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<th>Casual Statement</th>
<th>Risk Reduction Strategy (Action Item)</th>
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| Lack of effective multi-disciplinary collaboration on pressure ulcer prevention | Decision tools to determine risk, interventions, equipment choices, etc., not available, not adequate, not understood, not utilized, and not agreed upon | 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. | ▪ WO CNS  
▪ MS CNS | New Multi-disciplinary Pressure Ulcer Prevention Workgroup (PUP) with sub-groups formed  
▪ Group meets on a monthly basis  
▪ Partners identified:  
  ▪ Nursing/Assistive Personnel  
  ▪ Materials Management  
  ▪ Pharmacy  
  ▪ Nutrition  
  ▪ Physical Therapy  
  ▪ Respiratory Therapy  
  ▪ Patient Care Services  
  ▪ Medical Staff | Monthly meeting with minutes  
All policies, procedures for pressure ulcer assessments, interventions, and documentation updated and approved.  
Ongoing goals are met. | Reduction in pressure ulcers  
Measured quarterly and reported to Medical Facility Quality Improvement Committees:  
▪ Q1: July 1-Sept. 30  
▪ Q2: Oct. 1-Dec. 1  
▪ Q3: Jan. 1-March 31  
▪ Q4: Apr. 1-June 30 |
| Lack of clinical practice/knowledge | | | | | | |
| Limited patient and family pressure ulcer prevention education | | | | | | |
| Lack of staff competency related to pressure ulcer prevention | | | | | | |
## Contributory Factor

**Opportunity for Improvement**

### Casual Statement

Details about patient risk factors for skin breakdown and how to determine pressure ulcer staging not clearly understood by ICU nurses

### Risk Reduction Strategy (Action Item)

Education program developed to enhance knowledge of pressure ulcer risk factors and staging

### Person(s) Responsible for Implementation

- MS CNS
- WO CNS
- Unit Resource RN

### Follow-up Actions and Dates of Implementation

- Completed “skin rounds” on new admissions in partnership:
  1. MS CNS, WO CNS and day shift RN (N=47) within 4 weeks (date)
  2. ICU Unite RN participation weekly; skin rounds include:
     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)
- ICU Skin Summit was held on (date)

### Measure of Success

- ICN RN participate in skin rounds
  - Target 70% (33) ICU RNs
  - Workshop participation by RNs
  - Target 48 RNs can participate in two workshops in 2008
  - Dates:
    - Workshop 1: 70% or 17 RNs attended on (date)
    - Workshop 2: 80% or 19 RNs attended on (date)

### Measurement Strategy

- 51% (24) of ICU RNs participated in “Skin Rounds”
### Sample Aggregate Review - Root Cause Analysis
#### Stage 3 or 4 Pressure Ulcers Acquired After Admission (Adverse Event type 17)

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<td>Lack of consistency in staging of pressure ulcers</td>
<td>Details about patient risk factors for skin breakdown and how to determine pressure ulcer staging not clearly understood by PUP nurses</td>
<td>Improve competency of staging pressure ulcers: 1. PUP RNs 2. Med-Surgical and Cardio ICU RNs</td>
<td>▪ WO CNS ▪ MS CNS ▪ Inpatient Nurse Managers ▪ Unit Resource RN</td>
<td>RNs determine pressure ulcer staging accurately using the NDNQI Pressure Ulcer Staging Guidelines Med-Surgical Cardio ICU RNs complete NDNQI Pressure Ulcer Staging Competency by (date) Validate accurate pressure ulcer assessments by conducting side by side pressure ulcer assessments and teaching about treatment strategies with each would consult request or event report from all inpatient units Add a staging consistency parameter to daily tracking sheet to compare staging consistency Review event reports for staging and consistency with WO CNS and the MS CNS assessment of wound ulcer staging Completion of NDNQI Pressure Ulcer Staging Training annually ▪ 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</td>
<td>2. Planning for three additional wound workshops in 2009</td>
<td>100% of 22 PUP RNs completed training on (date) 100% of 186 ICU RNs completed training on (date) Update complete (date)</td>
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<td>Lack of clinical practice/knowledge</td>
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DOH 689-009 (March 2011)
### Sample Aggregate Review - Root Cause Analysis
#### Stage 3 or 4 Pressure Ulcers Acquired After Admission (Adverse Event type 17)

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| Lack of documentation of complete pressure ulcer assessment on admission and ongoing | Inconsistent or incomplete documentation of skin assessments | Complete and accurate pressure ulcer prevention and staging documentation | ▪ Inpatient Nurse Managers  
▪ Assistant Nurse Managers  
▪ Unit Resource RN | Ongoing assessment of pressure ulcers to evaluate appropriateness of treatment  
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. | Daily online audit of pressure ulcer presence with stage and location included in admission documentation.  
Sample Size: All inpatients  
Duration: Ongoing  
Target for compliance: 100% of all patient charts show complete pressure ulcer findings for quarter ending (date) | 100% of Admission documentation includes complete pressure ulcer findings for quarter ending (date) |
| Lack of clear agreement regarding documentation parameters | | | | | | |
| Lack of identified optimum learning preferences of nurses | Ineffective process used to update RNs about pressure ulcer risk factors | Identify optimum learning preferences through an online needs assessment survey | ▪ WO CNS  
▪ MS CNS  
▪ PUP Work Group | Online survey re: RN needs assessment review and approved by PUP  
Data completed:  
1. Pilot survey completed by entire PUP Work Group (N=11)  
2. Medical/Surgical Specialty Units (N=23) & Orthopedic Inpatient Unit (N=6)  
3. ICU Units (N=94)  
4. All inpatient nursing units (N=132) | Completion report of online survey  
Duration: 2 weeks  
Target: 30% completion of online survey  
▪ 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 | 55% 6 PUP nurses completed survey on (date)  
30.4% 21 RNs completed survey on (date)  
41.4 39 RNs completed survey on (date)  
20% 63 RNs completed survey on (date) |
| Lack of awareness of pressure ulcer risk factors | | | | | | |

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<td>Variability in Pressure Ulcer Prevention Practices</td>
<td>Decision tools to determine risk, interventions, equipment choices, etc., not available, not adequate, not understood, not utilized, and not agreed upon</td>
<td>Develop and implement best practices for: 1. Products 2. Equipment 3. Heel pressure ulcer 4. Nares pressure ulcers</td>
<td>▪ WO CNS  ▪ MS CNS  ▪ Pressure Ulcer Prevention (PUP) Work Group</td>
<td>Subgroup: Investigate the use of alternative devices in addition to the standard use of pillows  Conduct Literature review  Subgroup: Choose products  ▪ 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  o Choose units  o Identify staff champions  ▪ Final recommendations to Product Committee</td>
<td>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</td>
<td>Reductions in pressure ulcers measured quarterly</td>
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