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.**  |   |   |

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-12212021-06