

Abstract

The study objective is to determine the effects of implementation of a new pressure ulcer care policy, which includes introduction of a high quality pressure reducing viscoelastic foam mattress from Tempur-Pedic Medical, on the prevalence of pressure ulcers.

Interventions

A specific guideline for pressure ulcer care based on international guidelines and recent scientific research was developed and implemented, in combination with placing the Tempur-Pedic Medical Mattress on all hospital bed frames. Using a series of 1-day pressure ulcer prevalence surveys before and after implementation of the new pressure ulcer care guidelines, changes in adequate prevention and treatment measures and prevalence of pressure ulcer patients before the change and 4 and 11 months after introduction of the new policy were measured.

Results

A total of 2147 patients were included for analysis. The frequency of inadequate preventive measures decreased from 19% to 4% at 4 months and 6% at 11 months after implementation of the guideline. Inadequate treatment also decreased from 60% before implementation to 31% at both 4 and 11 months after implementation. The prevalence of all

pressure ulcers before implementation was 18%, with a decrease to 13% after 4 months and 11% after 11 months. The prevalence of Stage II and higher pressure ulcers dropped from 11% pre-implementation to 7% after 4 and 11 months post-implementation.

Conclusions

Implementation of an evidence-based guideline for pressure ulcer care and new Tempur-Med. mattresses resulted in a significant decrease in pressure ulcer prevalence. The study also suggests that the replacement of the mattresses with Tempur-Med. mattresses should be considered as the key element of the intervention.

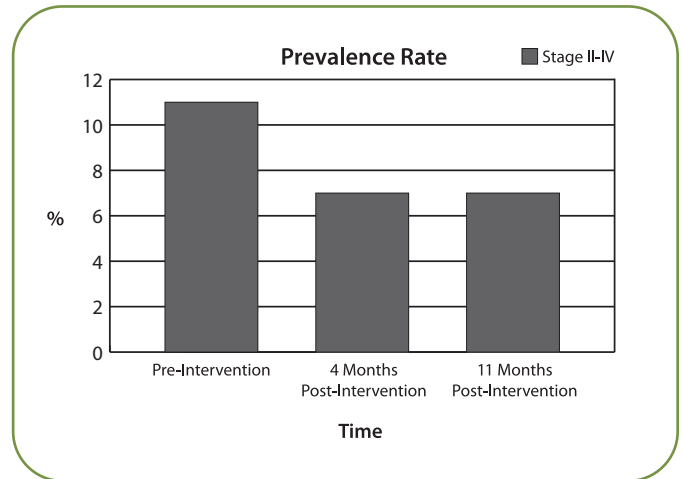
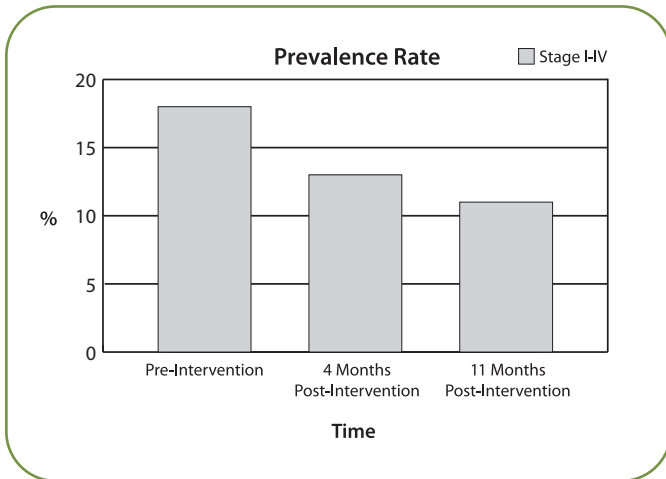
Studies were performed by Tempur-Pedic Medical.

¹ Excerpted from DeLaat, E., Schoonhoven, L., Pickkers, P., Verbeek, A., and Van Achterberg, T. (2005). Implementation of a New Policy Results in a Decrease of Pressure Ulcer Frequency, International Journal for Quality in Health Care, November 10, 2005, 1-6.

NOTE: As with any case study, the results reported should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's physical condition. Unless otherwise specified, any economic value or savings reported is based on data provided by the facilities and observations of the individuals involved in the study.

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