Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

Literature search results

Search completed for: Accountability in relation to tissue viability. Particularly the development of pressure ulceration.

Search details

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; MEDLINE; Google Scholar

Database search terms: (accountable OR accountability), ACCOUNTABILITY, responsib*, (law* OR legal* OR ethic*), exp ETHICS, “tissue viability”, “pressure ulcer*”, exp PRESSURE ULCER, “bed sore*”, (“wound management” OR “wound care”)

Evidence search string(s): (“pressure ulcer*” OR “tissue viability” OR wound*) (accountab* OR responsib*)

Google search string(s): accountability OR responsibility “pressure ulcer” “tissue viability”

Guidelines and Policy

Nursing Standard
Pressure Ulcer Care - Best Practice - Stop The Pressure
p. 9

Royal College of Nursing
Accountability and responsibility: Principle of Nursing Practice B, 2011

Pressure Ulcer Risk Assessment Recommendations, 2001
p. 12
Good documentation provides an accurate record of an individual’s progress and risk status, and is key for accountability, responsibility, risk management and evaluation.
### Evidence-based reviews

Nothing found

### Published research – Databases

**Pressure ulcer prevention: a shared responsibility across care settings.**  
**Author(s)** Remington, Lisa  
**Citation:** Remington Report, 02 May 2012, vol./is. /(9-11), 10703411  
**Publication Date:** 02 May 2012  
**Source:** CINAHL

**Professional accountability and outcomes in tissue viability.**  
**Author(s)** Stephen-Haynes J  
**Citation:** British Journal of Community Nursing, 02 December 2010, vol./is. 15/(0-0), 14624753  
**Publication Date:** 02 December 2010  
**Source:** CINAHL  
Available in fulltext from *British Journal of Community Nursing* at EBSCOhost

**Accountability and legal issues in tissue viability nursing.**  
**Author(s)** Guy, H  
**Citation:** Nursing Standard, 20 October 2010, vol./is. 25/7(62-66), 00296570  
**Publication Date:** 20 October 2010  
**Abstract:** Avoidable pressure ulcers are being increasingly used as an indicator of substandard care. Healthcare professionals may have to account for their actions when a pressure ulcer occurs. This article highlights accountability and legal issues that nurses may encounter when caring for patients with wounds and, in particular, pressure ulcers.  
**Source:** CINAHL  
Available in print at *Lincoln County Hospital Professional Library*  
Available in print at *Grantham Hospital Staff Library*  
Available in fulltext from *Nursing Standard* at EBSCOhost  
Available in print at *Louth County Hospital Medical Library*  
Available in fulltext at *Nursing Standard;* Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

**Legal issues in the care of pressure ulcer patients: key concepts for healthcare providers: a consensus paper from the international expert wound care advisory panel.**  
**Author(s)** Ayello EA, Capitulo KL, Fife CE, Fowler E, Krasner DL, Mulder G, Sibbald RG, Yankowsky KW  
**Citation:** Journal of Palliative Medicine, November 2009, vol./is. 12/11(995-1008), 1557-7740;1557-7740 (2009 Nov)  
**Publication Date:** November 2009  
**Source:** Medline  
Available in fulltext from *Journal of Palliative Medicine* at EBSCOhost

**Pressure ulcer prevention: who’s responsible?.**  
**Author(s)** Compas C, Brown RL  
**Citation:** Journal of the Arkansas Medical Society, April 2009, vol./is. 105/10(228-9), 0004-1858:0004-1858 (2009 Apr)  
**Publication Date:** April 2009  
**Source:** Medline

