Wound Ostomy and Continence Nurses Society

Position Statement

Avoidable versus Unavoidable Pressure Ulcers

Purpose: To refute the assumption that all pressure ulcers are avoidable.

Statement of Position: There are clinical circumstances in which a pressure ulcer is unavoidable. Pressure ulcer formation is a complex process that may not be halted, even with excellent multidisciplinary care (Thomas, 2003). The skin is the largest organ in the body and its integrity is dependent upon the function of all other organ systems for nutrition, circulation, and immune function (Langemo & Brown, 2006). The burden of disease can overwhelm the skin, even with appropriate preventive interventions (Witkowski & Parish, 2000). Yet, the responsibility of the healthcare facility or agency to adopt best practices aimed at pressure ulcer prevention should not be minimized. There are increasing reports of success in reducing the prevalence and incidence of pressure ulcers by implementing evidence-based clinical practice guidelines (Ayello & Lyder, 2008).

Definitions of Avoidable and Unavoidable Pressure Ulcers (Centers for Medicare and Medicaid, 2004)

Avoidable Pressure Ulcer: "Avoidable" means that the resident developed a pressure ulcer and that the facility did not do one or more of the following: evaluate the resident's clinical condition and pressure ulcer risk factors; define and implement interventions that are consistent with resident needs, resident goals, and recognized standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate. (483.25c/TagF314)

Unavoidable Pressure Ulcer: "Unavoidable" means that the resident developed a pressure ulcer even though the facility had evaluated the resident's clinical condition and pressure ulcer risk factors; defined and implemented interventions that are consistent with resident needs, goals, and recognized standards of practice;

monitored and evaluated the impact of the interventions; and revised the approaches as appropriate. (483.25c/TagF314)

Previous Statements: In May 1992, the Agency for Health Care Policy and Research (AHCPR), part of the U.S. Department of Health and Human Services, published a clinical practice guideline entitled "Pressure Ulcers in Adults: Prediction and Prevention." (Bergstrom et al., 1992).Many of the specific recommendations were based on expert opinion and panel consensus because of the lack of published evidence in peer-reviewed literature. The consensus of the panel was that most pressure ulcers could be prevented. They reported, "However, , even the most vigilant nursing care may not prevent the development and worsening of ulcers in some very high risk individuals." (p.2).In December 1994, the AHCPR published a companion guide entitled "Treatment of Pressure Ulcers," (Bergstrom et al., 1994)in which they re-affirmed their previous position that "Unfortunately, not all pressure ulcers will be prevented and those that do develop may become chronic." (p.1).

In the November 2004 "Guidance to Surveyors for Long Term Care Facilities," the Centers for Medicare and Medicaid Services (CMS) acknowledged some pressure ulcers are "unavoidable" (Centers for Medicare and Medicaid, 2004). The long-term care facility is required to evaluate the resident's pressure ulcer risk factors and to implement preventive interventions consistent with the resident's needs and goals. The pressure ulcer is determined to be unavoidable if it develops in spite of the facility's efforts to prevent it. CMS has not applied this standard in other healthcare settings.

History: Recorded history suggests the presence of pressure ulcers for at least 5,000 years. Early writings suggest that the occurrence of a pressure ulcer actually signaled impending death (Bansal, Stewatt, & Cockerell, 2005). But the study of pressure ulcer prevention is a relatively new phenomenon. The knowledge base is still being researched and developed. It wasn't until 1990 that there was a government-sponsored effort to develop a standardized and consistent approach to pressure ulcer prevention and treatment. At that time, several healthcare disciplines came together to begin the process of developing clinical practice guidelines that would address these two areas of concern. The AHCPR guidelines were to be based on published scientific literature. When scientific evidence was limited or inconsistent, recommendations were based on the consensus of the experts. The two companion practice guidelines were finally completed and disseminated to the public in 1994 (Bergstrom et al, 1992; Bergstrom et al, 1994). These guidelines were landmark in their scope, and although dated, are still utilized today.

The past forty years has produced a variety of pressure ulcer risk assessment tools (Braden & Bergstrom, 1988; Gosnell, 1989; Norton, McLaren, & Exton-