



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
JBSA FORT SAM HOUSTON, TEXAS 78234-6054

REPLY TO
ATTN OF:

OTSG/MEDCOM Policy Memo 13-050

MCHO-CP-A

03 SEP 2013

Expires 3 September 2015

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS

SUBJECT: Root Cause Analysis (RCA) Reporting Requirements for Sentinel Events

1. References:

a. Army Regulation 40-68, Medical Services: Clinical Quality Management, RAR 22 May 2009 (in revision).

b. US Army Medical Command (MEDCOM) Regulation 40-41, The Patient Safety Program, 14 January 2002, updated 8 May 2013.

c. The Joint Commission Accreditation Standards, current edition.

d. Department of Veterans Affairs National Center for Patient Safety 20 DEC 2012. VA Hierarchy of Actions. Retrieved from <http://www.patientsafety.gov/CogAids/RCA/#page-14>.

e. Army Regulation 190-45, Law Enforcement Reporting, 30 March 2007.

f. MEDCOM Supplement 1 to 190-45, Serious Incident Report, 11 June 2007.

g. OTSG/MEDCOM Policy Memo 12-016, MEDCOM Reportable Information Policy, 7 March 2012.

h. Operations Order 12-25, MEDCOM Commander's Critical Information Requirements [CCIR] Update, 14 March 2012.

i. FRAGO 1 to OPORD 12-25, MEDCOM Commander's Critical Information Requirements [CCIR] Update, 27 August 2012.

j. DENCOM Pamphlet 40-41-1, The Dental Patient Safety Program (Pending publishing).

k. Conway J, Federico F, Stewart K, Campbell M. Respectful Management of Serious Clinical Adverse Events (Second Edition). IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2011. Retrieved from www.gov.pe.ca/photos/original/mrc_ihi_whitepa.pdf.

l. 10 United States Code, section 1102, as amended by Section 714 of the 2012 National Defense Authorization Act to specifically include RCA as protected Peer Review information, effective 1 January 2012 (implementing regulations pending from Health Affairs).

m. Department of Defense (DoD) Instruction 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS), February 17, 2011, Enclosure 3, paragraph 5.

2. Purpose: This policy memorandum describes the duties and responsibilities of all Army Medical and Dental Regional Commands, Medical/Dental Treatment Facility Commanders and staff for reporting and conducting RCAs for sentinel events.

3. Background: Reporting sentinel events requires a reliable RCA program to search for lead practices and knowledge when events occur. Most errors are caused by faulty systems, not faulty people. RCAs are not done to blame or manage faults. The goal of the program is to find out how to do the work more reliably by focusing on continuous improvement and preventing future incidents. The program tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. Performing RCAs helps us understand our processes by creating meaningful and sustainable change. RCAs are protected Quality Assurance (QA) information under 10 USC 1102, as amended, and references b and c. All documentation and reports connected with the SE/SIR/CCIR/RCA processes must bear the QA legend required by reference c. Disclosure of information compiled under this Policy is expressly prohibited, except as provided in 10 USC 1102. Specifically, information pertaining to RCA processes are releasable to The Joint Commission (TJC) and DoD personnel who are part of the Patient Safety reporting chain, but are not further releasable by them to anyone. RCA information is NOT releasable to patients or patients' family members or representatives. RCA information is not included in the patient's medical record.

4. Definitions and Acronyms:

- a. **CA** – Corrective Action
- b. **CCIR** – Commander's Critical Information Report
- c. **DTF** – Dental Treatment Facility
- d. **EXSUM** – Executive Summary
- e. **MEDCOM** – Medical Command

MCHO-CP-A

SUBJECT: Root Cause Analysis (RCA) Reporting Requirements for Sentinel Events

f. **MOS** – Measure of Success. An MOS is a numerical or quantifiable measure usually related to an audit that determines if a planned corrective action was effective

and sustained. The MOS are due 4 months after the root cause analysis and action plan are determined acceptable.