**A new era of pressure ulcer accountability in acute care.**
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Citation: Advances in Skin &amp; Wound Care, 01 March 2008, vol./is. 21/3(134-142), 15277941</th>
<th>Publication Date: 01 March 2008</th>
<th>Source: CINAHL</th>
</tr>
</thead>
</table>
| Death by pressure ulcer: being held to account when ulcers develop. | Author(s) Hampton S  
Citation: Journal of Community Nursing, 01 July 2005, vol./is. 19/7(26-29), 02634465 | Publication Date: 01 July 2005 | Abstract: Sylvie Hampton gives an overview of pressure ulceration and discusses how community nurses may be held to account when pressure ulcers develop. | Source: CINAHL  
Available in fulltext from Journal of community nursing at EBSCOhost  
Available in print at Grantham Hospital Staff Library  
Available in fulltext from Journal of Community Nursing at Free Access Content  
Available in print at Pilgrim Hospital Staff Library  
Available in print at Lincoln County Hospital Professional Library  
Available in fulltext at Journal of Community Nursing; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library. |
| Litigation and pressure ulcers. | Author(s) Dimond B  
Citation: Journal of Wound Care, 02 January 2005, vol./is. /(4-5), 09690700 | Publication Date: 02 January 2005 | Abstract: Individual practitioners are accountable for the quality of the pressure ulcer care that they provide or delegate to others. This paper outlines the four main forums through which this accountability can be challenged in the courts, by employers and by professional bodies. | Source: CINAHL  
Available in print at Pilgrim Hospital Staff Library  
Available in print at Lincoln County Hospital Professional Library |
| The safe practitioner. Accountability and responsibility. | Author(s) Baxter H  
Citation: Journal of Wound Care, 01 November 2004, vol./is. 13/10(432-432), 09690700 | Publication Date: 01 November 2004 | Abstract: What can you do if the most appropriate treatment does not comply with a guideline, policy or procedure? A tissue viability team was faced with this dilemma when considering treatment options for an open wound in a woman with cancer. | Source: CINAHL  
Available in print at Pilgrim Hospital Staff Library  
Available in print at Lincoln County Hospital Professional Library |
| Quality improvement, risk management, and litigation. | Author(s) Warner D  
Citation: Wounds: A Compendium of Clinical Research & Practice, 02 September 2004, vol./is. 16/9(0-), 10447946 | Publication Date: 02 September 2004 | Abstract: Wound related malpractice cases abound and will remain part of the legal landscape. Clinicians are challenged to provide appropriate wound care to individuals with often complex and always unique needs. Through understanding |
patient concerns, clinical conditions, and healthcare goals, reasonable wound management can be tailored to their unique needs. Lawsuits can often be avoided by identifying the risk for a lawsuit, open communication, professionalism, and an intact medical record.

**Source:** CINAHL

**Wound management: who is responsible?**

**Author(s):** Abboud C

**Citation:** World Council of Enterostomal Therapists Journal, 01 January 2004, vol./is. 24/1(28-30), 08194610

**Publication Date:** 01 January 2004

**Source:** CINAHL

**Legal and accountability issues in wound care.**

**Author(s):** Glover D

**Citation:** Journal of Wound Care, June 2004, vol./is. 13/6(207), 0969-0700;0969-0700 (2004 Jun)

**Publication Date:** June 2004

**Source:** Medline

Available in *print* at Pilgrim Hospital Staff Library

Available in *print* at Lincoln County Hospital Professional Library

**Legal concerns in tissue viability and wound healing.**

**Author(s):** Dimond B

**Citation:** Nursing Standard, February 2003, vol./is. 17/23(70-2, 74, 76), 0029-6570;0029-6570 (2003 Feb 19-25)

**Publication Date:** February 2003

**Abstract:** In an age of increasing litigation, it is important for tissue viability practitioners to be aware of the legal issues surrounding their practice. Bridgit Dimond discusses some of the legal aspects that were raised as concerns by participants recently attending a post-graduate diploma course in tissue viability and wound healing. She clarifies the main legal requirements for healthcare professionals working in this field.

**Source:** Medline

Available in *print* at Grantham Hospital Staff Library

Available in *print* at Pilgrim Hospital Staff Library

Available in *fulltext* at Nursing Standard; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

**Accountable wound care, part 3. The role of photography in record keeping.**

**Author(s):** Russell F, Gray D

**Citation:** Practice Nursing, 01 July 2002, vol./is. 13/7(306-309), 09649271

**Publication Date:** 01 July 2002

**Source:** CINAHL

**Diffusion of responsibility and pressure ulcers.**

**Author(s):** Bauer N, Bushey F, Amaros D

**Citation:** World Council of Enterostomal Therapists Journal, 01 July 2002, vol./is. 22/3(9-18), 08194610

**Publication Date:** 01 July 2002

**Abstract:** Pressure ulcers represent a loss of time, money and life. Research indicates they are largely preventable. Yet, in every health care setting, pressure ulcers continue to develop. Studies to date focus on the physical properties of the phenomenon. It is time that research is directed to the investigation of the individual professional response as it relates to basic human group behaviour. This article looks at the human reaction to ambiguous situations and diffusion of
responsibility, specifically as it relates to professional nursing behaviour and pressure ulcers. The Stetler Model for Research Utilization has been applied to this work to provide a framework for the information and ideas presented. It is hoped that by taking a look at the phenomenon of diffusion of responsibility in pressure ulcer prevention and care, that research interest is generated. This article applies much of the discussion to the home health care environment as it is defined in Ontario, Canada.

