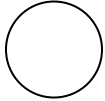


Comparing your practice Pressure Ulcers

Name of Facility: Paradise Place

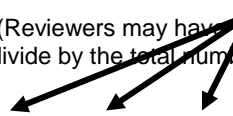
02 1 27 120 06

- DIRECTIONS:**
1. Enter the resident's clinical record number or initials.
 2. Review the clinical record for evidence of each practice.
 3. Enter a "Y" if it is identified and an "N" if it is not identified. (Reviewers may have to review the entire record.)
 4. Tally the Number of "Y" s identified for each Best Practice, divide by the total number of residents.



Which residents should be included in the comparison?

- Select **10** residents admitted with pressure ulcers or subsequently developed a pressure ulcer over the past six to twelve months (This will provide the most helpful information.); or
- Select **10** of your most recently admitted residents, regardless if they were admitted with or developed a pressure ulcer.
- Enter 10 residents' clinical record number or initials in the appropriate boxes.



	Clinical Record										TALLY		%
	2	3	4	5	6	7	8	9	10	# Yes	Total #		
Prevention													
3. For residents at risk for developing pressure ulcers, skin was inspected daily to detect new pressure ulcers. (NHIFT)	234	345	456	567	678	789	890	901	012	6	10	60%	
4. For residents at risk for developing pressure ulcers, plan of care incorporated interventions to address each of the resident's specific risk factors. (NHIFT)	y	N	3	y	y	N	N	y	y	10	40%		
5. For at-risk residents, appropriate pressure reducing support surfaces are on both bed and chair (selection based on validated risk tool). (WOCN, NNHC)	y	N											
6. For at-risk residents with pressure reducing support surfaces, the effectiveness of support surface ("bottoming out") is periodically checked per manufacturers instructions. (CMS)	NA	y	N	NA	y	N	N	N	N	2	8	25%	
Treatment													
7. For resident's admitted with pressure ulcer(s), highest staged pressure ulcer was evaluated within 24 hours of admission. (NHIFT)	NA	y	N	NA	y	N	N	N	N	6	6	100%	
8. For residents admitted with pressure ulcer(s), there is evidence that the treatment plan consistent with current professional standards was initiated for each pressure ulcer within 24 hours of admission. (NHIFT)	NA	y	N	NA	y	N	N	N	N	4	6	66%	
9. For residents admitted with pressure ulcer(s), there is evidence of weekly wound assessment for each pressure ulcer. (NHIFT)	NA	y	N	NA	y	N	N	N	N	5	5	100%	
10. For residents admitted with pressure ulcer(s), treatment plan was modified or documentation present stating why the current treatment plan should continue if no improvement in the wound by the end of the fourth week. (NHIFT)	NA	y	N	NA	y	N	N	N	N	3	4	75%	

What is the reason for doing this?
To review your residents' clinical records for evidence of each practice.

What are the sources for the practices?

- Nursing Home Improvement Feedback Tool (NHIFT).
- National Nursing Home Improvement Collaborative (NNHC).
- Wound, Ostomy, and Continence Nurses Society (WOCN).
- CMS Pressure Ulcers: Facility Assessment Checklists.

How is this tool used to compare practices?

- Review the resident's clinical record for evidence of each practice.

How are results obtained?

- If there is evidence in the clinical record that a resident received the designated practice, enter "Y."
- If there is no evidence in the clinical record that a resident received the designated practice, enter "N."
- If the designated practice does not apply to that specific resident, enter "NA."

How are the results tallied?

- Count the number of "yes" (Y) responses for each practice.
- Divide the number of "yes" responses by the total number of applicable records to determine the percentage.

Example 1: For practice # 7, 6 out of 6 (100%) residents who were admitted with pressure ulcers had their pressure ulcers evaluated within 24 hours.

Example 2: For practice # 8, only 4 out of 6 (66%) residents who were admitted with pressure ulcers had a treatment plan initiated within 24 hours.

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