g. **MTF** – Military Treatment Facility

h. **PCE** – Potential Compensable Event

i. **PSM** – Patient Safety Manager

j. **PSO** – Patient Safety Officer

k. **QM** – Quality Management

l. **RCA** – Root Cause Analysis. An RCA is a structured method used to analyze serious adverse events. Per Army Regulation 40-68, an RCA must determine the basic or causal factor(s) that contributed to, or may have contributed to, a sentinel event or the possible occurrence of a sentinel event. In an attempt to be impartial and fully accountable, the RCA will focus on organizational systems or processes not individual performance. All activities, documents and information in connection with a RCA are protected under 10 USC §1102 as QA information and are not releasable except pursuant to the statute, and cannot be further released by a qualified recipient of the information.

m. **RDC** – Regional Dental Command

n. **RMC** – Regional Medical Command

o. **SE** – Sentinel event. A sentinel event, as defined by TJC, is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof, to a patient. See Appendix A for a list of Medical Reportable Sentinel Events that must be reported to MEDCOM and TJC.

p. **SIR** – Serious Incident Report

5. Responsibilities:

a. The Army MEDCOM Clinical Performance Assurance Directorate (CPAD)/Patient Safety (PS) will:

(1) Create and send an SE notification to Health Affairs upon receipt of an "official" (routed from OTSG) EXSUM, Commander's SIR or CCIR.

MCHO-CP-A

SUBJECT: Root Cause Analysis (RCA) Reporting Requirements for Sentinel Events

(2) Assign a Nurse Consultant and a Senior Data Analyst to assist the MTF/DTF throughout the RCA process. For dental, the DENTAC PSO/PSM will assume the responsibility as the "lead" for the RCA process; unless, the adverse event involved those individuals. In that case, a selected Clinic PSO will assume the role as the "lead" for the RCA team.

(3) Notify the MTF/DTF PSM/PSO and the RMC PSO of the MEDCOM/ DENCOS Nurse Consultant/Dental Clinician assigned and provide additional RCA references and tools as needed.

(4) Upon completion of the RCA, provide the MTF/DTF PSM and RMC/ RDC PSO with recommendations that will improve the overall RCA clinical and administrative quality of the product.

(5) Collect, and analyze RCA data to include leading practices and current trends. Communicate findings to the field on a quarterly basis.

(6) Contact the MTF/DTF PSM/PSO at 4 months; and again, at 6-8 months following RCA completion or MOS completion, to determine if action plans have rendered positive results. The purpose of this interaction is to obtain leading practices, recommendations for improvement, and to share information with the field.

(7) Ensure that all documentation and information associated with the RCA is identified as protected Quality Assurance information and that any qualified recipient of the information acknowledges the prohibition against redisclosure.

b. RMC/RDC PSO will:

(1) Review all RCAs and MOSs to ensure they are thorough and credible, that all corrective actions are measurable and appropriate, and the reports are in the proper TapRoot® format.

(2) Confer:

a. Medical – RMCs confer with MEDCOM PS as needed prior to the MTF's submission of documents to TJC.

b. Dental – RDCs confer with DENCOS PSO as needed prior to RCAs being forwarded to the DENCOS PSM. Dental RCAs once finalized will be maintained at MEDCOM PS.

(3) Be available to assist the MTF/DTF with the RCA process.

(4) Keep MEDCOM informed of requested extension(s) of the due date.

(5) Ensure that all documentation and information associated with the RCA is identified as protected Quality Assurance information and that any qualified recipient of the information acknowledges the prohibition against redisclosure

c. MTF/DTF Commanders and PSM/PSOs will report and investigate all sentinel events as follows:

(1) Within 48 hours of discovery or determination of an SE, submit a CCIR in EXSUM format to their RMC Clinical Operations and RMC/PSO. Command Information Requirements and Reporting policy (CCIR), [occasionally titled SIR] are located at www.qmo.amedd.army.mil.

(a) E-mail notification must be digitally signed and unencrypted. Ensure EXSUM report does not include Personal Health Information, Personally Identifiable Information, or Health Insurance Portability and Accountability Act information.

(b) Dental PSOs will submit a CCIR in EXSUM format along with MEDCOM Form 732. Dental PSOs will refer to DENCOM Pamphlet 40-41-1, The Dental Patient Safety Program, for further guidance on conducting an RCA and assembling an RCA packet for submission.

(2) Within 48 hours of discovery or determination of an SE, submit the following documents to MEDCOM Patient Safety (email: usarmy.jbsa.medcom.mbx.medcom-psc@mail.mil) and to the RMC PSO and Clinical Operations (CLINOPS).

