

## Never Event Hospital Acquired Decubitus Ulcers: Unsafe Discharges in Focus

Hospitals are responsible for treating Stage IV bedsores, including surgery and medical optimization, as improper discharge leads to poor outcomes

SANTA BARBARA , CA, UNITED STATES, January 9, 2025 /EINPresswire.com/ -- "Because Never Events are devastating and preventable, healthcare organizations are under increasing pressure to eliminate them completely. The Centers for Medicare and Medicaid Services (CMS) announced in August 2007 that Medicare would no longer pay for additional costs associated with many preventable errors, including those considered Never Events," states the Department of Health & Human Services.



Read about Never Events:

https://psnet.ahrq.gov/primer/never-events

Dr. <u>Greg Vigna, MD, JD</u>, spinal cord injury physician and national bedsore attorney, states, "Hospitals know that patients who suffer deep Stage III or Stage IV decubitus ulcers have serious injuries and require hospital level care to prevent complications including severe malnutrition,



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Greg Vigna, MD, JD

chronic osteomyelitis, and sepsis while medically optimizing the patient and the wound for reconstructive surgery. Hospitals can just sit back while their salaried hospitalist discharges the seriously injured to nursing homes knowing the care is at best palliative in nature and not aimed at cure. Patients with serious bedsores must be provided a reasonable pathway to cure by the hospitals that caused the harm."

What is the prognosis for Stage IV pelvic decubitus ulcers with osteomyelitis who do not undergo flap closure?

"Among patients with decubitus-related osteomyelitis who did not undergo myocutaneous flapping, outcomes were generally poor regardless of treatment, and not significantly improved

with prolonged antibiotics," states Laura Damioli, MD.

Read Dr. Damioli's article: <a href="https://journals.sagepub.com/doi/full/10.1177/20499361231196664">https://journals.sagepub.com/doi/full/10.1177/20499361231196664</a>

What does the Wound Healing Society Guidelines 2023 update report?

"Guideline 6.8: A pressure ulcer should be closed surgically if it does not respond to wound care and there is no other contraindication to the surgical procedures. Exceptions may include the elderly or patients with a fatal illness, for whom palliative, local wound care is more appropriate. (Level I – increased).

Principle: Wound closure decreases protein loss, fluid loss, the possibility of wound infection, and the later development of malignancy in the wound. Early complication rates are acceptably low."

Read the WHS Guidelines: <a href="https://onlinelibrary.wiley.com/doi/full/10.1111/wrr.13130">https://onlinelibrary.wiley.com/doi/full/10.1111/wrr.13130</a>

Dr. Vigna states, "Hospitals that have plastic surgeons on staff who cause deep Stage III or Stage IV decubitus ulcers simply cannot wash their hands of their mistakes and discharge their victims to nursing homes or long-term acute care hospitals that do not offer reconstructive surgery, which is the standard of care. Hospitals have a responsibility to ensure that discharges are safe. Patients with hospital acquired Stage IV bedsores require ongoing acute hospitalization and early surgical debridement, clinitron beds, medical optimization, wound preparation, and reconstructive surgery."

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers due to poor nursing care at hospitals, nursing homes, or assisted living facilities. The Vigna Law Group along with Ben C. Martin, Esq., of the Ben Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital and nursing home neglect cases that result in bedsores nationwide.

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