

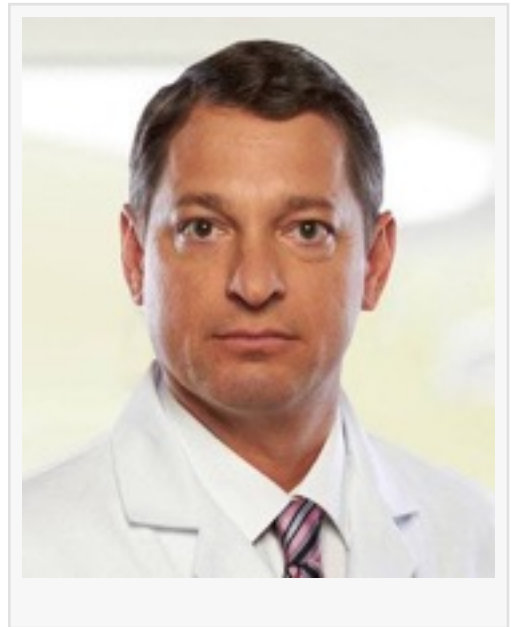
# COVID-19 and Nursing Home Staffing Shortages: Risk of Bed-Sores

*State of the World's Nursing estimated a shortage of 5.9 million nurses. Nursing homes are the most vulnerable population to bed-sores or decubitus ulcers.*

SANTA BARBARA, CALIFORNIA , UNITED STATES, June 18, 2020 /EINPresswire.com/ -- COVID-19 and Nursing Home Staffing Shortages: Risk of [Bed-Sores](#)

The World Health Organization (WHO) report, State of the World's Nursing, estimated that the world is short 5.9 million nurses. The most vulnerable population to bed-sores or [decubitus ulcers](#) are residents of nursing homes.

A nursing staff has the duty to timely identify, prevent, and treat any in-house wound. Unfortunately, the COVID-19 pandemic has exacerbated nursing shortages that will likely have the consequence of a spike in the incidence of decubitus ulcers nationwide.



Greg Vigna, MD, JD, national pharmaceutical attorney, physician, Certified Life Care Planner states, "COVID-19 is not an excuse for a patient to suffer from a hospital-acquired or nursing home acquired decubitus ulcer. It is still deemed by the Joint Commission as a "never event".

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*Greg Vigna*

Why is the population at risk?

The elderly, especially those who are residents of skilled nursing facilities or assisted living facilities, are at high risk of developing decubitus ulcers or "pressure sores." These patients are often malnourished, have reduced mobility,

and often lay or sit in the same position for long periods of time. These patients have other comorbid conditions such as diabetes, [neuropathy](#), and/or peripheral vascular disease creating an unfortunate combination for pressure ulcer development.

How does it happen?

The development of pressure ulcers can be caused by a dependent patient not receiving timely, and scheduled turns in bed. This is not a progressive process in that the most sensitive tissue to pressure is muscle. So, what appears to be a simple Stage 1 or non-blanchable redness of the skin may in fact have already caused muscle ischemia which represents a Grade 3 ulcer. If a patient has a lower-stage pressure ulcer, and if preventive measures are not implemented to address the factors contributing to its development, the ulcer may progress into a more complicated and severe condition.

What can happen?

Decubitus ulcers lead to sepsis, malnutrition, dehydration, immense physical and mental suffering, and sometimes death. The average cost of a community-acquired decubitus ulcer is \$124,327.

What needs to be done?

Dr. Vigna says, "This is a national problem that must be managed locally by the nursing home provider as the needs will vary. Nursing best practice protocols related to wound prevention and treatment continue despite COVID-19. Everyday nursing home administrators must manage their staff so prevention and treatment of wounds is not compromised. This can be done by aggressive hiring and education of staff. This remains a 'never event' and the injured require compensation for costs related to the treatment of the sore and compensation for pain and suffering."

Greg Vigna, MD, JD is a California and Washington DC lawyer who focuses on catastrophic neurological injuries caused by medical malpractice, brain injuries, brachial plexus injuries, spinal cord injuries, and vaginal mesh. He is Board Certified in Physical Medicine and Rehabilitation with 25-years of experience managing patients with catastrophic injuries and co-counsels with leading trial attorneys across the country.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912087/>

<https://www.weforum.org/agenda/2020/04/nursing-report-who-nurses-coronavirus-pandemic-health-goals/>

[https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick\\_safety\\_issue\\_25\\_july\\_20161pdf.pdf?db=web&hash=A8BF4B1E486A6A67DD5210A2F36E0180](https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick_safety_issue_25_july_20161pdf.pdf?db=web&hash=A8BF4B1E486A6A67DD5210A2F36E0180)

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