(a) CCIR in EXSUM format (Appendix B).

(b) TJC Self Reported Sentinel Event Form (Appendix C).

(c) MEDCOM Form 732 (May 2013) Sentinel Event Report Worksheet (Appendix D), available in Enterprise WEB AEFSS.

(d) For dental reporting, an example of a CCIR in EXSUM format is in DENCOM Pamphlet 40-41-1 and MEDCOM Form 732.

(3) Within five (5) days of discovery or determination of a SE, submit Self-Reported Sentinel Event document via fax or electronically to TJC. An electronically submitted self-report form is now available on accredited organizations' Joint Commission Connect extranet site in the Continuous Compliance Tools section. The paper form can be provided if necessary by calling TJC SE at 630-792-3700.

(4) After receipt of the Self-Reported SE document, TJC will provide a due date for the RCA. This date is approximately 45 calendar days from the date that the SE was identified. Notify RMC PSO of TJC SE number and due date. See Appendix E for the

Minimum Scope of an RCA matrix. For Dental RCAs, the DENCOM POC will provide the suspense date.

(5) Charter an RCA Team. The team will be interdisciplinary and includes those closest to the process excluding individuals directly involved in the adverse event under review. In the interest of objectivity, these individuals directly involved must not be part of the RCA Team. The RCA team focuses on systems and processes, not individual performance; as well as identifying changes that could be improved. The patients and patients' family members are NOT appropriate members of the RCA Team and are NOT entitled to receive information about the RCA, including findings, recommendations, and remedies. Experience and knowledge of the situation is vital to the RCA process, so those closest to the process need to be interviewed for suggestions about how to prevent the same or similar situation from happening again.

(6) The completed RCA must be submitted in TapRoot® format to RMC/RDC PSO and MEDCOM/DENCOM PS five working days before the due date to TJC for review and recommendations. A completed RCA will include the following:

(a) A signed cover letter by the MTF Commander or designated representative will include: event date, findings, recommendations, commander's signature, and designation as QA information with prohibition against redisclosure.

(b) Investigation Report.

(c) SnapChart (Autumn).

(d) TapRoot® Tree.

(e) CAs Overview - Utilize the VA Hierarchy of Actions to develop strong CAs (Appendix F).

(f) CAs by Casual Factor - Strong actions are understood, realistic and vital to a successful RCA. Ensure CAs meet the following criteria:

i. Address the root causes and contributing factors.

ii. Write a clear and understandable plan to implement.

iii. Consult with those involved in the process (not with those involved in the event).

(vii) All documents will be clearly identified as QA documents under 10 USC §1102.

MCHO-CP-A

SUBJECT: Root Cause Analysis (RCA) Reporting Requirements for Sentinel Events

(viii) Include the prohibition against redisclosure in AR 40-68 Appendix B References/Bibliography.

(7) Submission of the RCA to TJC may be done by e-mail, fax, or mail. A cover letter signed by the MTF Commander or other designated representative must be included. TapRoot® documents must be scanned and sent as a PDF; TJC does not have the TapRoot® software. Copies of the final documents will also be submitted to MEDCOM PS and RMC/RDC PSO/PSM.

(a) Requests for an extension to TJC RCA due date will only be made if there are extenuating circumstances and must be submitted by the MTF to the RMC PSO for approval and once obtained email approval of RMC PSO to MEDCOM Patient Safety.

(b) Following RCA acceptance by TJC, an MOS report must be prepared for TJC if required. TJC will establish the due date, usually 4 months after RCA acceptance. The completed MOS report must be submitted to RMC PSO and MEDCOM PS 5 days before the due date to TJC for review and recommendations. If there are any changes during the course of the TJC review/phone call, the recommendations/changes must be forwarded to RMC and MEDCOM PS for inclusion in the final RCA changes in metrics, additional or deleted CAs, or additional changes to the RCA. A request for an extension to TJC due date for the SE MOS report will only be made if there are extenuating circumstances and must be submitted by the MTF to the RMC PSO for approval, and once obtained to MEDCOM PS.

(8) Submission of the MOS may be done by e-mail, fax, or mail. A cover letter signed by the MTF Commander or other designated leader must be included. Copies of the final documents will also be submitted to MEDCOM PS and RMC PSO.

