

Leading an RCA Interview

• Creating the right environment • Asking the right questions • Asking the questions right

I. Creating the right 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

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

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

Periodically check the tone of the room

Read participants' 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."

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?"

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

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?"

II. 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

Use open-ended 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

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?"

Avoid Closed Questions (unless seeking moving on):

-Those that encourage short factual answers or yes/no

-Avoid using when discussion is moving along

-Use with care as they can end the conversation

• Lead to uncomfortable silences

-May be used to test understanding; Concluding a conversation; or to make a decision or set the tone

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?"

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"

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

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?"

III. 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

Examples of Leading Questions

- "You said you didn't hear the chair 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 resident was instructed not to get up without help, do you think they understood?"

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

- 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

Common Questions	Optimal Questions
"Who wants to start?"	"Tell me how the patient fell."
-Can be intimidating	-Open and inviting
-Staff reluctant to be the first to talk	-Provides direction
"Why didn't you stop the procedure if you had	"What prevented you from asking to stop and
concerns?"	check?"
-Threatening	-Probing
-Blaming	-Gives the benefit of the doubt
"Why didn't you tell someone about the	"Tell me what your process is when there is a
patient's change?"	change in the resident's condition."
-Intimidating/blaming	-Process oriented
-Defensive response	"Help me understand what was happening
"What else were you doing while setting up the	while you were setting up your medications."
medications?"	-Clarifying
-Accusing	-Chance to explain
-Makes negative assumptions	