

## Example<sup>1</sup> Root Cause Analysis Report

*Focal Point:* Hospice family left in crisis

Report Number: RCA 2012.530

Report Date: 05/30/2012

RCA Owner: Hospice Director

### Problem Statement

**Focal Point** Hospice family left in crisis

#### When

Date:	09/14/2011
Time:	11:00PM – 12:30AM GMT
Unique:	After on-call RN received another emergency call about another patient

#### Where

Facility:	Hospice (name withheld for confidentiality)
Location:	Hospice patient's home
Component:	RN on-call protocol

#### Impact

	Actual	Potential	Cost:
Safety:	Family members Stressed	Family members emotional distress	N/A*
Customer Service:		Very poor reflection on Hospice team	N/A*
Revenue:		Poor company reputation	N/A*
Total:			N/A*
Frequency:	1 Times Overall		
Frequency Notes:	On-call nurses constantly have to make decisions about when it is appropriate to leave home care patients alone with family.		

\* The costs in this situation are more qualitative than quantitative.

<sup>1</sup> Note: This is an example only! All information used in this report comes from the public domain. It is intended to demonstrate the steps and format of the Sologic™ root cause analysis method and Causelink™ software. For questions or comments, please contact us at [www.sologic.com](http://www.sologic.com)

## Cause and Effect Summary

On September 14, 2011 at approximately 9 p.m., the on-call RN was called by the family of a hospice patient. The family stated that the patient was extremely confused and anxious, and they did not know what to do. The family was told by RN that she was on her way.

Upon arrival, RN found patient as described by family. RN administered Ativan to help relieve the patient's anxiety. Upon further assessment, the RN determined the patient was showing signs of actively dying. After a while, the Ativan took effect and the patient calmed down, but the family was still very anxious.

Since the patient was actively dying, RN offered to have patient transported to hospital. Even though hospice is a home care program, this option is acceptable under Medicare guidelines when a patient is actively dying. The family, however, chose not to accept this option because the patient had previously requested to pass away at home.

While with the family, RN received another emergency call from one of the agency's home health patients and she needed to leave. RN assessed the hospice patient was comfortable and since the family did not want to go to the hospital, the RN determined the situation was stable and left. The RN, in her haste to leave, did not think to call the back-up RN, Hospice Social Worker, or Chaplain to come and sit with the family.

On-call RN is primarily a home health nurse and has only been on-call for hospice patients a couple of times. She never had the need for family support before with hospice, so she was not aware of any of the protocols.

On-call RN did not attend the Hospice team staff meeting earlier in the day because she was off duty and at home sleeping because she worked the night before. Patient, however, had shown no signs earlier in the day of starting to actively die.

Patient passed away during the night and the family was mortified that they were left alone during that time. Family contacted the agency director the next morning and filed a formal complaint stating that hospice was a terrible program and she would never recommend it to anyone.

## Solutions

ID:	Label:	Item:
1	Cause:	On-call RN left patient/family
	Solution:	On-call RN automatically notifies on-call Social Worker or Chaplain when patient actively dying at home to assess family needs
	Assigned:	Hospice Director
	Due:	ASAP
	Term:	Long
	Note:	This protocol is being written in Hospice procedures.
	Est. Cost:	Unknown at this time
2	Cause:	Patient actively dying
	Solution:	Step-by-step protocol given to on-call RN if patient actively dying at home.
	Assigned:	Hospice RN Director

<b>ID:</b>	<b>Label:</b>	<b>Item:</b>
	Due:	ASAP
	Term:	Long
	Note:	1. Offer family option of taking patient to hospital. 2. notify on-call social worker/Chaplain to assess family. 3. If RN receives other call notify backup RN to either take call or come stay with family.
	Est. Cost:	Unknown at this time
<b>4</b>	Cause:	RN not at hospice team staffing
	Solution:	Move Hospice Team meeting to late in afternoon so on-call RN can attend. and quality assurance
	Assigned:	Hospice RN Director
	Due:	ASAP
	Term:	Long
	Est. Cost:	Unknown at this time
<b>7</b>	Cause:	RN received another emergency call
	Solution:	While RN with patient that is actively dying, turn over on-call to backup RN.
	Assigned:	Hospice RN Director
	Due:	ASAP
	Term:	Long
	Est. Cost:	Unknown at this time

