

**INTRODUCTION**

Hospital-acquired pressure injuries (HAPIs) are associated with increased morbidity, mortality, and healthcare costs, particularly among high-risk hospitalized populations. Prior research has demonstrated that HAPIs contribute to prolonged hospital stays and increased healthcare utilization.<sup>1,2</sup>

However, less is known about the burden after discharge, including the need for institutional care and ongoing healthcare resource utilization (HCRU). These downstream outcomes are critical for understanding the full impact of HAPIs on patients and health systems.

This study evaluates resource utilization after discharge, specifically emergency department (ED) visits, discharge to skilled nursing facilities (SNFs) or similar care settings, and hospice use, to better characterize the extended burden associated with HAPIs.

**METHODS**

A retrospective analysis was conducted using Definitive Healthcare’s Atlas All-Payer Claims database for 2023.

High-risk hospitalized patients who developed a HAPI during their admission were identified. Diagnosis related groups (DRGs) with the highest prevalence of HAPIs were reported.

Outcomes after discharge that were assessed included:

- Discharge to a skilled nursing facility (SNF) or similar care facility
- Hospice utilization
- Emergency department (ED) visits

Discharge disposition was determined using the first outpatient claim following hospitalization.

Statistical comparisons were performed using relative risks (RRs) with corresponding confidence intervals and p values. Statistical significance was evaluated for SNF discharge, hospice utilization, and ED visits.

- 55%/45% of patients were female/male
- 23% aged 19-65, 48% aged 65-80, and 29% aged >80.
- Top 3 comorbidities were metabolic disorders, hypertensive diseases, and symptoms involving circulatory and respiratory systems.

**HIGH-RISK PATIENTS WITH HAPIS EXHIBIT INCREASED POST-DISCHARGE HEALTHCARE RESOURCE UTILIZATION, INCLUDING >2X HIGHER RISK OF DISCHARGE TO SKILLED NURSING FACILITY OR HOSPICE CARE.**

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**RESULTS**

A total of 175,832 high-risk patients were identified, of whom 8,154 experienced a HAPI during hospitalization in 2023.

As shown in Figure 1, the most common DRGs associated with HAPI occurrence included:

- Septicemia with mechanical ventilation (MV) ≥ 96 hours (DRG 870, 14.4%)
- ECMO with mechanical ventilation ≥ 96 hours (DRG 239, 14.1%)
- Septicemia without mechanical ventilation (MV) ≥ 96 hours (DRG 871, 5.7%)

Outcomes after discharge demonstrated significantly more intensive ongoing healthcare needs for patients who experienced a HAPI during hospitalization:

Patients were more than twice as likely to be discharged to hospice care (1.6% vs. 0.7%) or to a SNF (36.6% vs. 16.9%).

Differences in discharge to hospice care or SNF were statistically significant. While ED visits were lower among patients with HAPIs, this difference was not statistically significant (see Table 1).

Overall, findings indicate a pattern of continued healthcare dependency following hospitalization among patients who developed HAPIs.