Source: CINAHL

**Tissue viability. Accountability in wound management.**

**Author(s)** Moody M  
**Citation:** Nursing Standard, January 0001, vol./is. 6/23(suppl 10-1), 0029-6570:0029-6570 (1992 Feb 26-Mar 3)  
**Publication Date:** January 0001  
**Source:** Medline  
Available in print at Lincoln County Hospital Professional Library  
Available in print at Lincoln County Hospital Professional Library  
Available in fulltext from Nursing Standard at EBSCOhost  
Available in print at Pilgrim Hospital Staff Library  
Available in print at South County Hospital Medical Library  
Available in print at Pilgrim Hospital Staff Library

**Managing risk in tissue viability: part 2.**

**Author(s)** Culley F  
**Citation:** Nursing Times, 09 November 2000, vol./is. 96/45(5-6), 09547762  
**Publication Date:** 09 November 2000  
**Abstract:** In the second article in her two-part series on risk management in nursing, Fiona Culley focuses on the issues of nurse prescribing, documentation and raising concerns about care.  
**Source:** CINAHL  
Available in print at Grantham Hospital Staff Library

**Managing risk in tissue viability.**

**Author(s)** Culley F  
**Citation:** Nursing Times, 07 September 2000, vol./is. 96/36(5-6), 09547762  
**Publication Date:** 07 September 2000  
**Abstract:** In the first of a two-part series on the legal issues facing nurses, FIONA CULLEY discusses how understanding risk management and complaints procedures can contribute to better standards of care.  
**Source:** CINAHL  
Available in print at Grantham Hospital Staff Library

**Beyond the pressure ulcer blame game: reflections for the future.**

**Author(s)** Meehan M  
**Citation:** Ostomy Wound Management, 01 May 2000, vol./is. 46/5(46-51), 08895899  
**Publication Date:** 01 May 2000  
**Abstract:** The concept of skin wounds caused primarily as a result of external physical forces has been the focus of many healthcare professionals for decades. Unfortunately some of the choices made regarding the definition, description, and topical management of pressure ulcers hampers the appreciation of the complexity of issues that generally accompany the occurrence of the wounds. As the healthcare industry increasingly focuses on quality and accountability, industry watchdogs continue to develop metrics to evaluate quality of care while legal professionals demand more accountability for healthcare interventions. The management of pressure ulcers is often scrutinized and many healthcare providers are often unfairly accused of neglect. The occurrence of pressure ulcers, when
viewed as a failure of the healthcare system, prevents the comprehensive any constructive attention this topic deserves. Therefore, as wound care providers, we must change the image of pressure ulcers and provide a more balanced portrayal of the influences, treatment and likely outcomes of these wounds. We must separate fact from fiction and reality from the psychological reaction that pressure ulcers evoke. It is now time to recreate a dialogue for pressure ulcers that is productive, realistic, and likely to result in the advancement of care.

Source: CINAHL

Clinical practice guidelines for pressure ulcer prevention can prevent malpractice lawsuits in older patients.

