

## **MQii Root Cause Analysis Overview**

**Root Cause Analysis** is a collective term to describe a wide range of approaches, tools, and techniques used to uncover causes of problems. The <u>5 Whys Approach</u> used in this template is a process of asking why something failed until an ultimate cause, or root cause, can be determined and acted upon. It is one method of conducting Root Cause Analysis.

**Root causes are underlying causes** – The goal is to identify specific underlying causes. The more specific your team can be about why an event occurred, the easier it will be to arrive at recommendations that will prevent recurrence of the gap.

**Root causes are specific –** The team should avoid using general cause classifications such as clinical error, equipment failure, or external factor. Such causes are not specific enough to allow teams to make effective changes.

## WHAT IS A ROOT CAUSE?

- Root causes are underlying causes
- Root causes are specific
- Root causes are addressable
- Root causes are identified when you cannot answer "why?" anymore
- Root causes are not people

**Root causes are addressable –** Root causes are those for which effective recommendations can be generated. If the team arrives at vague recommendations such as, "improve adherence to written policies and procedures," then your team needs to expend more effort in the analysis process and it is recommended to include more perspectives into the analysis process at this point.

**Root causes are identified when you cannot answer "why?" anymore –** Evidence suggests that typical root causes can be identified after asking "why?" five times. However, a good indicator that you have reached your final "why?" is when you cannot ask "why?" anymore.

**Root causes are not people –** The process of determining the root cause needs to be open and focused on improvement. It is counterproductive to identify individuals. Therefore, no person should be identified as a root cause.

### **ROOT CAUSE ANALYSIS TEMPLATE**

The template below can be used during the pre-implementation phase to identify the root cause of gaps identified during selection of your QI Focus. Understanding the root cause of gaps will enable you to better identify a successful QI intervention approach. This template can also be used during the Implementation and Post-Implementation phases to identify root causes for lack of data results and to identify root causes for successes.

#### Additional Resources on Root Cause Analysis:

- American Society for Quality. Root Cause Analysis for Beginners (Part 1 of 2)
- American Society for Quality. Root Cause Analysis for Beginners (Part 2 of 2)
- American Society for Quality (2017). Root Cause Analysis Overview: What is Root Cause Analysis (RCA)?

References: 1. American Society for Quality (2017). Root Cause Analysis Overview: What is Root Cause Analysis (RCA)? 2. Barsalou, M. (2017). "Square in the Crosshairs," American Society for Quality.

MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

These materials were developed by the Malnutrition Quality Improvement Initiative (MQii), a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.



# **MQii Root Cause Analysis Template**

### **INSTRUCTIONS**

Project Champions are encouraged to convene interdisciplinary, or cross-functional, stakeholder teams to brainstorm contributing factors for the problem identified. Once contributing factors are identified, complete one template for each contributing factor with your team. Consider including staff outside of the malnutrition care workflow as necessary. Capture responses to as many "whys?" as needed to obtain insight at a level that can be addressed. Do not stop until you reach a process or policy that seems to be a root cause. An example to address the problem of longer lengths of stay and increased hospital readmission rates for patients 65 years and older is provided below in orange boxes for your reference.

### **DEFINE THE CONTRIBUTING FACTOR:**

Example: Nurses do not have a standardized process for screening admitted patients 18 years and older for being at risk of malnutrition or already malnourished, resulting in longer lengths of stay and increased hospital readmission rates for patients 65 and older

### WHY IS IT HAPPENING?

Example: The existing EHR template requires modification and no one has been tasked to make this revision



Example: Because hospital leadership has not designated the low screening rate as a priority for improvement and conducted an assessment to determine how improvements can be made



**3** Example: Because hospital patient data to support the need for improved screening, as well as the business case for improving screening rates has not been presented to leadership



**4** Example: Because no one with leadership influence has been recruited to present this information to leadership



**5** Example: Because no one has presented the business case (i.e., based on literature and available data) to someone who is influential with leadership

**ROOT CAUSE** 

**References:** 3. A contributing factor is something that helps cause a result. An example: "According to the police report of the accident, excessive speed was a contributing factor." – definition and example retrieved from Merriam-Webster Dictionary on May 25, 2017

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