
KHCA/KCAL NURSE LEADERSHIP CONFERENCE
BEYOND THE FIVE WHYS: EFFECTIVE ROOT CAUSE ANALYSIS FOR NURSE LEADERSHIP
June 2025

SESSION DESCRIPTION

UNDERSTANDING THE TRUE ROOT CAUSE OF A PROBLEM IS ESSENTIAL FOR PREVENTING RECURRENCE. WE'LL EXPLORE ALTERNATIVE ROOT CAUSE ANALYSIS (RCA) METHODS BEYOND THE COMMONLY USED FIVE WHYS TECHNIQUE. WITH INTERACTIVE DISCUSSIONS AND WORKING THROUGH SPECIFIC EXAMPLES CASE STUDIES WE'LL TALK THROUGH HOW TO APPLY OTHER RCA METHODOLOGIES THAN THOSE THAT ARE FREQUENTLY USED BUT COMMONLY MISUNDERSTOOD. BY THE END OF THIS SESSION, PARTICIPANTS WILL BE EQUIPPED WITH PRACTICAL TECHNIQUES TO CONDUCT THOROUGH INVESTIGATIONS AND IMPLEMENT EFFECTIVE CORRECTIVE PLANS.

LEARNING OBJECTIVES:

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. EXPLAIN THE IMPORTANCE OF ROOT CAUSE ANALYSIS IN PROBLEM-SOLVING AND CONTINUOUS IMPROVEMENT.
2. EVALUATE THE STRENGTHS AND LIMITATIONS OF DIFFERENT RCA TECHNIQUES BASED ON PROBLEM COMPLEXITY.
3. DEVELOP AN ACTION PLAN TO ADDRESS ROOT CAUSES AND PREVENT RECURRENCE OF ISSUES.
4. APPLY RCA METHODOLOGIES TO COMMON SCENARIOS IN LTC TO ENHANCE PROBLEM-SOLVING EFFECTIVENESS.

ROOT CAUSE ANALYSIS (RAC)

TRACING A PROBLEM TO ITS ORIGINS

5 STEPS TO ROOT CAUSE ANALYSIS (RCA)

1.Define the Problem:
Clearly articulate the issue you're trying to address and its impact. This involves understanding the symptoms and the overall problem statement.

2. Gather Data:
Collect all relevant information about the problem, including timelines, data, and perspectives from various teams.

3. Identify Contributing Factors:
Analyze the data to identify the potential causes and contributing factors that might be linked to the problem.

4. Determine the Root Cause(s):
Use analytical tools and techniques to pinpoint the underlying causes that, if addressed, would eliminate the problem.

