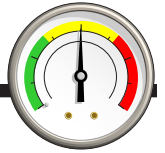


Pressure Ulcers: CNA Knowledge & Attitude Survey



We are interested in your individual answer. Please check the box to indicate “True” or “False” for each of the following statements.

Position Title: _____

Department: _____ Shift (check one): Days Evenings Nights

Pressure Ulcers: CNA Knowledge and Attitude Survey		True	False
1.	Identification and reporting of reddened or open areas of skin are part of my job.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Pressure ulcer prevention is part of my job.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Pressure ulcers should only be documented by RN or LPN staff members.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Immobility is a cause of pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Incontinence is a cause of pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Poor dietary intake is a cause of pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Chronic illness is a cause of pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Poor circulation is a cause of pressure ulcers.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Pressure ulcers are part of the aging process.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Pressure ulcers can be prevented by proper positioning of residents.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Pressure ulcers begin with a reddened area of the skin that does not disappear after pressure is relieved.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Residents who have had a pressure ulcer in the past are more likely to develop one in the future.	<input type="checkbox"/>	<input type="checkbox"/>
13.	A bed ridden resident will not fully recover from a pressure ulcer without surgery.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Pressure ulcers are often viewed as a sign of poor care being provided by the nursing staff.	<input type="checkbox"/>	<input type="checkbox"/>
15.	Pressure ulcers lower a resident’s self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Pressure ulcers can occur on any area of the body.	<input type="checkbox"/>	<input type="checkbox"/>



CNA Knowledge and Attitude Survey Results

A Guide to Action

Ask staff to complete the CNA Pressure Ulcer Knowledge and Attitude Survey. Then, use the following as an answer key and a guide to action. You'll notice that particular answers may be "True" for some staff and "False" for others. This sheet will show how you might revise overall nursing home practices to improve staff knowledge and residents' care.

Questions 1 & 2

All nursing home clinical staff should have identification, assessment, prevention, care and documentation of pressure ulcers identified as a part of their job duties. If your staff felt this statement was "False," this may be an area you could focus on for additional training.

Non-clinical staff's answers may vary between "True" and "False." If you have non-clinical staff who feel that prevention is not part of their job, consider additional training. It is important for all staff to recognize ways they can identify potential problems and inform appropriate clinical staff. Ideas for improvement:

- Explain how and why you're committed to pressure ulcer prevention and treatment
- Describe your home's overall pressure ulcer plan
- Describe each team member and family member's role in pressure ulcer prevention assessment and treatment

Question 3

This question addresses pressure ulcer documentation. All staff is responsible for noting information as a part of the general pressure ulcer plan of care. Leaders must instruct how and where that information will be documented on the resident's record. Non-clinical staff may answer "False," but you need a process for non-clinicians to report their observations as well, ensuring this information is documented. Ideas for improvement:

- Define pressure ulcer documentation guidelines for all disciplines.
- Offer training on sharing work responsibilities among disciplines. For example, activities staff must reposition resident while attending activities and document this for staff sharing, dietary staff must know the resident with a pressure ulcer cannot sit up to eat
- Identify pressure ulcer tools to increase documentation consistency throughout the facility and within clinical staff. For example: ulcer measurement guide, bedside turning schedule, staging guidelines or exudate documentation

Questions 4, 5, 6, 7, 8 and 12

These question reference risk factors for pressure ulcer formation. Immobility, poor nutrition, incontinence and circulatory conditions are all risk factors.

If your facility's surveyed staff felt any of these statements were "False," it may indicate that the pressure ulcer risk factors are not well known or their importance is not well understood. You may want to identify if one group of employees or employees in general need information regarding risk factors and the role they play in pressure ulcer formation. Questions to ask staff:

- What are the identified pressure ulcer risk factors?
- How do risk factors contribute to the formation of pressure ulcers?
- When are residents assessed for risk factors in your facility?
- What effect do risk factors have on residents' plan of care?



- Who is responsible for identification and care planning for residents with identified risk factors?
- Why is this important?

