Root Cause Analysis (RCA)
Patient FALLS

Patient Name: XXXXXXX	NHS/Unit Number: ****	Date of Birth: ****	Actual Injury: XX XX XX XX Side of body XX side If any other injuries were sustained, detail them here: nil documented
Ward: XX Division: Medical Hospital Site: County Location where fall occurred: Bed Was the patient location appropriate for their speciality? Yes Date admitted to UHNM: XX XX-23 Time: 20:09 Reason for admission: XX XX XX XX XX with XX XX found by paramedics XX, XX and XX (XX) with XX XX XX XX XX XX XX. Following assessment and examinations to be treated for XX XX XX XX	Date of Fall XX XX-23 Time of Fall: 04:00 Datix ID Number: 297863 SI Ref Number: 2023/70041 Date Datix reported: XX XX-23 Time:15:31 Datix Harm Severity: Severe Harm	**TO BE COMPLETED BY QUALITY TEAM FOLLOWING CONFIRMATION AT PANEL** 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? use with care Yes 4. Were there any environmental factors involved in the fall (e.g. cables, wet floors, brakes not deployed…..)? No Is this incident RIDDOR reportable? No *(If No to Questions 1, 2, 3 and/or Yes to Question 4 RIDDOR reporting MUST be considered)*	
Date RCA completed: XX XX/2023 RCA completed by: XXXXXX	Patient Consultant: XXXXX Consultant Signature for sign off of RCA: Date signed:	History of Falls: Yes Number of Falls this admission 1 23/1/23 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

On reviewing the nursing documentation it is documented that the patient informed the nurse that he XX XX XX but not sure how it happened. And how he XX XX XX XX
He was complaining of XX XX in his XX XX which was new pain. XX was given and escalated to the nerve centre and was awaiting XX. (nurses documentation)

The patient had a past medical history of XX and was XX XX XX when asked how the fall occurred from the doctor. When the patient was

reviewed by the oncall team at night he reported that he had fallen and XX XX into his XX XX
Doctor organised and requested an as his XX XX XX XX,

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 informed the staff that he had fallen, he XX XX XX XX but he XX XX XX XXthis occurred. Bed rail assessment was documented as XX" and that the patient XX XX XX XX
  6 CIT was performed (date illegible) scored XX. This was not repeated.
  On SSKIN bundle for falls prevention it is documented that the bed rails was in a downward position. This is recorded from midnight for the day.
  Falls risk was identified "Yes" and the symbol was displayed.
  The patient required XX when XXand was able to use the call bell. Patient did not have a XX XX either.

- **Background** *(include the patient's presenting condition, treatment plan, previous history of falls, cognitive impairment etc):*

  Presenting Condition : XX/XX, XX, XX (XX) Pt cannot XX XX that XX XX XX XX XX (XX) contacted x2 times no reply As per ED clerking: 2 day hx of XX with XX XX XX found by paramedics XX, XX and XXI (XX) with XX XX XX radiating into XX XX XX- on XX XX XX XX XX XX XX X XX XX XX = XX

- Working Diagnosis; 1)) XX XX XX) XX XX XX, XX XX
- Management plan: 1) XX XX XX XX 2) add on XX 3) XX 4) XX XX XX 5) XX XX XX XX6) XX XX XX XX 7) XX XX
- Prescribed XX
- Unable to locate a 4T delirium screen –was 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 did not use the call bell**
- **Was wearing red slipper socks as per falls bundle**
- **Unsure what the acuity was at time of fall**
- **Staffing was 3 x RGN and 4 X HCA.**
- **3 x admissions to the night shift, 20 IVABx, 5 x Controlled drug administration, 1 x level 1a patient.**

- **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*

  XX was performed and patient was XX XX XX until confirmation of the results of the XX.
  Referred to XX team
  XX for XX
  Transferred to RSH on XX XX/23 for further management of XX XX
  Remained in hospital for approximately XX XX where he XX XX XX XX XX

Admission		Falls Core Questions & Multifactorial assessment & interventions				Manual Handling				Continence	6 CIT/4AT	Bed rails		
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? No If Yes, was this accurately captured in the continence assessment? N/A Was a continence plan of care in place? N/A	If the patient is 65 years or over was a 6 CIT completed on admission? Yes If completed what was the score? 12 If the patient is 65 years or over was a 4AT completed on admission? No If completed what was the score? Was the patient known to have dementia/ cognitive impairment? Yes	**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
Wd XX	XX XX/2023 Time: 21:15	Yes	Yes	Yes Partially	No	Yes	No	Understanding	X			Yes	both down	use with care
								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				Click Here	Click Here	Click Here
								Sit to stand						
								Walking						
								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 visable bed space	Was any equipment involved? E.g. trip hazards Nil noted	Please state any other factors? E.g. wet floor, lighting No factors identified	Was an Ultra-low bed considered? No- - not considered Is there evidence of this No evidence recorded Were crash mats used with the low bed? N/A	Has a falls medication review been carried out? Unknown	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 orderUnknown If no was an alternative considered?Click Here	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 92/58 Lying 100/68 Standing	Do the falls bundles have fully completed and signed prescriptions of care every day? Yes	Are falls bundles completed 2 hourly? Yes

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? N/A - no mobility aid requried Were any walking aids being used appropriately at the time of the fall? N/A - aid not required	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? No	Did the patient require a hearing aid? No If Yes were they in use? N/A Did the patient wear glasses? N/A If Yes were they in use? N/A	Date & Time of the last comfort round? XX XX/2023 02:00 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? unknown	What was the staffing on the shift when the patient fell? 3 x RGN 4 X NA's What is the ward's planned staffing establishment? 3XRGN 3 HCAS On the day of the fall – looking at safecare - what were the Care Hours per patient day /percentage acuity? If short - how many care hours were short for the shift? Were any other staff on the ward at the time of the fall (medical staff, AHPs……)?	Was the patient in a cohorted bay? Unknown Was 1:1 staffing considered necessary? No If yes was 1:1 provided? No If not available was this escalated (include details of how/who it was escalated to)? Were any other safety measures put in place? Dols completed	Please enter last available results of the ward Falls audit: Does the ward / area have at least one active Falls Champion who is in date? How many staff have completed falls training locally? Is training added to eroster as a skill? (Any paper records to be scanned and added to Datix) What percentage of staff have completed bedrails training in last 2 years (as recorded on ESR)?

Post Falls Care

Was a post falls proforma completed? Yes If not, why not? What version was used? Version 5 Did the patient require pain relief? yes Was the Abbey pain tool used if the patient had a cognitive impairment? No evidence What was given and when? Drug: XXDate/Time: XX XX/23 @ night	Was the patient checked by a trained nurse &/or Doctor for injury prior to moving? No How was the patient moved from the fall? stood independently	If an injury was suspected was the patient flat lifted using the hover jack? No Was this documented in the patient's notes? Yes If injury suspected and hover jack not used why was this? Unwitnessed fall. Patient did not know how he got back onto the bed. Was there any delay in obtaining the hover jack? unknown Detail of the any delay: Was not used at all	If the fall was un-witnessed or a head injury sustained were neuro obs carried out? No Where required, were observations completed in line with trust policy? No Neuro obs were performed as per policy Please state frequency of obs & for how long? Not completed at all	Was the patient seen by a doctor or nurse practitioner within 4 hours of the fall or sooner if required? Unknown Patient fell at 4am post falls proforma states clerked at 10am If not, why not? unknown Is their assessment recorded on the post falls proforma? Yes If not, is the assessment following the fall documented in the medical notes? N/A	Has the consultant (blue) section of the post falls proforma been completed? Yes If not, why not? Has each of the sections been acknowledged and actions taken recorded? No If not, why not? Nursing documentation not completed. No evidence that NOK had been notified at the time of the fall.
What investigations were requested as a result of the fall (include a date, time & results for each):					

Conclusions	
Good practice identified (e.g. risk assessment completed and updated appropriately, suitable footwear worn, call bell in reach, patient cohorted and fall witnessed): • **Call bell in reach** • **Slipper socks worn** • **Risk assessments completed** • **Immediate actions taken at the time (include any actions identified in the STOP 5 hot debrief if one was completed):** **Once staff were made aware of the falls Datix completed and patient was reviewed**	**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 pro-forma was incomplete…) **Pre fall:** **Bed rail assessment was assessed to be used with care, consider intentional rounding alongside this.** **Post fall:** **no neuro obs performed at all** **Proforma not completed as expected by the RGN**
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 had not used call bell to ask for assistance 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. Document if the patient was nursed has close supervision 2. Discuss DOC at the time of the fall 3. 4. 5.

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)? unknown	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? Click Here **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: evidence to state no response from relatives when called by hospital Who was informed of the fall: XX XX aware of injury Date and time of discussion: XX XX/2023 Do the patient and/or NOK wish to receive the outcome (final DOC) following the investigation? N/A Therapuetic Non-disclosure agreed by Panel and Matron due to the XX XX XX the week of the panel – XX XX XX XX. Has the Falls Duty of Candour card be given or sent to the NOK? Unknown If not, why not? Not recorded
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		
	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 XX2023
				Within 14 days of panel	Therapeutic non-disclosure
	For Example: *Lack of staff awareness in relation to falls prevention*	*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*	*Named person*	*xx/xx/xx*	*1. Date completed* *2. 50% of staff completed by *date** *3. Date completed* *4. Updated daily*
	Ensure neurological observations are completed for a full 24 hours following an unwitnessed fall along with normal observations	Staff education	Senior nursing team	XX 2023	XX XX/2023 issued XX XX/2023 acknowledged
	Ensure a STOP 5 Hot Debrief Tool is used following a fall	Staff education	Senior nursing team	XX 2023	XX XX/2023 issued XX XX2023 acknowledged
	Ensure assessments have been re-assessed following a fall	Staff education	Senior nursing team	XX 2023	XX XX2023 issued XX XX/2023 acknowledged
	Ensure the green section of the post falls proforma has been completed by the nurse at the time of the incident	Staff education	Senior nursing team	XX 2023	XX XX/2023 issued XX XX/2023 acknowledged
	Discuss DOC with the patient at the time of the incident	Staff education	Senior nursing team	XX 2023	XX XX/2023 issued XX XX/2023 acknowledged
	Ensure a datix is submitted at the time of the fall	Staff education	Senior nursing team	XX 2023	XX XX/2023 issued XX XX/2023 acknowledged