

Root Cause Analysis (RCA) Patient FALLS

Patient Name: XXXXXXX	NHS/Unit Number: XXXXXXX	Date of Birth: ****	Actual Injury: XX XX XX XX Side of body XX XX If any other injuries were sustained, detail them here:
Ward: 7 Winter Escalation Division: Medical Hospital Site: County Location where fall occurred: Bathroom Was the patient location appropriate for their speciality? Yes Date admitted to UHNM: XX XX-23 Time: 08:55 Reason for admission: Atrial fibrillation/Flutter	Date of Fall XX XX-23 Time of Fall: 12:30 Datix ID Number: 300088 SI Ref Number: 2023/8889 Date Datix reported: XX Xx-23 Time: 15:23 Datix Harm Severity: Severe 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? Patient did not use call bell to ask for assistance No 3. If patient fell from bed were bedrails used as indicated by the bed rail assessment? Yes 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 present at the falls RCA panel, however the progress notes on Datix show that this has been RIDDOR reported. Further discussion to be made with health and safety. 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: /2023 RCA completed by: XXXX	Patient ConsultantXXXXX Consultant Signature for sign off of RCA: Date signed:	History of Falls: No Number of Falls this admission 1 Was a STOP 5 hot debrief carried out? no If not, why not? Not embedded on the ward	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? No 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 503-232

Was the fall witnessed: **No - not 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 mobilising to bathroom unassisted. Patient was found on the floor of the bathroom. Sustained injury to XX XX XX
- **Background** (include the patient's presenting condition, treatment plan, previous history of falls, cognitive impairment etc):
Patient originally admitted for treatment of XX XX .No noted history of XX and had a good degree of 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 did not use call bell to summon assistance to mobilise to the toilet.
- **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)
Patient was reviewed by ward doctor and XX XX XX XX conducted, showed a XX 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? Mobile with assistance of 1 person. Enter codes for: understanding, sit to stand, walking and reposition in bed	Did the patient have a continence problem? No If Yes, was this accurately captured in the continence assessment? N/A	If the patient is 65 years or over was a 6 CIT completed on admission? Yes If completed what was the score? 0	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	
XX	XX XX/2023 Time: 1246	Yes	Yes	No	Yes	Yes	Yes	Understanding	X	Was a continence plan of care in place? N/A	If the patient is 65 years or over was a 4AT completed on admission? Unknown If completed what was the score?	Yes	N/A	recomm ended
								Sit to stand	X					
								Walking	X					
								Repositioning in bed	X					
XX	XX XX/2023 Time:20:35	Yes	Yes	Yes	No	Yes	Yes	Understanding	X	Was the patient known to have dementia/ cognitive impairment? No	Yes	N/A	recomm ended	
								Sit to stand	X					
								Walking	X					
								Repositioning in bed	X					

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

Was a falls alert symbol displayed at the patient's bedside? No	Is there evidence that positioning of the patient in the ward environment had been considered? No	Was any equipment involved? E.g. trip hazards Yes, walking frame	Please state any other factors? E.g. wet floor, lighting None	Was an Ultra-low bed considered? N/A 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? N/A 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	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? 104/60 lying 110/62 standing 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? No - mobility aid required but not 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? N/A Was the patient wearing appropriate footwear? Yes What footwear? Slipper Socks Was the patient using hip protectors? Unknown	Did the patient require a hearing aid? No If Yes were they in use? N/A Did the patient wear glasses? Yes If Yes were they in use? Yes	Date & Time of the last comfort round? XX XX /2023 @ 11:30 If there was a significant gap from the last comfort round to the time of the fall why was this?	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? What is the ward's planned staffing establishment? On the day of the fall – looking at safecare - what were the Care Hours per patient day /percentage acuity? Escalation ward If short - how many care hours were short for the shift? Escalation ward Were any other staff on the ward at the time of the fall (medical staff, AHPs.....)? yes	Was the patient in a cohorted bay? N/A Was 1:1 staffing considered necessary? No 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? n/a	Please enter last available results of the ward Falls audit: 91.1% Does the ward / area have at least one active Falls Champion who is in date? Yes, but not in date How many staff have completed falls training locally? 100% Is training added to roster as a skill? (Any paper records to be scanned and added to Datix) No What percentage of staff have completed bedrails training in last 2 years (as recorded on ESR)? 100%