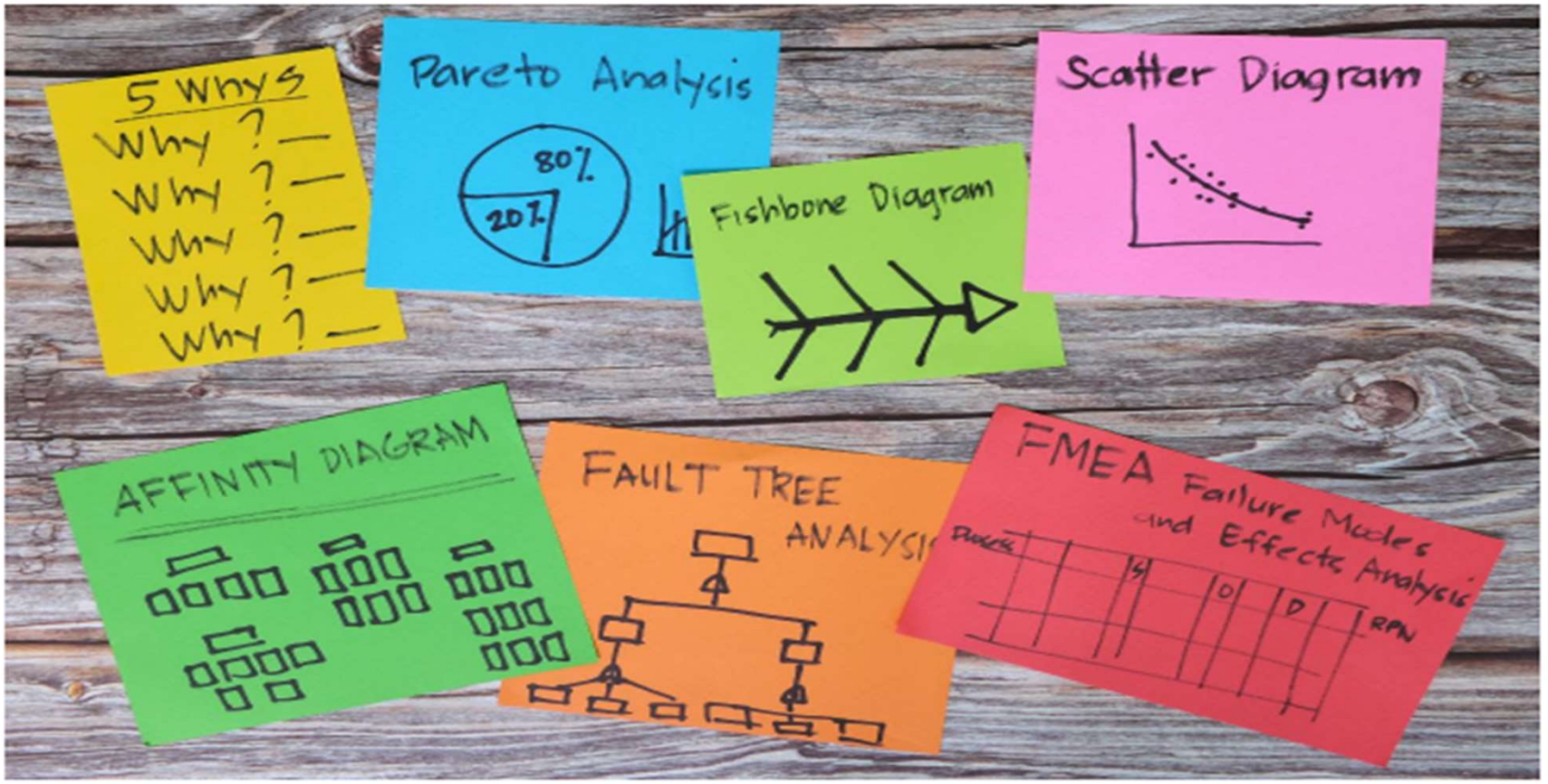
5. Recommend and Implement Solutions:
Develop solutions to address the identified root causes, implement them, and monitor their effectiveness

TWO TYPES OF RCA

- **CORRECTIVE-** IDENTIFYING AND RESOLVING THE ROOT CAUSES OF AN EXISTING PROBLEM
- **PREVENTIVE-**IDENTIFYING POTENTIAL ROOT CAUSES OF FUTURE ISSUES AND ADDRESSING THEM BEFORE THEY OCCUR

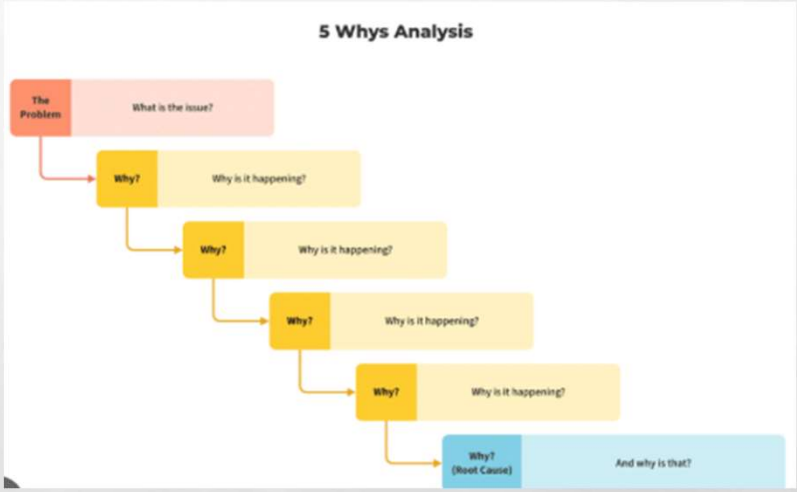
WHY IS IT IMPORTANT?

