Pressure Injury Root Cause Analysis
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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
Required content objectives	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.
Academic writing standards	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.
APA formatting	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.

Carefully review the above rubric on how points are awarded. Select one (not both) of the case studies listed on page three. Then, using academic writing standards and APA formatting of references and citations, respond to each of the learning objectives listed on page two. Each response should be 150-350 words in length, and should be entered below each objective on this document. Save the completed document as the assignment title with your name and submit to the dropbox.

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

Root cause analysis (RCA) is a valuable tool in the context of pressure injury prevention. This is due to the fact that the most successful method of protecting against pressure injuries involves the establishment of a comprehensive prevention plan that is grounded in evidence, customized to address the particular needs of each patient, diligently executed, and subject to revision as necessary based on the patient's reaction. This way, RCA assumes a pivotal role in the prevention of pressure injuries in healthcare environments, as these injuries are frequently avoidable, and serves as a significant investigative approach to ascertaining the precise underlying causes of this issue (Martin-Delgado et al., 2020).

Furthermore, Root Cause Analysis (RCA) is based on assessment data and knowledge related to the patient's clinical condition (including their present state of health and coexisting medical conditions), existing skin conditions, overall susceptibility to pressure injuries, specific risk factors, and the availability of resources (both human and environmental). This process involves a thorough examination of the documentation and staff interviews in order to ascertain the fundamental cause that led to the occurrence of the pressure injury. Some examples of questions that can be considered are as follows: Was there a deficiency in the implementation of adequate risk assessment measures? Was a thorough evaluation of the skin conducted in accordance with the policies of the facility? Was the plan of care pertaining to the prevention of pressure injuries deemed suitable? The objective is not to assign fault but rather to assess whether any modifications can be made to the care process in order to prevent the recurrence of the same issue. It is imperative to ensure that any modifications made to the process are effectively communicated to all individuals utilizing it. In addition, many facilities find it advantageous to continuously monitor the incidence of facility-acquired pressure injuries (PIs) and scrutinize the provision of preventive care in order to identify areas for enhancement. For this, the implementation of RCA requires a review of the patient's case and an appropriate plan of care for pressure injury prevention, which necessitates the involvement of a team responsible for the patient's care. To elucidate the role of Root Cause Analysis in the context of pressure injury prevention, the summary below will clarify each concept (Stretton, 2021).

To begin with, RCA aids in the identification of both the proximate causes and the underlying determinants that contributed to the formation of the pressure injury. Secondly, through RCA, healthcare establishments can identify deficiencies or weaknesses in their processes and protocols pertaining to the prevention of pressure injuries. This encompasses concerns such as insufficiently frequent rotation schedules for patients with limited mobility, practices related to wound care that are not optimal, or inadequate training of staff members. Thirdly, RCA employs a methodical approach in the examination of incidents that focuses on the exploration of how the healthcare system's policies, procedures, and communication might have played a role

in the development of the pressure injury. This approach exhibits a reduced emphasis on punishment and instead fosters a culture that values ongoing enhancement. Fourthly, RCA is predicated on the utilization of actual data and evidence in order to ascertain the fundamental factors contributing to the occurrence of pressure injuries. Following the identification of underlying causes, healthcare facilities can implement specific preventive measures. Finally, it is necessary to evaluate the efficacy of the preventive measures in use and subsequently make the necessary modifications to patient-centered care (Martin-Delgado et al., 2020).

In conclusion, by adopting a systematic and data-oriented approach, healthcare organizations are able to identify and rectify the underlying factors contributing to the occurrence of these injuries. With Root Cause Analysis and its preventive strategies, healthcare providers can effectively diminish the frequency of pressure injuries and enhance the overall quality of care provided to their patients.

2. **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.**

a. *The patient is admitted to home care after a cauda equina injury.*

The anatomical term for the assemblage of nerves located at the terminal portion of the spinal cord is referred to as the cauda equina. These nerves are responsible for delivering both motor and sensory capabilities to the lower extremities and the bladder. Individuals who have sustained cauda equina injury may manifest a range of symptoms, including urinary and/or fecal incontinence, sensory disturbances known as "saddle anesthesia" affecting the anus, genitals, and buttock region, as well as weakness or paralysis typically involving multiple nerve roots. The weakness may manifest as impairments in the lower extremities, discomfort in the back and/or legs (referred to as sciatica), and sexual disfunction. The majority of the symptoms above are red flags for pressure injuries (Lavy et Al., 2022).

