

Sample Aggregate Review - Root Cause Analysis
Stage 3 or 4 Pressure Ulcers Acquired After Admission (Adverse Event type 17)

Contributory Factor <i>Opportunity for Improvement</i>	Casual Statement	Risk Reduction Strategy (Action Item)	Person(s) Responsible for Implementation	Follow-up Actions and Dates of Implementation	Measurement Strategy	Measure of Success
<p>Lack of effective multi-disciplinary collaboration on pressure ulcer prevention</p> <p>Lack of clinical practice/knowledge</p> <p>Limited patient and family pressure ulcer prevention education</p> <p>Lack of staff competency related to pressure ulcer prevention</p>	<p>Decision tools to determine risk, interventions, equipment choices, etc., not available, not adequate, not understood, not utilized, and not agreed upon</p>	<p>Convene a multi-disciplinary team including Nursing and Assistive Staff, Medical staff, Pharmacy staff, Materials Management staff, Patient Care Services, Nutrition Services, Physical Therapy, and Respiratory Therapy Representatives to work on pressure ulcer prevention strategies for the entire medical facility.</p>	<ul style="list-style-type: none"> ▪ WO CNS ▪ MS CNS 	<p>New Multi-disciplinary Pressure Ulcer Prevention Workgroup (PUP) with sub-groups formed.</p> <ul style="list-style-type: none"> ▪ Group meets on a monthly basis. ▪ Partners identified: <ul style="list-style-type: none"> ○ Nursing/Assistive Personnel ○ Materials Management ○ Pharmacy ○ Nutrition ○ Physical Therapy ○ Respiratory Therapy ○ Patient Care Services ○ Medical Staff <p>Meeting agendas:</p> <ul style="list-style-type: none"> ▪ Entire Team: review of all policies and procedures related to skin assessments, practices re: treatment choices, practices related to equipment choices. ▪ Subgroup: documentation of pressure ulcers and determine agreements for documentation parameters ▪ Subgroup: develop plans to assess staff competency related to pressure ulcer prevention and optimal learning modality ▪ Subgroup: Develop and approve patient and family education plan for pressure ulcer prevention ▪ Subgroup: review policy/procedure for special problem pressure ulcers: <ul style="list-style-type: none"> ○ Nare pressure ulcer 	<p>Monthly meeting with minutes</p> <p>All policies, procedures for pressure ulcer assessments, interventions, and documentation updated and approved.</p> <p>Ongoing goals are met.</p>	<p>Reduction in pressure ulcers</p> <p>Measured quarterly and reported to Medical Facility Quality Improvement Committees:</p> <ul style="list-style-type: none"> ▪ Q1: July 1-Sept. 30 ▪ Q2: Oct. 1-Dec.1 ▪ Q3: Jan. 1-March 31 ▪ Q4: Apr. 1-June 30

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				prevention ○ Heel pressure ulcer prevention		
<p>Lack of clinical practice/knowledge</p> <p>Lack of staff competency related to pressure ulcer prevention</p>	<p>Details about patient risk factors for skin breakdown and how to determine pressure ulcer staging not clearly understood by ICU nurses</p>	<p>Education program developed to enhance knowledge of pressure ulcer risk factors and staging</p>	<ul style="list-style-type: none"> ▪ MS CNS ▪ WO CNS ▪ Unit Resource RN 	<p>Completed "skin rounds" on new admissions in partnership:</p> <ol style="list-style-type: none"> 1. MS CNS, WO CNS and day shift RN (N=47) within 4 weeks (date) 2. ICU Unite RN participation weekly; skin rounds include: <ol style="list-style-type: none"> a. Head to toe skin assessment b. Discussion and implementation of pressure ulcer prevention strategies c. Wound management principles as applicable to individual patient issue d. Wound documentation 3. Completed skin assessments on new admissions to Med/Surgical ICU on 15/17 days schedules (date) 4. Conduct daily skin rounds with ICU RNs (date and ongoing) <p>ICU Skin Summit was held on (date)</p> <p>Education Programs:</p> <ol style="list-style-type: none"> 1. Two 8-hour wound workshops scheduled over the next 3 months 	<p>ICN RN participate in skin rounds</p> <p>Target 70% (33) ICU RNs</p> <p>Workshop participation by RNs</p> <p>Target 48 RNs can participate in two workshops in 2008</p> <p>Dates:</p>	<p>51% (24) of ICU RNs participated in "Skin Rounds"</p> <p>Workshop 1: 70% or 17 RNs attended on (date)</p> <p>Workshop 2: 80% or 19 RNs attended on (date)</p>

