

PENNSYLVANIA PRESSURE ULCER PARTNERSHIP
Monthly Hospital Pressure Ulcer Data Submission Form

Hospital: _____

Unit: _____ Unit Type: (i.e., medical-surgical, critical care) _____

Contact Name: _____

Phone: _____ E-Mail: _____

Fax or email completed survey to Pam Braun at 215-563-2442 (pbraun@hcfonline.org)
on or before the 15th of every month

Collection date: ____/____/____
 (month) (day) (year)

| | |
|--|--|
| Total Number of Charts Reviewed | |
|--|--|

Review the medical records of all patients on the selected unit.

| | |
|---|--|
| #1 Number of patients that have a pressure ulcer risk assessment performed on admission as per the facility's policy | |
|---|--|

Refer to your hospital's policy in determining when an admitting pressure ulcer risk assessment needs to be completed and documented. Report the number of patients that meet your hospital's policy.

| | |
|--|--|
| #2 Number of patients that have a skin assessment performed on admission as per the facility's policy | |
|--|--|

Refer to your hospital's policy in determining when the admitting skin assessment needs to be completed and documented. Report the number of patients that meet your hospital's policy.

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|--|--|
| #3 Number of patients identified as "at risk" for pressure ulcers | |
|--|--|

Hospitals will establish which patients are "at risk" for pressure ulcers based on their screening process and a pressure ulcer scale (i.e., Braden or Norton scale). Refer to your hospital's definition for which patients are "at risk" and report how many are "at risk".

| | |
|---|--|
| #3a Number of "at risk" patients that receive pressure ulcer preventative strategies as per policy | |
|---|--|

Refer to your hospital's recommended pressure ulcer preventative strategies (i.e., nutrition support, repositioning schedule, pressure-redistribution surfaces, moisture reducing interventions). For those patients identified as "at risk", report the number of patients in which one or more of these preventative strategies were used and documented.

| | |
|---|--|
| #4 Number of patients that have on-going pressure ulcer risk assessments as per policy | |
|---|--|

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Refer to your hospital’s policy in determining how often a pressure ulcer risk assessment needs to be completed and documented. Report the number of patients, both “at risk” and not at risk, in which on-going pressure ulcer risk assessments are completed and documented according to your hospital policy. Review only the last 30 days.

#5 Number of patients that have on-going skin inspections as per policy

Refer to your hospital’s policy in determining how often a skin inspection needs to be completed and documented. Report the number of patients in which on-going skin inspections are completed and documented according to your hospital policy. Review only the last 30 days.

#6 Number of patients that have a pressure ulcer present on admission (POA)

Report the number of patients (NOT ULCERS) where there is documentation that one or more pressure ulcers was present on admission.

#6a Number of patients that have a pressure ulcer present on admission documented by an MD

Report the number of patients (NOT ULCERS) where there is documentation **by an MD** that one or more pressure ulcers was present on admission.

#7 Number of patients that developed a pressure ulcer during their hospital stay

Report the number of patients (NOT ULCERS) where there is documentation that one or more pressure ulcers was acquired during the hospital stay.

#8 Number of patients that had a pressure ulcer progress during their hospital stay

Report the number of patients (NOT ULCERS) where there is documentation that a pressure ulcer progressed during the hospital stay.

#9 Report the total number of ULCERS that developed or progressed during admission.

| | |
|--|--|
| #9a Number of STAGE 1 pressure ulcers | |
| #9b Number of STAGE 2 pressure ulcers | |
| #9c Number of STAGE 3 pressure ulcers | |
| #9d Number of STAGE 4 pressure ulcers | |
| #9e Number of Deep Tissue Injuries | |
| #9f Number of unstageable pressure ulcers | |
| TOTAL number of ULCERS (add #9a-#9f) | |

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