



THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA
 Hospital Baseline Self-Assessment Survey for
 Pressure Ulcer Prevention and Early Stage Pressure Ulcer Treatment

The Pennsylvania Pressure Ulcer Partnership (PPUP) in conjunction with ECRI has developed this baseline survey to assess hospital processes covered in the PPUP initiative. All survey questions are based on the initiative’s Action Goals and evidence base for pressure ulcer prevention/treatment of early stage pressure ulcers. The Hospital & Healthsystem Association (HAP) as a partner is fielding the survey to Pennsylvania hospitals on behalf of ECRI and the PPUP. The survey should be completed at the hospital’s multidisciplinary pressure ulcer team meeting, with the team using a consensus approach to answer each question.

Hospital/Health System: _____

Contact Name: _____

Title: _____

Phone: _____ Email: _____

Fax or email completed survey to Michelle Memmi at 717-561-5334
 or mmemmi@haponline.org no later than **September xx, 2008**.

1. The following staff at your hospital has demonstrated a commitment to improving patient safety through supporting the implementation of pressure ulcer prevention and early stage treatment strategies:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Senior leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical executive committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The hospital has identified skin-care staff champions for units within the hospital. (check all that apply)

- For critical care areas
- For intermediate/step-down care areas
- For medical/surgical areas
- For entire hospital
- Hospital has not yet identified skin champions for any areas

3. Does your hospital require initial risk assessments for pressure ulcers on all patients upon admission?

- Yes
- Policy is in development, implementation planned within 6 months
- Policy is in development, implementation planned within 12 months
- No

4. If yes to #3 above, please specify your hospital’s required timeframe for making this initial risk assessment:

- Less than 1 hour
- 1 to 4 hours
- 4 to 8 hours
- 8 to 12 hours
- 12 to 24 hours
- Sometime during the hospitalization



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 Hospital Baseline Self-Assessment Survey for
 Pressure Ulcer Prevention and Early Stage Pressure Ulcer Treatment

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
5. The hospital has designated a caregiver responsible for conducting the initial pressure ulcer risk assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Does your hospital have a standardized form that contains prompts (e.g., location/anatomical picture, size of wound, coloration) for documenting the following:

	Yes	Developing, plan to implement within 6 months	Developing, plan to implement within 12 months	No
Initial skin inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up skin inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
7. The hospital has modified recognized risk assessment scales (Braden, Norton, etc.) to enhance identification of pressure ulcer risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The hospital has developed mechanisms for communication between staff and physicians in identifying and staging pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Developing, plan to implement within 6 months	Developing, plan to implement within 12 months	No
9. The hospital provides standardized <u>visual cues or identifiers</u> (e.g., chart stickers, bedside signage) for all patients at risk for pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The hospital has identified <u>triggers</u> (transfer to new care area, surgical procedure, deterioration of condition) that indicate the need for reassessment of pressure ulcer risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the hospital require specific <u>interventions</u> for patients at risk for pressure ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Yes	Developing, plan to implement within 6 months	Developing, plan to implement within 12 months	No
12. Does the hospital require standardized <u>documentation</u> on specific interventions used for the prevention/treatment of pressure ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The hospital has established a <u>required timeframe</u> in which patients should be re-assessed for risk of pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If yes to #13 above, please specify your hospital's required timeframe for re-assessment of pressure ulcer risk:

- 4 to 8 hours
- 8 to 12 hours
- 12 to 24 hours
- Once more prior to the initial assessment

	Always	Often	Sometimes	Seldom	Never
15. Equipment and supplies pertinent to pressure ulcer prevention are readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Basic interventions performed on patients at risk of pressure ulcers are:					
• Utilizing pressure-reducing surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Repositioning at appropriate time intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Managing moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Preventing shear injury using appropriate repositioning techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Addressing nutrition and hydration needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Caregivers periodically evaluate interventions for appropriateness and effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Developing, plan to implement within 6 months	Developing, plan to implement within 12 months	No
18. When/if a patient's condition changes, the hospital has established triggers that indicate the need for:				
• Additional interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 Hospital Baseline Self-Assessment Survey for
 Pressure Ulcer Prevention and Early Stage Pressure Ulcer Treatment

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
19. The hospital has established standardized methods of coordination between facilities with frequent inter-facility patient transfers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The hospital has a designated staff person responsible for transfer communication and follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Always	Often	Sometimes	Seldom	Never
21. The hospital requires all transfer documentation to include:					
• Standard location of information within medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Current risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Skin assessment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Current intervention(s), if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the hospital provided education and training to:	Yes, within the last year	Yes, within the last two years	Yes, only at orientation	No
22. . . . caregivers about factors that increase patients' risk of pressure ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. . . . caregivers on appropriate and timely interventions for patients at risk for pressure ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. . . . to ancillary staff on appropriate patient positioning, or transferring between surfaces (chair to bed, bed to toilet, stretcher to exam table) to prevent shearing injuries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	Developing, plan to implement within 6 months	Developing, plan to implement within 12 months	No
25. Does the hospital periodically monitor the accuracy of risk assessments for pressure ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. If yes to #25 above, does the hospital provide follow-up education regarding any inaccuracies of those assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Yes	Developing, plan to implement within 6 months	Developing, plan to implement within 12 months	No
27. Does the hospital <u>periodically monitor</u> the accuracy of skin inspections for abnormalities (e.g., non-blanchable erythema, signs of deep tissue injury)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. If yes to #27 above, does the hospital provide <u>follow-up education</u> regarding any inaccuracies of those assessments for abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Has the hospital implemented <u>process measures</u> to monitor the effectiveness of its pressure ulcer prevention strategies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do caregivers receive <u>periodic feedback</u> about the effectiveness of the hospital's pressure ulcer prevention strategies based on process and outcomes data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!

Fax or email completed survey to Michelle Memmi at 717-561-5334
or mmemmi@haponline.org no later than **September xx, 2008**.

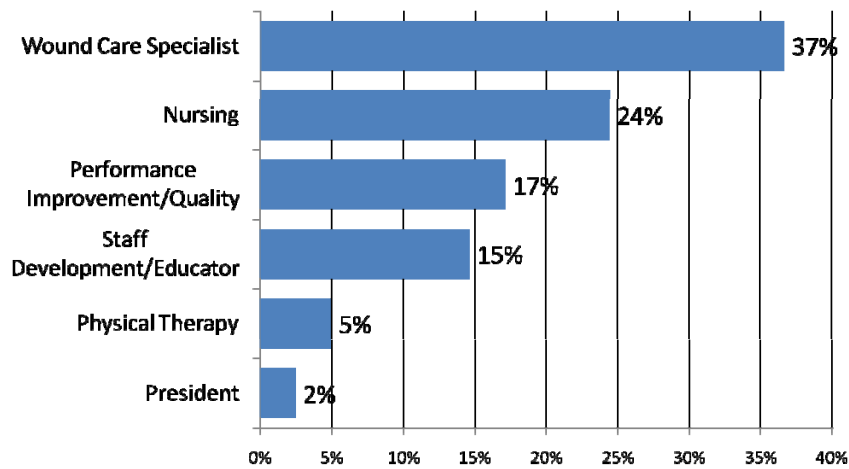
Pressure Ulcer Prevention and Early Stage Pressure Ulcer Treatment

Hospital Baseline Self-Assessment Survey

Statewide Findings of a HAP Member Survey
March 2009



Distribution of Survey Respondents, by Title

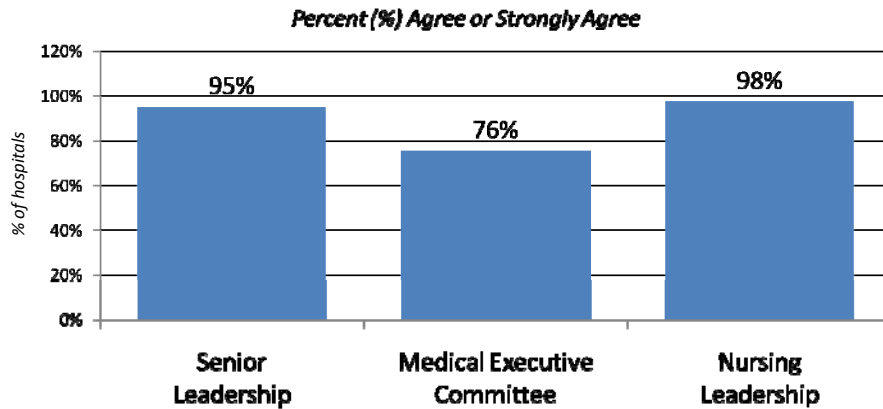


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008

% of respondents with Title



The following staff at my hospital have demonstrated a commitment to supporting the implementation of PUP* and early stage treatment strategies.



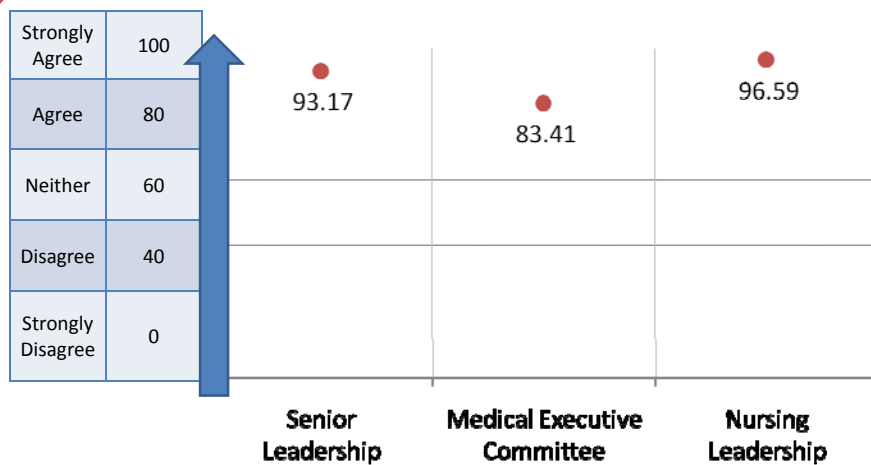
Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008

*Pressure Ulcer Prevention (PUP)



Score

Commitment To Supporting The Implementation Of PUP* And Early Stage Treatment Strategies

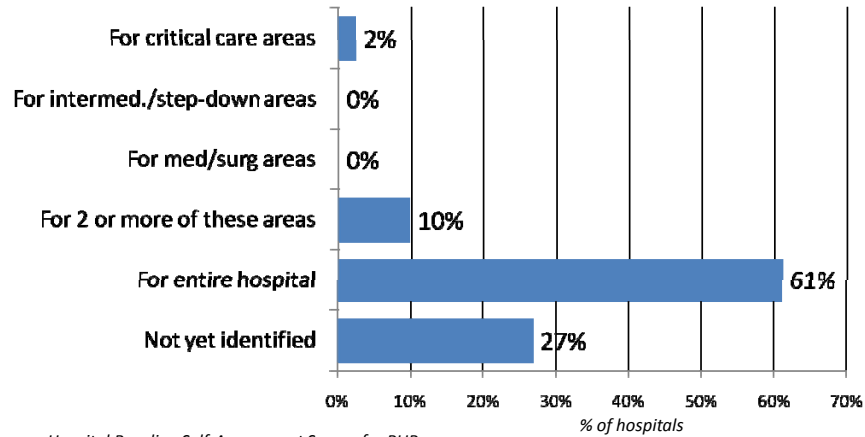


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008

*Pressure Ulcer Prevention (PUP)



The hospital has identified skin-care staff champions for units within the hospital.

