

AHRQ's Safety Program for Nursing Homes: On-Time Pressure Ulcer Prevention Electronic Reports

On-Time Nutrition Risk Reports

There are two Nutritional Risk Reports: medium-risk and high-risk resident reports.

Sample On-Time Nutrition Risk Report: High Risk

Resident	Room	Decreased Intake: First Date	Avg. Meal Intake % 3/11/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet/Order Date	Tube Feed	Avg Supplement Intake %*	Weight Change lbs	Most Recent Ulcer Assess Date	# Pr Ulcers
A	001	03/23/2014	50	41	36	29	Pureed 2/28/14	X		-1.5	3/20/14	2
B	002	03/26/2014	64	52	47	45	Mech 1/22/14		50%	-3.3	3/20/14	1
C	003	03/29/2014	74	62	58	42	Reg 3/22/14			-1.5		
D	004	03/24/2014	86	89	71	59	Reg 12/3/13			-2.5		

*Columns added in 2014.

Note: Only a report for high-risk residents is shown. Separate high and medium Nutrition Risk Reports can be produced.

On-Time Weight Summary Report

Sample On-Time Weight Summary Report

Resident Name	Resident ID	Weight 180 Days Prior	Weight 90 Days Prior	Weight 30 Days Prior	Weight For Week 5/8/14 Week4	Weight For Week 5/15/14 Week3	Weight For Week 5/22/14 Week2	Weight For Week 5/29/14 Week1	Weight Change lbs	Wt. Loss (from previous week)	≥5 lb Wt Loss in Prior 30 days	≥5% Wt Loss in Prior 30 Days (Any)	≥7.5% Wt Loss in Prior 90 days	≥10% Wt Loss in Prior 180 Days
A	#####1	285.3	275.0	254.5	252.4	256.1	251.7	253.8	2.1, 5/19/14				8.0%	11.3%
B	#####2	172.1	175.3	180.0	180.0	170.0	181.0	171.0	-10.0, 5/19/14	5.5%	9.0	5.6%	5.6%, 5/12/14; 5.5%, 5/27/14	

Note: All weight loss calculations are point to point unless "Any" is indicated. Date indicates when the weight change is first identified.

On-Time Pressure Ulcer Trigger Summary Reports

There are two Pressure Ulcer Trigger Summary Reports: resident level and unit level.

Sample On-Time Pressure Ulcer Trigger Summary Report (Resident Level)

Name	Room	Wt Loss ≥5% in Prior 30 Days (Any)	Wt Loss ≥7.5% in Prior 90 Days (Point-to-Point)	Wt Loss ≥10% in Prior 180 Days (Point-to-Point)	2 Meals ≤50% in 1 Day	Weekly Meal Intake Average <50%	Daily Urinary Incont	>3 Days Bowel Incont	Foley Catheter	Current Pressure Ulcer	# of Triggers Last Week	# of Triggers This Week
Res1	001				X	X	X	X			3	4
Res2	002	X				-	X	X	X		2	4
Res3	003		X		X			X	X	X	5	4
Res4	004			X			X	X	X		0	4
Res5	005			X	-		X	X	X		2	4
Res6	006				X	-	-	X	X		0	3
Total		1	1	2	3	1	4	6	5	1		

Sample On-Time Pressure Ulcer Trigger Summary Report (Unit Level)

Pressure Ulcer Triggers	Week 4 5/10/14	Week 3 5/17/14	Week 2 5/24/14	Week 1 5/31/14
Wt Loss ≥ 5% in prior 30 Days (ANY)	1 (3%)	2 (6%)	1 (3%)	1 (3%)
Wt Loss ≥ 7.5% in prior 90 Days	1 (3%)	1 (3%)	1 (3%)	1 (3%)
Wt Loss ≥ 10% in prior 180 Days	1 (3%)	2 (6%)	1 (3%)	2 (3%)
2 Meals ≤50% in 1 Day	5 (14%)	4 (11%)	4 (11%)	7 (20%)
Weekly Meal Intake Average <50%	3 (9%)	3 (9%)	2 (6%)	3 (9%)
Daily Urine Incontinence	2 (6%)	3 (9%)	3 (9%)	5 (14%)
>3 Days Bowel Incontinence	5 (14%)	4 (11%)	3 (9%)	7 (20%)
Foley Catheter	8 (23%)	7 (20%)	5 (14%)	8 (23%)
Current Pressure Ulcer	0 (0%)	0 (0%)	0 (0%)	0 (0%)

On-Time Risk Change Report: Resident Changes and Declines From Prior Week

Sample On-Time Risk Change Report: Resident Changes and Declines From Prior Week

Name	Room Number	Nutrition Risk						Change Within 7 Days						Health Status#			
		Decreased Meal Intake + Weight Loss			Increased Incontinence			ADL Decline#			≥3 Behaviors				Pressure Ulcer		
		Decreased Meal Intake + Weight Loss	Decreased Meal Intake	Weight Loss ≥5% in Prior 30 Days	Urine	Bowel#	Bed Mobility	Transfer	Toileting	Change in Behavior Types From Prior Week	Worsening Ulcer	New Ulcer					
Resident 1	202			X									7*				
Resident 2	212		X				X				X						X
Resident 3	217	X					X						3				
Resident 4	229			X					X								
Resident 5	231	X														X	
Resident 6	242			X													
Resident 7	243												4	X			

Note: If three or more behaviors for a resident were documented during the current week then the number of behaviors will display. * indicates new behavior in current week.
indicates column added in 2014.

Intervention History for Nutrition Risk Reports

There are two Intervention History for Nutrition Risk Reports: high-risk and medium-risk resident reports.

