The State of Support Surface Integrity in Acute Healthcare Facilities *Thomas Koshy PhD; *Gregory Manista MD; *Lisa Nicholson PhD; *Tochukwu Ikpeze MD; Jackie Todd BSN, MBA; **Joyce Black, PhD

INTRODUCTION

 Support surfaces where patients lay are a common feature across healthcare facilities, yet the integrity of these surfaces is rarely monitored or inspected.¹

OBJECTIVE

• To report the results of an ongoing program to assess support surfaces in acute healthcare facilities.

METHODS

- Assessments of support surfaces were conducted with the permission and cooperation of the healthcare facility.
- After recording demographic information, sheets were removed or rolled back for inspection.
- Each surface was assessed for \bigcirc specific failure modes: holes or tears, poor response (rebound or exuding liquid) when compressed, stains, internal damages, thinning areas, and torn zippers.
- A surface was scored as RED (replace immediately), YELLOW (reassess in six months) or GREEN (suitable for continued use) based on the number and types of failure modes assigned to it.

For presentation NPIAP 2023, March 17-19 San Diego, California

Category

Foam

Self-adjusting Integrated

Gel

Low Air Loss Alternating Pressure

Other

Invalid

Foam Powered Inner Spring

Table 2. Frequency and Percent of Tag Color

Tag Color	Frequency	Percent (%)		Category									
RED	3023	59.03	Tag Color	Foam	Self- adjusting	Integrated	Gel	Low Air Loss	Alternating Pressure	Foam Powered	Inner Spring	Other	Total
YELLOW	87	1.7		4057	4 4 7	100	70		47		•	2	
	1611	22.04	Green	1257	147	123	73	21	17	0	0	3	1641
GREEN	1641	32.04	Yellow	56	8	0	21	1	0	0	0	1	87
INVALID*	370	7.23		50	0			-	0				
*Including both unidentified tags and missing values		Red	2210	470	165	156	10	10	1	1	0	3023	

Failure Category	Frequency	Percent (%)
Single	1238	40.95
Double	1003	33.18
Triple or more	782	25.87

Tag Color	Single Failure Mode	Frequency	% of single failures
	Holes/Tears	813	65.67
	Compressed	293	23.67
Red	Stained	56	4.52
	Internal damages	44	3.55
	Thinning	28	2.26
	Torn zippers	4	0.32
	Stained	76	87.36
Yellow	Compressed	6	6.90
	Holes/Tears	5	5.75

# of Facilities	# of Surfaces	Ave. age ± Standard Dev.	Primary failure (%)	Secondary failure (%)	Ave. age of RED surfaces	Ave. age of YELLOW surfaces	Av GRE
85	5121	5.19 ± 4.13	Holes or tears (65.67%)	Poor response to compression (23.67%)	7.26	4.38	

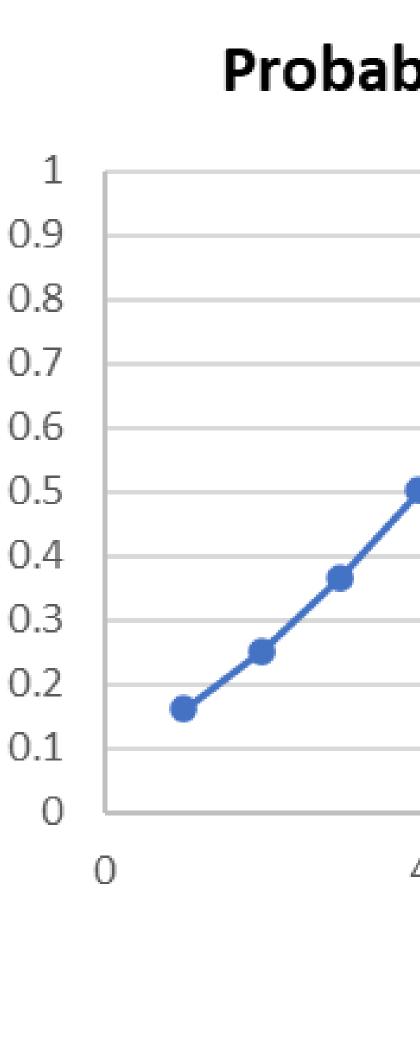
Table 1. Frequency and Percent of Surface Types