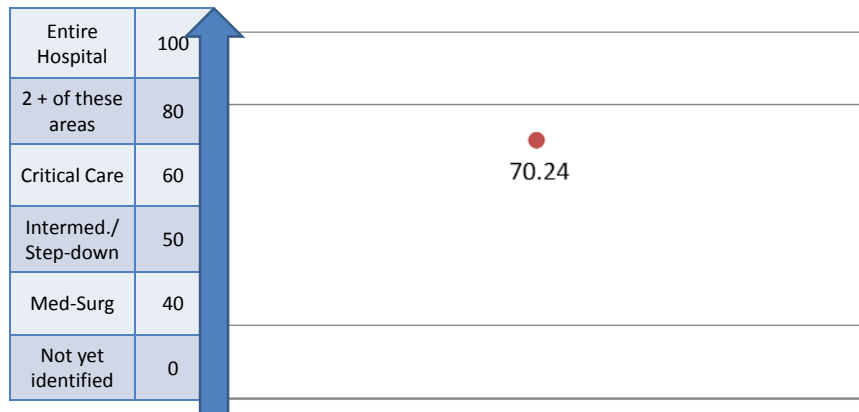


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008



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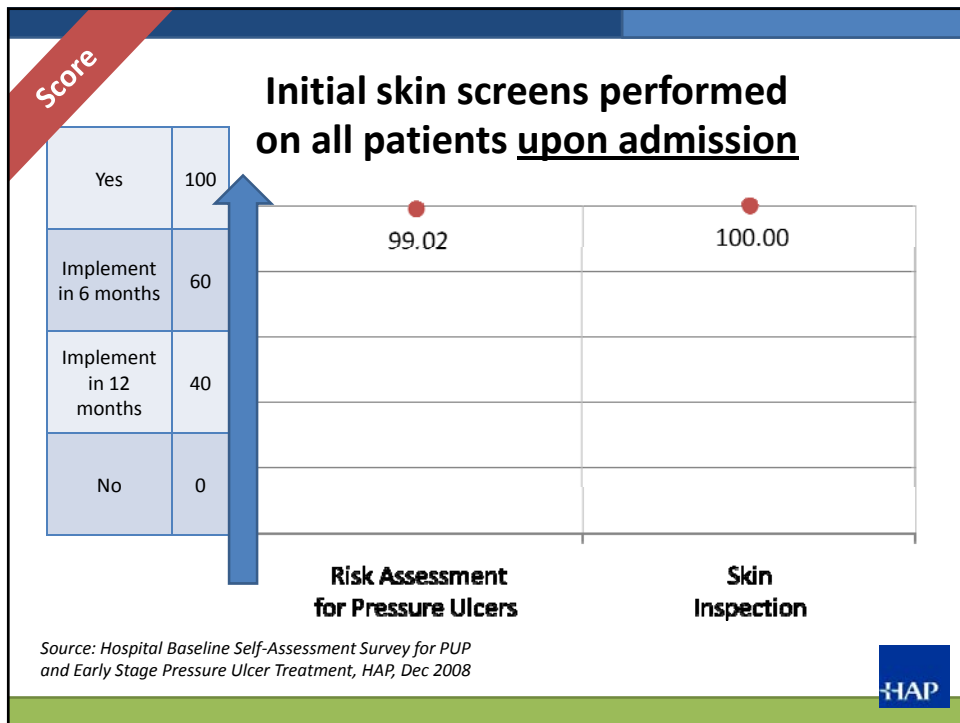
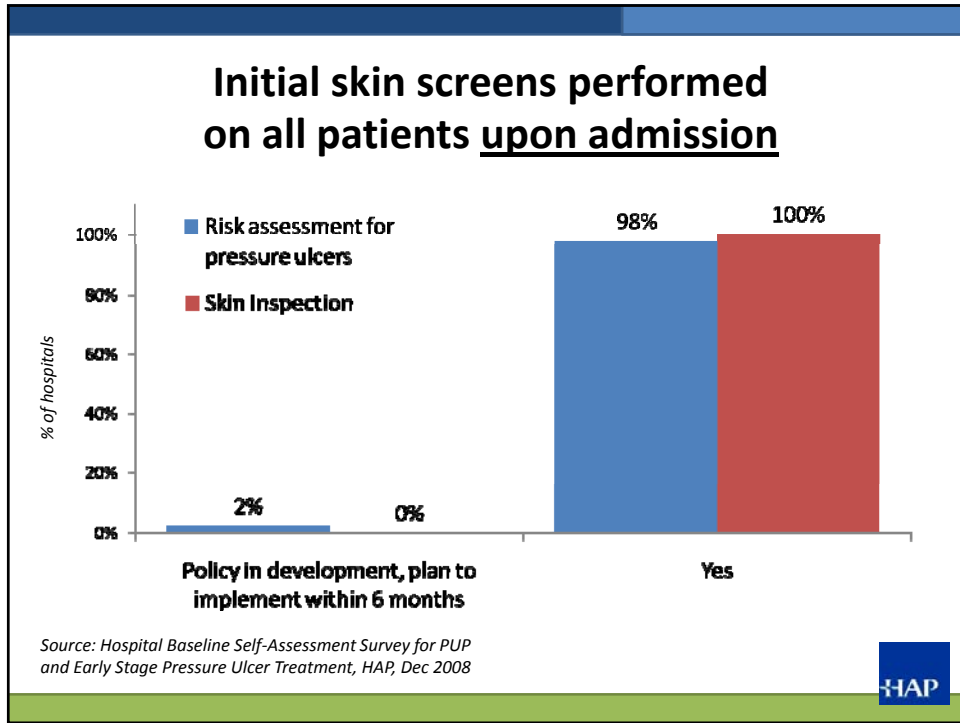
The hospital has identified skin-care staff champions for units within the hospital.



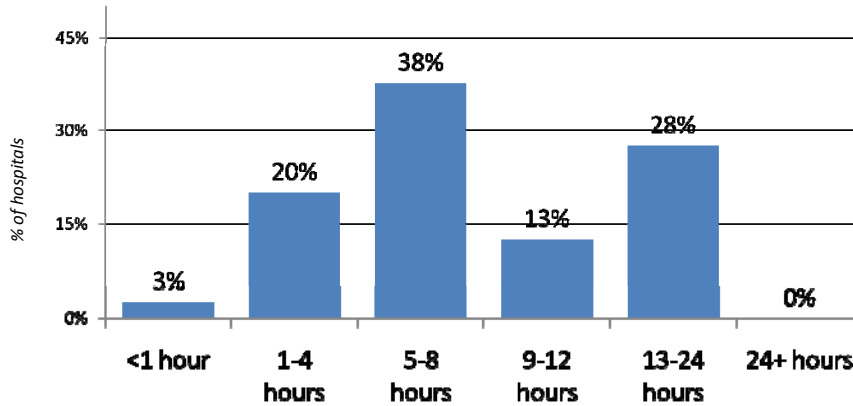
Skin Care Staff Champions

Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008





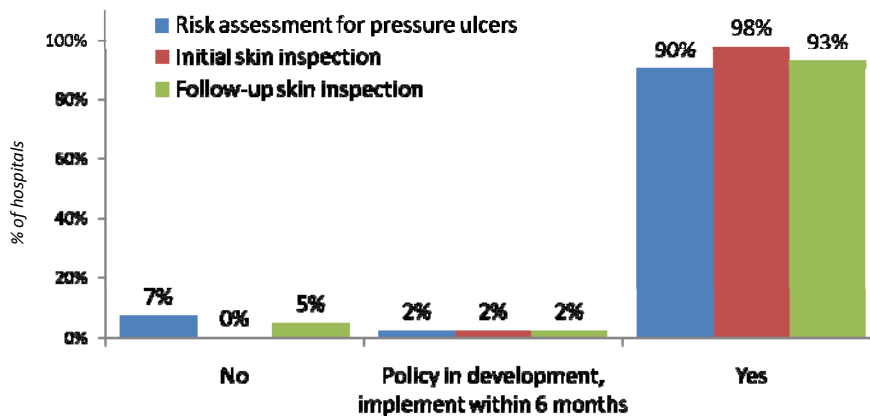
Hospital's required timeframe for making initial risk assessment of pressure ulcers:



Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008

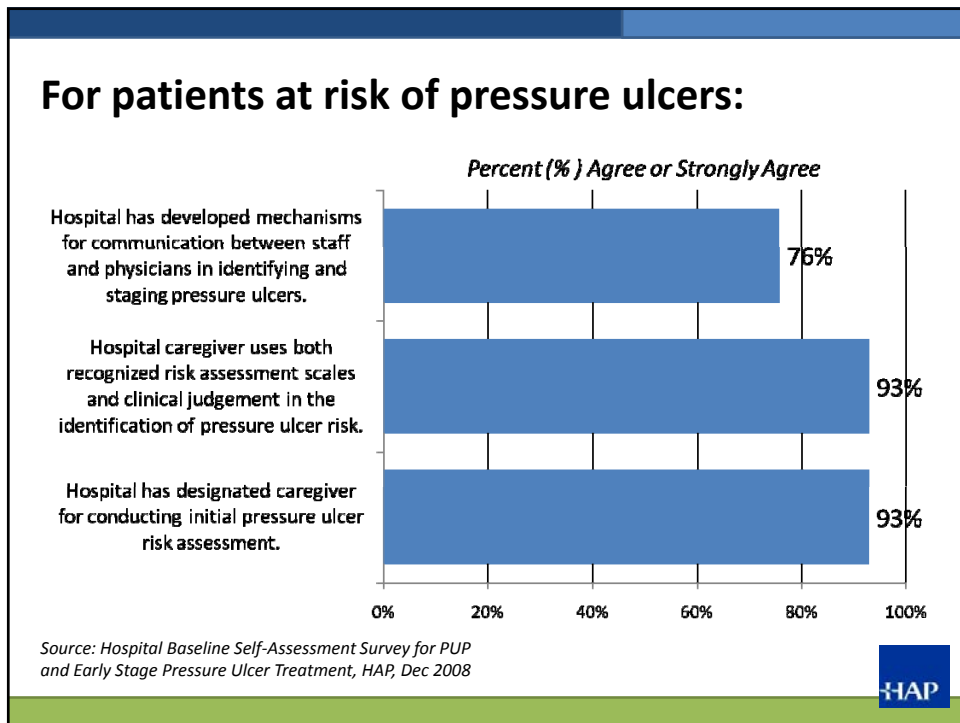
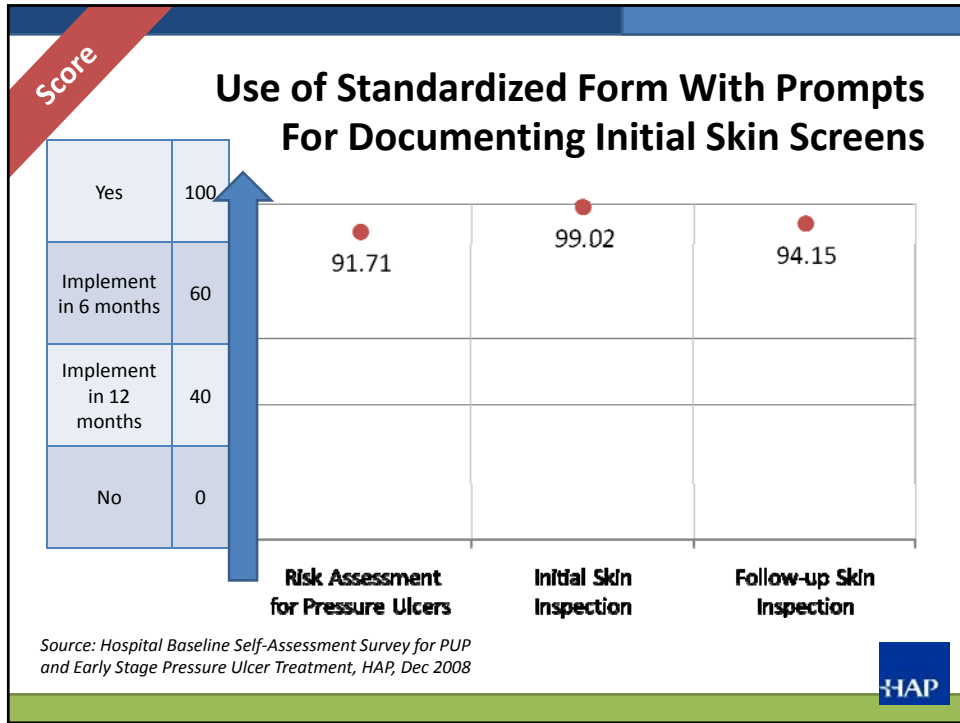