b. *She developed urinary and fecal incontinence.*

Urinary and fecal incontinence is simply the failure of bladder and bowel movement control. Incontinent patients are at risk of exposure to moisture from urine and stool, which can alter the skin pH (due to urine and fecal enzymes), which compromises tissue tolerance and leads to skin breakdown. To prevent PI, it is necessary to improve moisture management, which includes strategies for managing urine and stool perspiration. Moisture barrier products include skin protectants (spray, wipe, and applicator) and moisture

barrier ointments (e.g., dimethicone, petrolatum, and zinc oxide) (EPUAP/NPIAP/PPPIA, 2019).

c. *Continues to have numbness in the lower extremities (Impaired mobility + sensory disturbances)*

This patient has limitations in mobility, activity, and sensory perception. Individuals with those are at higher risk for pressure injury, and the sacrum is the bony prominence of an adult at highest risk for PI. Implementation of an early mobilization program that increases activity and mobility results in positive patient outcomes. It is also important to use appropriate mobilization techniques to avoid increased shear forces. PI prevention for persons with limited mobility, activity, and sensory perception must focus on repositioning, and the ideal schedule for repositioning should be individualized for the patient, considering other risk factors and the surface on which she is resting (many organizations support a range of repositioning every 2 to 4 hours) (EPUAP/NPIAP/PPPIA, 2019).

d. *Spends most of her day in a recliner chair.*

The patient spends most of the time in the recliner; in this case, she should have strategies to reduce both the magnitude of loading (intensity of pressure) and the duration of loading, specifically pressure redistribution surfaces and routine repositioning since pressure-related damage may manifest itself within a short period of time. People with spinal cord injuries must have special care as seating surfaces that address patient comfort, pressure relief, microclimate, heat accumulation and loss, and patient postural stability when they are seated (EPUAP/NPIAP/PPPIA, 2019).

e. *Diabetes.*

Individuals with diabetes are at increased risk of skin breakdown, non-healing wounds, and wound infections. An interdisciplinary strategy that takes into account diet, physical activity, and medication management is necessary for effective blood glucose control. Those with poorly controlled diabetes may be vulnerable to complications like dehydration, impaired skin, and impaired wound healing, and effective blood glucose control is the goal to prevent these consequences (Standards of Diabetes Care-Lifestyle, 2019).

For all this reasons after 3 weeks of home care patient developed a dense eschar over her sacral area.

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

In my opinion, the best defense against pressure injuries is a well-developed, evidence-based prevention plan that is tailored to the individual's specific needs. For that, it is necessary to have a committee that demonstrates a strong commitment to the development and execution of an efficient prevention plan. This committee should define the allocation of resources, monitor and evaluate the effectiveness of the program, implement continuous quality improvement initiatives, establish policies, procedures, and standards, and conduct a thorough RCA whenever a healthcare-associated pressure injury (HAPI) is identified (Curley, 2018).

According to National Pressure Injury Advisory Panel (2020) & WOCN (2016) the Prevention Plan should have:

1. Roles and responsibilities for healthcare staff involved in pressure injury prevention.

2. A protocol for conducting regular patient assessments to identify those at risk of developing pressure injuries (using standardized risk assessment tools such as the Braden Scale or Norton Scale).

3. Training programs for everyone about pressure injury prevention, including proper turning and repositioning techniques (highlighting the importance of proper positioning to relieve pressure on vulnerable areas with a structured schedule for turning and repositioning bedridden or immobile patients).

4. Education about skin assessment (establishing protocols for routine skin assessments and monitoring for early signs of pressure injuries), as well as proper document assessments, interventions, and wound progress. This education also should include all preventive measures for limited mobility, activity and sensory perception (limitation pressure load over bony prominences, limitation of the duration the tissue exposed to pressure, and constant routine repositioning.

5. Training for the use of support surfaces in the bed and in the chair (it is important to specify the types of support surfaces, e.g., mattresses, cushions).

6. Guidelines for routine skin care, including cleansing, moisturizing, and protection against moisture or friction.

7. Highlight the importance of proper documentation of skin status upon admission, particularly for patients who have been admitted from nursing homes, as well as for

patients who have experienced falls resulting in prolonged periods of being on the floor with an uncertain duration.

8. Consider the nutritional requirements of patients, guaranteeing the provision of a sufficient diet containing indispensable nutrients that facilitate the process of tissue regeneration. It is advisable to seek guidance from dietitians as needed.

