

Development and Validation of the International Skin Tear Advisory Panel Skin Tear Data Collection Tool

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ABSTRACT

OBJECTIVE: Numerous studies have examined the epidemiology of skin tears; however, inconsistent definitions, classification systems, and data collection methods have highlighted the need for a validated and standardized tool. The primary objective of this study was to validate a data collection tool for skin tears. A secondary aim was to provide a freely accessible tool for health care providers or researchers to collect consistent and reliable data on skin tears.

METHODS: The development of the tool was guided by the 2018 International Skin Tear Advisory Panel (ISTAP) Best Practice Recommendations for the prevention, assessment, and management of skin tears in aged skin. Between June and October 2024, a multimethod validation process was undertaken. Content validity ratio and content validity index calculations were used to quantify content validity, supported by qualitative feedback from 15 experts to assess face validity and provide suggestions for refinement.

RESULTS: The final tool consists of 22 questions addressing a patient's demographics, clinical features of the skin tear, associated risk factors, and contextual data. The content validity index was calculated at 0.72, indicating an acceptable level of content validity. International experts reached consensus following a 2-round qualitative review, resulting in subsequent adjustments to the tool.

CONCLUSIONS: The ISTAP DC-Tool was developed based on evidence-informed recommendations and validated by an international panel of experts. Its implementation will support health care providers and researchers in gathering standardized epidemiological data contributing to clinical practice improvements, quality initiatives, and further research in skin tear prevention and management.

KEYWORDS: acute wounds, epidemiology, incidence, prevalence, skin tears

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INTRODUCTION

Skin tears are an acute wound, defined by the International Skin Tear Advisory Panel (ISTAP) as “a traumatic wound caused by mechanical forces, including removal of adhesives. Severity may vary by depth (not exceeding through the subcutaneous layer).”¹

This definition is important as it helps health care professionals to differentiate a skin tear from other types of wounds, for example, pressure injuries, moisture lesions, irritant contact dermatitis, and tension blistering.² Differentiating a skin tear from other wound etiologies is also vital to facilitate estimation of the prevalence and incidence of these injuries.

Early studies examining the rate of skin tears suggested that more than 1.9 million institutionalized adults would develop a skin tear each year in the United States.³ Existing studies examining incidence in long-term care facilities have reported rates of between 1.57% and 1.8%.^{4–7}

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Prevalence of Skin Tears

A recent synthesis of the evidence by Van Tiggelen and Beekman⁸ provides a clearer picture of the prevalence and incidence of skin tears. According to these authors, there were 25 skin tear prevalence studies between 1998 and 2020.⁸ Of these, the majority were in Australia (n=8), Canada (n=5), and Asia (n=4), with the remainder being from other countries such as the United States, Denmark, Brazil, and Belgium. The settings for these studies varied, with the majority (n=12) in long-term care, followed by acute care (n=10), with fewer in the community and palliative care (n=2 and n=1, respectively). Evidence from these studies suggests that the collective prevalence of skin tears in long-term care is between 4.7% and 26%. However, skin tear prevalence increases to 41.2% in settings where individuals with dementia receive care.⁸ In acute care settings (including pediatrics), the reported skin tear prevalence rate is between 3.7% and 19.5%.⁸

Incidence of Skin Tears

Van Tiggelen and Beekman⁸ also reported on 17 skin tear incidence studies published between 1990 and 2019. Most studies were undertaken in the United States (n=8), followed by Japan and Australia (n=3), with Canada, New Zealand, and the United Kingdom having 1 study each. Like the studies examining prevalence, many incidence studies are related to long-term care (n=10), with fewer for acute care and community settings. In the studies reported by Van Tiggelen and Beekman, the measured period-incidences ranged from 22 days to 2 years, with the most common period being 1 month (n=6). In long-term care, the reported skin tear incidence rates were between 2.2% (measured over a 5-month period) to 44.8% (for a 1-mo period). For acute care (n=3 studies), the incidence ranged from 6.3% (1-month period) to 58.8% for a critical care setting (measured over 22 d).⁸

