The survey will be conducted on ___/___/____

Your survey team members are:

_________________________   ______________________   ______________________

The purpose of the survey is:

• To identify pressure injury prevention care that has been planned and documented for the patient, to evaluate care and support quality improvement

• To visually identify any pressure injury prevention equipment in use with the patient, to relate this to clinical and risk status

• To visually identify and describe any skin lesion due to pressure injury that the patient currently has and whether or not its origin has developed in this hospital during this admission, or prior.

This data demonstrates how well current prevention procedures are working, to inform future service and practice development and benchmark with other institutions.