Falls RCA Updated XX 2022

Post Falls Care

<p>Was a post falls proforma completed? Yes</p> <p>If not, why not?</p>	<p>Was the patient checked by a trained nurse &/or doctor for injury prior to moving?</p> <p>Yes</p>	<p>If an injury was suspected was the patient flat lifted using the hover jack? No</p>	<p>If the fall was witnessed or a head injury sustained were neuro obs carried out? Yes</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>Has the consultant (blue) section of the post falls proforma been completed? Yes</p>
<p>What version was used? Version 5</p> <p>Did the patient require pain relief? Yes</p> <p>Was the Abbey pain tool used if the patient had a cognitive impairment? N/A</p> <p>What was given and when? Drug:XXDate/Time: XX XX.23 at 13:24</p>	<p>How was the patient moved from the fall? hoist</p>	<p>was this documented in the patient's notes? Yes</p> <p>If injury suspected and hover jack not used why was this? This was due to the fact the hoverjack was unable to fit through the bathroom door and the bed could not be taken into the bathroom as the door was too narrow. Doctor agreed to the use of the hoist.</p> <p>Was there any delay in obtaining the hover jack? no</p> <p>Detail of the any delay: Hover jack not used.</p>	<p>Where required, were observations completed in line with trust policy? No</p> <p>Please state frequency of obs & for how long? As trust policy</p> <p>XX XX.23 13:29 14:18 16:57</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>If not, why not?</p> <p>Has each of the sections been acknowledged and actions taken recorded? Yes</p> <p>If not, why not?</p>

What investigations were requested as a result of the fall (include a date, time & results for each):

Patient required XX XX XX XX. XX XX requested.

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"> • Risk assessments updated • Patient instructed to use call bell • Call bell in reach • Datix completed • Patient reviewed by ward doctor in timely manor <p>Immediate actions taken at the time (include any actions identified in the STOP 5 hot debrief if one was completed): Patient immediately reviewed by ward doctor. XX XX identified, relevant XX performed.</p>	<p>Deviations from policy/process/actions pre and post fall:</p> <p>Pre fall: Assessments not signed and dated</p> <p>Post fall: Patient did not use nurse call to ask for help upon getting up off of the toilet.</p> <p>Hover jack not able to be used due to the door not being wide enough to either fit the inflated hoverjack through or the bed into the bathroom, however the doctor had reviewed the patient and deemed the hoist necessary.</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. Patient not using call bell, despite being within reach.
- 2.
- 3.
- 4.

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. clearer documentation in line with coding in the risk assessment booklet
2. assessments to be signed and dated
- 3.
- 4.
- 5.

FOI REF 503-2

Duty of Candour

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)?
Yes

Is there clear documented evidence of discussions with the patient and/or family explaining the circumstances of the fall, injury sustained and that there is an investigation underway? **Yes** family informed

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.

Who held the discussion: Staff Nurse

Who was informed of the fall: XX XXDate and time

of discussion: XX XX/23 no time stated

Do the patient and/or NOK wish to receive the outcome (final DOC) following the investigation? **Unknown**

Has the Falls Duty of Candour card be given or sent to the NOK? **Yes**
If not, why not?

The space below is for any other supporting information:

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	XX XX/2023
				Within 14 days of panel	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>
	Ensure neurological observations are completed for a full 24 hours following an unwitnessed fall or a fall with a head injury	Staff Education	Senior nursing team	XX 2023	XX XX/2023
	Ensure Hover Jack is used to move a patient when an injury is suspected. If the patient is in the bathroom ensure appropriate equipment is used to allow the patient to be moved to the corridor where the Hover Jack can be used.	Staff Education	Senior nursing team	XX 2023	XX XX/2023
	Ensure a STOP 5 Hot Debrief Tool is used following a fall	Staff Education	Senior nursing team	XX 2023	XX XX/2023
	Ensure a falls alert symbol is displayed and that this has been documented in the notes	Staff Education	Senior nursing team	XX 2023	XX XX/2023
	Ensure all assessments have been timed and dated	Staff Education	Senior nursing team	Xx 2023	XX XX/2023
	Ensure mobility assessment has captured any mobility aids being used	Staff Education	Senior nursing team	XX 2023	XX XX/2023
	Ensure doctor's assessment is completed on the post falls proforma	Staff Education	Senior nursing team	XX 2023	XX XX/2023

Falls RCA Updated - XX 2022