Prove the Value Program

A program to objectively demonstrate the clinical and financial outcomes of advanced surface technologies for pressure ulcer patients.

Enhancing outcomes for patients and their caregivers: Hill-Rom

Content and funding provided by Hill-Rom

What is Prove the Value program?

The Hill-Rom® Prove the Value program is based upon collecting and analyzing information on individuals who have recently used or are currently using a Clinitron® bed or P500 wound surface. The program will help demonstrate the value of advanced wound care solutions through local assessments within your facility.

After the data is collected and analyzed, Hill-Rom will partner with you to summarize key findings in a short case study.

Clinitron® Rite-Hite® System

Hill-Rom® P500 Surface

How will my facility benefit from participating in the program?

Improve Overall Wound Care

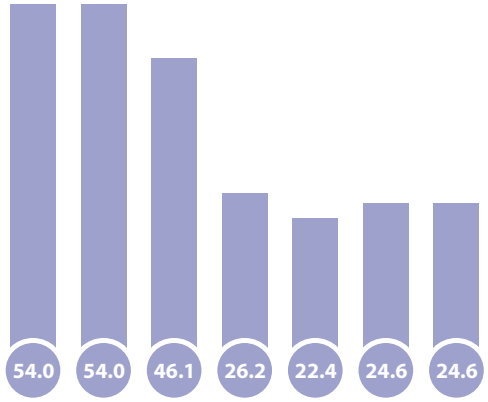
- The program provides an opportunity for a methodical assessment of advanced wound surfaces that can potentially lead to improved clinical results and enhanced resident satisfaction.
- The program provides an opportunity to review overall wound care performance, treatment protocols and usage of proper wound support surfaces within your facility.

Assist with Marketing Efforts

- The case study can be used to share clinical results with current and potential referral sources regarding residents who used advanced wound care technologies in your facility.
- The case study can be used to promote your facility's expertise to treat individuals with complex wounds.

Pressure Ulcer Healing Rate

54% overall reduction in pressure ulcer volume from week 1 to week 7



Percent Wound Healing Volume (LxWxD)

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Outcomes and key findings

Facility

Golden LivingCenter Skilled Nursing Facility - Murrysville, PA

Overview

An 89 year old male, with a Stage IV pressure ulcer on his sacrum, experienced an overall reduction in wound volume by 54% while on Hill-Rom's Clinitron® Rite-Hite® system. The reduction occurred over a 7 week period.

Background

The graph below represents a positive wound healing outcome of a male resident in his late eighties. The resident developed a Stage IV pressure ulcer related to multiple health comorbidities, which included a Urinary Tract Infection, Anemia, COPD, and Diabetes Type II.

In an effort to treat the wound and prevent further skin breakdown, the resident was placed on a Group 2 Low Air Loss with Alternating Pressure support surface. Concurrently, the resident experienced decreased nutritional intake and refused fecal incontinence management – all of which could have impacted pressure ulcer healing. After five days on the Group 2 surface and still showing no observable signs of wound improvement, the Clinitron® Rite-Hite® system was considered for the resident.

The resident had a Braden Risk Assessment score of 15 and a sacral wound volume of 54 cm^3 at the time of the Clinitron® Rite-Hite® system placement. While on the Clinitron® Rite-Hite® system, the initial wound dressing used was an alginate twice a day. This was changed on week 4 to Santyl dressing once a day.

Pressure Ulcer Overview

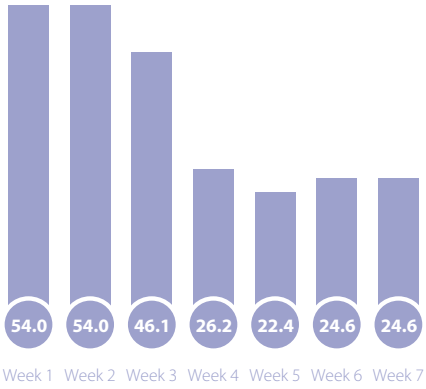
- **Anatomic Location:** Sacrum
- **Side of Body:** Left
- **Pressure Ulcer Stage:** Stage IV
- **Tunneling/Undermining:** Yes

Wound Healing Overview/Clinical Results

Over a 7 week period the patient realized an overall reduction in pressure ulcer volume by 54%. While on the Clinitron® Rite-Hite® system, the greatest wound healing occurred in week 4 when overall volume decreased 43% week-over-week. Importantly, there were no hospital admissions while the patient was on the Clinitron® bed.

