

# 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
<input type="checkbox"/> Toileting <input type="checkbox"/> Personal Care <input type="checkbox"/> HS Care/Tuck In <input type="checkbox"/> Repositioning <input type="checkbox"/> Transfer <input type="checkbox"/> Shower <input type="checkbox"/> Sponge Bath <input type="checkbox"/> Bed Bath <input type="checkbox"/> Other:_____	<input type="checkbox"/> Independent <input type="checkbox"/> Supervised <input type="checkbox"/> 1 Person Assist <input type="checkbox"/> 2 Person Assist <input type="checkbox"/> Sit to Stand <input type="checkbox"/> Mechanical Lift	<input type="checkbox"/> Lift/Sling <input type="checkbox"/> Transfer Belt <input type="checkbox"/> Slider Sheet <input type="checkbox"/> Doff N' Donner <input type="checkbox"/> Other:_____

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.

3

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

Complete PACE pre-mobility check (Check boxes)			
<b>E</b>	<input type="checkbox"/> NO OBSTACLES	<input type="checkbox"/> MOVEABLE OBJECTS	<input type="checkbox"/> OBSTACLES
<b>C</b>	<input type="checkbox"/> SUFFICIENT	<input type="checkbox"/> LIMITATIONS	<input type="checkbox"/> UNABLE TO COMMUNICATE
<b>A</b>	<input type="checkbox"/> NON AGGRESSIVE	<input type="checkbox"/> UNPREDICTABLE	<input type="checkbox"/> MODERATE
<b>P</b>	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> MIN. ASSISTANCE	<input type="checkbox"/> MOD-MAX ASSISTANCE

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