Question 9

This question addresses a common misconception. Pressure ulcers are not part of the normal aging process. Although loss of skin elasticity and thinning of the skin are normal with aging, pressure ulcer formation is not. If most of your staff answered “True” to this survey question, you need to provide them with information about the normal aging process, including:

- How the factors of the normal aging process contribute to the risk for pressure ulcer formation.
- What your facility is doing to address the care associated with the elderly. For example, nutritional and activity programs, support groups, association with community support group.
- Your facility’s efforts to communicate with other health care facilities that you have direct interaction with, i.e. referring hospitals, senior citizen groups, physician’s offices, home health agencies.

Question 10

This question addresses the role of proper positioning in pressure ulcer prevention. If the lower extremity were positioned with proper support to keep pressure off the heel, an ulcer due to pressure on the heel would be prevented.

If staff felt positioning did not contribute to pressure ulcer prevention, as noted with a “False” answer, consider:

- Instruction on and demonstration of basic positioning techniques.
- Reviewing your home’s resident care plans to address proper positioning and repositioning, i.e. turning schedule, pressure reduction techniques, devices available at your facility to reduce pressure load.
- Reviewing of the etiology of pressure ulcer formation with staff, such as prolonged pressure reducing the blood flow to the capillaries causing tissue damage.

Question 11

This question addresses pressure ulcer development. Pressure ulcers begin with a reddened area of the skin that does not disappear after the pressure is relieved. This is identified as a Stage I pressure ulcer. A response of “False” to this question indicates your staff doesn’t have a good understanding of pressure ulcer formation. Consider the following actions:

- Provide all staff with common consistent definitions of pressure ulcer stages, such as guidelines from the National Pressure Ulcer Advisory Panel.
- Adopt standard facility procedures for describing, measuring and evaluating pressure ulcers.
- Provide consistent tools – such as measurement guides and an assessment scale – throughout the home for staff to use consistently
- Review and adapt your pressure ulcer plan of care

Question 13

This question identifies the misconception that a bed-ridden resident’s pressure ulcer requires surgery to heal. Improved wound care products and pressure reduction devices have greatly increased the healing of pressure ulcers without surgical interventions. If staff responded “True,” to this statement, consider:

- Demonstrating and discussing newer pressure-reduction products available to assist with wound healing and discussing clinical indications



Question 14

If clinical staff answered “True” to this question they may need further education and information about why pressure ulcers occur. Consider offering training on:

- Non-compliance with pressure ulcer plan of care
- Disease progression
- Poor nutritional intake
- Other pressure ulcer risk factors

For non-clinical staff additional information may include:

- Training on the etiology of pressure ulcer formation
- Reviewing the role of non-clinical staff in pressure ulcer prevention and treatment
- Reviewing risk factors
- Information on their specific role in the care process as it relates to pressure ulcers.

Question 15

If staff answered “True” to this statement, it indicates they understand the emotional impact a physical condition can have on residents’ self-esteem. Pressure ulcers may limit the independence of the resident. They may also contribute to a resident feeling ‘sick’ and dependent on others for care. Additionally, many pressure ulcers occur in areas of the body that are emotionally uncomfortable for people to deal with, such as the buttocks. Dignity may be compromised if the resident feels embarrassed or ashamed over having a pressure ulcer. Family members may be angry at the facility or the resident. This could add to feelings of inadequacy the resident may already be experiencing.

If anybody answered “False,” offer education to all staff, families and volunteers about pressure ulcers effect on residents’ psychosocial well-being as well as their physical discomfort.

Question 16

Pressure ulcers may occur on any part of the body exposed to unrelieved pressure that decreased the flow of blood a sufficient length of time to cause underlying tissue damage. A “False” answer to this question may indicate that your staff does not understand the etiology of a pressure ulcer. Although pressure ulcers generally are noted over boney prominences of the body, they can occur at any location where unrelieved pressure is noted. Educational intervention may include:

- Pressure ulcer definition and staging guidelines
- Proper positioning and repositioning techniques
- Proper use of pressure reduction devices
- Frequent reinforcement that pressure ulcer prevention and treatment is everybody’s responsibility