AMDA- THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

RESOLUTION F24

SUBJECT: CLINICIAN'S ROLE AND IMPACT IN ELIMINATING HEALTH CARE DISPARITY AND INEQUITY FOR EARLY DETECTION OF STAGE I PRESSURE INJURY AND DEEP TISSUE PRESSURE INJURY AMONG PEOPLE WITH DARK SKIN TONES

INTRODUCED BY: THE MID-ATLANTIC SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE AND THE DIVERSITY, EQUITY, AND INCLUSION COMMITTEE

INTRODUCED ON: MARCH 2024

1 WHEREAS, Evidence suggests that United States and Worldwide skin tone 2 demographics continue to shift. Stage I Pressure Injury (PI) in people with dark skin tone 3 is often missed. Similarly, Deep Tissue Injury (DTI) PI is discovered at a later stage with 4 a larger size in darker skin tone as compared to light skin tone people; 5 6 **AND WHEREAS**, Evidence suggests that a higher rate (16.6%) of PI has been reported 7 among darker skin tone patients who were admitted to nursing homes as compared to 8 lighter skin tone (8.4%). Among all ethnic and racial groups, darkest skin tone patients 9 have the highest prevalence of severe PI (Stage III-7% and IV-8%) as compared to the 10 lighter skin tone PI (Stages III and IV- 3%). The gap analysis manifests inadequate 11 knowledge of clinical skin assessment for dark skin tones. It is also evident that mere 12 visual inspection of the skin and widespread reliance on blanching is incomplete and 13 unreliable; 14 15 AND WHEREAS, Evidence suggests that there is a need for objective skin assessment based on the Standardized criteria of skin evaluation versus ethnic or culturally based 16 17 skin description (Asian, African, American, Korean, others). Some of the objective 18 assessment tools for skin tone classification are, but not limited to Fitzpatrick 19 Classification Scale, The Skin Tone Color Scale System, Eumelanin Human Skin Color 20 scale. Standardized visual inspection practices in terminology and technique ensure 21 consistency among various clinicians' assessments at the same or variable time; 22 23 AND WHEREAS, Evidence suggests that clinical assessment in conjunction with 24 augmented visual technology utilized for skin assessment (Examples are Sub Epidermal 25 Moister Technology, and Long Wave Infrared Technology) has suggested its usefulness in early detection, reducing the incidence and increasing the healing rate of PI patients 26 27 with all skin tones; 28 29 **AND WHEREAS**, assessment of dark skin tones for presence of stage I PI or deep tissue

30 injury through identification of skin redness or blanching is unreliable. Standardizing

31 inspection of dark skin for discoloration, subtle temperature changes, edema, changes in

- tissue consistency and pain are required to improve detection of early PI development indark skin.
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35 THEREFORE BE IT RESOLVED, that AMDA—The Society for Post-Acute and 36 Long-Term Care Medicine, encourages and facilitates clinicians to play an active role in 37 educating and training facility staff and leadership regarding standardization of visual 38 inspection practices with reference to terms and technique of skin assessment and ensure 39 consistency among various clinical assessments. The Society should provide them tools 40 to teach the standardized process and incorporate evaluation of facility practices. The role 41 of the clinician in their educational sessions should include, but not limited to,

- 42 identifying, and minimizing the knowledge gap and inclusivity in regard to representation43 of diverse skin tone.
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46 **FISCAL NOTE:**

- 47 If passed by the House of Delegates and adopted as Society policy by the Board of
- 48 Directors, the fiscal impact of this would be low, as it would be incorporated into
- 49 AMDA's existing and ongoing education work.
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