Patient/Family involvement in Root Cause Analyses: Summary

The 2015 Northwest Patient Safety Conference included a short presentation on Patient and Family Involvement in Root Cause Analysis, followed by discussion of three questions for the audience:

- What's your greatest fear about involving families in this work?
- What's the biggest issue that is keeping you from involving patients and/or families?
- What's one step you are willing to take toward the goal of involving patients and families in RCA?

The following are themes derived from 33 written responses, representing participants from across the health care system, with selected specific examples.

What's your greatest fear about involving families in this work?

- *Confidentiality, privacy, HIPAA, disclosure, legal concerns*
- *Leadership:*
  Are they are board? Would they listen and adapt ideas?
- *Patients and families*:
  Causing them pain or frightening them; proceeding with RCA too soon after the event.
  Our ability to support them.
  They may be quick to judge the situation.
  They may need training.
  Finding the right representative.
- *Staff/the organization*:
  Loss of trust.
  Vulnerability; will staff feel safe?
  Being judged.
  Causing pain staff.
  Does the facilitator have the appropriate skills?
- *Logistic challenges:*
  Developing the process.
  Scheduling.
  Training patients/families and staff.

What's the biggest issue that is keeping you from involving patients and/or families?

- *Confidentiality, privacy, HIPAA, disclosure, legal concerns*
- *Concerns about the patients/families:*
  Fear of losing their trust.
- *Concerns about leadership:*
  It has to be a C-suite decision.
  Leadership selecting advisors who will support leadership's perceptions.
- *Concerns about the staff/the organization:*
  Privacy in the setting of a small community.
  Physician fear or refusal to participate.
  Fear of change of process.
- *Logistic challenges:*

Resources for training patients/families and staff.
Developing a pool who can participate across service lines.
Scheduling and coordinating.

What's one step you are willing to take toward the goal of involving patients and families in RCA?

- *Seek out resources:*
  For training on confidentiality, medical-legal ramifications.
  Find committed funding and resources for a program (e.g., internal sources; Foundations).
- *Research:*
  Investigate the legal questions and implications.
- *Start the conversation:*
  - *With patients and families*
    - Acknowledge to the family when an RCA occurs.
    - Help them understand the RCA process.
  - *With leadership*
    - Bring it to leadership and other key stakeholders.
    - Have a conversation about the how and the why.
    - Investigate if interest has been shown previously.
  - *With other departments*
    - Quality, Risk Management, Legal.
  - *With other organizations*
    - Look to other organizations.
    - Collaborate with other critical access hospitals.
- *Consider changing processes or try something new:*
  - Keep the patient's story in the RCA.
  - Find out if patients/families are informed when RCA occurs.
  - Have a Community Board member attend a Root Cause Analysis.
  - Explore – try an RCA with a patient/family member.

Comments from David Allison, PeaceHealth:
"We began using patient advisors in RCAs about a year ago. My plan is to now spread the process to all of our system hospitals. We will continue working with Volunteer Services Directors and Patient Safety Officers to spread the practice. I'm interested in collaborating with other organizations."

Note: David is Director of Patient Safety for PeaceHealth West, and may be contacted at dallison@peacehealth.org.