Frequency	Percent (%)
3783	73.87
686	13.4
305	5.96
277	5.41
32	0.62
29	0.57
4	0.08
3	0.06
1	0.02
1	0.02

Table 5. Frequency of Red Tags with Double Failure Modes						
	Internal damages	Compressed	Thinnin g areas	Staine d	Torn Zippers	
Internal damages						
Compressed	93					
Thinning areas	5	182				
Stained	7	63	61			
Torn Zippers	1	0	1	0		
Holes, tears, fraying	36	332	125	89	8	

Table 3. Frequency and Percent of Red Failure Category

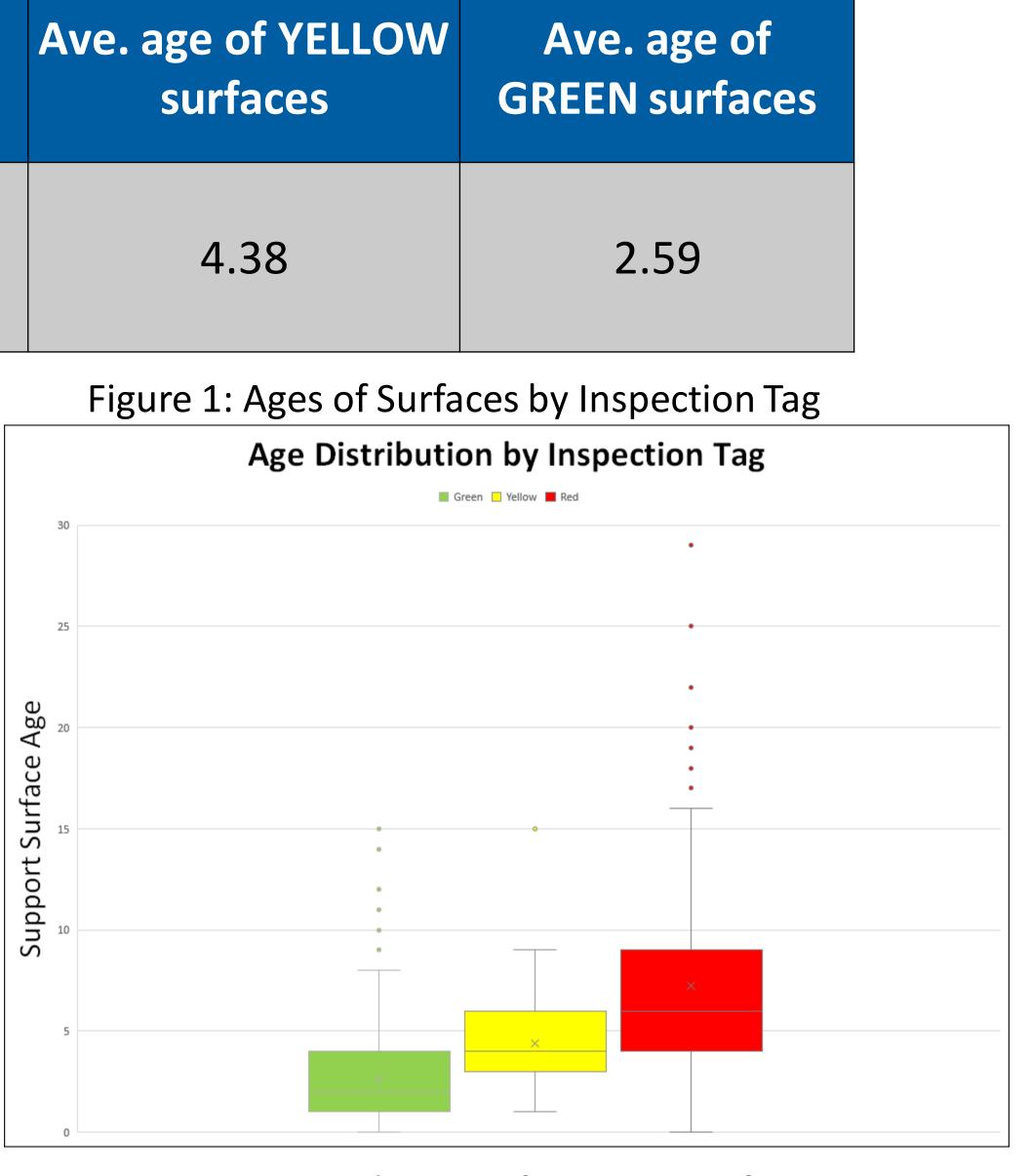
Table 4. Frequency and Percent of Single Failure Mode by Tag Color



