

Assessment 2: Care Setting SOAR Analysis

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Care Setting SOAR Analysis

A widespread healthcare challenge, pressure ulcers influence the outcome of patients and the quality indicators of organizations. This analysis explores an approach a surgical ward can adopt to manage pressure ulcers through an Appreciative Inquiry (AI) framework and SOAR (Strengths, Opportunities, Aspirations, Results) analysis. Developing an emphasis on AI's discovery and dream phases, this report appraises the leadership structure, critiques organizational strengths, identifies areas of concern, and states strategies for improving quality and safety. The analysis is congruent with the **organization's** purpose of providing high-quality patient-centered care and its vision of emerging as a leader in healthcare excellence.

Appraising the Leadership Structure

The Surgical Ward is run with a hierarchical leadership structure with a Chief Nursing Officer (CNO) at the Organisational level, direct supervision by the Nurse Unit Manager (NUM), and supported by a clinical nurse leader, charge nurse, and interdisciplinary care teams at the clinical level. Such a structure enhances the quality and safety of the prevention of pressure ulcers because the responsibility from the management cascades down to all staffing levels, allowing for prompt decision-making, and promotes compliance with the clinical guidelines. The discovery phase of AI highlights the **organization's** strengths in leadership and staff education, which contribute to current pressure ulcer prevention efforts. Standard Quality Improvement (QI) rounds (led by the NUM) include skin integrity audits and Braden Scale risk reviews to preemptively identify at-risk surgical patients (Kennerly et al., 2022). Leadership creates an environment of safety by requiring continuous staff teaching about pressure ulcer avoidance mechanisms, specifically applied to the operative phase. This is necessary in an environment where immobility and anesthetic dangers are common. A Pressure Ulcer Prevention Task Force

should be appointed in the Surgical Ward to bring this leadership structure to a higher level and eliminate all related complications (Marchon & Maillard, 2023). This is the dream phase run under the leadership of a Clinical Nurse Specialist (CNS) in wound care. The responsibility of this task force would be to integrate the most recent EBP, perform real-time bedside coaching, and ensure that repositioning schedules, device offloading, and documentation protocol are met. The team would also conduct monthly performance feedback and direct root-cause analyses when pressure injuries occur, driving continuous improvement.