

Leading an RCA Interview



- Creating the right environment
- Asking the right questions
- Asking the questions right

Create a Safe Environment

- Be non-judgmental
 - Staff are already anxious and defensive
 - Assume staff have good reasons for their actions
 - Avoid being confrontational and challenging
 - Show respect for all statements



Create a Safe Environment

- Avoid giving your opinions
 - Stay neutral
 - Show interest in what they are saying
 - Listen actively to the staff
 - Your obligation is to understand what happened and why
 - This is an opportunity to learn, not to find fault



Create a Safe Environment

- Remain open minded
 - We need to experience what the staff went through
 - Seek the truth about the event
 - Identify all the barriers to a good outcome
 - Don't stop when you discover human error
 - Human error is a symptom of a deeper system issue



Create a Safe Environment

- Periodically check the tone of the room
 - Read their body language
 - Angry
 - Confused
 - Disengaged
 - Need to address in order to move to conclusion
 - “I’m sensing some *anger*, help me understand what is going on here.”



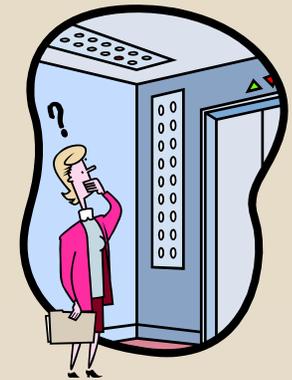
Create a Safe Environment

- Periodically check how you are feeling
 - Angry
 - Losing objectivity, neutral state
 - Need to identify the problem process and avoid human error
 - Ask clarifying questions
 - “What is your process for communicating a change in the patient’s condition?”



Create a Safe Environment

- Periodically check how you are feeling
 - Confused
 - Losing focus, getting lost in the details
 - Straying from the event
 - Redirect back to the event
 - “Let me see if I understand what you were saying?”
 - Restate a recently discussed event detail



Create a Safe Environment

- Periodically check how you are feeling
 - Disengaged
 - Losing focus, getting lost in the details
 - Starting to work ahead and form solutions
 - Time to move the group on and capture the issues
 - “Given everything you’ve heard, what would you identify as the main issues that contributed to the event?”



Directing the Conversation

- Encourage discussion and sharing of facts
- Keep focused on the processes and not individuals
- Help all have a chance to share their experience



Directing the Conversation



- Open Questions
 - Seeks more detail and knowledge
 - Asks for a person's opinions and feelings
 - Hard to answer with one or two words
 - A good way to start the interview
 - Can be used to help staff open up

Directing the Conversation

- Examples of Open Questions

- “Tell me what happened?”
- “What do you think led up to the patient falling?”
- “Talk about how skin assessments are done on your unit?”
- “What do you think can be done differently?”
- “What do we need to do to make this work?”
- “How do you feel about that?”



Directing the Conversation

- Closed Questions

- Encourage short factual answers or yes/no
- Used to test understanding
- Concluding a conversation
- Make a decision or set the tone
- Use with care as they can end the conversation
 - Lead to uncomfortable silences
- Avoid using when discussion is moving along



Directing the Conversation

- Examples of Closed Questions
 - “I understand there is a policy on pain assessment, is that correct?”
 - “If there is no further discussion, shall we move on?”
 - “Do we all agree that there needs to be a better way for staff to share assessment findings?”



Directing the Conversation

- Clarifying Questions

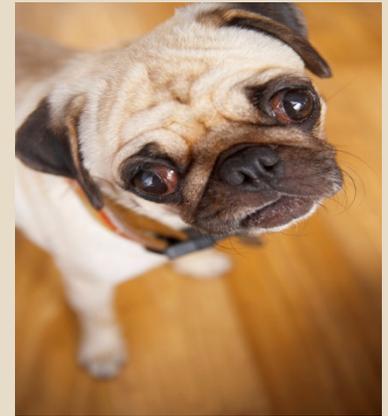
- Seek to further understand
- Asks for additional details
- Examples:

- “Tell me more about the Time Out process.”
- “Help me understand how the patient wasn’t turned”
- “I heard you say you didn’t check the patient’s ID band, talk more about that”



Directing the Conversation

- Probing Questions
 - Intended to dig deeper into the issue
 - Move the conversation to a different level
 - Helps staff share details
 - There should be no set answer in mind
 - Avoid leading them down a set path
 - Avoids accounting for actions of others
 - Empower to solve problems, removes blame
 - Stabilizes an emotionally charged environment



Directing the Conversation

- Examples of Probing Questions
 - “What prevented you from assessing the patient’s risk of falls?”
 - “What would have to change for that to work better for you?”
 - “What is another way you might be able to assure the skin assessment is complete?”



Directing the Conversation

- Leading Questions
 - Leads the staff in a certain direction yet allows them to feel they had a choice
 - Re-focus the discussion
 - Brings staff to conclusion on an issue
 - Tend to be closed
 - Use with care to avoid coming across as manipulative



Directing the Conversation

- Examples of Leading Questions
 - “You said you didn’t hear the pump alarm, is there a way to adjust the volume?”
 - “The patient was medically unstable so difficult to turn, is there another way to assess the skin?”
 - “The patient was instructed not to get up without help, do you think they understood?”



Optimizing Discussion

- Using questions to optimize discussion
 - Staff usually open up when questions are phrased in a non-threatening manner
 - Active listening to the response is as important as the question
 - Your body language and tone can influence the questions you ask
 - Allow for enough time to answer
 - Don't assume a pause means no response



Optimizing Discussion

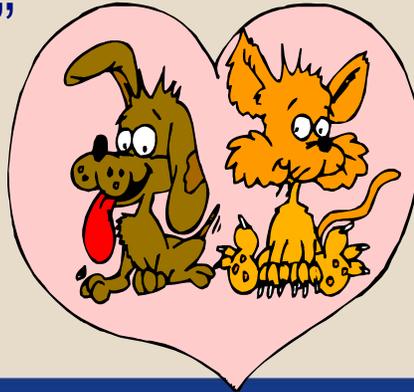
- Using questions to optimize discussion
 - Seeking understanding through clarifying or probing questions can resolve conflict
 - Allowing staff to provide more detail through open questions can reduce anxiety and remove blame
 - Be careful how you use “Why”
 - Can be intimidating
 - Allows staff to answer, “I don’t know” and end conversation



Optimizing Discussion

- Common Questions

- “Who wants to start?”
 - Can be intimidating
 - Staff reluctant to be the first to talk
- “Why didn’t you stop the procedure if you had concerns?”
 - Threatening
 - Blaming



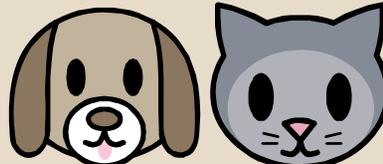
- Optimal Questions

- “Tell me how the patient fell.”
 - Open and inviting
 - Provides direction
- “What prevented you from asking to stop and check?”
 - Probing
 - Gives the benefit of the doubt

Optimizing Discussion

- **Common Questions**

- “Why didn’t you tell someone about the patient’s change?”
 - Intimidating/blaming
 - Defensive response
- “What else were you doing while setting up the medications?”
 - Accusing
 - Makes negative assumptions



- **Optimal Questions**

- “Tell me what your process is when there is a change in the patient’s condition.”
 - Process oriented
- “Help me understand what was happening while you were setting up your medications.”
 - Clarifying
 - Chance to explain

Questions?



Thank You!

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