



Gold STAMP Organizational Profile

Self-Assessment of Key Processes Related to Pressure Ulcer Prevention and Management

Please complete this organizational assessment of your pressure ulcer prevention and management program. This tool was designed to support the assessment of your existing program and to identify opportunities to strengthen your current internal systems and processes. Experts indicate that each of the following components provide organizations with a comprehensive system for the prevention and management of pressure ulcers. Once completed, discuss all “no” responses with your interdisciplinary leadership team and utilize the Gold STAMP Pressure Ulcer Prevention & Management Resource Manual as guidance to support your quality improvement efforts

Facility Name _____

Date of Assessment _____ Representative Names _____

1. Does your organization’s policy related to pressure ulcers include the following?

a. A statement regarding your organization’s commitment to pressure ulcer prevention and management

Yes No *Notes/Action:* _____

b. A requirement that all consumers receive a comprehensive **skin** inspection and **risk** assessment by a registered nurse **at the time of initiation of services** by your organization

Yes No *Notes/Action:* _____

c.. A requirement that all consumers receive a comprehensive **skin** inspection and **risk** assessment by a registered nurse at regular, **set intervals** during the time they receive services from your organization

Yes No *Notes/Action:* _____

2. Is a **standardized risk assessment tool** (such as the **Braden** or **Norton**) used by the Registered Nurse conducting the risk assessment?

Yes No *Notes/Action:* _____

3. If a change in the consumer’s clinical condition is noted, is a **skin reassessment and risk assessment** completed by a registered nurse?

Yes No *Notes/Action:* _____

4. Are efforts to prevent pressure ulcers directly related to **risk** factors noted on the **scale** and **subscales** of the risk assessment tool used at your organization?

Yes No *Notes/Action:* _____

5. Does your interdisciplinary team **consider and communicate all contributing risk factors** not captured on your risk assessment tool as the consumer transitions between nursing units and receiving health care settings outside of your organization, including but not limited to the following:

- a. Persistent refusal of interventions
- b. Nutrition and Hydration status
- c. Medical devices (i.e., oxygen tubing, splints, orthotics, foley catheter tubing, feeding tubes, endotracheal tubes)
- d. Co-morbidities (i.e., PVD, diabetes, end-stage renal disease, obesity, hypotension, anemia hemodynamic instability, prolonged or multiple operations/procedures, intolerance to turning, spinal cord injury)
- e. Bowel and bladder Incontinence
- f. Pain (with nonpharmacological interventions **considered** and premedication prior to ulcer care emphasized)
- g. Bony deformities (ex. arthritic changes, kyphotic spine, “hammer toe”, charcot deformities of the foot)

Yes No *Notes/Action:* _____

6. Are all of the following interventions **considered** for each consumer as part of a “**needs assessment**” related to pressure ulcer prevention and management?
- a. Pressure reduction, off-loading, pressure redistribution, the need for special mattress/seating/footwear positioning devices
 - b. Frequency of routine **inspection** of the skin
 - c. Consults for challenging cases
 - d. Consumer and family education on pressure ulcer risk, prevention and management

Yes No

7. Do the **direct care staff** have input into care planning related to pressure ulcer prevention and treatment?

Yes No

8. Does your organization have a policy regarding the identification of **pressure ulcer characteristics** and is the frequency of this assessment clarified in the policy?

Yes No

9. Does your organization’s pressure ulcer **tracking** and **assessment documentation** address all of the following characteristics?

- a. Location (using anatomical sites)
- b. Stage
- c. Size (length X width X depth)
- d. Undermining / tunneling
- e. Wound bed
- f. Drainage or type of exudate
- g. Periwound tissue
- h. Presence of odor
- i. Treatment
- j. Pain

Yes No

10. Does your organization have protocols to follow if the wound is found to be **non-healing**?

Yes No

11. Do you incorporate current guidelines (i.e., *NPUAP, EPUAP, WOCN Guidelines for Pressure Ulcer Prevention and Treatment*) into your organization’s policies/protocols related to pressure ulcer prevention and treatment?

Yes No

12. Do you educate **newly hired** and **current interdisciplinary staff** on your organization’s policies and procedures regarding pressure ulcer prevention and management on an on-going basis?

Yes No

13. Does your organization designate and support a “**Clinical Expert**” to work with the interdisciplinary team to ensure current standards of practice for pressure ulcer prevention and management?

Yes No

14. Is measurement of the effectiveness of your pressure ulcer prevention and management program part of your organization’s routine **continuous quality improvement processes** and do you involve **direct care staff** in that process?

Yes No

15. Is your facility engaged in a cross-setting **collaborative** or **partnership** related to pressure ulcer management and prevention?

Yes No

Next Step: Refer to the Resource Guide to develop your plan of action as you make revisions with your interdisciplinary team