Root cause analysis report – Part C

**Recommendations and Action plan**

**what to do with this form**

Pleasesubmit this completed form to Safer Care Victoria via email at [sentinel.events@safercare.vic.gov.au](mailto:sentinel.events@safercare.vic.gov.au).

### When to submit this form

Submit Part C of the RCA report within 50 business days of notifying the sentinel event.

For more information please contact the Incident Response Team on 03 9096 1546 or sentinel.events@safercare.vic.gov.au.

## Section 1: Sentinel event details

|  |  |
| --- | --- |
| **Sentinel event number:** |  |

**RCA report part C due date:** Click or tap to enter a date.

**RCA report part C submission date:** Click or tap to enter a date.

## ****Section 2: Endorsement****

**Chief Executive Officer (or authorised delegate)**

| **Name:** |  |
| --- | --- |

| **Signature:** |  | **Date:** | Click or tap to enter a date. |
| --- | --- | --- | --- |

## Recommendations – strength of recommendation

Outline the recommendations to address the findings (root causes) and/or learnings identified in part B of the report for this sentinel event. A guide to strength of recommendations can be found in appendix 1.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Recommendations:** | **Finding (root cause) / learning correlating number (from part B):** | **Strength:** |
| 1 |  |  | Choose an item. |
| 2 |  |  | Choose an item. |
| 3 |  |  | Choose an item. |
| 4 |  |  | Choose an item. |
| 5 |  |  | Choose an item. |

## Recommendation Action plan

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Recommendations to address root cause** | **Strength of recommendations** | **Actions to achieve recommendations** | **Outcome measure** | **Executive position sponsor** | **Position responsible/ accountable** | **Date due for completion** |
| 1 |  | Choose an item. |  |  |  |  | Click or tap to enter a date. |
| 2 |  | Choose an item. |  |  |  |  | Click or tap to enter a date. |
| 3 |  | Choose an item. |  |  |  |  | Click or tap to enter a date. |
| 4 |  | Choose an item. |  |  |  |  | Click or tap to enter a date. |

## Plan for shared learning

Outline the plan to share the recommendations and learning from this event:

| **Internally:** |
| --- |
|  |

| **Externally:** |
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|  |

## Appendix 1: Guide to strength of recommendations

|  |  |  |
| --- | --- | --- |
| Recommendation strength | Recommendation category | Example |
| Strong actions | Architectural/physical changes in surroundings | Replace revolving doors at the main entrance into the building with powered sliding or swinging doors to reduce patient falls. |
| Strong actions | New devices with usability testing | Perform pre-purchase testing of blood glucose monitors and test strips to select the most appropriate for the patient population. |
| Strong actions | Engineering control (forcing functions which force the user to complete the action) | Eliminate the use of universal adapters and peripheral devices for medical equipment; use tubing/fittings that can only be connected the correct way. |
| Strong actions | Simplify process and remove unnecessary steps | Remove unnecessary steps in a process; standardise the make and model of medication pumps used throughout the organisation; use barcoding for medication administration. |
| Strong actions | Tangible involvement by leadership | Participate in unit patient safety evaluations and interact with staff, purchase needed equipment, ensure staffing and workload is balanced. |
| Moderate actions | Redundancy | Use two RNs to independently calculate high-risk medication dosages. |
| Moderate actions | Increase in staffing/decrease in workload | Make float staff available to assist when workloads peak during the day. |
| Moderate actions | Software enhancements or modifications | Use computer alerts for drug–drug interactions. |
| Moderate actions | Eliminate/reduce distractions | Provide quiet rooms for programming PCA pumps; remove distractions for nurses when programming medication pumps. |
| Moderate actions | Education using simulation-based training with periodic refresher sessions/observations | Conduct patient handover in a simulation lab environment, with after-action critiques and debriefing. |
| Moderate actions | Checklist/cognitive aids | Use pre-induction and pre-incision checklists in operating rooms; use a checklist when reprocessing flexible fibre optic endoscopes. |
| Moderate actions | Eliminate look- and sound-alikes | Do not store look-alikes next to one another in the medication room. |
| Moderate actions | Standardised communication tools | Use read-back for all critical lab values; use read-back or repeat-back for all verbal medication orders, use a standardised patient handover format. |
| Weak actions | Double checks | One person calculates dosage, another person reviews their calculation. |
| Weak actions | Warnings | Add audible alarms or caution labels. |
| Weak actions | New procedure/memorandum/policy | Remember to check IV sites every two hours. |
| Weak actions | Training | Demonstrate the defibrillator during an in-service training. |

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