Gap/Root Cause Analysis (RCA)

Before completing this form, complete the Care Transitions Assessment. Identify one of the gap assessment items where the facility’s response was either: (1) not implemented/no plan, (2) plan to implement/no start date set, or (3) plan to Implement/start date set. Use this gap/RCA form to get a better understanding of what factors are contributing to the gap and what steps can be taken for improvement.

|  |  |
| --- | --- |
| **Organization:** |  |
| **Team Lead:** |  |
| **Team Members:** |  |
| **Assessment Item/Area of Focus:** (refer to Care Transitions assessment) |  |

| **Component** | **Activities Completed** | **Key Findings** |
| --- | --- | --- |
| **Data: What data specific to this gap area is available to help guide and measure this work?**Supportive tools:* 7-Day Audit Chart Tool
* 5 Whys
* HSAG Data Report
 |  |  |
| **Observational work: Evaluate the current processes related to patient transitions.**Supportive tools:* 5 Whys
 |  |  |
| **Individual and group interviews: Understand the voices of your patients and staff.**Supportive tools:* Readmission Interview Tool
 |   |  |
| **Financial review: Understand the financial impact of gap item.**  |   |   |

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