

# AHRQ's Safety Program for Nursing Homes: On-Time Pressure Ulcer Healing

## Electronic Reports

### On-Time Existing Pressure Ulcers Report

Table 1: Sample On-Time Existing Pressure Ulcers Report

On-Time Existing Pressure Ulcers Report											
Unit: A											
Date: 02/10/14											
Resident Name (last, first)	Room Number	Days From Admit to Ulcer Onset	Ulcer Onset Date	Ulcer Site	Ulcer Days	Initial Ulcer Stage	Most Recent Assessed Ulcer Stage	Ulcer Origin	Ulcer Status	# Treatment Order Changes	At Risk for Delayed Healing
Resident A	102	0	12/26/13	COX	47	3	4	POA*	IM	3	X
Resident B	111	482	12/23/13	ILIAC L	50	3	3	IHA	IM	2	
Resident D	113	49	12/30/13	HEEL R	43	4	4	IHA	WO	3	X
Resident D	113	0	11/12/13	TROCH R	91	4	4	POA	WO	1	X
Resident H	121	0	12/14/13	ANKO R	59	1	3	POA*	NC	1	X
Resident J	101	35	01/20/14	EAR L		1		IHA			

**Note:** POA\* indicates that the pressure ulcer was present on admission but has gotten worse (increased in ulcer stage since admission).

Table 2: Ulcer Locations and Codes

Ulcer Location Code	Ulcer Location Description
HEAD	Back of head
EAR	Ear: R/L
SCAP	Scapula: R/L
ELB	Elbow: R/L
VERTU	Vertebrae upper
VERTM	Vertebrae mid
SACR	Sacrum
COX	Coccyx
ILIAC	Iliac Crest: R/L
TROCH	Trochanter: R/L
ISCHIA	Ischial Tuberosity: R/L
THIGH	Thigh: R/L
KNEE	Knee: R/L
LLEG	Lower Leg: R/L
ANKI	Ankle, Inner: R/L
ANKO	Ankle, Outer: R/L
HEEL	Heel: R/L
TOE	Toes: R/L
OTH	Other

## **Report Purpose**

This weekly report provides the clinician with a comprehensive list of all residents currently in the facility and with at least one existing pressure ulcer during the report week, as informed by nurse documentation of weekly pressure ulcer assessments. All ulcers being treated when the report is generated will display. For residents with more than one pressure ulcer, each pressure ulcer will be displayed separately.

Clinicians can use this report to track all residents with pressure ulcers in the facility. This report is also useful for administrators and other management staff interested in at-a-glance information about the number of residents with pressure ulcers on specific nursing units or the facility at large. It also provides a limited set of ulcer details, such as ulcer age and whether the ulcer is improving or at risk for delayed healing. Because the report is not meant to be used on its own to support clinical decisionmaking and care planning regarding pressure ulcer treatment options and interventions, it does not display a wide array of ulcer details.

## **Report Description**

This weekly report displays resident identifiers and information regarding each pressure ulcer, including:

- Days from admission/readmission to ulcer onset,
- Ulcer onset date,
- Ulcer site,
- Ulcer days (number of days since first observed),
- Initial ulcer stage,
- Current ulcer stage,
- Ulcer origin (i.e., present on admission [POA] or in-house acquired [IHA]),
- Ulcer status (no change, improving, or worsening, per nursing judgment),
- Number of treatment orders, and
- An indicator for ulcers at risk for delayed healing.

This report can be filtered to display a single nursing unit or to display all residents with pressure ulcer in the facility. Pressure ulcer information that displays is captured from the most recent Pressure Ulcer Assessment. Criteria for identifying pressure ulcers at risk for delayed healing are derived from a review of current pressure ulcer treatment guidelines and discussions with clinical experts and are explained in detail in the following section that describes the Pressure Ulcers At Risk for Delayed Healing Report.

Complete information will display for each ulcer if the pressure ulcer assessment date is less than 10 days prior to report date. If an ulcer is not healed and the assessment date is 10 days or more past the assessment window, the following cells will be blank: ulcer days, most recent assessed ulcer stage, ulcer status, number of treatment changes, and risk for delayed healing indicator (see the example in Table 1 for Resident J).

### Users and Potential Uses

The primary users of this report are the nursing leadership, direct care nurses, dietary staff, and rehab staff. The table below displays potential users of the Existing Pressure Ulcers Report and potential uses.

