

### Root Cause Analysis and Corrective Action Plan Template

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
<b>Process Issues</b>	<p>1. What was the intended process flow? ----- ----- ----- -----</p> <p>2. Were there any steps in the process that did not occur as intended? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p> <p>3. What were the steps in the process that did not occur as intended? ----- ----- -----</p> <p>4. Had a previous investigation been done for a similar event, were the causes identified, and were effective interventions developed and implemented on a timely basis? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><b>Check All that apply:</b></p> <p><input type="checkbox"/> Aids not available or not working (e.g., CTG machine; checklist; a risk assessment tool; fax machine to enable remote assessment of results)</p> <p><input type="checkbox"/> Difficulties in accessing senior/specialist advice</p> <p><input type="checkbox"/> Lack of prioritization of guidelines</p> <p><input type="checkbox"/> Poorly designed (i.e., Too complex; too much info.; difficult to conceive or remember)</p> <p><input type="checkbox"/> Too many tasks to perform at the same time</p> <p><input type="checkbox"/> Contradicting tasks</p> <p><input type="checkbox"/> Staff do not agree with the 'task/procedure design_</p> <p><input type="checkbox"/> Stages of the task not designed so that each step can realistically be carried out</p> <p><input type="checkbox"/> Inappropriate transfer of processes from other situations</p>	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]



Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
<b>Process Issues (continued)</b>	<p>5. Were there written up-to-date policies and procedures that addressed the work processes related to the event? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p> <p>6. Were relevant policies/procedures clear, understandable, and readily available to all staff? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><b>Check All that apply:</b></p> <p><input type="checkbox"/> Insufficient opportunity to influence task/outcome where necessary</p> <p><input type="checkbox"/> Unreliable or ineffective general administrative systems (Please specify, e.g., Bookings, Patient identification, ordering, requests, referrals, appointments)</p> <p><input type="checkbox"/> Unreliable or ineffective admin infrastructure (e.g., Phones, bleep systems, etc.)</p> <p><input type="checkbox"/> Unreliable or ineffective administrative support</p> <p><input type="checkbox"/> Delays caused by system failure or design</p> <p><input type="checkbox"/> Time pressure</p> <p><input type="checkbox"/> Other: -----</p>	<p>Enter free text here (For Each Contributing factor, please write a causal statement)</p>	<p>Enter free text here (For Each Causal Statement, please write a no. of Actions)</p>	<p>For each action select (Drop Down List) Stronger/Intermediate/Weaker</p>	<p>For each action Enter free text here [Title/Position]</p>	<p>For each action [DATE]</p>
<b>Human Factors</b>	<p>1. What were staff-related human performance factors relevant to the outcome? ----- -----</p>	<p><b>Check All that apply:</b></p> <p><input type="checkbox"/> Stress (e.g., distraction / preoccupation)</p> <p><input type="checkbox"/> Lack of motivation (e.g., boredom, complacency, low job satisfaction)</p>	<p>Enter free text here (For Each Contributing factor, please write a causal statement)</p>	<p>Enter free text here (For Each Causal Statement, please write a no. of Actions)</p>	<p>For each action select (Drop Down List) Stronger/Intermediate/Weaker</p>	<p>For each action Enter free text here [Title/Position]</p>	<p>For each action [DATE]</p>

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
<b>Human Factors (continued)</b>	<p>2. Did personnel have an adequate sleep? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p> <p>3. Was fatigue properly anticipated? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p> <p>4. What was the reason for fatigue? ----- ----- ----- -----</p> <p>5. Were there phycological stressors? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><b>Check All that apply:</b></p> <p><input type="checkbox"/> Domestic problems (e.g., family related issues)</p> <p><input type="checkbox"/> Lifestyle problems (e.g., financial/housing issues)</p> <p><input type="checkbox"/> Cultural beliefs</p> <p><input type="checkbox"/> Low self-confidence/over confidence (e.g., Gregarious, reclusive, interactive)</p> <p><input type="checkbox"/> Risk averse/risk taker</p> <p><input type="checkbox"/> Preoccupation/narrowed focus (Situational awareness problems)</p> <p><input type="checkbox"/> Perception/viewpoint affected by info. or mindset (Expectation/Confirmation bias)</p> <p><input type="checkbox"/> Distraction/Attention deficit</p> <p><input type="checkbox"/> Failure to follow established policies/procedures</p> <p><input type="checkbox"/> Inability to focus on the task</p> <p><input type="checkbox"/> Inattentional blindness/confirmation bias</p> <p><input type="checkbox"/> Personal problems</p>	<p>Enter free text here (For Each Contributing factor, please write a causal statement)</p>	<p>Enter free text here (For Each Causal Statement, please write a no. of Actions)</p>	<p>For each action select (Drop Down List) Stronger/Intermediate/Weaker</p>	<p>For each action Enter free text here [Title/Position]</p>	<p>For each action [DATE]</p>

