St. Cloud Hospital **Attachment D**

Root Cause Analysis (RCA) Worksheet

Adapted from a template utilized by Good Samaritan Hospital, Dayton, Ohio

RCA #:

Date of the Event:__ ____ _____ **Day of the Week**_ ___ _____ **Time**_____
Was a Critical Incident Stress De-Briefing (CISD) conducted? ☐ No ☐ Yes Date: _____
Was this event reportable to the MN Patient Safety Registry? ☐ No ☐ **Yes** Initial Entry Date: RCA Entry Date:

MN PATIENT SAFETY EVENT CATEGORY

Certain events have additional questions to address in the Registry – See reference notations in event categories below.

SURGICAL EVENTS *(* Reference F1)* ☐*Surgery wrong body part ** ☐*Surgery wrong patient ** ☐*Wrong surgical procedure performed on patient ** ☐*Retention of a foreign object* ☐*Death during or immediately after surgery, normal, healthy patient*	***PRODUCT OR DEVICE EVENTS*** ☐*Patient death or serious disability – use of contaminated drugs, devices, or biologics provided by the facility* ☐*Patient death or serious disability - device used or functions other than as intended* ☐*Patient death or serious disability – intravascular air embolism while being cared for in a facility*	***PATIENT PROTECTION EVENTS*** ☐*Infant discharged to the wrong person* ☐*Patient death or serious disability associated with patient disappearance* ☐*Patient suicide or attempted suicide resulting in serious disability*
CARE MANAGEMENT EVENTS *(* Reference F2)* ☐*Patient death or serious disability with a medication error, involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration* ☐*Patient death or serious disability – hemolytic reaction due to the administration of ABO/HLA – incompatible blood or blood products* ☐*Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy* ☐*Patient death or serious disability associated with hypoglycemia* ☐*Death or serious disability, including kernicterus – failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life* ☐*Stage 3, 4 or unstageable pressure ulcers acquired after admission* *** ☐*Patient death or serious disability due to spinal manipulative therapy*	***ENVIRONMENTAL EVENTS*** *(* Reference F3)* ☐*Patient death or serious disability – electric shock* ☐*Line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances* ☐*Patient death or serious disability – burn incurred from any source* ☐*Patient death or serious disability – fall ** ☐*Patient death or serious disability – use or lack of restraints or bedrails*	***CRIMINAL EVENTS*** ☐*Instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider* ☐*Abduction of patient any age* ☐*Sexual assault on patient within or on the grounds of a facility* ☐*Death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds*
CAUSATION STATEMENT:		

After analysis, was this event considered to be? ☐ ***Preventable*** ☐*Non-preventable*
Disclosure to patient/family? ☐ ***Yes*** ☐ ***No*** ***Was staffing a contributing factor in this event?*** ☐ ***Yes*** ☐ ***No***

ROOT CAUSE ANALYSIS MEETING (RCA)

Date of RCA Meeting: Date Report Completed:	TEAM MEMBERS of RCA meeting (by Title) ☐ PI ☐ Facilitator ☐ VP of Area ☐ Director of Area/s (list)__ _____ ☐ Others___

DEFINE THE EVENT: Define the event briefly and attach Sequence of Events
(What happened, when did it happen, and what was the outcome. NOTE: If this was a pressure ulcer event, include the stage and body site of the pressure ulcer.)

DEFINE THE CURRENT PROCESS: *(Bullet point key components of the process)*

What steps of the Process appeared to impact this process?

A. EQUIPMENT / SUPPLIES FACTORS

A1. Was equipment (inadequate, malfunctioning, misusing) a factor in this event? Consider: Did sequestering of equipment occur? Was information from organizations such as ECRI, MedWatch and FDA checked?
(Note: If unsure review the causes listed below)

☐ No
☐ Yes If yes, Why?