**Table 3: Existing Pressure Ulcers Report Users and Potential Uses**

Users	Potential Uses
Multidisciplinary team	Care plan meetings
Charge nurse or nurse manager, CNA team	CNA shift report
MDS nurse	MDS assessment documentation
Nurse managers or charge nurses	Nurse shift change report
Rehab Department staff	Rehab Department internal review
Charge nurse, wound nurse, CNA	Skin rounds
Nurse, dietitian, CNA team, wound nurse, Social Services, MDS nurse as needed	Weekly nutrition risk huddle
Nurse manager, rehab director or therapist	Weekly risk huddle for nurses and rehab
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist	Weekly risk meeting
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist, medical director or wound physician, nurse practitioner, QI staff	Weekly wound review meeting
QI director, QI staff	QI review

**Key:** CNA = certified nursing assistant; MDS = Minimum Data Set, a standardized screening and assessment tool developed by the Centers for Medicare & Medicaid Services; DON = director of nursing; ADON = assistant DON; QI = quality improvement.

## On-Time Pressure Ulcers At Risk for Delayed Healing Report

Table 4: Sample On-Time Pressure Ulcers At Risk for Delayed Healing Report

On-Time Pressure Ulcers At Risk for Delayed Healing Report																					
All Units																					
Date: 02/10/14																					
Resident Name	Room	Ulcer Onset Date	Ulcer Location	Ulcer Days	Initial Ulcer Stage	Ulcer Origin	Current Stage	# Treatment Order Changes	Surface Area				Bates-Jensen Wound Assessment Tool			At Risk for Delayed Healing Reasons					
									Initial and 3 Most Recent				Initial and 2 Most Recent			No Reduction in SA in 2 Weeks	Increase in Stage	Decline in Tissue Characteristics	Drainage	Peri wound	Increase in Pressure Ulcer Pain
									Initial	1/23/14	1/30/14	2/6/14	Initial	8/13/14	8/20/14						
Resident A	102	12/26/13	COX	47	3	POA*	4	3	2.6	1.6	1.3	1.1	38	24	23						
Resident D	113	12/30/13	HEEL R	43	4	IHA	4	1	4.0	3.2	2.9	3.2	44	25	24	X				X	
Resident D	113	11/12/13	TROCH R	91	4	POA	4	3	2.3	1.3	1.2	1.3	43	27	25	X				H	X
Resident H	121	12/14/13	ANKO R	59	1	POA*	3	1	0.8	1.7	1.7	1.7	26	26	28	X			O		
Resident S	221	01/20/14	SACR	22	3	POA*	4	3	5.2	6.7	6.2	5.5	45	29	29				W	H	
Resident V	222	02/02/14	HEEL R	9	4	POA	4	3	2.0	2.0	2.3	2.3	26	27	27			N			
Resident W	233	12/13/13	COX	60	3	IHA	3	2	1.8	1.2	1.2	1.2	23	20	20	X		G			
Resident Y	311	01/20/14	ISCHIA R	22	3	IHA	4	2	2.0	1.7	1.5	1.5	29	25	23		X		A↑		X

### Key:

Decline in Tissue Characteristics: G = decline in quality of granulation tissue; N = new appearance of necrotic tissue; N↑ = increase in necrotic tissue

Drainage: O = foul odor; A↑ = increase in amount of drainage; W = worsening in the character of the drainage

Peri wound: H = heat in peri wound skin; I = induration in peri wound skin

IHA = in-house acquired; POA\* indicates that the pressure ulcer was present on admission but has gotten worse (increased in in ulcer stage since admission)..

## Report Purpose

The primary use of this weekly report is to help staff identify residents with pressure ulcers showing signs of potential delayed healing. This report is helpful for nursing home staff and wound nurses to promote early identification of pressure ulcers that are not healing in a timely manner. The report brings multiple data elements together in one location to enable monitoring of pressure ulcer healing progress.

## Report Description

The Pressure Ulcers At Risk for Delayed Healing Report only displays pressure ulcers at risk for delayed healing. The ulcer details from documentation of weekly pressure ulcer assessment documentation (Pressure Ulcer Assessment) will be displayed on the report as will the reasons the resident is at risk for delayed healing. Ulcer surface area (SA) and the Bates-Jensen Wound Assessment Tool (BWAT) total assessment score display as indicators for ulcer improvement or decline from the current to prior week's pressure ulcer assessment.