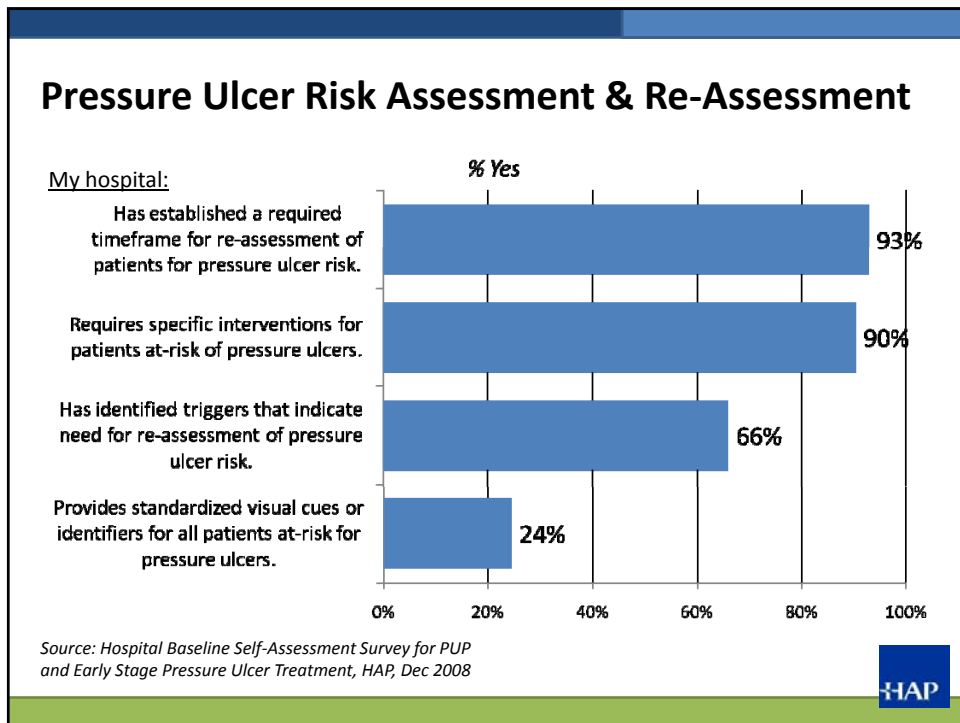
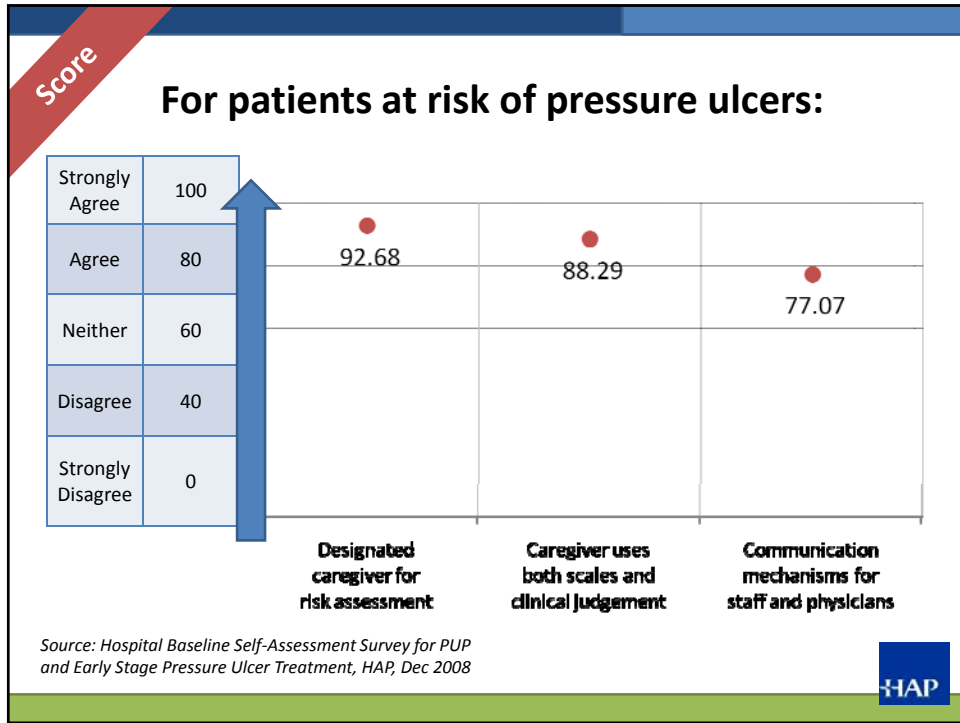
A Standardized Form With Prompts is Used For Documenting Skin Screens.

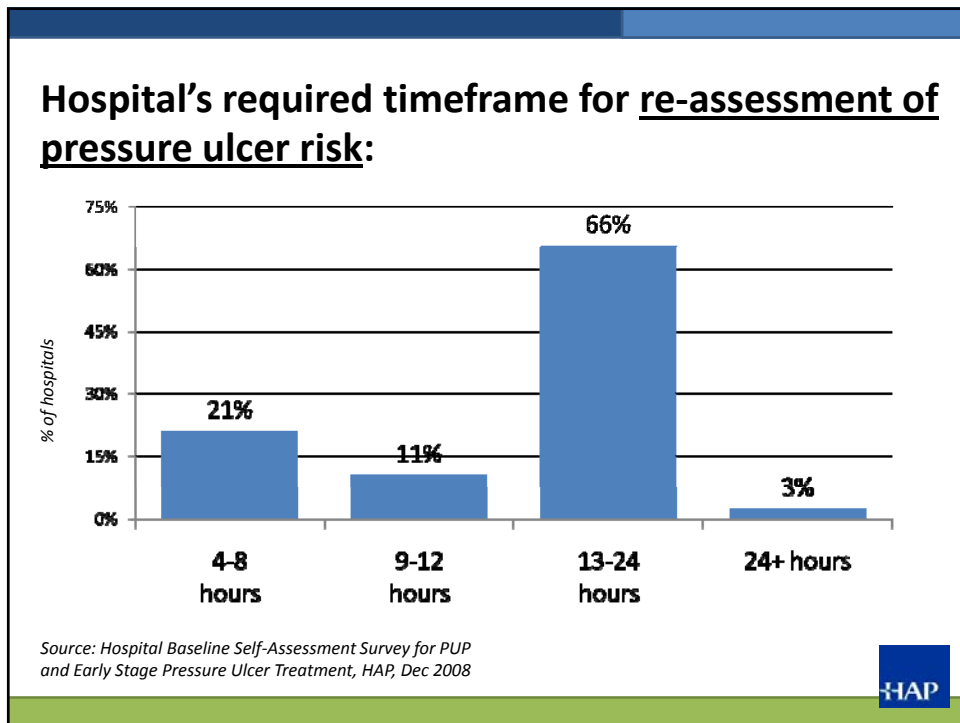
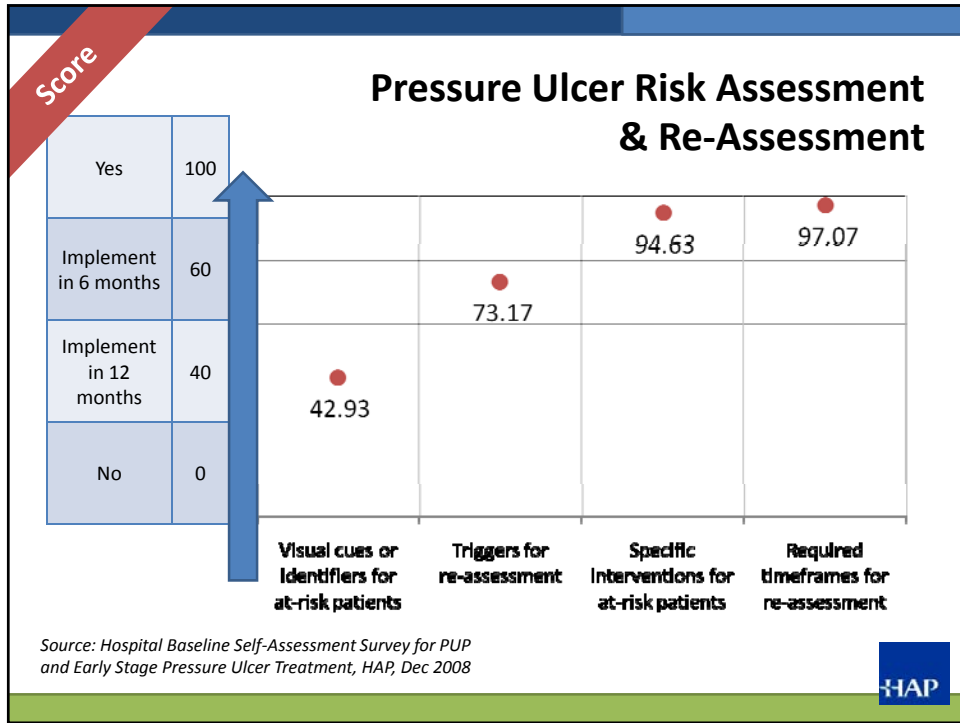


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008

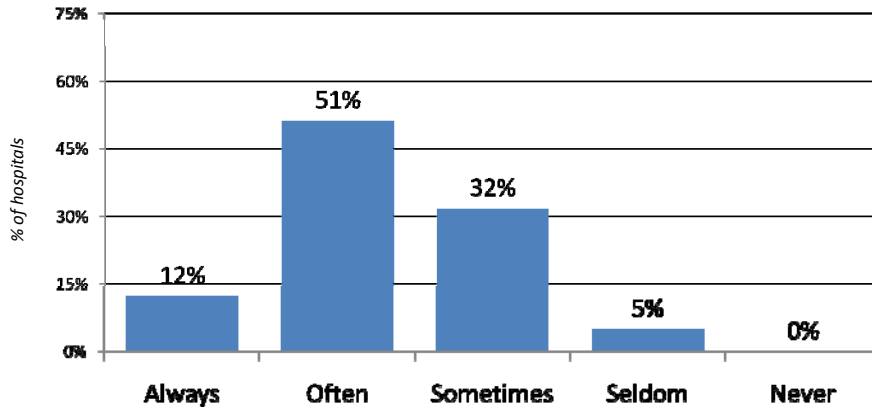








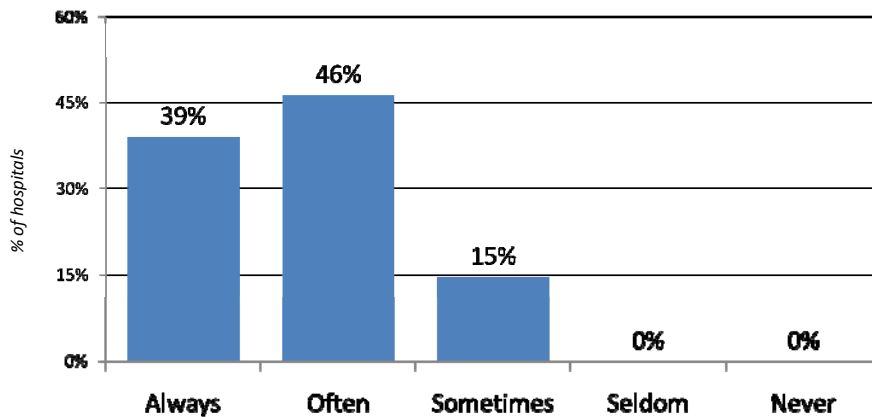
Hospital caregivers consistently document specific interventions used for the prevention/treatment of pressure ulcers.



Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008



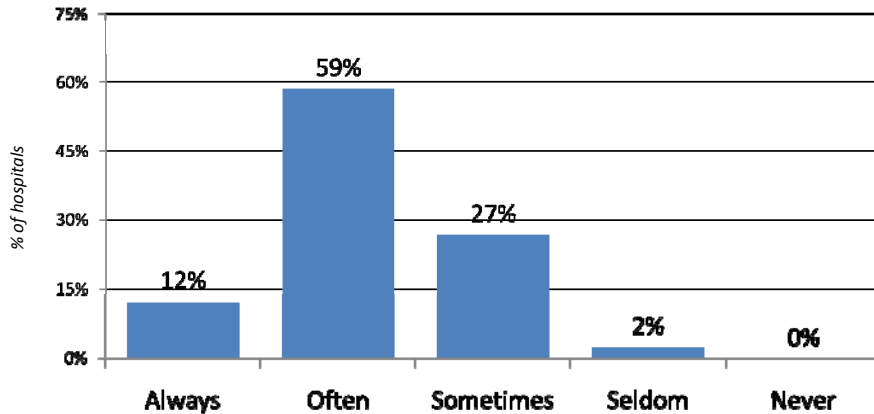
Equipment and supplies pertinent to pressure ulcer prevention are readily available.



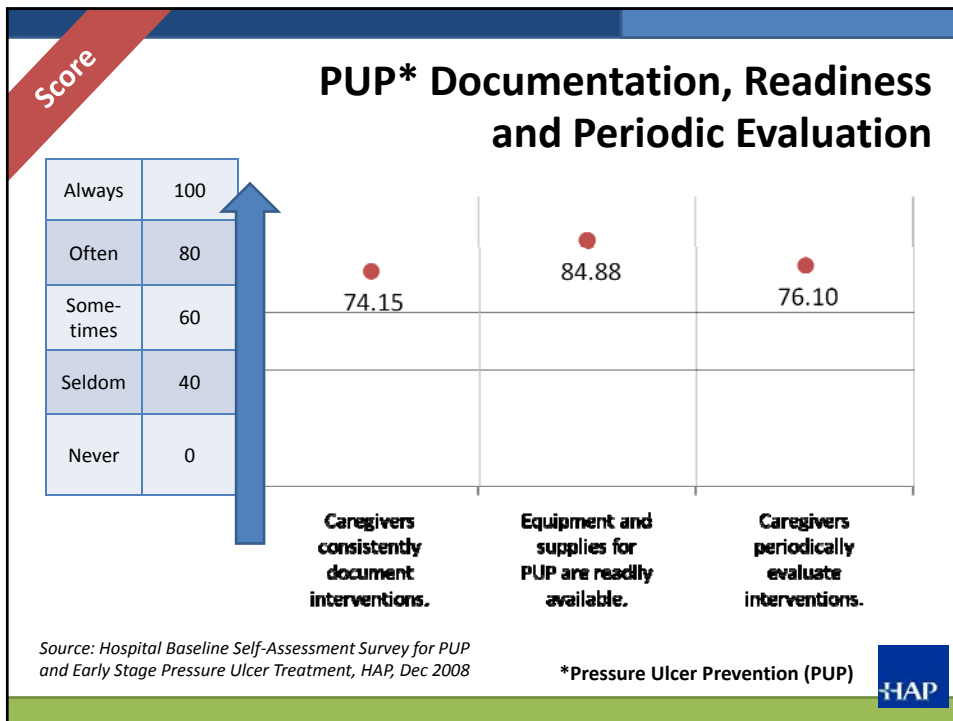
Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008



Caregivers periodically evaluate interventions for appropriateness and effectiveness.



Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008

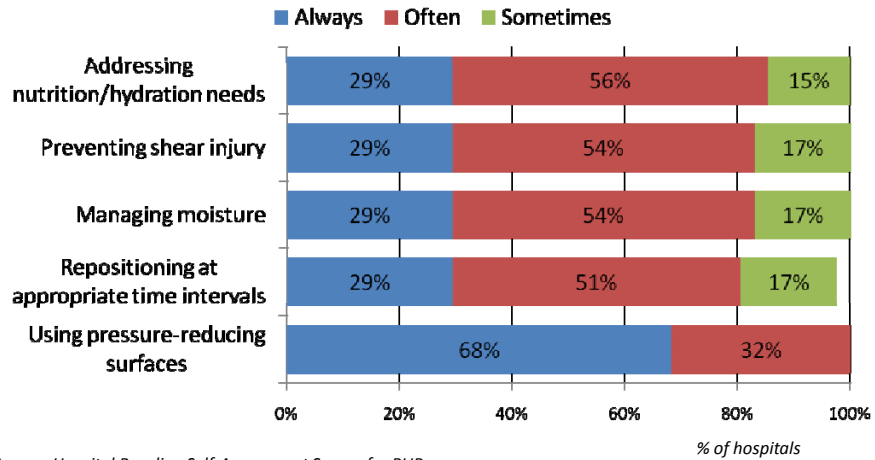


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008

*Pressure Ulcer Prevention (PUP)



Basic preventions performed on patients at-risk of pressure ulcers are:

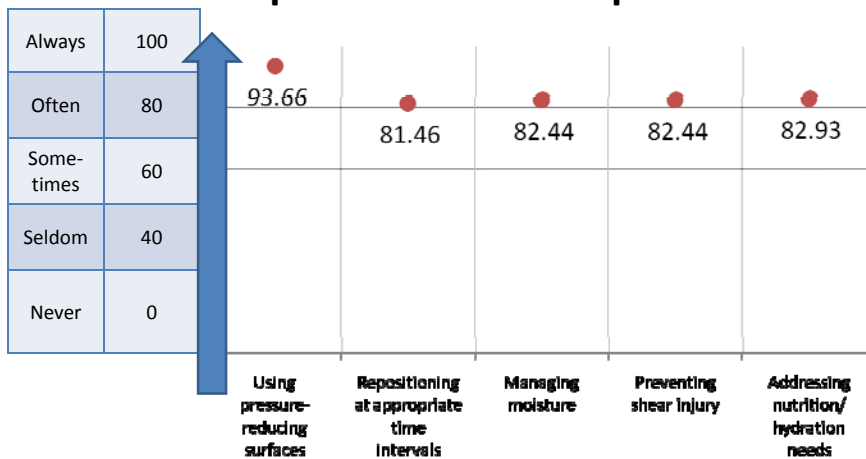


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008



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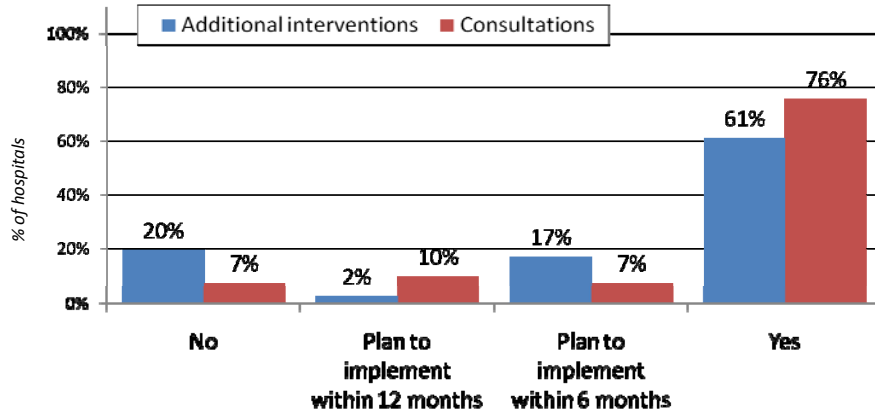
Basic preventions performed on patients at-risk of pressure ulcers



Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008



When/if a patient's condition changes, the hospital has established triggers that indicate the need for:

