BOYER
& Associates, LLC
Consultants for Senior
Housing & Healthcare

Accident Investigation:

Root Cause Analysis

Prepared for:

Alabama Health Care Association

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SUMMARY and OBJECTIVES

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Accident Investigation: Root Cause Analysis

Prepared for:
Alabama Health Care Association

Presented by: Patricia J. Boyer, MSM, RN, NHA

Summary:

In today's long-term care environment, it is difficult to meet all the regulatory rules and provide daily quality of care. This workshop will examine how to use the care process to determine the root cause of investigations of incidents/accidents. We will examine the components of a root cause analysis and how it relates to the care process. Specific examples of successful evidenced based programs utilized by facilities will be shared including how to develop Patient at Risk (PAR) meetings. Participants will have "take aways" that will assist them with implementation within their own facility.

Objectives:

At the completion of this session, participants will be able to:

- Identify the components of the Care Process
- Determine how the Care Process can be utilized for root cause analysis
- Examine an example of an evidenced based processes to manage the investigation of accidents/incidents.
- Discuss how to develop PAR meetings in your own facility

Power Point Presentation

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Attachments

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Attachments

Washington Dept of Health – Patient Safety –

Adverse Event Program

Case Study – Root Cause Analysis

Miller Nursing Home – PAR Meeting

PATIENT SAFETY-ADVERSE EVENT PROGRAM

Root Cause Analysis Evaluation Tool[1]

Thank you for submitting the RCA for the adverse event identified to the Patient Safety Adverse Event Program. All elements are scored as Met/Not Met. The evaluation of the your RCA is intended to provide guidance on completeness, to provide feedback, and offer cues in areas where it appears closer attention to the detail of the event could provide more useful information. The comments and scores provided are intended to assist health care facilities in evaluating and improving their RCA processes.

Element (All elements are required)	**Guidelines**	**Met or Not Met**	**Comments**
Facility Information	**Name** **Institution Type Acute Care Hospital** **Date of Confirmation:** **Adverse Event Type #** **RCA Received:**		
1. Determine that an adverse event occurred	a. Brief description of event, date, day of week and time event occurred, and area/service involved. Include timeline if appropriate. How discovered? What is facility system for reporting?		
	b. Has a similar event occurred in your facility in the past? Were previous actions taken effective?		
	c. Events that are similar in nature can be aggregated to facilitate efficiency.		
	d. Develop a flow chart or time sequence of the event.		

1. Adapted from Joint Commission Sentinel Event Methodology and Maryland Department of Health & Mental Hygiene, Office of Health Care Quality

2. Composition of RCA Team	a. Interdisciplinary, non-biased members identified. Involvement of those knowledgeable about the processes involved in the event.		
	b. List participants by title.		
	c. How is team endorsed by Facility Leaders?		
3. Conduct an RCA	a. Thorough fact finding. Did the RCA team look at medical records, policies, and procedures, maintenance logs, committee minutes, etc. necessary to identify relevant factors? Have pertinent staff been interviewed?		
	b. Description of processes involved in event.		
	c. Process/procedure involved in event. Written policy available? How usually performed? What happened this time? Identify any barriers to compliance with policies and procedures.		
	d. Each step in flow chart analyzed for possible root cause(s). "What" and "Why" asked repeatedly		
	e. Analyze human factors which include communication, training, competencies, staffing, and fatigue/scheduling.		
	f. Analyze availability of necessary equipment, equipment performance and maintenance, and identification of any environmental factors.		
	g. Identify possible barriers to identifying, reporting, and responding to risks and possible contributing factors.		
	h. Identify if risks or possible contributing factors may affect other areas/processes in the hospital.		

