

This tool will help you decide information about the current organizational structure and culture of your facility relation to pressure injury risk assessment. It will help you examine areas of both strength and weakness.

RESPONSE KEY	
Fully implemented	5
Priority and clear evidence of action	4
Priority but no action taken	3
Under discussion but no decision to act	2
No discussion around this issue	1

LEADERSHIP AND STRATEGY	5	4	3	2	1
Senior management is supportive of a pressure injury program					
Improved pressure injury risk assessment is a priority within the facility					
There is an existing multi-disciplinary committee in place that can oversee implementation of a pressure injury program					
There is clear leadership of the committee					
There are role model and champions for implementation of a pressure injury risk program					
The facility has current policies and procedure for pressure injury risk assessment in place					
The facility education department has a basic pressure injury program developed					
There are funds available to implement the program					
SPECIFICS					
Is there a sense of excitement to start a pressure injury prevention program?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Why do you want to start a program?	<input type="checkbox"/> Cost <input type="checkbox"/> Safety <input type="checkbox"/> Lawsuits <input type="checkbox"/> Patient <input type="checkbox"/> Other				
What is your goal	<input type="checkbox"/>				
Name 1-2 organization people that will be overall program organizers	1. 2.				
Check which departments you may wish to involve in your prevention team (Name the contact person for each)	<input type="checkbox"/> Senior management <input type="checkbox"/> QI/safety <input type="checkbox"/> Wound nurse <input type="checkbox"/> Staff nurse <input type="checkbox"/> Nurse Aides <input type="checkbox"/> Education Department <input type="checkbox"/> OT/PT <input type="checkbox"/> Medical staff				

	<input type="checkbox"/> Materials management <input type="checkbox"/> Computer Department <input type="checkbox"/> Other (specify)					
What do you hope to accomplish at	<input type="checkbox"/> 6 months					
	<input type="checkbox"/> 1 year					
	<input type="checkbox"/> 2 years					
What specific problems do you hope to address						
What improvements are needed (Be specific for each unit)						
IMPLEMENTATION	<table border="1"> <tr> <td style="background-color: #008000; color: white; text-align: center;">5 Always</td> <td style="background-color: #90EE90; text-align: center;">4 Usually</td> <td style="background-color: #FFD700; text-align: center;">3 Maybe</td> <td style="background-color: #ADD8E6; text-align: center;">2 Some times</td> <td style="background-color: #00BFFF; text-align: center;">1 Never</td> </tr> </table>	5 Always	4 Usually	3 Maybe	2 Some times	1 Never
5 Always	4 Usually	3 Maybe	2 Some times	1 Never		
Prevalence and incidence data is available for each unit						
Unit staff is aware of the results						
Chart and skin audits are scheduled at regular intervals						
Staff knowledge has been assessed						
CURRENT PRACTICE						
Policies and procedures	<input type="checkbox"/> Current <input type="checkbox"/> Reflect best practice <input type="checkbox"/> Match your goals Date reviewed _____					
Pressure injury audit data is	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know					
Does your facility document skin assessment within 8 hours of admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
Do you provide the patient and family with an education brochure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
Does your facility complete risk assessment within 8 hours of admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
How often is skin and risk reassessed?						

Do you check to see if care planning is tied to risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
KNOWLEDGE		
Have you tested nurse's pressure injury knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
What knowledge problems were found?		
Do you use consistent definitions for turning & repositioning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Are nurses trained in	Pressure injury staging <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Wound recognition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Are medical staff trained in	Staging <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Wound recognition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
MONITORING AND EVALUATION	YES	NO
Is there a way for staff to report pressure injury?		
Are unit specific prevalence and incidence rates posted on each unit?		
Is there retesting of staff knowledge after a wound education programs?		
Is there a rewards program if improvement occurs?		
What is your sustainability plan?		