

**Change Paper on Pressure Ulcers in the Hospital**

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Quality, safe, patient-centered, evidence-based, and technology-enabled healthcare service delivery is critical to achieving healthcare goals. Nurses and other stakeholders access research materials highlighting these variables and therefore are obliged to exercise responsible patient management. Pressure ulcers occurring due to long bed stay without changing positions have significant health and cost implications. Patients develop wounds that become complex, thereby exerting costs on the government and other stakeholders. The following analysis reviews pressure ulcers and researchers' contribution to its management and QSEN competency areas.

### **Literature Review**

**Title of Article 1:** Risk Adjustment for Hospital Characteristics Reduces Unexplained Hospital Variation in Pressure Injury Risk in Adult Patients in an Integrated Healthcare Delivery System.

#### **How does the article relate to the care concern, issue, or problem**

The article highlights the role of hospital attributes in the emergence of pressure ulcers. Notably, it indicates that most studies are focused on the nursing staff and the patient features and fail to underscore the hospital characteristics. The authors seek to merge the gap in clinical research. Linnen et al. 2018 found that hospitals with higher mortality rates had lower incidences of pressure injury risks. They also concluded that diabetes incidences contributed to pressure ulcers incidences. Other highlighted factors included bed quality, length of hospital stay, and the nursing staff. Importantly, Linnen et al. warn against haphazard resource allocation to insignificant programs when a facility does not resolve the contributing factors. Therefore, the article highlights diabetes and hospital mortality rate as determinants of pressure ulcers and promotes evidence-based practice. The article requires facility managers to adopt a research-based practice in resource allocation to resolve challenges increasing the risk for pressure ulcers.

**QSEN Competency**

**Informatics-** Linnen notes that organizations have different challenges predisposing patients to varied pressure ulcers enablers; therefore, facilities should integrate information technology to collect data and apply facility-specific needs.

**Evidence-based practice-** facilities must adopt evidence on clinical factors enhancing pressure ulcer formation and focus on improvement in the specific areas, contrary to guesswork.

**Title of Article 2:** Pressure ulcer and nutrition

**How article relates to the care concern, issue, or problem**

The article discusses the significance of proper nutrition in the patient's recovery and pressure ulcers prevention. Saghaleini et al. (2018) observe that weight loss, suboptimal nutrition, and nutritional deprivation are significant wellness determinants determining the development of pressure ulcers. Care providers should also understand the multifactorial interaction and the intersectionality of factors contributing to health. The paper notes that meals rich in Vitamins E, C, and A, energy, protein, zinc, and amino acids, especially glutamine and arginine, influence healing and skin repair. However, water is a critical influencer as it promotes hydration and tissue healing, thereby improving skin tone, structure, strength, and health. The research emphasizes the proper use of food and adequate water intake to improve blood circulation, health, and wellness, thereby lowering the risk of pressure ulcers. Therefore, the article contributes to the pressure ulcers' treatment and management strategies.

**QSEN Competency**

**Patient-centered care:** the article underscores the significance of providing diets based on patient information and needs. Patients low in Vitamin A should receive more of it.

Moreover, dehydrated patients should take more water. Optimizing individualized nutritional needs will improve healthcare outcomes.

**Evidence-based care:** Healthcare providers should not guess a patient's nutritional needs. On the contrary, they must conduct a patient interview and laboratory tests to determine blood sugar, water, nutrients, and minerals levels before advising on nutritional intake.

**Title of Article 3:** The national cost of hospital acquired pressure injuries in the United States

**How article relates to the care concern, issue, or problem**

The research focuses on the cost implication of hospital-acquired pressure injury (HAPI) in the US. Padula and Delarmente (2019) observe that more extended hospital stay is a risk factor for HAPI, and this compounds the healthcare costs in offering critical care. The research observed wound development stages, with the cost being higher in stage 3 and 4 wounds. Notably, the US government spends approximately \$26.8 billion in excess attributed to advanced level wounds. Padula and Delarmente attribute the incidences and high healthcare costs to care quality. Therefore, they recommend an advanced quality management system and patient evaluation to prevent incidences.

**QSEN Competency**

**Safety:** healthcare providers are obliged to enhance patient safety, prevent and minimize harm, and create a sustainable reporting and communication mechanisms system. Importantly, organizations should insist on accurate reporting to evaluate HAPI trends and improve safety precautions.

