## Root Cause Analysis Investigation tools Contributory Factors Classification Framework

Dationt Easters		Componente
Patient Factors	_	Components
Clinical		Pre-existing co-morbidity
condition		Complexity of condition
		Seriousness of condition
		Limited options available to treat condition
		Disability
Physical Factors		Poor general physical state
		Malnourished
		Dehydrated
		Age related issues
		Obese
		Poor sleep pattern
Social Factors		Cultural / religious beliefs
		Language
		Lifestyle (smoking/ drinking/ drugs/diet)
		Sub-standard living accommodation (e.g. dilapidated)
		Life events
		Lack of support networks / (social protective factors -Mental Health Services)
		Engaging in high risk activity
Mental/		Motivation issue
Psychological		Stress / Trauma
Factors		Existing mental health disorder
		Lack of intent (Mental Health Services)
		Lack of mental capacity
		Learning Disability
Interpersonal		Staff to patient and patient to staff
relationships		Patient engagement with services
		Staff to family and family to staff
		Patient to patient
		Family to patient or patient to family
		Family to family (Siblings, parents, children)

Staff Factors	Components
Physical issues	Poor general health (e.g. nutrition, hydration, diet, exercise, fitness)
	Disability (e.g. eyesight problems, dyslexia)
	Fatigue
	Infected Healthcare worker
Psychological	Stress (e.g. distraction / preoccupation)
Issues	Specific mental illness (e.g. depression)
	Mental impairment (e.g. illness, drugs, alcohol, pain)
	Lack of motivation (e.g. boredom, complacency, low job satisfaction)
Social Domestic	Domestic problems (e.g. family related issues)
	Lifestyle problems (e.g. financial/housing issues)
	Cultural beliefs
	Language
Personality	Low self confidence / over confidence (e.g. Gregarious, reclusive, interactive)
Issues	Risk averse / risk taker
	Bogus Healthcare worker
Cognitive	Preoccupation / narrowed focus (Situational awareness problems)
factors	Perception/viewpoint affected by info. or mindset (Expectation/Confirmation bias)
	Inadequate decision/action caused by Group influence
	Distraction / Attention deficit
	Overload
	Boredom

Task Factors		Components
Guidelines,		Not up-to-date
Policies and		Unavailable at appropriate location (e.g. Lost/missing/non-existent/not
Procedures		accessible when needed)
		Unclear/not useable (Ambiguous; complex; irrelevant, incorrect)
		Not adhered to / not followed
		Not monitored / reviewed
		Inappropriately targeted/focused (i.e. not aimed at right audience)
		Inadequate task disaster plans and drills
Decision making		Aids not available (e.g. CTG machine; checklist; risk assessment tool; fax
aids		machine to enable remote assessment of results)
		Aids not working (e.g. CTG machine, risk assessment tool, fax machine)
		Difficulties in accessing senior / specialist advice
		Lack of easy access to technical information, flow charts and diagrams
		Lack of prioritisation of guidelines
		Incomplete information (test results, patient history)
Procedural or		Poorly designed (i.e. Too complex; too much info.; difficult to conceive or
Task Design	_	remember)
		Guidelines do not enable one to carry out the task in a timely manner
		Too many tasks to perform at the same time
		Contradicting tasks
		Staff do not agree with the 'task/procedure design'
		Stages of the task not designed so that each step can realistically be carried out
		Lack of direct or understandable feedback from the task
		Misrepresentation of information
		Inappropriate transfer of processes from other situations
		Inadequate Audit, Quality control, Quality Assurance built into the task design
		Insufficient opportunity to influence task/outcome where necessary
		Appropriate automation not available

Communication	Components
Verbal	Inappropriate tone of voice and style of delivery for situation
communication	Ambiguous verbal commands / directions
	Incorrect use of language
	Made to inappropriate person(s)
	Incorrect communication channels used
Written	Inadequate patient identification
communication	Records difficult to read
	All relevant records not stored together and accessible when required
	Records incomplete or not contemporaneous (e.g. unavailability of patient
	management plans, patient risk assessments, etc)
	Written information not circulated to all team members
	Communication not received
	Communications directed to the wrong people
	Lack of information to patients
	Lack of effective communication to staff of risks (Alerts systems etc)
Non verbal	Body Language issues (closed, open, body movement, gestures, facial
communication	expression)
Communication	Communication strategy and policy not defined / documented
Management	Ineffective involvement of patient/carer in treatment and decisions
5	Lack of effective communication to patients/relatives/carers of risks
	Lack of effective communication to patients about incidents (being open)
	Information from patient/carer disregarded
	Ineffective communication flow to staff up, down and across
	Ineffective interface for communicating with other agencies (partnership working)
	Lack of measures for monitoring communication