The criteria for delayed healing were derived from the *2014 International Pressure Ulcer Prevention and Treatment Guidelines*<sup>1</sup> and discussions with clinical experts. The criteria capture indicators of possible infection as well as delayed healing, as any sign of infection in the pressure ulcer may affect healing. Any pressure ulcer with any of the following characteristics will display on the Delayed Healing Report.

- In the past 2 weeks, there has been:
  - No change in surface area or an increase in surface area.
- In the past week, there has been:
  - An increase in pressure ulcer pain.
  - An increase in stage.
  - A decline in the quality of granulation tissue (e.g., a wound bed with red beefy tissue becomes pink or dusky).
  - The appearance of necrotic tissue when there had been none on the prior assessment.
  - The presence of foul odor when there had been none on the prior assessment.
  - Increased heat in the skin around the ulcer (i.e., in the periwound).
  - Increased induration in the skin around the ulcer.
  - Increase in the amount of drainage from the ulcer.
  - A worsening in the nature of the ulcer drainage (e.g., new onset of bloody drainage or purulent drainage).
  - Increased necrotic tissue in the ulcer bed.

All of the above characteristics are derived from the data elements captured on the Pressure Ulcer Assessment. SA is included to facilitate a standardized comparison of pressure ulcer measurements across time. The BWAT score is included as it provides an alert to subtle changes that may be occurring. A higher score reflects pressure ulcers that may be worsening.

## Users and Potential Uses

The wound nurse, wound team, director of nursing, dietitian, medical director, and other clinicians participating in wound rounds or weekly wound reviews use this report. Users and uses of the report are similar to users and uses of the Wound Rounds Report described later.

**Table 5: Pressure Ulcers At Risk for Delayed Healing Report Users and Potential Uses**

Users	Potential Uses
Multidisciplinary interdisciplinary team	Care plan meetings
Dietary Department staff	Dietary Department internal review
MDS nurse	MDS assessment documentation
Nurse managers or charge nurses	Nurse shift change report
Rehab Department staff	Rehab department internal review
DON or ADON, nurse manager, wound nurse, QI director	Root cause analysis for new pressure ulcers or ulcers at risk for delayed healing
Charge nurse, wound nurse, CNA	Skin rounds
Nurse, dietitian, CNA team, wound nurse, Social Services, MDS nurse as needed	Weekly nutrition risk huddle
Nurse manager, rehab director or therapist	Weekly risk huddle for nurse and rehab
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist	Weekly risk meeting
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist, medical director or wound physician, nurse practitioner, QI staff	Weekly wound review meeting
Nurse manager, wound nurse, wound physician, nurse practitioner, CNA	Weekly wound rounds
QI director, QI staff	Quality improvement review
Administrator, DON, nurse managers, dietary manager, QI director, medical director	Risk management meetings

**Key:** MDS = Minimum Data Set, a standardized screening and assessment tool developed by the Centers for Medicare & Medicaid Services; DON = director of nursing; ADON = assistant DON; CNA = certified nursing assistant QI = quality improvement.

## On-Time Weekly Wound Rounds Report

Table 6: On-Time Weekly Wound Rounds Report

On-Time Weekly Wound Rounds Report																							
Unit: A																							
Date: 02/10/14																							
Resident Name (last, first)	Ulcer Info											Last Seen Date		Nutrition			Within 7 Days Prior to Report Date						
	Ulcer Onset Date	Ulcer Site	Ulcer Days	Initial Ulcer Stage	Current Stage	Ulcer Origin	Ulcer Length (cm) x Width (cm)	Ulcer Depth (cm)	SA Change	Number of Treatment Changes/ Date of Last Change	Days From Admit to Ulcer Onset	Primary Care Provider	Wound Clinic	On-Time Nutrition Risk	Nutrition	Weekly Avg Meal Intake	Temp	Increase Documented		Decline Documented			At Risk for Delayed Healing
																		Urine Incont	Bowel Incont	Mobility	Transfer	Toilet	
Resident A	12/26/13	COX	47	3	4	POA*	1.8 x 0.6	0.3	-18.7%	3 01/14/14	0	01/14/14		High	Prot 12/28/13	75%	99.9				X	X	X
Resident B	12/23/13	ILIAC L	50	3	3	IHA	1.2 x 1.2	0.6	-9.5%	2 01/24/14	482	01/24/14		High	MVI 01/14/14	85%		X		X			
Resident D	12/30/13	HEEL R	43	4	4	IHA	1.8 x 1.8	0.8	+10.3%	1 01/17/14	49	02/02/14	1/25/14		MVI, Prot 11/12/13	63%		X					X
Resident D	11/12/13	TROCH R	91	4	4	POA	1.1 x 1.2	0.1	+8.3%	3 12/19/13	0	02/02/14	1/25/14		MVI, Prot 11/12/13	63%		X					X
Resident H	12/14/13	ANKO R	59	1	3	POA*	1.3 x 1.2	0.3	0.0%	1 01/26/14	0	01/26/14		Medium		80%	100.8	X		X	X	X	X

