

EBP: Best Practices for Completing Root Cause Analysis (RCA) of Hospital Acquired Pressure Injury Stage 3 or Greater (HAPI 3+)

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Introduction

A root cause analysis (RCA) provides insight into practice and process that may shed light on correctable systems issues aimed at prevention of future patient harm. At JHHS, varying accountability structures and processes for completing an RCA for HAPI 3+ existed. A team collaborated to conduct an EBP review using the JHEBP Model to harmonize the process within multiple system entities.

Methods

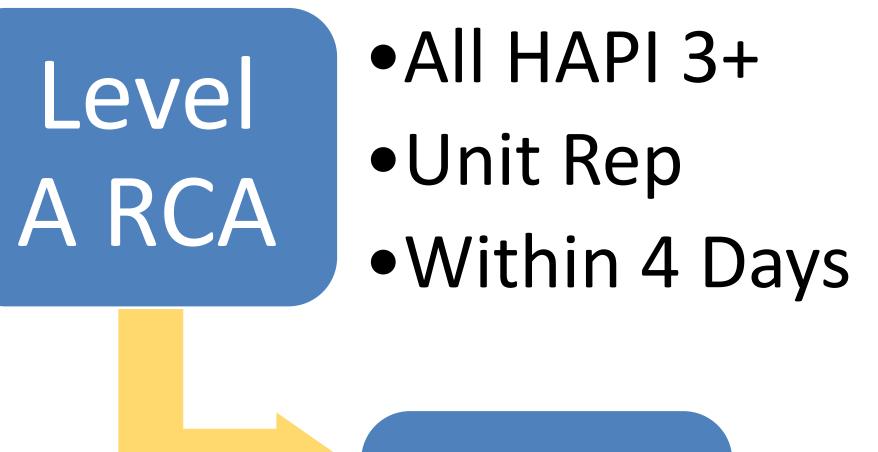
What are best practices for completing RCA for HAPI 3+?

Per literature review:

- Total results: 97
- Total after title screen: 12
- Total after abstract screen: 9
- Total after appraisal: 6
- 6 articles included in evidence:
 3 level IIIA, 3 level IIIB

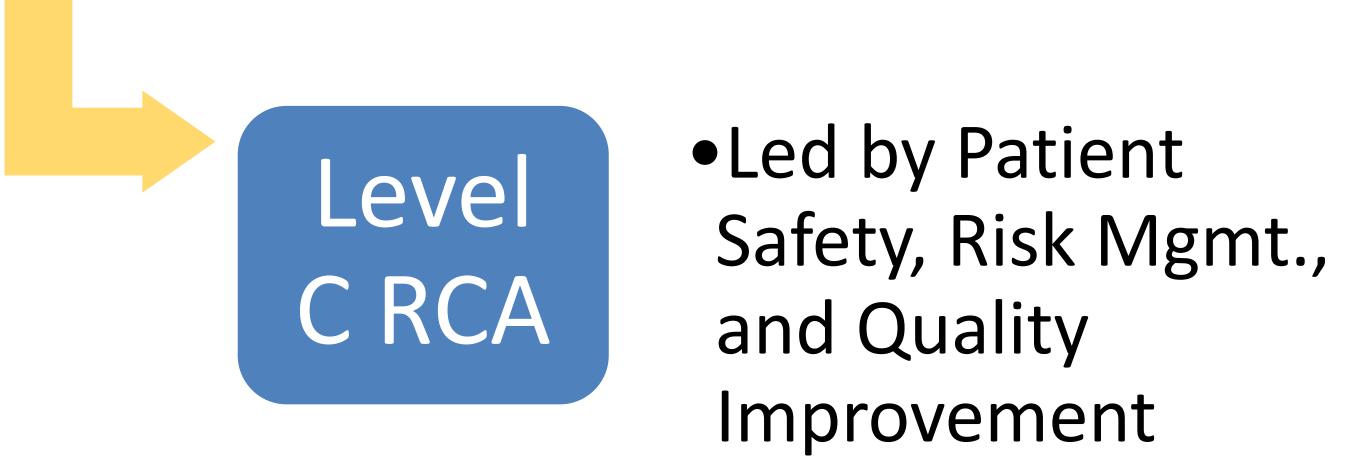
Synthesis

The literature revealed a tiered approach to performing a RCA with different levels of investigation. These tiers, or levels, are based upon severity of injury and preventability. This process includes identifying and engaging different stakeholders for each level, escalating as needed based upon findings from the previous level, and developing a corrective action plan as indicated.



B RCA

- Level Unit WTA or Champion
 - Within 7-10 Days
 - Validated by Wound Nurse



Within 60 Days

Results

Creation and implementation of a collaborative revised HAPI 3+RCA process, with standardized tools to guide the user on tiered Level A, Level B, and Level C assessments, including:

- Type of information/chart review required
- Role/stakeholders involved in each review level
- Timeframes for completion

Discussion

This process was translated into practice at JHHS with JHM HAPI 3+ RCA Toolkit intranet site. This toolkit contains:

- Process Map
- Instructions with Fast Facts
- RCA forms for each level A, B, and C RCA
- Flyer
- Implementation presentation
- Recorded webinar