

## The Characteristics of Good Quality Emergency Department RCA Reports

### *General:*

- Plain English , clear and complete sentences/well written
- Concise wording of relevant information
- Footnotes rather than use of brackets to explain terminology

### *Description of the presentation, incident and on-going care:*

- Clearly state the incident/outcome early in the report
- Detailed information about the presentation including “Between the Flags” vital signs
- Description of the patient’s symptoms and any comments made by the patient at the time
- Clear description and separation of chronology/patient journey from the analysis (RCA Team findings), including any relevant representations
- Clear history of contact with clinicians, specifying staff grade/skill levels, times and dates

### *Context and additional facts:*

- Summary of the type of hospital (e.g. small rural, metro tertiary)
- Set out expected local practices or procedures to add understanding of what actually happened (e.g. normal process to escalate request for Rapid Response, is that what was done?)
- Consider staff local experience (e.g. new in post, recent graduates, locums)
- Consider staff working patterns (e.g. shift arrangements, personal workload at the time)
- Consider activity and throughput in ED (e.g. the number and Triage Category of patients, waiting times, load of admitted patients, ambulance offload delays)

### *Analysis:*

- The analysis should be a logical and well-argued body of evidence leading to findings
- Ensure the correct balance between root causes and contributory factors
- Detail what should have happened if there was a difference from what did happen
- Consider organisational factors vs. behavioural (e.g. pattern matching/ ‘diagnostic anchoring’)
- Consider multiple factors i.e. some incidents can be as a result of several different pressures coming together – rather than one simple root cause
- Include results of interviews with local staff if conducted

### *Findings and conclusions:*

- Provide the outcome for the patient, and a summary of the cause and what happened
- Good use of sub-headings for team findings section – preferably on underlying factors (e.g. clinical handover) rather than stages of care
- Identify what should have happened if different from the above and missed opportunities
- Identify anything unclear to the RCA team (e.g. what really happened or where information does not allow full conclusions to be drawn)

### *Recommendations:*

- Should be specific and can detail how they will be audited
- May Eliminate, Control or Accept risk. If initially proposed recommendations are likely to only ‘Control’ risk, consider the possibility of recommendations that would ‘Eliminate’ risk?
- Should be sustainable (e.g. in the light of staff turnover)
- May need to consider specific processes in the ED from clinical care to operational management (e.g. day-to-day demand management, staff access to information, amending clinical handover guidelines or improving time of patient transfer, supervision)
- May also consider less routine processes (e.g. escalation and contingency planning, general forums for staff to input into policy and practices, longer term management of known issues)
- Should consider involving the hospital beyond the ED
- Consider specifying a wider network of RCA report recipients to disseminate lessons