**Key:** SA = surface area; Prot = protein; MVI = multivitamin.

POA\* indicates that the pressure ulcer was present on admission but has gotten worse in ulcer stage since admission.

**Report Purpose**

The Weekly Wound Rounds Report provides the wound team and other clinicians monitoring resident ulcers with clinical details that could alert the clinician to factors that may affect pressure ulcer healing. For instance, if a resident has an ulcer that is not improving, as evidenced by SA unimproved from the prior week, the clinician or wound team may note that the average meal intake is low and therefore consider dietary consultation. If the report is being used during wound rounds, and if the dietitian attends, the team can discuss this issue immediately and promptly update care plan interventions. If an ulcer appears to be worsening and an increase in urinary or bowel incontinence or a decline in functional status is noted, the team can promptly update rehab and/or restorative nursing interventions.

These details are available at the time the pressure ulcer is being assessed during wound rounds or during weekly wound review meetings with the larger multidisciplinary team. This report information aids decisionmaking and facilitates earlier followup.

**Report Description**

The Weekly Wound Rounds Report displays resident-specific ulcer information, similar to the Existing Pressure Ulcer Report and Pressure Ulcers At Risk for Delayed Healing Report. It includes details on the characteristics of the pressure ulcer (e.g., ulcer site, initial and most recent stage, length, width, and depth, change in surface area, total treatment changes, and days from admission to ulcer onset).

Additional clinical details that may affect pressure ulcer healing are also included, such as date last seen by physician, last wound clinic date, nutrition details (e.g., vitamin and supplement information with date ordered, average weekly meal intake for the report week), indicators for increase in urinary and bowel incontinence, and most recent temperature. Indicators of a decline in activities of daily living, such as bed mobility, transfer, or toileting, captured from daily nursing assistant charting, also display. Last, the report provides an alert to indicate the ulcer is at risk for delayed healing.

All information on this report is documented within 7 days of the report date.

**Users and Potential Uses**

The wound nurse, wound team, director of nursing, dietitian, medical director, and other clinicians participating in wound rounds or weekly wound reviews will use this report.



**Table 7: On-Time Weekly Wound Rounds Report Users and Potential Uses**

Users	Potential Uses
MDS nurse	MDS assessment documentation
Rehab Department staff	Rehab Department internal review
Charge nurse, wound nurse, CNA	Skin rounds
Nurse, dietitian, CNA team, wound nurse, Social Services, MDS Nurse prn	Weekly nutrition risk huddle
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist	Weekly risk meeting
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist, medical director or wound physician, nurse practitioner, QI staff	Weekly wound review meeting
Nurse manager, wound nurse, wound physician, nurse practitioner, dietitian, CNA	Weekly wound rounds

**Key:** MDS = Minimum Data Set, a standardized screening and assessment tool developed by the Centers for Medicare & Medicaid Services; CNA = certified nursing assistant; DON = director of nursing; ADON = assistant DON; QI = quality improvement.

***On-Time Weekly Pressure Ulcer Treatment Summary Report***

**Table 8: On-Time Weekly Pressure Ulcer Treatment Summary Report**

Report Date: 02/10/14 Resident Name: Resident A Ulcer Location: Coccyx						
Assessment	Assessment Date					
	01/02/14	01/09/14	01/16/14	01/23/14	01/30/14	02/06/14
Length: clock method cm	1.9	2.1	2.0	2.0	1.9	1.8
Width cm	0.8	1.0	0.8	0.8	0.7	0.6
Depth cm	0.2	0.5	0.4	0.4	0.3	0.3
Braden score	13	14	-	-	16	
Healed						
Improving			X		X	X
No change				X		
Worsening		X				
Signs of delayed healing	X	X				
Current stage	3	4	4	4	4	4
TREATMENTS						
Wound cleanser	Saline	Saline	Saline	Saline	Saline	Saline
Debridement	Autolytic	Autolytic Conservative sharp				
Topical and protective agents (including for periwound skin)	Liquid skin protectant	Liquid skin protectant	Liquid skin protectant	Liquid skin protectant	Liquid skin protectant	Liquid skin protectant
Dressings	Hydrogel Hydrocolloid	Hydrogel Hydrocolloid	Alginate Gauze	Alginate Gauze	Alginate Gauze	Alginate Gauze
Additional treatments	Ultrasound	Ultrasound				

