

## Pressure Ulcers: Facility Assessment Checklists

This is a series of self-assessment checklists for nursing home staff to use to assess processes related to managing pressure ulcers in the facility, in order to identify areas that need improvement. You will find the checklists most useful if you need to look at your current practice more critically.

### Directions

- These checklists are designed for completion by a DON/DNS, QI Nurse or other team leader who knows the facility.
- The person completing the checklist should consult with appropriate staff in answering certain questions.

Use these checklists as the starting point for a quality improvement project guided by the Quality Improvement Worksheets. When answering questions on the checklists, if you are not sure or answer “no” to one of the questions, see the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

### Included

Checklists on the following pressure ulcer-related topics are included:

- Screening for Pressure Ulcer Risk
- Developing a Pressure Ulcer Care Plan
- Assessment and Reassessment of Pressure Ulcers
- Monitoring Treatment and Prevention of Pressure Ulcers
- Assessing Pressure Ulcer Policies
- Assessing Staff Education and Training

## Checklist: Screening for Pressure Ulcer Risk

**Does your facility have a process to screen residents for pressure ulcer risk? (A screening assessment is a brief assessment or question that determines if the resident is at risk for pressure ulcers. It does not include a thorough assessment of the pressure ulcer or what needs to be done if the resident is found to have a pressure ulcer upon screening.)**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process to screen for pressure ulcer risk.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing a process for screening is:\_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility have a process for screening that addresses all the areas listed below?**

	Yes	No	Person Responsible:	Comment:
1. Do you screen all residents for pressure ulcer risk at the following times: a. Upon admission b. Upon readmission c. When change in condition d. With each MDS assessment	Γ Γ Γ Γ	Γ Γ Γ Γ		
2. If the resident is not currently deemed at risk, is there a plan to rescreen at regular intervals?	Γ	Γ		
3. Do you use either the Norton or Braden pressure ulcer risk assessment tool? <i>If Yes, STOP. If No, please continue to #4.</i>	Γ	Γ		
4. If you are not currently using the Norton or Braden risk assessment, does your screening address the following areas: a. Impaired mobility: i. Bed ii. Chair	Γ Γ	Γ Γ		
b. Incontinence: i. Urine ii. Stool	Γ Γ	Γ Γ		

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Screening for Pressure Ulcer Risk (cont.)

	Yes	No	Person Responsible:	Comment:
c. Nutritional deficits:				
i. Malnutrition	Γ	Γ		
ii. Feeding difficulties	Γ	Γ		
d. Diagnosis of:				
i. Diabetes Mellitus	Γ	Γ		
ii. Peripheral Vascular Disease	Γ	Γ		
e. Contractures	Γ	Γ		
f. Hx of pressure ulcers	Γ	Γ		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Developing a Pressure Ulcer Care Plan

**Does your facility have a process for developing and implementing a care plan for pressure ulcers for residents who have been found to be at risk or have a pressure ulcer?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for developing and implementing pressure ulcer care plans.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing a process for pressure ulcer care planning is: \_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does the plan of care for pressure ulcers address all the areas below (as they apply)?**

	Yes	No	Person Responsible:	Comments:
1. Does the resident care plan address the following interventions and risk factors (as they apply):				
a. Impaired mobility				
i. Assist with turning, rising, position	Γ	Γ		
ii. Encourage ambulation	Γ	Γ		
iii. Limit static sitting to 2hrs at any one time	Γ	Γ		
b. Pressure Relief				
i. Support surfaces Bed	Γ	Γ		
ii. Support surfaces Chair	Γ	Γ		
iii. Pressure relieving devices				
iv. Repositioning	Γ	Γ		
v. Check for 'bottoming out' in bed and chair	Γ	Γ		
<i>(To determine if a patient has bottomed out, the caregiver should place his or her outstretched hand (palm up) under the mattress overlay below the existing pressure ulcer or that part of the body at risk for pressure formation. If the caregiver can feel that the support material is less than an inch thick at this site, the patient has bottomed out)</i>	Γ	Γ		
c. Nutritional Improvement				
i. Supplements	Γ	Γ		
ii. Feeding assistance	Γ	Γ		

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Developing a Pressure Ulcer Care Plan (cont.)