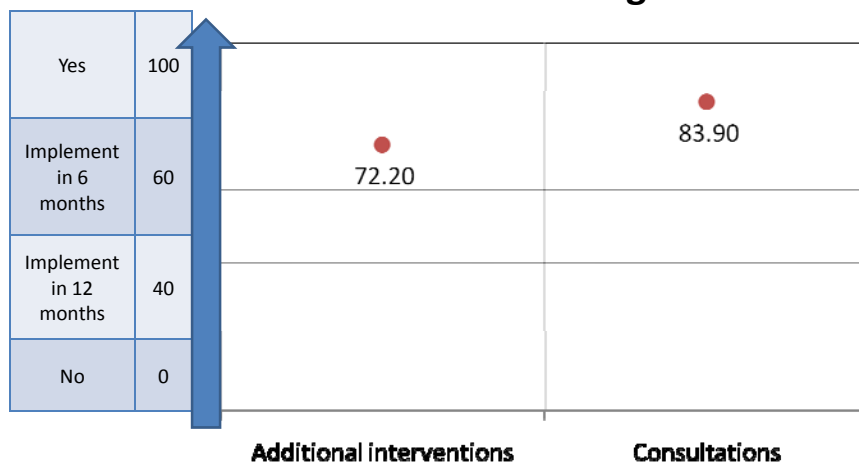


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008



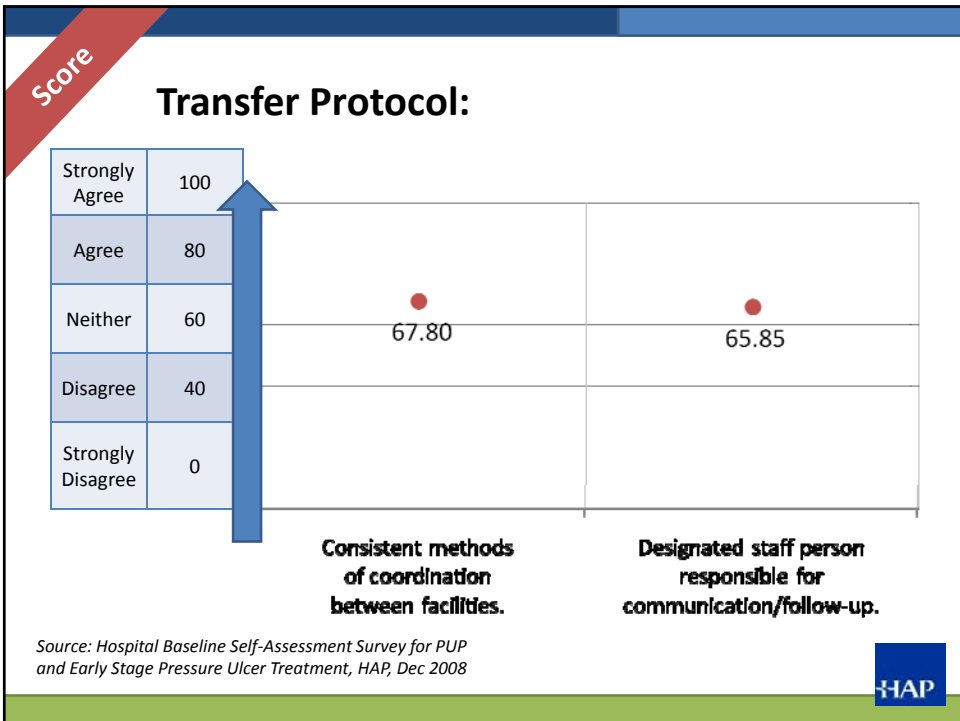
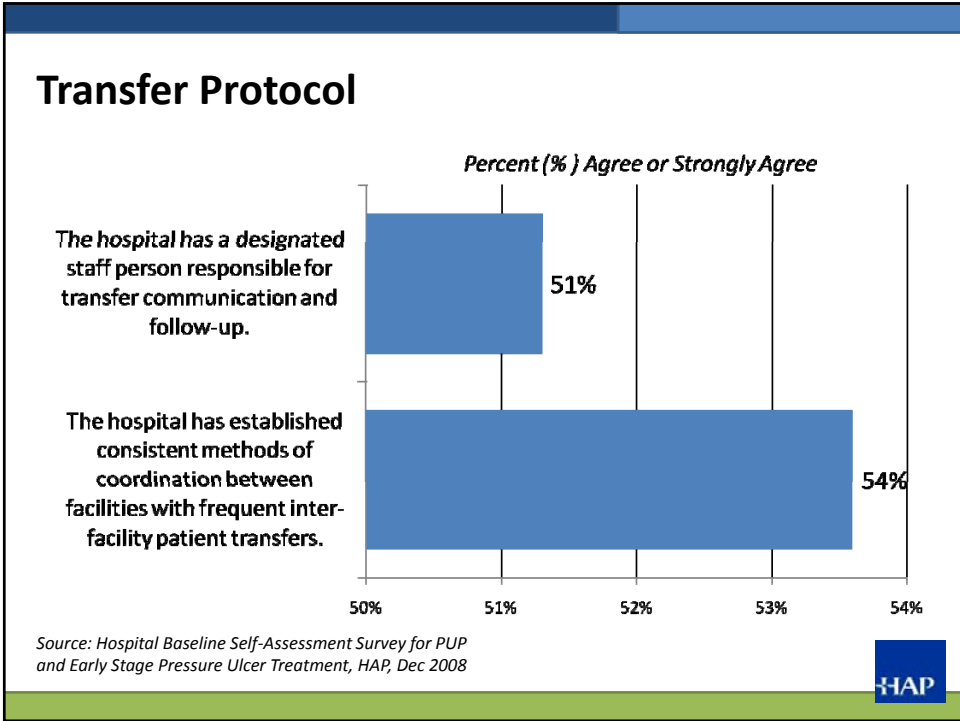
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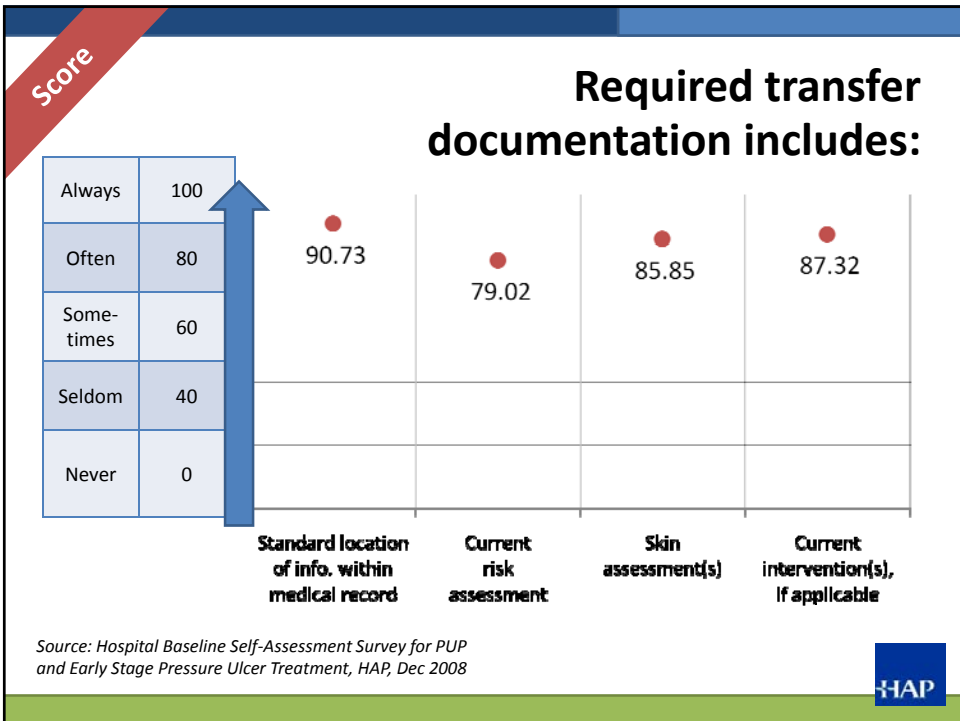
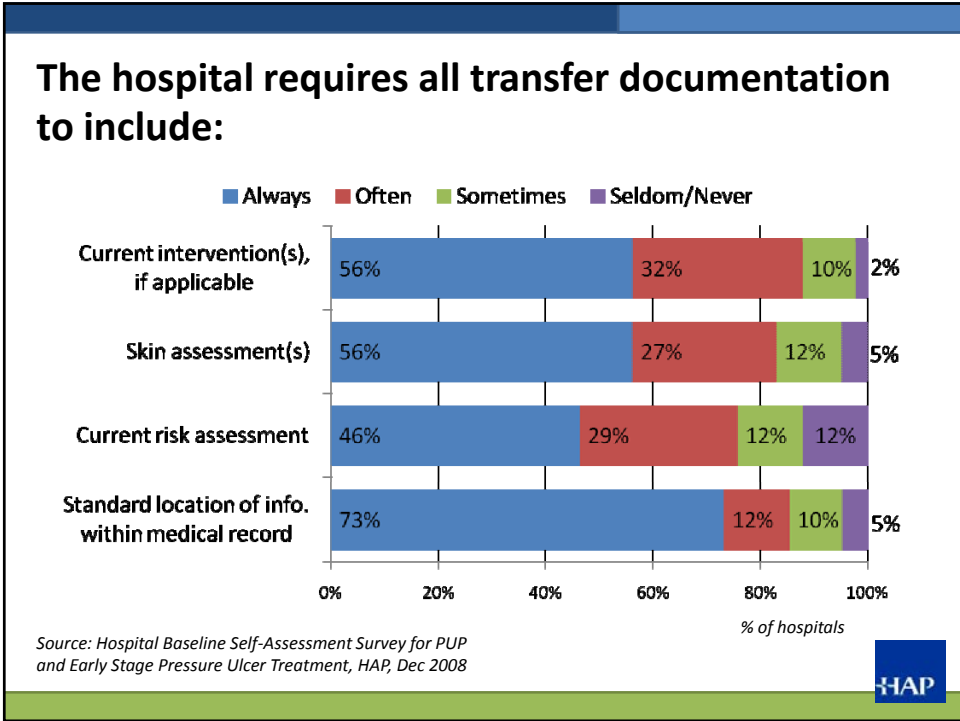
Triggers for when/if a patient's condition changes and needs:



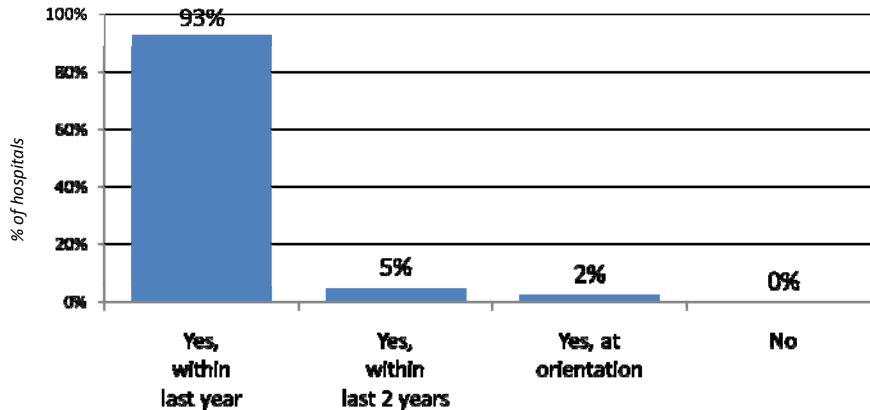
Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008







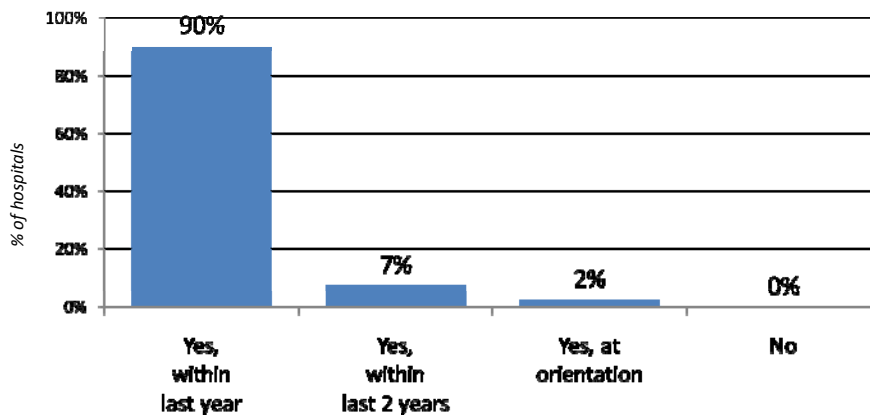
Has the hospital provided education and training to caregivers about factors that increase patients' risk of pressure ulcers?



Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008



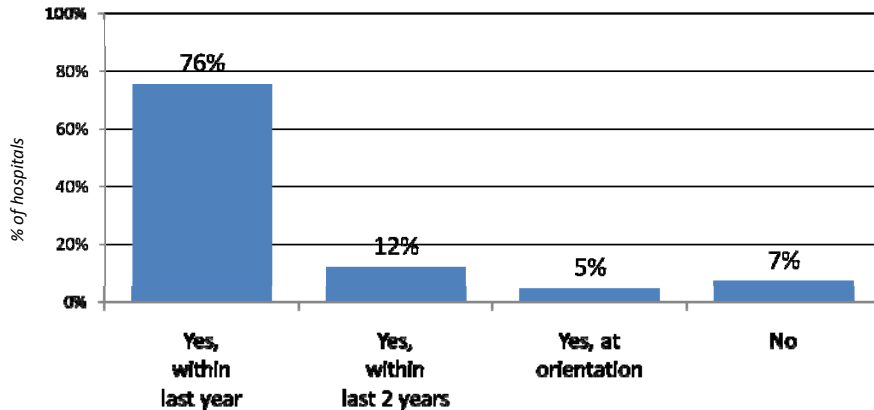
Has the hospital provided education and training to caregivers on appropriate and timely interventions for patients at-risk for pressure ulcers?



