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Pressure ulcers threaten nursing home residents and facility's bottom line

Posted on: 3.11.2009 12:52:03 PM Posted by Jonathan Rosenfeld, LTC Lawyer

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A report released by the Centers for Disease Control and Prevention confirmed what many nursing home residents and employees already know—pressure ulcers are a tremendous problem encountered by nursing home residents of all races, sexes, and ages. A recent government authored report released in February, "[Pressure Ulcers Among Nursing Home Residents: United States, 2004](#)", analyzes information from a sampling of more than 14,000 nursing home residents from across the country.

In 2004, more than one in 10 nursing home residents had some form of pressure ulcer within the year. Based on the total number of nursing home residents, that extrapolates to more than 159,000 nursing home residents with pressure ulcers that year.

Stage II pressure ulcers were the most common according to the survey. However, over 35% of the nursing home residents with pressure ulcers had a more advanced stage III or stage IV ulcer that required special wound treatment. Even younger nursing home residents, those commonly thought to be somewhat at a lesser risk for skin breakdown, are at risk according to the report.

The study reinforces the need of medical staff to identify residents who are at risk for development of pressure ulcers and implement preventative techniques. Consequently, staff in facilities need to be tuned in to the factors related to pressure ulcer development and treatment.

Financial impact on facilities

The financial impact of pressure ulcers on medical facilities cannot be ignored from both a cost of care standpoint as well as from litigation related expenses and judgments. Every pressure ulcer related hospitalization averages 13 days with a cost of \$37,500. Pressure ulcer care and treatment cost medical facilities an estimated \$11 billion per year.

Lawsuits and litigation expenses related to pressure ulcers pose an equal, if not greater, financial risk to facilities. From a litigation standpoint, plaintiffs' lawyers revel in the fact that Medicare has put pressure ulcers on the "never list." The never list is comprised of medical conditions deemed so preventable CMS will not reimburse facilities where the condition develops for subsequent medical treatment.

From a liability standpoint, it can be easily demonstrated what preventative techniques a facility implements by reviewing the steps set forth in each resident's care plan. Easy liability compounded with high medical expenses, the graphic nature of the injury, and broad jury appeal create an even bigger headache for medical facilities in calculating their litigation exposure.

How to prevent pressure ulcers

Staffing is everything. How well your facility is staffed and how well your staff is trained will be directly reflected in the number of residents who develop pressure ulcers. The fact of matter is that facilities with higher levels of staffing tend to have a lower incidence of pressure ulcers.

The following steps are widely accepted as helping possible pressure ulcer prevention and treatment:

- Implementation of a turning schedule for patients who are at risk for developing pressure ulcers
- Education of staff on skin integrity
- Encouragement of staff to communicate concerns over skin issues during shift changes
- Ensuring appropriate nutrition and hydration of all residents
- Use of pressure relieving devices as needed, such as: heel boots, pillows, and pressure relieving mattress
- Use of appropriate lifting devices to help reduce friction on area prone to skin breakdown
- Keeping residents clean and dry

Residents who are at an increased risk for development of pressure ulcers include those who are:

- Bedridden or in a wheelchair
- Prone to fragile skin
- Having a chronic condition, such as diabetes or vascular disease, that prevents areas of the body from receiving proper blood flow
- Unable to move certain parts of their body without assistance, such as after spinal or brain injury or if a neuromuscular disease (like multiple sclerosis)
- Malnourished
- Mentally disabled from conditions such as Alzheimer's disease—the patient may not be able to properly prevent or treat pressure ulcers
- Of older age
- Experiencing urinary incontinence or bowel incontinence

Pressure ulcers are categorized by severity, from Stage I (earliest signs) to Stage IV (worst) and are defined as:

- **Stage I:** A reddened area on the skin that, when pressed, is "nonblanchable" (does not turn

white). This indicates that a pressure ulcer is starting to develop.

- **Stage II:** The skin blisters or forms an open sore. The area around the sore may be red and irritated.
- **Stage III:** The skin breakdown now looks like a crater where there is damage to the tissue below the skin.
- **Stage IV:** The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes tendons and joints.

Jonathan Rosenfeld is a lawyer who represents people injured in nursing homes and long-term care facilities. Visit his personal blog at www.nursinghomesabuseblog.com.

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