



The Pennsylvania Pressure Ulcer Partnership Senior Executive Commitment Form

On behalf of (name of organization) _____ (Hospital LTC Home Care),
we would like to be included as a partner in the Pennsylvania Pressure Ulcer Partnership.

We will commit to the following partnership activities:

(Hospitals that wish to participate through the Partnership for Patient Care are expected to commit to completion of the self-assessment survey and to monthly data collection)

Completion of a baseline and follow-up self- assessment survey

Organizations will be asked to complete this survey twice during their participation in the partnership. There are separate surveys for hospitals, long term care facilities and for home care. The surveys include questions about leadership support, policies, documentation, education and training, measurement, and more.

Participation in state-wide educational conference calls

One-hour conference call approximately every six weeks November 2008 through June 2009

Monthly data collection and submission

In order to measure and demonstrate improvement across the state and in your own organization, participants are encouraged to commit to monthly data collection and submission.

Hospitals: Participating hospitals will be asked to collect and submit data on 15 metrics selected by the Partnership on at least one unit, beginning in January, 2009. These data elements measure evidence of risk assessment, risk reassessment, skin inspection, preventative strategies, and the presence of pressure ulcers and their stages. Participating organizations will receive reports benchmarking their site to other de-identified hospitals across the state.

Long-Term Care: Participating facilities will be asked to track residents with community-acquired and nursing-home acquired pressure ulcers each month, using the "Pressure Ulcer Tracking Tool" developed by Quality Insights of Pennsylvania.

Participation in networking/coaching calls

Participating organizations will be provided assistance with improvement efforts through regularly-scheduled calls with HCIF staff and expert faculty. In addition, these calls will allow organizations to discuss the challenges and to share successful strategies with other participating organizations.

Our **primary** organizational contact for this collaborative will be:

(if enrolling multiple teams, please provide the contact information for each team leader on an additional sheet)

Name: _____ Title/Position _____

Phone Number: _____ Email: _____

Senior Executive Champion Signature

Date

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