Although the figures for prevalence and incidence are helpful in establishing the likely rate of skin tears, determining an accurate measure is compromised by changes in the definition of a skin tear over time. In addition, when determining the severity of the skin tear, the available systems for classifying skin tears, for example, Payne-Martin Skin Tear Classification System,⁹ the STAR Classification,¹⁰ or in more recent years the ISTAP classification,¹¹ categorize these wounds differently, leading to data that cannot be directly compared or combined. Ultimately, this could mean that the prevalence and incidence are being underreported due to a lack of knowledge and ability to identify a skin tear. Inconsistencies in both the definition of a skin tear and how it is classified, as well as different methodologies for collecting skin tear data, highlight the need for an effective, evidence-based data collection tool that provides health care practitioners with a reliable and valid method for determining the prevalence and/or incidence of skin tears. The objective of this study was to validate a data collection tool for skin tears, which could subsequently be used in clinical practice to establish the epidemiology, classification, and cause of skin tears for research purposes to determine whether there is a correlation between skin tone and prevalence or incidence of skin tears. The tool can be used to identify the most common risk factors for skin tears.

METHODS

The ISTAP data collection tool (ISTAP DC-Tool) was based on the 2018 Best Practice Recommendations for Skin Tears.¹ Thereafter, 15 ISTAP members evaluated the tool on face and content validity. These subject-matter experts have

diverse experiences in research, education, and clinical practice covering a large geographic area. The group of experts consisted of 5 members from the United Kingdom, 3 from Belgium, and 3 from Canada. The remaining experts were from Brazil, Chile, South Africa, the United Arab Emirates, and Australia.

Ethics

The expert panel gave its informed consent to participate in the study. Following consultation with the Chair of the Ethics Committee in the School of Medicine at Cardiff University, it was deemed that ethical approval was not required for this study as all participants were researchers actively involved in the study and are listed as authors. No external participants were recruited.

Development of the ISTAP DC-Tool

The ISTAP DC-Tool was created using the Microsoft Forms online data collection platform. This format was chosen because it is simple to share a link using this software, and it also allows users to easily duplicate and adapt the form for local needs if required. The first version of the tool consisted of 31 questions (items) subjected to the validation process. The final version of the tool includes 22 questions (which are discussed in the Results section); the reduced number of items reflects a decrease in the number of skin tears that could be recorded at any one time from 5 to 3, thereby reducing the total number of questions.

Validation of the ISTAP DC Tool

Face validity is a subjective assessment, usually made by experts or other stakeholders, to evaluate if a questionnaire seems to assess the intended construct.¹² This study's aim and construct were to collect skin tear data. To establish the face validity of the ISTAP DC-Tool, 15 subject-matter experts were consulted between June and October 2024 through email and asked to answer "yes," "no," and/or provide "additional comments" in response to the following questions:

1. Are the questions relevant to skin tears?
2. Does the measurement method seem useful for measuring the variable?
3. Is the measure seemingly appropriate for capturing the variable?
4. Is the language clear and unambiguous?

Two researchers (S.H. and A.F.) reviewed any additional comments, adjusted the tool accordingly, and returned the revised tool to the expert group for its final approval and group consensus.

Content validity judgment of a questionnaire evaluates whether a tool comprehensively represents the measured construct and whether the items are relevant and appropriate for the intended scope.¹² A multiple-methods approach, using both quantitative and qualitative measures, was used to check the content validity of the newly developed data collection tool.¹³ Lawshe's quantitative method for calculating the content validity ratio (CVR) and content validity index (CVI)¹⁴ was employed to determine the necessity and relevance of each questionnaire item, respectively. The qualitative content assessment measure was the opinion of 15 experts regarding the necessity, simplicity, and relevance of the questionnaire items. The group of experts rated each item as either "essential," "useful but not essential," or "not necessary." The following formula¹⁴ was used to calculate the CVR:

$$\text{CVR} = (n_e - N/2) / (N/2),$$

where *n* is the number of experts indicating “essential” and *N* is the total number of experts.

Values range from -1 (perfect disagreement) to +1 (perfect agreement), with values above zero indicating that at least half of the experts agree that the question is essential—the closer to +1, the higher the content validity.¹⁵ The CVI indicates the extent of expert agreement and is the average of the panelists’ agreement on each item that constitutes the final instrument. According to Ayre and Scally,¹⁵ a minimum of 12 out of 15 experts need to agree on an item as “essential,” yielding a CVR critical value of 0.60. This critical value was applied to establish whether the level of agreement was above that which may have occurred by chance.