**Report Date: 02/10/14**  
**Resident Name: Resident A**  
**Ulcer Location: Coccyx**

<b>Assessment</b>	<b>Assessment Date</b>					
<b>SURFACES</b>						
Support surfaces for bed	Low-air-loss	Low-air-loss	Low-air-loss	Low-air-loss	Low-air-loss	Low-air-loss
Seating support surfaces	Foam cushion	Air cushion	Air cushion	Air cushion	Air cushion	Air cushion
Additional off-loading strategies	T&P schedule Elevate heels	T&P schedule Elevate heels	T&P schedule Elevate heels	T&P schedule Elevate heels	T&P schedule Elevate heels	T&P schedule Elevate heels
<b>NUTRITIONAL INTERVENTIONS</b>						
Vitamin or mineral supplement	X	X	X	X	X	X
Nutritional supplement provided with meals						
Nutritional supplement provided between meals or with medication pass		X	X	X	X	X
Monitor protein, calorie, and fluid intake	X	X	X	X	X	X
Other intervention(s) to maintain/improve nutrition and hydration status						
<b>CONSULTS</b>	Dietitian	Rehab			Dietitian Rehab	
<b>LABS</b> * Indicates value outside normal range						
Prealbumin (18-45 mg/dL)	22				24	30
Albumin (3.5-5.5 g/dL)	3.4				3.5	3.8
Sodium (136-145 mEq/L)					147*	136
Creatinine (0.7-1.3 mg/dL)					1.9*	1.8*
BUN (8-20 mg/dL)	22*			15.4	13.5	12.6
Transferrin (212-360 mg/dL)					282	312

Report Date: 02/10/14 Resident Name: Resident A Ulcer Location: Coccyx						
Assessment	Assessment Date					
Hgb (M: 14-17; F: 12-16 g/dL)	15.2					16
Hct (M: 41- 51%; F: 36- 47%)	38%					39%

**Note:** Normal lab value ranges noted above represent those reported in the Merck Manual (2013), available at [http://www.merckmanuals.com/professional/appendixes/normal\\_laboratory\\_values/normal\\_laboratory\\_values.html](http://www.merckmanuals.com/professional/appendixes/normal_laboratory_values/normal_laboratory_values.html). This information is provided as a guide only and nursing home staff should refer to their own laboratory's normal range references and confer with the physician and other interdisciplinary team members when determining the individual resident's desired lab values.

### Report Purpose

The Weekly Pressure Ulcer Treatment Summary Report displays a 6-week view of pressure ulcer treatments and characteristics for each individual pressure ulcer. This report provides an at-a-glance view of treatment strategies over time. The wound nurse, wound physician, and other disciplines attending wound rounds can see quickly which treatments have been in effect each week while also reviewing the Weekly Wound Rounds Report. If an ulcer's surface area is unchanged for 2 consecutive weeks, as noted on the Weekly Wound Rounds Report or the Pressure Ulcers at Risk for Delayed Healing Report, the team can see quickly which treatments and individualized clinical interventions were in effect during this time.

Information that displays on the Weekly Pressure Ulcer Treatment Summary Report, the Weekly Wound Rounds Report, and additional health status details found on the Weekly Resident Clinical, Functional, and Intervention Profile Report<sup>1</sup> can generate team discussion and collaboration about the underlying root cause for lack of pressure ulcer healing and support team decisionmaking about the current treatment plan.

### Report Description

The Weekly Pressure Ulcer Treatment Summary Report includes descriptive details on the pressure ulcer, including:

- Dimensions, stage, and signs of infection.
- Treatments (e.g., cleansing, dressings, debridement, antimicrobials).
- Possible interventions that facilitate healing (e.g., proper positioning, nutritional supplements, resident/family teaching, limited exposure to moisture).
- Consultations.
- Braden score for predicting pressure ulcer risk.
- Laboratory values.

