

**Root Cause Analysis (RCA)
Patient FALLS**

Patient Name: XXXXXXX	NHS/Unit Number: xxxxxxx	Date of Birth: XX XX1925	Actual Injury: Other (provide details below) Side of body left side <u>XX XX XX XX XX XX XX XX</u> with <u>XX XX XX XX. XX XX</u> extend to the <u>XX XX XX</u> .
Ward: XX Division: Medical Hospital Site: County Location where fall occurred: Bay Was the patient location appropriate for their speciality? Yes Date admitted to UHNM: XX XX-23 Time: 21.30 Reason for admission: XX at home with XX. XX. Generally XX and XX.	Date of Fall XX XX-23 Time of Fall: 12.30pm Datix ID Number:299507 SI Ref Number:2023/8603 Date Datix reported: XX XX Time: 18.28 Datix Harm Severity: Moderate Harm	<p><u>TO BE COMPLETED BY QUALITY TEAM FOLLOWING CONFIRMATION AT PANEL</u></p> <ol style="list-style-type: none"> 1. Were all risk assessments completed in line with trust policy? Yes 2. If assistance with mobility was required was the risk assessment being followed? Yes 3. If patient fell from bed were bedrails used as indicated by the bed rail assessment? Patient fell in the bathroom therefore N?A Unknown 4. Were there any environmental factors involved in the fall (e.g. cables, wet floors, brakes not deployed.....)? No <p>Is this incident RIDDOR reportable? Health and safety were not at the panel. However progress notes on the Datix show that this has been RIDDOR reported. A further meeting is to take place regarding RIDDOR. Yes <i>(If No to Questions 1, 2, 3 and/or Yes to Question 4 RIDDOR reporting MUST be considered)</i></p>	
Date RCA completed: XX XX/2023 RCA completed by: XXXX	Patient Consultant XXXX Consultant Signature for sign off of RCA: Date signed:	History of Falls: Yes Number of Falls this admission 1 Was a STOP 5 hot debrief carried out? yes If not, why not?	Was the patient withdrawing from drugs or alcohol? No Does the patient smoke? No If so, did the patient have NRT N/A Prescribed/referral to Smoking Cessation? N/A Was the patient smoking when they fell? Unknown Was the NRT given? N/A

DO NOT USE NAMES PAST THIS PAGE

Summary of Incident

Include a timeline of all areas involved in the patients care, from admission to discharge & describe what the patient was doing at the time of the fall/s including key events

FOI REF 503-204

Was the fall witnessed: **Yes - witnessed by a member of staff**

Please include details under each of the headings below:

- **Circumstances of the fall** (e.g. witnessed, un-witnessed, immediate cause e.g. patient fell from the bed with the bed rails insitu, mechanism of injury, precise position and location patient was found) **Patient assisted from the XX, when the patient returned to her bedside, she attempted to sit on the chair, unfortunately missing the chair and slipped down and XX XX XX XX. The sara steady was in use just before the patient was transferred to the chair.**
- **Background** (include the patient's presenting condition, treatment plan, previous history of falls, cognitive impairment etc): **Patient had a history of XX and XX XX. Currently patient had XX XX , XX XX and XX. On this admission patient was XX XX, XX, XX XX XX.**
- **Description of identified Contributory factors/ Underlying causes of the fall:** (e.g. bed rails assessment was not followed and bed rails were in the incorrect position, patient was not wearing suitable footwear, patient did not use the call bell, Acuity on the ward at the time of the fall was high) **Patient was assisted from the XX with a member of staff, with a molift/sara steady. Risk assessment stated code X. Bed rails were not a factor to the fall, the code for bed rails was XX. The ward staffing levels was Am 4/4 Pm 3/3. 9.71 hours short care hours on the late on safe care. Patient according to the comfort round XX XX.23 at 11.55 patient was coded X for footwear which is red slipper socks.**
- **What treatment was required as a result of this fall and how did it affect the patient's length of stay/discharge** (surgery, physio, mortality, impact on ADLs) **The patient mobility was XX XX. The patients length of stayed was longer due to investigation due to the XX XX. For example, XX XX, XX XX XX and XX XX XX XX XX.**

Admission	Falls Core Questions & Multifactorial assessment & interventions	Manual Handling	Continence	6 CIT/4AT	Bed rails
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Ward / Area	Date and time of admission Ward/ Area	Were the falls core questions completed within 6 hours of admission?	Was a positive response given to any of the core questions?	If there was a positive answer to core questions was the multifactorial assessment & interventions completed	Has the Multifactorial assessment & interventions been reviewed/ added to during the patients admission?	Was a mobility assessment on admission completed?	Was the mobility assessment reviewed if the patient's condition changed, the patient moved wards or a fall occurred?	What was the patients mobility status at the time of the fall? Enter codes for: understanding, sit to stand, walking and reposition in bed	Did the patient have a continence problem? Yes If Yes, was this accurately captured in the continence assessment? Yes	If the patient is 65 years or over was a 6 CIT completed on admission? No If completed what was the score? Patient known dementia.	Was the Bedrail Assessment completed on admission and reviewed on transfer, a minimum of weekly or if any changes in condition or fall occurred?	If the patient fell from the bed what position were the bed rails in?	State the Matrix outcome	
X	XX XX/2023 Time:10:45	Yes	Yes	Yes	Yes	Yes	No	Understanding	X	Was a continence plan of care in place? Yes	If the patient is 65 years or over was a 4AT completed on admission? No If completed what was the score?	Yes	N/A	recomm ended
								Sit to stand	X					
								Walking	X					
								Repositioning in bed	X					
Click here	Time:	Click Here	Click Here	Click Here	Click Here	Click Here	Click Here	Understanding		Was the patient known to have dementia/ cognitive impairment? Yes	Click Here	Click Here	Click Here	
								Sit to stand						
								Repositioning in bed						

Falls Interventions Use the risk assessment book and care plan for evidence

Was a falls alert symbol displayed at the patient's bedside? Yes and captured in patient risk assessment book	Is there evidence that positioning of the patient in the ward environment had been considered? Yes - evidence that patient nursed in visible bed space	Was any equipment involved? E.g. trip hazards NA	Please state any other factors? E.g. wet floor, lighting Unknown	Was an Ultra-low bed considered? unknown Is there evidence of this N/A Were crash mats used with the low bed? N/A	Has a falls medication review been carried out? Yes - evidence in medical notes	Did the patient show signs of an acute new confusion? Was a delirium screen (4AT) carried out? No If 'Yes' provide details of additional checks/interventions made:	Was the patient able to use the call bell? Yes - this was captured on the daily bundles If yes was the call bell a) in reach Yes b) in working order Yes If no was an alternative considered? N/A Fall had been witnessed	Has a lying & standing blood pressure been recorded? Yes - no deficit If not is a reason for not completing recorded in the care plan/multifactorial assessment? N/A	Do the falls bundles have fully completed and signed prescriptions of care every day? Yes	Are falls bundles completed 2 hourly? Yes
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Mobility		Other Factors			Staffing – THIS SECTION MUST BE COMPLETED IN FULL		Audits and Training
Was the patient referred to Physiotherapy/Occupational Therapy? Yes If the patient requires a walking aid is this recorded on the mobility assessment? Yes - walking aid required and captured on mobility assessment Were any walking aids being used appropriately	If patient was using own walking aid had it been checked for suitability by the therapy team? Yes Was the patient wearing appropriate footwear? Yes What footwear? Slipper Socks Was the patient using hip protectors? No	Did the patient require a hearing aid? No If Yes were they in use? N/A Did the patient wear glasses? No If Yes were they in use? N/A	Date & Time of the last comfort round? XX XX/2023 11,55am If there was a significant gap from the last comfort round to the time of the fall why was this? NA	If at risk of falling, were staff members informed of this during hand over? Yes	What was the staffing on the shift when the patient fell? 4/4 What is the ward's planned staffing establishment? No usually 4/5 On the day of the fall – looking at safecare - what were the Care Hours per patient day /percentage acuity? 9.71 hours for the late shift If short - how many care hours were short for the shift? 9.71 Were any other staff on the ward at the time of the fall (medical staff, AHPs.....)? Unknown reviewed by Dr 16.00	Was the patient in a cohorted bay? No Was 1:1 staffing considered necessary? N/a If yes was 1:1 provided? N/A If not available was this escalated (include details of how/who it was escalated to)? Were any other safety measures put in place? Patient was not requiring 1:1 support	Please enter last available results of the ward Falls audit: 85% Does the ward / area have at least one active Falls Champion who is in date? Yes How many staff have completed falls training locally? All Is training added to roster as a skill? (Any paper records to be scanned and added to Datix) Yes What percentage of staff have completed bedrails training in last 2 years (as recorded on ESR)? All 100%

