

AHRQ's Safety Program for Nursing Homes: On-Time Pressure Ulcer Healing

Self-Assessment Worksheet for Pressure Ulcer Healing

This self-assessment tool is an important first step in implementing the On-Time electronic reports into current workflow to help inform pressure ulcer wound interventions and improve healing rates. The worksheet will help you understand current practices and identify gaps in identifying risk, communicating risk, and receiving input from a multidisciplinary team. This assessment should show how well the nursing home:

- Identifies pressure ulcer nonhealing risk factors using information from multiple sources,
- Develops interventions specific to the risk factors to mitigate risk, and
- Communicates the intervention to all staff using multiple processes.

This assessment will cover the following:

- Pressure Ulcer Tracking and Assessment
- Pressure Ulcer Healing Practices
- Investigations/Root Cause Analysis of Pressure Ulcer Healing
- Communication Practices

Section 1: Pressure Ulcer Tracking and Assessment

1. What tools, if any, do you use to monitor pressure ulcer healing? Check all that apply.

| | Individual Patient/Resident Level | Facility Level |
|---|-----------------------------------|----------------|
| Advancing Excellence Pressure Ulcer Tracking Tool | | |
| Facility-developed forms/database | | |
| Corporate-directed forms/database | | |
| Paper records/log | | |
| PUSH Pressure Ulcer Healing Tool | | |
| BWAT – Bates-Jenson Wound Assessment Tool | | |
| None of the above | | |
| Other (specify) | | |

2. How often do you reassess pressure ulcers?

- Daily
- At every dressing change
- Weekly
- Other (specify): _____

3. Do you collect the following information?

| | Facility at Large | | Unit Level | |
|-----------------------------|-------------------|----|------------|----|
| a. Total count of ulcers | Yes | No | Yes | No |
| b. Count of ulcers by stage | Yes | No | Yes | No |

4. How often is the information updated?

a. Total count of pressure ulcers is updated:

- Daily
- Weekly
- Every 2 weeks
- Monthly
- Quarterly

b. Total count of pressure ulcers by stage is updated:

- Daily
- Weekly
- Every 2 weeks
- Monthly
- Quarterly

5. Does your assessment of pressure ulcers include the following items:

| | Yes | No |
|--|--------------------------|--------------------------|
| Ulcer site | <input type="checkbox"/> | <input type="checkbox"/> |
| Current stage | <input type="checkbox"/> | <input type="checkbox"/> |
| Surface area | <input type="checkbox"/> | <input type="checkbox"/> |
| Length | <input type="checkbox"/> | <input type="checkbox"/> |
| Width | <input type="checkbox"/> | <input type="checkbox"/> |
| Depth | <input type="checkbox"/> | <input type="checkbox"/> |
| Onset date | <input type="checkbox"/> | <input type="checkbox"/> |
| Ulcer days | <input type="checkbox"/> | <input type="checkbox"/> |
| Initial stage | <input type="checkbox"/> | <input type="checkbox"/> |
| Initial origin (in-house or present on admission) | <input type="checkbox"/> | <input type="checkbox"/> |
| Undermining/tunneling | <input type="checkbox"/> | <input type="checkbox"/> |
| Wound bed (tissue) | <input type="checkbox"/> | <input type="checkbox"/> |
| Drainage/exudate | <input type="checkbox"/> | <input type="checkbox"/> |
| Periwound tissue (color, temp, bogginess, and fluctuation) | <input type="checkbox"/> | <input type="checkbox"/> |
| Need for debridement | <input type="checkbox"/> | <input type="checkbox"/> |
| Presence of odor | <input type="checkbox"/> | <input type="checkbox"/> |
| Pain (if present, nature and frequency) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Section 2: Pressure Ulcer Healing Practices

1. Do you have a protocol for monitoring the progress of pressure ulcer healing?

Yes No If no, explain: _____

2. What guidelines are used in your facility protocol regarding evaluating pressure ulcer healing? Check all that apply. **If none, skip to Section 3.**

- AMDA – The Society for Post-Acute and Long-Term Care Medicine’s Pressure Ulcer Guidelines
- National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance’s Prevention and Treatment of Pressure Ulcers Guidelines
- Wound, Ostomy, and Continence Nurses Society (WOCN) Pressure Ulcer Guidelines
- Other (specify): _____
- None of the above

3. Does your facility’s protocol include criteria for identifying residents whose pressure ulcers may not heal in a reasonable timeframe due to resident comorbidities and/or wound characteristics (i.e., identification of residents who are at risk for delayed healing before delayed healing is evident)?