RESULTS

The ISTAP DC-Tool collects patient or resident information, including demographic details (eg, age, sex, medical history), clinical characteristics of the skin tear (eg, location, size, severity, wound edges, presence of bleeding, or exudate), risk factors (eg, history of previous skin tears, mobility status, skin fragility, use of anticoagulants, or corticosteroids), and relevant contextual data (eg, cause of injury, care setting, interventions applied, and time to assessment) (Figure 1). The user guide that accompanies the ISTAP DC-Tool provides an explanation/justification for why the item was included.

ISTAP DC-Tool: Questions 1 to 8

The tool includes the ISTAP skin tear definition,¹¹ as this has been validated internationally.¹⁶ Incorporating the ISTAP definition within the ISTAP DC-Tool should ensure it is used appropriately. The ISTAP DC-Tool requires the user to select their professional designation and health care setting. Patient demographic information includes year of birth, which was included as age (particularly extremes of age), which is a recognized risk factor for skin tears.¹⁷ Variables related to gender and skin tone were also included to help provide more evidence about the potential influence of these factors on the rate of skin tears in different populations. For the assessment of skin tone, the adapted version of the Ho and Robinson tool¹⁸ was used.¹⁹ Originally referred to as the “color bar tool,” the name was

revised to “skin tone tool” to avoid the discriminatory connotation of the phrase “color bar.”

The ISTAP DC-Tool allows the user to record up to 3 skin tears on 1 form (an additional form is needed for more than 3 skin tears). Table 1 lists the 8 questions in the initial section of the ISTAP DC-Tool.

ISTAP DC-Tool: Questions 9 to 19

The tool includes 10 options for recording the location of the skin tear to help comparison with existing evidence, which suggests that 50% to 80% of skin tears commonly occur on the upper extremities (arms and hands), followed by lower extremities (15% to 57%), with only 5% occurring on other areas of the body.^{6,7,17}

The ISTAP DC-Tool includes the ISTAP classification system to categorize the severity of the skin tear. This system has been validated internationally for use in clinical practice and research^{11,16} and has also been translated into 15 different languages (<https://www.skintears.org/resources>), demonstrating its external validity. The ISTAP DC-Tool also includes a question related to the setting where the skin tear(s) occurred. Collecting this information will help to establish if the skin tear was facility-acquired.

The ISTAP Best Practice Recommendations¹ provides a list of suggested products to treat skin tears. These include nonadherent mesh dressings (eg, lipidocolloid mesh, impregnated gauze mesh, silicone mesh, and petrolatum), foam dressings, hydrogels, 2-octyl cyanoacrylate topical bandage (skin glue), calcium alginates, gelling fibers, and acrylic dressings. For infected wounds, antimicrobial dressings containing methylene blue and gentian violet dressings (depending on availability) or ionic silver dressings are recommended. The ISTAP DC-Tool includes an item for the type of wound treatment currently being used. The purpose of this question is to determine whether a suitable dressing is being used, and to identify where inappropriate products are being used, for example, iodine, film or hydrocolloid dressings, gauze, and wound closure strips, which are not recommended.¹

The ISTAP DC-Tool asks the user to indicate how long the skin tear(s) have been present. The justification for this is that skin tears are acute wounds and, if uncomplicated, should heal