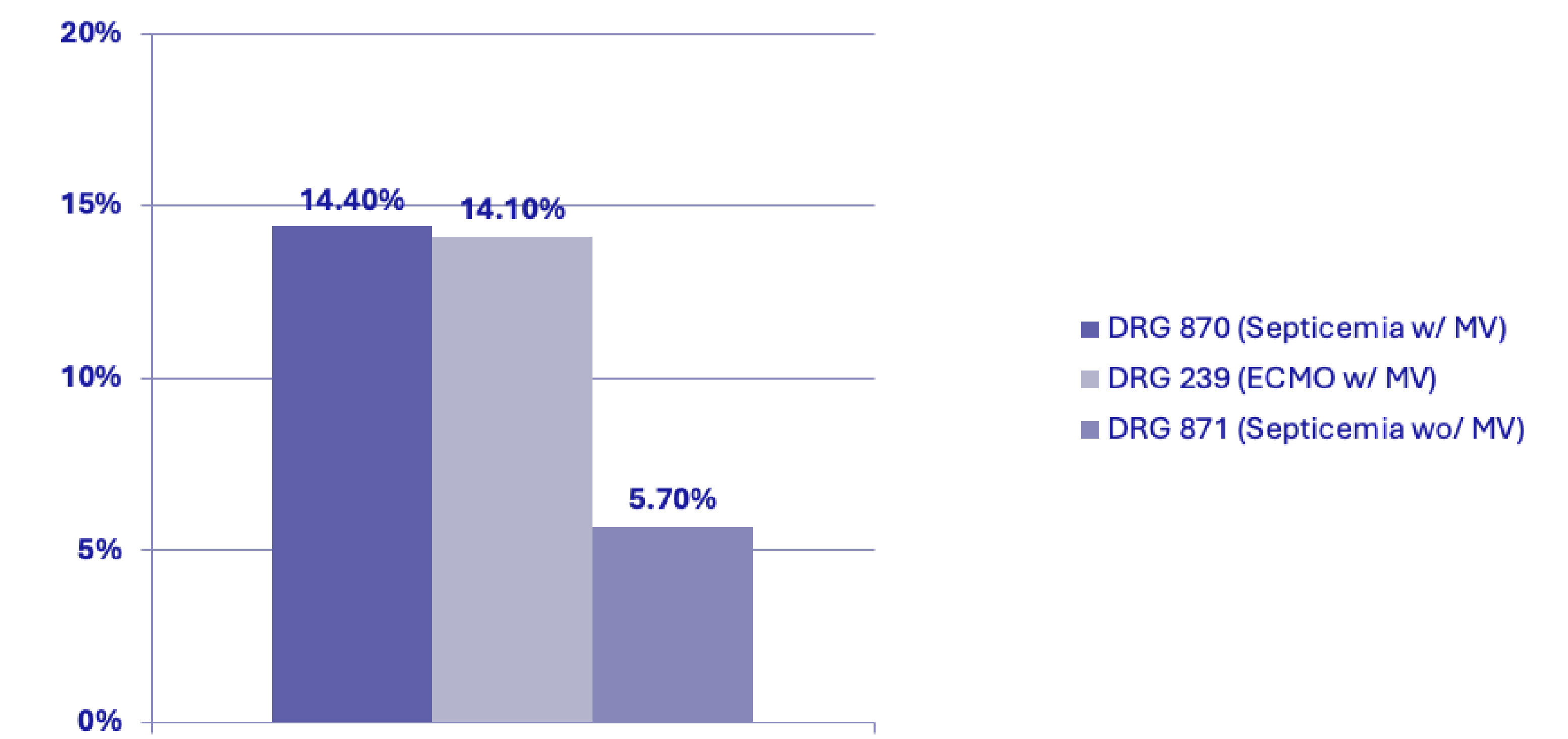
**Table 1.** Comparison of Clinical and Economic Outcomes in Patients With and Without HAPIs.

Outcome	HAPI (n=8,154)	No HAPI (n=167,678)	Effect* (95% CI)	p-value
ED Visits (%)	407 (5.0%)	8,929 (5.3%)	RR = 0.94 (0.85-1.03)	0.189
Hospice Care (%)	131 (1.6%)	1,229 (0.7%)	RR = 2.19 (1.83-2.62)	<0.001
Skilled Nursing Facility (SNF), or similar (%)	2,987 (36.6%)	28,377 (16.9%)	RR = 2.16 (2.10-2.23)	<0.001