FOR THE COMMANDER:

Encl
as


ULDRIC L. FIORE, JR.
Chief of Staff

Appendix A - Medical Reportable Sentinel Events

- The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition (§) (||)
- Any patient death, paralysis, coma, or other major permanent loss of function associated with a medication error
- A patient commits suicide within 72 hours of being discharged from a hospital setting that provides staffed around-the-clock care
- Any elopement, that is, unauthorized departure, of a patient from an around-the-clock care setting resulting in a temporarily related death (suicide, accidental death, or homicide) or major permanent loss of function
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall
- Any intrapartum (related to the birth process) maternal death
- Any perinatal death unrelated to a congenital condition in an infant having a birth weight greater than 2,500 grams
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function
- Assault, homicide, or other crime resulting in death or major permanent loss of function of a staff member, licensed independent practitioner, visitor, or vendor
- Abduction of any patient receiving care, treatment, and services
- Rape, assault (leading to death or permanent loss of function), or homicide of any patient receiving care, treatment, and services
- Rape, assault (leading to death or permanent loss of function), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the health care organization
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups)
- A hospital performing the wrong invasive procedure or operating on the wrong side of the patient's body, on the wrong site on the patient's body, or on the wrong patient (**)
- A foreign body, such as a sponge or forceps, that was left in a patient after surgery or other invasive procedures
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose

(§) A distinction is made between an adverse outcome that is primarily related to the natural course of the patient's illness or underlying condition (not reviewed under the Sentinel Event Policy) and a death or major permanent loss of function that is associated with the treatment (including "recognized complications") or lack of

treatment of that condition, or otherwise not clearly and primarily related to the natural course of the patient's illness or underlying condition (reviewable). In indeterminate cases, the event will be presumed reviewable and the critical access hospital's response will be reviewed under the Sentinel Event Policy according to the prescribed procedures and time frames without delay for additional information such as autopsy results.

(II) Major permanent loss of function means sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or lifestyle change. When "major permanent loss of function" cannot be immediately determined, applicability of the policy is not established until either the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.

(#) Sexual abuse/assault (including rape), as a reviewable sentinel event, is defined as unconsented sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the hospital, including oral, vaginal, or anal penetration or fondling of the patient's sex organ(s) by another individual's hand, sex organ, or object. One or more of the following must be present to determine reviewability:

- Any staff-witnessed sexual contact as described above
- Sufficient clinical evidence obtained by the hospital to support allegations of unconsented sexual contact
- Admission by the perpetrator that sexual contact, as described above, occurred on the premises

(**) All events of surgery on the wrong patient or wrong body part are reviewable under the policy, regardless of the magnitude of the procedure or the outcome.

Appendix B - Commanders Critical Information Report (CCIR)

Standard CCIR EXSUM Format

ENSURE CCIRS DO NOT INCLUDE PHI, PII or HIPPA Information

INCLUDE "CCIR" in Subject Line

U N C L A S S I F I E D

EXECUTIVE SUMMARY

Date

(U) **CCIR:** PREPARATION OF AN EXECUTIVE SUMMARY FOR A SENTINEL EVENT. (U) (DASG-XX) Ft Sam Houston: An EXSUM is a brief summary of information either in response to a question or to provide unsolicited information. The EXSUM should not exceed 15 lines. EXSUMs should be prepared in a MS Word document using Arial font, 12 pt. Cut and paste the text into an email, then attach the Word document to the email. Write the EXSUM in layman's terms so non-medical personnel can understand the circumstances. Always remember that these EXSUMs may be sent on to the Army leadership and public affairs officials and we need to minimize technical terms. It should be prepared in concise but informal style, making full use of **approved** acronyms and abbreviations. Patient's status (retired, active duty, family member, civilian emergency, etc) age and co-morbidities should be included. The EXSUM should begin with the overall classification (FFIR), followed by the subject (underlined). The subject should include "REPORT OF SENTINEL EVENT: BRIEF DESCRIPTION OF EVENT." The originator's organization will appear next, followed by the body of the summary. Ensure that the originator is identified and the EXSUM approved as shown below. "PROVIDE MEMO" should end the summary if a supporting memo exists or was directed to support the EXSUM (otherwise, left off). PROVIDE MEMO_____.

