

Learning from Defect: Pressure Injury Facility Acquired

Date: \_\_\_\_\_

sticker

Attendees: \_\_\_\_\_

Instructions:

When HAPI is identified, staff nurse to notify unit manager. Manager will notify team of super huddle time. Super huddle to include any staff nurses and PSTs available, wound care nurse, CNS, CL, and NEC if available, and respiratory if applicable. If this occurs on nights, huddle can be done at night with any staff available, and then info passed on to manager to follow up with wound care, CL, CNS, NEC.

Manager to complete the form AT the BEDSIDE with input from everyone present. Once Section I has been completed, clinical leader (or manager designee) will complete Section II. **Return completed form to Quality Department. Manager to keep a copy and have available for review at Pressure Injury Task force.**

\*if manager is off, contact whomever is covering, i.e. other manager or clinical leader.

**Section I:**

**Location of the Pressure Injury:** Unit \_\_\_\_\_ Date of Pressure Injury: \_\_\_\_\_

**What happened? (brief description from RN caring for patient)**

1. Anatomical location of the HAPI: \_\_\_\_\_
2. LOS when discovered: \_\_\_\_\_
3. Stage when discovered: \_\_\_\_\_
4. Was the patient transferred prior to discovery?  yes  no
5. Was there an OR procedure within 72 hours of discovery?  yes  no
6. Time in ED from admit order to admission to floor > 8 hours?  yes  no

**Why did it happen?**

**Wound Nurse Comments:**

**Risk:**

7. What risks were identified?  Immobility  Shear  Medical device  HD patient  
 Moisture/incontinence  hemodynamic instability with turning  nutrition risk

**Skin Assessment:**

8. Redness was recognized before the skin broke down.  Yes  no  N/A

**Pressure/Shear and Patient Movement: complete on how patient is currently positioned**

9. If the patient is in bed, what position are they currently in?  back  Rt side lying  
 Lt side lying  prone  N/A
10. Immobile patients are moved using lifting equipment to minimize sheer and caregiver injury?  
 Yes  no  N/A -not immobile
11. Heels are floated with pillows if temporary (<8hrs)?  Yes  no  N/A
12. Heel floated with a device if >8 hrs of immobility?  Yes  no  N/A
13. Sacral foam dressing in place?  Yes  no
14. HOB greater than 30 degrees?  Yes  no

**Incontinence/Moisture**

15. Urine and fecal containment per policy if patient is incontinent?  Yes  no  N/A

16. Was barrier cream in room if patient is incontinent?  Yes  no  N/A

**Support Surface:**

17. At risk patient is on appropriate surface?  Yes  no  N/A

**Medical Devices (check all that apply) (If none check proceed to the questions in a box)**

- Trach                       noninvasive mask     oxygen N/C     cervical collar     arterial line  
 Endotracheal tube     Endo Tube Holder     orthotics     cooling blanket     SCD/Stocking  
 Immobilizer/splint/arm board

18. Were protective measures taken to prevent injury? (Foam padding, protective dressing, repositioning?)  Yes  No  N/A

<b>What happened to cause the defect?</b>	<b>What prevented it from being worse?</b>

**What can we do to prevent this from happening to someone else?**

Action Plan	Responsible person	Targeted date	Evaluation Plan: How will we know risk is reduced?

**With whom shall we share our learning? (communication plan)**

Who	When	How	Follow up

**Section II:**

**Additional Data to be completed when able:**

1. Was Braden risk identified?      yes       no
2. 4 eyes head to toe assessment performed on admission?  Yes  no
3. 4 eyes head to toe assessment performed per shift (last 24hrs)?  Yes  no
4. 4 eyes assessment of skin underneath device done q 12 hrs by RT.?  Yes  no  N/A
5. Patient pressures redistributed and documented q 2?  Yes  no
6. Was patient placed on a specialty surface in OR (>/4hrs)  Yes  no  N/A
7. Was patient placed on specialty surface in ER? (>/4hrs)  Yes  no  N/A
8. Was a nutritional consult placed/completed in patients at high risk?  Yes  no  N/A
9. Document significant co-morbidities: \_\_\_\_\_
10. Doctor notified of the pressure injury:  yes  No