

## Triggering Questions for RCA<sup>2</sup>

Triggering Questions help RCA<sup>2</sup> teams consider important areas of inquiry. Answer each question as “yes,” “no,” or “not applicable” (N/A). For any questions to which the answer is “no,” form a plan to investigate why not by interviewing staff and/or reviewing documentation (e.g., regulatory requirements, guidelines, publications, and/or codes and standards). Use the worksheet below to track your progress.

### Communication

1. Was the patient correctly identified?  YES  NO  N/A
2. Was information from various patient assessments shared and used by members of the treatment team on a timely basis?  YES  NO  N/A
3. 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, progress notes, medication administration record, x-ray, labs, etc.)  YES  NO  N/A
4. Was communication between management/supervisors and front line staff adequate? (i.e., Accurate, complete, unambiguous, using standard vocabulary and no jargon)  YES  NO  N/A
5. Was communication between front line team members adequate?  YES  NO  N/A
6. Were policies and procedures communicated adequately?  YES  NO  N/A
7. Was the correct technical information adequately communicated 24 hours/day to the people who needed it?  YES  NO  N/A
8. Were there methods for monitoring the adequacy of staff communications? (e.g., Read back, repeat back, confirmation messages, debriefs)  YES  NO  N/A
9. Was the communication of potential risk factors free from obstacles?  YES  NO  N/A
10. Was there a manufacturer's recall/alert/bulletin issued on the medication, equipment, or product involved with the event or close call? If yes, were relevant staff members made aware of this recall/alert/bulletin, and were the specified corrective actions implemented?  YES  NO  N/A
11. Were the patient and their family/significant others actively included in the assessment and treatment planning?  YES  NO  N/A
12. Did management establish adequate methods to provide information to employees who needed it in a timely manner that was easy to access and use?  YES  NO  N/A
13. Did the overall culture of the department/work area encourage or welcome observations, suggestions, or “early warnings” from staff about risky situations and risk reduction?  YES  NO  N/A

•If this has happened before, consider: What was done to prevent it from happening again?

14. Did adequate communication across organizational boundaries occur?  YES  NO  N/A

### Training

15. Was there an assessment done to identify what staff training was actually needed?

YES  NO  N/A

16. Was training provided prior to the start of the work process?  YES  NO  N/A

17. Were the results of training monitored over time?  YES  NO  N/A

18. Was the training adequate?  YES  NO  N/A

- Consider: supervisory responsibility, procedure omission, flawed training/policy/procedure.

19. Were training programs for staff designed upfront with the intent of helping staff perform their tasks without errors?  YES  NO  N/A

20. Were all staff trained in the use of relevant barriers and controls?  YES  NO  N/A

### Fatigue/Scheduling

21. Were the levels of vibration, noise, or other environmental conditions appropriate?

YES  NO  N/A

22. Were environmental stressors properly anticipated?  YES  NO  N/A

23. Did personnel have adequate sleep?  YES  NO  N/A

24. Was fatigue properly anticipated?  YES  NO  N/A

25. Was the environment free of distractions?  YES  NO  N/A

26. Was there sufficient staff on-hand for the workload at the time? (i.e., Workload too high, too low, or wrong mix of staff.)  YES  NO  N/A

27. Was the level of automation appropriate? (i.e., Neither too much nor not enough.)

YES  NO  N/A

### Environment/Equipment

28. Was the work area/environment designed to support the function it was being used for?

YES  NO  N/A

29. Had there been an environmental risk assessment (i.e., safety audit) of the area?

YES  NO  N/A

30. Were the work environment stress levels (either physical or psychological) appropriate? (e.g., Temperature, space, noise, intra-facility transfers, construction projects)  YES  NO  N/A

