

PRESSURE ULCER DATA COLLECTION TOOL INSTRUCTIONS

This tool is intended to provide data for tracking for your own quality improvement program and for reporting to the collaborative to demonstrate performance by the group of health care providers. Use this tool to identify a) patients admitted the current month with pressure ulcers and b) others who developed a pressure ulcer within the month.

1. Enter the name of the home health/hospice agency, city and month/year at the top of the page.

PRESSURE ULCERS PRESENT ON ADMISSION (COMMUNITY-ACQUIRED)

Above the dark line: Document the patients admitted this month that had a pressure ulcer upon admission. Please use one column per patient.

2. Enter Patient ID. Use a method for identifying patients that does not provide an actual name or medical record number. (A copy for your use can include specific identifiers.)
3. Enter the date of admission.
4. Place the number of pressure ulcers corresponding to the appropriate stage(s) in the spaces provided.
5. Indicate whether the Pressure Ulcer **risk assessment** (i.e. Braden, Norton, or other tool) was completed upon admission. (**Clarifier**—this is not the skin assessment)
6. Indicate whether the patient was identified “at risk” based on the admission pressure ulcer risk assessment.

NOSOCOMIAL (FACILITY-ACQUIRED) PRESSURE ULCERS

Below the dark line: Document the patients that had newly discovered pressure ulcer(s) this month. Please use one column per patient.

7. Enter Patient ID. Use a method for identifying patients that does not provide an actual name or medical record number. (A copy for your use can include specific identifiers.)
8. Please indicate the date discovered (date first ulcer was discovered if there was more than one).
9. Place the number of pressure ulcers corresponding to the appropriate stage(s) in spaces provided.
10. Indicate whether the Pressure Ulcer **risk assessment** (i.e. Braden, Norton, or other tool) was completed upon last OASIS or assessment.
11. Indicate whether the patient was identified “at risk” based on last Oasis or assessment.

MONTHLY SUBMISSION OF DATA

12. Enter the average daily census of patients in the agency even if no pressure ulcers were identified this month.
13. Check the box if zero pressure ulcers were identified this month.
14. Enter name of Team Member responsible for data collection and submission.
 - Send in your data collection tool even if you have **no** patients admitted with pressure ulcers and **no** nosocomial acquired pressure ulcers that month.
 - Please fax completed form to Lidia Dubicki at the University of Indianapolis at **317-791-5945** or **e-mail to ldubicki@uindy.edu** by the 10th day of the following month.
 - If you have questions, please call Health Care Excel at 812-234-1499 and ask for Cheryl Riddell.

1. Name of Home Health/Hospice _____ City _____
(Please print)

PRESSURE ULCER DATA COLLECTION TOOL Month/Yr _____

PRESSURE ULCERS PRESENT ON ADMISSION (COMMUNITY-ACQUIRED)

Patient Identifier (do not use actual names or medical record numbers)	2. PT ID																		
	3. Admit Date																		
4. Number of pressure ulcers at each stage upon SOC* or ROC**	Stage I																		
	Stage II																		
	Stage III																		
	Stage IV																		
	Unstageable																		
	Deep tissue injury																		
5. PU risk assessment completed upon SOC* or ROC** this month	Yes																		
	No																		
6. Patient identified "at risk" based on SOC* or ROC** risk assessment	Yes																		
	No																		
	Unknown If not completed upon admission																		

NOSOCOMIAL (FACILITY-ACQUIRED) PRESSURE ULCERS

Patient Identifier (do not use actual names or medical record numbers)	7. PT ID																		
	8. Date Found																		
9. Number of acquired pressure ulcers at each stage	Stage I																		
	Stage II																		
	Stage III																		
	Stage IV																		
	Unstageable																		
	Deep tissue injury																		
10. PU risk assessment completed upon last OASIS or assessment	Yes																		
	No																		
11. Patient identified "at risk" based upon last OASIS or assessment	Yes																		
	No																		
	Unknown If not completed upon last OASIS or assessment																		

12. Average daily census in agency, even if no pressure ulcers were identified this month _____
 13. No pressure ulcers were identified this month ***SOC = Start Of Care**
****ROC = Resumption of Care**

14. Team Member completing tool _____ Title _____

