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Experience Report

Standardization of Wound Assessment at a Public Hospital in São Paulo

Padronização da Avaliação de Feridas em Hospital Público de São Paulo

Estandarización de la Evaluación de Heridas en un Hospital Público de São Paulo

Abstract

Objective: To report the development and implementation of a digital tool to standardize wound assessment, dressing prescription, and wound follow-up in a public hospital in São Paulo, Brazil. **Method:** Experience report guided by the SQUIRE 2.0 reporting guideline, developed in the context of wound care management. The experience involved the Skin Care Committee, inpatient unit nurses, and continuing education professionals. The intervention included the creation of an Excel-based tool using the TIMERS acronym, linked to an institutional drive with standardized dressings and a form for specialized consultation requests. **Results:** The tool was made available in inpatient units after institutional training and dissemination. Nurses adhered to its use, consultation requests increased, and nurses reported greater autonomy in systematic wound care management. **Conclusion:** The experience indicates that simple digital instruments based on clinical frameworks can organize wound assessment, support nursing decision-making, and improve care workflows in hospitals.

Descriptors: Wounds and Injuries; Nursing Care; Nursing Process; Health Technology; Quality Management.

Resumo

Objetivo: Relatar a construção e a implantação de uma ferramenta digital para padronização da avaliação, prescrição de coberturas e acompanhamento de feridas em um hospital público do município de São Paulo. **Método:** Relato de experiência orientado pela diretriz SQUIRE 2.0, desenvolvido no contexto da gestão do cuidado em feridas. A experiência envolveu a Comissão de Cuidados com a Pele, enfermeiros das unidades de internação e profissionais de educação permanente. A intervenção consistiu na criação de ferramenta em Excel baseada no acrônimo TIMERS, vinculada a um drive institucional com lista de coberturas padronizadas e formulário para solicitação de interconsulta. **Resultados:** A ferramenta foi disponibilizada nas unidades de internação após divulgação e capacitação institucional. Observou-se adesão dos enfermeiros, aumento dos pedidos de interconsulta para apoio à continuidade do cuidado e maior autonomia na gestão sistematizada de lesões. **Conclusão:** A experiência indica que instrumentos digitais simples, construídos a partir de referencial clínico, podem organizar a avaliação de feridas, apoiar a decisão do enfermeiro e qualificar fluxos assistenciais em serviços hospitalares.

Descritores: Ferimentos e Lesões; Cuidados de Enfermagem; Processo de Enfermagem; Tecnologia em Saúde; Gestão da Qualidade.

Resumen

Objetivos: Relatar la construcción y la implementación de una herramienta digital para estandarizar la evaluación, prescripción de coberturas y seguimiento de heridas en un hospital público del municipio de São Paulo. **Método:** Relato de experiencia guiado por la directriz SQUIRE 2.0, desarrollado en el contexto de la gestión del cuidado de heridas. La experiencia involucró a la Comisión de Cuidados de la Piel, enfermeros de unidades de hospitalización y profesionales de educación permanente. La intervención incluyó una herramienta en Excel basada en el acrónimo TIMERS, vinculada a una unidad institucional con coberturas estandarizadas y solicitud de interconsulta. **Resultados:** La herramienta fue puesta a disposición de las unidades de hospitalización después de capacitación y divulgación institucional. Hubo adhesión de los enfermeros, aumento de las interconsultas y mayor autonomía en la gestión sistematizada de lesiones. **Conclusión:** La experiencia indica que instrumentos digitales simples, basados en marcos clínicos, pueden organizar la evaluación de heridas, apoyar la decisión del enfermero y mejorar los flujos asistenciales hospitalarios.

Descriptores: Heridas y Lesiones; Atención de Enfermería; Proceso de Enfermería; Tecnología Sanitaria; Gestión de la Calidad.

INTRODUCTION

The care of patients with wounds in a hospital setting requires systematic clinical assessment, clear documentation, and decision-making supported by technical criteria. Skin lesions have different etiologies, levels of complexity, and therapeutic responses. Therefore, prescribing wound dressings requires analysis of the tissue, signs of infection, moisture, wound edges, pain, progression, and the patient's clinical condition⁽¹⁾.

The Nursing Process guides the organization of this care, as it integrates assessment, diagnosis, planning, implementation, and evaluation of outcomes. In wound care management, this process allows nurses to choose interventions consistent with the nature of the wound, therapeutic goals, and the patient's possible level of autonomy. This approach also promotes continuity of care across shifts, units, and healthcare professionals⁽¹⁻²⁾.

In hospital settings, the absence of standardized tools can lead to inconsistent records, uncertainty about available coverage, and delays in requesting specialized support. The literature on quality improvement recommends that care interventions be described by considering the context, the intervention itself, and an evaluation of the resulting effects. The SQUIRE 2.0 guideline was proposed for reports on initiatives that seek to improve quality, safety, and value in healthcare⁽³⁾.

