Root Cause Analysis Part II
Action Plan

Edited by
Dr. E. Terry
DIO
Dr. S.K. Oliver
OME
Action Plan

• A detailed risk reduction strategy must be stated for each root cause identified.
• If a risk reduction is not warranted for the identified cause, an explanation is required.
• A risk reduction plan may also be developed for all other areas identified as opportunities for improvement that were identified in the analysis but may not be considered root causes.
Action Plan
Addresses

• Risk reduction strategy,
• Person responsible for implementation,
• Date of implementation,
• Measures of effectiveness.
  – The measures of effectiveness are the same as a performance indicator.
  – They should include anticipated outcome and measure whether or not the action taken was effective.
Root Cause/Opportunity for Improvement

• Highlight and summarize the root cause and
• Opportunity for Improvement Issues identified during the root cause analysis.
Risk Reduction Strategy

• Outline in detail the action plan steps taken to promote change.
• If a policy and procedure is changed, summarize the change that is made.
• Outline how to implement the policy and procedure (e.g., educate staff, perform post test for staff, etc.).
Persons Responsible for Implementation

- Identify by title the individual responsible for implementing the particular risk reduction step.
Date of implementation

• Outline the anticipated date of completion of each identified step.
• Outline the actual completion date for steps already completed.
Measurement Strategies/Measures of Effectiveness

Outline the plan for measuring the effectiveness of each risk reduction strategy.

– Indicators must be objective, measurable, and quantifiable. (Use outcome based measurements whenever possible)
– Measures of effectiveness need to have the data collection methodology outlined.
– Using a random sample? Define random.
– Give sample size and method of collecting.
– Set a target range that reflects the desired range of performance for each indicator
Measurement Strategies

- Following a policy and procedure change, all medical staff will demonstrate competency by passing posttest with score of 90% or higher and appropriately demonstrate a IV insertion.

- Individual physician complication rates for central catheter insertions will be less than 1%.

- 15 patients per day entering the ER, 3 per shift will be evaluated from time entering facility until time to treatment to determine average ER waiting times. All expected waiting times should be within 5 minutes for emergent patients and less than 3 hours for non-emergent patients. (This example is not based on any national standards).

- Falls per 1000 patient days will be less than 2 per month

- Patient Satisfaction with pain management will be evidenced by level of 4 or above on Likert scale.
The END

- Proceed to the post test
- Print the post test
- Complete the post test
- Return the post test to Dr. Sandra Oliver
- TAMUII 407i
Post test Question 1

• Identify a potential medical problem and address the two of the four steps of an Action plan:
  • Risk reduction strategy,
  • Measures of effectiveness.