

Conducting a root cause analysis (RCA)

Guidance document incorporating changes required to meet the requirements of the Health Care Act 2008 (SA).

As a matter of policy, notification of a sentinel event or SAC 1 incident is required to be reported to the Department for Health and Ageing within 24 hours of the health service entity being alerted to the incident.

The following guidance document should not be interpreted in isolation. It must be viewed in tandem with Parts 7 and 8 of the *Health Care Act 2008* (SA). It is NOT a document provided by the Department for Health and Ageing legal and governance unit. However it includes the legal requirements under Part 8 with which compliance is required to ensure the maintenance of the prohibition of disclosure of the information discovered during a RCA.

When can a RCA occur?

When: To comply with Part 8 of the *Health Care Act 2008* (SA), the incident being considered for RCA must meet the definition of an adverse incident as described on page 4674/4675 in the *South Australian Government Gazette* 2 September 2010.

When can a RCA not be conducted?

When: A RCA team must not conduct an investigation into the competence of a person in their provision of health services (s70(1) *Health Care Act 2008* (SA)) - see below for suspending a RCA.

Appointing a RCA team

Who: A RCA team can be appointed by a designated authority - s69(1) *Health Care Act 2008* (SA). (See glossary of terms)

How: When appointing a RCA team, the following must occur:

- > a written record is kept of the people appointed as members of the RCA team - s69(3) *Health Care Act 2008* (SA).
- > The RCA team must consist of no less than three members - *Health Care Regulations* 12(1)(a) – team composition is critical to the quality of a RCA.
- > The leader of the RCA team must have completed a formal training course in Root Cause Analysis - *Health Care Regulations* (SA) 12(1)(b).
 - A process should be in place to confirm the leader has completed a formal training course.
- > At least one member of the RCA team must have a formal tertiary qualification or significant experience in a health-related field relevant to the investigation - *Health Care Regulations* (SA) 12(1)(c).
 - There should be a process in place to confirm that a member of a RCA team meets this requirement.
- > Each member of a RCA team must have knowledge and understanding of his or her obligations under Parts 7 and 8 of the *Health Care Act 2008* (SA) - *Health Care Regulations* 12(1)(d).
 - There should be a process for RCA team members to acknowledge their obligations under the *Health Care Act 2008* (SA).

When: A RCA investigation must be commenced within 14 days after appointment of the RCA team - *Health Care Regulations* (SA)12(2)(a). Reports must be provided within **10 weeks** once the investigation has commenced - *Health Care Regulations* (SA) 12(2)(b)(i).



Important note:

- > There is a specific procedure that needs to be followed if a RCA team member/s has a conflict of interest in the RCA process - see *Health Care Regulations (SA) 12(2)(c)* also see 12(3)
- > Any extension to a RCA report beyond 10 weeks will require a written request for approval from the Director, Safety and Quality, the Department for Health and Ageing - *Health Care Regulations (SA) 12(2)(b)(ii)*.

When must a RCA be suspended?

When: If a RCA team has reason to suspect that its investigations may relate to an adverse incident that involves a prescribed act - s70(2) *Health Care Act 2008 (SA)*.

Suspending a RCA after commencement of the investigation

How: The RCA team must notify the designated authority in writing of the suspected prescribed act and the reasons for the team's suspicion - *Health Care Regulations (SA) 13(a)*. If the RCA team is of the view that a prescribed act of the same kind is, or may be, imminent, the team must immediately notify the designated authority of that view - *Health Care Regulations (SA) 13(b)*.

The RCA team must not, unless authorised to do so in writing by the designated authority, continue its investigation into the adverse incident - *Health Care Regulations (SA) 13(c)*.

The designated authority must not authorise the RCA team to continue its investigation unless satisfied that the suspected prescribed act - *Health Care Regulations (SA) 13(d)*:

- (i) did not occur
- (ii) is able to be investigated independently of the adverse incident.

Who can receive reports produced by the RCA team and what reports can they receive?

Public¹, family members, coroner, health complaints commissioner etc - s72(2) *Health Care Act 2008 (SA)*:

can be provided with a report that contains a description of the adverse incident based on facts known independently of the investigation - s72(1)(a)(i) *Health Care Act 2008 (SA)* (eg: information obtained from the patient's clinical record) and the recommendations for changes or improvements in relation to procedure or practice as determined by the RCA team after completion of the investigation.

Designated authority:

can be provided with the above public document and the causation statement - s72(3)(c) *Health Care Act 2008 (SA)*.

Members of an authorised quality improvement body:

can be provided with the in-depth report as stated in s72(1)(b) *Health Care Act 2008 (SA)*, which includes a description of the adverse incident, a flow diagram, a cause and effect diagram, causation statements and recommendations for changes or improvements in relation to procedure or practice as determined by the RCA team (after completion of the investigation), working documents associated with the RCA team's investigation and processes and any other material considered relevant by the RCA team - s72(3)(b) *Health Care Act 2008 (SA)*.

Prescribed class of persons: (See glossary of terms)

can be provided with any description of the adverse incident, any causation statement/s, recommendations for changes or improvements in relation to procedure or practice as determined by the RCA team (after completion of the investigation) and any other material considered relevant by the RCA team.

Important note:

It is recommended RCA processes be reviewed to ensure that all the above requirements are met.

¹ Important note: the health service entities normal administrative processes should be established and followed for release of the public report.

Glossary of terms:

Health service entity: a hospital (including a private hospital) or an entity involved in the provision of a health service as defined in the regulations – South Australian Ambulance Service (SAAS), Royal District Nursing Service (RDNS) - s68(1) *Health Care Act 2008 (SA)*.

Designated authority:

- > General Manager or Chief Executive Officer of a health service entity
- > a person appointed by a health service entity to exercise the powers of a designated authority
- > an authorised quality improvement body (authorised committee under Section 64(b)(i) of the *Health Care Act 2008 (SA)*).

Prescribed act:

- > an act that is an offence under the law of the State that appears to have been committed by a member of the staff of the health service entity
- > an act that is attributable to a member of staff of the health service entity, or any other person involved in the adverse incident, being medically unfit
- > an act that constitutes the abuse of a patient
- > an act that appears to be a deliberately unsafe act (other than an act that might be reasonably undertaken in the provision of a health service).

Prescribed Class of Persons:

- > members of the Safety and Quality Unit of the Department for Health and Ageing who are members of the Adverse Incident Team - s72(3(d) *Health Care Act 2008 (SA)* and 14(1) of the *Health Care Regulations (SA)*.

For more information

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