at the time of the fall? Yes							
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Post Falls Care

<p>Was a post falls proforma completed? Yes</p> <p>If not, why not?</p> <p>What version was used? Version 5</p> <p>Did the patient require pain relief? Not until night shift hours</p> <p>Was the Abbey pain tool used if the patient had a cognitive impairment? No</p> <p>What was given and when? Drug: XXDate/Time: XX XX.23 22.00</p>	<p>Was the patient checked by a trained nurse &/or Doctor for injury prior to moving? Yes</p> <p>How was the patient moved from the fall? hover jack/ scoop</p>	<p>If an injury was suspected was the patient flat lifted using the hover jack? Yes</p> <p>Was this documented in the patient's notes? Yes If injury suspected and hover jack not used why was this? n/a</p> <p>Was there any delay in obtaining the hover jack? no</p> <p>Detail of the any delay:</p>	<p>If the fall was un-witnessed or a head injury sustained were neuro obs carried out? N/A</p> <p>Where required, were observations completed in line with trust policy? n/a</p> <p>Please state frequency of obs & for how long? n/a</p>	<p>Was the patient seen by a doctor or nurse practitioner within 4 hours of the fall or sooner if required? Yes</p> <p>If not, why not?</p> <p>Is their assessment recorded on the post falls proforma? Yes</p> <p>If not, is the assessment following the fall documented in the medical notes? N/A</p>	<p>Has the consultant (blue) section of the post falls proforma been completed? Yes</p> <p>If not, why not?</p> <p>Has each of the sections been acknowledged and actions taken recorded? Yes 3/5</p> <p>If not, why not?</p>
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What investigations were requested as a result of the fall (include a date, time & results for each):

- XX XX XX over night shift
- XX XX.23 reviewed by doctors and XX XX XX XX found
- Attended XX XX.
- XX XX .23 XX
- XX XX -XX XX.23



Conclusions	
<p>Good practice identified (e.g. risk assessment completed and updated appropriately, suitable footwear worn, call bell in reach, patient cohorted and fall witnessed):</p> <ul style="list-style-type: none">• Patient was with a member of staff• Risk assessment pre fall up to date• Stop 5 completed• Patient in appropriate bed space• Comfort time/check within 2 hourly timely• Next of kin informed• Falls proforma completed <p>Immediate actions taken at the time (include any actions identified in the STOP 5 hot debrief if one was completed): -Patient attended to immediately with nursing staff. Falls proforma use to aid patient post fall. NOK informed. Observations completely timely. Informed doctor. Datix done.</p>	<p>Deviations from policy/process/actions pre and post fall: (e.g. risk assessments not completed on admission/transfer, hover jack not used where injury was suspected, policy for neurological observations following unwitnessed fall was not followed, lying and standing blood pressure was not completed, falls proforma was incomplete...)</p> <p>Pre fall: 4AT not completed</p> <p>Post fall: Mobility and bed rail assessments not updated post falls, these were done XX XX.23</p>
Root Causes	

These are the most fundamental, underlying causes contributing to the incident that must be addressed as learning and actions. Root causes should be meaningful (not sound bites such as communication failure) and there should be a clear link by analysis, between root CAUSE and EFFECT on the patient. If unsure, ask the 5 whys.... (Why did the fall occur? Why was that? Why was that? Why was that? Why was that?)