*Medline Industries, LP | Northfield, Illinois **University of Nebraska Medical Center | Omaha, Nebraska

DATA/RESULTS







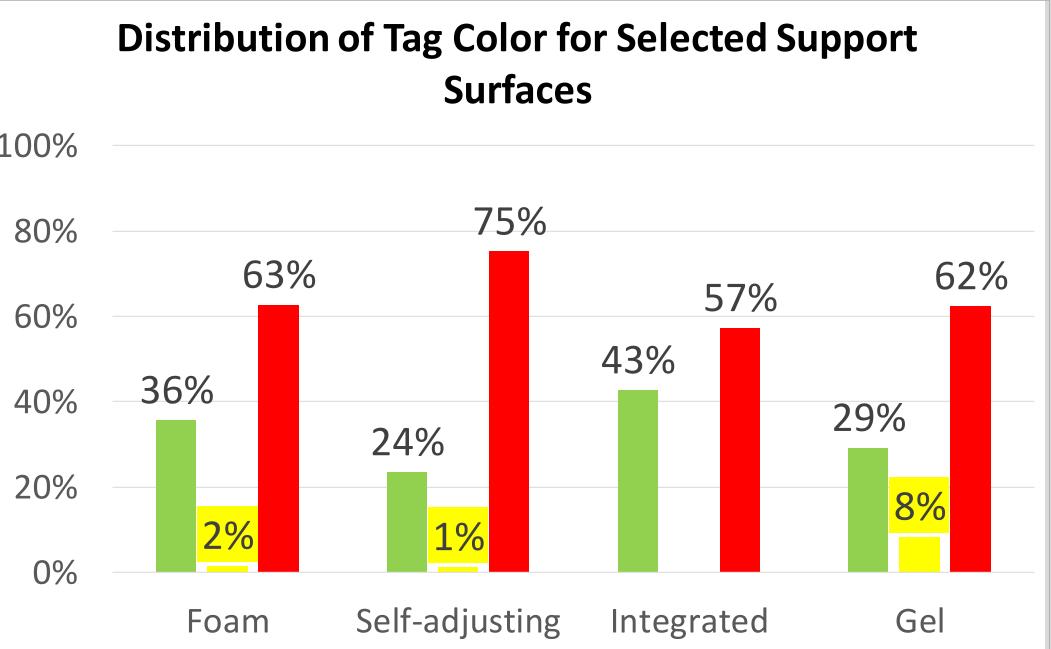


Figure 3: Probability of Foam Surface Failure by Age

Probability of Foam Failure by Age: Acute

50% of all foam surfaces in the acute care setting are compromised after 3.8 years. Across all support surfaces, for each one year increase in age one can expect a 67.6% increase in the odds of failure.

Years

CONCLUSIONS

- Most support surfaces analyzed in the study are unsuitable for patient care.
- 50% of surfaces in the healthcare setting are compromised within 3.8 years, making frequent assessments critical for best patient care.
- Most surfaces that received a yellow tag for a single failure mode were identified as stained (see Table 4). Staining may be a leading indicator for support surface failure.
- Published studies and our results indicate that the contribution of support surfaces to patient complications such as pressure injuries and infection transmission warrants further investigation.^{2,3,4}

