**NURS 4220 Week 5 Assignment Using FADE Improvement Model**

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Pressure ulcers are among the issues that compromise safety for hospitalized patients. They are injuries to the skin and the underlying tissues emanating from increased pressure on the skin. According to Getie et al. (2020), pressure ulcers emanate from shear, friction, pressure, and the combination of the three risk factors. In this sense, prolonged inclination to one position and unrelieved pressure on the body can lead to lesions or injuries to the skin and the tissues over bony prominences. Further, Mayo Clinic (2022) links incontinence, medical conditions that compromise blood flow, lack of sensory perception, malnutrition, and poor hydration to increased susceptibility to pressure injuries. Pressure ulcers lead to increased mortality rates and other problems associated with infections to the skin and the surrounding tissues, including squamous cell carcinoma, sepsis, and bone/joint infections. As a result, healthcare professionals should implement evidence-based interventions for addressing these risk factors. Therefore, this paper elaborates on an evidence-based quality improvement plan for addressing pressure injuries and the resources needed to support the plan.

**Problem Statement**

Pressure ulcers and other health and economic ramifications increase mortality and morbidity rates. According to Afzali Borojeny et al. (2020), about 60000 people die annually from pressure ulcers in the United States. Concurrently, the disease is responsible for about 2.5 million cases of prolonged hospitalization in the country. Further, the disease's prevalence and effects are disproportionate to patients with unique characteristics, including low physical activity, advanced age, incontinence, and unconsciousness. Equally, patients with pressure ulcers experience other complications, including pain, osteomyelitis, and depression. As a result, healthcare professionals are responsible for addressing risk factors for the disease to avert the subsequent complications and economic burdens.

**A Quality Improvement Plan for Addressing Pressure Ulcers**

The current literature provides various evidence-based guidelines for addressing the risk factors for pressure ulcers and preventing the disease's consequences. According to Kottner et al. (2017), preventive strategies for this problem include regular risk assessments, training healthcare professionals to identify risk factors, educating patients, frequent skin inspection, repositioning, and providing support services. In the same breath, Richardson et al. (2017) propose turning and seating regimes, skin care, mattress choice, installation of new dynamic support surface mattresses (low continuous pressure), guidance on turning frequencies, prevention training, and development of clinical guidelines as evidence-based strategies for reducing and preventing pressure ulcers. On the other hand, Gupta et al. (2019) identify incontinence and nutrition bundle, surface inspection, turning clocks, and pressure ulcers "calendars" as ideal preventive strategies. These evidence-based practices require healthcare organizations to embrace interpersonal collaboration and use quality improvement models to address the concern.

**Using FADE Improvement Model to Address Pressure Ulcers**

FADE model is among the most profound quality improvement frameworks that facilitate change implementation. According to Spath (2018), FADE is an upgrade of the Plan-Do-Study-Act (PDSA) cycle because it provides a comprehensive guide for initiating, planning, implementing, evaluating, and sustaining change. Bhakhai et al. (2019) argue that the model stands for Focus, Analyze, Develop, and Execute (FADE). In the first stage, healthcare professionals should assess the problem, write statements, and generate lists of issues emanating from the problem. These steps are vital for adequately preventing pressure ulcers because they allow care professionals to understand the underlying causes of the disease, brainstorm ideas for tackling the causes, and develop a team performance culture.

In the analysis phase, healthcare professionals are responsible for determining the influential factors, collecting baseline data for the problem, and settling on plausible interventions for addressing the issue of concern. This stage helps implement the quality improvement plan for pressure ulcers by leveraging information, identifying the associated factors such as organizational deficiencies, and analyzing the brainstormed interventions. In the third phase (development), care professionals can settle on the most feasible interventions and plan for their implementation and sustenance (Spath, 2018). For example, the organization may implement a contingency plan consisting of various measures, including skin and surface inspection, turning regimes, employee training, patient education, hourly rounds, and risk assessments. These interventions require proper planning and successful implementation to prevent and reduce pressure ulcers.

The final stage of the FADE improvement model is plan execution. This stage enables healthcare professionals to enact the identified feasible interventions. According to Spath (2018), this phase entails ongoing measuring, monitoring, and evaluating quality improvement initiatives against the strategic objectives. In pressure ulcers (PI) prevention and management, the execution stage involves organizational commitment, evaluating the proposed plan's impacts, and identifying improvement areas.

**Resources to Support the Evidence-Based Practice Plan**

Proper allocation of resources is a prerequisite for successful implementation, evaluation, and sustenance of quality improvement initiatives. In this sense, a contingency plan for preventing and reducing incidences of pressure ulcers consists of interventions such as surface inspection, turning regimes, employee training, patient education, risk assessment practices, and skin care (Richardson et al., 2017). In the same breath, modifying the environment by installing support surface mattresses is a profound strategy for reducing friction, pressure, and shear forces that can lead to lesions on the skin and the underlying tissues over bony prominences. Further, hourly rounds and improving patient mobility can reduce the risk of pressure ulcers.

Although these interventions obtain backing from the current literature, their effectiveness relies on proper resource allocation and utilization. In this sense, the organizational resource needs fall under two broad categories: personnel and other-than-personnel expenses. Personnel resource needs entail proper staffing, expenses for employee training, and compensation for the implementation team. On the other hand, other-than-personnel resources include equipment, supplies, subcontracts, technology components, utilities, and maintenance expenses. When implementing a plan for preventing and reducing pressure ulcers, the organization will require adequate resources for staff training, education materials, technologies like organizational dashboards, alarm systems, electronic health records (EHRs) for proper record keeping, and medication supplies to bolster the treatment of pressure ulcers. Personnel and other-than-personnel resources will enable effective project planning, implementation, evaluation, and sustenance.

**Conclusion**

Pressure ulcers are among the leading causes of high mortality and morbidity rates among hospitalized patients. Further, this disease leads to increased economic burden and psychological issues such as pain and depression among the affected patients. The risk factors of this disease include limited physical activity, inclination to one position, lack of risk assessment practices, poor nutrition and hydration, incontinence, inconsistencies, and old age. Based on the risk factors for pressure ulcers, it is valid to argue that healthcare organizations can address it by implementing risk assessment practices, turning regimes, employee training, patient education, skin care, surface inspection, and developing clinical guidelines. Organizations can use the FADE improvement model to enable healthcare professionals to focus on the issue, analyze factors surrounding the problem, develop interventions and plans, and execute them. Undeniably, these processes require adequate allocation of resources to account for personnel and other-than-personnel expenses.

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