

Organizational Commitment to Pressure Injury (PI) Prevention and Treatment Self-Assessment

Complete each field below to assess your organization's commitment to pressure injury prevention and treatment.

| What are your program strengths? | | | |
|---|--------------------------|--------------------------|----------|
| What areas need improvement? | | | |
| Question <i>(Check the "Y" and/or "NI" box(es) to designate Yes and if the area Needs Improvement)</i> | Y | NI | Comments |
| Has an evidence-based policy for PI prevention been developed and is it currently in use? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has accountability for monitoring prevention interventions been assigned? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are prevention interventions communicated to direct care staff consistently? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are evidence-based treatment protocols according to wound descriptions available? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has accountability for monitoring treatment compliance/documentation been assigned? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has accountability for weekly measurements and skin observations been assigned to a designated nurse? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>If yes, does the designated nurse have expertise?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has a process been implemented to validate clinical findings with documentation? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the interdisciplinary team participate in weekly wound review? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the wound meeting efficient? | <input type="checkbox"/> | <input type="checkbox"/> | |

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| Question <i>(Check the "Y" and/or "NI" box(es) to designate Yes and if the area Needs Improvement)</i> | Y | NI | Comments |
|--|---|----|----------|
| Does weekly tracking take place? | | | |
| Does weekly trending take place? | | | |
| Are tracking and trending reports reviewed by the administrator/DON/MDS | | | |
| Is benchmarking without quality measures completed? | | | |
| Do direct care staff have a reporting mechanism with change of condition? | | | |
| Are prevention/Tx supplies readily available for direct care staff? | | | |
| Is a process in place to coordinate care with wound care professionals as needed (i.e., wound physician/certified wound nurse)? | | | |
| Is staff education scheduled at regular intervals on PI prevention/treatment and are resources available for staff where they work? | | | |
| Are PIs perceived as "never" events by staff? | | | |
| Is there an investigative process in place to drill down on why a PI occurred? <i>If yes, does it include consideration for resident characteristics as well as facility staff function/approach?</i> | | | |
| Is MDS coding completed accurately? | | | |
| Do MDS coordinators consider PI progress during the MDS scheduling process? | | | |
| Are concerns and oversight included in your QAPI process and meetings for recommendations? | | | |

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