

**Pressure ulcer/injury classification today: An international perspective: Quality  
Improvement**

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### **Pressure ulcer/injury classification today: An international perspective: Quality**

A pressure ulcer is an area of skin breakdown, typically over bony prominences, caused by friction, shear, and moisture (Kottner et al., 2020). These injuries are costly to acute and long-term care facilities (Kottner et al., 2020). Pressure injuries are categorized using different stages of pressure injury classification (Kottner et al., 2020). While there are many stages of pressure sores, facilities should focus on standardizing tools and educating pressure sore staging with Nurses and support staff.

Quality and Safety Education for Nurses identify knowledge, skills, and abilities as critical factors in quality improvement (QSEN Institute, 2020). A quality improvement program for pressure sores could be beneficial in any healthcare setting, but the focus is on long-term care facilities for this paper. The quality improvement would focus on wound healing and reduction/increases in the healthcare setting. The primary objective would be to streamline the identification of pressure ulcers. Nurses are responsible for their patients' overall care, and it is a team effort that begins with proper training of support staff, communication improvement, and timely intervention.

### **Article Summary**

The article discusses the international review and categorization of pressure sores (Kottner et al., 2020). There are many classification methods with different variations of

definition which can make proper communication/identification between healthcare providers challenging (Kottner et al., 2020). If healthcare providers use varying classification/staging methods, treatment plans can fail (Kottner et al., 2020). The article's focus determined the tools or various scales used are good scales, but healthcare facilities should focus on utilizing a singular scale, training, and identification to improve patient outcomes (Kottner et al., 2020).

### **Introduction**

Nursing and quality improvement in the healthcare setting can significantly improve patient outcomes. While this article focuses on the different pressure ulcer/injury staging scales, the main point indicates that all scales are helpful. It is still essential to standardize a scale within each healthcare facility. In long-term care facilities, a nurse is typically the lead on a shift. The nurse depends on communication from support staff and prompt reporting of skin breakdown as they are the first line of defense for residence. Training is the single most crucial step a facility could take to reduce pressure ulcer injury. Most healthcare facilities track pressure ulcers, so the information is provided already. Further data collection after training of healthcare staff could result in further evaluation of results to drive a reduction in pressure ulcer injury.

### **Overview**

Nurses are responsible for the overall well-being of the patients in their care. Nurses write care plans, identify issues, and communicate with cross-functional teams to help patients achieve goals. The article discusses the complexities of staging tools for pressure ulcer staging. If healthcare staff used different staging tools, this technique could jeopardize patient care. The

same holds accurate if support staff does not identify the beginning stages of a pressure ulcer injury. Intervention is key to preventing pressure ulcer injury. The article relates to the QSEN competency Quality Improvement by identifying that training, staging standardization within the facility, and interdepartmental communication is essential factors for preventing/reducing pressure ulcer injuries (QSEN Institute, 2020).

### **Quality Improvement**

Quality Improvement for the reduction of pressure ulcer injuries could be beneficial in any healthcare facility. To begin, identification of all pressure ulcer injuries and current state under one specific staging system. The site could utilize the training team to verify the stages of all present wounds within a unit. The same trainer could then educate support staff and nurses on the site-specific staging system in place. The facility should collect accurate information before starting training, while training is ongoing and post-training. Re-evaluation often would be advisable. Monitoring trends for improvement, specific ward increases/decreases in pressure ulcers, ensuring prevention measures such as repositioning residents, attention to incontinent patients, and good nutrition would all play a crucial role in healing and prevention (Kottner et al., 2020).

## **Application to Nursing**

Here add in a summary of the information learned to the application to practice. Follow the MEAL paragraph formatting and use Grammarly.com. Be sure to cover all aspects within the rubric. Be sure to use double space and to tab over for your first line of a new paragraph.

### **Practice**

Paragraph goes here discussing the application to practice. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

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Paragraph goes here discussing the application to education. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

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## **Conclusion**

Write a conclusion here in your overall paper. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

## References

QSEN Institute (2020). *QSEN Competencies*.

[https://qsen.org/competencies/pre-licensure-ksas/#quality\\_improvement](https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement)

Kottner J. (2020). Pressure ulcer/injury classification today: An International perspective.

*Journal of Tissue Viability*, 29(3), 197-203. <https://doi.org/10.1016/j.jtv.2020.04.003>