Facility-Level Assessment of Essential Practices for Quality Care: Pressure Ulcers

Facility Name_____ Date _____

1.	Completes a comprehensive skin assessment within 2-6 hours of admission/readmission. (1,2) (If no, see number 3.2 on POA.)	Yes	No
2.	Completes a comprehensive skin assessment at a minimum: on admission, readmission, quarterly, and with a significant change in condition. (1,3, 4) (If no, see number 3.2 on POA.)	Yes	No
3.	Uses a validated pressure ulcer risk assessment tool. (1, 4) If no, see number 4.1 on POA.)	Yes	No
4.	Has established a standardized pressure ulcer risk assessment schedule at a minimum: on admission, readmission, weekly X 4, and quarterly. (4) (If no, see number 4.2 on POA.)	Yes	No
5.	Completes daily skin inspections for residents "at-risk" for developing pressure ulcers. (4) (If no, see number 4.3 on POA.)	Yes	No
6.	Develops an individualized plan of care based on identified specific risk factors. (1,3,4) (If no, see number 5.1-14 on POA.)	Yes	No
7.	Identifies and corrects factors compromising protein/calorie intake consistent with overall goals of care. (1) (If no, see number 5.3 on POA)	Yes	No
8.	Uses written repositioning schedule for residents who are unable to reposition themselves. (1,4) (If no, see number 5.13 on POA.)	Yes	No
9.	Instructs independent chair-bound residents to reposition themselves every 15 minutes and repositions dependent chair-bound residents hourly. (1, 4) (If no, see number 5.2 on POA.)	Yes	No
10.	Provides pertinent pressure ulcer prevention and treatment education to high risk residents and their families. (1,4, 5) (If no, see number 6.6 on POA.)	Yes	No
11.	Refers high risk residents to physical and/or occupational therapy for maintaining or improving resident mobility/activity status or determination of appropriate pressure support surface. (1,4) (If no, see number 5.2-3 on POA.)	Yes	No
12.	Provides a support surface that is properly matched to the individual's needs for pressure redistribution, shear reduction, and microclimate control. (1, 5) (If no, see number 5.2 & 5.5 on POA.)	Yes	No
13.	Periodically assesses the effectiveness of support surfaces ("bottoming out"). (1, 5) (If no, see number 5.6 on POA.)	Yes	No
14.	Uses a standardized protocol for pressure ulcer wound care that includes using dressings that maintain ulcer bed moisture unless debridement is the goal of therapy. (1,4, 5) (If no, see number 4.4-7 on POA.)	Yes	No
15.	With each dressing change, or at least weekly, reassesses the pressure ulcer wound for location, stage, size, exudate, pain, wound bed status (including undermining, tunneling, and epithelialization), wound edges and surrounding tissue (peri-wound) characteristics. (1,4, 5) (If no, see number 4.5 on POA.)	Yes	No
16.	Reevaluates the pressure ulcer treatment plan if pressure ulcer fails to show evidence of progress toward healing within 2-4 weeks. (1,4 5) (If no, see number 3.5 on POA.)	Yes	No
17.	Regularly convenes an interdisciplinary team to address pressure ulcer prevention and management. (5) (If no, see number 2.4 on POA.)	Yes	No
18.	Provides pressure ulcer prevention and management educational programs that are structured, organized, comprehensive, and directed at all levels of healthcare providers and caregivers. (1,5) (If no, see number 6.1-6 on POA.)	Yes	No
19.	Regularly monitors the incidence and prevalence of pressure ulcers (outcome). (3) (If no, see number 7.1 on POA.)	Yes	No
20.	Monitors effectiveness of pressure ulcer prevention and management program by key prevention and treatment process measures. (3, 4) (If no, see number 7.2 on POA.)	Yes	No
21.	Assesses all individuals for pain related to a pressure ulcer or its treatment. (1) (If no, see number 5.9 in POA.)	Yes	No
An effective pressure ulcer prevention and management program requires a high percentage of essential systems to be in place. Below 90% should trigger action to improve.	*** Total Percentage**		
		%	

*To calculate percentage: Divide the total number of 'yes's by 21 and multiply by 100.

See back for references.

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kfmc Kansas Foundation for Medical Care, Inc.

This material is prepared by the Kansas Foundation for Medical Care, Inc. (KFMC), the Medicare Quality Improvement Organization for Kansas, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services and adapted from the North Dakota Health Care Review, Inc. The contents presented do not necessarily reflect CMS policy.
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References:

1. National Pressure Ulcer Advisory Panel (NPUAP) & European Pressure Ulcer Advisory Panel (EPUAP). (2009). Pressure Ulcer Prevention Quick Reference Guide.

2. Department of Health and Human Services. (2010, October 10). F314: Pressure sores. State Operations Manual: Appendix PP Guidance to Surveyors for Long Term Care Facilities (Rev. 70). Retrieved June 29, 2011, from Centers for Medicare and Medicaid Services Web site http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

3. American Medical Directors Association. Pressure Ulcers in the Long-Term Care Setting Clinical Practice Guideline. Columbia, MD: AMDA 2008

4. Wound, Ostomy, and Continence Nurses Society. (2003).Guideline for prevention and management of pressure ulcers. Glenview, IL: Wound, Ostomy, and Continence Nurses Society.

5. Bergstom, N., Bennett, M. A., Carlson, C. E., et al. (December 1994). Treatment of Pressure Ulcers. Clinical Practice Guideline, No. 15. Rockville, MD: Department of Health and Human Services. Public Health Service, Agency for Health Care Policy and Research. AHCPR Publication No. 950652.

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