REFERENCES

- 1. Marks B. (2016) Uncovering the Prevalence of Damaged Mattresses. *Explore* Spring: 17-18.
- 2. Bradbury SL, Mack D, Crofts T, Ellison RT 3rd. (2014) Potential bloodborne pathogen exposure from occult mattress damage. Am J Infect Control. Apr;42(4):421-2.
- 3. Gillespie BM, Chaboyer WP, McInnes E, Kent B, Whitty JA, Thalib L. (2014) Repositioning for pressure ulcer prevention in adults. Cochrane Database Syst Rev. Apr 3(4):CD009958.
- 4. McInnes E, Jammali-Blasi A, Cullum N, Bell-Syer S, Dumville J. (2012) Support Surfaces for Treating Pressure Injury: A Cochrane Systematic Review. Int *J Nurs Stud.* Mar; 50(3):419-30.

Financial support was provided by



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INTRODUCTION

• The surfaces where patients lay are a common care feature across healthcare facilities, but the integrity of these surfaces is rarely inspected.¹

OBJECTIVE

 To report the results of an ongoing program to assess support surfaces in post-acute healthcare facilities.

METHODS

- Assessments of support surfaces were conducted with the permission and cooperation of the healthcare facility.
- After recording demographic information, sheets were removed or rolled back for inspection.
- Each surface was assessed for specific failure modes: holes or tears, poor response (rebound or exuding liquid) when compressed, stains, internal damages, thinning areas, and torn zippers.
- A surface was scored as RED (replace immediately), YELLOW (reassess in six months) or GREEN (suitable for continued use) based on the number and types of failure modes assigned to it.

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Nursing Hor Foams

Description	# of Accounts	Percent (%)
Nursing Home	485	92.9
Assisted Living Ctr	16	3.07
Rehab Hospital/LTAC	9	1.73
Hospital	3	0.58
Behavioral Health	2	0.38
Home Health Agency	2	0.38
Physician Office	2	0.38
Other	3	0.48

Table 2. Frequency and Percent of Surface Types

Frequency	Percent (%)
33360	92.14
1142	3.15
531	1.47
271	0.75
233	0.64
171	0.47
148	0.41
37	0.1
314	0.87
	33360 1142 531 271 233 171 148 37

Foam Surfaces in Nursing Homes

Tag Color	Frequency	Percent (%)				
RED	16774	52.83				
YELLOW	279	0.87				
GREEN	11042	34.78				
INVALID*	3651	11.50				
*Including both unidentified tags and missing values						

for Foam Surfaces in Nursing Homes

Failure Category	Frequency	Percent (%)
Single	7634	24.09
Double	5319	16.73
Triple or more	3821	12.01

	# of Accounts	# of Surfaces	Ave. age ± Standard Dev.	Primary failure (%)	Secondary failure (%)	Ave. age of RED surfaces	Ave. age of YELLOW surfaces	Av
ome	485	33360	7.13 ± 3.68	Compressed (65.69%)	Holes, Tears, and Fraying (23.42%)	8.75	4.28	

