

Facility Acquired (FA) Pressure Ulcer (PrU) Investigation Tool Instructions

Privileged Confidential work product of the QI/QA Committee.

The purpose of this Investigation tool is to help you identify the root cause for the development of a specific resident's pressure ulcer AND to help you identify potential breaks in your system &/or opportunities for improvement. For example:

1. You might find that heels are not floated but being fully supported on pillows and therefore makes the resident at increased risk for developing a pressure ulcer.
2. Under the staffing section you might find that you had all new staff working with the resident prior to the development of the wound and this might have contributed to its development. You might decide to add a mentoring program or seek to set up a new scheduling program that will have more experienced staff follow behind less experienced staff.
3. You might find that poor lab values, while being faxed to the physician, are not being addressed.
4. Challenge yourself to identify if all prevention strategies were in place and IF THEY WERE ACTUALLY WORKING. For example, the speciality bed might be unplugged for long periods of time; or the chair cushion may not be a proper fit for the resident or may be worn out, etc.
5. In reviewing the risk assessment scores, were they accurate at the time they were recorded? What has changed about the resident that places them more at risk than previously?
6. If the resident has been, or is now refusing aspects of care &/or prevention strategies, consider involving: the physician, the DON, the administrator, family members, the Ombudsman, etc., in getting the resident to understand the seriousness of ulcer management and potential negative outcomes.

These are just examples of possible findings and not intended to list all potential findings.

Remember: Keep asking yourself WHY did this FA PrU happen? Search for the REAL ROOT CAUSE. You are looking to find it for both the resident, specifically, and for the SYSTEM WIDE FAILURE that allowed it to happen. Fixing that cause will reduce the risk of actual injury to another resident!

If you need assistance in reviewing your Pressure Ulcer Prevention program go to:

www.kfmc.org and view the SOS Toolkit under the Nursing Home section at:

<http://www.kfmc.org/providers/nh/tools/pu/kfmc/SOSToolkit.pdf>

or call the KFMC Nursing Home Patient Safety Department at 1-800-432-0770 ext 335 or 350.

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Resident Name: _____

Room Number: _____

Date ulcer identified: _____ Time/shift ulcer identified: _____

Date of last full body skin assessment: _____ Was ulcer found at this time? YES NO

Ulcer is properly diagnosed as a pressure ulcer? YES NO

If NO, what type of ulcer is it? Arterial Diabetic neuropathic Venous insufficiency Other: _____

Is the new ulcer in a site of a previously healed ulcer, of any type? YES NO

Location of ulcer: _____ Stage of PrU at discovery: _____

Is resident Diabetic? YES NO IF yes, have blood sugars been within resident's usual range? YES NO

Prevention strategies that were IN PLACE PRIOR to ulcer development: (circle & add comments)

Mattress: Overlay on mattress Conventional Replacement Low Air Loss

Specialty Bed Other: _____ Is bed functioning/used properly? YES NO

Turning & repositioning program: YES NO Was program followed? YES NO

"Float Heels" listed on CP? YES NO Were heels floated consistently? YES NO

Chair cushion in place? YES NO Cushion fits properly? YES NO

Nutritional interventions at time of ulcer identification:
(List/circle)

Multi-vitamin Vitamin C Other: _____

Protein Powder/liquid: Daily Bid Tid Protein Supplement: Daily Bid Tid

Other: _____

Is nutritional intake what RD recommends? YES NO

Last RD Visit: _____

Last 3 weights:	Date: _____	Weight: _____	Date: _____	Weight: _____	Date: _____	Weight: _____
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Laboratory Test History: {H = High / L = Low / N = Normal}

	Date: _____	Value: _____	{H/L/N}	Date: _____	Value: _____	{H/L/N}	Date: _____	Value: _____	{H/L/N}
Pre Albumin:	_____	_____	_____	_____	_____	_____	_____	_____	_____
Serum Albumin:	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Protein:	_____	_____	_____	_____	_____	_____	_____	_____	_____

PrU Risk Assessment Scores: (Norton, Braden, etc) Date: _____ Score: _____ Date: _____ Score: _____ Date: _____ Score: _____

Were risk assessment scores accurate? YES NO

Has resident been refusing PrU Prevention Interventions? YES NO Refusing Treatment? YES NO

Has incontinence (bowel or bladder) or moisture been a problem unaddressed prior to ulcer? YES NO Weekly skin assessments done? YES NO

Family Notified of ulcer: YES NO

Aide assignment sheet updated: YES NO

MD Notified of ulcer: YES NO

Care Plan Updated: YES NO

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Resident Name:

(Insert names of staff actually working with the resident)	Shift ulcer found:	1 shift prior:	2 shifts prior:	3 shifts prior:	4 shifts prior:	5 shifts prior:	6 shifts prior:	7 shifts prior:	8 shifts prior:
Date:									
Shift:									
Nurse:									
CNA:									
CNA:									
CMA:									
OTHER:									

In the 72 hours PRIOR to the ulcer being found, the Resident had a change in: {Enter Yes or No}

Cognition level									
Physical activity level									
Urinary Incontinence									
Bowel Incontinence									
Mobility - ability to change and control body position									
Usual food intake pattern									
Usual water/liquid intake pattern									
Pain									
Started new medication(s)									
Developed multi-system organ failure									
Become a hospice candidate or recipient									
Started refusing care									
Other: fever, difficulty breathing, shear factor with HOB up, if any new devices were used, etc. (Note)									

Determination of Root Cause for PrU development, both resident and system level: _____

Action Plan for Resident and System Improvements: _____

Investigator Signature

Date Investigation Completed

DON Signature

Date Reviewed

Administrator Signature

Date Reviewed