- IMPROVING RESIDENT SAFETY
- REDUCING COST
- ENHANCING QUALITY
- ENHANCED CUSTOMER SATISFACTION
- COMPLYING WITH REGULATION


5 Whys
Why ?
Why ?
Why ?
Why ?
Why ?
Pareto Analysis
80%
20%
Fishbone Diagram
Scatter Diagram
AFFINITY DIAGRAM
FAULT TREE
ANALYSIS
FMEA Failure Modes
and Effects Analysis
S
O
D
RPN

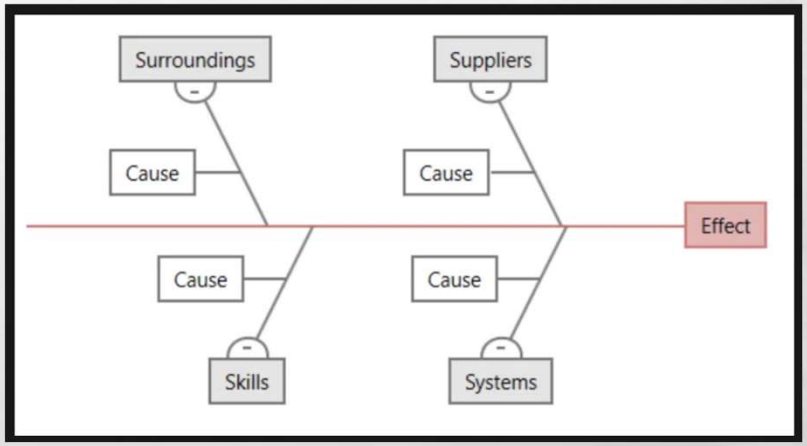
FIVE WHYS

- REPEATEDLY ASKING “WHY” AT LEAST FIVE TIMES
- DIGS DEEPER INTO ISSUE
- AIMS AT GETTING TO HEART OF ISSUE



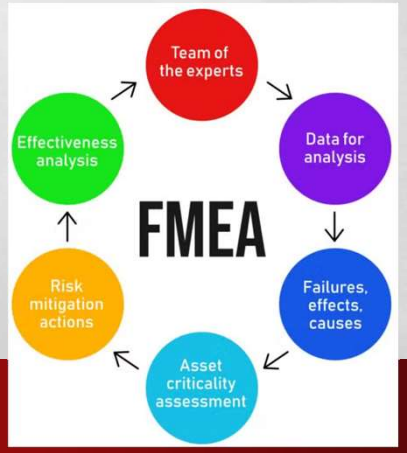
FISHBONE DIAGRAM

- CREATING A FISHBONE DIAGRAM INVOLVES SEVERAL SYSTEMATIC STEPS:
  - DEFINE THE PROBLEM
  - DRAW THE BACKBONE
  - IDENTIFY MAJOR CATEGORIES
  - LIST SPECIFIC CAUSES
  - DEEPEN THE ANALYSIS
  - ORGANIZE AND PRIORITIZE
- BRAINSTORM ALL POSSIBLE CAUSES
- 4S: SURROUNDINGS, SUPPLIERS, SKILLS, SYSTEMS
- 3 OTHER FISHBONE DIAGRAM PROCESSES



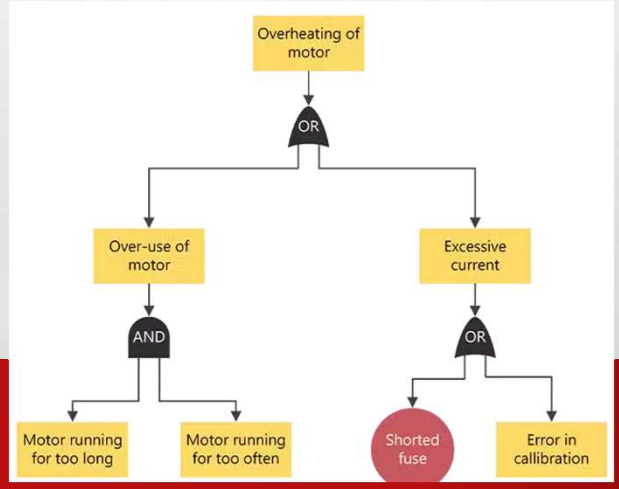
FAILURE MODE & EFFECTS ANALYSIS

- **HELPS IDENTIFY WHERE AND HOW A PROCESS MIGHT FAIL**
- **PREDICTING AND EXAMINING POTENTIAL PROCESS BREAKDOWNS AND THEIR IMPACTS**
- **3 STEP APPROACH**
  - IDENTIFYING POTENTIAL FAILURES
  - ANALYZING THEIR EFFECTS
  - PRIORITIZING THEM BASED ON SEVERITY, OCCURRENCE, AND DETECTION RATINGS