Check all that apply — *Then*	*Describe the deviation and the cause*	Would correction eliminate reoccurrence? Check appropriate column: Root Cause	Contributing Factor
☐ *Preventive Maintenance missing / late*			
☐ *Equipment inappropriate for task*			
☐ *Equipment /device not available when needed*			
☐ *Equipment not functioning correctly*			
☐ *Inadequate controls, alarms, or cues*			
☐ *Instructions for safe operation not known*			
☐ *Personal preference for method / tool*			
☐ *Other:*			

A2. Does this event meet the criteria for MedWatch reporting?
(Note: If unsure review the causes listed below)

☐ No
☐ Yes If yes, Why?

A3. Would there be benefit for other organizations to be alerted to this type of event?
☐ No
☐ Yes Report into ECRI. Date Reported: By Whom:

A. EQUIPMENT / SUPPLIES FACTORS - continued

A4. Was distribution of supplies (including meds, IVs, Blood)a factor in this event?
(Note: If unsure review the causes listed below)

☐ No
☐ Yes If yes, Why?

Check all that apply → *Then*	*Describe the deviation and the cause* (Would correction eliminate reoccurrence?)	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
☐ *Similar appearance to like product*			
☐ *Inconsistent location for supply*			
☐ *Unclear labeling of supply*			
☐ *Inconsistent methods & procedures*			
☐ *Procedure not identified / followed*			
☐ *Other:*			

CORRECTIVE ACTION PLAN:
Action Plans should establish practice changes and independent redundancies designed to engineer errors out of current and new methods, procedures or processes. Where applicable and appropriate, such practices changes and independent redundancies should be shared on a housewide basis.

Action Taken / To be Taken	*Person Responsible for Action Plan*	*Implementation Date*	*Measurement Strategy* (*Includes methodology, goal, sampling strategy, frequency and duration of measurement. Includes a threshold that will trigger additional analysis and/or action if not achieved.*)	*Reporting and Communication*

B. ENVIRONMENTAL FACTORS

B1. Was inadequate building safety a factor in this event?
(Note: If unsure review the causes listed below)

☐ No
☐ Yes If yes, Why?

Would correction eliminate reoccurrence?

Check all that apply	*Then* *Describe the deviation and the cause*	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
☐ *Path obstructed / not clearly marked*			
☐ *Area under construction*			
☐ *Unique care environment concerns*			
☐ *Safety procedures not known / followed or inadequate emergency or failure mode responses planned and tested*			
☐ *Inadequate / delayed security response*			
☐ *Inadequate barriers to high-risk areas*			
☐ *Inadequate systems to identify environmental risks*			
☐ *Area not meeting codes, specifications and other applicable regulations*			
☐ *Other:*			

B. ENVIRONMENTAL FACTORS – continued

B2. Was location, physical layout, or visibility of the work area a factor in this event?
(Note: If unsure review the causes listed below)

☐ No
☐ Yes If yes, Why?

Check all that apply → *Then*	*Describe the deviation and the cause* (Would correction eliminate reoccurrence?)	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
☐ *Area cramped, cluttered, soiled*			
☐ *Area noisy, multiple distractions*			
☐ *Lengthy distances between work areas*			
☐ *Poor visibility of event area*			
☐ *Location inappropriate for task*			
☐ *Uncontrollable external factors*			
☐ *Other:*			

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C. PATIENT Factors

C1. Were pre-disposing conditions, medical history, or co-morbidity's a factor in this event?
(Note: If unsure review the causes listed below)

☐ No
☐ Yes If yes, Why?

Check all that apply → *Then*	*Describe the deviation and the cause* (Would correction eliminate reoccurrence?)	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
☐ *Unable to follow directions*			
☐ *Unwilling to follow directions*			
☐ *Immobile, physical limitations*			
☐ *Severely compromised, multiple co-morbidities*			
☐ *Incomplete history, assessment, relevant information*			
☐ *Plan of care inadequate to meet needs*			
☐ *Interventions inadequate to meet needs*			
☐ *Demographic factors: age, gender, race/ethnicity*			
☐ *Other:*			

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D. RULES / POLICIES / PROCEDURE Factors

D1. Were standards (policies, procedures, regulations) or compliance to standards a factor in this event? *(Note: If unsure review the causes listed below)*

☐ No ☐ Yes If yes, Why? Would correction eliminate reoccurrence?

