

Pressure Ulcers

Pressure ulcers, also known as pressure sores, bedsores, or decubitus ulcers, can occur when an individual's weight is continuously pressed against a bed, wheelchair, or other surface or when there is an external source of pressure such as a splint. This pressure causes an interruption in the normal blood flow to the tissue leading to tissue death or necrosis. Ulcers commonly occur in soft tissue areas over bony prominences.

Approximately 1 to 3 million people in the United States develop pressure ulcers each year, with an estimated cost of about \$10,000 to \$44,000 to treat each ulcer.¹ The U.S. healthcare system spends over \$11 billion annually to treat pressure ulcers.² Contributing cost factors include increased length of stay due to pressure sore complications. Along with these costs, the development of a pressure ulcer while under the care of a healthcare provider or entity is increasingly viewed as grounds for a professional liability lawsuit.

The incidence of pressure ulcers in home health patients is estimated to be between 17% and 29%.³ Evaluations of the most serious professional liability claims reported to Glatfelter Insurance Group since the inception of the Glatfelter Healthcare Practice (GHP) program in 2002, indicate that pressure ulcers continue to be a frequent loss cause or contributor.

Although there has been an increased emphasis on prevention and treatment, the incidence of pressure ulcers has changed very little over the years, further indicating that the development of a pressure ulcer is not always preventable. It is therefore important for a healthcare organization to provide staff with guidelines related to identifying a patient's risk for developing a pressure ulcer, ongoing assessment, treatment, and documentation.

Assessment

It is important to perform a baseline assessment of each patient that is admitted into the home care or hospice program. The assessment should start with a review of the patient's risk factors for developing a pressure ulcer. Immobile patients have a 100% risk of developing pressure ulcers without some form of intervention. Even with the intervention, it is not a certainty that pressure ulcers can be avoided. Other risk factors include incontinence, poor nutrition or hydration with associated weight loss, and diagnosis of diabetes or peripheral vascular disease.

Bedridden or chair bound patients should be identified upon admission. When a patient is identified as "at risk" for the development of an ulcer, it is helpful to develop a treatment plan, assuring the most effective use of staff, equipment, and other resources, to reduce the risk and possibly prevent the occurrence of an ulcer.

Assessment tools that are specifically designed for documenting observations related to skin integrity and pressure ulcers should be utilized. Clinical patient care providers are not as likely to document a complete assessment when narrative progress notes are utilized. This can lead to inconsistent documentation, with significant gaps in assessment and incomplete or inadequate notes.

Assessment of a pressure ulcer should include its location, stage, size, surface appearance and the presence of any drainage. Many organizations have also begun to provide their staff with access to digital cameras to better document the appearance of the pressure ulcer(s) at each visit.

Wound Care

There have been many changes in the recommended treatment of pressure ulcers in recent years. It is important that healthcare organizations update their wound care protocols to keep up with these changes. Protocols should be reviewed and updated as needed on at least an annual basis. Wound care protocols help to assure consistent application of the treatment plan by all staff.

The basic treatment for pressure ulcers focuses on keeping the area clean and removing dead tissue. Additional measures may require a physician order. It is also important to remove pressure from the involved area(s) to prevent further damage and promote healing. Frequent turning of the patient is mandatory and the record should reflect that the patient, their family, or other caregivers are educated about their role in the treatment plan. Consideration should be given to providing charts to keep track of the turning schedule.

Documentation

Ongoing documentation of pressure ulcer prevention and treatment measures is often the key to the defense of a claim. And it is also an effective communication tool with the rest of the interdisciplinary treatment team. Documentation should include:

- Risk assessment and prevention measures
- Pressure ulcer stage and description(s)
- Dates and times when assessments and reassessments are performed
- Changes in the patient's treatment plan as a result of reassessments
- Treatments performed, including the date, time, and name of the person performing the treatment
- Any worsening of the patient's condition that could affect the healing process
- Communication with the physician provider about the patient's response to treatment
- Communication with the family, or other care provider(s), about their role in the treatment plan

Risk Control Plan

In summary, any organization that provides patient care should have a risk control plan in place to address the management of pressure ulcers. This is a significant risk exposure in any patient treatment environment. Items to address include:

- Identification of the baseline skin integrity of the patient and their risk to develop an ulcer
- Identification of any ulcers that are present on admission, or develop during the course of treatment
- A documentation system that includes a description of the ulcer, the treatment applied, and ongoing assessment
- Treatment plans to address prevention of pressure ulcers
- Monitoring of compliance with protocols through the Performance Improvement Program
- Ongoing staff education

Additional resources that can assist you in evaluating your current pressure ulcer protocols can be found on the websites for the National Pressure Ulcer Advisory Panel (www.npuap.org) and the Agency for Healthcare Research and Quality (www.ahrq.gov).

¹ Pressure Sore Statistics [Web log post]. (2013, March 11). Retrieved from <http://decubitusulcervictims.com/pressure-sore-statistics>

² Dumville J.C., Stubbs N., Keogh S.J., Walker R.M., & Liu Z. (2015). Hydrogel dressings for treating pressure ulcers. Cochrane Database of Systematic Reviews 2015, Issue 2. Art. No.: CD011226. DOI: 10.1002/14651858.CD011226.pub2.

³ Warren, L. (2011, July). Protocols for prevention of pressure ulcers in home care. EHOB Clinicals. Retrieved from https://www.ehob.com/pdf/home_care_protocol.pdf