

Skin Tone Inclusive Assessment to Reduce Missed Pressure Injuries



Reality

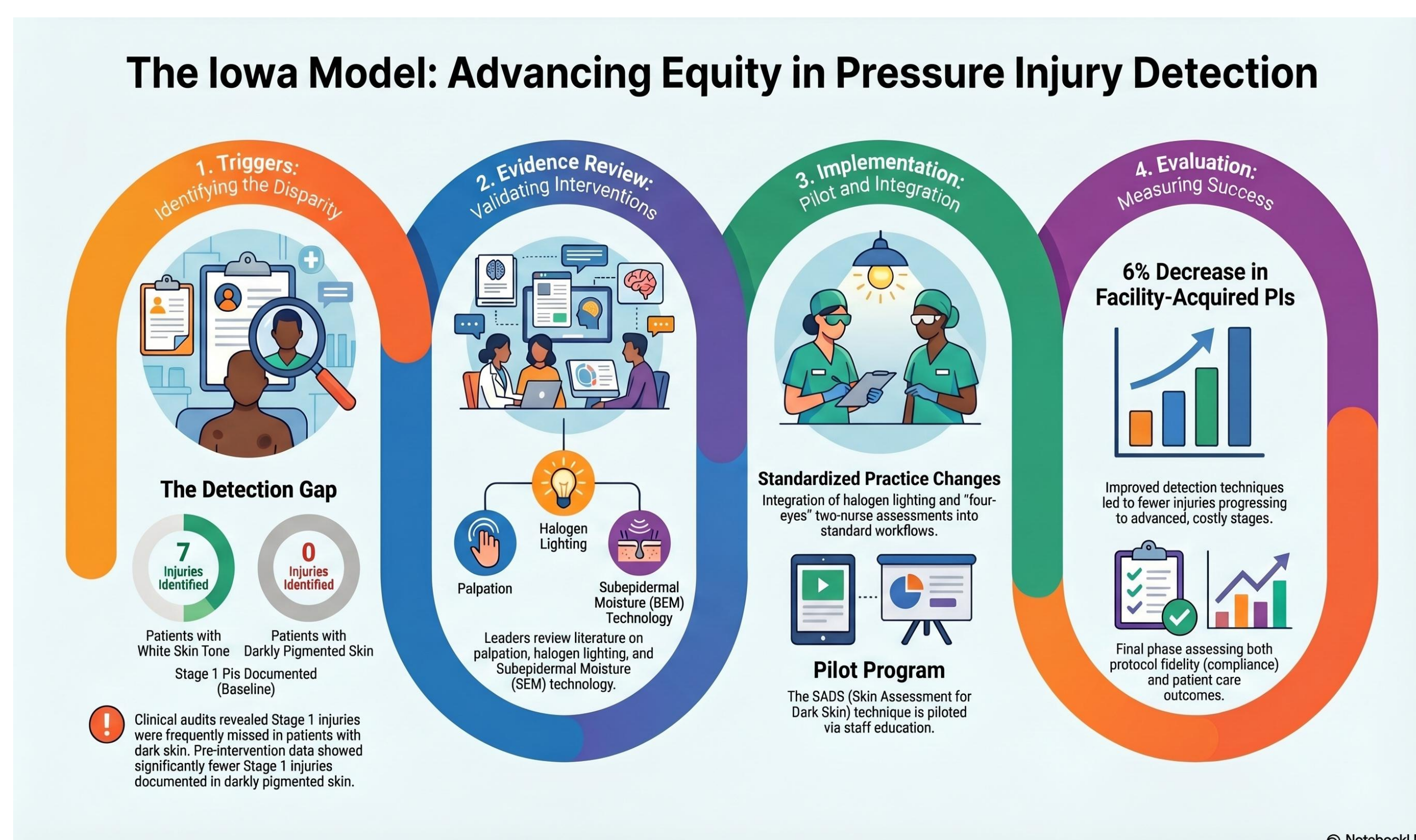
Background

- **Pressure Injuries (PI) are a major patient-safety problem:** 1-3 million people in U.S. are affected by (PI) annually (Mondragon & Zito, 2025)
- **Disparity in PI detection across skin tones:** Black patients are 1.4-2.3 times more likely than White patients to be discharged with PI (Black et al., 2023)
- **Inequity of current assessment practices leads to diagnostic latency:** Skin assessments are biased towards lighter skin tones (Oozageer Gunowa et al., 2024)

Importance of Issue

- **Patient Safety**
 - Physical suffering, serious medical outcomes, prolonged hospital stay, reduced quality of life
- **Community health**
 - Contributes to rising healthcare cost
 - Hospital Acquired Pressure Injury (HAPI): preventable issue and largely non-reimbursable CMS expense
- **Nursing Professional Standards**
 - Modernize clinical practice
 - Adopting **Skin Assessment for Dark Skin (SADS)** (halogen lighting and multisensory palpation)

Framework



Adapted from "The Iowa Model of Evidence-Based Practice to Promote Quality Care," by M. G. Titler et al., 2001, *Critical Care Nursing Clinics of North America*, 13(4), p. 497–509.

Theoretical

Key Concepts & Outcomes

SMART Goals:

- Within 12 months, the local acute care facility will integrate the SADS method in the existing HAPI bundle across all inpatient units resulting in 20% reduction in HAPI incidence.
- **Overall Outcomes:**
 - Reduce HAPI incidence and progression
 - Use skin tone inclusive skin assessments
 - Improve patient safety
 - Reduce diagnostic latency
 - Advance health equity



stage 1 stage 2 stage 3 stage 4
Adapted from "Stages of ulcers," by S. Babagolzadeh (2012), Wikimedia Commons (CC BY-SA 3.0).

Interventions & Solutions

- **Individual Intervention**
 - Targeted Patient/Caregiver Education
 - Multimodal teaching on skin injury early identification
 - Implementation of SAD
- **Unit/Community Intervention**
 - Hands-On Clinical Training
 - Enhanced documentation
 - aSSKING Framework (Assess Risk, Skin Assessment and Care, Surface Selection, Keep Moving, Incontinence and Moisture, Nutrition and Hydration, Giving Information)
- **Policy/Protocol Intervention**
 - HAPI Taskforce Governance
 - Center for Medicare & Medicaid Services (CMS) federal reporting requirements
 - Sustained Compliance Audits

Key Players

- **Patient Population:**
 - Darker Skin-toned hospitalized adults
 - Individuals with high comorbidity burdens
- **Key Players**
 - Bedside nurses, wound care nurses, nurse leaders
 - Patients, family members, caregivers
 - Interdisciplinary clinicians (i.e. Infectious Disease MD, Occupational therapist, Registered Dietitians, Physical therapists, etc.)
- **Community Partners**
 - Public health and home-health nurses
 - Outpatient wound-care clinicians
 - National Pressure Injury Advisory Panel (NPIAP)

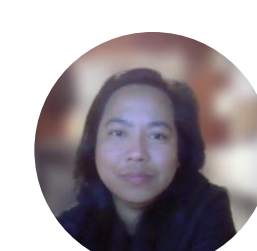
Evaluation

Multi-level evaluation plan to evaluate success of implementation process and overall impact

- **Process Evaluation**
 - Educational tracking and participation counts
 - Direct "Talk Out Loud" Observational Audits
- **Impact Evaluation**
 - HAPI Incidence Tracking
 - Increase in Early-Stage (Stage 1) Detection

References

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