



Organizational Self-Assessment of Educational Programs Related to Pressure Ulcer Prevention and Management

Facility Name:

Date of Assessment:

Representative name:

Current Educational Program Offerings

1. Does your organization have a formal educational program specifically for pressure ulcer prevention and management? Yes No

If yes,

a. Describe the components _____

b. On a yearly basis how frequently are these programs offered?

c. Which members of your staff (by title) receive training regarding PUs?

d. Do newly hired employees receive education regarding PUs during orientation?

e. On a scale of 1-10 (10 being highest) how would you rate your educational plan?

f. What is the format for conducting educational training?

In person training: Lecturing, mentoring, demonstration and return

Commercial representatives presenting educational programs

On line courses

DVDs, literature, pamphlets, posters, signage

Other _____

Cont'd

2. If you do not have a formal educational program, what are the barriers?

Resistance to change

Budget limitations: Cannot afford to hire staff to provide this

Cannot afford to remove staff from floor for training time

Lack of support from Administration

It seems overwhelming, where and how to begin?

Other: _____

Resources

3. What resources are available at your organization to provide training to staff?

On- site expert, CWON

Consultation as needed

Training lab, computer

Other _____

Policies and Procedures

4. Does your facility host interdisciplinary meetings to discuss PUs? Yes No

5. Does your transfer/ discharge form include PU information ? Yes No

Action Plan

6. What are the unmet educational needs of your staff?

7. What is your top educational priority?

8. What steps are necessary to implement your plan?

Cont'd

9. What steps can be taken *this month* with current funding ?

10. How can the collaborative partners help you?

11. How can you assist the collaborative partners?

Notes: