Hutchinson Area
Health Care

Long Term Care - Critical Event Review (CER)

A Facilitated Process for Hutchinson Area Health Care

Facility	
Medical Record #	
Resident Name	
Resident DOB	
The following to be completed by Quality and Patient Safety Staff:	
Event ID #	
Date Event Occurred	
CER Date	
CER Submitted Date	

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Facility:	BURNS MANOR NURSING HOME	Event Date:	
Event Discovery Date:		Event Time:	
Decision Point:	Is event a VA report? Yes_____ No_____ * If YES, complete common entry point information (1&2)		
	Common Entry Point:		
	1. Vulnerable Adult reported within 24 hours (if criteria met – see VA policy) Yes____ N0____ NA____		
	2. CNS electronic submission of initial report within 24 hours Yes____ N0____ NA____		
Resident's Name:		Resident's DOB:	
Date of Critical Event Review:		Information Consulted/Literature Search: (Cite references.)	
Pre-Event Condition of Resident:			
Severity of Injury (Use Patient/Resident/Visitor Safety Report Definitions)			
Brief Summary (Pertinent information based on type of event - include location of event.)			
Immediate Action Taken:			

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Confidentiality Statement

* The sole purpose of this meeting is to further quality improvement. All data and information acquired through this process shall be held in confidence.
* This information is protected under Minnesota Statute 145.61, et. seq., commonly known as the peer review statute.
In other words, what is discussed in this room must not be shared outside this room.
* Limited disclosure of some of this information is permissible only when necessary to carry out the quality improvement plan and should be coordinated through Risk Management and Patient Safety.
* The information you learn from others or the discussion and conclusions of the group must not be disclosed to the resident, your insurance company, the media or an attorney who is handling a malpractice case as this would breech confidentiality under the statute.
*Your signature on the sign-in below indicates attendance as well as understanding and acknowledgement of your responsibility and legal obligation to maintain this level of confidentiality.

- **Facilitator(s) and Title(s):**
- **Participants:**

Name	Title

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Time Line – "Ask what, no who"

(Coaching tips: attempt to do prior to meeting; pull apart events, lay out high level time-line; at time of review use post-its or paper to capture)

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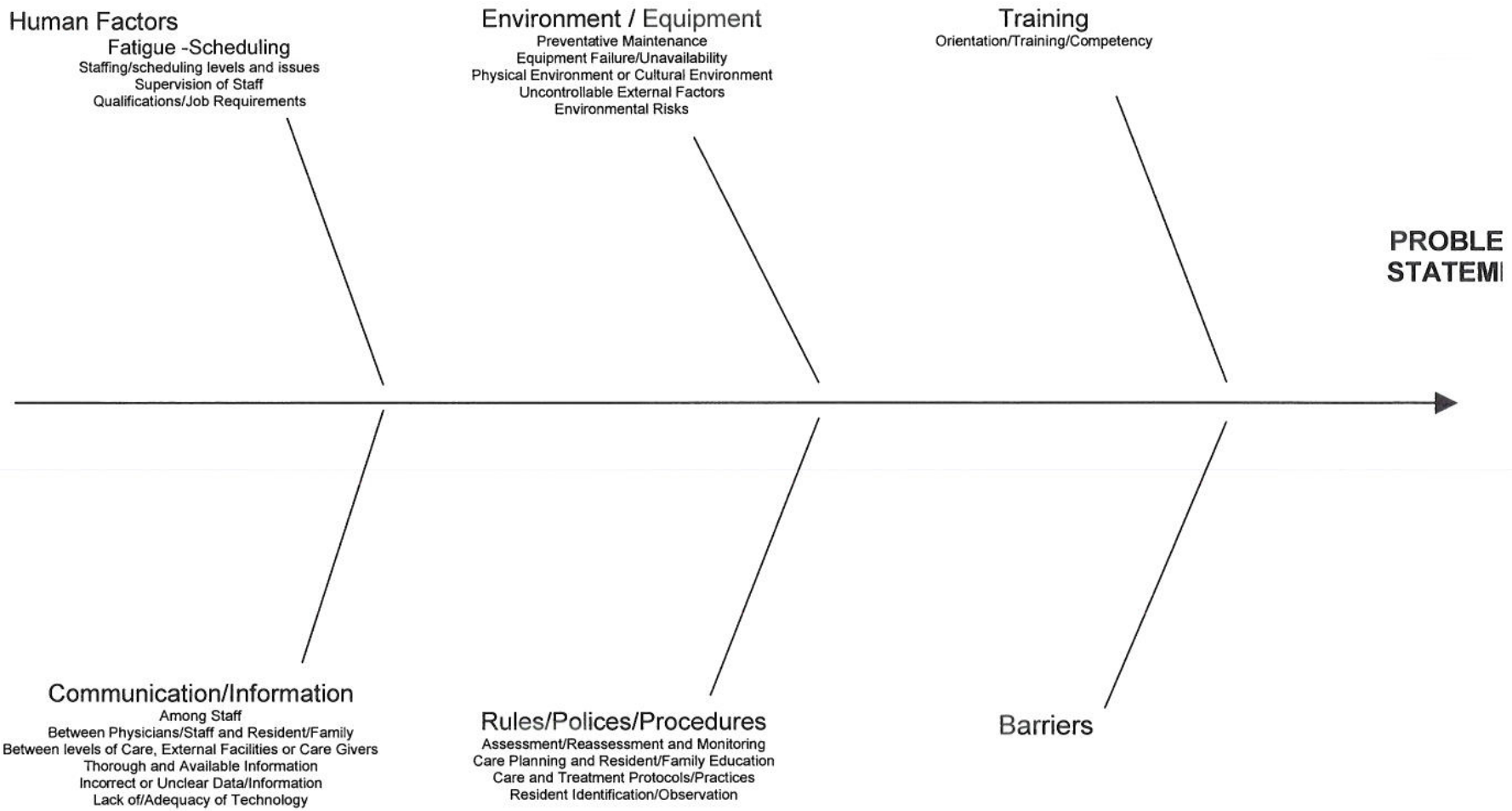
Multi – Causal Analysis