Table 1. Frequency and Percent of Customer Types

Table 3. Frequency and Percent of Tag Color for

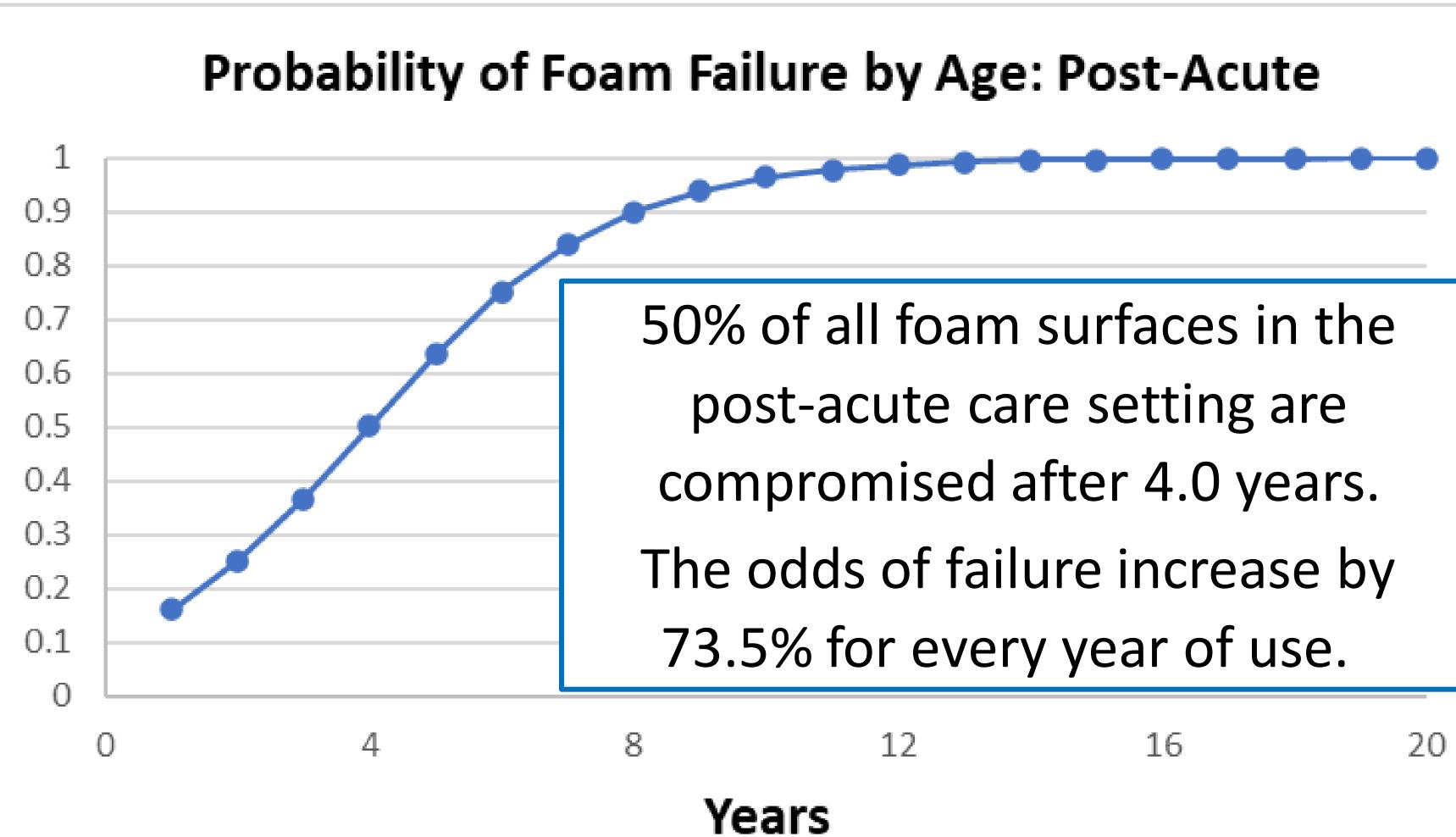
Table 4. Frequency and Percent of Red Failures

Table 5. Frequency and Percent of Single Failure Modes for Foam Surfaces in Nursing Homes

Tag Color	Single Failure Mode	Frequency	% of single failures
Red	Compressed	5015	65.69
	Holes/Tears	1788	23.42
	Stained	424	5.55
	Thinning areas	313	4.10
	Internal damages	76	0.99
	Torn zippers	18	0.23
Yellow	Stained	257	93.45
	Compressed	14	5.09
	Thinning areas	4	1.45

Table 6. Frequency of Red Tags with Double Failure Modes for Foam Surfaces in Nursing Homes

	Internal damages	Compressed	Thinning areas	Stained	Torn Zippers
Internal damages					
Compressed	387				
Thinning areas	45	1211			
Stained	48	751	309		
Torn Zippers	2	32	9	16	
Holes, tears, fraying	45	1701	378	319	66



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Nursing Home Foam Surface Data Results