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
<b>Human Factors (continued)</b>	6. What was the source of psychological stressors? ----- ----- ----- -----	<b>Check All that apply:</b> <input type="checkbox"/> Lack of complex critical thinking skills <input type="checkbox"/> Rushing to complete task <input type="checkbox"/> Substance abuse <input type="checkbox"/> Trust <input type="checkbox"/> Other: -----	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]
<b>Equipment / Technology</b>	1. Was available equipment/technology used as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. How did the equipment/technology performance affect the outcome? ----- ----- 3. How was the equipment/technology designed to minimize errors or easy-to-catch mistakes? ----- ----- -----	<b>Check All that apply:</b> <input type="checkbox"/> Interference/unclear equipment display <input type="checkbox"/> Poor working order <input type="checkbox"/> Inappropriate size <input type="checkbox"/> Unreliable <input type="checkbox"/> Ineffective safety features/not designed to fail-safe <input type="checkbox"/> Poor maintenance program <input type="checkbox"/> Failure of general services (power supply, water, piped gases, etc.) <input type="checkbox"/> Correct equipment not available <input type="checkbox"/> Insufficient equipment / emergency backup equipment <input type="checkbox"/> Incorrectly placed for use <input type="checkbox"/> Incorrectly stored	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]



Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	4. Was there a maintenance program in place to maintain the equipment involved? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Equipment / Technology (continued)</b>	5. Were personnel trained appropriately to operate the equipment involved in the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Check All that apply:</b> <input type="checkbox"/> Unclear controls <input type="checkbox"/> Not intuitive in design <input type="checkbox"/> Confusing use of color or symbols <input type="checkbox"/> Lack of or poor-quality user manual <input type="checkbox"/> Not designed to make detection of problems obvious <input type="checkbox"/> Use of items that have similar names or packaging <input type="checkbox"/> Problems of compatibility <input type="checkbox"/> Other: -----	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]
<b>Environmental Factors</b>	1. How was the work area/environment designed to support the function it was being used for? ----- ----- ----- -----	<b>Check All that apply:</b> <input type="checkbox"/> Poor or inappropriate office design (computer chairs, the height of tables, anti-glare screens, security screens, panic buttons, placing of filing cabinets, storage facilities, etc.)	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	<p>2. Had there been an environmental risk assessment (i.e., safety audit) of the area?</p> <p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><input type="checkbox"/> Poor or inappropriate area design (length, shape, visibility, provision of space)</p> <p><input type="checkbox"/> Inadequate security provision</p>					
<b>Environmental Factors (continued)</b>	<p>3. How was the physical work environment designed to decrease stress levels?</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>4. Were appropriate safety evaluations and disaster drills been conducted as scheduled?</p> <p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p> <p>5. Did the work area/environment meet current codes, specifications, and regulations?</p> <p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><b>Check All that apply:</b></p> <p><input type="checkbox"/> Lack of secure outside space</p> <p><input type="checkbox"/> Temperature too high/low</p> <p><input type="checkbox"/> Noise levels too high or low</p> <p><input type="checkbox"/> Lighting too dim or bright, or lack of</p> <p><input type="checkbox"/> Inadequate lines of sight</p> <p><input type="checkbox"/> Inadequate/inappropriate use of color contrast/patterns (walls/doors/flooring etc.)</p> <p><input type="checkbox"/> Housekeeping issues – lack of cleanliness</p> <p><input type="checkbox"/> Inadequate maintenance</p> <p><input type="checkbox"/> Fixture or fitting not available (failure or lack of capacity)</p> <p><input type="checkbox"/> Ligature/anchor points</p> <p><input checked="" type="checkbox"/> Other: -----</p>	<p>Enter free text here</p> <p>(For Each Contributing factor, please write a causal statement)</p>	<p>Enter free text here</p> <p>(For Each Causal Statement, please write a no. of Actions)</p>	<p>For each action select (Drop Down List) Stronger/Intermediate/Weaker</p>	<p>For each action Enter free text here</p> <p>[Title/Position]</p>	<p>For each action [DATE]</p>



Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
<b>Staff Competency and Performance</b>	<p>1. How was the staff involved in the event properly qualified and trained to perform their function/duties? ----- ----- -----</p> <p>2. How were all staff oriented to the job, department, and facility policies regarding safety, security, hazardous material management, emergency preparedness, life safety management, medical equipment, and utility management? ----- ----- -----</p> <p>3. How was the staff training needs assessment conducted? ----- ----- -----</p>	<p><b>Check All that apply:</b></p> <p><input type="checkbox"/> Mental impairment (e.g., illness, drugs, alcohol, pain)</p> <p><input type="checkbox"/> Lack of knowledge</p> <p><input type="checkbox"/> Lack of skills</p> <p><input type="checkbox"/> Inexperience</p> <p><input type="checkbox"/> Inappropriate experience or lack of quality experience</p> <p><input type="checkbox"/> Unfamiliar task</p> <p><input type="checkbox"/> Lack of testing and assessment</p> <p><input type="checkbox"/> Inadequate supervision</p> <p><input type="checkbox"/> Lack of / inadequate mentorship</p> <p><input type="checkbox"/> Training results not monitored/acted upon</p> <p><input type="checkbox"/> Training needs analysis not conducted/acted upon</p> <p><input type="checkbox"/> On the job training unavailable or inaccessible</p> <p><input type="checkbox"/> Emergency Training unavailable or inaccessible</p> <p><input type="checkbox"/> Team training unavailable or inaccessible</p> <p><input type="checkbox"/> Core skills training unavailable or inaccessible</p> <p><input type="checkbox"/> Refresher courses unavailable or inaccessible</p>	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	4. Was training provided prior to the start of the work process? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Staff Competency and Performance (continued)</b>	5. How were the results of training monitored over time? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. How were all staff trained in the use of relevant barriers and controls? ----- ----- -----	<b>Check All that apply:</b> <input type="checkbox"/> Poor rule compliance Routine violation of rules/regulations <input type="checkbox"/> Other: -----	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]
<b>Manpower Planning Issues</b>	1. Was there sufficient staff on-hand for the workload at the time? (i.e., Workload too high, too low, or wrong mix of staff). <input type="checkbox"/> Yes <input type="checkbox"/> No 2. How did actual staffing compare with the ideal level? -----	<b>Check All that apply:</b> <input type="checkbox"/> Overload <input type="checkbox"/> Inappropriate skill mix (e.g., Lack of senior staff; Trained staff; etc.) <input type="checkbox"/> Low staff to patient ratio <input type="checkbox"/> Use of temporary staff <input type="checkbox"/> High staff turnover <input type="checkbox"/> Shift related fatigue <input type="checkbox"/> Excessive working hours <input type="checkbox"/> Lack of breaks during work hours	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]



Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	<p>----- ----- 3. What was the plan for dealing with staffing contingencies? ----- ----- ----- ----- 4. Were such contingencies a factor in this event? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><input type="checkbox"/> Excessive extraneous tasks <input type="checkbox"/> Failure to address/manage issues of competence <input type="checkbox"/> Other: ----- -</p>					
<b>Leadership and Safety Culture</b>	<p>1. How does leadership address the continuum of patient safety events, including close calls, adverse events, and unsafe, hazardous conditions? ----- ----- ----- 2. How does the healthcare facility's culture support risk reduction? -----</p>	<p><b>Check All that apply:</b> <input type="checkbox"/> Inadequate decision/action caused by Group influence <input type="checkbox"/> Hierarchical structure/Governance structure not conducive to discussion, problem sharing, etc. <input type="checkbox"/> Tight boundaries for accountability and responsibility <input type="checkbox"/> Professional isolation <input type="checkbox"/> Clinical versus the managerial model</p>	<p>Enter free text here (For Each Contributing factor, please write a causal statement)</p>	<p>Enter free text here (For Each Causal Statement, please write a no. of Actions)</p>	<p>For each action select (Drop Down List) Stronger/Intermediate/Weaker</p>	<p>For each action Enter free text here [Title/Position]</p>	<p>For each action [DATE]</p>

