

# When you see liability for pressure sores

This is a compelling arena in healthcare litigation. The definitions stated in the Centers for Medicare and Medicaid Services (CMS) Guidance Document for surveyors pertain to long term care facilities.

The classifications of avoidable and unavoidable pressure sores are derived on components CMS identified as within the control of the facility:

- 1. assessed the resident's clinical condition and pressure sore risk-factors
- 2. outlined and implemented interventions coherent with resident specific requirements and goals, and recognized standards of practice
- 3. screened and appraised the effect of those interventions
- 4. revised those interventions as appropriate

#### Avoidable

The nursing home resident developed a pressure sore and the facility *did not* do one or more of the above components.

## Unavoidable

The nursing home resident developed a pressure sore and the facility *did* do the above components.

A systemic evaluation of the variables that affect liability helps the attorney, legal nurse consultants and experts evaluate a pressure sore case.

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Krug Consulting
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### AREAS OF PRACTICE:

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# **Sources of Pressure Sore Standards of Care**

American Medical Directors Association, Pressure Ulcer Clinical Practice Guideline 2008, www.amda.com
EPUAP/NPUAP/PPPIA International Pressure Ulcer Clinical Practice Guidelines, 2014, www.epuap.org
World Union of Wound Healing Societies. Best Practices Documents and Woundpedia, www.wuwhs.org
Wound Ostomy Continence Nurses Society (WOCN) Pressure Ulcer Guideline 2010, www.wocn.org
The Long-Term Care Enforcement Procedures from AHCA, AHCAPublications.org
Do you have clients with pressure sores?  Did the plan of care address pressure redistribution, topical treatments, and nutritional support?  Who is the appropriate expert to retain (nurse, physician, vascular surgeon, dietitian, wound care nurse)?  Would you like a legal nurse review of the medical chart?
Contact Krug Consulting
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