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 your group of health care providers. Use this tool to identify a) patients admitted during the current month with pressure ulcers and b) others who developed a hospital acquired pressure ulcer within the month.

1. Enter the name of the hospital, 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 <u>upon admission</u>. Please use one column per patient.

2. Enter Patient ID. Use a method for identifying patients with pressure ulcers 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 (HOSPITAL-ACQUIRED) PRESSURE ULCERS

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

7. Enter Patient ID. Use a method for identifying patients with pressure ulcers 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 <u>first</u> 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 admission. (**Clarifier**—this is not the skin assessment)

11. Indicate whether the patient was identified "at risk" based on the admission pressure ulcer risk assessment.

MONTHLY SUBMISSION OF DATA

12. Enter the total number of admissions in the participating unit for the month.

13. Enter the total patient days for the month (even if no pressure ulcers were identified this month).

14. Check the box if zero pressure ulcers were identified this month.

15. 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** hospital 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.

Indiana State Department of Health

C A C UNIVERSITY of INDIANAPOLIS.
CENTER FOR AGING & COMMUNITY

1. **Name of Hospital** _____ **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 MRN numbers)	**2. PT ID**																	
	3. Admit Date																	
4. Numbers of pressure ulcers at each stage upon admission	**Stage I**																	
	Stage II																	
	Stage III																	
	Stage IV																	
	Unstageable																	
	Deep tissue injury																	
5. PU risk assessment completed upon admission	**Yes**																	
	No																	
6. Patient identified "at risk" based on admission PU risk assessment	**Yes**																	
	No																	
	Unknown If not completed upon admission																	

NOSOCOMIAL (HOSPITAL-ACQUIRED) PRESSURE ULCERS																		
Patient Identifier (do not use actual names or MRN numbers)	**7. PT ID**																	
	8. Date Found																	
9. Number of hospital acquired pressure ulcers at each stage	**Stage I**																	
	Stage II																	
	Stage III																	
	Stage IV																	
	Unstageable																	
	Deep tissue injury																	
10. PU risk assessment completed upon admission	**Yes**																	
	No																	
11. Patient identified "at risk" based on admission PU risk assessment	**Yes**																	
	No																	
	Unknown If not completed upon admission																	

12. Total number of admissions to the unit this month _____

13. Total patient days on the unit for the month, even if no pressure ulcers are identified for this month _____

14. No pressure ulcers were identified this month ☐

15. Team Member completing tool _____ **Title** _____

WE WILL PREVENT PRESSURE ULCERS. KNOW THE FACTS. TAKE ACTION.

The Indiana Pressure Ulcer Initiative is a health care quality initiative of the Indiana State Department of Health and the University of Indianapolis Center for Aging & Community. 2009. Version: Oct 5, 2009