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<sup>1</sup> The *Resident Clinical, Functional and Intervention Profile Report* is included in On-Time Pressure Ulcer Prevention.

## Users and Potential Uses

The primary users of this report are wound nurses and the wound team. The table below displays other potential users of the Pressure Ulcer Treatment Summary Report and potential uses.

**Table 9: Weekly Wound Treatment Summary Report Users and Potential Uses**

Users	Potential Uses
Rehab Department staff	Rehab Department internal review
DON or ADON, nurse manager, wound nurse, QI director	Root cause analysis for new pressure ulcers or ulcers at risk for delayed healing
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist	Weekly risk meeting
DON or ADON, nurse manager, wound nurse, dietitian, rehab director or therapist, medical director or wound physician, nurse practitioner, QI staff	Weekly wound review meeting
Nurse manager, wound nurse, wound physician, nurse practitioner, dietitian, CNA	Weekly wound rounds
Wound coordinator, wound nurse	Wound coordinator review with product reps

**Key:** DON = director of nursing; ADON = assistant DON; QI = quality improvement; CNA = certified nursing assistant.

## On-Time Pressure Ulcer Counts by Month Report

**Table 10: On-Time Pressure Ulcer Counts by Month Report – Facility Level**

Pressure Ulcer Count by Unit Facility Level Month: January 2014																				
	All Pressure Ulcers						# Ulcers Present on Admission (POA)							# Ulcers In-House Acquired (IHA)						
Ulcer Stage	1	2	3	4	U	Totals	1	2	3	4	U	Totals	% All	1	2	3	4	U	Totals	% All
Current Pressure Ulcers	12	21	13	5	0	51	10	7	7	5	0	29	57%	2	14	6	0	0	22	43%
New	6	4	0	0	0	10	4	1	0	0	0	5		2	3	0	0	0	5	
Worsening		2	5	3	0	10		2	1	3	0	6			0	4	0	0	4	

**Table 11: On-Time Pressure Ulcer Counts by Month Report – Facility Level by Unit**

Pressure Ulcer Count by Unit Facility Level by Unit Month: January 2014																					
		All Pressure Ulcers						# Ulcers Present on Admission (POA)						# Ulcers In-House Acquired (IHA)							
	Ulcer Stage	1	2	3	4	U	Totals	1	2	3	4	U	Totals	% All	1	2	3	4	U	Totals	% All
Unit A	Current Ulcers	5	9	5	2	0	21	5	5	2	2	0	14	67%	0	4	3	0	0	7	33%
	New	2	3	0	0	0	5	1	0	0	0	0	1		1	3	0	0	0	4	
	Worsening		1	2	1	0	4		1	1	1	0	3			0	1	0	0	1	
Unit B	Current Ulcers	3	7	4	1	0	15	3	2	3	1	0	9	60%	0	5	1	0	0	6	40%
	New	2	0	0	0	0	2	2	0	0	0	0	2		0	0	0	0	0	0	
	Worsening		1	1	0	0	2		1	0	0	0	1			0	1	0	0	1	
Unit C	Current Ulcers	4	5	4	2	0	15	2	0	2	2	0	6	40%	2	5	2	0	0	9	60%
	New	2	1	0	0	0	3	1	1	0	0	0	2		1	0	0	0	0	1	
	Worsening		0	2	2	0	4		0	0	2	0	2			0	2	0	0	2	
All Units	Current Ulcers	12	21	13	5	0	51	10	7	7	5	0	29	57%	2	14	6	0	0	22	43%
	New	6	4	0	0	0	10	4	1	0	0	0	5		2	3	0	0	0	5	
	Worsening		2	5	3	0	10		2	1	3	0	6			0	4	0	0	4	

**Table 12: On-Time Pressure Ulcer Counts by Month Report – Unit Level**

Pressure Ulcer Count by Unit Unit A Month: January 2014																					
		All Pressure Ulcers						# Ulcers Present on Admission (POA)						# Ulcers In-House Acquired (IHA)							
	Ulcer Stage	1	2	3	4	U	Totals	1	2	3	4	U	Totals	% All	1	2	3	4	U	Totals	% All
	Current Pressure Ulcers	5	9	5	2	0	21	5	5	2	2	0	14	67%	0	4	3	0	0	7	33%
	New	2	3	0	0	0	5	1	0	0	0	0	1		1	3	0	0	0	4	
	Worsening		1	2	1	0	4		1	1	1	0	3			0	1	0	0	1	

**Report Purpose: On-Time Pressure Ulcer Counts by Month Report**

The Pressure Ulcer Counts by Month Report will help clinicians complete internal reports, monitor and analyze pressure ulcer patterns and rates, and develop facilitywide improvement strategies. This report is intended to be run on a monthly basis at the end of each month. The Pressure Ulcer Counts by Month Report allows clinicians to harness their electronic medical record to quickly see the information rather than compiling the information manually each month. This is just one example of how On-Time streamlines workflow and allows better use of clinician time.

