

# 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

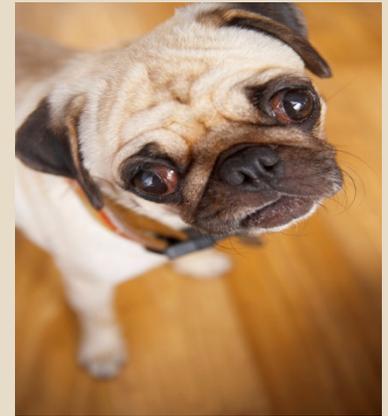
- Seek to further understand
- Asks for additional details
- Examples:

- “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

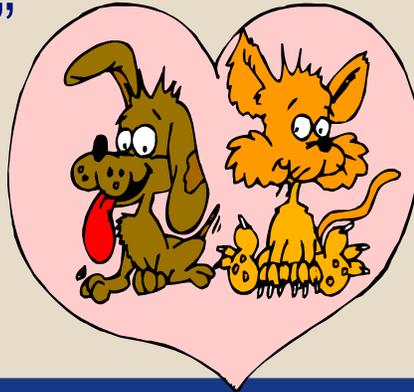
- Using questions to optimize discussion
  - Seeking understanding through clarifying or probing questions can resolve conflict
  - Allowing staff to provide more detail through open questions can reduce anxiety and remove blame
  - Be careful how you use “Why”
    - Can be intimidating
    - Allows 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



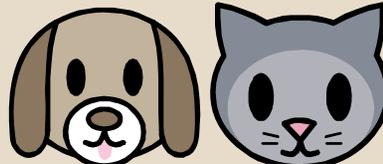
- Optimal Questions

- “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!

Rosemary Emmons RN,BSN, CPHQ

Quality Consultant

HealthEast Care System-St. Joseph's Hospital

45 West 10<sup>th</sup> Street

St. Paul, MN 55102

651-232-3392 phone

[remmons@healtheast.org](mailto:remmons@healtheast.org)