

 Park Nicollet	Title: Area Leadership role in Root Cause Analysis (RCA) process		
	Role(s): Leadership of Area Involved		
WORK STANDARD	Location:		Department: Patient Safety
	Document Owner: Medical Director of Patient Safety		
	Date Prepared: 4/23/09	Last Revision: 5/18/10	Date Approved:

Process Summary: The process and work to be done by the leadership of the area in which a Root Cause Analysis (RCA) event has happened.

RCA Prep and Investigation:

1.	Director/manager/leader receives notice of an event in their department requiring a Root Cause Analysis (RCA) from area VP/Chief or designee.
2.	Area leader will meet with area VP/Chief, MDPS, and Patient Safety Analyst within 2 business days to participate in the investigation including: <ul style="list-style-type: none"> - Sharing responsibility for completing the Root Cause Analysis (RCA)-Shared Checklist—(Please refer to the RCA process at a glance) - Identifying front-line staff to participate in the RCA meeting - Creating a timeline for investigation and negotiate RCA meeting date—Area leader will bring their available dates/times to the Prep meeting - A CAP (Corrective Action Plan) owner is determined at the Prep meeting, or no later than the RCA meeting for AHE/Sentinel Events, or at a post RCA meeting huddle, for Non-AHEs/Sentinel Events. This may be area leader from area involved, or a designee
2.	Initiate conversations with staff about the RCA process, interview staff about care leading up to the event, communicate safe staff environment, and help the staff members coordinate their schedules to assure attendance at the RCA meeting. Give front-line staff a copy of the Frontline staff role in the RCA Process-Work Standard, assure they have received the Root Cause Analysis (RCA) Meeting Details email, and viewed the Patient Safety video .
3.	Send any information regarding your investigation and staff interviews to the identified patient safety analyst. Review the emailed documents from the patient safety analyst prior to the meeting. Provide input and communicate discrepancies in the timeline/viewpoint of the event with the patient safety analysts in preparation of the meeting.
4.	If the RCA is for a Reportable Adverse Health Event (AHE), complete the Staffing Review Form for AHE document and return to the Patient Safety Analyst no later than at the completion of the RCA meeting.
5.	Contact involved staff one day prior to the meeting to assure attendance and answer any questions/concerns.

RCA Meeting:

1.	Arrive at RCA meeting and participate in discussion regarding root causes, corrective actions, and measures of success. VP/Chief may delegate the telling of the RCA event summary (2 minutes) to you.
2.	VP/Chief may designate the area leader as the CAP owner at the RCA meeting, or may have designated this role at the Prep meeting for AHEs/Sentinel Events.

Post RCA Process for designated CAP Owner:

1.	<p>If you are designated the CAP owner or content expert, attend the post-RCA follow-on meeting:</p> <ul style="list-style-type: none"> • The Root Cause(s) will be reviewed and a CAP Implementation Plan and an audit plan will be developed. (Refer to the Post RCA Meeting Agenda document.) • Contribute ideas for the Implementation Plan and RCA Area Audit Results documents, ensuring that the Corrective Action Plan addresses the countermeasures to the Root Cause(s). • Determine the need for change management support, and set up rounding by the appropriate department leader.
2.	<p>Assure the implementation plan is rolled-out and completed by the agreed upon due dates.</p> <p>You will receive Outlook reminders from a Patient Safety Analyst with the Implementation Plan due dates.</p> <p>Update the status of the Implementation plan in the Patient Safety-KOT I:Drive Folder. Notify the Patient Safety Analyst when the Implementation Plan has been completed.</p> <p>The Patient Safety Analyst assigns implementation plan status color (in the area audit results document) using the following criteria:</p> <ul style="list-style-type: none"> • Green = indicates corrective action plan completed • Yellow = indicates corrective action plan on track or indicates corrective action plan on track, but behind schedule • Red = indicates corrective action implementation plan failing
5.	<p>CAP owner or designee completes the determined audit measures, remembering to observe a variety of operators when performing observation audits.</p> <p>You will receive Outlook reminders from a Patient Safety Analyst with the audit measure due dates.</p> <p>Enter the results on the RCA Area Audit Results in the Patient Safety-KOT I:Drive Folder by the agreed upon due date. (If the due date falls on a weekend or Monday holiday, the results must be submitted by the Friday before the due date.) This is done at 30, 60, 90 and 180 calendar days. Any questions or concerns about how to perform an audit should be directed to the Patient Safety Analyst. Notify the Patient Safety Analyst when the Implementation Plan has been completed.</p> <p>The Patient Safety Analyst assigns audit measure status color using the following criteria:</p> <ul style="list-style-type: none"> • Green = All audit measures meet or exceed the goal. • Yellow = One or more audit measures do not meet the goal, but progress is being made according to a known and documented plan or one or more audit measures do not meet the goal, or process is slipping or not proceeding to a documented plan. • Red = One or more audit measures/processes are not being maintained and/or are well outside of the goal.
6.	<p>Based on the assigned audit color, CAP owners, Operational owners, VP/Chief, Medical Director of Patient Safety, and Patient Safety Analyst respond to the audit in one of the following ways:</p> <ul style="list-style-type: none"> • Green = No Intervention required. • Yellow = Medical Director of Patient Safety, Patient Safety Analyst, and VP/Chief monitor documented plan to achieve results or Patient Safety Analyst and Medical Director of Patient Safety, meet with operational

	<p>process owners to get expected results back on track. Operational process owners identify and document an action plan in the action plan tab of the RCA Area Audit Results. This plan is communicated to the VP/Chief.</p> <ul style="list-style-type: none">• Red = VP/Chief to get involved to ensure RCA results are re-achieved and maintained. Operational process owners identify and document an action plan in the action plan tab of the Area Audit Results. This plan is communicated to and approved by the VP/Chief.
7.	<ul style="list-style-type: none">• If the 180 day audit is yellow additional audits may be assigned at VP/Chief or Patient Safety discretion.• If the final audit is red, the VP/Chief must determine whether the process is viable or not.• If the process is viable but needs additional support, the VP/Chief should designate additional support and audit date(s).• If the process is not viable, and the VP/Chief and/or MDPS may decide to formally abandon the process or determine that the original RCA group needs to reconvene.