

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

ROOT CAUSE ANALYSIS FOR PRESSURE ULCERS

Please complete all sections fully

StEIS	Name and designation of individual completing RCA	Locality (please circle) CHSB SEE WE			
Datix	Date of referral for current episode of care:				
Age:	Date pressure(s) ulcer identified				
	Date Pressure ulcer reported				
	Date Pressure ulcer confirmed meeting serious incident criteria				
	New Pressure ulcer <input type="checkbox"/> Deterioration of existing ulcer <input type="checkbox"/>				
Where was patient from? Please name the residential or nursing home/ward/hospital					
Own Home <input type="checkbox"/>	Residential Home <input type="checkbox"/>	Community Inpatient <input type="checkbox"/> Other <input type="checkbox"/>			
Does the patient have formal carers? Yes <input type="checkbox"/> No <input type="checkbox"/> Informal carers e.g. family? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Site (e.g. Sacrum)	Wound Size please state	Ulcer category			
		1	2	3	4
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1 st Waterlow score when patient was admitted for this episode of care		1 st Waterlow Score		Where was it carried out?	
Date of most recent Waterlow before PU identified		Waterlow Score		Where was it carried out?	
<p>How often was the Waterlow score carried out before the incident was reported and by whom? Daily <input type="checkbox"/> Alternate days <input type="checkbox"/> every 72 hours <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other (give details) <input type="checkbox"/> Person completing Waterlow</p> <p>How often is Waterlow score carried out now and by whom Daily <input type="checkbox"/> Alternate days <input type="checkbox"/> every 72 hours <input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other (give details) <input type="checkbox"/> Person completing Waterlow</p> <p>Skin inspection carried out at each visit? Yes <input type="checkbox"/> No <input type="checkbox"/> Frequency Elimination: Continent <input type="checkbox"/> Catheter <input type="checkbox"/> Incontinent of: urine <input type="checkbox"/> faeces <input type="checkbox"/> both <input type="checkbox"/> Moisture damage? Yes <input type="checkbox"/> No <input type="checkbox"/> Contenance aids – describe</p> <p>SSKIN bundles in place? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					

Patient information: Relevant medical history/brief summary of care (including any relevant medication)

Nutrition and Hydration:

MUST assessment completed and documented? Yes No Date:

MUST score

Advice given:

Peg Feeding Yes No Dietician referral Yes No Date:

Equipment:

Pressure relieving equipment in place prior to PU? Yes No Type

Further pressure-relieving equipment required? Yes No Type

Has there been a delay in obtaining equipment? Yes No Please give reason:

Patient Compliance to using equipment? Yes No

Level of Mobility: Independent Assistance of : 1 2 Bedbound Chair bound

Approximate daily length of time in bed

Approximate daily length of time in chair

Advice given (e.g. Turning regime, pressure relief care, and documented?)

Patient's compliance to advice: Yes No

Mental Capacity: Please state if mental capacity has been assessed if patient refused care or advice

Was the care plan in place at the time of detecting this ulcer appropriate?

Does the care plan require amendment?

Review Date:

Patient Information Leaflet given: Yes No

Involvement and support of relatives (include if family informed of pressure ulcer)

Please explain the causes of the pressure ulcer e.g. discharge planning, staff knowledge and training, communication, equipment, change in patient's medical condition, end of life

Is there any indication that there has been a failure to Safeguard the well-being of this patient?

Are there concerns that all reasonable steps have NOT been taken to prevent the pressure ulcer? Yes No

Is the person a Vulnerable Adult? Yes No

Is there evidence of neglect? Yes No

If the answer to all 3 questions is Yes then the Adult Safeguarding Procedures must be instigated

Lessons learnt/ Recommendations (Please complete action plan for all avoidable PUs)	
Actions taken	
Patient outcome at time of RCA e.g. transferred, stayed at home, died	
Was the pressure ulcer: avoidable <input type="checkbox"/> unavoidable <input type="checkbox"/> SV1/SetSaf form completed if indicated? - Date Completed Date Sent	
Signature:	Print Name:
Designation:	Date:
SKIN MATTERS GROUP CONCLUSION	
Pressure Ulcer: avoidable <input type="checkbox"/> unavoidable <input type="checkbox"/> within EPUT care <i>If unavoidable within EPUT care, were there any contributory factors which could have avoided this pressure ulcer?</i> Action Plan completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Print Name:
Designation:	Date:
EXECUTIVE SIGN OFF	
Signature:	Print Name:
Designation:	Date:

SAMPLE - DO NOT USE