Pressure Ulcer Healing Rate

54% overall reduction in pressure ulcer volume from week 1 to week 7



Percent Wound Healing Volume (LxWxD)

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Prove the Value Program
Outcomes and key findings

Financial Considerations

There are a variety of factors that influence costs associated with healing complex pressure ulcers. These factors include the age and physical condition of the resident, type and number of comorbidities, treatments and dressings, and medical options such as Group 2* support surfaces, Group 3* Air Fluidized Therapy, and Negative Pressure Wound Treatment devices. Labor costs associated with wound treatments also need to be considered.

While every situation is unique, favorable results have been achieved when advanced wound care products have been used to treat pressure wounds. Research indicates these products have helped facilitate faster healing rates, can have a favorable impact on nursing care, and can promote increased resident satisfaction – all have a direct or indirect impact on costs.

Nursing home residents who had a Stage III/IV pressure ulcer, and were treated with a Group 3 surface, healed 4.4 times faster and had 2.6 fewer hospitalizations or ER visits compared to residents on Group 2 surfaces[1].

Bedside procedures such as washing and changing wound dressings are easier while residents are on a Group 3 product[2].

Residents who have been placed on the Clinitron® bed often acknowledge they are comfortable and experience less pain caused by pressure ulcers[2].

No high risk patients developed a pressure ulcer while on the P500 surface compared to 19% of individuals who developed an ulcer while on another powered air surface[3].

Hill-Rom is pleased to be partnering with facilities like Golden LivingCenter Skilled Nursing Facility in Murrysville to better evaluate and understand outcomes and costs associated with effective wound care management.

*According to the Healthcare Common Procedure Coding System (HCPCS), Group 2 support surfaces include powered air flotation beds, powered pressure reducing air mattresses, and non-powered advanced pressure reducing mattresses. Group 3 support surfaces are complete bed systems called air-fluidized beds. This product category uses circulation of filtered air through silicone beads, creating the characteristic of fluid.[4]

1. Ochs R. et al. Comparison of Air-Fluidized Therapy with Other Support Surfaces Used to Treat Pressure Ulcers in Nursing Home Residents. Ostomy/Wound Management 2005;51(2) 28-46.

2. VanGilder C., Lachenbruch CA. Air-Fluidized Therapy - Physical Properties and Clinical Uses. Annals of Plastic Surgery 2010; 65(3):366-368.

3. Black J. et al. Pressure Ulcer Incidence and Progression in Critically Ill Subjects - Influence of Low Air Loss Mattress versus a Powered Air Pressure Redistribution Mattress. J Wound Ostomy Continence Nurs. 2012;39(3):1-7.

4. Centers for Medicare & Medicaid Services. "Medicare Policy Regarding Pressure Reducing Support Surfaces – JA1014." Guided Pathways to Medicare Resources (n.d.): n. pag. CMS.gov. Centers for Medicare & Medicaid Services, 24 Aug. 2012. Web. <http://www.cms.gov/Medicare/Medicare-Contracting/ContractorLearningResources/downloads/JA1014.pdf>.

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Prove the Value Program Case Study

A clinical assessment on the outcomes and key findings of complete pressure ulcer healing while on the Clinitron® Air-Fluidized Therapy system

Facility

Courtyard Gardens Nursing and Rehabilitation Center – Middletown, PA

Overview

An 83 year old female resident with a hard-to-heal sacral pressure ulcer experienced complete wound healing within a month while on the Hill-Rom Clinitron® Air Fluidized Therapy system.

Background

The graph below represents a positive wound healing outcome of a female resident suffering from a sacral pressure ulcer initially recognized as unstageable. The resident had a high Braden risk score of 11 and medical diagnosis that included Diabetes Type II and Dementia – all of which were contributing factors to wound development.

The resident was placed on a Low Air Loss Mattress Replacement System in order to prevent further skin breakdown and treat the wound. Additionally, the resident's nutritional intake was closely managed so that she was receiving adequate levels of nourishment essential for wound healing. However, the pressure ulcer proved to be difficult to heal. Over several months, the resident was treated by a visiting wound care physician 28 times and the wound was debrided seven times. Multiple wound dressing selections were used and consisted of REPARA® Calcium Alginate Wound Dressing, Mepilex® Border Absorbent Foam Dressing, AQUACEL® Ag Hydrofiber® Wound Dressing with Silver Ribbon, and MEDIHONEY® Calcium Alginate Dressing.