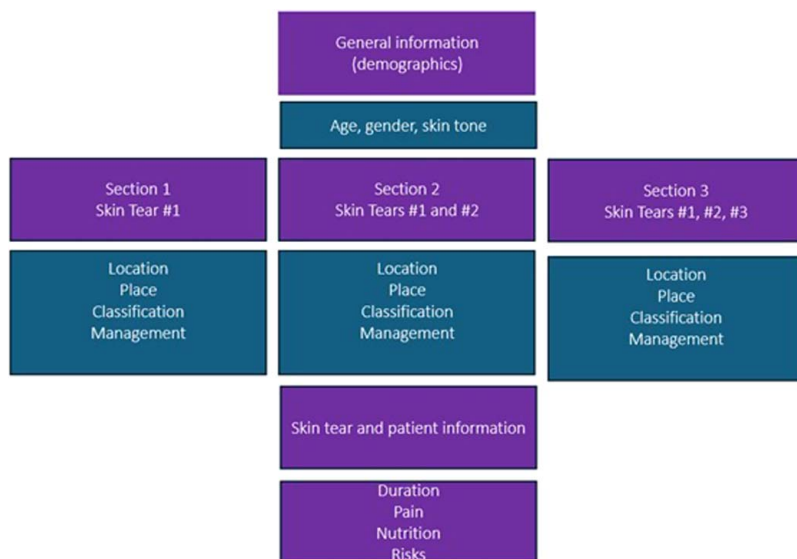


FIGURE 1. ISTAP DC-TOOL: SECTIONS AND BRANCHING AS ON THE ONLINE MICROSOFT FORMS PLATFORM

TABLE 1. ISTAP DC-TOOL SECTION 1

Q1	Date of data collection
Q2	Designation of person completing this form
Q3	Select the patient/person's current setting
Q4	Please assign a patient/person code or number
Q5	Patient's year of birth
Q6	Patient's gender
Q7	Skin tone tool (adapted from Ho and Robinson ¹⁸): Use the picture below to select the nearest skin tone of the patient/person and select the appropriate number (1-6)
Q8	Number of skin tears currently present

within 14 to 21 days.¹ If a skin tear has been present for more than 3 weeks, further advice should be sought.¹ For skin tears on the lower limb, a vascular assessment should be undertaken, including an ankle brachial pressure index (ABPI)/ankle brachial index (ABI).²⁰ In the absence of arterial disease, the use of compression therapy is indicated to promote healing of the skin tear.²⁰

Expert opinion suggests that there are several common causes of skin tears.¹ Collecting these data will help to determine the cause (s) and help to identify if the skin tear was facility-acquired. For example, damage to the skin caused by removing an adhesive/device/dressing would be considered a medical adhesive-related skin injury.¹¹ Identifying how the skin tear(s) occurred will also help to determine what aspects of a risk reduction pathway need to be implemented.¹¹ Therefore, the ISTAP DC-Tool includes a question about how the skin tear occurred. Options include blunt force (including falling), friction, removal of adhesive device/dressing, equipment-related, while performing activities of daily living, during patient transfer, or unknown.

General information about the patient includes the presence of pain (when the skin tear occurred and after wound treatment) as assessed by a numerical rating scale, or the Wong-Baker Faces Scale, depending on the patient's level of cognition. This item was included as there was an expert consensus that skin tears are painful¹; however, this is currently based on anecdotal opinion. Hence, incorporating an assessment of pain will help to provide evidence of the intensity of pain associated with a skin tear. The patient's history of previous skin tears is also assessed because it is a risk factor for further skin tears.¹⁷ There are several additional factors that can put an individual at risk of skin tears¹⁷; these are included in the ISTAP DC-Tool (Table 2).

ISTAP DC-Tool: Questions 20 to 22

Adequate nutrition and hydration are required to maintain skin integrity, as well as being essential to promote wound healing.¹ Therefore, an item related to whether a nutritional assessment had been undertaken was included to highlight this as

TABLE 2. RISK FACTORS FOR SKIN TEARS¹⁷

Reduced mobility
Dependence on activities of daily living
Chronic/critical disease
Aggressive behavior
Dementia
History of falls
Xerosis (dry skin)
Skin changes due to aging (skin atrophy, ecchymosis, senile purpura, hematoma, and stellate pseudoscar)
Medications (corticosteroids, NSAIDs, polypharmacy >5 medications)

Abbreviation: NSAIDs, nonsteroidal anti-inflammatory drugs.

an important requirement for individuals with a skin tear. Equally, evidence suggests that falls are associated with skin tears¹; hence, an item related to whether a falls risk assessment had been undertaken has been included. A free-text response is included as a final question so the user can provide relevant additional information, such as notes about any actions taken or advice provided, as a record of documentation.

Validation of the ISTAP DC-Tool

Fifteen subject-expert members participated in the face and content validity phases between June and October 2024. Supplement A, Supplemental Digital Content 1, <http://links.lww.com/NSW/A248>, provides a detailed report regarding the items, comments, and CVR/CVI calculations.

Face Validity

The experts either indicated their “yes” or “no” comments on the face validity questions and/or provided additional comments. Two researchers (A.F. and S.H.) reviewed and discussed each comment. A narrative of the feedback and responses was documented in Supplement A, Supplemental Digital Content 1, <http://links.lww.com/NSW/A248>. After the experts' comments were addressed in the first round, a 100% agreement was reached on the second review. Most comments were about clarity and nonambiguity of language, for example, changing wording such as “sustained” to “occurred” and “off-site” to “other area within the facility.”

