

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

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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 classification systems are good, but healthcare facilities should focus on utilizing a singular scale, training, and identification to improve patient outcomes (Kottner et al., 2020).

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).

The staging classification systems available may vary between stages, but there are some differences and similarities (Kottner et al., 2020). Staging pressure ulcers is dependent on erythema, partial thickness skin loss, full-thickness loss involving skin and fat tissue, visible bone, tendons or ligaments, and the unstageable pressure ulcer (Kottner et al., 2020). While one classification system may focus on the pressure ulcer from the inside out, another may concentrate on the outside in (Kottner et al., 2020).

Early detection of a pressure injury is vital (Kottner et al., 2020). The more advanced the stage, the greater the risk of hospitalization and secondary infection. Healthcare-associated costs for wound treatment can be costly and require specialized wound care nurses to provide treatment (Kottner et al., 2020). Some facilities do not have an onsite wound care nurse, so a visit to or from a specialized nurse may be required (Kottner et al., 2020).

Application to Nursing

Practice

Nursing practice should focus on the prevention of pressure ulcer injuries. Nurses monitor the dietary health of their patients. Ensuring the nutritional needs of the patient are met is essential in supporting the immune system. Nurses also perform risk assessment while utilizing the Braden Scale, which detects risk for pressure sores, and a mobility monitor such as the Morse Fall Scale. Assessment and evaluation are essential to support patient care and overall health. Nurses also depend on open communication with other support staff of any changes the patient may be experiencing.

Education

Nurses receive some clinical instruction on different types of pressure injuries at some point during clinical rotation. Exposure can be beneficial for learning. They are utilizing patients to educate staff and help stage bedsores properly. Workshops and continuing education credits in wound care could benefit staff at a nursing home (Kottner et al., 2020). Long-term care facilities could benefit from wound care nursing visits on site and seminars. Collaboration with wound care nurses could offer consistency in wound staging.

Research

Specializing in wound care as a nurse could be the first step in treatment and prevention at a long-term care facility. Fully understanding the implications that lead to pressure ulcers and recognizing the signs and symptoms is vital to prevention. New thermography research can detect heat and potential problem areas (Kottner et al., 2020). Ultrasound technology can detect inflammation in tissue (Kottner et al., 2020). There are some advances in research, but facilities standardizing a classification system and training will lead to quality improvement in this area.

Conclusion

Pressure sore/injury quality improvement is achievable at long-term care facilities. When nurses focus on the core QSEN principles of knowledge, ability, and skills, goal setting is possible (QSEN Institute, 2020). Standardizing a classification system within a facility is vital to deliver quality improvement and drive customer satisfaction. Specialized training and workshops can increase the nursing and support staff's abilities to provide excellent customer care and early detection of pressure ulcers (QSEN Institute, 2020). Increased communication between support staff, nurses, and external healthcare providers is also critical to delivering exceptional care, as other facilities may use a different staging system (Kottner et al., 2020). There is room for quality improvement in the prevention of pressure ulcer injury in all healthcare settings (Kottner et al., 2020)

References

QSEN Institute (2020). *QSEN Competencies*.

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>

