

Home Health/Hospice Pressure Ulcer Self-Assessment Worksheet

(Please submit one per agency and keep a copy for your team.)

Name of Home Health/Hospice Agency: _____

City or Town: _____

Use this worksheet to review your current processes for preventing and managing pressure ulcers in your Home Health/Hospice agency. Use the scale below to mark the box that best describes the frequency for each item.

4 represents that this **ALWAYS** happens

2 represents that this **SELDOM** or **RARELY** happens

3 represents that this **FREQUENTLY** or **USUALLY** happens

1 represents that this **NEVER** happens

Process		4	3	2	1
1	Our home health/hospice performs a comprehensive pressure ulcer risk assessment within the first 24 hours of admission. Please indicate what tool. Braden _____ Norton _____ Other _____				
2	Our home health/hospice performs a comprehensive pressure ulcer risk assessment at routine intervals during the length of care.				
3	Our home health/hospice implements designated interventions that correlate with each identified risk factor after admission risk assessments are performed.				
4	Our home health/hospice consistently performs routine skin inspections by the licensed staff and aides, changes are addressed.				
5	Our home health/hospice monitors risk factors on an ongoing basis such as with a change of condition.				
6	Our home health/hospice communicates results of both risk assessments and routine skin assessments to appropriate staff.				
7	Our home health/hospice informs patients and families about the patient's pressure ulcer risk.				
8	Our home health/hospice follows up-to-date written processes (policies and procedures) for pressure ulcer prevention.				
9	Our home health/hospice provides pressure ulcer prevention training as part of the orientation process.				
10	Our home health/hospice provides pressure ulcer prevention training on an ongoing basis. (Fill in how often per year _____)				
11	Our home health/hospice actively involves nurse aides in care planning.				
12	Our home health/hospice educates patients and families about pressure ulcer prevention and how they can help prevent pressure ulcers.				
13	Our home health/hospice discusses pressure ulcer treatment options with patients and families to arrive at treatment decisions and keeps them informed of treatment progress.				
14	Our home health/hospice actively involves patients in care planning.				
15	Our home health/hospice actively involves families in care planning.				
16	Our home health/hospice implements protocols when a new pressure ulcer is identified.				
17	Our home health/hospice uses decision-making tools to determine type of support surface needed for individual patients.				
18	Our home health/hospice tracks patients with both nosocomial pressure ulcers and those admitted with pressure ulcers.				

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Please complete the following questions.

19	Does your home health/hospice practice consistent assignments with licensed staff? Briefly describe your practice of licensed staff assignments.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20	Does your home health/hospice practice consistent assignments with aide staff? Briefly describe your practice of aide staff assignments.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21	Does your home health/hospice have a multi-disciplinary team approach to pressure ulcer prevention? Please list what disciplines are included on the team.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
22	Does your home health/hospice have at least one nurse who has specialized training in wound care and management?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
23	Does your home health/hospice have one or two designated nurses who measure and document on all wounds consistently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
24	Perineal cleansers are readily available to nursing staff/patient caregivers.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
25	Barrier products are readily available to nursing staff/patient caregivers.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
26	Various support surfaces are readily accessible and/or can be delivered/implemented within 4 hours of order. Please list what support surfaces are utilized.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
27	List or describe any barriers or issues that impede pressure ulcer prevention and/or care.				
28	Identify anything that you need or that would assist you in improving pressure ulcer prevention or care in your hospital.				
Names of people involved with completing this assessment					
Date of completion					