Figure 1: Ages of Surfaces by Inspection Tag for Foam Surfaces in Nursing Homes

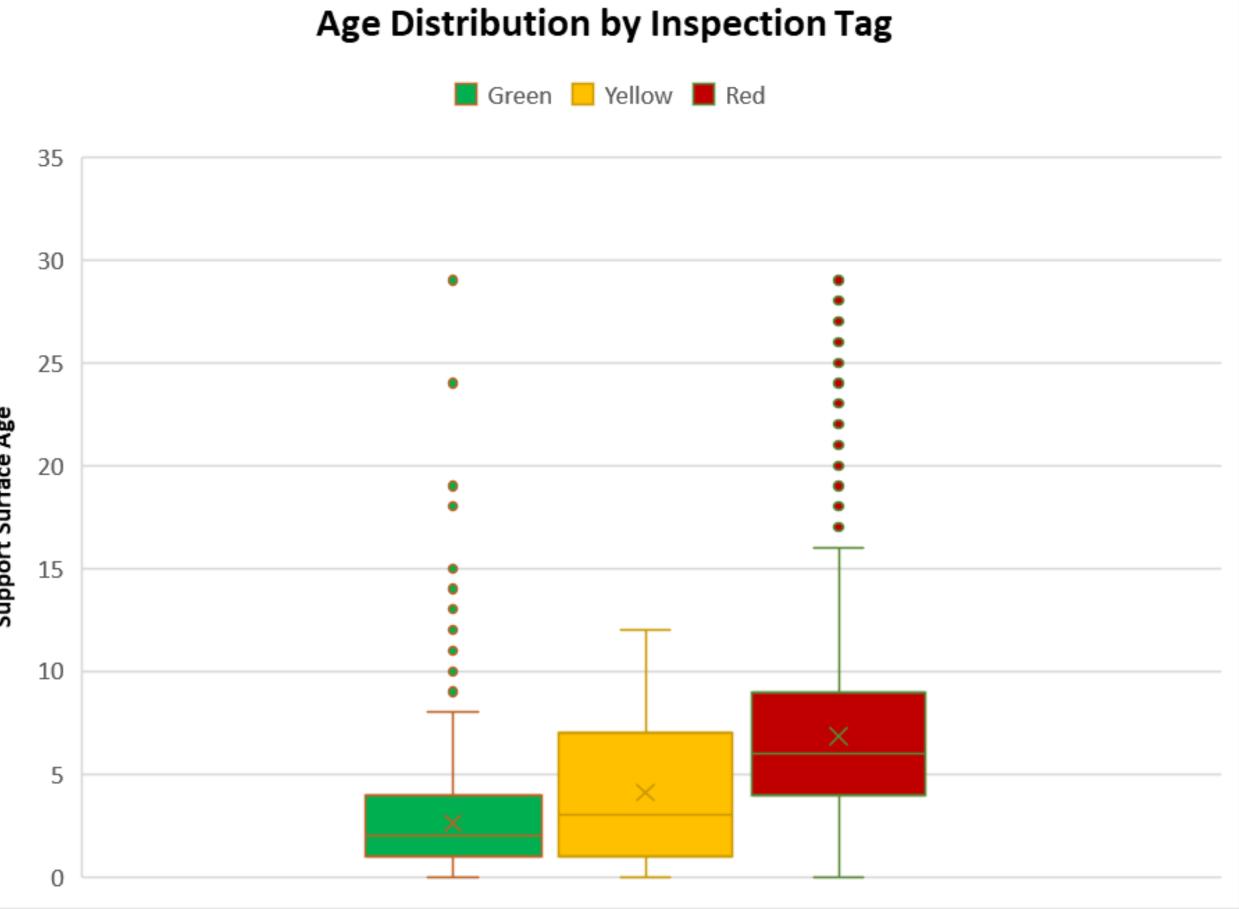


Figure 2: Probability of Foam Surface Failure by Age for Foam Surfaces in Nursing Homes

ve. age of GREEN surfaces

3.26

CONCLUSIONS

- Most support surfaces analyzed in the study are unsuitable for patient care.
- 50% of surfaces in the healthcare setting are compromised within 4.0 years, making frequent assessments critical for best patient care.
- Most surfaces that received a yellow tag for a single failure mode were identified as stained (see Table 5). Staining may be a leading indicator for support surface failure.
- Published studies and our results indicate that the contribution of support surfaces to patient complications such as pressure injuries and infection transmission warrants further investigation.^{2,3,4}

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