Content Validity

Thirty-one items were evaluated as either “essential,” “useful but not essential,” or “not necessary.” Twenty-four out of the 31 items had a CVR ≥ 0.60 , interpreted as ≥ 12 out of 15 experts rating the individual items as “essential.” The average CVR score of all items (CVI) was 0.72 (Figure 2).

The 2 researchers (S.H. and A.F.) discussed 7 items, scoring a CVR of 0.33 or 0.47. They either adjusted the items or justified their inclusion. The experts received the feedback in a second round of validation, after which a final version of the ISTAP DC-Tool was circulated for approval.

Adjustments Included

A clarification on the scope of the tool was added to the introduction section of the online DC-Tool:

The tool has been designed to collect data on the number of skin tears in a health care setting/facility. It will help users determine the type of skin tear (based on the ISTAP Classification Tool), the risk factors for skin tears, and how they are managed. The results can also be used to inform a quality improvement project.

A user guide (Supplement B, Supplemental Digital Content 2, <http://links.lww.com/NSW/A249>) was developed to accompany the DC-Tool to provide additional clarity for each item. The number of skin tear assessments was reduced from 5 to 3. The reduction in the number of skin tears resulted in a reduction of nine items.

Two items had a CVR of 0.33: “Has a pain assessment been done?” (item 22) and “Has a nutritional assessment been done?” (item 28). The ISTAP Best Practice Recommendations state that skin tears are painful acute wounds,¹ yet there are limited data to inform whether pain assessment is routinely undertaken. Similarly, nutrition is important both for maintaining healthy skin and supporting wound healing.^{21,22} The experts discussed

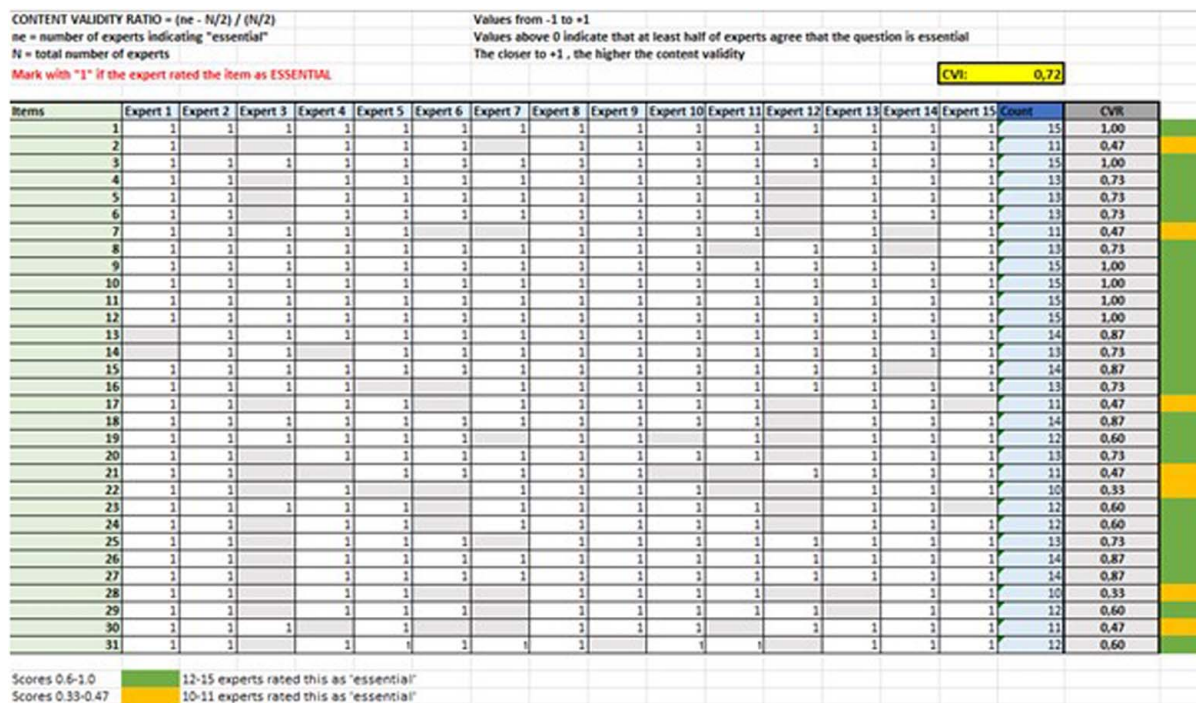


FIGURE 2. CONTENT VALIDITY RATIO AND CONTENT VALIDITY INDEX ANALYSIS

these items and were of the view that the inclusion of these in the tool has the potential to promote best practices.

