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| **Bolton Nursing Homes - Pressure Ulcer Root Cause Analysis (RCA)** **Data Gathering Tool****(For patients who acquire category 3/ 4 pressure ulcer complete within 5 working days)** |
| **Stage 1: What were the critical problems** |
| Patient Initials:  | Patients age: |
| RCA Completed by: Date :  | Designation: |
| Date Incident Reported:  | Incident Number: CCG purposes only |
| Past Medical History: | Current Medical History: |
| Date and time admitted to Nursing Home:  | Were there any transfers/moves after admission?Give details: |
| Date pressure ulcer was identified: | Category of Pressure Ulcer: |
| Site of pressure ulcer/s please state category and site of each pressure ulcer? | Where did pressure ulcer develop? |
| Was patient identified as at risk of pressure ulcers on admission to the Nursing Home: Yes / No Waterlow score: | Was the six hour skin inspection completed: Yes/No Date & Time:Completed on any transfers: Yes/NoDate &Time |
| List all dates and scores of completed Waterlow:  | Is the patient incontinent: Yes / NoIf yes - Urine / faeces / both If yes – date continence assessment completed: How is the continence managed? Does the patient have a urinary catheter?  |
| List all pressure relieving equipment that has been used and the relevant dates:(E.g. Mattress and/or cushion etc).  | Is the patient independently mobile / mobile with assistance / chair bound / bed bound? |
| Is the patient meeting their nutritional needs? Yes /No What is their nutritional score?  | Approximate height:Approximate weight:Referred to dietician: yes / no / NA |
| Reposition chart commenced:Yes / No Date: | Is this completed appropriately?Yes / No  |
| Date care plan commenced:   | Is this completed appropriately?Yes / No  |
| Have the patient / family / NOK been made aware of the pressure ulcer?Yes / No Date: If NO please state why:  | Who has the pressure ulcer been reported to within the Nursing Home? |
| Any Vulnerable Adult Concerns:  | Describe: |
| **Stage 2: Record - Complete a timeline from the patient’s records review** |
| What actually happened: (timeline of events include dates & frequency of skin inspections) | What should have happened: |
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| **Stage 3: Root cause – WHY did the pressure ulcer develop** |
| Why: | Rationale: |
| **Stage 4: Outcome.** |
| Pressure ulcer is deemed:Avoidable or Unavoidable | Rationale for decision: |
| **Stage 4: Recommendations.** |  |
| **Actions to be taken:** | **By who and by when:** |
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