



## Steps for Root Cause Analysis In Response to a Behavioral Health Adverse Event

**This template is provided as an aid to organizing the steps in a root cause analysis.**

As an aid to avoiding “loose ends,” the three columns on the right are provided to be checked off for later reference:

- “Root cause?” should be answered “Yes” or “No” for each finding. A root cause is typically a finding related to a process or system that has a potential for redesign to reduce risk.
- If a particular finding that is relevant to the event is not a root cause, be sure that it is addressed later in the analysis with a “Why?” question. Each finding that is identified as a root cause should be considered for an action and addressed in the action plan.
- “Ask Why?” should be checked off whenever it is reasonable to ask why the particular finding occurred or didn’t occur when it should have. It is expected that any significant findings that are not identified as root causes themselves have “roots.” Drill down further by asking why five times. Each item checked in this column should be addressed later in the analysis with a “Why?” question.
- “Take action?” should be checked for any finding that can reasonably be considered for a risk-reduction strategy. Each item checked in this column should be addressed later in the action plan. It will be helpful to write the number of the associated Action Item on page 5 in the “Take Action?” column for each of the findings that requires an action.

Describe your root cause analysis for all Category A Member Behavioral Health Adverse Events. Fill in the blanks for the questions asked using the form below.

The three columns on the right are provided to be checked:

- “Root cause?” should be answered “yes” or “no” for each finding. A root cause is typically a finding related to a process or system. Be sure that it is addressed in the analysis with a “Why?” question. Each finding that is identified as a root cause should be considered for an action and addressed in the action plan.
- “Ask Why?” should be checked off whenever it is reasonable to ask why the particular finding occurred. Each item checked in this column should be addressed in the analysis with five “Why?” questions. It is expected that any significant findings that are not identified as root causes have “roots.”



- “Take action?” should be checked for any finding that can reasonably be considered for a risk reduction strategy. Each item checked in this column should be addressed in the action plan. It will be helpful to write the number of the associated Action Item on page 5 in the “Take Action?” column for each of the findings that requires an action.

<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask “Why?”</u>	<u>Take Action</u>
What happened?	Behavioral Event	What are the details of the event? (brief description)			<input type="checkbox"/>	<input type="checkbox"/>
		When did the event occur? (Date, day of week, time)			<input type="checkbox"/>	<input type="checkbox"/>
		What area/service was impacted?			<input type="checkbox"/>	<input type="checkbox"/>
		When did you learn of the event?			<input type="checkbox"/>	<input type="checkbox"/>
Why did it happen?	The process or activity in which the event occurred.	What are the steps in the process, as designed? (A flow diagram may be helpful here)			<input type="checkbox"/>	<input type="checkbox"/>
What were the most proximate factors?		What steps were involved in (contributed to) the event?			<input type="checkbox"/>	<input type="checkbox"/>
(Typically “special cause” variation) Systems of human factors such as	Human factors	What human factors were relevant to the outcome?			<input type="checkbox"/>	<input type="checkbox"/>



inadequate staffing, lack of training or communication breakdown.						
Family, housing, work	Social factors	How did the member's social situation affect the outcome?			<input type="checkbox"/>	<input type="checkbox"/>
Coordination of services, level of care, or ISP	Controllable treatment factors	What factors directly affected the outcome?			<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Level of Analysis</u></b>		<b><u>Questions</u></b>	<b><u>Findings</u></b>	<b><u>Root Cause?</u></b>	<b><u>Ask "Why?"</u></b>	<b><u>Take Action</u></b>
Legal, courts, police	Uncontrollable external factors	Are they truly beyond the organization's control?			<input type="checkbox"/>	<input type="checkbox"/>
	Other	Are there any other factors that have directly influenced this outcome?			<input type="checkbox"/>	<input type="checkbox"/>
		What other areas or services are impacted?			<input type="checkbox"/>	<input type="checkbox"/>
Why did that happen? What systems and processes underlie those proximate factors?	Human Resources issues	To what degree is staff properly qualified and currently competent for their responsibilities?			<input type="checkbox"/>	<input type="checkbox"/>
(Common cause variation here may lead to special cause variation in		How did actual staffing compare with ideal levels?			<input type="checkbox"/>	<input type="checkbox"/>



