

# Slips, Trips & Falls

## 'Moderate (fracture) & Severe Harm Severity'

### Root Cause Analysis Pack

*All inpatient /residents slips, trips and falls that result in moderate (fracture injury) or severe harm must be investigated and reported using this toolkit following initial reporting on the Datix system*

Date of incident:

Datix number:

STEIS reference:

Completed by:

Date:

Reviewed by Senior Manager:

**THIS FORM TO BE COMPLETED ELECTRONICALLY**

<b>Ward/Nursing Home</b>		<b>Consultant</b>	
<b>Date of admission</b>		<b>Date and time of fall</b>	
<b>Date fall reported</b>		<b>Datix ref. number</b>	
<b>Date RIDDOR completed if applicable</b>			
<b>Exact location of fall i.e. Bedroom</b>			
<b>Witnesses to fall</b>			
<b>Details of Incident</b>			
<b>Immediate management post fall</b>  <b>Was Post Fall Protocol followed appropriately?</b>  <i>State how the patient/resident was moved from the floor?</i>			
<b>Date and time medical/Paramedic team contacted</b>			
<b>Date and time medical/Paramedic team attended</b>			
<b>Initial reason for admission</b>			
<b>Diagnosis</b>			
<b>1a. Number and Designation of staff on duty at time of incident.</b>			

SAMPLE - DO NOT USE

<b>1b. Was the ward fully and appropriately staffed?</b> (Include staff rostered and those actually on shift)	
<b>1c. How were staff deployed at time of fall?</b> (What activities were they engaged in and whereabouts)	
<b>2. History of falls prior to admission</b> <i>i.e. circumstances / frequency</i>	
<b>3. Describe any previous falls during current inpatient/nursing home episode</b>	
<b>4a. Date and time Falls Risk Assessment completed.</b>	
<b>4b. Was patient/resident assessed as being at high risk of falls?</b> (Y/N)	
<b>5a. Was there a Falls Care plan in place?</b>	
<b>5b. Date and time Care plan commenced</b>	
<b>5c. What interventions were in place to reduce falls risk?</b>	
<b>6. What type of observation or care rounding was in place?</b>	

SAMPLE DO NOT USE

<b>Patient/Resident risk factors</b>	
<b>7a. Is there evidence of a moving and handling assessment?</b>	
<b>7b. Was any equipment needed for the patient/resident to move safely?</b>	
<b>7c. Was the equipment available?</b>	

<b>8. Physiotherapy assessment plan</b> <b>(If applicable)</b>	
<b>9. Occupational Therapy plan</b> <b>(If applicable)</b>	
<b>10. Co-morbidity</b> <i>i.e. medical history, chronic disease, palliative care, mental health issues</i>	
<b>11. Is the patient/resident diabetic?</b> <i>If patient/resident was diabetic, review blood sugars, and comment on control of blood glucose levels</i>	
<b>12a. Please list details of patient/residents medications, at time of fall, including dose and frequency (inc PRN meds)</b>	
<b>12b. Was patient/resident on high risk meds?</b> <b>e.g. benzodiazepines, night sedation, anti-psychotics</b> (Full list on intranet within Falls section of serious-incidents-RC/A-training-tools)	
<b>12c. Was there evidence of medication review?</b>	
<b>13. Evidence of confusion/cognitive impairment</b> <i>Include details of wandering/restlessness and agitation.</i>	
<b>14a. Was the patient/resident in an observable bed area?</b> <i>e.g. Near as possible to nurse's station</i> <i>Was local environment clear of slip/trip hazards</i>	
<b>14b. Was Call bell available?</b> <b>(If applicable)</b>	
<b>15a. Is there evidence of lying and standing blood pressure monitoring? (Y/N)</b>	
<b>15b. If so, did patient/resident have postural hypotension?</b>	
<b>16a. Is there evidence of routine urinalysis +/- appropriate interventions included toileting programme if required.</b>	

SAMPLE - DO NOT USE

<p><b>16b. Did patient/resident require assistance with toileting?</b></p>	
<p><b>17. Did patient/resident require glasses or hearing aid?</b> <i>If yes, were they on at the time of the fall</i></p>	
<p><b>18a. Was patient/resident wearing footwear at time of fall?</b></p>	
<p><b>18b. Details of footwear</b> <i>i.e. good state of repair, well fitting</i></p>	
<p><b>20. Were bed rails in use?</b> <i>If yes, include details regarding documentation and assessment for bed rails use Frequency of review and consultation with patient, family and / or carers.</i></p>	
<p><b>21. Were bed rails up/down at time of fall?</b></p>	
<p><b>21a. Was the bed at the lowest height when the patient/resident fell?</b></p>	
<p><b>22. Was falls equipment in place? E.g. chair sensors</b> <i>Provide details regarding documentation of rationale Had sensors been checked daily and documented on falls care plan</i></p>	
<p><b>23. Were there any issues with the environment?</b> <i>Had there been any spillages on the floor/floor cleaned/use of hazard bollards/flooring etc?</i></p>	
<p><b>24. Discharge details</b> <i>Was patient/resident fit for discharge? Did patient/resident have discharge date? Document reasons if discharge delayed</i></p>	

SAMPLE - DO NOT USE

**CHRONOLOGY (including details of documented post fall management)**

*Details of injuries sustained and treatment given*

**SAMPLE - DO NOT USE**

## Conclusion

Summary of learning:

Notable Practice Identified:

Summary regarding an avoidable or unavoidable incident based on above factual information

Issues Identified:

Recommendations (please complete action plan using SMART principles)

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How Being Open and Duty of Candour principles have been upheld:

Author:

<b>FALLS PANEL VIRTUAL PANEL REVIEW CONCLUSION</b>	
Fall: avoidable <input type="checkbox"/> unavoidable <input type="checkbox"/>	
<i>If unavoidable within EPUT care, were there any contributory factors which could have avoided this fall?</i>	
<i>Are all areas of learning listed?</i>	
Action Plan completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Print Name:
Designation:	Date:
<b>EXECUTIVE SIGN OFF</b>	
Signature:	Print Name:
Designation:	Date:

**Serious Incident (Add number) Action Plan**

**Please complete this action plan using SMART principles**  
(Specific, Measurable, Attainable, Relevant, Time-bound)

<b>No</b>	<b>Recommendation</b>	<b>Actions required</b>	<b>Identified Lead</b>	<b>Target Date</b>	<b>Progress RAG status</b>
1			(title not name)		
2					
3					

**SAMPLE - DO NOT USE**