Check all that apply — *Then* →	*Describe the deviation and the cause*	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
☐ *Standards not available / accessible* ☐ *Standards not known or understood* ☐ *Standards known but not practiced* ☐ *Compliance to standard not enforced* ☐ *Standards redundant, inconvenient, or conflict with other standards* ☐ *Barriers to comply with standards* ☐ *Other:*			

D2. Was documentation (absent, altered, inaccurate, incomplete, illegible) a factor in this event?
(Note: If unsure review the causes listed below)

☐ No ☐ Yes If yes, Why? Would correction eliminate reoccurrence?

Check all that apply — *Then* →	*Describe the deviation and the cause*	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
☐ *Multiple locations for the documentation* ☐ *Not recorded within specified time/absent* ☐ *Computer not available / functioning* ☐ *Documentation or other information not available/accurate/complete* ☐ *Documentation policy not known* ☐ *Given lower priority than other tasks* ☐ *Documentation or orders not legible* ☐ *Unapproved abbreviations used* ☐ *Other:*			

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E. PEOPLE Factors (Staff Training / Scheduling)

Identify all disciplines involved in the event (not by indivdual name):

- ☐ Physicians/Providers
- ☐ RN's
- ☐ LPN's
- ☐ PCA's
- ☐ Other staff (list):

E1. Was lack of knowledge or information a factor in this event? Attach staff credentialing and performance information.

(Note: If unsure review the causes listed below)

☐ No ☐ Yes If yes, Why?

Would correction eliminate reoccurrence?

Check all that apply — *Then* →	*Describe the deviation and the cause*	Check appropriate column	
		Root Cause	Contributing Factor
☐ *Patient not properly identified*			
☐ *Inadequate communication of patient assessment and treatments between shifts, departments, disciplines (e.g., nurse: nurse; MD: nurse; MD: MD; Nurse: Patient / Family; MD: Patient/Family)*			
☐ *Patient's has limited English proficiency (ASL, Somali, Spanish, Vietnamese, etc) phone interpreter, onsite interpreter used for key communication*			
☐ *Discharge instructions did not consider language, health literacy, cultural beliefs, or reading level of patient*			
☐ *Chain of Command not utilized*			
☐ *Barriers to communicate potential risk factors*			
☐ *Inadequate communication of prevention strategies for adverse outcomes*			
☐ *Inadequate orientation, training*			
☐ *Inadequate qualification to perform task*			
☐ *Culture not conducive to risk identification and reduction*			
☐ *Cross cultural differences between staff/MD; patient/staff; staff/staff*			
☐ *Information not easily accessible*			
☐ *Unclear instructions r/t task*			
☐ *Inadequate resources for clarification*			
☐ *Other:*			

E. PEOPLE Factors (Staff Training / Scheduling) - continued

E2. People Factors			
Check all that apply → *Then*	*Describe the deviation and the cause*	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
1. Were there any factors that would increase the likelihood of a human error happening? If yes, what were they and why? ☐ No ☐ Yes ☐ Consider system/process designs to prevent the human error factor.			
2. Were there any factors that would increase the likelihood of someone making a choice for At Risk Behavior or violation of existing policies/procedures? If yes, what were they and why? ☐ No ☐ Yes ☐ Consider system/process designs to prevent/mitigate the likelihood of someone choosing the At Risk Behavior choice or violating existing policies/procedures.			

E. PEOPLE Factors (Staff Training / Scheduling) - continued

E3. Was lack of ability, supervision, or staffing a factor in this event? Attach staffing grid for shifts surrounding event.
(Note: If unsure review the causes listed below)
This section refers to all disciplines potentially involved in the event, including nursing, pharmacy, medical and other staff as appropriate.

☐ No
☐ Yes If yes, Why?

Check all that apply → *Then*	Would correction prevent reoccurrence? *Describe the deviation and the cause*	Check appropriate column	
		Root Cause	Contributing Factor
MN Adverse Event Registry Staffing Specific Questions.			
Did staff who were involved in the event believe that staffing was appropriate to provide safe care? ☐ No ☐ Yes ***If no, did staff who were involved in the event believe that staffing issues contributed to the event?*** ☐ No ☐ Yes			
Did actual staffing deviate from the planned staffing at the time of the adverse event, or during key times that led up to the adverse event? ☐ No ☐ Yes			
Were there any unexpected issues or incidents that occurred at the time of the adverse event, or during key times that led up to the adverse event? ☐ No ☐ Yes ***If yes, did the unexpected issue/incident impact staffing or workload for staff involved in the adverse event?*** ☐ No ☐ Yes ***If yes, did staff who were involved in the adverse event believe that this change in staffing or workload contributed to the adverse event?*** ☐ No ☐ Yes			

E. PEOPLE Factors (Staff Training / Scheduling) - continued

Other triggering questions to expand analysis: ☐ *Physical difficulties performing tasks* ☐ *Demanding task load, time pressure* ☐ *Inadequate staffing, skill mix*** ☐ *Inadequate observation of performance* ☐ *Inadequate feedback to guide practice* ☐ *Fatigue - overtime, back to back shifts* ☐ *Change of shift* ☐ *Other:*			

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F. MN PATIENT SAFETY SPECIFIC EVENT DETAIL Factors (Complete only if specific event is applicable)

F1. Wrong Site Event
Was this a wrong site event?
☐ No ☐ Yes
If yes, address the following Universal Protocol Questions: **Would correction eliminate reoccurrence?**

Check all that apply → *Then* →	*Describe the deviation and the cause*	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
1. Did the OR schedule and informed consent match? ☐ No ☐ Yes			
2. Did the surgeon sign the patient site in pre-op? ☐ No ☐ Yes			
3. Did the surgeon sign the patient site with his/her initials? ☐ No ☐ Yes			
4. Was there active, verbal participation in a time out or pause before the procedure or incision? If not, why not. ☐ No ☐ Yes			
5. If the procedure site had internal laterally, was there a second pause that occurred? ☐ No ☐ Yes			
6. Was this a spinal procedure? If so, answer questions below. ☐ No ☐ Yes **If yes, answer questions below.**			
a. Was there a pre x-ray available for the surgeon? ☐ No ☐ Yes			
b. Was there an intra-op x-ray taken and comparison to the pre-op x-ray? ☐ No ☐ Yes If yes, Why?			
c. Was the level marked on the outside of the patient body with the surgeon's initials? ☐ No ☐ Yes If yes, Why?			

F. MN PATIENT SAFETY SPECIFIC EVENT DETAIL Factors (Complete only if specific event is applicable)

F2. Pressure Ulcer Event ☐ **Yes** ☐ **No**

Check all that apply / *Then* → *Describe the deviation and the cause*		Check appropriate column	
		Root Cause	Contributing Factor
1. Pressure ulcer risk assessment (Braden) was documented on admission and daily ☐ No ☐ Yes ☐ NA			
2. Skin inspection was documented on admission and daily ☐ No ☐ Yes ☐ NA			
3. Removal of devices such as stockings and splints were documented each shift ☐ No ☐ Yes ☐ NA			
4. The documented care plan linked risk assessment findings to specific preventative interventions ☐ No ☐ Yes ☐ NA			
5. Patients with impaired sensory perception, mobility, and activity as defined by the Braden scale had the following interventions documented • **Repositioning q 2hrs** ☐ No ☐ Yes ☐ NA • **Heels off of bed** ☐ No ☐ Yes ☐ NA • **Appropriate support surfaces (mattresses, chair cushions) for pressure redistribution** ☐ No ☐ Yes ☐ NA			
6. Patients with friction/shear risk as defined by the Braden scale had HOB 30 degrees or less documented (if medical contraindicated, there was an MD order and an alternative plan was documented to prevent shear injury) ☐ No ☐ Yes ☐ NA			
7. Patients with nutritional deficits as defined by the Braden scale were followed by dietary services once the deficit was identified ☐ No ☐ Yes ☐ NA			

