

Prevention of Pressure Injuries Self-Assessment

Complete each field below to assess your organization's commitment to preventing pressure injuries. Download the [Plan-Do-Study-Act Worksheet](#) to assist in your improvement efforts.

What are your program strengths?			
What areas need improvement?			
Are you willing to commit to implementing or reviewing your existing huddle process with direct care staff?			
Question <i>(Check the "Y" and/or "NI" box(es) to designate Yes and if the area Needs Improvement)</i>	Y	NI	Comments
Are direct care staff trained on proper skin care and observation of skin abnormalities?			
Is a system in place for assigning accountability for 24/7 monitoring of prevention interventions being implemented?			
Are individual team members assigned tasks from morning meetings?			
Does the team follow up on previous assigned tasks to monitor completion?			
Is the Interdisciplinary Team (IDT) aware of risk factors for newly admitted/readmitted residents or those with a change in condition?			
Is there an established system for conducting huddles with direct care staff about identification of subtle changes in residents before skin issues occur?			
Does the IDT discuss residents who are at risk but currently have no pressure injuries, weight loss, etc.?			
Is a system in place for investigating adverse skin outcomes for causative factors, and can results be openly shared even when outcomes are "avoidable?"			