31. Had appropriate safety evaluations and disaster drills been conducted?  YES  NO  N/A

32. Did the work area/environment meet current codes, specifications, and regulations?

YES  NO  N/A

33. Was the equipment designed to properly accomplish its intended purpose?  YES  NO  N/A
34. Did the equipment work smoothly in the context of: staff needs and experience; existing procedures, requirements, and workload; and physical space and location?  YES  NO  N/A
35. Did the equipment involved meet current codes, specifications, and regulations?  
 YES  NO  N/A
36. Was there a documented safety review performed on the equipment involved? (If relevant, were recommendations for service/recall/maintenance, etc., completed in a timely manner?)  
 YES  NO  N/A
37. Was there a maintenance program in place to maintain the equipment involved?  
 YES  NO  N/A
38. If there was a maintenance program, did the most recent previous inspections indicate that the equipment was working properly?  YES  NO  N/A
39. If previous inspections pointed to equipment problems, were corrective actions implemented effective?  YES  NO  N/A
40. Had equipment and procedures been reviewed to ensure that there was a good match between people and the equipment they used or people and the tasks they did?  YES  NO  N/A
41. Were adequate time and resources allowed for physical plant and equipment upgrades, if problems were identified?  YES  NO  N/A
42. Was there adequate equipment to perform the work processes?  YES  NO  N/A
43. Were emergency provisions and back-up systems available in case of equipment failure?  
 YES  NO  N/A
44. Had this type of equipment worked correctly and been used appropriately in the past?  
 YES  NO  N/A
45. Was the equipment designed such that usage mistakes would be unlikely to happen?  
 YES  NO  N/A
46. Was the design specification adhered to?  YES  NO  N/A
47. Was the equipment produced to specifications and operated in a manner that the design was intended to satisfy?  YES  NO  N/A
48. Were personnel trained appropriately to operate the equipment involved in the adverse event/ close call?  YES  NO  N/A
49. Did the design of the equipment enable detection of problems and make them obvious to the operator in a timely manner?  YES  NO  N/A
50. Was the equipment designed so that corrective actions could be accomplished in a manner that minimized/eliminated any undesirable outcome?  YES  NO  N/A

51. Were equipment displays and controls working properly and interpreted correctly and were equipment settings including alarms appropriate?  YES  NO  N/A
52. Was the medical equipment or device intended to be reused (i.e., not reuse of a single use device)?  YES  NO  N/A
53. Was the medical equipment or device used in accordance with its design and manufacturer's instructions?  YES  NO  N/A

### Rules/Policies/Procedures

54. Was there an overall management plan for addressing risk and assigning responsibility for risk?  YES  NO  N/A
55. Did management have an audit or quality control system to inform them how key processes related to the adverse event were functioning?  YES  NO  N/A
56. 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?  YES  NO  N/A
57. Would this problem have gone unidentified or uncorrected after an audit or review of the work process/equipment/area?  YES  NO  N/A
58. Was required care for the patient within the scope of the facility's mission, staff expertise and availability, and technical and support service resources?  YES  NO  N/A
59. Was the staff involved in the adverse event or close call properly qualified and trained to perform their function/duties?  YES  NO  N/A
60. Did the equipment involved meet current codes, specifications, and regulations?  YES  NO  N/A
61. Were all staff involved oriented to the job, department, and facility policies regarding: safety, security, hazardous material management, emergency preparedness, life safety management, medical equipment, and utilities management?  YES  NO  N/A
62. Were there written up-to-date policies and procedures that addressed the work processes related to the adverse event or close call?  YES  NO  N/A
63. Were these policies/procedures consistent with relevant state and national guidance, regulatory agency requirements, and/or recommendations from professional societies/organizations?  YES  NO  N/A
64. Were relevant policies/procedures clear, understandable, and readily available to all staff?  YES  NO  N/A

65. Were the relevant policies and procedures actually used on a day-to-day basis?

YES  NO  N/A

• If the policies and procedures were not used, consider: What got in the way of their usefulness to staff? What positive and negative incentives were absent?

### Barriers

Barriers protect people and property from adverse events and can be physical or procedural. Negative/positive pressure rooms are an example of a physical barrier that controls the spread of bacteria/viruses. The pin indexing system used on medical gas cylinders is another example of a physical barrier that prevents gas cylinders being misconnected. The “surgical time out” is an example of a procedural barrier that protects patients from wrong site, wrong patient, wrong procedure surgeries.

Before completing this section, consider: What barriers and controls were involved in this adverse event or close call? Were these barriers designed to protect patients, staff, equipment, or the environment?

66. Was patient risk considered when designing these barriers and controls?  YES  NO  N/A

67. Were these barriers and controls in place before the adverse event or close call occurred?

YES  NO  N/A

68. Had these barriers and controls been evaluated for reliability?  YES  NO  N/A

69. Were there other barriers and controls for work processes?  YES  NO  N/A

70. Was the concept of “fault tolerance” applied in the system design? (A fault tolerant system can withstand the failure of one or more barriers without the patient being harmed.)

YES  NO  N/A

71. Were relevant barriers and controls maintained and checked on a routine basis by designated staff?  YES  NO  N/A

<b>QUESTIONS TO WHICH THE ANSWER IS "NO"</b>	<b>ANSWER TO: "WHY NOT?"</b>

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