FAULT TREE ANALYSIS

- TOP-DOWN ANALYSIS TECHNIQUE THAT EXPLORES THE CAUSES OF FAULTS OR PROBLEMS
- INVOLVES GRAPHICALLY MAPPING CAUSAL CHAINS TO TRACK BACK THE POSSIBLE CAUSES

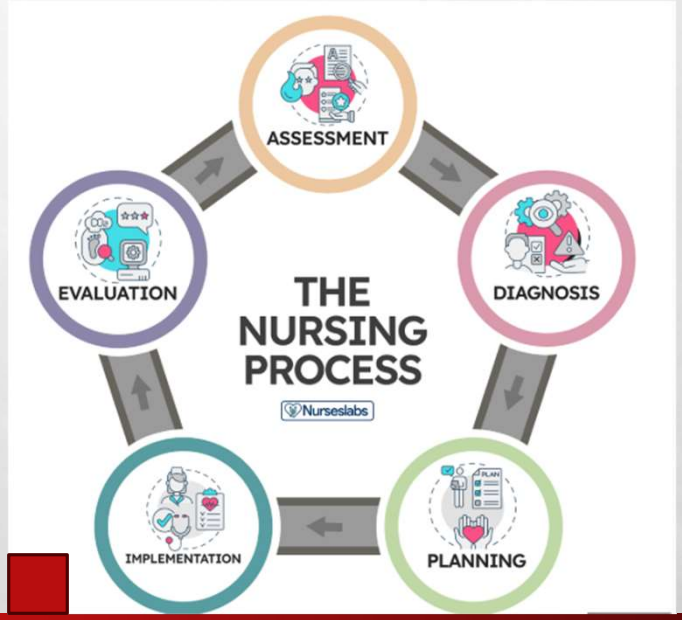


PARETO CHART

- IDENTIFY THE MOST SIGNIFICANT FACTORS IN A SET OF DATA
- 80% OF PROBLEMS CAN BE TRACED BACK TO ABOUT 20% OF CAUSES
- IDENTIFYING THE MOST SIGNIFICANT IMPACT AREA

NURSING PROCESS

- A SYSTEMATIC, PATIENT-CENTERED PROBLEM-SOLVING APPROACH TO CARE DELIVERY
- FIVE SEQUENTIAL STEPS:
  - ASSESSMENT,
  - DIAGNOSIS,
  - PLANNING,
  - IMPLEMENTATION AND
  - EVALUATION



JOHN DOE FALLS

- AT 1507, RESIDENT WAS FOUND ON THE FLOOR. ADMINISTRATION WAS NOTIFIED, AND THE RESIDENT HE HAD BEEN IN BED SINCE 1330, AFTER LUNCH. RESIDENT WAS FOUND ON RIGHT LATERAL POSITION. RESIDENT IS ALERT AND CONFUSED. HE STATED AND SAID " I WAS TRYING TO GO TO WORK, I HIT THE FLOOR WITH HEAD, CHEST AND HIP AND THEY HURT", HE REFUSED ANYBODY GETTING HIM UP, BUT BEFORE THE RMY ARRIVED, HE AGREED TO BE ASSISTED TO BED BY THE HELP OF FOUR STAFF MEMBERS. ASSESSMENT REVEALED NO SIGNS OF BUMPS ON THE HEAD, NO SKIN TEAR AND NO BRUISES AT THIS TIME. THIS WRITER HAD TO CALL THE AMBULANCE SO THE RESIDENT COULD BE EVALUATED IN THE ER. VS T 97.7, P 80, R 18, BP 104/63, 02 96%. THE FAMILY WERE CALLED DAUGHTER WHO ALSO TALKED WITH THE SPOUSE AT THE MOMENT. DR. AVERY PAGED AND MESSAGE LEFT TO CALL BACK. AN ORDER OBTAINED TO SEND THE RESIDENT TO ER FOR EVALUATION