DISCUSSION

The objective of this study was to validate a data collection tool for skin tears, ensuring it had good content validity for use in both clinical practice and research. The secondary aim was to provide a freely accessible tool for health care providers or researchers to collect data on skin tears in their facility. This freely accessible data collection tool is available via the ISTAP website (<https://www.skintears.org/resources>), where the authors can issue copyright permission for use.

The ISTAP DC-Tool was developed based on existing scientific literature and validated (face and content) by 15 international subject-matter experts. In addition to determining the rate of skin tears, the ISTAP DC-Tool seeks to promote standardization of the categorization of skin tears by incorporating a previously validated skin tear classification tool.¹¹ This classification tool has been validated in 15 other languages; hence, the ISTAP DC-Tool has the potential to be translated into those same languages to provide further consistency and facilitate global data comparisons. Another important feature of the ISTAP DC-Tool is the inclusion of the skin tone tool.¹⁹ This tool was incorporated to reflect the reality of clinical practice and to help determine whether an individual's skin tone may be a risk factor for a skin tear. In addition, inclusion of the skin tone tool enhances the external validity of the ISTAP DC-Tool.

The final version of the ISTAP DC-Tool includes 22 questions, 21 of which are mandatory. The tool was validated using a multiple-methods approach, which included calculating the CVR and CVI quantitatively and adjusting the items qualitatively until consensus was reached. The CVI of 0.72 was above the threshold of 0.60, as proposed by Ayres and Scally,¹⁵ for 15 panelists. Moreover, the experts provided suggestions to

improve the questions to minimize ambiguity in language and make the tool user-friendly (Supplement A, Supplemental Digital Content 1, <http://links.lww.com/NSW/A248>).

The ISTAP DC-Tool provides a standardized approach to assessing prevalence and incidence, offering valuable insights for clinical practice, policy development, and industry standards. Given its initial validation through expert review and its demonstrated CVI, this tool can be effectively integrated into various settings. A potential barrier to the introduction of the tool may be the perceived additional time it might take to undertake an assessment. To overcome this barrier, the health care providers could implement the tool within routine skin integrity assessments, ensuring optimal time efficiency while collecting valuable information for future quality improvement projects. The tool was developed to be user-friendly and intuitive, and with the accompanying user guide, the aim was to ensure accurate reporting and thereby strengthen the quality of epidemiological data. Table 3 provides a summary of the key steps to implementation to overcome any potential barriers and to ensure effective implementation and data collection procedure for use of the ISTAP DC-Tool.

The benefit of this online platform is that the user can view the data either in an Excel spreadsheet or extract it into graphs to indicate where a specific focus area could be, that is, all skin tears occurred during patients/residents falling. With this information, a root cause analysis or a quality improvement initiative and accompanying education program could be established to minimize the incidences. Those findings could be applied to guide health care interventions, resource allocation, and preventive strategies. The collected data can support policymakers in identifying trends and resource allocation strategies for wound care management. In reimbursement frameworks, objective data on skin tear prevalence can guide cost-effective intervention planning, improving access to preventive and therapeutic measures. Industry stakeholders can utilize findings to refine

TABLE 3. STEPS TO IMPLEMENT THE ISTAP DC-TOOL AND COLLECT DATA

Implementation of the ISTAP DC-Tool	Data Collection Procedure Using the ISTAP DC-Tool
<p>Health care professionals should undergo training to understand the tool's criteria and ensure consistency in its application.</p> <p>The tool should be incorporated into regular skin integrity evaluations, particularly in high-risk populations such as older adults and individuals with fragile skin.</p> <p>Health care providers should record data systematically, following the tool's guidelines to maintain accuracy across different settings.</p> <p>Ensure data are accurately recorded using standardized forms or digital systems. Validation by trained personnel helps improve reliability.</p>	<p>Determine whether the study focuses on prevalence (the proportion of individuals affected at a given time) or incidence (new cases over a specified period).</p> <p>Select the appropriate methodology: cross-sectional for prevalence or longitudinal/cohort for incidence.</p> <p>Define inclusion and exclusion criteria.</p> <p>Ensure the consistency of data collection by training the health care professionals involved.</p> <p>Ensure compliance with patient confidentiality and data protection regulations.</p> <p>Implement systematic and consistent data recording methods to minimize bias.</p> <p>Apply statistical methods to determine prevalence or incidence rates.</p> <p>Compare results across time frames to identify trends.</p> <p>Summarize results clearly, highlighting key implications for policy and clinical practice.</p> <p>Apply findings to guide health care interventions, resource allocation, and preventive strategies.</p>