	i. Identify the root cause contributing factors. List all that apply. Demonstrate cause and effect.		
4. Develop an Action Plan	a. Each finding is addressed in detail and includes a corrective action.		
	b. Analysis identifies changes that could be made in systems and processes through either redesign or development of new processes/procedures identified.		
	c. Each correction specifies a date for completion		
	d. Responsibility assigned to an actual person		
	e. Prevention plan clear		
	f. Monitoring schedule to assess effectiveness is specified and responsibility assigned.		
5. Outcome Measures; Measuring Effectiveness of Plan	a. Strategy developed for culture change identified. Must measure impact on the root cause or adverse event. Measures effectiveness of actions, not steps in process to implement actions.		
	b. Plan for providing feedback to staff including changes in policies or procedures resulting from the RCA to employees and staff involved in the event.		
	c. Concurrent audits or reviews to determine effectiveness of plan are outlined		
	d. Leadership concurrence for corrective actions identified by job title/date. List all involved committees.		

6. Relevant Literature Considered	a. List relevant literature.		
7. Copy received by PSAE Program	a. Within appropriate timeframe		
	b. All identifiers redacted?		

Comments:

Case Study

Root Cause Analysis

Accident Supervision

Southern Light Care Center has identified through their QA process that they have had an increase in the number of accidents/incidents during the evening shift on the Sunrise Unit. Their process includes identification of the number of incidents, time and unit. Now, their corporate office is asking them to complete a Root Cause Analysis of the issue. What steps should they take to complete this analysis?

MILLER NURSING HOME

POLICY:

To ensure that residents who are identified as being "at risk" are reviewed by the IDT team weekly to:

a. Identify appropriate interventions for each resident and each risk
b. Assess for implementation of identified interventions
c. Assess outcomes of implemented interventions

PROCEDURE:

1. Meeting will be held weekly.

2. The IDT team will consist of:

a. Director of Nurses	b. MDS Coordinator	c. NH Administrator
d. SS Manager	e. Activity Manager	f. RN Charge Nurse
g. Rehab representative	h. Assist DONs	i. Registered Dietician
j. NH Quality Manager	k. Risk Manager	l. Wound Care RN

Other departmental staff may be asked to participate on a temporary basis when identified risks or development of interventions involve their area of expertise.

3. The following "at risk" areas will be presented at PAR meeting:
   Falls Weight loss Pressure Ulcers New Admissions
   Other "at risk" needs may be added to the review process as identified.

4. Resident data for review will be presented to the IDT as follows:
   a. **FALLS**
      Data will be presented by the Assist DONs at each meeting on each individual resident who experienced a fall or falls during the previous week. The data will be presented in written form on the Post Fall Assessment Form.

   b. **WEIGHT LOSS**
      Data will be presented by the RD at each meeting on each identified resident who is "at risk" for weight loss or has been identified as having experienced weight loss. The data will be presented in written form on the Weight Loss Assessment Form. Residents will be tracked during weight loss period and for 4 weeks once weight has stabilized.

   c. **PRESSURE ULCERS**
      Data will be presented by the Wound Care Nurse at each meeting on each resident with a "pressure ulcer" along with any other type wounds such as post-operative, stasis, and/or traumatic wounds. The data will be presented in written form on the Nursing Wound Process Form. All wounds will be tracked on the data collection form from identification of a wound until 30 days post healing to allow for timely intervention should post healing complications occur.

Copies of all written data presented at the PAR meeting will be provided for the IDT members to review as the data is presented. The written data will provide an opportunity for the IDT to assess for implementation of identified interventions and for effectiveness of the interventions on a week to week basis.

5. The Resident's physician will be notified of any identified "at risk issues." Orders for interventions shall be obtained by the therapists, dietician, wound care nurse, or Assist DONs. The MDS Coordinator will complete any required Care Plan revisions.

6. The Assist DONs will record a brief note in the IDT note section of the chart stating, "resident review by IDT occurred on that date." Specific interventions related to resident care will be documented throughout the process of implementation. Specific documentation of implementation of an intervention by all disciplines involved will be found in the resident's medical record.

7. Data collection forms presented at PAR meetings and Activities of the IDT as a result of the PAR meetings will be processed through the Quality department and utilized as a quality improvement tool.