- BIMS 99 CONFUSION
- ADMISSION DATE: 7/22/2024
- 13 FALLS IN 9 MONTHS
- DIAGNOSIS: DEMENTIA, HX PROSTAT CA, UROSTOMY, GOUT, HTN, HEARING LOSS, DEPRESSION, BILATERAL FOOT DROP, SLEEP APNEA, ANXIETY, OBSTRUCTIVE AND REFLUX UROPATHY

JOHN DOE FALLS CONT....

- PERSONAL HISTORY:
  - JAG OFFICER/COLONEL IN MILITARY FOR 35 YEARS WITH 3 TOURS IN WAR ZONES
  - MARRIED FOR 40 + YEARS,
  - 2 CHILDREN-DAUGHTER & SON (DOESN'T TALK WITH SON)
  - HAD 6 SIBLINGS
  - GRADUATE DEGREE
  - COMES FROM LONG LINE OF ATTORNEYS AND MILITARY
  - CONTROLLING BEHAVIOR WITH FAMILY PRIOR TO DISEASE PROCESS AND ALWAYS IN CONTROL
  - KU FAN, FOOTBALL/BASKETBALL FAN
  - WIFE VISITS DAILY
  - PEOPLE WATCHER, LIKES TO LOOK OUTSIDE
- ADL'S:
  - HOYER LIFT FOR TRANSFERS
  - BRODA CHAIR
  - CONSUMES MEALS INDEPENDENT
  - WANTS TO BE ADDRESSED AT COL. DOE
  - INCONTINENT OF BOWEL & UROSTOMY
  - VERBAL AND HARD OF HEARING WITH HA'S
  - WEAR CPAP AT NIGHT

JOHN DOE FALLS CONT…

- CARE PLAN:
  - PRIVATE ROOM
  - BILATERAL GRAB BARS BED
  - HIGH-LOW BED WITH FALL MAT AND BOLSTERS
  - DOES NOT LIKE TO PARTICIPATE IN ACTIVATES
  - GLASSES
  - LAY HIM DOWN BETWEEN MEALS
  - LIKES TO SIT IN RECLINER IN AFTERNOON
  - NON SKID FOOTWEAR
  - CALL LIGHT IN REACH

- WHAT PROCESS ARE YOU GOING TO USE?

- WHAT IS THE ROOT CAUSE OF HIS FALL?

RESOURCES:

- GUIDANCE FOR PERFORMING ROOT CAUSE ANALYSIS (RCA) WITH PERFORMANCE IMPROVEMENT PROJECTS (PIPS) QAPI- HTTPS://WWW.CMS.GOV/MEDICARE/PROVIDER-ENROLLMENT-AND-CERTIFICATION/QAPI/DOWNLOADS/GUIDANCEFORRCA.PDF
- DEVELOPING AN EFFECTIVE ROOT CAUSE ANALYSIS IN HEALTHCARE, NOVEMBER 21, 2024- HTTPS://WWW.PERFORMANCEHEALTHUS.COM/BLOG/DEVELOPING-AN-EFFECTIVE-ROOT-CAUSE-ANALYSIS
- ROOT CAUSE ANALYSIS. PATIENT SAFETY NETWORK. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY. RETRIEVED ON AUGUST 7, 2019 AT HTTPS://PSNET.AHRQ.GOV/PRIMERS/PRIMER/10/ROOT-CAUSE-ANALYSIS
- FOSTER, P. (OCT. 30, 2018). 5 ROOT CAUSE ANALYSIS TOOLS FOR MORE EFFECTIVE PROBLEM-SOLVING. BEACON QUALITY. RETRIEVED ON AUGUST 7, 2019 AT HTTPS://WWW.EASE.IO/5-ROOT-CAUSE-ANALYSIS-TOOLS-FOR-MORE-EFFECTIVE-PROBLEM-SOLVING/

Teresa Coover, RN, BSN
tacoover@medicalodges.com
913-333-3719