and incidence.
Methodology	Standardized throughout all facilities, one survey conducted during a 24 hr period.	Daily assessment and documentation for all patients prior to discharge during above time period. ²	Two separate assessments based on length of stay (LOS). <i>Note: This will vary by hospital and from unit to unit.</i>
Accuracy	Accurate for survey day since facility acquired prevalence accounts for all patients who developed a pressure ulcer after admission, regardless of their LOS.	Most accurate assessment.	Data errors exist if studies are performed using the average LOS incidence methods since pressure ulcers may not be counted for: 1) Patients who were admitted after the initial assessment and develop pressure ulcers. 2) Patients who are discharged prior to the second survey date with pressure ulcers.
Benchmarking	Standardization allows for accurate comparison between similar units and facilities. Hill-Rom’s extensive database offers: <ul style="list-style-type: none"> History of collecting data for nearly two decades. More than 1.3 million patients. Over 700 facilities surveyed. 	Very limited ability to benchmark due to lack of published data.	Difficult to accurately compare data between other units or facilities due to multiple ways of conducting an incidence survey and varied LOS. <i>Note: Hill-Rom provides the “The Impact of Pressure Ulcers” report which shows Medicare reported incidence rates for any facility.</i>
Cost	Minimal FTE cost due to one day only survey.	Most expensive due to daily FTE requirements / cost depends on selected time period.	Higher FTE costs incurred based on a two day collection.
Timeliness of Results	Data available on day one.	Data available at the end of the selected time period.	Data available after the second survey time period.



Common Misunderstandings of Incidence:

True incidence studies are considered the most accurate assessment of facility-acquired pressure ulcers because every patient that forms a pressure ulcer is identified. However, they are extremely labor intensive as assessments need to be performed daily and pressure ulcers documented for all admitted patients prior to discharge over the entire period of time, e.g. one month to one year.

As a result, modified incidence studies are being performed that assess only those patients who are in the hospital at the determined average length of stay time period.

The pitfalls with this approach is that all pressure ulcers may **NOT** be counted for:

1. Patients who were admitted after the initial assessment and develop pressure ulcers.
2. Patients who are discharged prior to the second survey date with pressure ulcers.³

Summary:

Many facilities are now using multiple ways to collect and measure pressure ulcer data in response to the various guidelines and recommendations put out by the national organizations such as the WOCN Society, IHI, NPUAP, NDNQI, and CMS. Although their terminology and methodologies may vary, their goal is common, to improve patient outcomes and quality of care.

Organization	Collection/reporting terminology and methodology recommendations
WOCN - Wound Ostomy Continence Society	Prevalence with incidence over a pre-determined period of time
NPUAP -National Pressure Ulcer Advisory Panel	Prevalence with incidence measured over a pre-determined time period such as: <ul style="list-style-type: none">• entire duration of admission• average length of stay• fixed time interval - a month, a year, etc.
NDNQI - National Database of Nursing Quality Indicators	Quarterly prevalence capturing <ul style="list-style-type: none">• community-acquired• hospital-acquired• unit-acquired <i>**This methodology is required to achieve Magnet Recognition</i>
IHI - Institute for Healthcare Improvement	Monthly measure of incidence per 100 admissions and/or incidence per 1000 patient days
CMS - Centers for Medicaid and Medicare Services	Present on admission or facility acquired pressure ulcers per each case, DRG coded by stage

The benefit of doing prevalence surveys with Hill-Rom is that it allows accurate benchmarking throughout the health care continuum. Facilities can utilize prevalence data for planning and resource allocation and facility acquired prevalence or incidence data to reflect quality and as a way of measuring impact of interventions and initiatives. **Remember that due to the inconsistencies with collecting incidence, it is very difficult to benchmark.**

Ultimately a facility needs to decide on an established and standardized collection method and remain consistent to be able to trend themselves over time to measure their effectiveness and outcomes.

1 WOCN Society. (2005) Professional Practice Manual 3rd Edition, Appendix D Prevalence and Incidence: A Toolkit for Clinicians, Mt. Laurel NJ

2 NPUAP, (2004) “Determining Prevalence & Incidence of Pressure Ulcers”, Powerpoint presentation, Available at NPUAP.org.

3 Ayello EA, Baranoski S, Lyder CH, Cuddigan J. (2008) Pressure Ulcers, Chapter 13, in Wound Care Essentials, Practice Principles, 2nd Ed., eds: Baranoski and Ayello, Wolters Kluwer/Lippincott Williams and Wilkins, Philadelphia PA.; p. 279.

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