Mini HAPI Process Improvement Discovery Tool

Before we start, please fill in these fields with information about the patient's HAPI

Review a minimum of 5 and a maximum of 10 medical records. Please fill in these fields with patient & HAPI demographics.

HAPI DETAIL

Chart Identifier	Pt A	Pt B	Pt C	Pt D	Pt E	Pt F	Pt G	Pt H	Pt I	Pt J
Anatomical Location of HAPI										
What is the patient's race/ethnicity?										
What is the patient's preferred language?										
What is the patient's age?										
# of days in hospital when HAPI first discovered										
What unit/floor was the patient located on when the HAPI was discovered?										
Stage when discovered										
Was the patient transferred prior to discovery?										

Below are the instructions for the rest of the Discovery Tool

Note: Do not spend more than 20-30 minutes per medical record.

Focus:

For this review, focus on most recent stage 2 or 3 hospital acquired injuries within the last 12 months. Audit chart for documentation 72 hours or 3 days prior to discovery; and 72 hours after discovery of the HAPI.

Instructions:

When reviewing the medical record, if documentation is found for the process, mark "**Yes**" in the box. If documentation is not found for the process, mark "**No**". If the process being reviewed is not applicable to the medical record, mark "**N/A**". After completing the review of all records, note the rows with the highest number of "*No*" responses. This will identify priority focus areas for improvement.

SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE: Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

CLICK HERE TO SUBMIT YOUR FINDINGS

Chart Identifier	Pt A	Pt B	Pt C	Pt D	Pt E	Pt F	Pt G	Pt H	Pt I	Pt J
Risk Screening and Care Planning										
A standard HAPI risk screening tool was used to assess this patient's risk.										
Individual risk factors are addressed in the plan even if the total risk score is not high risk.										
Support Surface										
Patient is on the appropriate support surface asap, with 24 hours.										
If the length of stay in ER was greater than 4 hrs., the patient is placed on specialty surface.										
If the patient was in the OR or procedural area for > 3 hrs, the patient is placed on specialty mattress.										
Skin Assessment										
Head to toe skin assessment is completed and documented as soon as possible, or per hospital policy.										
Skin re-inspection is conducted per hospital policy.										
Redness is recognized before skin breakdown occurs and is alleviated with pressure relief.										

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Keep Moving										
Patient is mobilized to their highest ability. Ambulatory patients are ambulated.										
If the patient is immobile, pressure redistribution is documented Q 2 H.										
If the patient is immobile, are they mobilized in a way to prevent friction and shear. (i.e. lifts and glide sheets are used)										
If the patient is immobile or unconscious, heels are floated.										
Sacral foam dressing is in place to protect from shear and moisture.										
If not contraindicated, HOB elevation is not greater than 30 degrees.										
Incontinence/Moisture										
If incontinence is present as a problem, it is managed optimally - external catheters, fecal collection devices used if diarrhea present. Diapers not used in bed.										
If incontinence or moisture is present, patient is placed on a low air loss mattress or other interventions are in place to manage micro-climate.										
If incontinence or moisture is present, barrier cream used.										

Chart Identifier	Pt A	Pt B	Pt C	Pt D	Pt E	Pt F	Pt G	Pt H	Pt I	Pt J
Nutrition/Hydration										
A nutritional screening or consult is completed and nutritional plan of care is in place.										
If food intake is poor, supplements are provided.										
Fluid intake is documented and addressed.										
MEDICAL DEVICES: trach, O2, cervical collar, orthotics - hand or foot braces										
If a medical device is present, protective measures taken to prevent device-related injury: foam padding, protective dressings, repositioning of the device.										
If a medical device is present, skin is inspected under the device on a regular basis.										
PFE										
There is documentation that the patient's HAPI risk was discussed with patient and/or family, and understanding is validated using teach-back										
There is documentation that the patient and/or family have been taught HAPI self-care skills and encouraged to participate: repositioning, protective skin care measures, hygiene and nutrition / hydration.										

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