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Reviewed by/date: \_\_\_\_\_

Using academic writing standards and APA formatting of references, respond to each of the following learning objectives. Using this document, **enter the responses directly next** to the corresponding learning objective on this grid. Responses should be 150-350 words in length. Scroll down to last page of this document to see assignment rubric for specific details on how the project will be assessed, and how points will be awarded. Save the completed document as the assignment title with your name and submit to the dropbox.

Learning Objective	Response
<p>1. Define root cause analysis &amp; its role in pressure injury prevention.</p>	<p>Root cause analysis is a tool used to evaluate adverse events, near misses, and or errors. The analysis combs through the details related to the event to find the oversights or mistakes that led to the event being evaluated. The analysis should not only find the overt mistakes but also gaps in the current policy of the facility that may need correcting (Black, 2019).                      Attention to detail is highly important when using root cause analysis. The first level for the analysis begins with looking at the symptoms of the event. Identifying the problem and preventing further harm the immediate goal. The next step to address would be examining the staff and caretakers involved with the problem. Detailed interviewing and chart reviews will be needed. This can be labor intensive and therefore is an undertaking requiring more than one person. The third area to examine is the practices and protocols of the facility where this occurred. After all of this has been done and analyzed the education of the staff and altering of policies can be enacted where appropriate (Black, 2019).</p>
<p>2. Analyze <b>one</b> of the case studies from page two (of this document). Describe the system failures that led to the pressure injury.</p>	<p>Case study number two was chosen for this assignment. The first possible failure identified is elevated blood glucose and hemoglobin A 1c. Tight glycemic control is crucial. The case study does not mention insulin administration or if the patient was placed on a sliding scale. The patient has a triple bypass performed where the patient was supine for eight hours. During this procedure, it is not mentioned if incremental positional changes were made to reduce pressure to bony prominences. Throughout the course of a hospital admission, a Braden Scale should be assessed at least per shift. There is only one documented Braden Scale score. After the surgery, this score would have changed dramatically. The case study doesn't mention if the nurse was repositioning the patient every two hours after the surgery. This task may not have been initiated due to the Braden Scale not being readdressed to flag the patient as high risk. Many facilities have a policy to place a patient on a specialty mattress should the score be low enough. This may have</p>

	<p>helped to prevent further breakdown if the patient was placed on it immediately after surgery.</p>
<p>3. Based on these findings, develop a comprehensive pressure injury prevention plan for the organization.</p>	<p>The first step in prevention of pressure injury begins with the assessment of the patient. Not only the physical assessment should be examined, but also the history of the patient. A list of disease processes that place a patient at higher risk should be formulated and provided for the nurses to refer to when identifying high risk patients. Along with identifying high risk diseases the nurses should do a head-to-toe skin assessment paying particular attention to bony prominences and areas of pressure. The skin assessment should be performed every shift. A great tool to help identify high risk patients is the Braden scale. The Braden scale should be completed every shift and with any condition change. Should the patient's Braden score be found to be &lt;12 the WOC nurse and dietician should be consulted. A turn clock should be placed in that patient's room and the nurses and aides should work together to ensure this schedule is maintained. A flow sheet will be added to the charting system where the nurses and aides can chart the turns. Education of staff on different repositioning tools like wedges would be a great move as well. Provide different pressure reducing tools for heels and ensure nurses know how to effectively use them. Educating the patient and family on pressure injury prevention like turning and nutrition is also important. Patients and family should be encouraged to remind staff of the turn schedule should they notice it is not being maintained. The admission nurse should be thorough in this education. Every shift this should be reinforced throughout the patient's stay. A comprehensive handout will be provided to patients and family.</p>
<p>4. Propose a plan to monitor the results of objective #3.</p>	<p>Monitoring the effectiveness of the pressure injury prevention plan will require a multidisciplinary team. Tools can be developed for different staff to perform audits. A chart audit tool would assess the documentation of the nurses and aides. This would focus on Braden scores and turning documentation. Another audit tool to be utilized would be room audits. Rooms would be checked to make sure they have the turn clocks and patient education handouts outlining the pressure injury prevention program. A random percent of patients could be assessed by the WOC nurse every week to ensure that the documentation by the nurse matches the WOC nurse's findings. The staff would be reassured that none of this is to get people in trouble but simply to improve education. Should a difference be found between the WOC nurse assessment and the nurse's this would be viewed simply as an opportunity rather than an admonishment. Monitoring of the incidences of new pressure injuries would be essential to ensure the prevention protocol is working.</p>

