PACE SELF-AUDIT TOOL
JOB AID

This job aid is aimed to help you complete the form as thoroughly and accurately as possible.

1

Enter identifiers such as: the date / time of the check, the name of the worker completing the check, and the name of the resident

2

Choose a planned activity from the list by checking the corresponding box. Review the care plan and check the boxes that best describe the level of assistance documented and any equipment needs. Ensure the equipment requirements support the level of assistance noted. If not – speak to your supervisor

Date/Time:	Worker Name:	Resident Name:

Planned Activity	Assessed Mobility	Equipment Required
☐ Toileting	☐ Independent	☐ Lift/Sling
☐ Personal Care	☐ Supervised	☐ Transfer Belt
☐ HS Care/Tuck In	☐ 1 Person Assist	☐ Slider Sheet
☐ Repositioning	☐ 2 Person Assist	☐ Doff N' Donner
☐ Transfer	☐ Sit to Stand	☐ Other:_____
☐ Shower	☐ Mechanical Lift	
☐ Sponge Bath		
☐ Bed Bath		
☐ Other:_____		

Complete PACE pre-mobilty check (Check boxes)

P	☐ INDEPENDENT	☐ MIN. ASSISTANCE	☐ MOD-MAX ASSISTANCE
A	☐ NON AGGRESSIVE	☐ UNPREDICTABLE	☐ MODERATE
C	☐ SUFFICIENT	☐ LIMITATIONS	☐ UNABLE TO COMMUNICATE
E	☐ NO OBSTACLES	☐ MOVEABLE OBJECTS	☐ OBSTACLES

3

Complete the Pre-Mobility Check – identifying the resident's assistance needs across the 4 PACE components. If unsure – speak to your supervisor.

4

Confirm what activity was completed, the resident's observed mobility status and equipment needs. Again, consider if the equipment needs support the level of assistance required. If not – speak to your supervisor.

Remember – can always secure more assistance – never less.

Completed Activity	Current Mobility	Equipment Used
☐ Toileting	☐ Independent	☐ Lift/Sling
☐ Personal Care	☐ Supervised	☐ Transfer Belt
☐ HS Care/Tuck In	☐ 1 Person Assist	☐ Slider Sheet
☐ Repositioning	☐ 2 Person Assist	☐ Doff N' Donner
☐ Transfer	☐ Sit to Stand	☐ Other:_____
☐ Shower	☐ Mechanical Lift	
☐ Sponge Bath		
☐ Bed Bath		
☐ Other:_____		

Was the activity completed as planned? ☐ Yes ☐ No

If answer is 'No', why?_____

Was the Supervisor notified? ☐ Yes ☐ No

5

Confirm if the planned activity was completed. If not – outline the reason(s) why and determine if the supervisor should be advised. If yes - confirm if the supervisor was notified and if a reassessment should be considered.