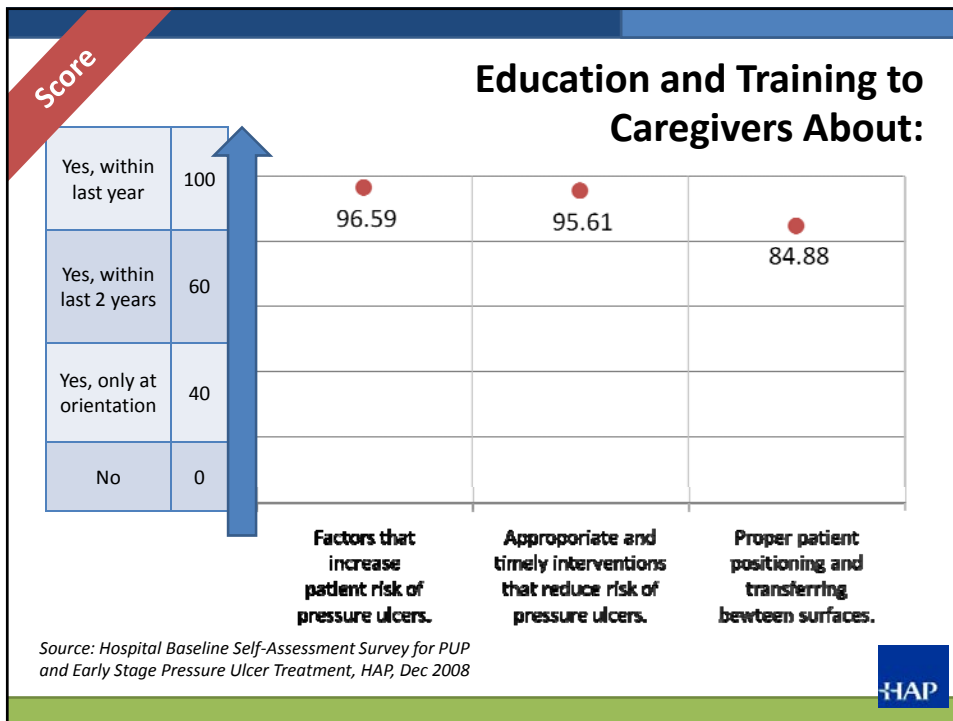
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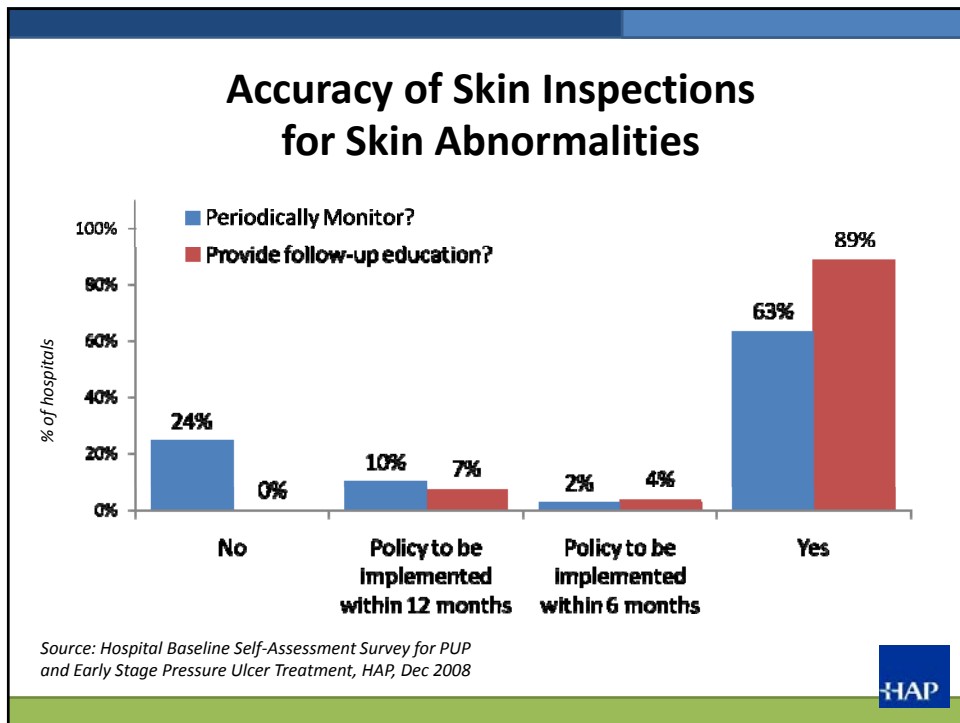
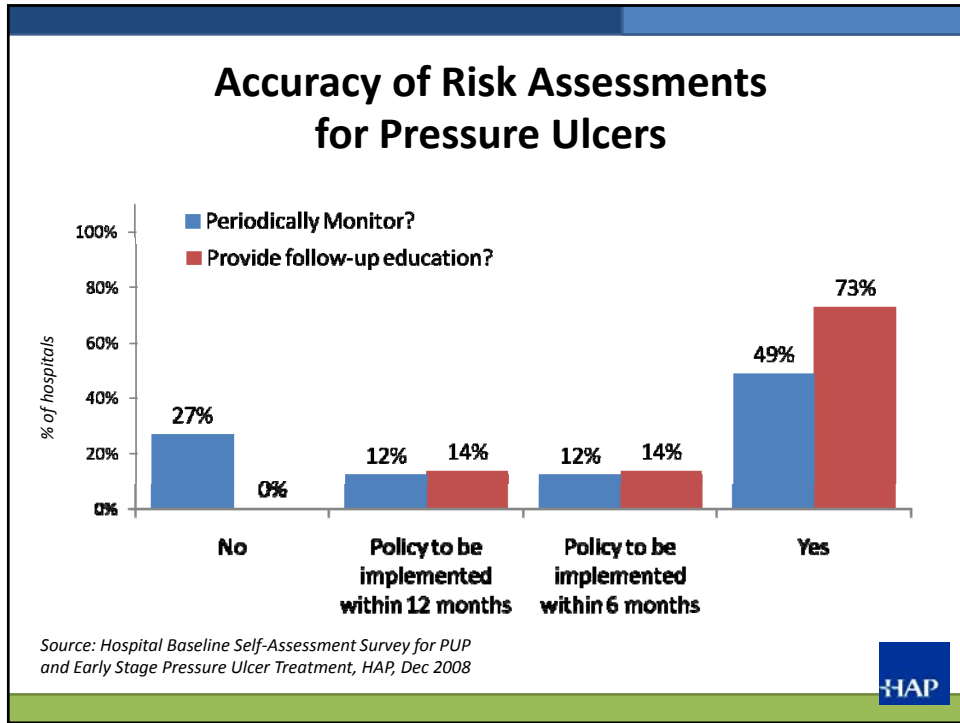


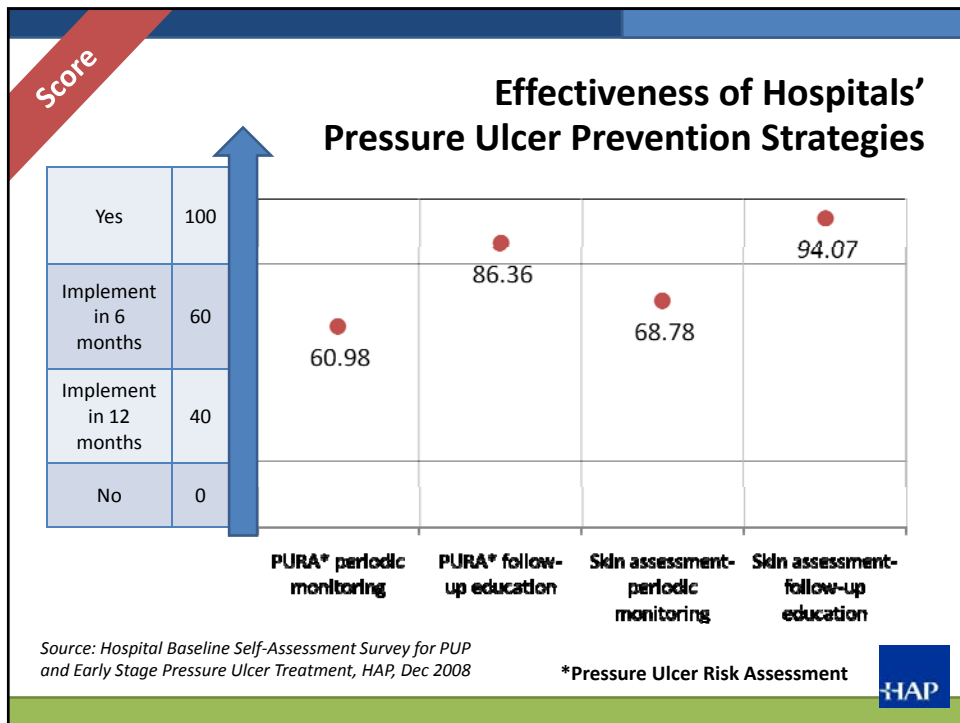
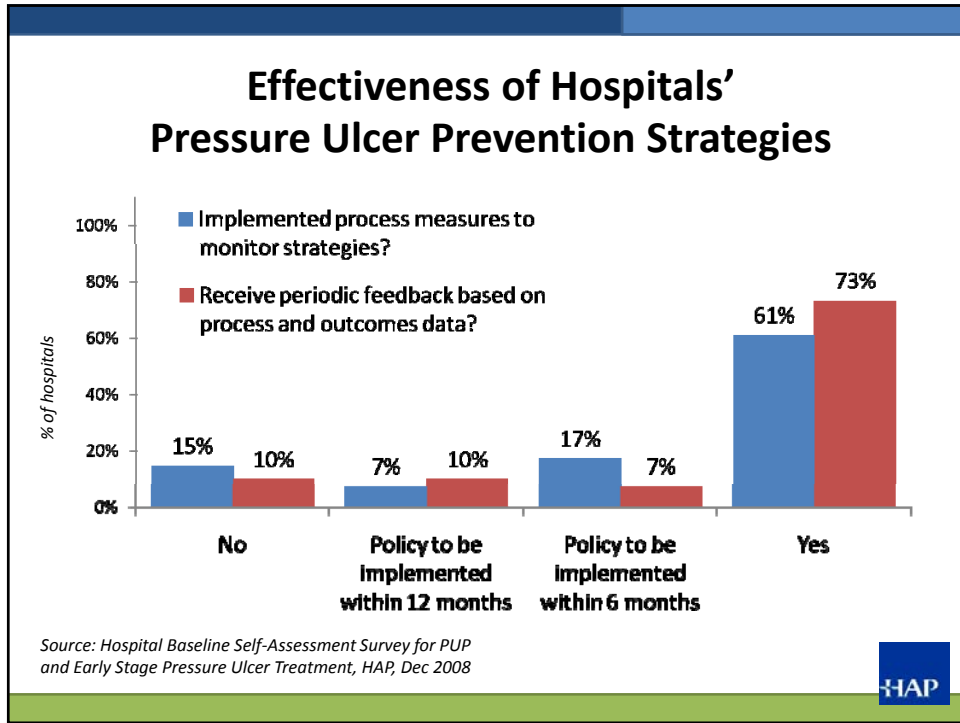
Has the hospital provided education and training to ancillary staff on appropriate patient positioning or transferring between surfaces to prevent shearing injury?

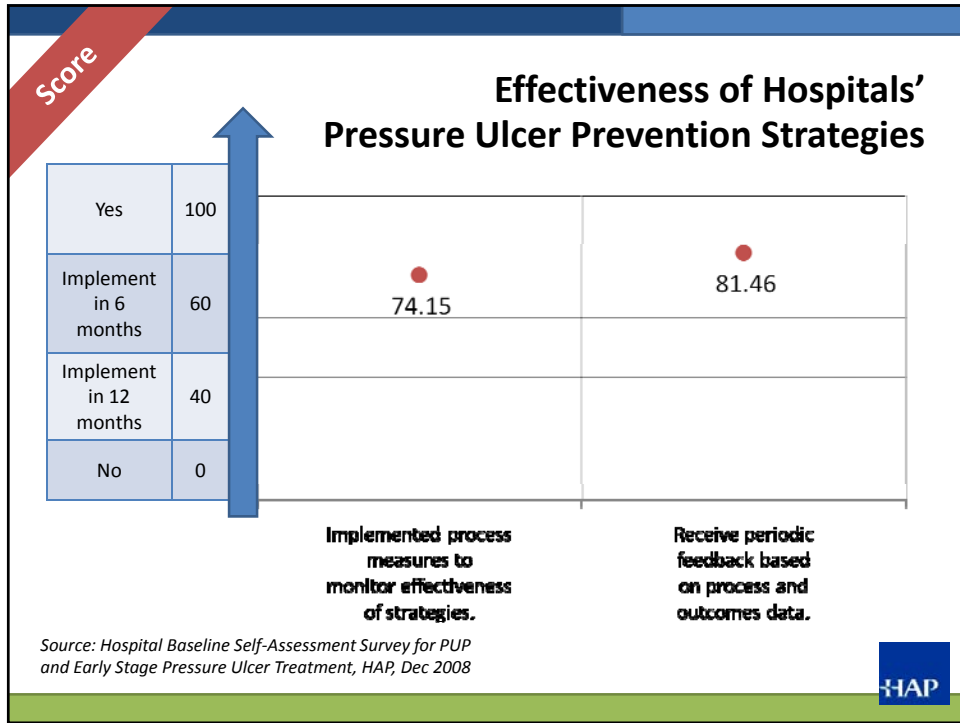


Source: Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment, HAP, Dec 2008









Distribution of Survey Responses

Hospital Baseline Self-Assessment Survey for PUP and Early Stage Pressure Ulcer Treatment

HAP Member Survey December 2008

		Distribution	
		HAP Member Hospitals	
		SAMPLE (41)	UNIVERSE (112)
Type	Acute	93%	91%
	Non-Acute	7%	9%
Bed Size	Less than 100	22%	29%
	101 to 250	54%	39%
	251-400	5%	11%
	400+	20%	21%
Geographic Location	Large Urban*	61%	47%
	Urban	17%	29%
	Rural	22%	24%
Teaching Status	Non-Teaching	34%	42%
	Teaching	66%	58%
Pennsylvania Region	West	24%	34%
	Central	17%	29%
	Northeast	7%	7%
	Southeast	51%	30%
TOTAL PA		37%	100%

* Denotes Philadelphia and Pittsburgh

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.	

