

# Pressure Injury Program Quality Improvement T O O L K I T



QIN-QIO

Quality Innovation Network -  
Quality Improvement Organizations

CENTER FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP



# Prevention of Pressure Injuries

## SELF-ASSESSMENT

Complete each field below to assess your organization's commitment to preventing pressure injuries, then utilize the [Plan-Do-Study-Act Worksheet](#) to assist in your improvement efforts.

What are your program strengths?

What areas need improvement?

<b>Question</b> <i>(Check the "Y" and/or "NI" box(es) to designate Yes and if the area Needs Improvement)</i>	<b>Y</b>	<b>NI</b>	<b>Comments</b>
Are direct care staff trained on proper skin care and observation of skin abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a system in place for assigning accountability for 24/7 monitoring of prevention interventions being implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
Are individual team members assigned tasks from morning meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the team follow up on previous assigned tasks to monitor completion?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Interdisciplinary Team (IDT) aware of risk factors for newly admitted/readmitted residents or those with a change in condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an established system for conducting huddles with direct care staff about identification of subtle changes in residents before skin issues occur?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the IDT discuss residents who are at risk but currently have no pressure injuries, weight loss, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a system in place for investigating adverse skin outcomes for causative factors, and can results be openly shared even when outcomes are "avoidable?"	<input type="checkbox"/>	<input type="checkbox"/>	



# Pressure Injury (PI) Treatment SELF-ASSESSMENT

Review each assessment statement below, then enter a rating based on your level of agreement and related comments.

Assessment Statement	Rating Scale 1 (strongly disagree) to 10 (strongly agree)	Comments
The facility has pressure injury treatment protocols in place to direct evidence-based treatment practices.		
Treatment protocols have been approved by the medical director and the QA/QI committee.		
Licensed staff know and follow the facility-approved formularies and treatment protocols.		
Adequate evidence-based treatment supplies and products are available and accessible for staff use.		
The IDT and the resident's attending physician collaborate to develop an individualized treatment plan.		
The facility has a system in place to reassess progress of wounds (i.e., every two weeks).		
Licensed staff are trained in facility treatment protocols and clinical application.		
The facility has a system in place for measuring and documenting pressure injuries at least weekly.		
The facility utilizes pressure redistribution mattresses and seat cushions, as appropriate.		
The facility has a system in place to track the proper functioning and life expectancy of pressure redistribution mattresses and seat cushions.		

Assessment Statement	Rating Scale 1 (strongly disagree) to 10 (strongly agree)	Comments
The IDT is actively involved in monitoring wounds (e.g., dietary, rehab, etc.).		
The facility has a system in place to proactively identify and report changes in a resident that place the resident at risk for healing or that may delay or interfere with their ability to heal.		
For the next three months, what action plan will you develop to improve pressure injury treatment processes?		



# Pressure Injury

## AUDIT TOOL

Initials of Auditor	#1	#2	#3	#4	#5	Comments/ Notes
<b>Date</b>						
Evidence of routine skin assessment completed per policy/protocols.						
Full Braden Score Completed as a part of Admission Process and Repeated at Frequency per policy.						
If resident was identified at high risk for developing or worsening of PU (based on policy/protocols), interventions added to POC.						
Documentation shows physician notified of skin breakdown and/or change in skin condition and any new orders transferred to both MAR and/or TAR as appropriate.						
Review of TAR shows weekly measurements (or per orders/policy) and documentation of treatment being completed based on current order.						
Observation at bedside show interventions from POC are in place.						
Nutritional consult completed with new wound and/or worsening of wound condition.						
Nutritional recommendations have been addressed by Physician/Provider.						
Review of supplies and med cart show all necessary supplies readily available.						
All staff providing wound dressing changes have verified competency check off within the last 12 months or per policy.						
<b>Total Numerator = number of compliant elements</b>						
<b>Total Denominator = number of elements observed</b>						

\*If no interventions needed place N/A in column and do not count field in denominator

Interventions as a result of audit findings
1.
2.
3.