*This chart is set up in a table format – To use, **left click** anywhere on the chart to get a **BOX** to form around it. Then with the box in place, **right click** the mouse and select **"Document Object"** and then select **"Open"**. The table will then open in another sheet. Go ahead and make your entries to that document. When finished, click on the "x" in the right upper corner to **"Close Window"**. Your entries will then be saved in this* chart.



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May use instead of Fish Bone Diagram – previous page

Problem Statement:					
Human Factors Fatigue -Scheduling Staffing/scheduling levels and issues Supervision of Staff Qualifications/Job Requirements	**Environment / Equipment** Preventative Maintenance Equipment Failure/Unavailability Physical Environment or Cultural Environment Uncontrollable External Factors Environmental Risks	**Communication/Information** Among Staff Between Physicians/Staff and Resident/Family Between levels of Care, External Facilities or Care Givers Thorough and Available Information Incorrect or Unclear Data/Information Lack of/Adequacy of Technology	**Rules/Polices/Procedures** Assessment/Reassessment and Monitoring Care Planning and Resident/Family Education Care and Treatment Protocols/Practices Resident Identification/Observation	**Training** Orientation/Training/Competency	**Barriers**

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Story of Event: ***(Optional)***

What are the Key Learnings from this event to share with others to enhance safety? Are there other service areas that might benefit from what was learned related to this event? (List)

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Determining the Root Cause – TIP Sheet

- **5 Rules of Causation**

  - Causal statements must clearly show the "cause and effect" relationship
  - Negative descriptors are not used in a causal statement
  - Each human error must have a preceding cause
  - Each procedural deviation must have a preceding cause
  - Failure to act is only causal when there was a pre-existing duty to act

Examples:

1. ***Lack of coordination between staff development and unit directors resulted in inconsistent skin assessment training for new staff causing incomplete skin assessments which lead to the PU***

2. ***Staff workload results in hurried reading of algorithm causing inappropriate choice of pressure reducing mattress resulting in PU.***

3. ***No "owner" to regularly review and update skin care policies caused delay in skin consultation leading to the PU.***

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Corrective Action Plan *– TIP Sheet*

- **Do the Actions meet the following**:
  - Address the root cause and contributing factors
  - Specific
  - Easily understood and implemented
  - Developed by process owners
  - Measurable
- **Strong Actions**
  - Physical plan changes
  - New device with usability testing prior to purchase
  - Forcing functions
  - Simplifying process – remove unnecessary steps
  - Standardize process/equipment
  - Leadership is actively involved
- **Intermediate Actions**
  - Decrease workload
  - Software enhancements/modifications
  - Eliminate/reduce distraction
  - Checklists/cognitive aids/triggers/prompts
  - Eliminate look alike and sound alike
  - Read back
  - Enhanced documentation/communication
  - Redundancy
- **Weak Actions**
  - Double checks
  - Warnings/labels
  - New policies/procedures/memorandums
  - Training/education
  - Additional study

