Cynosure HEALTH

Mini RCA HAPI Process Improvement Discovery Tool (Minimum 5 charts/Maximum 10 charts). Focus on most recent stage 2 or 3 hospital acquired injuries within the last 12 months. Audit chart for documentation 72 hours or 3 days prior to discovery; and 72 hours after discovery of the HAPI.										
Note: Do NOT spend more than 20-30 minutes per chart!										
Instructions: (1) If the answer to the question is 'NO", mark an X in the box to indicate a possible process failure. You may check more than one box per chart. (2) The processes with the most common failures could be a priority focus. Document NA for those criteria that do not apply.										
HAPI DETAIL	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Anatomical Location of HAPI										
LOS when discovered										
Unit location of HAPI discovered										
Stage when discovered										
Was the patient transferred prior to discovery?										
PROCESS										
Risk Screening										
A standard HAPI risk screening tool was used to assess this patient's risk.										
Are individual risk factors addressed in the plan even if the total risk score is not high risk?										
Support Surface										
Support surface - at risk patient is on a specialty support surface										
Was pt placed on specialty surface in ER?										
Document ER Length of stay										
Was pt placed on specialty mattress in the OR?										
Document OR Length of stay										
Skin Assessment										
Head-to-toe skin assessment is documented per policy on admission										
Skin Re-Inspection is conducted per policy										
Redness is recognized before skin breakdown occurs and is alleviated with pressure relief										
Keep Moving										
Patient is mobilized to their highest abiity. Ambulatory patients are ambulated										
Pressure redistribution is documented Q 2 H for immobile patients										
Immobile patients are mobilized in a way to prevent friction and shear, i.e. lifts and glide sheets are used										
Heels are floated for immobile patients										
Sacral foam dressing in place to protect from shear and moisture										
HOB not greater than 30 degrees										

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HAPI DETAIL	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Incontinence/Moisture										
Moisture - incontinence managed optimally - external catheters, fecal collection devices used if diarrhea present. Diapers not used in bed.										
Moisture - drainage and interiginous skin (skin folds) moisture is managed to prevent breakdown										
Moisture - If moisture score of 1 or 2, or if moisture is a problem, patient is placed on a low air loss mattress										
Barrier cream used										
Nutrition/Hydration										
Was a nutritional consult completed or nutritional interventions in place for high risk patient?										
Was food intake documented and addressed? i.e. supplements provided if intake documented as inadequate or poor?										
Was fluid intake documented and addressed?										
MEDICAL DEVICES: trach, O2, cervical collar, orthotics - hand or foot braces										
Were protective measures taken to prevent device-related injury: foam padding, protective dressings, repositoning of the device?										
Was skin inspected under the device on a regular basis?										
PFE										
There is documentation that the patient's HAPI risk was discussed with patient and/or family.										
There is documentation that the patient's or family's understanding of the need for HAPI prevention is validated using teach-back										
There is documentation that the patient and/or family have been educated about repositioning, protective skin care measures, hygiene and nutriton / hydration										
There is documentation that the patient and family are actively engaged in preventative skin care via use of teach-back or patient or family member's active engagement in preventative care.										