



THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care.

PENNSYLVANIA PRESSURE ULCER PARTNERSHIP Team Planning Form

Organization: _____

Contact Name: _____

Title: _____

Phone: _____ E-mail: _____

Program Goal: To reduce the incidence and severity of pressure ulcers

List specific and measureable goals

(examples, reduce the incidence of pressure ulcers at our organization by 20% in the next year, achieve 95% compliance with the documentation of pressure ulcer risk assessment within 8 hours of admission)

Action Goal: To utilize a multidisciplinary team to lead pressure ulcer prevention and early stage treatment efforts

List the names and titles of your multidisciplinary team

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Proposed strategies for meeting organizational goals related to pressure ulcers

(examples, to appoint a senior executive champion that will provide oversight of improvement activities and progress, to select and train unit-specific skin care champions, to begin monthly data collection)

NEXT STEPS

List the STEPS

Assign the
responsible person

Implementation date
(for example, by
12/31/08)

Fax or email completed form to Pam Braun at 215-563-2442
or pbraun@hcifonline.org by **November 4, 2008**
Form available electronically at www.hcifonline.org.