dependent processes) May want to stratify processes.						
		What are the plans for dealing with contingencies that would tend to reduce effective staffing levels?			<input type="checkbox"/>	<input type="checkbox"/>
		How can orientation and in-service training be improved?			<input type="checkbox"/>	<input type="checkbox"/>
		To what degree is staff performance in the process(es) addressed?			<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Level of Analysis</u></b>		<b><u>Questions</u></b>	<b><u>Findings</u></b>	<b><u>Root Cause?</u></b>	<b><u>Ask "Why?"</u></b>	<b><u>Take Action</u></b>
	Communication and Information management issues	To what degree is all necessary information available when needed? Accurate? Complete? Unambiguous?			<input type="checkbox"/>	<input type="checkbox"/>
		To what degree is communication among participants adequate?			<input type="checkbox"/>	<input type="checkbox"/>
	Environmental management issues	To what degree was the physical environment appropriate for the processes being carried out?			<input type="checkbox"/>	<input type="checkbox"/>
		What systems are in place to identify environmental			<input type="checkbox"/>	<input type="checkbox"/>



		risks?				
		What emergency and failure-mode responses have been planned and tested?			<input type="checkbox"/>	<input type="checkbox"/>
	-Encouragement of communication	What are the barriers to communication of potential risk factors?			<input type="checkbox"/>	<input type="checkbox"/>
	-Clear communication of priorities	To what degree is the prevention of adverse outcomes communicated as a high priority? How?			<input type="checkbox"/>	<input type="checkbox"/>
	Uncontrollable factors	What can be done to protect against the effects of these uncontrollable factors?			<input type="checkbox"/>	<input type="checkbox"/>

<b>Root Cause</b>	<b>Risk Reduction Actions: include process steps and the responsible person by title only</b>	<b>Target date</b>
If after consideration of such a finding, a decision is made not to implement an associated risk-reduction strategy, indicate the rationale for not taking action at this time.	<b>Action Item #1:</b>	
Consider whether pilot testing of a planned improvement should be conducted.	<b>Action Item #2:</b>	



Improvements to reduce risk should ultimately be implemented in all areas where applicable, not just where the event occurred. Identify where the improvements will be implemented.	<b><u>Action Item #3:</u></b>	
Cite any books or journal articles that were considered in developing this analysis and action plan:	<b><u>Action Item #4:</u></b>	
	<b><u>Action Item #5:</u></b>	
	<b><u>Action Item #6:</u></b>	



## Complete This Form with Your Root Cause Analysis

From your root cause analysis and risk reduction plan, what organization may have responsibility for a risk reduction action identified in the table below? Check the boxes that apply for organizations listed A – C below.

From your casual analysis where the risk reduction plan is targeted for your organization and is not detailed in your risk reduction plan, enter the target dates (D), persons responsible (E) and position of responsible person (F).

If an item does not apply, leave it blank. Send this form to AMHD with the root cause analysis.

<b>Risk Reduction Action</b>	<b>A. Health Plan</b>	<b>B. Legal System</b>	<b>C. Provider Services</b>	<b>D. Target Date</b>	<b>E. Person responsible</b>	<b>F. Title of responsible person</b>
a. Establish staff competency standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b. Implement evidence-based best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c. Train staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d. Educate family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e. Increase frequency of CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f. Increase medication monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
g. Facilitate access to psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h. Use one-to-one services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i. Increase level of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j. Access CBI funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
k. Collaborate with MISA Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



l. Collaborate with Forensic Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
m. Collaborate with Probation/Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
n. Collaborate with other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Risk-Reduction Action</b>	<b>A. Health Plan</b>	<b>B. Legal System</b>	<b>C. Provider Services</b>	<b>D. Target Date</b>	<b>E. Person responsible</b>	<b>F. Title of responsible person</b>
o. Communicate with court system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
p. Revise ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
q. Increase participation in treatment team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
r. Increase clinical staff supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
s. Change agency policy and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
t. Request Health Plan technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
u. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Include any additional information here.**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Quality Management Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

'Ohana Health Plan Director of Behavioral Health: \_\_\_\_\_ Date: \_\_\_\_\_

'Ohana Health Plan Clinical Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_