	Yes	No	Person Responsible:	Comments:
iii. Adequate fluid intake	Γ	Γ		
iv. Dietician consult as needed	Γ	Γ		
d. Urinary Incontinence				
i. Toileting plan	Γ	Γ		
ii. Wet checks	Γ	Γ		
iii. Treat causes	Γ	Γ		
iv. Assist with hygiene	Γ	Γ		
e. Fecal Incontinence				
i. Toileting plan	Γ	Γ		
ii. Soiled checks	Γ	Γ		
f. Skin Condition Check				
i. Check intactness	Γ	Γ		
ii. Color	Γ	Γ		
iii. Sensation	Γ	Γ		
iv. Temperature	Γ	Γ		
g. Treatment				
i. Physician prescribed regimen	Γ	Γ		
ii. Appropriateness to wound staging	Γ	Γ		
iii. Treatment reassessment timeframe	Γ	Γ		
h. Pain				
i. Screen for pain related to ulcer	Γ	Γ		
ii. Choose appropriate pain med	Γ	Γ		
iii. Provide regular pain med administration	Γ	Γ		
iv. Reassess effectiveness of med				
v. Assess/treat side effects	Γ	Γ		
vi. Change or cease pain med as needed	Γ	Γ		
	Γ	Γ		

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Developing a Pressure Ulcer Care Plan (cont.)

	Yes	No	Person Responsible:	Comments:
i. Infection				
i. Dressing containment	Γ	Γ		
ii. Keep dressing dry/intact	Γ	Γ		
iii. Assess for s/sx infection	Γ	Γ		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Assessment and Reassessment of Pressure Ulcers

**Does your facility complete a comprehensive assessment for pressure ulcers for residents who are found to have pressure ulcers upon screening (or, if there is no screening process in place, at any other time)?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for assessment/reassessment of pressure ulcers.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing a process for assessment/reassessment is:\_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your comprehensive pressure ulcer assessment include the following components?**

	Yes	No	Person Responsible:	Comments:
1. Do you have a tool available to document pressure ulcer assessment?	Γ	Γ		
2. Does your current assessment of pressure ulcers include:				
a. Location	Γ	Γ		
b. Stage	Γ	Γ		
c. Size	Γ	Γ		
d. Undermining / tunneling	Γ	Γ		
e. Wound bed (tissue)	Γ	Γ		
f. Drainage / exudate	Γ	Γ		
g. Peri wound tissue (color, temp, bogginess, and fluctuation)	Γ	Γ		
h. Need for debridement	Γ	Γ		
i. Presence of odor	Γ	Γ		
3. Is the resident's pressure ulcer reassessed:				
a. Weekly?	Γ	Γ		
b. Daily if worsening or high risk?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does reassessment include:				
a. Size	Γ	Γ		
b. Tunneling	Γ	Γ		
c. Sinus tracts	Γ	Γ		
d. Presence of necrotic tissue	Γ	Γ		

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Assessment and Reassessment of Pressure Ulcers (cont.)

	Yes	No	Person Responsible:	Comments:
e. Exudate	Γ	Γ		
f. Granulation	Γ	Γ		
g. Epithelialization	Γ	Γ		
h. Color photos	Γ	Γ		
2. Are the following related factors considered in your assessment/reassessment:				
a. Mechanical forces (shearing, friction, pressure)	Γ	Γ		
b. Pronounced bony prominences	Γ	Γ		
c. Poor nutrition	Γ	Γ		
d. Altered cutaneous sensation	Γ	Γ		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Monitoring Treatment and Prevention of Pressure Ulcers

**For residents who have pressure ulcers, does your facility have a process for monitoring treatment and prevention?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for pressure ulcer monitoring and prevention.

\_\_\_\_\_ **This is an area we are working on.** Our target date for implementing a process for monitoring treatment and prevention of pressure ulcers is:\_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility’s process for monitoring treatment and prevention of pressure ulcers include these components?**

	Yes	No	Person Responsible:	Comments:
1. Does your facility use a pressure ulcer tracking tool to document treatment and healing?	Γ	Γ		
2. If yes to above question, does the tracking form include the following:				
a. Date	Γ	Γ		
b. Stage	Γ	Γ		
c. Current Treatment	Γ	Γ		
d. Color photo	Γ	Γ		
e. size	Γ	Γ		
f. depth	Γ	Γ		
g. appearance (i.e. redness, presence of discharge, eschar formation, etc.)	Γ	Γ		
3. Does your facility have protocols to follow if current pressure ulcer treatment is ineffective?	Γ	Γ		
4. Does your facility have protocols to follow if ulcers are found to be non-healing?	Γ	Γ		
5. Does your facility monitor pressure ulcers for the presence of infection? (i.e. foul smell, greenish drainage, cellulitis, osteomyelitis, etc.)	Γ	Γ		

---

*This material was developed by the QIO program from CMS’ NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Monitoring Treatment and Prevention of Pressure Ulcers (cont.)