**Patient-centered care:** the evidence also promotes patient-centered care to optimize wellness. Institutions should evaluate individual patient progress and incorporate strategies, including bedding conditions and support with daily living activities such as turning on the bed

to prevent or minimize HAPI occurrence. For instance, strength determines a patient's ability to turn and expose skin to light and aeration; weaker patients must receive adequate support to turn on the bed.

**Title of Article 4:** Bridging the Knowledge Gap for Pressure Injury Management in Nursing Homes

**How article relates to the care concern, issue, or problem**

Lee et al.'s (2022) study focus on nursing homes, central stakeholders in the health sector. The authors note the knowledge gap in the application of education to practice. Notably, the gap in knowledge application makes research useless to nurses and patients. Hospital bed pressure infections rise and remain a significant problem as nurses fail to appropriate knowledge to practice. Lee et al. evaluated nurses' knowledge of pressure injury and provided education intervention. Notably, they report improved patient management following the treatment. Lee and colleagues observed differences in participants' attitudes, knowledge, clinical judgment, and stage discrimination abilities in their responses. Therefore, their research indicates the nurses' role in improving patient wellness and managing pressure ulcers.

**QSEN Competency**

**Teamwork and collaboration:** Nurses need support from each other to optimize patient care. Knowledge, skills, and experience transfer can optimize care. Moreover, nurses discussing research can analyze and understand how to apply them to clinical situations.

**Evidence-Based:** Evidence-based care is invaluable to nursing and pressure ulcer management, but there is a gap in transferring research to clinical situations and environments. Therefore, researchers and other stakeholders should collaborate on strategies to apply research to pressure ulcers management.

**Title of Article 5:** Risk Factors for Pressure Injuries in Adult Patients: A Narrative Synthesis**How article relates to the care concern, issue, or problem**

The article highlights risk factors promoting pressure ulcers development in adults, thereby providing a general approach to the issue. The risk factors include hypotension, low-physical exercise and activities, anemia, age, and sex. Patients have different vulnerabilities to the risk factors and require different treatment strategies.

**QSEN Competency**

**Patient-centered care:** Healthcare providers must understand patients' vulnerability to the risk factors and establish treatment strategies to eliminate the risk factors.

**Case Study: Healthcare Acquired Pressure Ulcers****Case**

The case study presents a scenario of patient mismanagement within a healthcare setting and no one being held accountable despite the nurses and other stakeholders failing in their duties.

**Precipitating Circumstances**

The patient has developed a stage IV pressure ulcer due to negligence. First, in failing to use the Braden Scale, the nurses failed to adopt evidence-based practice. Second, they did not integrate data and other measurement metrics to determine the frequency the client was turned. The lack of data signifies that the nurses did not care. Moreover, they did not adopt patient-centered care after noticing pressure ulcers development. Finally, the wound care specialist did not reevaluate the patient for more than one month after the pressure ulcer incidence. Other failures include a lack of collaboration among stakeholders due to poor communication.

### **Suggested Change and Potential Outcome**

The facility should have adopted an intense evidence-based and team collaboration effort to optimize patient-centered care. The nurses should collaborate with the consulting wound care specialist and other stakeholders such as nutritionists to create a patient-specific treatment. Improving communication strategies, integrating teamwork, using evidence, and interdisciplinary teams would improve patient recovery.

### **Synthesis**

**Practice:** The facility should have enhanced patient-centered care through intensive, evidence-based treatment that evaluates risk factors and implements nutritional needs and nurse management (Saghaleini et al., 2018; Lee et al., 2022). The strategies will promote adopting current best practices and enhance knowledge and skill transfer to benefit the patient.

**Education:** Organizations should arrange training programs for their institutional and client-type needs. Lee et al. (2022) note that nurses fail to apply knowledge and information to their clinical settings due to information mismatch. Therefore, organizations conducting specific training for hospital settings and requirements can achieve optimum performance.

**Research:** Stakeholders should focus on how nurses can receive skills to help them apply studies to their clinical situations.

### **Conclusion**

Healthcare providers are central to improving patient health outcomes and preventing the development of pressure ulcers. Nurses and other stakeholders should monitor patient progress consistently and adopt relevant assessment criteria to achieve a patient-centered, evidence-based practice and data-driven treatment. Moreover, collaboration among nurses is critical to

improving knowledge, skills, and experience transfer and enhancing research application to care. Pressure Ulcers remain burdensome to patients, some of whom develop adverse symptoms. Therefore, integrating the research evidence through the QSEN competencies can improve patient care and reduce pressure ulcers' health and cost burden.

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