The report may be used in combination with other reports for root cause analysis. For example, the Pressure Ulcers At Risk for Delayed Healing Report; Weekly Wound Rounds Report; Resident Clinical, Functional, and Intervention Profile Report; Trigger Summary Report; and

Intervention History for Nutrition Risk Reports<sup>2</sup> may be used to analyze reasons for delayed healing.

### Report Description

The Pressure Ulcer Counts by Month Report compiles pressure ulcer data captured by nurses on the weekly Pressure Ulcer Assessment. This report displays pressure ulcer information for one full calendar month for an entire facility with breakdown of data by nursing unit. Options for pressure ulcer measures for display on the Pressure Ulcer Counts by Month Report and their associated calculations are included in Table 13. Vendors and facilities will work together to determine which measures may be obtained from available data and which measures the facility finds most useful.

**Table 13: Pressure Ulcer Measures**

Pressure Ulcer Measures	Calculations	
	Numerator	Denominator
Pressure Ulcer Prevalence	Number of residents with at least one pressure ulcer	Number of all current residents
Residents With New Pressure Ulcers	Number of current residents with a pressure ulcer that developed during the month (this includes residents who had one or more pressure ulcers at the beginning of the month and developed another one as well as residents who did not have a pressure ulcer and developed one)	Number of all current residents
Pressure Ulcers That Have Declined in Stage (All)	Current pressure ulcers that have worsened in stage	All current pressure ulcers
Pressure Ulcers That Have Declined in Stage (IHA)	Current IHA pressure ulcers that have worsened in stage	All current IHA pressure ulcers
Pressure Ulcers That Have Declined in Stage (POA)	Current POA pressure ulcers that have worsened in stage	All current POA pressure ulcers
<b>Resident Counts</b>		
Number of Residents With More Than One Pressure Ulcer (All)	Report the number of current residents with more than one pressure ulcer	
Number of Residents With More Than One Pressure Ulcer (IHA)	Report the number of current residents with more than one IHA pressure ulcer	
Number of Residents With More Than One Pressure Ulcer (POA)	Report the number of current residents with more than one POA pressure ulcer	

**Key:** IHA = in-house acquired; POA = present on admission.

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<sup>2</sup> The Resident Clinical, Functional and Intervention Profile Report, Trigger Summary Report; and Intervention History for Nutrition Risk Report are included in On-Time Pressure Ulcer Prevention.

## Users and Potential Uses

This report is a quality management tool for administrators and nursing leadership, wound coordinators or wound nurses, and quality improvement staff.

**Table 14: On-Time Pressure Ulcer Counts by Month Report Users and Potential Uses**

<b>Users</b>	<b>Potential Uses</b>
DON or ADON, Nurse Manager, Wound Nurse, QI Director	Root Cause Analysis for New Pressure Ulcers or Ulcers at Risk for Delayed Healing
DON or ADON, Nurse Manager, Wound Nurse, Dietitian, Rehab Director or Therapist	Weekly Risk Meeting
DON or ADON, Nurse Manager, Wound Nurse, Dietitian, Rehab Director or Therapist, Medical Director or Wound Physician, Nurse Practitioner, QI staff.	Weekly Wound Review Meeting
Nurse Manager, Wound Nurse, Wound Physician, Nurse Practitioner, Dietician, CNA	Weekly Wound Rounds
Wound Coordinator, Wound Nurse	Wound Coordinator Internal Reviews (Internal tracking or for reporting to leadership or executive staff)
Administrator, DON, Nurse Managers, Dietitian, Rehab Director, QI Director, Medical Director	Risk Management Meetings

**Key:** DON = director of nursing; ADON = assistant DON; QI = quality improvement; CNA = certified nursing assistant.

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<sup>1</sup> National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.