Introduction

A Root Cause Analysis *(a standardized approach to understanding the causes of an adverse event or identifying system flaws for correction)* has been requested in response to an identified problem that may include, but is not limited to, one or more of the following:

➡ Events that led to a Significant or Sentinel Event

➡ Failure to achieve performance goals

➡ Variation in a process contributing to one of the above

➡ Identify prevention strategies for process improvement

The following standardized form provides a reporting template for Root Cause Analysis and related activities. The form outlines a recommended procedure for a systematic review of:

➡ the identified problem,

➡ the causes, and

➡ the actions to address the causes and prevent future incidents.

This document was developed to assist in completion of a root cause analysis request and consists of 3 parts:

➡ **Part I:** Instructions for completion of the template

➡ **Part II:** A blank Root Cause Analysis Report template

➡ **Part III:** An example of a completed Root Cause Analysis Report template

Part I: Instructions

Root Cause Analysis Report

Individual Completing Report:

Date of Report:

Problem Statement

The problem statement should be clearly defined, concise, and specific. It should relate to the purpose of the Root Cause Analysis request (e.g., significant event, failure to achieve goals, etc.). The problem statement will guide the root cause analysis activities and discussion for identified actions for improvement.

Root Cause Identification

Step 1. *Team Involved in RCA*	Assemble a team for discussion and completion of root cause analysis exercises. The team should consist of individuals involved in the process where the problem occurred and may include, as appropriate: Physicians, Clinicians, Peer Specialists, Administrative Staff, Individuals in Treatment, Leadership (Decision-Makers), and Quality staff.
	Consideration should be given to including the "voice of the customer" whenever possible.

Step 2. *Tools used for RCA*	Complete structured Root Cause Analysis tools such as the Fishbone Diagram and Five Whys for a systematic identification of causes.

1. **Fishbone Diagram** (also known as an Ishikawa Diagram)

   1.1. Brainstorm potential causes leading to the problem

   1.2. Group potential causes together in an affinity diagram and label the categories

   1.3. Place the causes into the fishbone diagram with corresponding categories. Generally, it is best if teams identify their own categories to ensure no potential causes are overlooked. However, some teams find that causes end up in one of the following category groupings: (Methods, Equipment, People, Materials, Measurement, Environment) or (Policies, Procedures, People, and Plant)

   1.4. Identify the top "root causes" leading to the problem

2. **Five Whys**

   The Five Whys activity can be utilized to dig deeper on a root cause identified during the Fishbone exercise. The exercise starts with this question: Why did this problem occur? The team will answer this question. Then, the team will ask why did that happen or occur? This will continue until the team reaches "I don't know." The Five Whys activity can be conducted on more than one cause identified by the team during the Fishbone exercise.

Step 3. *Identified Root Cause(s)*	The team will identify the main cause(s) of the problem that need to be addressed. Please list the root causes to be addressed.

Root Cause Analysis Report

Proposed Plan of Action

The most important aspect of a Root Cause Analysis is to develop a proposed plan of action to reduce the chance that this problem/event would happen again. When the root cause has been identified, the team should develop a list of solutions to address the problem and commit to the solutions that will have the most impact. Solutions, or actions, should be immediate whenever possible. However, it is important to identify and address actions that may take longer as well to ensure that the problem does not continue to occur. The following table can be used to ensure that actions are identified and addressed meaningfully:

Area of Concern (Root Cause)	Intervention	Target Date	Responsible Person	Monitoring Mechanism

Learn more about how to conduct a Fishbone Diagram or the Five Whys activity by watching a video on **cbhphilly.org** as part of the Quality Improvement Basics educational series.

Tools and templates for the Affinity Diagram, Fishbone Diagram, and Five Whys can be found at **cbhphilly.org**.

Part II: Root Cause Analysis (RCA) Reporting Template

Root Cause Analysis Report

Individual Completing Report:

Date of Report:

Problem Statement

Root Cause Identification

Step 1.

Team Involved in RCA

Step 2.

Tools used for RCA

Step 3.

Identified Root Cause(s)

Proposed Plan of Action				
Area of Concern (Root Cause)	**Intervention**	**Target Date**	**Responsible Person**	**Monitoring Mechanism**

Part III: Example of a Completed RCA Report

Root Cause Analysis Report
Individual Completing Report: Mary Smith, Program Manager
Date of Report: July 1, 2021

Problem Statement

The following problem statement is related to a medication error event that occurred for Patient A:

On Day 15, it was noted that Patient A had not received his bimonthly Olanzapine 150 mg long acting injectable (LAI) on Day 1 as scheduled. The ordering psychiatrist was notified, and the medication was administered on Day 16.

Root Cause Identification

Step 1. *Team Involved in RCA*	➡ Psychiatrist ➡ Temporary Nurse ➡ Nursing Supervisor ➡ Manager of Quality ➡ Program Manager
Step 2. *Tools used for RCA*	An Affinity Diagram and Fishbone Diagram were completed and are embedded in this document. 📄 Affinity Diagram Template.docx 📄 Fishbone Template Example.docx
Step 3. *Identified Root Cause(s)*	**1.** Education was not provided to the temporary nurse regarding about the protocol for processing physician orders for long-acting-injectable (LAI) medications. As a result, nurse did not realize the medication was due to be given. **2.** There was no alert or flag in the electronic health record (EHR) indicating that the medication was overdue. **3.** There was no policy for regularly schedule review of the medication administration record (MAR) by the clinical team to identify the medication was not given.

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Proposed Plan of Action

Area of Concern (Root Cause)	Intervention	Target Date	Responsible Person	Monitoring Mechanism
Education about procedures related to Long Acting Injectables (LAI) was not provided as part of onboarding for temporary nursing staff	Update onboarding education to include procedures related to long acting injectables Train nursing Supervisors on updates to onboarding process Train all current temporary staff on LAI procedures	Immediately	Program Manager	Updated Onboarding Education Materials Training Records
Electronic Health Record Notification Process	Develop automatic flag in electronic health record so that treatment team (RN and prescriber) are made aware that patient is due for Long Acting Injectable.	Next month	Nursing Supervisor	Nursing Supervisor will attend electronic health record workgroup regularly to facilitate developing this flag.
No policy related to review of Medication Administration Records (MAR)	Update Medication Administration policy to include weekly review of MAR by treatment team, and documentation that review has occurred. Train all nursing and medical staff on Medication Administration policy updates	Next week	Program Manager	Updated Policy Training Records Program manager to review 5 charts per week to ensure that review of MAR was conducted at least once weekly.