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	<p>----- -----</p> <p>3. How does leadership demonstrate accountability for implementing measures to reduce the risk of patient harm?</p> <p>----- ----- -----</p> <p>4. How does leadership communicate corrective actions stemming from any analysis following reported risks?</p> <p>----- ----- -----</p>	<p><input type="checkbox"/> Lack of robust Service level agreements/contractual arrangements</p> <p><input type="checkbox"/> Inadequate safety terms and conditions of contracts</p> <p><input type="checkbox"/> Contractors related problem</p> <p><input type="checkbox"/> Inappropriate safety/efficiency balance</p> <p><input type="checkbox"/> Lack of risk management plans</p> <p><input type="checkbox"/> Inadequate leadership example (e.g., visible evidence of commitment to safety)</p>					
<b>Leadership and Safety Culture (continued)</b>	<p>5. How does the overall culture encourage change, suggestions, and warnings from staff regarding risky situations or problem areas?</p>	<p><b>Check All that apply:</b></p> <p><input type="checkbox"/> Inadequately open culture to allow appropriate communication</p> <p><input type="checkbox"/> Inadequate learning from past incidents</p>	<p>Enter free text here (For Each Contributing factor, please write a causal statement)</p>	<p>Enter free text here (For Each Causal Statement, please write a no. of Actions)</p>	<p>For each action select (Drop Down List) Stronger/Intermediate/Weaker</p>	<p>For each action Enter free text here [Title/Position]</p>	<p>For each action [DATE]</p>

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	----- ----- -----	<input type="checkbox"/> Incentives for 'at risk'/'risk taking' behaviors <input type="checkbox"/> Acceptance/toleration of inadequate adherence to current practice <input type="checkbox"/> Ignorance/poor awareness of inadequate adherence to current practice <input type="checkbox"/> Disempowerment of staff to escalate issues or take action <input type="checkbox"/> Ineffective leadership – clinically <input type="checkbox"/> Ineffective leadership – managerially <input type="checkbox"/> Lack of decision making <input type="checkbox"/> Inappropriate decision making <input type="checkbox"/> Untimely decision making (delayed) <input type="checkbox"/> Leader poorly respected					
<b>Leadership and Safety Culture (continued)</b>	6. How does leadership address disruptive behaviors? ----- ----- -----	<b>Check All that apply:</b> <input type="checkbox"/> Lack of support networks for staff <input type="checkbox"/> Inappropriate level of assertiveness <input type="checkbox"/> Inadequate inter-professional challenge	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
		<input type="checkbox"/> Bed Availability <input type="checkbox"/> Other: -----					
<b>Communication and Information</b>	1. Was the patient correctly identified? <input type="checkbox"/> Yes <input type="checkbox"/> No  2. How was information from various patient assessments shared and used by the treatment team members on a timely basis? ----- ----- ----- ---	<b>Check All that apply:</b> <input type="checkbox"/> Language <input type="checkbox"/> Incomplete information (test results, patient history) <input type="checkbox"/> Misrepresentation of information <input type="checkbox"/> The inappropriate tone of voice and style of delivery for the situation <input type="checkbox"/> Ambiguous verbal commands/directions <input type="checkbox"/> Incorrect use of language <input type="checkbox"/> Made to inappropriate person(s) <input type="checkbox"/> Incorrect communication channels used	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]
<b>Communication and Information (continued)</b>	3. How did existing documentation provide a clear picture of the work-up, the treatment plan, and the patient's response to treatment? (e.g., Assessments, consultations, orders,	<b>Check All that apply:</b> <input type="checkbox"/> Inadequate patient identification <input type="checkbox"/> Records difficult to read <input type="checkbox"/> All relevant records not stored together and accessible when required	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	<p>progress notes, medication administration record, x-ray, labs, etc.)? ----- ----- -----</p> <p>4. Was communication between management/supervisors and front-line staff adequate? (i.e., Accurate, complete, unambiguous, using standard vocabulary and no jargon) <input type="checkbox"/>Yes      <input type="checkbox"/>No</p> <p>5. Was communication between front line team members adequate? <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>	<p><input type="checkbox"/> Records incomplete or not contemporaneous (e.g., unavailability of patient management plans, patient risk assessments, etc.)</p> <p><input type="checkbox"/> Written information not circulated to all team members</p> <p><input type="checkbox"/> Communication not received</p> <p><input type="checkbox"/> Communications directed to the wrong people</p> <p><input type="checkbox"/> Lack of information to patients</p> <p><input type="checkbox"/> Lack of effective communication to staff of risks (Alerts systems etc.)</p> <p><input type="checkbox"/> Body Language issues (closed, open, body movement, gestures, facial expression)</p>					
<b>Communication and Information (continued)</b>	<p>6. Was communication across patient care areas adequate (e.g., transfers, consults) <input type="checkbox"/>Yes      <input type="checkbox"/>No</p>		Enter free text here (For Each Contributing factor, please	Enter free text here (For Each Causal Statement,	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
	7. How were policies and procedures communicated adequately? ----- ----- ----- -----		write a causal statement)	please write a no. of Actions)			
<b>Communication and Information (continued)</b>	8. How was the endorsement of patient information communicated adequately? ----- ----- ----- -----	<b>Check All that apply:</b> <input type="checkbox"/> Negative team reaction to conflict <input type="checkbox"/> Negative team reaction to newcomers <input type="checkbox"/> Lack of team openness/communication with colleagues <input type="checkbox"/> Failure to seek support <input type="checkbox"/> Lack of easy access to technical information, flow charts and diagrams <input type="checkbox"/> Lack of direct or understandable feedback from the task <input type="checkbox"/> Other:	Enter free text here (For Each Contributing factor, please write a causal statement)	Enter free text here (For Each Causal Statement, please write a no. of Actions)	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]
<b>Others</b>	Are there any other any unasked questions?	Enter free text here	Enter free text here (For Each Contributing	Enter free text here (For Each Causal	For each action select (Drop Down List) Stronger/Intermediate/Weaker	For each action Enter free text here [Title/Position]	For each action [DATE]