#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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PENNSYLVANIA PRESSURE ULCER PARTNERSHIP
Monthly Hospital Pressure Ulcer Data Submission Form

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)	

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



THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Knowledge for Better Health Care

Pennsylvania Pressure Ulcer Partnership Hospital Portal and Reporting Site

Statewide Results: December 2008-February 2009



THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Knowledge for Better Health Care

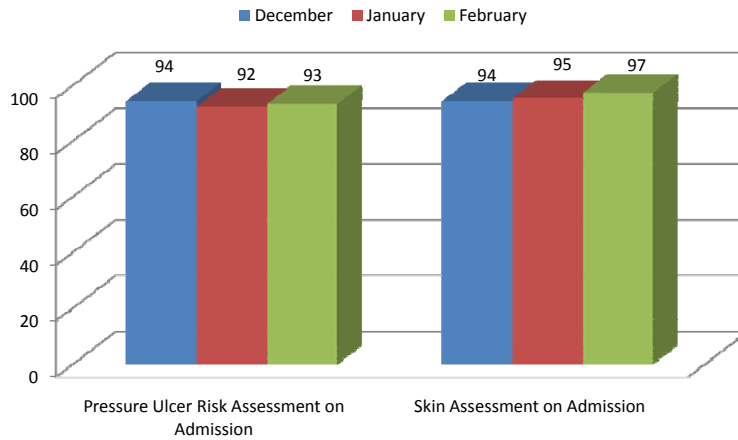
56 Participating Hospitals (representing 74 units)

UNIT TYPE	# OF PARTICIPATING UNITS
CRITICAL CARE	29
TELEMETRY	3
MEDICAL SURGICAL	42
TOTAL	74





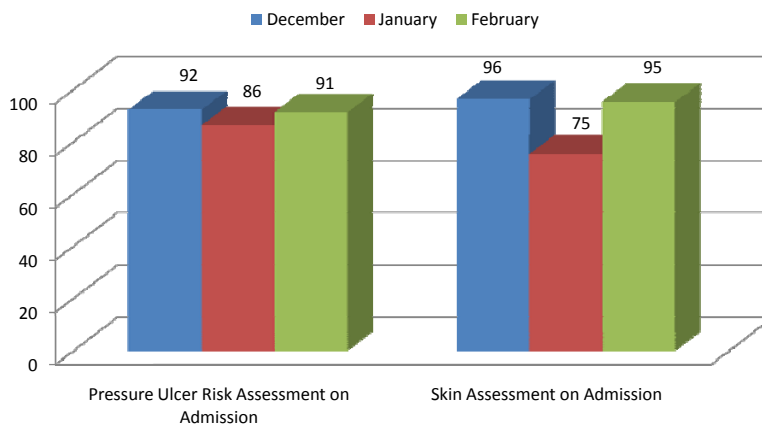
Percent of **Critical Care** Patients that Receive an Admission Assessment



Source: PPUP Hospital Portal



Percent of **Tele** Patients that Receive an Admission Assessment

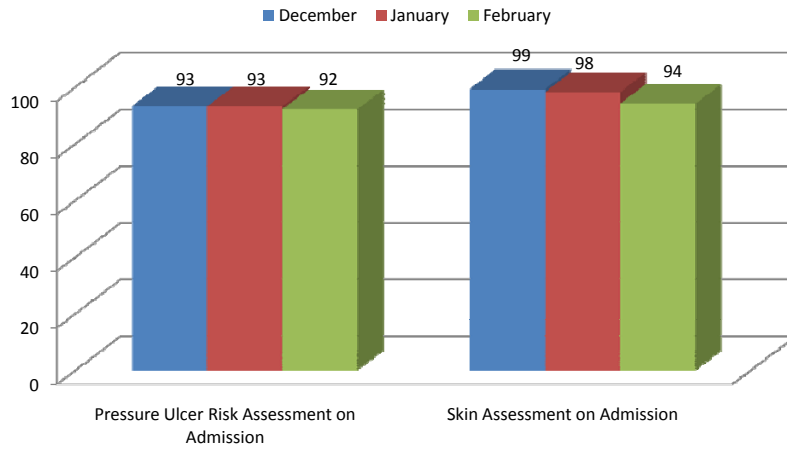


Source: PPUP Hospital Portal





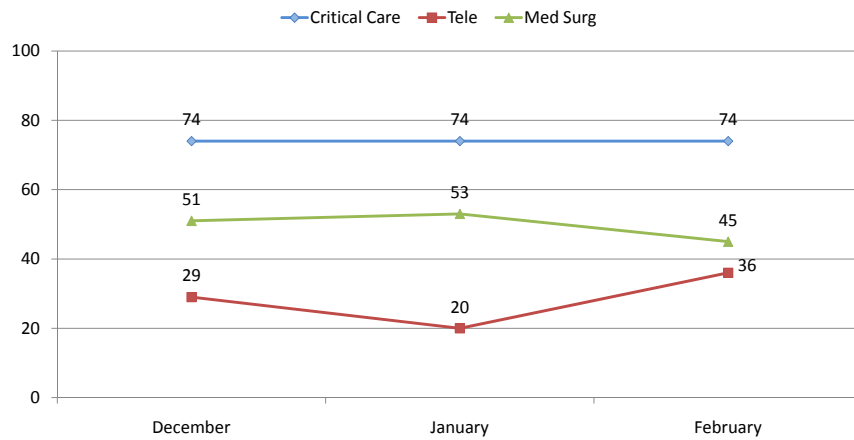
Percent of **Med Surg** Patients that Receive an Admission Assessment



Source: PPUP Hospital Portal



Percent of Patients "At Risk" for Pressure Ulcers

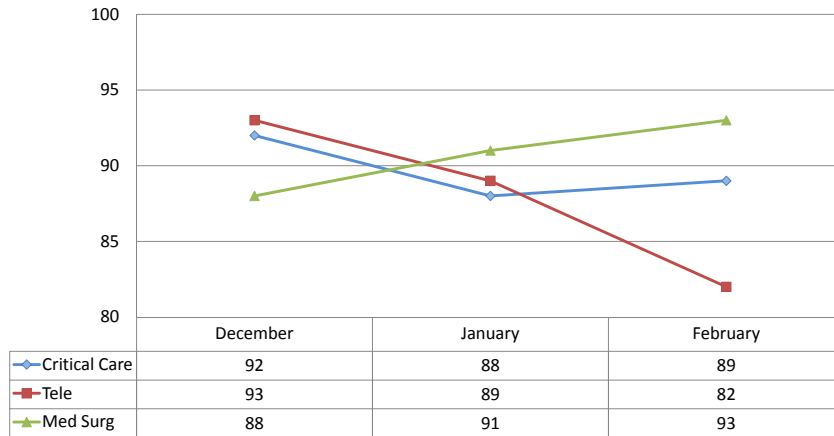


Source: PPUP Hospital Portal





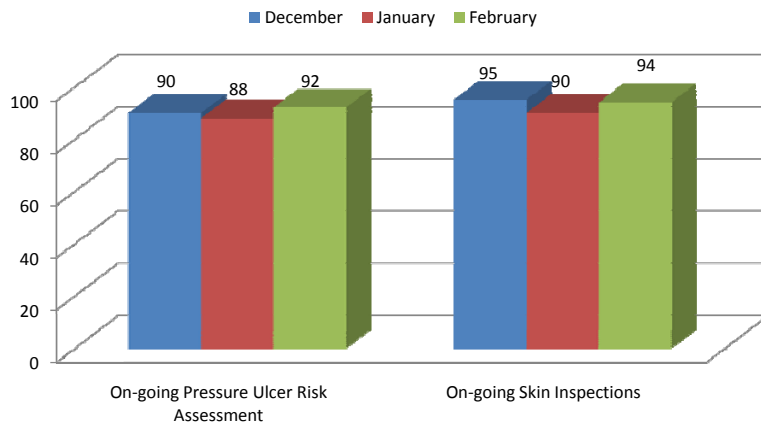
Percent of "At Risk" Patients that Receive Preventative Strategies



Source: PPUP Hospital Portal



Percent of **Critical Care** Patients that Receive an On-Going Assessment

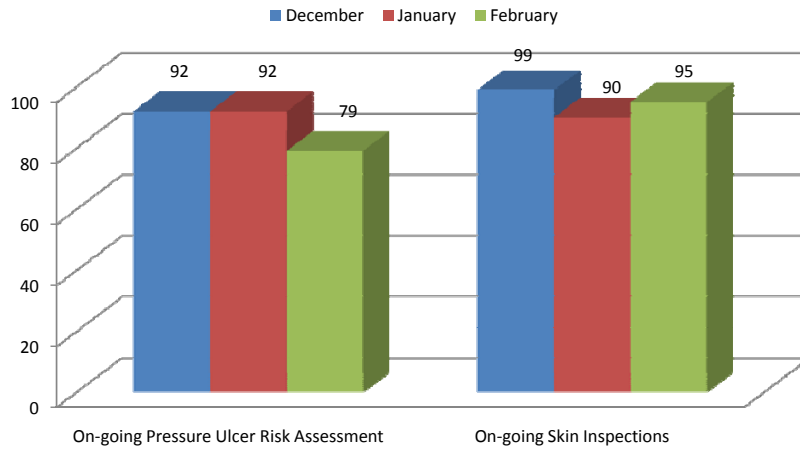


Source: PPUP Hospital Portal





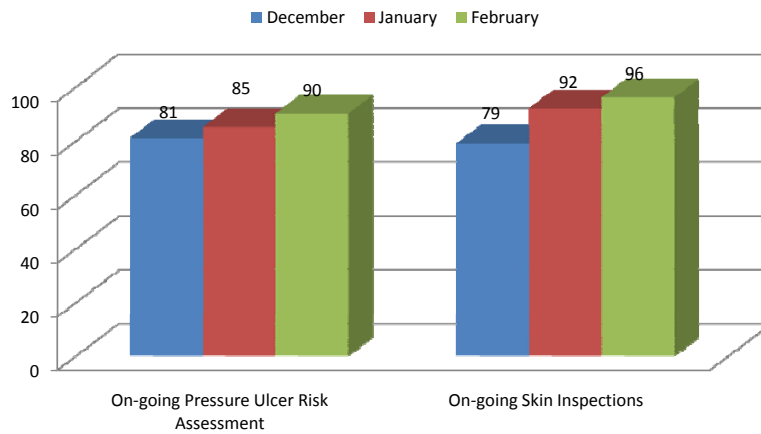
Percent of **Tele** Patients that Receive an On-Going Assessment