Yes No

4. Does your facility’s protocol include criteria for identifying ulcers that are not healing in an expected timeframe? Yes No

If yes, what are the criteria?

5. Does your facility protocol provide guidance on:

| | Yes | No | Comments |
|--|-----|----|----------|
| How to identify potential pressure ulcer infection? | | | |
| Pressure ulcer debridement? | | | |
| Selection of dressings based on wound characteristics? | | | |
| Use of nutritional supplements for residents with pressure ulcers? | | | |
| Use of support surfaces for bed and chairs/wheelchairs? | | | |
| Wound cleansing? | | | |
| Assessing the resident for pain? | | | |
| Appropriate use of topical wound agents? | | | |
| Appropriate use of adjunctive treatments? | | | |

Section 3: Investigations/Root Cause Analysis of Delayed Pressure Ulcer Healing

1. Do you investigate delayed healing pressure ulcers according to your facility's policies and guidelines?
Yes No Not Sure

2. Do you investigate delayed pressure ulcer healing via a root cause analysis framework?
Yes No Not Sure **If no, skip to Section 4.**

3. Does your investigation include a review of changes to the resident's clinical status that may have warranted a change in pressure ulcer care approaches?
Yes No If no, skip to Question 5.

4. Which of the following changes to the resident's clinical status would be considered when determining if a change in pressure ulcer care approaches is needed? Check all that apply.
 - Change in condition
 - Weight loss
 - Change in meal intake
 - Change in fluid intake
 - Change in mobility
 - Change in continence
 - Change in ability to communicate pain

5. Based on review of risk factors for poor healing, what interventions would you investigate to ensure that healing was being addressed appropriately? Check all that apply.
 - Nutritional interventions to meet the resident's hydration, protein, calorie, vitamin, and mineral needs
 - Incontinence prevention and/or management
 - Management of medical device-related pressure
 - Pressure redistribution (e.g., support surfaces) and offloading (e.g., specialized footwear)
 - Friction and shear reduction
 - Turning and repositioning procedures
 - Treatment changes per frequency designated by protocol or provider
 - Indicators for debridement
 - Assessment for appropriate bed and chair support surfaces
 - Skin assessments per frequency designated by protocol or provider
 - Dressing protocols
 - Infection prevention and assessment
 - Other (specify):

Section 4: Communication Practices

1. Review the following list of meetings. For every meeting that occurs at your facility, indicate how often it occurs, who leads the meeting, and who attends. Also indicate if the meeting includes any discussion of pressure ulcer healing.

| Meeting | Meeting Chair/Leader Name and Discipline | Staff Invited and in Attendance (indicate A – Always, V-Varies, as needed) | Frequency of Meeting (Weekly, Biweekly, Monthly, Quarterly, Change in Condition, As Needed) | Is Pressure Ulcer Healing Discussed? (Y = yes, N = No) |
|---|--|--|---|--|
| Care plan meeting | | | | |
| Shift report or “brief” with CNAs | | | | |
| Report or brief with Department Heads | | | | |
| Medical staff/medical director meeting | | | | |
| QAPI or quality improvement review | | | | |
| Skin rounds or wound review meeting | | | | |
| MD/APRN rounds | | | | |
| Report or brief with Dietary Department | | | | |
| Report or brief with Social Services Department | | | | |
| Report or brief with Rehab Department | | | | |
| Report or brief with “Other” | | | | |
| Other | | | | |

Key: CNA = certified nursing assistant; QAPI = Quality Assessment and Performance Improvement; APRN = advanced practice registered nurse.

2. Training

Indicate the date of the most recent training provided for the following:

| Topic | Participants | Date |
|---|---------------------|-------------|
| Measuring pressure ulcers accurately | Nurses | |
| Recognizing signs of delayed healing in pressure ulcers | Nurses | |
| Pressure ulcer assessment documentation | Nurses | |