Sample On-Time Intervention History for Nutrition Risk Report: High Risk

High-Risk Residents	Room	Diet	Diet Changes	Supplements	PT	OT	Speech	Social Services	Psych	Gastro-enterology	Hospice	Seen by: MD/PA or NP	Chemistry	Microbiology	Hematology
1	Brown, M	201	Regular	1/3/14	10/4/13	1/2/14	1/2/14					1/2/14	11/27/13	7/3/13	7/3/13
2	White, D	209	Regular	10/20/13	9/2/13		10/18/13	11/2/13	12/27/13	11/13/13		11/13/13	11/13/13	11/13/13	11/13/13
3	Green, D	212	Pureed	12/23/13							12/30/13	1/2/14	1/2/14	12/18/13	12/18/13
4	Orange, L	221	NPO	1/5/14		12/15/13						1/3/14	1/3/14	6/2/13	6/2/13
5	Pink, S	222	Diabetic	7/22/13	12/31/13								7/25/13	2/18/13	2/18/13
6	Silver, C	237	Low NA	12/18/13			11/29/13						5/12/13	5/12/13	5/12/13
7	Reddish, R	238	Regular	9/6/13					12/4/13				9/6/13	12/4/13	12/4/13
8	Black, B	240	Pureed	10/3/13		1/2/14							2/18/13	12/4/13	12/4/13

Note: Intervention History for Nutrition Risk Reports is a new report that was added to the module in 2014. Only the report for the high-risk residents is shown. Separate reports for high and medium nutritional risk residents can be produced.

On-Time Resident Clinical, Functional, and Intervention Profile Report

The On-Time Resident Clinical, Functional, and Intervention Profile Report is a new report that was added to the module in 2014.

On-Time Resident Clinical, Functional Status, and Intervention Profile Report

		Week Ending			
		4/6/14	4/13/14	4/20/14	4/27/14
Vital Signs	Number of pressure ulcers	0	1	2	2
	Temperature		99.2		
	Pulse	82	88	90	100
	Respirations	20	20	20	20
	Blood pressure	102/58	110/60	102/58	120/88
	O2 saturation	96	97	98	88
Weight	Weight in pounds	149.2			144
	Weight date	3/26/14			4/23/14
Nutrition/Vitamins & Supplements	Diet	Pureed	Pureed	Pureed	Clear liquids
	Tube feeding	No	No	No	No
	Supplements	No	Ensure	Ensure	Ensure
	Multivitamin	No	No	No	Yes
	Vitamin C	No	Yes	Yes	Yes
	Arginaid	No	No	No	No
	Zinc	No	No	No	No
	Protein	No	No	Yes	Yes
	Weekly average meal intake - percent				
	Breakfast	88	78	62	75
	Lunch	79	74	25	25
	Dinner	65	55	45	35
	Nutritional supplement - percent				
	Breakfast	25	50	25	25
Lunch	25	25	25	25	
Dinner	0	25	0	0	
Bowel	Habits	Continent	Continent	Incontinent	Incontinent
	Loose stool	No	No	Yes	Yes
	Incontinence				
	# shifts/week	0	0	12	18
	Daily incontinence				X
	3 days without BM		X		X
Bladder	Habits				
	Catheter	Condom	No	No	Foley
	Ostomy	No	No	No	No
	Incontinence				
	# shifts/week	9	12	12	14
	Daily incontinence	No	No	Yes	Yes
	Did not void # shifts/week	0	0	0	1
Restorative	Bowel	No	No	No	No
	Bladder	No	No	Yes	Yes
	Eating	No	No	No	No
	Mobility	No	No	No	No

		Week Ending			
		4/6/14	4/13/14	4/20/14	4/27/14
Self-Performance/Support Provided ²	Bed mobility	EA/1	EA/1	EA/1	EA/2
	Transfer	EA/1	EA/1	EA/1	EA/2
	Locomotion	EA/1	EA/1	EA/1	EA/2
	Dressing	LA/ set up	EA/1	EA/1	EA/1
	Eating	LA/ set up	EA/1	EA/1	EA/1
	Personal hygiene	LA/ set up	EA/1	EA/1	EA/1
	Toileting	EA/1	EA/1	EA/1	EA/2
Labs ¹	Pre Albumin (19.5-35.8 mg/dL)	33.0		21.6	
	Albumin (3.4-5.4 g/dL)	3.4	3.6	5.8*	6.2*
	Sodium (135-145 mEq/L)	128*	122*	114*	120*
	Potassium (3.5-5.2 mEq/L)	4.0	4.3	4.4	4.3
	Creatinine (0.7-1.3 mg/dL)	0.6*	0.7	1.0	1.8*
	BUN (6.0-20.0 mg/dL)	6.0	6.2	6.0	6.1
	Transferrin (20-50%)	20	25	35	35
Bed Surfaces	Air fluidized surface	X	X	X	X
	Dynamic/alternating pressure				
	Low air loss				
	Replacement mattress				
Chair Surfaces	Fluid filled or gel cushions	X	X	X	X
	Foam cushions				
	Combination cushions				
Other	Heel boots	X	X	X	X

¹ Lab normal value ranges used by the facility in parentheses.* Indicates abnormal value.

²These abbreviations are based on MDS 3.0 ADL coding: Self-Performance—EA= extensive assistance; LA = limited assistance; and Total = total dependent; the abbreviation after the slash represents ADL support provided—set up=set up help only, 1 or 2 = how many staff provide physical assistance.

Completeness Report**Sample On-Time Completeness Report: Day Shifts**

Documentation Section	5/29/13	6/5/13	6/12/13	6/19/13
Meal Intake Breakfast	98.2	97.2	99.1	99.4
Meal Intake Lunch	88.4	90.2	92.2	96.6
Bowels	67.6	74.9	66.2	58.3
Bladder	54.8	61.7	78.2	86.9
Behaviors	53.1	69.9	87.1	91.0