POLICY:

- In response to a sentinel event occurrence, healthcare associated infection outbreak, or identification of undesirable patterns, trends or variations in its performance related to the safety or quality of care, the Performance Improvement Committee shall conduct a root cause analysis.

- Objectives of the root cause analysis shall include:
  - To identify those causative issues, systems or processes that represent core reasons for occurrence of the event
  - To develop an action plan that will prevent recurrence of the event
  - To implement the action plan, monitoring the plan's effectiveness periodically
  - To assure the event will not be repeated

PROCEDURE:

- A root cause analysis contains the following characteristics:
  - Primarily focuses on systems and processes, not individual performance
  - Progresses from special causes in clinical process focus to common causes in system and/or organizational processes
  - Consistently focuses on basic, core rationale for causative factor(s), that is the analysis consistently searches deeper, ever questioning the core rationale (asking why)
  - Identifies necessary redesign efforts and/or revisions in systems and processes, either through redesign or development of new systems or processes intended to improve performance levels and reduce the risk of event recurrence
  - The analysis is thorough and credible
To be viewed as credible, the root cause analysis must consist of the following elements:

- Be internally consistent, i.e., not contradict itself or leave obvious questions unanswered
- Provide an explanation for all findings of "not applicable" or "no problem"
- Include consideration of any relevant literature

To conduct a **thorough** root cause analysis, meetings shall contain the following elements:

- A clear definition of the issue(s) pertaining to the sentinel event; that is, a determination of the human and other factors most directly associated with the sentinel event or other safety-related event, and the process(es) and systems related to its occurrence, will be made.
- Brainstorming all real or potential contributing causes, which includes analysis of the underlying systems and processes through a series of "why?" questions to determine where redesign might reduce risk.
- Identification of risk points and their potential contributions to this type of event.
- Organization and analysis of causative factors, listing these factors in identified cause/effect priority.
- Identify those systems or processes related to the causative factors, determining the relationship of each cause to the system or process as special or common.
  - Common causes within a system(s) shall receive emphasis as identified from special causes within a process(es), i.e., special cause variations found to be within a process often result from variation in a larger system to which the process has a relationship.
  - Adequacy of staffing, including nurse staffing, shall always be evaluated as a possible cause:
Evaluation of the adequacy of staffing shall include number and competency of all staff. Issues such as processes related to workflow, competency assessment, credentialing, supervision of staff, and orientation, training and education shall also be evaluated.

- The Quality Improvement Committee shall make a determination of potential improvement in processes or systems that would tend to decrease the likelihood of such events in the future, or a determination after analysis that no such improvement opportunities exist. Implement the identified actions as soon as possible, regardless of the progress point of the analysis team.

- A time line shall be established to assess team progress.

The Committee shall:

- Emphasize improvement actions on identified larger systems, as it is through redesigning the larger system that receives the most concrete and permanent benefit from eliminating common causes of the variation.

- Focus improvement plans on redesigning processes and systems to eliminate identified root causes of the sentinel event.

- Submit the improvement plan to the administrative team for approval.

- Implement the action plan after approval is received from the administrative team.

- Function as resource staff during action implementation.

- Establish time frames and methodology to assess and evaluate effectiveness of the action plan.

- Follow the evaluation time line through data collection and aggregation. Measure, assess and evaluate effectiveness of the plan, in accordance with the time line, reporting results as determined by the analysis team and the administrative team.