Equipment	Components
Displays	Incorrect information / feedback available
	Inconsistent or unclear information
	Illegible information
	Interference/unclear equipment display
Integrity	Poor working order
	Inappropriate size
	Unreliable
	Ineffective safety features / not designed to fail safe
	Poor maintenance programme
	Failure of general services (power supply, water, piped gases etc)
Positioning	Correct equipment not available
	Insufficient equipment / emergency backup equipment
	Incorrectly placed for use
	Incorrectly stored
Usability	Unclear controls
	Not intuitive in design
	Confusing use of colour or symbols
	Lack of or poor quality user manual
	Not designed to make detection of problems obvious
	Use of items which have similar names or packaging
	Problems of compatibility

Work Environment		Components
Administrative		Unreliable or ineffective general administrative systems (Please specify e.g.:
factors		Bookings, Patient identification, ordering, requests, referrals, appointments) Unreliable or ineffective admin infrastructure (e.g. Phones, bleep systems etc)
		Unreliable or ineffective administrative support
Design of		Poor or inappropriate office design (computer chairs, height of tables, anti-glare
physical	_	screens, security screens, panic buttons, placing of filing cabinets, storage facilities, etc.)
environment		Poor or inappropriate area design (length, shape, visibility, provision of space)
		Inadequate security provision
		Lack of secure outside space
		Inadequate lines of sight
<b>–</b> · · ·		Inadequate/inappropriate use of colour contrast/patterns (walls/doors/flooring etc)
Environment		Facility not available (failure or lack of capacity)
		Fixture or fitting not available (failure or lack of capacity)
		Single sex accommodation limitation/breach Ligature/anchor points
		Housekeeping issues – lack of cleanliness
		Temperature too high/low
		Lighting too dim or bright, or lack of
		Noise levels too high or low
		Distractions
Staffing		Inappropriate skill mix (e.g. Lack of senior staff; Trained staff; Approp. trained staff)
Ū		Low staff to patient ratio
		No / inaccurate workload / dependency assessment
		Use of temporary staff
		High staff turnover
Work load and		Shift related fatigue
hours of work		Excessive working hours
		Lack of breaks during work hours Excessive of extraneous tasks
Time		Lack of social relaxation, rest and recuperation Delays caused by system failure or design
Time		Time pressure
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Organisational	Con	nponents
Organisational		Hierarchical structure/Governance structure not conducive to discussion,
structure		problem sharing, etc.
		Tight boundaries for accountability and responsibility
		Professional isolation
		Clinical versus the managerial model
		Inadequate maintenance
		Lack of robust Service level agreements/contractual arrangements
		Inadequate safety terms and conditions of contracts
Priorities		Not safety driven
		External assessment driven e.g. Annual Health checks
		Financial balance focused
Externally		Unexpected adverse impact of national policy/guidance (from Department of
imported risks		Health / Health authorities /Professional colleges)
		Locum / Agency policy and usage
		Contractors related problem
		Equipment loan related problem
		Lack of service provision
		Bed Occupancy levels (Unplanned bed opening/closures)
		PFI related problems (Private Finance Initiative)
Safety culture		Inappropriate safety / efficiency balance
		Poor rule compliance
		Lack of risk management plans
		Inadequate leadership example (e.g. visible evidence of commitment to safety)
		Inadequately open culture to allow appropriate communication
		Inadequate learning from past incidents
		Incentives for 'at risk'/'risk taking' behaviors
		Acceptance/toleration of inadequate adherence to current practice
		Ignorance/poor awareness of inadequate adherence to current practice
		Disempowerment of staff to escalate issues or take action

Education and Training	Со	mponents
Competence		Lack of knowledge
		Lack of skills
		Inexperience
		Inappropriate experience or lack of quality experience
		Unfamiliar task
		Lack of testing and assessment
Supervision		Inadequate supervision
		Lack of / inadequate mentorship
		Training results not monitored/acted upon
Availability /		Training needs analysis not conducted/acted upon
accessibility		On the job training unavailable or inaccessible
,		Emergency Training unavailable or inaccessible
		Team training unavailable or inaccessible
		Core skills training unavailable or inaccessible
		Refresher courses unavailable or inaccessible
Appropriateness		Inappropriate content
		Inappropriate target audience
		Inappropriate style of delivery
		Time of day provided inappropriate

Team Factors	Components
Role	Lack of shared understanding
Congruence	Role + responsibility definitions misunderstood/not clearly defined
Leadership	Ineffective leadership – clinically
•	Ineffective leadership – managerially
	Lack of decision making
	Inappropriate decision making
	Untimely decision making (delayed)
	Leader poorly respected
Support and	Lack of support networks for staff
cultural factors	Inappropriate level of assertiveness
	Negative team reaction(s) to adverse events
	Negative team reaction to conflict
	Negative team reaction to newcomers
	Routine violation of rules/regulations
	Lack of team openness/communication with colleagues
	Inadequate inter-professional challenge
	Failure to seek support
	Failure to address/manage issues of competence (whistle blowing)