Source: PPUP Hospital Portal



Percent of **Med Surg** Patients that Receive an On-Going Assessment

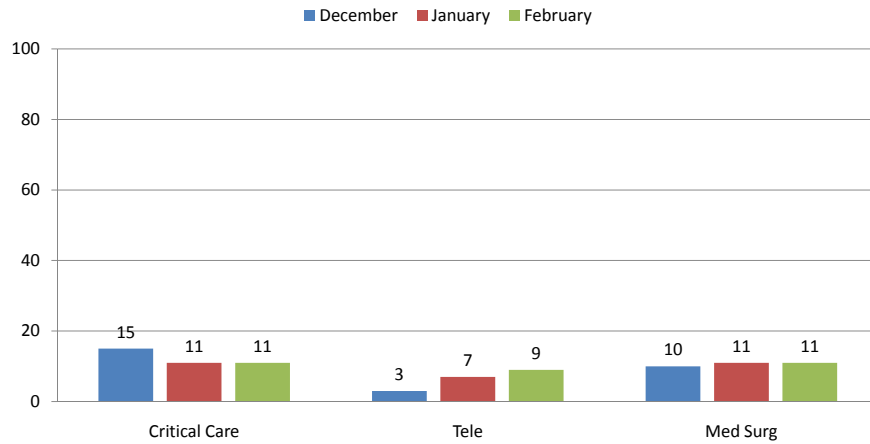


Source: PPUP Hospital Portal





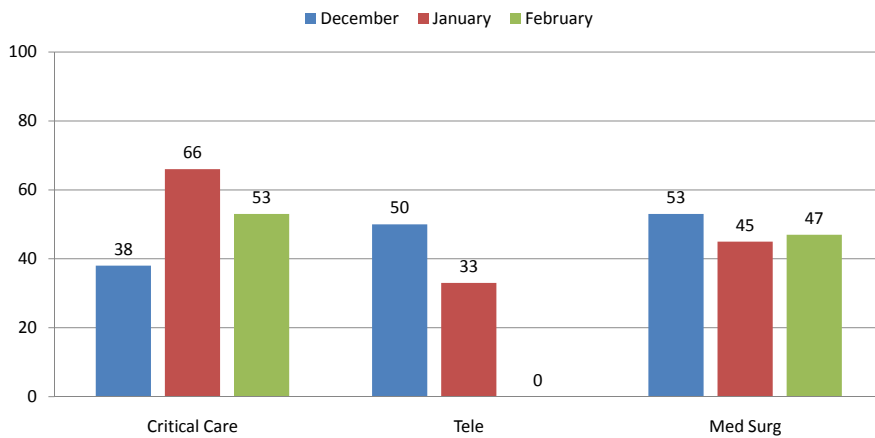
Percent of Patients that have a Pressure Ulcer on Admission (POA)



Source: PPUP Hospital Portal



Percent of Patients that have a POA Documented by an MD

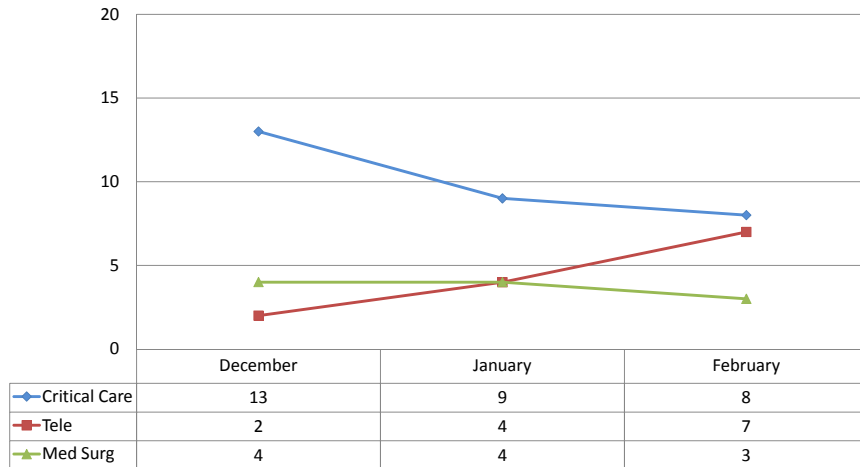


Source: PPUP Hospital Portal





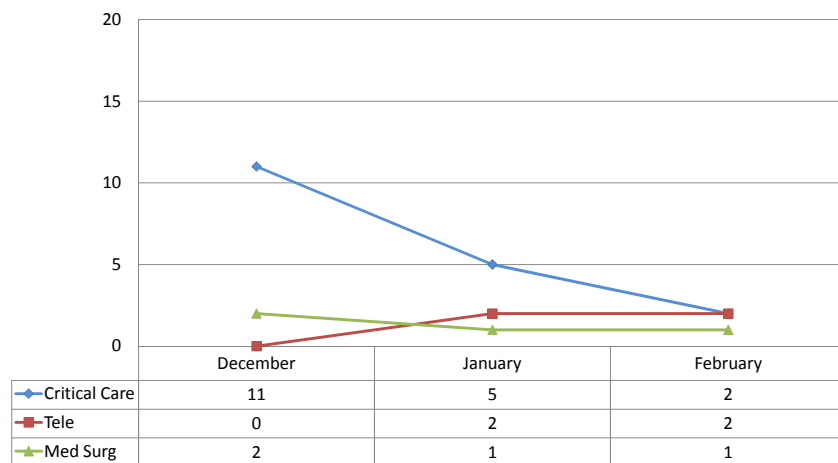
Percent of Patients that Developed a Pressure Ulcer During their Hospital Stay



Source: PPUP Hospital Portal



Percent of Patients that had a Pressure Ulcer Progress During their Hospital Stay

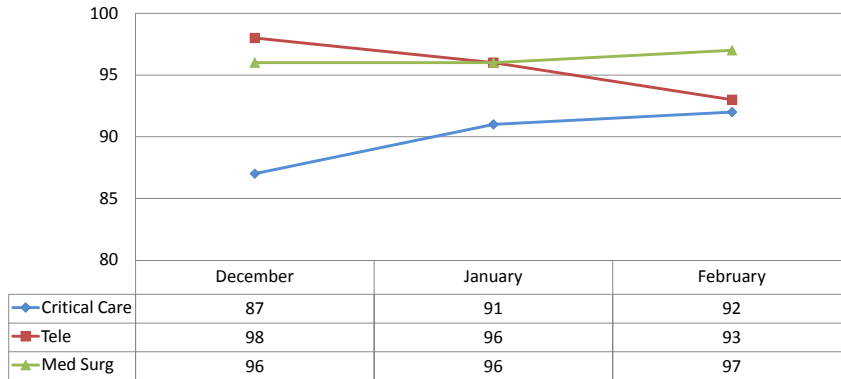


Source: PPUP Hospital Portal





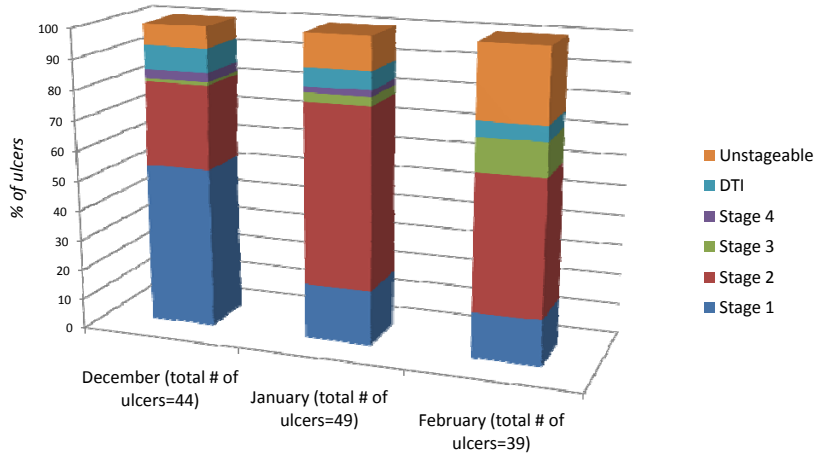
Percent of Patients that had Q Pressure Ulcers Develop/Progress During their Hospital Stay



Source: PPUP Hospital Portal



Pressure Ulcer Stages in **Critical Care**

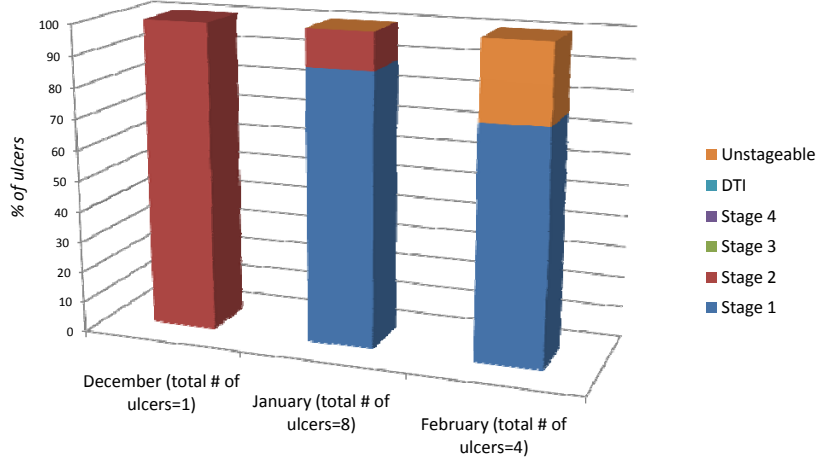


Source: PPUP Hospital Portal





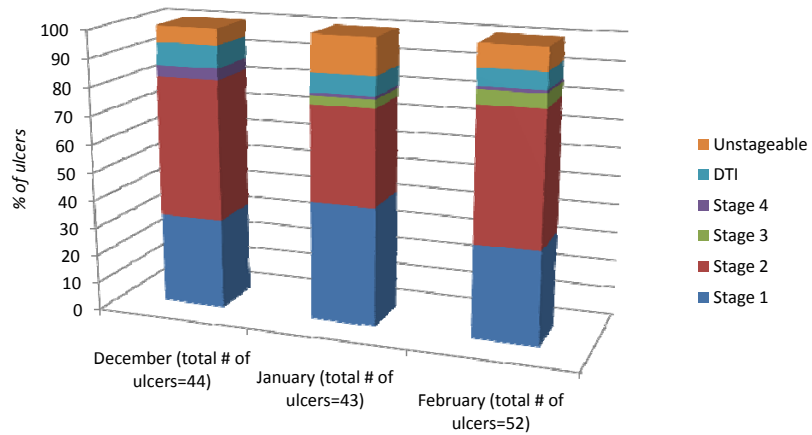
Pressure Ulcer Stages in Tele



Source: PPUP Hospital Portal



Pressure Ulcer Stages in Med Surg



Source: PPUP Hospital Portal



Key Findings That Demonstrate Need For Improvement¹

- Only 76% of hospitals “agree or strongly agree” that their Medical Executive Committees support pressure ulcer prevention and treatment.
- Concerning initial risk assessments of pressure ulcers, more than 40% of hospitals require an initial assessment **after 8 hours**.
- Only 76% of hospitals “agree or strongly agree” that they have developed mechanisms for communication between staff and physicians in identifying and staging pressure ulcers.
- Only 66% of hospitals “agree or strongly agree” that they have triggers to indicate the need for re-assessment of pressure ulcer risk.
 - 20% of hospitals indicated that they don't have triggers for additional interventions when a patient's condition changes.
- Only 24% of hospitals provide standardized visual cues or identifiers for all patients at-risk for pressure ulcers.
- More than one-third of hospitals (37%) report that their caregivers “sometimes” or “seldom/never” consistently document specific interventions used for the prevention and treatment of pressure ulcers.
- 29% of hospitals report that their caregivers “sometimes” or “seldom/never” periodically evaluate interventions for appropriateness and effectiveness.
- Fifteen to 17% of hospitals reported that they “sometimes” perform basic preventions for patients at-risk for pressure ulcers.
- Only 54% of hospitals “agree or strongly agree” that they have established consistent methods of coordination between facilities with frequent inter-facility transfer of patients.
- Concerning transfer documentation: 12-24% of hospitals indicated that they “sometimes” or “seldom/never” include the following essential information on transfer documentation
 - Current interventions: 10% sometimes include, 2% seldom/never include
 - Skin assessments: 12% sometimes include, 5% seldom/never include
 - Current risk assessment: 12% sometimes include, 12% seldom/never include
 - Standard location of information in medical record: 10% sometimes, 5% seldom/never



Statewide Baseline Assessment for Pressure Ulcer Prevention And Early Stage Pressure Ulcer Treatment

Pennsylvania Pressure Ulcer Partnership

- Only 76% of hospitals indicate that they have provided education and training to ancillary staff within the last year on appropriate patient positioning/transferring to prevent shearing injury.
- More than a quarter of the hospitals (27%) reported that they don't periodically monitor the accuracy of pressure ulcer risk assessments; also 24% reported that they don't periodically monitor the accuracy of skin inspections for skin abnormalities.
- 15% of the hospitals have not implemented process measures to monitor prevention strategies.

¹*Based on Findings from December 2008 Hospital Baseline Self-Assessment; statewide survey fielded and data compiled by The Hospital & Healthsystem Association of Pennsylvania, May 2009*