The acronym TIMERS (Tissue/Debridement, Infection, Moisture, Edge, Regeneration, and Social Factors) has been used in the assessment of the wound bed⁽⁴⁾. It organizes clinical components related to tissue, inflammation or infection, moisture, wound edges, repair or regeneration, and social or patient-related factors. Its use in clinical tools can support nurses' decision-making and reduce variations in the assessment of complex wounds⁽⁵⁻⁶⁾.

At the public hospital described in this report, the Skin Care Committee identified the need to standardize wound assessment, dressing prescriptions, and daily wound monitoring. The chosen solution was the development of a digital tool in Excel, integrated with an institutional drive containing a list of dressings standardized by the São Paulo Municipal Health Department and providing access to requests for specialized consultations.

The objective of this study was to report on the experience of developing and implementing a digital tool to standardize wound assessment, dressing prescriptions, and wound monitoring at a public hospital in the city of São Paulo.

METHOD

Study Type

This is a report on a clinical care experience applied to wound care management. The manuscript was structured according to the SQUIRE 2.0 guidelines, recommended by the EQUATOR Network for reports on quality improvement in health care⁽³⁾.

Study Setting

The experience took place at a public hospital in the city of São Paulo, within the context of inpatient units and the Skin Care Commission. The service faced a demand for wound assessment, the use of dressings standardized by the Municipal Health Department, and the need for support through specialized consultations.

Study Period

The study was documented for scientific submission in 2026. The institutional documents used in this report did not specify the start month, end month, or duration of implementation. For this reason, the operational period was described based on the stages carried out, without monthly dating.

Participants in the study

Participants in the study included nurses from the Skin Care Commission, continuing education professionals, nurses from inpatient units, and staff involved in interdisciplinary consultations. Patients with wounds were indirect beneficiaries of the care intervention and are not identified by name in this report.

Ethical and Integrity Considerations

This report did not use individual patient data, images, identifiable medical records, or the names of healthcare professionals. The information presented is derived from the institutional description of the study and aggregated observational results.

OBJECTIVES OF THE EXPERIENCE

To create an action plan for the technical training of nurses in wound classification, selection of dressings, and daily monitoring of wounds.

To develop and implement a digital tool based on the TIMERS acronym to standardize wound assessment, dressing prescription, and wound monitoring.

Facilitate nurses' access to the list of standardized dressings and the workflow for requesting specialized consultations.

Encourage nurses to share responsibility for the systematic management of wounds and skin lesions.

DESCRIPTION OF THE EXPERIENCE

The initiative began with the identification of challenges related to wound classification, dressing selection, and the documentation of daily follow-up. The Skin Care Committee analyzed the need for a common tool to support nurses' clinical decision-making and facilitate communication between units.

The first step was to develop a digital tool in Excel. This format was chosen due to the institution's availability of the software, the staff's familiarity with spreadsheets, and the ability to install it on computers in inpatient units. The tool was built based on the acronym TIMERS, enabling nurses to classify aspects of the wound bed and record data necessary for care planning.

The tool was designed to support three care functions. The first was the standardized assessment of the wound. The second was the prescription of dressings based on clinical characteristics and available products. The third was daily monitoring, including documentation of progress and the need for reassessment or consultation with other specialists.

On the same institutional drive, the team included a list of dressings standardized by the São Paulo Municipal Health Department. This list contained both brand names and generic names, which reduced uncertainty during the selection process and promoted alignment between prescriptions, inventory, and clinical practice.

The drive also included a link to request specialized consultations. This decision integrated the tool into the internal support network, as it allowed nurses to request additional evaluations in cases of complex wounds, lack of expected progress, or the need for guidance on coverage.

After development, the tool was disseminated by the Skin Care Management Committee. The team conducted training and provided technical guidance to nurses, focusing on wound classification, use of the TIMERS acronym, selection of dressings, and daily monitoring. Subsequently, the drive was installed on computers in inpatient units, facilitating access during patient care.

The implementation highlighted the nurse's role as the primary caregiver responsible for skin care management. The tool did not replace clinical assessment. It organized information, supported access to available resources, and facilitated referrals for interdisciplinary consultation when necessary.

MAIN RESULTS ACHIEVED

The initiative produced an institutional tool accessible to nurses in inpatient units. The availability of the file on the units' computers reduced barriers to access and allowed for consultation during routine patient care.