1. XX XX
2. XX XX XX

Additional points of learning:

These are points of learning that may not have actually contributed to the fall e.g. the use of a falls symbols was not recorded in the patient risk assessment book, and therefore require actions to improve future practice.

1. Risk assessments post fall to be completed update
2. Duty of candour paperwork not completed at the time of the fall, however sent XX XX.23

Duty of Candour

<p>Was the patient and/or family member been informed of the patient's risk of falling (evidenced in the care plan that the falls prevention leaflet has been given)? unknown</p>	<p>Is there clear documented evidence of discussions with the patient and/or family explaining the <u>circumstances</u> of the fall, <u>injury</u> sustained and that there is an <u>investigation</u> underway? Yes</p> <p>If not this must be actioned as Duty of Candour is a legal requirement and must be completed within 10 days of identification of the incident.</p> <p>Who held the discussion: Staff nurse XX</p> <p>XX.23 Who was informed of the fall: XX</p> <p>Date and time of discussion: XX XX.23 18.25</p> <p>Do the patient and/or NOK wish to receive the outcome (final DOC) following the investigation? No</p> <p>Has the Falls Duty of Candour card be given or sent to the NOK? No If not, why not? No evidence of duty of candour card given, I sent this via postal service XX XX.23 Discussion took place with XX this is clearly documented.</p>
<p>The space below is for any other supporting information:</p>	
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RCA Action Plan

The recommendations and learning identified from investigation should also be added to the collated Ward improvement plan
 Ensure that Actions are SMART (Specific, Measurable, Achievable, Realistic and Timely)
 Identify within your actions how learning is to be shared with staff

Completion Guidance	Improvement/area of concern	Action	By whom	Date to be achieved	Update
Mandatory actions for all falls	Share the outcome of the investigation and learning with all staff directly involved in the incident & staff where the incident occurred	Share the report & lessons learned with all ward / department staff e.g. staff meetings, Safety Huddles, newsletters	Ward Manager / RCA Presenter		XX XX/2023
	Duty of Candour requirements	Share the outcome of the investigation with the patient/family, as appropriate and provide the opportunity for discussion	Ward Manager / RCA Presenter	Within 10 days of incident Within 14 days of panel	XX XX/2023 XX XX/2023
	<i>For Example: Lack of staff awareness in relation to falls prevention</i>	<i>1. Display numbers of falls by month on run chart 2. Falls champion to deliver falls awareness session to all staff 2 yearly in line with trust policy 3. Share learning and themes from recent falls 4. Use Falls Safety Cross</i>	<i>Named person</i>	<i>xx/xx/xx</i>	<i>1. Date completed 2. 50% of staff completed by *date* 3. Date completed 4. Updated daily</i>
	Importance of risk assessments pre/post falls	small group discussions around this	Quality Nurse	XX 2023	100% falls/bed rails
	Duty of candour documentation	If harm is caused we must do this by law	Quality Nurse	XX 2023	Performance since June – 100% every month – confirmed XX 2023
	Ensure all sections of the blue sections of the post falls proforma has been completed	Staff Education	Senior nursing team	XX 2023	Audit review – Confirmed XX 2023
	Ensure if a patient has a known XX and therefore not requiring a 6 CIT that a 4AT has been completed for a baseline	Staff Education	Senior nursing team	XX 2023	XX XX/2023

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