Introduction
Pressure ulcers are a significant clinical complication for patients and a financial and quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Methods
- The demographics of hospitalized patients that may be risk factors for pressure ulcers, such as age, weight, BMI, and history of pressure ulcer risk.
- Facility-Acquired Pressure Ulcer (FAP) includes only those patients who had ulcers form while admitted, or of the ulcer was not documented as present on admission.
- Age was reported in years with the exception of patients/residents who were 90 years and older, where it is reported in the 90+ category to avoid the collection of protected health information.
- Changes in year to year prevalence were compared using Chi-square analysis with protection of patients/residents who were 90 years and older, where it is reported in the 90+ category to avoid the collection of protected health information.

Study Objectives
- The overall prevalence of pressure ulcers over a ten-year period in all US facilities.
- The prevalence of pressure ulcers by US care setting.
- The demographics of hospitalized patients that may be risk factors for pressure ulcers, such as age, weight, BMI, and history of pressure ulcer risk score.

Results
- A total of 918,621 US patients were surveyed 2006-2015.
- Overall Prevalence (OP) (all facilities) declined from 13.5% (2006) to 9.3% (2015).
- Acute Care (AC) OP was 13.3% in 2006 and declined to a range of 13.5% (2006) to 9.3% (2015).
- Facility-Acquired Prevalence (FAP) declined from 6.4% (2006) to 2.9% in 2015, with 2008-2009 showing the most aggressive decline.

Discussion
- Facility-Acquired Prevalence (FAP) has declined significantly over the 10-year period.
- LTC and LTAC’s OP and FAP remain fairly constant during the 10 year period.
- Average patient age significantly increased in all care settings except for LTC.
- Average patient/resident age showed significant decrease for all care settings and in Acute Care and Rehab.

Conclusions
- Facility-Acquired Prevalence (FAP) has declined significantly over this 10 year period.
- LTC and LTAC’s OP and FAP remain fairly constant during the 10 year period.
- Average patient age significantly increased in all care settings except for LTC.
- Average patient/resident age showed significant decrease for all care settings and in Acute Care and Rehab.

Abstract
Pressure ulcers are a significant clinical complication for patients and a financial and quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Methods
- Hypothesis of the study is to examine whether there is a trend towards decreased prevalence against like institutions, as well as internally in order to identify areas routinely performed to assist healthcare facilities benchmark their pressure ulcer quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Abstract
Pressure ulcers are a significant clinical complication for patients and a financial and quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Methods
- Hypothesis of the study is to examine whether there is a trend towards decreased prevalence against like institutions, as well as internally in order to identify areas routinely performed to assist healthcare facilities benchmark their pressure ulcer quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Abstract
Pressure ulcers are a significant clinical complication for patients and a financial and quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Methods
- Hypothesis of the study is to examine whether there is a trend towards decreased prevalence against like institutions, as well as internally in order to identify areas routinely performed to assist healthcare facilities benchmark their pressure ulcer quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Abstract
Pressure ulcers are a significant clinical complication for patients and a financial and quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.

Methods
- Hypothesis of the study is to examine whether there is a trend towards decreased prevalence against like institutions, as well as internally in order to identify areas routinely performed to assist healthcare facilities benchmark their pressure ulcer quality issue for healthcare facilities. After the 2008 CMS payment discontinuation for the care of hospital-acquired pressure ulcers, many facilities put pressure ulcer programmes into disarray. However, little information is available to demonstrate the overall efficacy of these prevention efforts. The International Pressure Ulcer Prevalence™ (IPUP) Survey has collected data since 1998 to fill in these gaps in improvement through a multiyear analysis of pressure ulcer incidence across care settings, to allow benchmarking within and across facilities. The purpose of this study is to analyse existing IPUP database to ascertain whether facility-acquired pressure ulcer prevalence has changed over the last 10 years.