COL Staffer/DASG-XX/681-XXXX

e-mail: Ernest.Staffer@otsg.amedd.army.mil

APPROVED BY _____

UNCLASSIFIED

Appendix C - TJC Self-Reported Sentinel Event Form

Accredited Organization Self-Reported Sentinel Event

Full Name of Accredited Organization/Organization ID Number (HCO#)

Street Address	City	State	Zip
----------------	------	-------	-----

Date of Incident: _____

Summary of Incident: (Please describe the event but do not include names of patient(s), caregiver(s), or other individual(s) involved in the event.)

Select method of sharing sentinel event related information:

Mailing Root Cause Analysis*

Alternative #1

Alternative #2

Alternative #3

Alternative #4

Sentinel Event Contact (please print full name)	Phone Number	E-mail
--	--------------	--------

Title

Signature	Date	Fax Number
-----------	------	------------

Please mail this completed form to the Joint Commission's Office of Quality Monitoring at the address below, or submit via facsimile to: (630)792-5636.

- For direct questions about completing this form call: (630) 792-5642.
- Direct questions about your sentinel event as it relates to the Sentinel Event Policy to (630) 792-3700, option 2. Each organization is contacted within 5 days to finalize RCA due date, receive your case number and share your method chosen to review the RCA.

* All mailed RCA's are to be sent to:

Joint Commission
Sentinel Event Unit/OQM
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Appendix D - Sentinel Event Report Worksheet

SENTINEL EVENT REPORT WORKSHEET		
For use of this form see, MEDCOM Reg 40-41; the proponent agency is MCHO		
SECTION I - DEMOGRAPHICS		
1. TREATMENT FACILITY (Name and Location)	2. PSRS#	3. TJC SE#
4. FACILITY POC (Last Name, First, MI)	5. TELEPHONE and EMAIL ADDRESS	6. DATE (yyyy-mm-dd)
SECTION II - EVENT IDENTIFICATION		
<p>DIRECTIONS: All incidents meeting the current definition of a sentinel event by The Joint Commission (TJC) will be reported to USAMEDCOM Patient Safety Center (PSC) with notification to Regional Medical Command (RMC)/Regional Dental Command (RDC). This form will be completed and transmitted within 48 hours by email. Other requirements of TJC related to a sentinel event will also be followed.</p>		
<p>7. TYPE OF EVENT (Check all that apply):</p> <p><input type="checkbox"/> Unanticipated death or, <input type="checkbox"/> Major permanent loss of function, <input type="checkbox"/> Physical, <input type="checkbox"/> Serious psychological injury not related to natural course of patient's illness or underlying condition.</p> <p><input type="checkbox"/> Suicide within 72 hrs of discharge from a 24-hour facility <input type="checkbox"/> Suicide within 31 days of being seen in any clinic</p> <p><input type="checkbox"/> Infant abduction <input type="checkbox"/> Infant discharged to wrong family</p> <p><input type="checkbox"/> Rape/unconsented sexual contact</p> <p><input type="checkbox"/> Hemolytic transfusion reaction due to administration of blood or blood products</p> <p><input type="checkbox"/> Surgery (wrong patient) <input type="checkbox"/> Surgery (wrong procedure) <input type="checkbox"/> Surgery (wrong site), or</p> <p style="padding-left: 20px;"><input type="checkbox"/> Anesthesia (wrong side) <input type="checkbox"/> Anesthesia (wrong level) <input type="checkbox"/> Anesthesia (wrong site)</p> <p><input type="checkbox"/> Unintended retention of a foreign object in a patient after surgery or other procedure</p> <p><input type="checkbox"/> Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter)</p> <p><input type="checkbox"/> Prolonged fluoroscopy with cumulative dose <input type="checkbox"/> > 1500 rads to a single field or any delivery or <input type="checkbox"/> radiotherapy to the wrong body region or <input type="checkbox"/> > 25% above the planned radiotherapy dose</p> <p><input type="checkbox"/> Brief description of event: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
SECTION III - TIMELINES		
8. REPORTING REQUIREMENTS. The following will apply from discovery date of incident:		
a. 48 hours to report incident via MEDCOM Form 732 to USAMEDCOM PSC, RMC/RDC via CCIR.		
b. Five (5) days to report incident to TJC.		
c. 40 days to transmit completed root cause analysis (RCA) and action plan to RMC/RDC, and USAMEDCOM PSC for review.		
d. 45 days to transmit completed RCA and action plan to TJC, RMC/RDC, and USAMEDCOM PSC.		
9. RECORD OF EVENTS.		
DATE (yyyy-mm-dd)	ACTION	
	a. Incident identified.	
	b. Incident reported via email to RMC/RDC, and USAMEDCOM PSC for review.	
	c. Initial report of incident to TJC.	
	d. RCA Team Chartered.	
	e. Final RCA and action plan to RMC/RDC, and USAMEDCOM PSC.	
	f. Final RCA and action plan to TJC.	
	g. Forward copy of Sentinel Event - Measure of Success (SEMOS) to RMC/RDC, and USAMEDCOM PSC for review prior to TJC due date if required.	
<p>The information placed on this form is confidential and privileged IAW 10 U.S.C. 1102.</p> <p>UNAUTHORIZED DISCLOSURE CARRIES A \$5,000 FINE.</p> <p>DO NOT FILE OR REFER TO THIS FORM IN PATIENT RECORD. REPORT EVENT TO SUPERVISOR/ DEPARTMENT CHIEF IMMEDIATELY.</p>		