Author(s) Goebel RH, Goebel MR
Citation: Journal of Wound, Ostomy, & Continence Nursing, July 1999, vol./is. 26/4(175-84). 1071-5754;1071-5754 (1999 Jul)
Publication Date: July 1999
Abstract: OBJECTIVE: To evaluate the impact of implementation of and compliance with practice guidelines for pressure ulcer (PU) prevention using medical malpractice litigation data.SETTING AND SUBJECTS: Forty-nine plaintiffs whose respective compensations ($14,418,770 in 35 plaintiffs) or dismissals had been reported in 2 legal databases. PU verdicts and settlements for plaintiffs 60 years of age and older were evaluated using the American Geriatric Society's Clinical Practice Guidelines, "Pressure Ulcers in Adults: Prediction and Prevention."METHODS: Litigation analysis was used to identify the effect, implementation of, and compliance with PU prevention practice guidelines on malpractice awards in PU lawsuits. Data were obtained using fact patterns from 2 legal databases, LEXIS and WESTLAW. Potential decreases in plaintiff awards and prevention of disability were calculated assuming that health care defendants had modified their behavior to conform to the practice guidelines. Possible increases in defendant awards were used to estimate the added risks to health care professionals of adopting these guidelines as the standard of care.MAIN OUTCOME MEASURES: Projected changes in verdicts, monetary awards expressed in dollars, and disability score.RESULTS: Had health care defendants followed these guidelines, $11,389,989 might have been saved in 20 lawsuits. Violations of guidelines appeared to "cluster" together, with many plaintiffs alleging breeches of several interrelated guidelines. It appears that improving the level of care required to remedy 1 guideline variation could improve the outcomes for the entire cluster. In contrast, the use of the guidelines in court as the standard of care against defendant health care professionals might have contributed to changing only 4 of 14 defense verdicts.CONCLUSIONS: Use of clinical pathways in these settings can benefit both caregivers and patients by favorably modifying preventive practice patterns while decreasing vulnerability to litigation. Conversely, the continuing threat of fault-based litigation against substandard practitioners and facilities provides an ongoing safeguard of patient rights and reduces the risk of subsequent disability.

Source: Medline

Tissue viability: the facts and the law.

Author(s) Culley F
Citation: Nursing Times, June 1998, vol./is. 94/24(63-4), 0954-7762;0954-7762 (1998 Jun 17-23)
Publication Date: June 1998
Abstract: Accountability remains an integral part of nursing, irrespective of occupational status or setting. The leaflet reminds nurses involved in direct care, as well as those in advisory, educational or promotional roles, of the need to consider and fulfill professional obligations towards a vulnerable and expectant public. The need to select resources that will support, not replace, skilled nursing is crucial. As nurses expand their practice they may face greater risk of litigation, but
the boundaries should be clarified through job descriptions, employer approved policy statements and UKCC standards. Being asked to account for actions or omissions of care may be perceived as daunting. However, complaints may help drive quality improvement as well as staff development. A sense of perspective is needed to prevent defensive practice, allowing the potential of autonomous and accountable professionals being realised in the delivery of tissue viability services. **Source:** Medline

**Accepting ownership in the management of pressure ulcers.**
**Author(s)** Larson BS
**Citation:** Ostomy Wound Management, 01 November 1993, vol./is. 39/9(34-41), 08895899
**Publication Date:** 01 November 1993
**Source:** CINAHL

**Justifying your practice... accountability in the management of pressure sores and incontinence.**
**Author(s)** Watson R
**Citation:** Nursing: The Journal of Clinical Practice, Education & Management, 13 February 1992, vol./is. 5/3(11-13), 01420372
**Publication Date:** 13 February 1992
**Source:** CINAHL

**Tissue viability. Some legal issues in wound management.**
**Author(s)** Tingle J
**Citation:** Nursing Standard - Special Supplement, May 1992, vol./is. /34(4-6), 0963-522X;0963-522X (1992 May 13)
**Publication Date:** May 1992
**Source:** Medline

**Published Research - Google Scholar**

A strategy to reduce avoidable pressure ulcers | Practice | Nursing ...
www.nursingtimes.net/home/...pressure-ulcers/5047062.article 2012
Are you interested in pressure ulcer prevention? .... serious incident reporting process is being retained to ensure organisational accountability

Nurses' attitudes, behaviours and perceived barriers towards pressure ulcer prevention
Although nurses do not have the sole responsibility for pressure ulcer prevention, nurses have a unique opportunity to have a significant impact on this problem. Aims and objectives. The specific aims of the study were to identify: ...

A profile of the nurse specialist in tissue viability in the UK.
M Flanagan - Journal of wound care, 1997 - europepmc.org
The majority of practitioners are appointed in the area of general wound management; 36% have budget responsibility for tissue viability services, mostly for the provision and supply of pressure sore preventive equipment. The ...

The tissue viability nurse and effective documentation
F Culley - British Journal of Nursing, 2001 - magonlinelibrary.com
This article examines the continued importance of documentary evidence to support such inquiries, clarifying the tissue viability nurse's responsibility in producing accurate and effective records in all aspects of an increasingly expanding role.