<p>References. See the course syllabus for specific requirements on references for all assignments.</p>	<p>Black, J. M. (2019). Root cause analysis for hospital-acquired pressure injury. <i>Journal of Wound, Ostomy &amp; Continence Nursing</i>, 46(4), 298–304. <a href="https://doi.org/10.1097/won.0000000000000546">https://doi.org/10.1097/won.0000000000000546</a></p> <p>Pressure Injury Prevention in hospitals-training program. AHRQ. (2017). <a href="https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressure-injury/index.html">https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressure-injury/index.html</a>.</p>

- a. A patient is admitted to home care after a cauda equina injury. The injury occurred 2 weeks ago at her home and she was then admitted to the hospital for severe lower back pain and numbness in the lower extremities. During the hospitalization, she developed urinary and fecal incontinence. Surgery was performed to repair the injury and after an unremarkable recovery, she is referred to home health care for physical therapy and skilled nursing care. The surgical site is well approximated without drainage. She has a comorbid condition of diabetes, continues to have numbness in the lower extremities along with urinary and fecal incontinence, and spends most of her day in a recliner chair. On admission to home care she has no skin conditions noted and her blood sugar is 165 mg/dL. After 2 weeks she develops a fever of 100.8 F. After 3 weeks of home care a 2.5cm length x 3.0cm width area of thick, dense eschar is noted over her sacral area, and she is referred to the WOC nurse for evaluation. Explain what risk factors led to the sacral wound and how you would set up her plan of care.
  
- b. A 58 year old patient with a history of uncontrolled diabetes is admitted to the ED. He was discovered unconscious in his back yard by neighbors who called 911. He was transported to the ED of Acme Hospital where he regained consciousness. His blood glucose was 220 mg/dL, and his HbA1c is 13.2%. He is also experiencing mild chest pain, nausea, and tingling in his left arm. He is admitted to the hospital to rule out MI and to gain control of his blood glucose level. On admission, his risk assessment for skin breakdown indicated a 20 or very low risk. After several tests to determine the cause of his chest pain, he is diagnosed with coronary artery disease and is in need of bypass surgery to open three coronary arteries. He goes to surgery on day three of his admission and is in the OR for 8 hours in a supine position. 18 hours after surgery, his nurse notices he has a painful deep purple bruised area in the coccyx region and contacts the WOC nurse to evaluate the lesion. At this point the patient is placed on an active alternating pressure powered air mattress. Five days later the bruised area in the coccyx begins to show evidence of an open wound, with measurements of 4.0 length x 1.0 cm width, and deep in the

natal cleft there is dense slough with mild serous drainage. The surrounding skin is indurated with redness and evidence of a resolving bruise. Explain what risk factors led to the sacral injury and how you would set up his plan of care.

**Points criteria:**

Criteria	Under performance <3 points per criteria	Basic 3 – 3.9 points per criteria	Proficient 4.0 – 4.4 points per criteria	Distinguished 4.5 – 5 points per criteria
<b>Required content objectives</b>	Content objectives are missing or sparsely covered.	Content objectives are not consistently addressed. Demonstrates minimal understanding of content.	Content objectives consistently addressed. Demonstrates understanding of content.	Content objectives consistently addressed. Demonstrates mastery of content.
<b>Academic writing standards</b>	Writing lacks scholarly tone & focus. Sparse content. Multiple grammatical, spelling, & factual errors. Reliance on bullet points rather than effective writing in speaker notes. 4 or more direct quotes per project.	Writing is unclear and/or disorganized. Inconsistent scholarly tone. Inadequate depth of content. Grammatical and spelling errors. No more than 3 direct quote of less than 40 words per project.	Writing demonstrates general exploration of content. Responses are clearly written using scholarly tone. Few grammatical and/or spelling errors. No more than 2 direct quote of less than 40 words per project.	Writing demonstrates comprehensive exploration of content. Responses are clearly written using scholarly tone. Rare grammatical and/or spelling errors. No more than 1 direct quote of less than 40 words per project.

Criteria	Under performance <3 points per criteria	Basic 3 - 3.9 points per criteria	Proficient 4.0 - 4.4 points per criteria	Distinguished 4.5 - 5 points per criteria
<b>APA formatting</b>	References and citations have multiple errors or are missing.	References and citations have errors.	References and citations have few errors.	References and citations have rare errors.