Scenario A

1. Define root cause analysis & its role in pressure injury prevention.

Root Cause Analysis (RCA) is a discovery method designed to identify and determine the nexus of a problem with the goal of preventing reoccurrence. Due to the complexity of healthcare, this measure is put in place to examine the reason why the event happened and what could have been done to avoid it (Armstrong, 2023). The RCA is a non-punitive way that can collectively look at medical errors allowing for strategies for process improvement. The first step in the RCA is the formulation of an interdisciplinary team. At this time, the problem is identified. RCA meetings are established and there is a systematic approach at examining the internal and external factors that may be contributed to the problem. This may include issues with staffing, equipment, temperature, performance expectations, knowledge of the staff etc. Data collection is an ongoing process of the RCA. During the RCA, there is open communication with Leadership. The RCA includes discussions, analysis of the data and the development of corrective actions (Singh et al., 2023). Each year in the United States, there are more than 3 million pressure injuries (PI) that are treated (Visconti et al., 2023). Based on this statistic, RCAs can certainly help to identify the causative factors that contribute to this healthcare problem in various settings.

1. Analyze one (not both) of the case studies from page three of this document, and describe the system failures that led to the pressure injury in that situation.

Cauda equina syndrome is a low back condition where there is compression of multiple nerve roots in the lumbosacral spine resulting in low back pain, neurovascular, bowel and bladder symptoms (Perina, 2020). The patient is two weeks post-surgical repair for Cauda equina syndrome and was discharged with home health care. She has comorbidities of diabetes, bowel and bladder incontinence, and decreased mobility. These co-morbid conditions put her at an increased risk for pressure injury and infection. Risk factors for pressure injury include

limitation of mobility, neurological conditions, and diabetes mellitus (Visconti et al., 2023). It is not known whether this patient was offered to be discharged to an acute rehabilitative hospital. It is also not known whether she has family support. At the time of discharge from the acute setting, this should have been addressed to determine if home health was the safest discharge plan. The home health nurse should have addressed whether she had support systems in place at the time of admission. In addition, a thorough skin assessment utilizing the Braden Scale identifying her as high risk should have been carried out. The Braden Scale identifies factors such as mobility, activity, sensory perception, nutrition, and friction to determine pressure injury risk (Borchert, 2022). In addition to skilled nursing, physical therapy was ordered for her. There is no mention of a specialized cushion to relieve pressure or durable medical equipment. There is also no mention of a home health aide to assist her with activities of daily living. Spending most of her day in the recliner should have been discouraged. Also, she has bowel and bladder incontinence. There is no mention of any intervention such as a wick or catheter to address her incontinence. The home health care plan should include skin care such as a barrier cream (Visconti et al., 2023)

1. Based on these findings, develop a comprehensive pressure injury prevention plan for the organization.

It is important that caregivers of patients in the home setting are aware of the measures to prevent pressure injuries. Caregivers include family members, friends, neighbor or any responsible person that has oversight of the patient while in the home setting (Mojtaba et al., 2021). The first intervention by the home care nurse would be a comprehensive psychosocial assessment to include availability of the caregiver. Also, a thorough head to toe skin assessment should be performed at each visit. DMEs, addressing limitation in mobility and education on pressure injury prevention such as repositioning, and off-loading should be given to the patient

and caregiver. Proper nutrition addressing a diabetic diet should also be addressed (Borchert, 2022). Due to her sitting in a chair for most of the day, she has now developed a pressure injury with dense eschar. Unfortunately, due to her elevated temperature, and an area of thick dense eschar, the WOC nurse has recommended that she return to the hospital for workup, possibly IV antibiotics and debridement of her un-stageable wound.

1. Propose a plan of care to monitor the results of the organization wide, comprehensive pressure injury prevention plan.

The results of the RCA revealed that there were system-wide errors that resulted in the pressure injury. The home health agency developed a policy that included a full head to toe assessment for all high-risk patients with each nurse visit. This included patients that were diabetic, who had limited mobility and limited support systems. Also, the utilization of the Braden Risk assessment was incorporated as part of their assessment. A structured approach such as utilization of a risk assessment tool in combination with a comprehensive skin assessment has been identified as a best practice in decreasing pressure injuries (Borchert, 2022). Also, patient and family teaching for pressure injury prevention was placed as a priority in the assessment for high-risk patients. All high-risk patients automatically received a Wound Ostomy and Continence (WOC) nurse, and a social worker consult. Oversight of the new protocols that were put in place to prevent pressure injuries will take place by home health leadership. It is the responsibility of the leadership team to oversee that policies and procedures are adhered to (Borchert, 2022). Ongoing evaluation of the success of this program will be carried out by the continuous quality improvement program.

References

Armstrong, A. A. (2023). Implementing an electronic root cause analysis reporting system to decrease hospital-acquired pressure injuries. *Journal for Healthcare Quality*, *45*(3), 1–10.

Borchert, K. (2022). Pressure injury prevention: Implementing and maintaining a successful plan and program. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, ostomy and continence nurses society core curriculum wound management* (2nd ed., pp. 396–424). Wolters Kluwer.

Mojtaba, J., Nassehi, A., Rafiei, H., Sara, T. K., Bardsiri, Y., IIaghinezhad, T., & Arboledas, J. (2021). Pressure injury prevention knowledge among family caregivers of patients needing home care. *Home Healthcare Now*, *4*(39), 203–210.

Perina, D. G. (2020, August 27). *Mechanical back pain* (T. J. Mills, Ed.). Medscape. Retrieved September 23, 2023, from https://emedicine.medscape.com/article/822462-overview

Singh, G., Patel, R. H., & Boster, J. (2023, May 30). *Root cause analysis and medical error prevention* [National Library of Medicine]. Retrieved September 23, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK570638/

Visconti, A. J., Sola, O. I., & Raghavan, P. V. (2023). Pressure injuries: Prevention evaluation, and management. *American Family Physician*, *108*(2), 166–174.