

**APPLICATION FOR ON-TIME PRESSURE ULCER PREVENTION PROJECT
For CALIFORNIA SKILLED NURSING FACILITIES**

DUE DATE: MARCH 6, 2009

Directions: To be considered for participation in the On-Time Pressure Ulcer Prevention Project, please complete this application and send to:

ISIS/ICOR
699 East South Temple, Suite 100
Salt Lake City, UT 84102-1282

FAQs are posted on the CA DPS website: <http://ww2.cdph.ca.gov/programs/Pages/LnC.aspx>
All other questions should be emailed to: On-Time.Quality.Improvement@cdph.ca.gov

Section I: General Information

1. Nursing home facility: _____ (name)
_____ (city)

2 Part of chain / multi-facility organization: _____ (name)

3. Status: For-profit Non-profit

4 Contact Person

Name _____
Title _____
Phone _____
Email _____
Fax _____

5. Total number of beds: _____

6. In-house pressure ulcer incidence rate (facility-wide) for past 6 months (July 2008 – Dec 2008):

Month 1 July _____
Month 2 August _____
Month 3 September _____
Month 4 October _____
Month 5 November _____
Month 6 December _____

Definition: incidence measures the number of residents who develop a pressure ulcer after admission
Monthly Incidence rate = # residents with a new pressure ulcer developed in current month / average daily census for month.

Section II: Facility Characteristics

Question	Response
1. Advancing Excellence Campaign	<input type="checkbox"/> No, we have not signed up to participate. <input type="checkbox"/> Yes, we are participating If participating, are you working on pressure ulcers as a goal? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Administrator: number of years in current position at this facility	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2+ years
3. Administrator: total experience as administrator is	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2+ years

Question	Response
4. DON/DNS: number of years in current position at this facility	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2+ years
5. DON/DNS: total experience as DON is	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2+ years
6. Percent of all full time CNAs whose tenure in your nursing home as CNA is three years or more.	# Full-time CNAs with 3 years or more on Jan 1, 2009 =(a) ____ # CNA full-time positions on Jan 1, 2009 = (b) ____ % Full-time CNAs with tenure 3 years or more = (a) / (b) = ____
7. How many hours per week is a Registered Dietician at the facility?	____ hours
8. Is the staff development / educator position at your facility	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
9. How many hours per week are budgeted for a staff educator to provide direct education at your facility, excluding any hours for employee health and infection control.	____ hours
10. Do you have CNA team leads? Note: CNA team lead is a dedicated position that serves as mentor and leader to CNA peers. This position may or may not have a team assignment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Wound Management	i) Please select one of the following that best describes wound management at your facility: <input type="checkbox"/> One person or one dedicated team does all the wound assessments, wound measurements, and wound treatment plans facility-wide or on each nursing unit. <input type="checkbox"/> Nurses covering the unit are responsible for wound assessments, wound measurements, and wound treatment plan reviews that are due during their shift. Multiple nurses are involved. ii) Do you have a dedicated wound team at your facility? If no, skip iii and iv. <input type="checkbox"/> Yes <input type="checkbox"/> No iii) Who participates on the Wound Team? Check all that apply. <input type="checkbox"/> Dietary <input type="checkbox"/> Rehab team member(s): PT, OT <input type="checkbox"/> DON/DNS and/or Assistant DON/DNS <input type="checkbox"/> Unit manager and/or Primary RN iv) How often does the Wound Team conduct wound rounds? Select one. <input type="checkbox"/> Ad hoc <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

Question	Response
12. Experience with QA/QI.	<p>Does your facility have any ongoing QA/QI projects or have you completed a project in the last 6-12 months?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, if yes complete the below</p> <p>If yes, please describe one recent or ongoing project:</p> <p>Focus of Project : _____</p> <p>Team members (i.e., staff titles): _____</p>

Section III: Narrative

Please provide 2-3 sentence responses to the following:

13. Why do you want to participate in the On-Time project?

14. Please describe why you are uniquely qualified to participate in this QI effort.

Section IV: IT Overview

15. Overview of IT systems and support at your facility

(For project planning purposes)

Systems and Your Plans for Future IT Purchases

Please complete table below. The first column lists common documentation activities that lend themselves to IT. For any IT product that you have either purchased or are considering purchasing for the activity, please enter vendor or product name and contact information for the IT. If you do not use a computer to document any of the information and are not considering using a computer, please leave the spaces blank.

Software Purpose	Have you purchased?	Currently considering purchase?	Vendor / Product Name	Vendor Contact Name and Phone
MDS entry and submission	___ Yes ___ No	___ Yes ___ No		
Nursing notes/ assessment	___ Yes ___ No	___ Yes ___ No		
CNA documentation	___ Yes ___ No	___ Yes ___ No		
Dietician documentation	___ Yes ___ No	___ Yes ___ No		
Reporting and analysis using MDS data	___ Yes ___ No	___ Yes ___ No		
Other i)	___ Yes ___ No	___ Yes ___ No		
ii)	___ Yes ___ No	___ Yes ___ No		

IT staff support

Describe IT staff support for your facility:

Please select one of the following that best describes IT support at your facility:

1. IT support available at the facility: full time
2. IT support available at the facility: part time
3. IT support furnished by corporate IT staff
4. Other, please describe _____