

 Park Nicollet	Title: VP/Chief role in Root Cause Analysis (RCA) process Role(s): Vice President (VP)/Chief of Area Involved		
	Location:		Department: Patient Safety
WORK STANDARD	Document Owner: Medical Director of Patient Safety		
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Process Summary: Role of VP/Chief in the RCA process.

RCA Prep and Investigation:

Task Sequence (Order in which tasks occur)	Task Definition (Brief summary of task)
1.	VP and/or Chief (or Sr. Level designee) will be alerted, from the Medical Director of Patient Safety (MDPS) or Patient Safety Manager or Analyst that a situation has been identified as a potential RCA.
2.	For Adverse Health Events (AHE)/Sentinel Events (SE), after MDPS has contacted VP/Chief, a time for an on-site pre-meeting and further investigation will be determined with the Patient Safety Analyst and held within two business days. An on-site pre-meeting for other RCAs may be held at the discretion of the Patient Safety Analyst.
3.	Determine whether care, procedures, and/or provider staff should be put on hold (stop the line)
4.	VP/Chief will meet with area director/manager/leader, MDPS, and Patient Safety Analyst to initiate the investigation including: <ul style="list-style-type: none"> - Sharing responsibility for completing the Root Cause Analysis (RCA)- Shared Checklist (Please refer to the RCA process at a glance) - Identify key leaders to participate in the investigation with Patient Safety Analyst - Create timeline for investigation and negotiate RCA meeting date-VP/Chief will bring their available dates/times to the prep meeting - Ensure communication with the family has occurred (as appropriate) - Determine if additional PN leadership need to be notified
5.	VP/Chief designate a CAP owner for each RCA, ideally during the investigation phase prior to the meeting but no later than at the conclusion of the RCA meeting. The VP/Chief should make the following considerations when selecting a CAP owner:

	<ul style="list-style-type: none"> • The CAP owner role is more than just data collection. The CAP owner should have the ability/authority to intervene (or collaborate closely with the operational owner to intervene) when implementation or corrective actions are not going to plan. CAP owners (or the process owner if they are not one and the same) are expected to develop and implement action plans when audit measures are not being maintained. • Load-leveling and the CAP owner’s capacity to take on auditing responsibilities.
6.	<p>The Patient Safety administrative assistant will send the RCA meeting request on behalf of the Chief and VP. The Patient Safety Analyst will provide meeting request information to administrative assistant who will send out the RCA Meeting Details via email.</p>

RCA Meeting

1.	<p>VP and/or Chief will actively participate in RCA meeting including meeting introduction consisting of:</p> <ul style="list-style-type: none"> - Emphasize open and frank conversation - Reinforce safe meeting environment - Inform group that the process can be difficult at times, but is necessary to get to the root cause – understand we are pursuing improvements in our process not blame of individuals - For AHE/Sentinel Events, a CAP owner(s)/Audit leader has been determined at the prep meeting, or needs to be determined before the conclusion of the RCA meeting - For Non-AHE/Sentinel Events-determine if a CAP is required, and assign a CAP owner(s)/Audit leader at a brief huddle at the conclusion of the RCA meeting - Explain that the service line owns the corrective action not Patient Safety - Re-confirm individual CAP Owner(s)/Audit leader - Explain that VP and Chief will report outcomes of this CAP work to the Quality Committee, Clinical Board of Governors and the Community Board <p>Close meeting by:</p> <ul style="list-style-type: none"> - Thanking participants - Thanking Patient Safety team - Offer support to CAP Owner and Team - Any final questions?
2.	<p>Following the RCA meeting, the Chief and/or VP will ensure that a thank you is sent to all participants emphasizing the importance of their participation and input. This can be done in the form of an email, hand written note, or Ovation. The Patient Safety Administrative Assistant will carry out this task on behalf of the Chief and VP per their direction.</p>

Post Follow-Up meeting :

1.	VP/Chief or MDPS will report Adverse Health Event (AHE) and Sentinel Event (SE) RCAs and the corresponding CAPs to the Quality Committee, Clinical Board of Governor, and the Community Board. (Patient Safety Analysts and the MDPS will provide support for the presentation.)
2.	When the CAP falls behind schedule or measures are not meeting expectations, VP and Chief will be notified by Patient Safety Analyst. Follow up with area director/manager/leader and CAP Owner will be conducted.