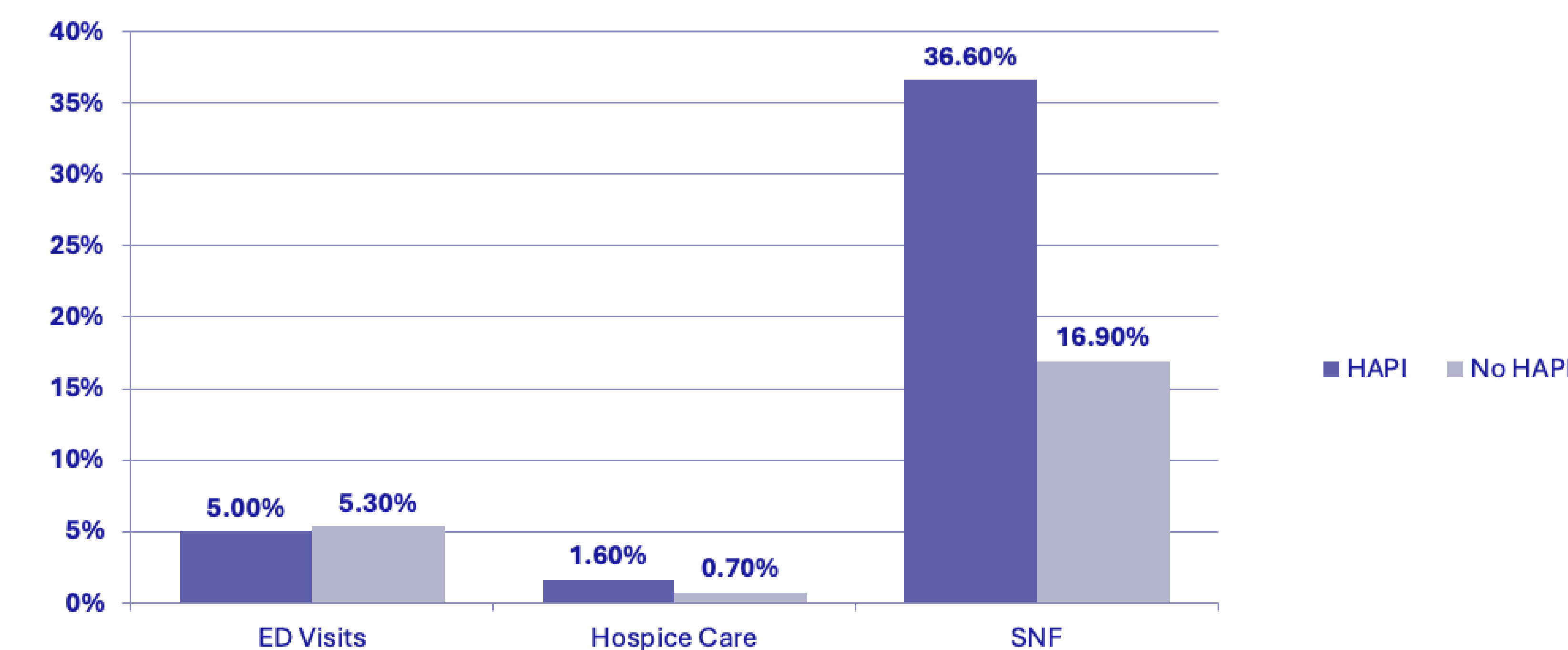
RR = RELATIVE RISK

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**Figure 1.** Included DRGs with highest HAPI rates.



**Figure 2.** Comparison of discharge disposition and healthcare utilization rates

**DISCUSSION**

Patients who develop HAPIs experience a substantial increase in post-discharge care needs, particularly institutional care. The high rate of discharge to SNFs reflects greater functional impairment, consistent with prior literature linking pressure injuries to reduced mobility and delayed recovery.<sup>3,4</sup>

The increase in hospice utilization suggests HAPIs are also associated with greater clinical severity and end-of-life care needs, reinforcing their role as indicators of poor prognosis in high-risk populations.<sup>5</sup>

These findings highlight that the impact of HAPIs extends beyond hospitalization, contributing to ongoing healthcare resource utilization across care settings.<sup>6</sup>

Limitations: Observational analysis of unmatched cohorts; results may be influenced by residual confounding, though the large sample size supports statistical significance of findings.

**CONCLUSION**

High-risk patients who develop HAPIs are significantly more likely to require institutional care after discharge and hospice services, reflecting greater functional impairment, illness severity, and poorer prognosis.

These findings demonstrate that the burden of HAPIs extends beyond hospitalization into downstream and longer-term care settings, contributing to substantial healthcare resource utilization and system strain.

Effective prevention strategies may reduce not only inpatient complications, but also post-discharge care needs, long-term care utilization, and associated healthcare costs while improving patient outcomes.

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