★ Hospice family left in crisis

🕒 On-call RN left patient/family

🕒 RN received another emergency call

🟢 RN on-call for home health patients

🟢 Hospice patient comfortable

▶️ Ativan administered

🟢 Patient surrounded by family members

🟢 Family very anxious

🕒 Patient actively dying

▶️ Patient requested to pass away at home

▶️ Family chose not to take patient to hospital

🟢 Hospice is a home care program

▶️ Backup RN not called to come stay with family

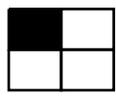
▶️ On-call RN considered situation to be under control ⚠️

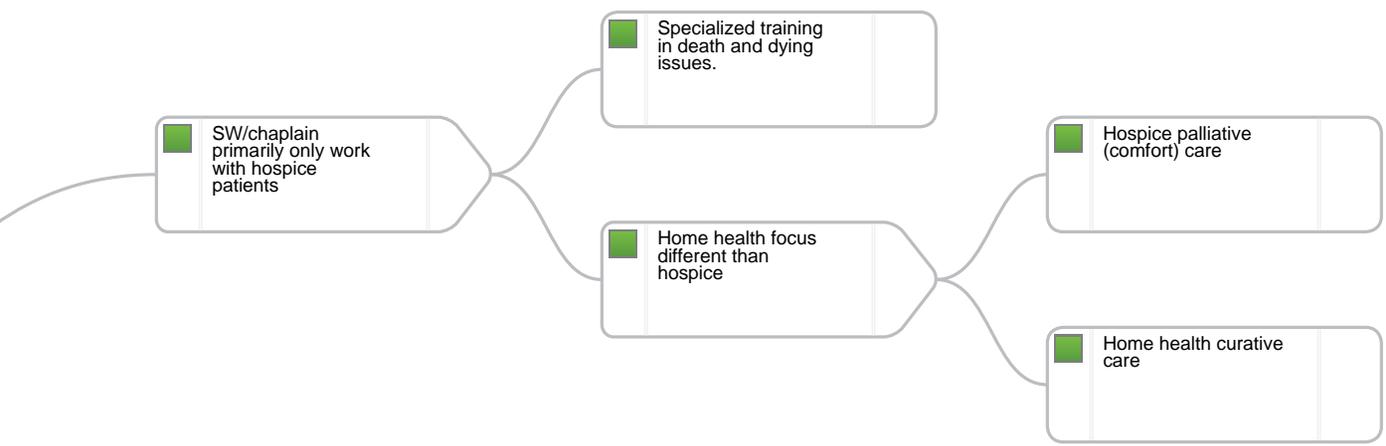
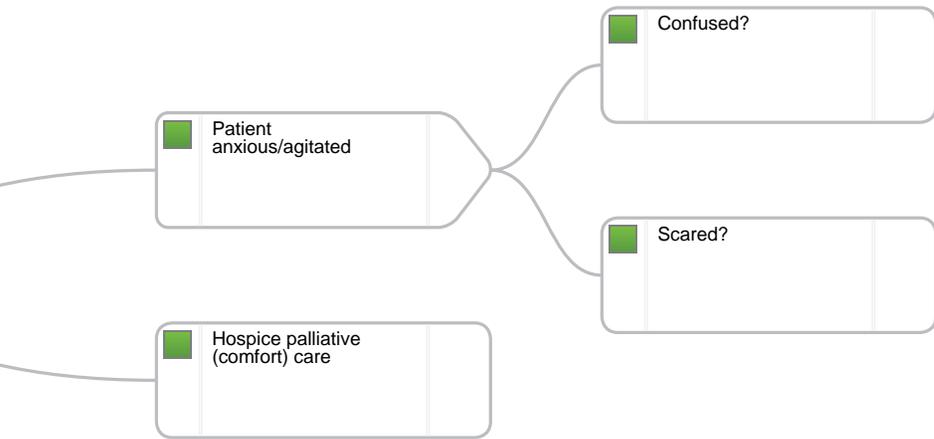
🟢 RN has no history of having to call SW/chaplain before

▶️ Backup RN not called to handle other emergency

▶️ On-call RN going

OR





Hospice social worker/chaplain not called to stay with family.

RN did not know SW/chaplain available on-call

No procedure in place about when to call SW/chaplain

RN not at hospice team staffing



