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Office of Health Care Quality (OHCQ) HAPI Short Form and Actions Tool

CONFIDENTIAL: THIS REPORT IS MADE PURSUANT TO THE EVALUATION AND IMPROVEMENT OF QUALITY HEALTH CARE FUNCTIONS SET FORTH IN SECTION 14-501 (c) OF THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND AND IS INTENDED AS A RECORD OF A MEDICAL REVIEW COMMITTEE AS DEFINED IN THAT STATUTE.

Hospital:

OHCQ Case Number:

Date of HAPI Identification:

Basic information <i>Please answer each question.</i>	What was the location of the HAPI?			
	What was the patient’s admitting diagnosis?			
Patient factors <i>Please indicate whether each of the following patient factors were present at the time of admission.</i>	Age > 70	Yes	No	N/A/Unknown
	Chronic anemia	Yes	No	N/A/Unknown
	Chronic end-stage illness	Yes	No	N/A/Unknown
	Chronic exfoliative skin disorder	Yes	No	N/A/Unknown
	Chronic neurological condition	Yes	No	N/A/Unknown
	Diabetes mellitus	Yes	No	N/A/Unknown
	History of chemotherapy or radiation to HAPI site	Yes	No	N/A/Unknown
	History of previous pressure injury	Yes	No	N/A/Unknown
	Immunosuppression or immunocompromise	Yes	No	N/A/Unknown

	Obesity	Yes	No	N/A/Unknown
	Spinal cord injury (acute or chronic)	Yes	No	N/A/Unknown
Additional relevant factors <i>Please answer each question.</i>	Did the patient reside in a nursing home during the 3 months prior to admission?	Yes	No	N/A/Unknown
	Did the patient receive prolonged corticosteroid treatment (30+ days) in the 3 months prior to HAPI identification?	Yes	No	N/A/Unknown
	Did the patient suffer a hip fracture in the 3 months prior to HAPI identification?	Yes	No	N/A/Unknown
	Was the patient receiving hospice / end-of-life comfort measures at the time the HAPI was identified?	Yes	No	N/A/Unknown
	Was the unit adequately staffed during the patient's stay? If not, please explain below.	Yes	No	N/A/Unknown
	Did the patient have functional status changes during the hospitalization? If so, please explain below.	Yes	No	N/A/Unknown
	Did the patient or family refuse interventions to prevent HAPIs? If so, please explain below.	Yes	No	N/A/Unknown
Were there any factors that limited repositioning of the patient (e.g., pain, restraints, or other bodily injuries)? If so, please explain below.	Yes	No	N/A/Unknown	

<p>Precipitating factors Please indicate whether each of the following factors was present at any point during the hospitalization (prior to identification of the HAPI).</p>	Blood loss requiring transfusion	Yes	No	N/A/Unknown
	Dehydration	Yes	No	N/A/Unknown
	Fever	Yes	No	N/A/Unknown
	Hypothermia	Yes	No	N/A/Unknown
	Head of bed persistently elevated >30 degrees	Yes	No	N/A/Unknown
	Hypotension	Yes	No	N/A/Unknown
	Multi-organ failure	Yes	No	N/A/Unknown
	Critical Illness	Yes	No	N/A/Unknown
	Sedation	Yes	No	N/A/Unknown
	Sepsis	Yes	No	N/A/Unknown
	Significant edema	Yes	No	N/A/Unknown
	Surgery/procedure lasting 5+ hours	Yes	No	N/A/Unknown
	Restraints	Yes	No	N/A/Unknown
Vasopressors	Yes	No	N/A/Unknown	
<p>Communication Please answer each question.</p>	Did staff-to-staff communication breakdowns occur?	Yes	No	N/A/Unknown
	Did staff-to-patient or patient-to-staff communication breakdowns occur?	Yes	No	N/A/Unknown
	Did staff-to-family or family-to-staff communication breakdowns occur?	Yes	No	N/A/Unknown
	If applicable, please explain any relevant communication breakdowns.			

Interventions <i>Please answer each question.</i>	Was the patient identified as high-risk for HAPI on admission?	Yes	No	N/A/Unknown
	Was a skin assessment completed and documented upon admission?	Yes	No	N/A/Unknown
	Were subsequent skin assessments conducted and documented at appropriate intervals?	Yes	No	N/A/Unknown
	Was moisture status addressed?	Yes	No	N/A/Unknown
	Was the patient placed on the appropriate support surface, offloading device, or seat cushion?	Yes	No	N/A/Unknown
	Were nutritional needs addressed?	Yes	No	N/A/Unknown
	Was the patient mobilized as tolerated?	Yes	No	N/A/Unknown
	Were urinary and fecal incontinence appropriately evaluated and addressed prior to skin breakdown?	Yes	No	N/A/Unknown
Device-associated HAPI questions <i>This section is <u>only</u> required for device-associated HAPIs. If this HAPI is not device-associated, please skip this section.</i>	Please state the device associated with this HAPI.			
	Was the device properly secured and fitted?	Yes	No	N/A/Unknown
	Did daily site assessment occur?	Yes	No	N/A/Unknown
	Was a prophylactic dressing applied beneath the device?	Yes	No	N/A/Unknown
	Was the device removed as soon as medically feasible?	Yes	No	N/A/Unknown
Root causes	Please indicate the root cause(s) of this HAPI in the space below.			

Action Plan: PS #

RCA #

Identify corrective action COMAR 10.07.06.02B
 Identify mechanisms to compensate for uncontrollable environmental factors. Stronger actions include architectural/physical plant changes, tangible involvement & action by leadership, simplifying the process, standardizing equipment or processes, and/or implementing a new device that has had usability testing performed.

Intermediate actions include checklists, cognitive aids, staffing changes, readbacks, enhanced documentation and communications, software enhancements/modifications, elimination of look- and sound-alikes, and eliminating or reducing distractions.

Weaker actions include redundancy/double checks, warnings and labels, procedures/memos/policies, training, and additional study and analysis.

Wherever possible, develop actions that do not rely on the memories of staff members.

Item #	Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.	Hierarchy of Action Category	Hierarchy of Action Level <i>Defined as strong, intermediate, or weak.</i>	Outcome Measures COMAR 10.07.06.05A 5 <i>When possible, please include quantifiable measures with defined numerators, denominators and thresholds. Set realistic and achievable thresholds for performance. Include any physical/operational changes to be implemented.</i>	Timeframes for Implementing Specific Measures COMAR 10.07.06.02B	Title of Person Responsible for Implementation COMAR 10.07.06.02B	Status
1							

Action Plan: PS #
RCA #

2							
3							

Action Plan: PS #
RCA #

4							
5							

Action Plan: PS #
RCA #

6							
7							