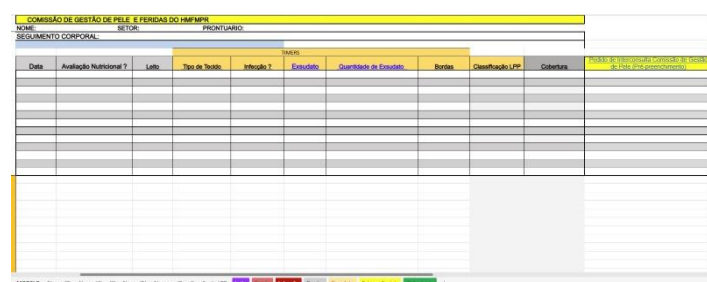
The promotion carried out by the Skin Care Committee led to the tool's use by nurses. The original records indicate that professionals adopted the drive and used the tool to support assessment, selection of dressings, and follow-up of lesions.

A significant increase in requests for interdisciplinary consultations was observed. The team interpreted this result as greater demand for specialized support to ensure continuity of care, rather than a loss of autonomy. The tool made it possible to identify situations requiring further assessment and organized referral.

The experience was also associated with greater autonomy for nurses in the systematic management of skin care. The professionals began to rely on a standardized assessment protocol, quick access to the list of dressings, and a defined process for requesting technical support.

Institutional documents report positive feedback from nurses and a significant reduction in the length of hospital stay for patients monitored with the support of the tool and the committee. This finding should be interpreted with caution, as there was no description of a quantitative method, baseline, comparison group, or statistical analysis. The developed tool is shown in the figure below.

Figure 1 - Wound assessment and classification tool, São Paulo (SP), Brazil, 2026.



Source: Author's own work.

DISCUSSION

This study describes an intervention with low operational costs, developed using digital resources available in the institution's daily routine. Its primary function was to reduce variation in wound assessment and facilitate nurses' decision-making regarding wounds monitored in inpatient units.

The organization of care through the Nursing Process is directly related to wound management. Assessing the wound, setting goals, prescribing care, monitoring the response, and revising treatment plans are steps consistent with nursing practice. When these steps are documented in a standardized manner, continuity of care tends to be clearer among professionals⁽¹⁻²⁾.

The use of TIMERS provided a clinical framework for the instrument. This acronym broadens the interpretation of the wound bed beyond its immediate appearance, as it includes factors related to tissue, inflammation, moisture, edges, healing, and social or patient-specific aspects. This approach aligns with wound bed preparation and the comprehensive assessment of the person with the wound⁽⁵⁻⁶⁾.

The integration of assessment, dressing lists, and interconsultation was a central aspect of the experience. Standalone digital tools may have little effect when they are not connected to the actual workflow. In this report, the drive brought together an assessment tool, access to standardized products, and requests for specialized support, which integrated technology into the routine of patient care.

The increase in interconsultation requests suggests that nurses have come to better recognize situations requiring specialized support. This finding may also indicate greater institutional visibility for the committee. In this context, interconsultation played a role in supporting continuity of care, especially in more complex cases.

The professional autonomy described in the results should not be understood as acting in isolation. It relates to the ability to assess, document, and prescribe care within legal authority and to request support when necessary. This form of autonomy depends on technical knowledge, protocols, continuing education, and the availability of resources.

The reported findings are consistent with studies addressing health technologies for the prevention of pressure injuries and advanced practices in the care of chronic wounds. Assistive tools and technologies can support clinical practice when linked to training, institutional workflows, and the nurse's clinical assessment^(2,7-8).

Despite the favorable results, the experience still lacks objective measurement. Indicators such as the average time between wound identification and the first assessment, time to interconsultation, adherence to documentation, adequacy of prescribed coverage, and lesion progression could strengthen the evaluation of effectiveness in future stages.

Study Limitations

The main limitations were the absence of a defined operational period, the lack of comparative quantitative indicators, and the absence of statistical analysis. There was also no description of the number of trained nurses, the number of patients followed, or formal criteria for assessing the reduction in length of hospital stay.

Contributions to Science

This experience presents a replicable strategy for services that need to standardize wound care management using simple digital resources. The tool can support continuing education, access to standardized dressings, requests for consultations, and continuity of care. For nursing, this approach reinforces the use of the Nursing Process in wound assessment and systematic clinical follow-up.

CONCLUSION

The development and implementation of a digital tool based on the TIMERS acronym enabled the organization of wound assessment, dressing prescriptions, and daily wound monitoring at a public hospital in the city of São Paulo.

The experience was associated with nurses' adherence to the protocol, increased use of specialized consultations, and a perception of greater professional autonomy in the systematic management of skin care. The tool also facilitated access to the list of standardized dressings provided by the Municipal Health Department.

The report indicates that simple care technologies can support nursing practice when linked to training, institutional committees, and care pathways. It is recommended that future phases include objective process and outcome indicators, with evaluations conducted before and after implementation.

AUTHORS' CONTRIBUTION

Transparency in authors' contributions according to the [CRediT](#) Taxonomy.

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