9. Have protocols for the prevention of pressure injuries during discharge that promote the solicitation of feedback from patients and families and then engage in collaborative efforts with pertinent departments and disciplines upon results.

10. Give every department convenient access to the necessary supplies and equipment required for pressure injury prevention within their respective setting.

11. Should consistently evaluate and analyze data pertaining to pressure injuries, incidents, and their underlying causes in order to identify opportunities for improvement.

12. Periodically reviewing and revising the pressure injury prevention plan in order to align with contemporary best practices, research discoveries, and shifts in patient demographics.

In sum, it is imperative to bear in mind that the implementation of an effective pressure injury prevention plan necessitates sustained dedication, comprehensive education, and a multidisciplinary approach to the provision of patient care. It is crucial to consistently evaluate the efficacy of the plan and make necessary adjustments in order to optimize patient care for individuals who are susceptible to pressure injuries.

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

Monitoring pressure injury policies and programs is crucial in order to ascertain their efficacy and the provision of high-quality care on a daily basis, as well as to facilitate any required enhancements. Outlined below are several ways to effectively monitor and evaluate policies and programs pertaining to pressure injury prevention (Kayser, 2018).

To begin with, establish precise objectives for policies and programs aimed at preventing pressure injuries. Typical goals encompass the reduction in incidence rates of pressure injuries, the improvement in wound healing durations, and the enhancement of patient satisfaction. It is crucial to gather pertinent data pertaining to pressure injuries in order to discern trends, patterns, and areas of concern within each unit. The utilization of benchmarking can facilitate the evaluation of a facility's

performance in relation to its counterparts and enable the identification of the potential areas for enhancement (EPUAP/NPIAP/PPPIA, 2019; WOCN, 2016).

Moreover, monitor staff training and education, ensuring that everyone possesses comprehensive knowledge regarding the prevention of pressure injuries. Evaluate the efficacy of training methodologies such as quizzes, surveys, or competency assessments. In addition, evaluate adherence to protocols and guidelines pertaining to the prevention of pressure injuries one by one, checking understanding in patient repositioning, utilization of suitable support surfaces, and performance of skin evaluations. Pressure injury prevention rounds are a viable strategy for facilitating the exchange of that information. It is imperative to highlight that to have a trustworthiness evaluation, it is necessary to maintain a consistent availability of essential equipment and resources, including pressure-reducing mattresses, cushions, and wound care supplies, while ensuring their optimal working conditions (EPUAP/NPIAP/PPPIA, 2019).

Further, establish a framework for the adoption and integration of a culture centered around the ongoing enhancement of quality. It is imperative to foster a culture that promotes the active reporting of incidents and near-misses pertaining to pressure injuries among staff members. These reports should be regarded as valuable opportunities for learning and facilitating improvements within the healthcare setting. Utilize Root Cause Analysis (RCA) methodologies to examine the underlying factors contributing to the occurrence of pressure injuries. This process can facilitate the identification of systemic issues that necessitate attention and resolution within your policies and programs (NPIAP, 2020; EPUAP/NPIAP/PPPIA, 2019).

Along with this, regular meetings are held by proficient pressure injury prevention teams to assess the efficacy of the prevention program implemented within their specific unit. It is recommended that every unit have designated team members who engage in a rotational system, giving each nursing staff member an opportunity to participate in the committee. The team composition may consist of various healthcare professionals, such as the wound care nurse, the unit manager, staff nurses representing each shift, nursing assistants, and a representative specializing in performance improvement and risk management (NPIAP, 2020).

Then, generate periodic reports that provide a concise overview of your research outcomes and disseminate them to pertinent individuals or groups involved in the project. It is imperative for all members of the team to collaborate in addressing patients' care requirements, with nurses and nursing assistants acknowledging the significance of each team member's contribution in the prevention of pressure injuries. Incorporate patients into the monitoring process through the active solicitation of their input and feedback (NPIAP, 2020).

Undoubtedly, by adhering to these procedures, the organization can adopt a proactive approach to monitoring and evaluating their pressure injury policies and programs, resulting in enhanced patient care and a decreased incidence of pressure injuries. It is crucial to consistently evaluate and revise these strategies in accordance with the observations made during monitoring activities, modifications in optimal methodologies, and the emergence of new research in the field of pressure injury prevention.

5. List the references used & cited in this assignment.

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