



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Office of Health Care Quality HAPI Short Form and Action 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: (please answer each question)

What was the location of the HAPI?:

What was the patient’s admitting diagnosis?:

Patient Factors: (Please indicate whether each of the following patient factors were present at the time of admission)			
Age > 70	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Applicable/Unknown
Chronic anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Chronic end-stage illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Chronic exfoliative skin disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Chronic neurological condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Diabetes mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
History of chemotherapy or radiation to HAPI site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
History of previous pressure injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Immunosuppression or immunocompromise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Spinal cord injury (acute or chronic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Additional Relevant Factors: Please answer each question.			
Did the patient reside in a nursing home during the 3 months prior to admission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did the patient receive prolonged corticosteroid treatment (30+ days) in the 3 months prior to HAPI identification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did the patient suffer a hip fracture in the 3 months prior to HAPI identification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was the patient receiving hospice/end-of-life comfort measures at the time the HAPI was identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was the unit adequately staffed during the patient's stay? If not, please explain below. If not, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did the patient have functional status changes during the hospitalization? If so, please explain below. If so, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did the patient or family refuse interventions to prevent HAPIs? If so, please explain below. If so, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Were there any factors that limited repositioning of the patient (e.g., pain, restraints, or other bodily injuries)? If so, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown

Precipitating Factors: Please indicate whether each of the following factors was present at any point during the hospitalization (prior to identification of the HAPI).

Blood loss requiring transfusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Dehydration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Hypothermia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Head of bed persistently elevated >30 degrees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Hypotension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Multi-organ failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Critical Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Sedation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Sepsis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Significant edema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Surgery/procedure lasting 5+ hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Restraints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Vasopressors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown

Communication: (Please answer each question)

Did staff-to-staff communication breakdowns occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did staff-to-patient or patient-to-staff communication breakdowns occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did staff-to-family or family-to-staff communication breakdowns occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown

If applicable, please explain any relevant communication breakdowns.

Interventions: (Please answer each question)

Was the patient identified as high-risk for HAPI on admission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was a skin assessment completed and documented upon admission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Were subsequent skin assessments conducted and documented at appropriate intervals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was moisture status addressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was the patient placed on the appropriate support surface, offloading device, or seat cushion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Were nutritional needs addressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was the patient mobilized as tolerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Were urinary and fecal incontinence appropriately evaluated and addressed prior to skin breakdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown

Device-Associated HAPI Questions: This section is only required for device-associated HAPIS. If this HAPI is not device-associated, please skip this section.

Please state the device associated with this HAPI.:

Was the device properly secured and fitted? Yes No Not Applicable/Unknown

Did daily site assessment occur? Yes No Not Applicable/Unknown

Was a prophylactic dressing applied beneath the device? Yes No Not Applicable/Unknown

Was the device removed as soon as medically feasible? Yes No Not Applicable/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 #1

Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.

Hierarchy of Action Category: Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training

Hierarchy of Action Level: Defined as strong, intermediate, or weak.

Outcome Measures - COMAR 10.07.06.05A 5: *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.*

Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:

Title of Person Responsible for Implementation - COMAR 10.07.06.02B:

Status:

Item #2

Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.

Hierarchy of Action Category: *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

Hierarchy of Action Level: *Defined as strong, intermediate, or weak.*

Outcome Measures - COMAR 10.07.06.05A 5: *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.*

Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:

Title of Person Responsible for Implementation - COMAR 10.07.06.02B

Status:

Item #3

Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.

Hierarchy of Action Category: *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

Hierarchy of Action Level: *Defined as strong, intermediate, or weak.*

Outcome Measures - COMAR 10.07.06.05A 5: *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.*

Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:

Title of Person Responsible for Implementation - COMAR 10.07.06.02B:

Status:

Item #4

Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.

Hierarchy of Action Category: *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

Hierarchy of Action Level: *Defined as strong, intermediate, or weak.*

Outcome Measures - COMAR 10.07.06.05A 5: *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.*

Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:

Title of Person Responsible for Implementation - COMAR 10.07.06.02B:

Status:

Item #5

Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.

Hierarchy of Action Category: Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training

Hierarchy of Action Level: *Defined as strong, intermediate, or weak.*

Outcome Measures - COMAR 10.07.06.05A 5: *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.*

Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:

Title of Person Responsible for Implementation - COMAR 10.07.06.02B:

Status:

Item #6

Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.

Hierarchy of Action Category: *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

Hierarchy of Action Level: *Defined as strong, intermediate, or weak.*

Outcome Measures - COMAR 10.07.06.05A 5: *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.*

Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:

Title of Person Responsible for Implementation - COMAR 10.07.06.02B:

Status:

Item #7

Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.

Hierarchy of Action Category: *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

Hierarchy of Action Level: *Defined as strong, intermediate, or weak.*

Outcome Measures - COMAR 10.07.06.05A 5: *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.*

Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:

Title of Person Responsible for Implementation - COMAR 10.07.06.02B:

Status: