

Grade 3 & 4 Healthcare Associated Pressure Injury (HA-PI) Case Review

Please complete electronically and attach to the safety management system report (Datix) once completed.

NHI	Datix Number:	Date SAC 2 HA-PI identified:
Date review commenced: Date review completed:		
ACC45 completed	Yes	No <i>If no, state why not?</i>
ACC treatment injury form completed	Yes	No <i>If no, state why not?</i>
Names & disciplines of people conducting review <i>(Multidisciplinary clinical team members not involved in the event)</i>		
What was the source of review information? <i>(Staff interviewed / Patient/Family/Whanāu Interviewed/Documents Reviewed/Best Practice Reviewed) [NB identify people by position not name (e.g. RN, HO)]</i>		
Date of presentation to Safe Care Meeting: Comments:		

Situation		
Patient Demographics:		
Age	Gender	Ethnicity
What happened? Brief description including sequence of events, management of HA-PI and patient outcome.		
Family statement regarding impact?		
Stage of HA-PI when first identified:		
Position of SAC 2 HA-PI:		
Any other HA-PI:		

Background		
Pertinent clinical information <i>(medical history)</i>		
Timeline <i>(patient course, procedures, results)</i>		
Date	Action	Issue/points of note/what worked well

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Assessment				
Glamorgan risk assessment completed prior to SAC 2 HA-PI noted?	Yes	No		
If Yes, the risk was related to:	Mobility	Medical device		
Pressure injury prevention care plan in place prior to SAC2 HA-PI	Yes	No		
If yes, last reviewed or updated	Date:	Time:		
List pressure injury prevention interventions that were in place prior to identification of SAC2 HA- PI:				
Contributing factors	Yes	Maybe	No	Comments
Equipment				
Requested equipment not available				
Equipment in place but incorrectly used				
Equipment failure e.g. mattress deflation				
Medical device pressing or rubbing on skin				Specify device
Medical device/tubing not fitted properly				Specify device
Other				
Patient				
Cannot be moved without great difficulty or deterioration in condition				
Unable to change his/her position without assistance /cannot control body movement				
Mobility reduced for age				
Bed rest				
Chair bound				
Unable to adjust position in chair				
Reduced ability to communicate due to age or condition				
Improper continence management				
Staff				
Pressure risk assessment not done				
Pressure risk re assessment not completed as required				
Skin assessment not done				
Skin re assessment not done as required				
Pressure Injury prevention care plan not implemented				
Pressure injury risk not communicated in handover				
Patient not turned as per plan				
Insufficient staff to enable plan to be carried out				
Service				

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Did the ward meet the target for pressure injury risk assessment at last patient safety audit?				
Did the ward meet the target for pressure injury bundle of care at last patient safety audit?				
Did the ward meet the target for pressure injury risk assessment on last nursing metric results?				
Did the ward meet the target for pressure injury bundle of care on last nursing metric results?				
Any other issues noted that are not covered by the above.				
Summary of modifiable key systems issues that contributed to this SAC 2 HA-PI				
1				
2				
3				
Recommendations				
	Action	Responsibility	Outcome Measure	Completion Date
1				
2				
3				
Organisational Learning / Alerts:				
AERC Subgroup Comments:				