Category of Contributing Factor	Triggering Questions	Contributing factors	Causal Statement	Corrective Actions	Action Strength	Responsibility	Action Due Date
			factor please write a causal statement)	Statement please write a no. of Actions)			

## Action Hierarchy

Action Strength	Action Category	Example
<b>Stronger Actions</b> (These tasks require less reliance on humans to remember to perform the task correctly)	Architectural/physical plant changes	Replace revolving doors at the main patient entrance into the building with powered sliding or swinging doors to reduce patient falls.
	New devices with usability testing	Perform heuristic tests of outpatient blood glucose meters and test strips and select the most appropriate for the patient population being served.
	Engineering control (forcing function)	Eliminate the use of universal adaptors and peripheral devices for medical equipment and use tubing/fittings that can only be connected the correct way (e.g., IV tubing and connectors that cannot physically be connected to sequential compression devices [SCDs]).
	Simplify process	Remove unnecessary steps in a process.
	Standardize on equipment or process	Standardize the make and model of medication pumps used throughout the institution. Use bar coding for medication administration.
	Tangible involvement by leadership	Participate in unit patient safety evaluations and interact with staff; support the RCA <sup>2</sup> process (root cause analysis and action); purchase needed equipment; ensure staffing and workload are balanced.
<b>Intermediate Actions</b>	Redundancy	Use two RNs to independently calculate high-risk medication dosages.
	Increase in staffing/decrease in workload	Make float staff available to assist when workloads peak during the day.
	Software enhancements, modifications	Use computer alerts for drug-drug interactions.
	Eliminate/reduce distractions	Provide quiet rooms for programming PCA pumps; remove distractions for nurses when programming medication pumps.
	Education using simulation-based training, with periodic refresher sessions and observations	Conduct patient handoffs in a simulation lab/environment, with after action critiques and debriefing.



Action Strength	Action Category	Example
<b>Intermediate Actions (continued)</b>	Checklist/cognitive aids	Use pre-induction and pre-incision checklists in operating rooms. Use a checklist when reprocessing flexible fiber optic endoscopes.
	Eliminate look- and sound-alikes	Do not store look-alikes next to one another in the unit medication room.
	Standardized communication tools	Use read-back for all critical lab values. Use read-back or repeat-back for all verbal medication orders. Use a standardized patient handoff format.
	Enhanced documentation, communication	Highlight medication name and dose on IV bags.
<b>Weaker Actions (these tasks require more reliance on humans to remember to perform the task correctly)</b>	Double checks	One person calculates dosage, another person reviews their calculation.
	Warnings	Add audible alarms or caution labels.
	New procedure/ memorandum/policy	Remember to check IV sites every 2 hours.
	Training	Demonstrate correct usage of hard-to-use medical equipment.



Download The RCA & CAP Template