



What the Experts Say About the Financial Implications of Pressure Ulcers

“The average hospital incurs \$400,000 to \$700,000 in direct costs to treat pressure ulcers annually. Most of that cost is not reimbursable. It is estimated that 20 minutes/day/patient of nursing time is related to services for pressure ulcers.”

Robinson C, et al., “Determining the efficacy of a pressure ulcer prevention program by collecting prevalence and incidence data: A unit-based effort,” Ostomy/Wound Management. May 2003;49(5):44-51.

“Pressure ulcers are estimated to affect 1 million people each year, leading to an annual cost of approximately \$1.6 billion.”

Whittington K, Patrick M, and Roberts JL, “A national study of pressure ulcer prevalence and incidence in acute care hospitals,” Journal of Wound, Ostomy and Continence Nursing. July 2000;27(4):209-215.

“A study—limited to patients over age 55, length of stay at least 5 days, confined to a bed or chair, from 1988 to 1992 in an acute care hospital—found that the mean cost of caring for a patient who developed a pressure ulcer was \$37,000 versus \$13,924 for a patient without one.”

Allman RM, “The impact of pressure ulcers on healthcare costs and mortality,” Advances in Wound Care. May/June 1998 Supplement;11(3):2.

“A study was performed to calculate the cost of a pressure ulcer from time of development to time of healing. There were 45 ulcers treated for a total of 5200 days and a total cost of \$122,887. The mean cost per pressure ulcer was \$2,731.”

Xakellis GC and Frants R, “The cost of healing pressure ulcers across multiple health care settings,” Advances in Wound Care. November/December 1996;9(6):18-22.

“Data from another study showed that a patient who develops a pressure ulcer in the hospital has a median length of stay 2 days longer and a cost of \$1,500 more than those patients who did not develop an ulcer. This does not include the costs of any follow-up care for the treatment.”

Allman RM, “Pressure ulcer prevalence, incidence, risk factors, and impact,” Clinics in Geriatric Medicine. August 1997;13(3):431.

“The cost to heal a complex, full-thickness PU may run as much as \$70,000; the cost of for a less serious PU may range from \$2000 to \$30,000.”

Amlung SA, Miller WL, and Bosley LM, “The 1999 National Pressure Ulcer Prevalence Survey: A benchmarking approach,” Advances in Skin & Wound Care. November/December 2001;14(6):297-301.

“Although the cost of pressure ulcer prevention remains elusive, costs associated with their treatment have been conservatively estimated to range from \$500 to \$50,000 per ulcer, with more severe wounds being significantly more expensive to manage than less severe ulcers....Presently, approximately 1.5 to 3 million adults suffer with pressure ulcers.”

Lyder CH, et al., “A comprehensive program to prevent pressure ulcers in long-term care: Exploring costs and outcomes,” Ostomy/Wound Management. April 2002;48(4):52-62.

“Once a pressure ulcer develops, longer hospitalization and more nursing time are required, resulting in higher costs. Pressure ulcers tracked across multiple healthcare settings cost, on average, between \$1,119 and \$10,185 to treat while the management of severe wounds may cost as much as \$55,000.”

Clever K, et al., “Evaluating the efficacy of a uniquely delivered skin protectant and its effect on the formation of sacral/buttock pressure ulcers,” Ostomy/Wound Management. December 2002;48(12):60-67.

“Most recently, the U.S. Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) included pressure ulcers as one of three sentinel events for long-term care; therefore, the formation of a pressure ulcer or subsequent deterioration of a pressure ulcer can lead to significant monetary penalties (maximum \$10,000/day) in long-term care.”

Lyder CH, et al., “A comprehensive program to prevent pressure ulcers in long-term care: Exploring costs and outcomes,” Ostomy/Wound Management. April 2002;48(4):52-62.

“Finally, one study proved that the cost of prevention was less than the cost of treatment for a pressure ulcer. The study also states that the intensity of preventative measures needs to reflect the level of risk for ulcer development, to justify the costs of the preventative measures.”

Lapsey HM and Vogels R, “Cost and prevention of pressure ulcers in an acute teaching hospital,” International Journal of Quality Health Care. February 1996;8(1):61-66.