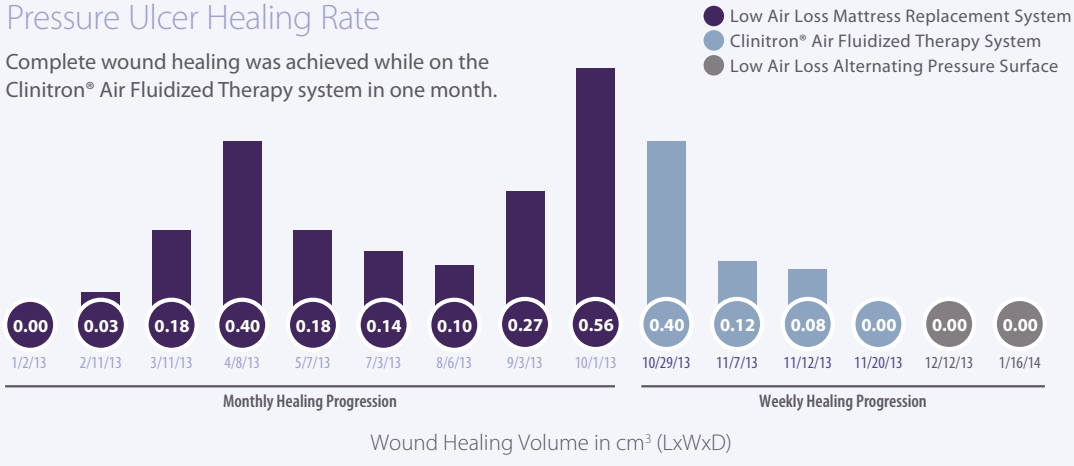
Despite standard wound therapy and treatment efforts, the pressure ulcer was not healing in an adequate or timely manner. Costs to treat were high and the resident's quality of life was affected as she experienced discomfort and pain from the wound. The Director of Nursing was eager to close the wound, so the Clinitron® Air-Fluidized Therapy system was ordered and placed for the resident on October 28, 2013.

Wound Healing Overview/Clinical Results

While on the Clinitron® Air Fluidized Therapy system, the most significant healing occurred between October 29 and November 7, when the overall wound size decreased 70% week-over-week. Furthermore, the resident's wound completely healed within one month of using the Clinitron® Air Fluidized Therapy system. The resident continued to use the Clinitron® Air Fluidized Therapy system until December 9, 2013, when she was stepped down to a facility-owned Low Air Loss Alternating Pressure surface. The wound has remained closed.

Pressure Ulcer Healing Rate

Complete wound healing was achieved while on the Clinitron® Air Fluidized Therapy system in one month.



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Prove the Value Program
Outcomes and key findings

Wound Healing Measurements

Date	Length (cm)	Width (cm)	Depth (cm)
1/2/13	0.6	0.4	0
2/11/13	1	0.3	0.1
3/11/13	1.8	0.5	0.2
4/8/13	2	0.5	0.4
5/7/13	1.5	0.4	0.3
7/3/13	1.4	0.5	0.2
8/6/13	1.3	0.4	0.2
9/3/13	1.7	0.8	0.2
10/1/13	2.1	0.9	0.3
10/29/13	1.9	0.7	0.3
11/7/13	1.5	0.4	0.2
11/12/13	1.6	0.5	0.1
11/20/13	0	0	0
12/12/13	0	0	0
1/16/14	0	0	0

Financial Considerations

There are a variety of factors that influence costs associated with healing complex pressure ulcers. These factors include the age and physical condition of the resident, type and number of comorbidities, treatments and dressings, and medical options such as Group 2* support surfaces, Group 3* Air Fluidized Therapy, and Negative Pressure Wound Treatment devices. Labor costs associated with wound treatments also need to be considered.

While every situation is unique, favorable results have been achieved when advanced wound care products have been used to treat pressure wounds. Research indicates these products have helped facilitate faster healing rates, can have a favorable impact on nursing care, and can promote increased resident satisfaction – all have a direct or indirect impact on costs.

Clinitron® Air Fluidized Therapy system reduced pressure ulcer incidence in extremely high risk patients, which resulted in an estimated 88% reduction in cost to treat.[1]

Nursing home residents who had a Stage III/IV pressure ulcer, and were treated with a Group 3 surface, healed 4.4 times faster and had 2.6 fewer hospitalizations or ER visits compared to residents on Group 2 surfaces.[2]

Residents who have been placed on the Clinitron® Air Fluidized Therapy system often acknowledge they are comfortable and experience less pain caused by pressure ulcers.[3]

Hill-Rom is pleased to partner with facilities like Courtyard Gardens Nursing and Rehabilitation Center in Middletown to better evaluate and understand outcomes and costs associated with effective wound care management.

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1. Jackson, et al. Pressure Ulcer Prevention in High-Risk Postoperative Cardiovascular Patients. Critical Care Nurse 2011;31:44
2. Ochs R. et al. Comparison of Air-Fluidized Therapy with Other Support Surfaces Used to Treat Pressure Ulcers in Nursing Home Residents. Ostomy/Wound Management 2005;51(2) 28-46.
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