The medico-legal implications of pressure ulcer development are burgeoning throughout the world. Increasingly, pressure ulcers are being used as a quality indicator of care. Hence, the development of pressure ulcers can constitute a failure in the healthcare system. In the United States, the federal government believes that pressure ulcers are an excellent surrogate for how well the healthcare team is functioning. Thus, a high incidence of pressure ulcers usually can be correlated with high incidence of other care issues (e.g. falls, restraint usage, urinary incontinence). One aspect of the increasing view of pressure ulcer development as a marker for quality care has been the increasing level of pressure ulcer litigation against clinicians and their employers (hospitals, nursing homes, etc.).

This chapter will review various aspects of the medico-legal implications of pressure ulcer development. More specifically, it will review pressure ulcers as a political agenda; the legality of pressure ulcers; regulatory and reimbursement aspects of pressure ulcers; necessity of chart audits related to pressure ulcers; and pressure ulcers as a quality measure.

The Politics of Pressure Ulcers

In the past 10 years, there has been a fundamental paradigm shift in how governments and consumers of healthcare have thought about pressure ulcer development. In part, this has occurred because of a greater need of governments to control burgeoning healthcare costs associated with an ever-increasing older adult population. Although the true cost associated with pressure ulcer prevention and development remains unknown, these ulcers can significantly increase healthcare expenditures. For example, in the Netherlands pressure ulcer treatment is conservatively estimated from a low of $362 million to a high of $2.8 billion, 1% of the total Dutch healthcare budget [1]. In the UK, the costs of pressure ulcers have ranged annually from £180 million to £321 million, or 0.4–0.8% of healthcare spending [2] (see Chap. 2). The financial costs to the National Health Service (NHS) are also substantial. Preventing and treating pressure ulcers in a 600-bed general hospital costs between £600,000 and £3 million a year,
excluding litigation costs [3]. In the United States, it has been conserva-
tively estimated that the treatment cost alone ranges anywhere between
$ 1.68 billion to $ 6.8 billion or more than 1% of the total U.S. healthcare
budget [4]. These estimates do not account for pain, suffering, or potential
days of lost income. Thus, pressure ulcers are an expensive health problem.

The increasing accountability of healthcare clinicians to prevent and
manage these wounds more effectively has led to an explosion of national
guidelines on pressure ulcer. These national guidelines on prevention and
treatment were developed by various healthcare providers and organiza-
tions as a method of streamlining and providing consistent pressure ulcer
care. The earliest national guidelines were derived from the Netherlands
and the United States [5]. Moreover, several governments have established
national centres which have addressed quality pressure ulcer care. In the
UK, the National Institute for Clinical Excellence released national guide-
lines on pressure ulcer risk management and prevention [6]. These guide-
lines were in part derived from the Royal College of Nursing. The NICE
guidelines provide both a clinician and patient versions. The NICE guide-
lines are quite similar to the guidelines of the U.S. Agency for Health Care
Policy and Research (now the U.S. Agency for Health Care and Quality)
for pressure ulcer prevention in that both clinician and patient versions ex-
ist [4, 7].

Coupled with the growing needs for governments to manage their health
expenditures more effectively, healthcare consumers have become increas-
ingly aware through the media (internet, television) that pressure ulcers
can be prevented and effectively treated. Thus, a more informed general
public has led to the increasing need for healthcare providers to be edu-
cated on proper pressure ulcer care. One potentially negative consequence
of an informed general public has been the increased scrutiny by the legal
and/or government body to litigate or sanction penalties when care is not
optimized.

Litigation

There remains a steady increase in litigation related to either the develop-
ment of pressure ulcers or failure to effectively manage them. This is
fuelled by ever-increasing media attention to patients suffering from these
ulcers. Moreover, in recent years there has been an effort by professional
health organizations and ministries of health to educate the consumer on
pressure ulcers. Although most cases may be settled through an inquiry by
a health trust, there appears to be an increase of consumers seeking finan-
cial remedies.

A growing number of health professionals view the development of pres-
sure ulcers as evidence of negligent care by a healthcare provider or health
system. In one study by Tsokos et al. [8], 11.2% of 10,222 corpses in Ger-
many were found to have a pressure ulcer. This study found that the ma-