	Yes	No	Person Responsible:	Comments:
6. Is there a list of possible interventions for the resident at moderate or high risk, that nursing staff may implement to prevent pressure ulcer development?	Γ	Γ		
7. Does your facility have a protocol for management of tissue loads? (i.e. positioning, pressure relieving mattresses, dynamic mattress overlay, etc.)	Γ	Γ		
8. Are there adequate supplies to provide preventative interventions to all residents who require them? (i.e. adequate pressure reducing or relieving mattresses / chair cushions)	Γ	Γ		
9. Are pressure reducing or pressure relieving mattresses / chair cushions in good repair?	Γ	Γ		
10. Does your facility have protocols regarding the prevention of pressure ulcers that includes the following:				
Monitoring residents for incontinence	Γ	Γ		
Need for assistance with mobility and bed mobility	Γ	Γ		
Weight loss	Γ	Γ		
Nutritional deficiency	Γ	Γ		
Dehydration	Γ	Γ		
Compromised skin condition	Γ	Γ		
Education of staff regarding prevention of pressure ulcers	Γ	Γ		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Assessing Pressure Ulcer Policies

**Does your facility have a policy for pressure ulcer prevention and management?**

\_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for assessing pressure ulcer policy.

\_\_\_\_\_ **This is an area we are working on.** Our target date for revising our pressure ulcer policy is: \_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.

\_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility’s policy for the prevention and management of pressure ulcers include these components?**

	Yes	No	Person Responsible:	Comments:
1. Does your facility’s policy include a statement regarding your facility’s commitment to pressure ulcer prevention and management?	Γ	Γ		
2. Does your facility’s policy include screening, assessment and monitoring of residents for pressure ulcers?	Γ	Γ		
3. If the resident is not currently deemed at risk, does your facility’s policy state that residents should be screened for pressure ulcer risk at regular intervals?	Γ	Γ		
4. Does your facility’s policy state that residents who are at risk for pressure ulcers be screened at the following times: a. Upon admission b. Upon readmission c. When a change in condition occurs d. With each MDS assessment	Γ Γ Γ Γ	Γ Γ Γ Γ		
5. Does your facility’s policy state that residents at high risk for pressure ulcers should be screened daily?	Γ	Γ		
6. Does your facility’s policy include who, how and when pressure ulcer program effectiveness should be monitored and evaluated?	Γ	Γ		

---

*This material was developed by the QIO program from CMS’ NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Assessing Pressure Ulcer Policies (cont.)

	Yes	No	Person Responsible:	Comments:
7. Does your facility's policy include goals of pressure ulcer management such as: Prompt assessment and treatment Specification of appropriate pressure ulcer risk and monitoring tools Steps to be taken to monitor treatment effectiveness Pressure ulcer treatment techniques that are consistent with clinically-based guidelines Optimize the resident's ability to perform ADLs and participate in activities	Γ	Γ		
8. Does your facility's policy address steps to be taken if pressure ulcer is not healing?	Γ	Γ		
9. Does your facility's policy address measures that should be taken to prevent pressure ulcers in residents?	Γ	Γ		
10. Does your facility's policy address a protocol for communication of reporting pressure ulcer staging/healing to the designated MDS personnel to ensure correct coding?	Γ	Γ		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Assessing Staff Education and Training

**Does your facility have initial and ongoing education on pressure ulcer prevention and management for both nursing and non-nursing staff?**

- \_\_\_\_\_ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a processes and or staff education on pressure ulcer prevention and management.
- \_\_\_\_\_ **This is an area we are working on.** Our target date for implementing an education program on pressure ulcer prevention and management is:\_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- \_\_\_\_\_ **Yes.** Please continue to the questions below.

**Does your facility’s education program for pressure ulcer prevention and management include the following components?**

	Yes	No	Person Responsible:	Comments:
1. Are new nursing staff assessed for their need for education on pressure ulcer prevention and management?	Γ	Γ		
2. Are current staff provided with ongoing education on the principles of pressure ulcer prevention and management?	Γ	Γ		
3. Does education staff provide discipline-specific education for pressure ulcer prevention and management?	Γ	Γ		
4. Is there a designated clinical “expert” available at the facility to answer questions from all staff about pressure ulcer prevention and management?	Γ	Γ		
5. Is the education provided at the appropriate level for the learner (i.e. CNA vs. RN)?	Γ	Γ		
6. Does the education include staff training on documentation methods related to pressure ulcers (i.e. location, stage, size, depth, appearance, exudate, current treatment, effect on ADL’s, pressure relieving devices used, nutritional support, etc.)	Γ	Γ		

---

*This material was developed by the QIO program from CMS’ NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*

## Checklist: Assessing Staff Education and Training (Cont.)

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

---

*This material was developed by the QIO program from CMS' NHQI and is intended as general information. Any individual using the material must consider the possibility of human error, changes in medical sciences, and the need to use clinical judgement in each specific case.*