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Short RCA for Reviewing Hospital-acquired Pressure Injuries

All hospital acquired Stage III, IV, & unstageable pressure injuries must be reported in accordance with the requirements of 10.07.06. This form may be used in lieu of a root cause analysis.

**CONFIDENTIAL: THIS REPORT IS MADE PURSUANT TO THE EVALUATION AND IMPROVEMENT OF QUALITY HEALTH CARE FUNCTIONS SET FORTH IN SECTION 14-501 (c) OF THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND AND IS INTENDED AS A RECORD OF A MEDICAL REVIEW COMMITTEE AS DEFINED IN THAT STATUTE.**

Please provide the following:

1. **Patient date of birth:**
2. **Patient sex:**
3. **Patient admit date:**
4. **Patient admitting diagnosis:**
5. **Patient secondary diagnoses:**
6. **Functional status changes during hospitalization?**
7. **Was family notified?**
8. **Does physician documentation reflect awareness of skin condition?**
9. **Functional and cognitive contributory or causal factors:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Present on Admission** | Y | N | Root Cause | Contr. Factor |
| **a.** | **Compromised level of consciousness** |  |  |  |  |
| **b.** | **Inability to eat or enteral feedings** |  |  |  |  |
| **c.** | **Restricted mobility** |  |  |  |  |
| **d.** | **Incontinence- bowel, bladder** |  |  |  |  |
| **e.** | **Peripheral vascular disease** |  |  |  |  |
| **f.** | **Impaired sensory perception**  |  |  |  |  |
| **g.** | **Diabetes mellitus** |  |  |  |  |
| **h.** | **Obesity or cachexia** |  |  |  |  |
| **i.** | **Sepsis or multi-system organ failure** |  |  |  |  |
| **j.** | **Hypo perfusion state** |  |  |  |  |
| **k.** | **Chronic end-stage disease such as liver, heart, lung, or kidney.**  |  |  |  |  |
| **l.** | **Immunosuppressive diseases** |  |  |  |  |
| **m.** | **Hip fracture and/or spinal cord injury** |  |  |  |  |
| **n.** | **Dehydration and/or malnutrition** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Y | N | Root Cause | Contr.Factor |
| **a.** | **Staff to staff** |  |  |  |  |
|  | **1. Nutritional consult requested prior to progression to Stage III/IV** |  |  |  |  |
|  | **2. Wound nurse consult requested on identification of Stage III**  |  |  |  |  |
|  | **3. PT/OT consult regarding mobility** |  |  |  |  |
| **b.** | **Staff to/from patient** |  |  |  |  |
| **c.** | **Staff to/from family/other** |  |  |  |  |
| **d.** | **Evidence of MD involvement with assessment/treatment plan?** |  |  |  |  |

**10**. **Did communication** breakdown contribute to the development and/or worsening of the pressure injury to Stage III/IV/unstageable?

**11. Medical Treatment and Medications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **During hospitalization** | Y | N | RootCause | Contr.Factor |
| a. | **Antidepressant medication** |  |  |  |  |
| **b.** | **Sleeping medication** |  |  |  |  |
| **c.** | **Pain medication** |  |  |  |  |
| **d.** | **Immunosuppressive medication** |  |  |  |  |
| **e.** | **Steroids** |  |  |  |  |
| **f.** | **Radiation\***  |  |  |  |  |
| **g.** | **Chemotherapy\*** |  |  |  |  |
| **h.** | **Renal dialysis\***  |  |  |  |  |
| **i.**  | **Multivitamin / Mineral supplements (if deficiency confirmed or suspected)** |  |  |  |  |
| **j.** | **Bedrest ordered** **Total days Total hours** |  |  |  |  |
| **k.** | **Operative procedure >/= to 4 hours.** |  |  |  |  |
| **l.** | **Nuclear Medicine/MRI imaging obtained** |  |  |  |  |
| **m.** | **Other (describe):**  |  |  |  |  |

\* Also includes treatments prior to admission

 **12. Environmental factors:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Interventions** | Y | N | RootCause | Contr.Factor |
| **a.** | **Identified as high risk for hospital-acquired pressure injury on admission?** |  |  |  |  |
| **b.** | **Preventive measures implemented with high risk score?**  |  |  |  |  |
| **c.** | **Did care plan address these issues?** |  |  |  |  |
| **d.** | **Complete skin inspection documented daily (minimally).** |  |  |  |  |
| **e.**  | **Intake and output monitored.** |  |  |  |  |
| **f.** | **Nutritional needs met?** |  |  |  |  |
| **g.** | **Evidence of turning every two hours (minimally) while in bed.** |  |  |  |  |
| **h.** | **Patient turned minimally 40° to reduce pressure on sacrum** |  |  |  |  |
| **i.** | **Evidence ROM exercises twice per day and mobilization as tolerated?** |  |  |  |  |
| **j.** | **Urinary and/or fecal incontinence evaluated and managed prior to skin breakdown.**  |  |  |  |  |
| **k.** | **Head of bed elevated no higher than 30° unless medically required.**  |  |  |  |  |
| **l.** | **Other** |  |  |  |  |

**13. What happened?** Include date of identification presence/progression of hospital-acquired pressure injury, findings of skin assessments, and interventions implemented prior to progression/development of Stage III/IV/unstageable pressure injury during hospitalization. Please also briefly discuss any failures of interventions and treatment once pressure injury was identified. What is patient’s prognosis?

**Contributing Factor(s) Discussion**

**Root Cause(s) Discussion**

**14. Patient-specific care plan changes after Stage III/IV/unstageable pressure injury identified**

#### **15.** **Organizational Corrective Actions/Monitoring/Responsible Party**

#  Immediate Actions

##### After Case Review Actions

 **16. Compliance Monitoring**