Appendix E - Minimum Scope of an RCA Matrix

Detailed inquiry into these areas is expected when conducting a root cause analysis for the specified type of sentinel event. Inquiry into areas not checked (or listed) should be conducted as appropriate to the specific event under review.

Areas of Potential Root Causes	TYPES OF SENTINEL EVENTS														
	Suicide (24-Hour care)	Medication Error	Procedural Complication	Wrong-site Surgery	Treatment Delay	Restraint Death	Elopement Death	Assault/Rape/Homicide	Transfusion Reaction	Patient Abduction	Unanticipated Death of Full-Term Infant	Unintended Retention of Foreign Body	Fall Related	Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)	Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
Behavioral assessment process *	X					X	X	X							
Physical assessment process **	X	X	X	X	X	X	X			X		X			X
Individual identification process		X		X					X						
Individual observation procedures	X				X	X	X	X	X		X	X	X		
Care planning process	X		X			X	X				X		X	X	X
Continuum of care	X	X			X	X						X	X	X	X
Staffing levels	X	X	X	X	X	X	X	X	X		X	X	X	X	X
Orientation and training of staff	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Competency assessment/credentialing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Supervision of staff ***	X	X	X		X	X			X			X			X
Communication with individual/family	X	X		X	X	X	X			X			X	X	X
Communication among staff members	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Availability of information	X	X	X	X	X	X			X		X		X	X	X
Adequacy of technological support		X	X												
Equipment maintenance/management		X	X		X	X					X		X		X
Physical environment ****	X	X	X	X		X	X	X	X	X			X		
Security systems and processes	X					X	X	X		X					
Medication management *****		X	X		X				X		X		X		

*Includes the process for assessing individual's risk to self (and to others, in cases of assault, rape or homicide where an individual is the assailant)

** Includes search for contraband

***Includes supervision of physicians in training.

**** Includes furnishings; hardware (for example, bars, hooks rods); lighting, distractions

***** Includes selection and procurement; storage; ordering and transcribing; preparing and dispensing; administration; and monitoring

Veteran's Administration HIERARCHY OF ACTIONS

STRONGER ACTIONS	INTERMEDIATE ACTIONS	WEAKER ACTIONS
<ul style="list-style-type: none">• Architectural/physical plant changes• New devices with usability testing before purchasing• Engineering control or interlock (forcing functions)• Simplify the process and remove unnecessary steps• Standardize on equipment on process or caremaps• Tangible involvement and action by leadership in support of patient safety	<ul style="list-style-type: none">• Redundancy• Increase in staffing/decrease in workload• Software enhancements/modifications• Eliminate/reduce distractions (sterile medical environment)• Checklist/cognitive aid• Eliminate look and sound-alikes• Readback• Enhanced documentation/communication	<ul style="list-style-type: none">• Double checks• Warning and labels• New procedure/memorandum policy• Training• Additional study/analysis

<http://www.va.gov/NCPS/curriculum>