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				2. Planning for three additional wound workshops in 2009		
<p>Lack of consistency in staging of pressure ulcers</p> <p>Lack of clinical practice/knowledge</p>	<p>Details about patient risk factors for skin breakdown and how to determine pressure ulcer staging not clearly understood by PUP nurses</p>	<p>Improve competency of staging pressure ulcers:</p> <ol style="list-style-type: none"> PUP RNs Med-Surgical and Cardio ICU RNs 	<ul style="list-style-type: none"> WO CNS MS CNS Inpatient Nurse Managers Unit Resource RN 	<p>RNs determine pressure ulcer staging accurately using the NDNQI Pressure Ulcer Staging Guidelines</p> <p>Med-Surgical Cardio ICU RNs complete NDNQI Pressure Ulcer Staging Competency by (date)</p> <p>Validate accurate pressure ulcer assessments by conducting side by side pressure ulcer assessments and teaching about treatment strategies with each wound consult request or event report from all inpatient units.</p> <p>Add a staging consistency parameter to daily tracking sheet to compare staging consistency.</p> <p>Review event reports for staging and consistency with WO CNS and the MS CNS assessment of wound</p>	<p>Completion of NDNQI Pressure Ulcer Staging Training annually</p> <ul style="list-style-type: none"> 2 PUP RNs from participating inpatient units (N=22). Target: 100% by (date) 186 RNs from 2 ICUs from ICU. Target: 100% by 3 months (date) Review pressure ulcer staging and documentation. Target 90% consistency between 2 PUP RNs from each participating unit and Unite Resource RNs quarterly. Daily Tracking Sheet updated. Review all pressure ulcer event reports for staging and consistency by Wound/Ostomy and Medical/Surgical Clinical Nurse Specialists Sample size: all patients seen for wound consult requests and with reports for Stage 3-4 pressure ulcers acquired after admission. Duration: Ongoing Target for Compliance: 90% consistency of pressure ulcer staging between WOI CNS and staff 	<p>100% of 22 PUP RNs completed training on (date)</p> <p>100% of 186 ICU RNs completed training on (date)</p> <p>Update complete (date)</p> <p>100% consistency in reporting for quarter ending (date)</p>

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<p>Lack of documentation of complete pressure ulcer assessment on admission and ongoing</p> <p>Lack of clear agreement regarding documentation parameters</p>	<p>Inconsistent or incomplete documentation of skin assessments</p>	<p>Complete and accurate pressure ulcer prevention and staging documentation</p>	<ul style="list-style-type: none"> ▪ Inpatient Nurse Managers ▪ Assistant Nurse Managers ▪ Unit Resource RN 	<p>Ongoing assessment of pressure ulcers to evaluate appropriateness of treatment.</p> <p>Conduct daily online audit of presence of pressure ulcers with stage and location included in admission documentation. Nurse Manager, Assistant Nurse Manager or Unit Resource Nurse RN will follow-up with assigned RN to ensure documentation is completed.</p>	<p>Daily online audit of pressure ulcer presence with stage and location included in admission documentation.</p> <p>Sample Size: All inpatients</p> <p>Duration: Ongoing</p> <p>Target for compliance: 100% of all patient charts show documentation of pressure ulcer presence on admit including stage and location</p>	<p>100% of Admission documentation includes complete pressure ulcer findings for quarter ending (date)</p>
<p>Lack of identified optimum learning preferences of nurses.</p> <p>Lack of awareness of pressure ulcer risk factors</p>	<p>Ineffective process used to update RNs about pressure ulcer risk factors</p>	<p>Identify optimum learning preferences through an online needs assessment survey</p>	<ul style="list-style-type: none"> ▪ WO CNS ▪ MS CNS ▪ PUP Work Group 	<p>Online survey re: RN needs assessment review and approved by PUP.</p> <p>Data completed:</p> <ol style="list-style-type: none"> 1. Pilot survey completed by entire PUP Work Group (N=11) 2. Medical/Surgical Specialty Unites (N=23) & Orthopedic Inpatient Unit (N=6) 3. ICU Units (N=94) 4. All inpatient nursing units (N=132) 	<p>Completion report of online survey</p> <p>Duration: 2 weeks</p> <p>Target: 30% completion of online survey</p> <ul style="list-style-type: none"> ▪ PUP Work Group target: 3 ▪ Medical/Surgical Specialty Units and Orthopedic Unit target: 21 ▪ ICU Unit Staff target: 28 ▪ All inpatient nursing units target: 94 	<p>55% 6 PUP nurses completed survey on (date)</p> <p>30.4% 21 RNs completed survey on (date)</p> <p>41.4 39 RNs completed survey on (date)</p> <p>20% 63 RNs completed survey on (date)</p>

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Variability in Pressure Ulcer Prevention Practices	Decision tools to determine risk, interventions, equipment choices, etc., not available, not adequate, not understood, not utilized, and not agreed upon	Develop and implement best practices for: 1. Products 2. Equipment 3. Heel pressure ulcer 4. Nares pressure ulcers	<ul style="list-style-type: none"> ▪ WO CNS ▪ MS CNS ▪ Pressure Ulcer Prevention (PUP) Work Group 	Subgroup: Investigate the use of alternative devices in addition to the standard use of pillows. Conduct Literature review Subgroup: Choose products <ul style="list-style-type: none"> ▪ Rooke Boot for heels ▪ Securement product that works for NG and feeding tubes (Statlock Tube) ▪ Evaluate current practices. ▪ Develop best practices procedure. ▪ Develop educational posters and distribute to all units. ▪ Conduct trials for each product at separate times. <ul style="list-style-type: none"> ○ Choose units ○ Identify staff champions ▪ Final recommendations to Product Committee 	Monthly meeting with minutes All policies, procedures for products and equipment updated and approved. All policies, procedures for heel and nares pressure ulcer assessments, interventions, and documentation updated and approved	Reductions in pressure ulcers measured quarterly