F. MN PATIENT SAFETY SPECIFIC EVENT DETAIL Factors (Complete only if specific event is applicable)

F2. Pressure Ulcer Event			
Check all that apply → *Then* →	*Describe the deviation and the cause*	Check appropriate column: Root Cause	Check appropriate column: Contributing Factor
8. Patients with incontinence have documentation of perineal cleanser and barrier use and the underlying cause is addressed ☐ No ☐ Yes ☐ NA			
9. Patient/family skin safety education and patient response was documented ☐ No ☐ Yes ☐ NA			
10. Standard skin safety interventions that were determined to be medically contraindicated or inconsistent with the patient's overall goals were documented or ordered by an MD and reevaluated routinely ☐ No ☐ Yes ☐ NA			
11. Inability to adhere to standard skin safety interventions (i.e., noncompliance) was documented with evidence of patient/family education and ongoing efforts to reeducated or modify care plan ☐ No ☐ Yes ☐ NA			

F. MN PATIENT SAFETY SPECIFIC EVENT DETAIL Factors (Complete only if specific event is applicable)

F3. Fall Event ☐ **Yes** ☐ **No**

Check all that apply → *Then* → *Describe the deviation and the cause*		Check appropriate column	
		Root Cause	Contributing Factor
1. Does your facility have a falls team that regularly evaluates your falls program? ☐ No ☐ Yes ☐ NA			
2. Was a Fall Risk Screening documented at admission? ☐ No ☐ Yes ☐ NA			
3. Was a validated, reliable fall risk screening tool used? ☐ No ☐ Yes ☐ NA			
4. Did the screening tool indicate patient was at risk for falls? ☐ No ☐ Yes ☐ NA			
5. If screening tool did not indicate patient was at risk for falls: **5a) Was patient still placed at risk due to clinical judgment?** ☐ No ☐ Yes ☐ NA **5b) If yes, what were the additional factors that placed the patient at risk?** ☐ No ☐ Yes ☐ NA **5c) Were universal fall precautions in place (e.g. items placed within patient's reach, room clear of clutter)?** ☐ No ☐ Yes ☐ NA			
6. If patient was determined to be at risk for falling: **Was re-screening documented:** **6a) Every 24 hours, minimum (within the 48 hours prior to the fall)?** ☐ No ☐ Yes ☐ NA **6b) Upon transfer between units?** ☐ No ☐ Yes ☐ NA **6c) Upon change of status?** ☐ No ☐ Yes ☐ NA **6d) Post-fall?** ☐ No ☐ Yes ☐ NA			

F. MN PATIENT SAFETY SPECIFIC EVENT DETAIL Factors (Complete only if specific event is applicable)

F3. Fall Event

Check all that apply → *Then* →	*Describe the deviation and the cause*	Check appropriate column	
		Root Cause	Contributing Factor
7. Was there a visual indication alerting staff to patient's at-risk status? ☐ No ☐ Yes ☐ NA If yes, what type?			
8. Was a fall prevention intervention plan documented? ☐ No ☐ Yes ☐ NA			
9. Did the intervention plan focus on the patient's specific risk factors? ☐ No ☐ Yes ☐ NA			
10. Was patient/family education completed? ☐ No ☐ Yes ☐ NA			
11. When was patient rounding last conducted for this patient to check for pain, positioning and potty? {≤30 minutes prior to fall; ≤1 hour prior to fall; ≤2 hours prior to fall; ≤2 hours prior to fall; unknown} ☐ No ☐ Yes ☐ NA			
12. Was equipment to reduce risk for fall/ injury in place? ☐ No ☐ Yes ☐ NA If yes, what type?			
13. Was patient on culprit meds within 24 hours of fall? ☐ No ☐ Yes ☐ NA If so, which medication?			

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G. CITE ANY BOOKS OR JOURNAL ARTICLES THAT WERE CONSIDERED IN DEVELOPING THIS ANALYSIS AND ACTION PLAN: (Required). (Could include calling other hospitals. Can also use Sentinel Alert information, MN Patient Registry information; VHA peer groups or any professional organizations, insurance company, etc.).

H. WHAT ARE THE KEY LEARNINGS FROM THIS EVENT TO SHARE WITH OTHER FACILITIES TO ENHANCE SAFETY? (Required).