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*Page may be duplicated to address multiple findings"

Root Cause Finding/Opportunity for improvement: *- See Tip Sheet*			
Corrective Action Plan/Risk Reduction Strategy			
Measurement Strategy ▪ Confirmation that what we wanted to accomplish did in fact occur ▪ Measures effectiveness of action, not the completion of the action ▪ Defined numerator / denominator ▪ Defined sampling plan and time frame ▪ Realistic performance threshold ▪ Plan for when initial measure did not meet threshold	Goal: Measure: Length and frequency of measure: Sample size: What to do if goal not met:		
How Effectiveness Will be Monitored			
Implementation Date			
Staff Position(s) Responsible			

Hutchinson Area Health Care

Recommended Hierarchy of Actions

Stronger Actions

- Architectural/physical plant changes
- New device with usability testing before purchasing
- Engineering control or interlock (forcing functions)
- Simplify the process and remove unnecessary steps
- Standardize on equipment or process caremaps
- Tangible involvement and action by leadership in support of patient safety

Intermediate Actions

- Increase in staffing/decrease in workload
- Software enhancements/modifications
- Eliminate/reduce distractions (sterile medical environment)
- Checklist/cognitive aid
- Eliminate look and sound alikes
- Read back
- Enhanced documentation/communication
- Redundancy

Weaker Actions

- Double checks
- Warnings and labels
- New procedure/memorandum/policy
- Training
- Additional study/analysis

Aim: When developing action plans to choose actions that will assist in maintaining your gain. Review each of the actions you have chosen and identify which box they fit in. When every possible, attempt to move the action you have chosen up a level - i.e. increase the strength of your planned actions.

- Example: if your action falls in the Weaker Actions" box, consider an action that would move your action strategy up the hierarchy to an action described in the intermediate or stranger action box.

(Using actions within the intermediate or stranger actions hierarchy increase the effectiveness and sustained success of your changes.)

Hutchinson Area Health Care - Burns Manor Nursing Home

Resident Record Criteria	Present	Absent	Issue	Findings
Resident Identification				**Accurate resident identification on each page of the resident's medical record.**
History and Physical				**Timely, Complete (Chief complaint, Details of present illness, Relevant past, social and family histories, Inventory of systems, Relevant findings from physical exam, Statement of conclusions and Action planned)**
Nursing Assessment				Timely, Complete (No omissions, appropriate referrals made, no discrepancies between physician assessment and nursing assessment, legible)
Additional Assessment				Refers to assessment by nutrition, rehabilitation, social services, chaplain, respiratory care, care management, and other more in-depth assessments such as fall risk or skin integrity assessments. Timely, Complete (No omissions, no discrepancies between physician and nursing assessment and specialized/intense assessment, legible)
Informed Consent				**Physician recording of risks, benefits, alternatives for procedures, anesthesia, sedation, blood & blood components, psychotropic drugs.**
Physician Orders				**Legible orders authenticated in timely manner according to medical staff policy.**
Clinical Observations				**Legible progress notes of clinical observations, resident's initial status and any significant changes, treatment plans by physician, changes in plans and results of treatment,**
Consultations				**Legible (or dictated) consultation reports demonstrating the consultant's findings, conclusions and recommendations for care and treatment based on a review of the resident and the resident's medical record.**
Diagnostic and Therapeutic Procedures				**All appropriate diagnostic and therapeutic procedures were ordered in a timely manner with results posted on the resident's medical record.**
Patient and Family Education				**Assessment of patient/family learning needs, abilities, and barriers along with comprehensive documentation by all disciplines of resident and family education provided, resident/family understanding, instructions on discharge and community services referred or available.**
Care Planning				**Legible documentation of all resident problems, needs and vulnerabilities, along with short and long term goals, interventions, results of interventions, dates when resident achieved goals, changes in goals or interventions, updates on new resident problems and resident status at discharge or transfer regarding goals outlined on care plan.**
Discharge Summary				**Timely and complete with final diagnosis, conclusions at discharge or transfer, reason resident was admitted, procedures, treatments, discharge instructions and condition at discharge.**
Other observations/findings				