

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

1. Enter the name of the long-term care facility, city and month/year at the top of the page.

PRESSURE ULCERS PRESENT ON ADMISSION (COMMUNITY-ACQUIRED)

Above the dark line: Document the residents admitted this month that had a pressure ulcer upon admission. Please use one column per resident.

2. Enter Resident ID. Use a method for identifying residents 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 resident was identified with "risk factors" based on the admission pressure ulcer risk assessment.

NOSOCOMIAL (FACILITY-ACQUIRED) PRESSURE ULCERS

Below the dark line: Document the residents that had newly discovered pressure ulcer(s) this month. Please use one column per resident.

7. Enter Resident ID. Use a method for identifying residents 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 first 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 discovery of pressure ulcer.
11. Indicate whether the resident was identified with "risk factors".

MONTHLY SUBMISSION OF DATA

12. Enter the average daily census of residents in the long term care facility even if no pressure ulcers were identified this month.
13. Check the box if zero pressure ulcers were identified this month.
14. Enter name of Team Member responsible for data collection and submission.
 - Send in your data collection tool even if you have **no** residents admitted with pressure ulcers and **no** nosocomial 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.

1. Name of Long Term Care Facility _____ City _____
(Please print)

PRESSURE ULCER DATA COLLECTION TOOL

Month/Yr _____

PRESSURE ULCERS PRESENT ON ADMISSION (COMMUNITY-ACQUIRED)

Resident Identifier (do not use actual names or medical record numbers)	2. RES 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 this month	Yes																		
	No																		
6. Resident identified with "risk factors" based on the admission risk assessment.	Yes																		
	No																		
	Unknown If not completed upon admission																		

NOSOCOMIAL (FACILITY-ACQUIRED) PRESSURE ULCERS

Resident Identifier (do not use actual names or medical record numbers)	7. RES ID																		
	8. Date Found																		
9. Number of acquired pressure ulcers at each stage	Stage I																		
	Stage II																		
	Stage III																		
	Stage IV																		
	Unstageable																		
	Deep tissue injury																		
10. PU risk assessment completed upon discovery of PU	Yes																		
	No																		
11. Resident identified with "risk factors"	Yes																		
	No																		
	Unknown If risk assessment not completed upon discovery of the pressure ulcers																		

12. Average daily census in long term care facility, even if no pressure ulcers were identified this month _____
 13. No pressure ulcers were identified this month

14. Team Member completing tool _____ Title _____

