Leading an RCA Interview

- Creating the right environment
- Asking the right questions
- Asking the questions right
Create a Safe Environment

• Be non-judgmental
  – Staff are already anxious and defensive
  – Assume staff have good reasons for their actions
  – Avoid being confrontational and challenging
  – Show respect for all statements
Create a Safe Environment

• Avoid giving your opinions
  – Stay neutral
  – Show interest in what they are saying
  – Listen actively to the staff
  – Your obligation is to understand what happened and why
  – This is an opportunity to learn, not to find fault
Create a Safe Environment

• Remain open minded
  – We need to experience what the staff went through
  – Seek the truth about the event
    • Identify all the barriers to a good outcome
  – Don’t stop when you discover human error
    • Human error is a symptom of a deeper system issue
Create a Safe Environment

• Periodically check the tone of the room
  – Read their body language
    • Angry
    • Confused
    • Disengaged
  – Need to address in order to move to conclusion
    • “I’m sensing some anger, help me understand what is going on here.”
Create a Safe Environment

• Periodically check how you are feeling
  – Angry
    • Losing objectivity, neutral state
    • Need to identify the problem process and avoid human error
    • Ask clarifying questions
    • “What is your process for communicating a change in the patient’s condition?”
Create a Safe Environment

• Periodically check how you are feeling
  – Confused
    • Losing focus, getting lost in the details
    • Straying from the event
    • Redirect back to the event
    • “Let me see if I understand what you were saying?”
    • Restate a recently discussed event detail
Create a Safe Environment

• Periodically check how **you** are feeling
  – Disengaged
    • Losing focus, getting lost in the details
    • Starting to work ahead and form solutions
    • Time to move the group on and capture the issues
    • “Given everything you’ve heard, what would you identify as the main issues that contributed to the event?”
Directing the Conversation

• Encourage discussion and sharing of facts
• Keep focused on the processes and not individuals
• Help all have a chance to share their experience
Directing the Conversation

• Open Questions
  – Seeks more detail and knowledge
  – Asks for a person’s opinions and feelings
  – Hard to answer with one or two words
  – A good way to start the interview
  – Can be used to help staff open up
Directing the Conversation

• Examples of Open Questions
  – “Tell me what happened?”
  – “What do you think led up to the patient falling?”
  – “Talk about how skin assessments are done on your unit?”
  – “What do you think can be done differently?”
  – “What do we need to do to make this work?”
  – “How do you feel about that?”
Directing the Conversation

• Closed Questions
  – Encourage short factual answers or yes/no
  – Used to test understanding
  – Concluding a conversation
  – Make a decision or set the tone
  – Use with care as they can end the conversation
    • Lead to uncomfortable silences
  – Avoid using when discussion is moving along
Directing the Conversation

• Examples of Closed Questions
  – “I understand there is a policy on pain assessment, is that correct?”
  – “If there is no further discussion, shall we move on?”
  – “Do we all agree that there needs to be a better way for staff to share assessment findings?”
Directing the Conversation

• Clarifying Questions
  – Seek to further understand
  – Asks for additional details
  – Examples:
    • “Tell me more about the Time Out process.”
    • “Help me understand how the patient wasn’t turned”
    • “I heard you say you didn’t check the patient’s ID band, talk more about that”
Directing the Conversation

• Probing Questions
  – Intended to dig deeper into the issue
    • Move the conversation to a different level
  – Helps staff share details
  – There should be no set answer in mind
    • Avoid leading them down a set path
  – Avoids accounting for actions of others
  – Empower to solve problems, removes blame
  – Stabilizes an emotionally charged environment
Directing the Conversation

• Examples of Probing Questions
  – “What prevented you from assessing the patient’s risk of falls?”
  – “What would have to change for that to work better for you?”
  – “What is another way you might be able to assure the skin assessment is complete?”
Directing the Conversation

• Leading Questions
  – Leads the staff in a certain direction yet allows them to feel they had a choice
  – Re-focus the discussion
  – Brings staff to conclusion on an issue
  – Tend to be closed
  – Use with care to avoid coming across as manipulative
Directing the Conversation

• Examples of Leading Questions
  – “You said you didn’t hear the pump alarm, is there a way to adjust the volume?”
  – “The patient was medically unstable so difficult to turn, is there another way to assess the skin?”
  – “The patient was instructed not to get up without help, do you think they understood?”
Optimizing Discussion

- Using questions to optimize discussion
  - Staff usually open up when questions are phrased in a non-threatening manner
  - Active listening to the response is as important as the question
  - Your body language and tone can influence the questions you ask
  - Allow for enough time to answer
    - Don’t assume a pause means no response
Optimizing Discussion

• Using questions to optimize discussion
  – Seeking understanding through clarifying or probing questions can resolve conflict
  – Allowing staff to provide more detail through open questions can reduce anxiety and remove blame
  – Be careful how you use “Why”
    • Can be intimidating
    • Allows staff to answer, “I don’t know” and end conversation
Optimizing Discussion

• **Common Questions**
  - “Who wants to start?”
    • Can be intimidating
    • Staff reluctant to be the first to talk
  - “Why didn’t you stop the procedure if you had concerns?”
    • Threatening
    • Blaming

• **Optimal Questions**
  - “Tell me how the patient fell.”
    • Open and inviting
    • Provides direction
  - “What prevented you from asking to stop and check?”
    • Probing
    • Gives the benefit of the doubt
Optimizing Discussion

• **Common Questions**
  - “Why didn’t you tell someone about the patient’s change?”
    • Intimidating/blaming
    • Defensive response
  - “What else were you doing while setting up the medications?”
    • Accusing
    • Makes negative assumptions

• **Optimal Questions**
  - “Tell me what your process is when there is a change in the patient’s condition.”
    • Process oriented
  - “Help me understand what was happening while you were setting up your medications.”
    • Clarifying
    • Chance to explain
Questions?
Thank You!

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