product development, prioritizing evidence-based solutions that address identified risk factors. Moreover, awareness campaigns can leverage these insights to educate caregivers, institutional leaders, and the broader public, ultimately fostering a proactive approach to skin tear prevention and management. Future studies should continue validating the tool across diverse patient populations to refine its applicability. Through widespread adoption, this resource has the potential to drive impactful change across health care, reimbursement, industry, and educational initiatives.

It is important to adapt and translate evidence-based instruments into local contexts to overcome potential barriers to implementation. Currently, the DC-Tool is available in English, but it has the potential for translation into other languages if needed. The adaptation and translation process requires certain methodological steps to achieve this.²³

The ISTAP DC-Tool has been made freely accessible to enable health care professionals and researchers to adopt and adapt it for their work. The authors' aim, first and foremost, is to provide clinicians or researchers with a validated tool to use in their own capacity in their own local context. ISTAP wants to drive awareness and education through other colleagues collecting the data and assessing if there is still a gap in clinical practice. When access to the tool is approved, the user undertakes data collection, and the data remains accessible only to them; ISTAP does not have access to that data. It is not ISTAP's intention to be a central repository for the data at this current point in time; instead, it is envisaged that the data are used to inform clinical practice, research, or quality improvement locally. ISTAP welcomes opportunities to collaborate with colleagues to further strengthen the evidence base supporting the tool and to promote publication of the epidemiological data obtained to inform clinical practice.

Several approaches to evaluate the long-term impact of the ISTAP DC-Tool are needed, for example, tracking the adoption of the tool through users having to register with ISTAP to be granted permission to use the tool. It is hoped that those using the tool will publish the results of their prevalence and incidence studies to provide a more accurate picture of the epidemiology of skin tears, as well as identify what is required to improve patient outcomes. In time, it should be possible to gather comparative data from different health care settings to provide an insight into the tool's effectiveness. ISTAP engages with its 4000 members via a quarterly communique; the intention is to

undertake a survey of members to monitor implementation, for example, integration into clinical guidelines, local policies, and protocols. ISTAP welcomes opportunities to collaborate with researchers and institutions worldwide to support studies using the tool, contributing to a stronger evidence base. Citation and reference tracking in academic publications will also help to measure its influence in the scientific community. Collaboration with colleagues in industry will provide insight into how the tool could inform advancements in preventative strategies. Furthermore, evaluating how the tool contributes to professional training, awareness campaigns, and overall knowledge dissemination in health care communities will help to determine impact and long-term influence.

Limitations

During the qualitative phase, 2 researchers (S.H. and A.F.) discussed the panelists' feedback to determine whether it would be feasible to incorporate it into the DC-Tool. It is acknowledged that this may have introduced potential bias, which could be deemed a limitation of this study. However, the rationale for the decisions was discussed with the expert group and documented to promote transparency. All the experts approved the final version of the tool. It is acknowledged that no pilot testing with intended users has been conducted, nor has an evaluation of the tool's usability, psychometric properties, and real-world application been performed; hence, this is a recommendation for future research.

CONCLUSIONS

The need for a standardized data collection tool to establish the true prevalence and incidence of skin tears was identified. A data collection tool was developed to help identify the prevalence and incidence of skin tears in health care facilities to help inform clinical practice, quality improvement projects, or further research. The ISTAP DC-Tool was developed based on the ISTAP Best Practice Recommendations for Skin Tears in Aged Skin. The tool was validated by a group of experts, and all items achieved a moderate level of agreement, with 72% of experts in agreement with the content. The tool is freely available as an open-access resource to support the collection of data across all health care settings. The next step for the tool is to support colleagues in translating the tool for use in different countries and to encourage the publication of epidemiological data to inform health care policy and clinical practice.

Recommendations

Based on this study, it is recommended that:

- The ISTAP DC-Tool is tested in different health care settings to determine the instrument's usability.
- Subsequent research studies could seek to translate the ISTAP DC-Tool into different languages to determine whether it is valid and reliable when used across different cultures.

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