

# The German Programme for Systematic Analysis of Critical Incidents in Ambulatory Care (SACIAC): Development and Structure



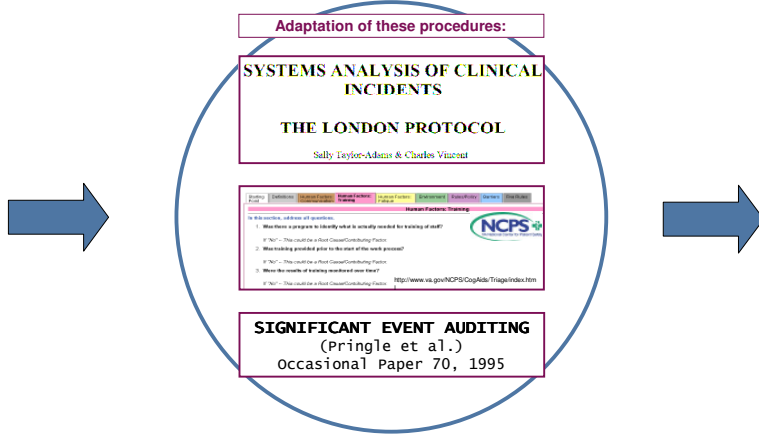
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 Joint Institution of the  
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How to Learn from  
 Critical Incidents?  
 How to do a  
 Root Cause Analysis  
 in Ambulatory Care?



Development of the  
 SACIAC-Programme

## SACIAC-PROGRAMME

- (1) **CI (Critical Incident) Education:** The practice team learns to recognise and document CI.
- (2) **CI Analysis:** During a team meeting the CI is analysed.
  - (2a) **Chronology of CI:** The **chronology** of the CI is determined and documented on a structured **worksheet**.
  - (2b) **Contributing factors to the CI:** Contributing factors are established and documented on the worksheet using a **checklist** with questions on seven different areas.
  - (2c) **Safety barriers:** Existing safety barriers are identified.
  - (2d) **Prevention strategies:** By studying the identified contributing factors and safety barriers, the practice team develops and discusses possible strategies to prevent the incident from happening in the future.

Chronology of event	→	→	→
Time / date			
Unsafe acts			
Contributing factors			
Patient			
Task			
Individual (staff)			
Team			
Environment			
Organisation and management			
Context of ambulatory care office			
Existing barriers			
Recommendations of the team			

## DISCUSSION

- Pilot trials showed:**
- Doctors find the method helpful in **structuring the learning process from CI**, and they report that the **systematic approach reduces inhibitions and fears** when talking about CI.
  - **Identification** of CI suitable for systematic and thorough analysis is a problem.

Aspect	Examples of Questions to be asked
<b>Patient Factors</b>	<ul style="list-style-type: none"> <li>Condition / fitness: How complex or serious is the illness?</li> <li>Language / Communication: Does the patient speak German?</li> <li>Paronymity / Social Factors: How are the social aspects? (Dependencies?)</li> <li>Relationship Health care worker - Patient: Is it a „difficult“ patient?</li> </ul>
<b>Task Factors</b>	<ul style="list-style-type: none"> <li>Task design / clarity of structure: Is the structure of the used software useful? Are drop down menus clearly arranged?</li> <li>Availability and accuracy of test results: Are lab values and reports accurately filed and easily traceable?</li> </ul>
<b>Individual staff Factors</b>	<ul style="list-style-type: none"> <li>Knowledge, skills and training: Is the CME supported and checked? Are necessities of training clear?</li> <li>Motivation / stress / health: Does or does not the staff have social problems of health care workers?</li> </ul>
<b>Team Factors</b>	<ul style="list-style-type: none"> <li>Verbal communication: Was the communication accurate, complete, without jargon and clear? Are there mechanisms to check if communication is adequate? (E.g. „read back“)</li> <li>Written communication: Are patient charts concise, complete, clearly arranged and legible? Are signatures legible?</li> <li>Supervision and seeking help: Is it accepted to ask questions and seek help, if in doubt?</li> <li>Team structure (Congruence, consistency, hierarchy, etc.): Are responsibilities and work areas clearly defined? Is staff supported when critical incidents or errors occur? Are there personal conflicts between staff?</li> </ul>
<b>Work / Environmental Factors</b>	<ul style="list-style-type: none"> <li>Staffing levels, skills mix and workload: Is there enough staff? Is staff qualified? Are breaks from work possible?</li> <li>Design, availability and maintenance of equipment: Is the equipment working? Is the equipment checked regularly? Was staff trained to use the equipment?</li> <li>Environment, noise etc.: Was the environment free from distractions? Was the environment adequate for the task? Is the practice restrained through financial budgeting?</li> </ul>
<b>Organisational &amp; Management Factors</b>	<ul style="list-style-type: none"> <li>Financial resources, budget, co-ordination: Was the environment free from distractions? Was the environment adequate for the task? Is the practice restrained through financial budgeting?</li> <li>Organisational structure: Is the practice adequate for the care of the specific patient?</li> <li>Rules, policy, standards and goals: Are there rules/guidelines? Are they known? Are they used? Are they really used? If not, why? Are there measures to minimise risk?</li> <li>Safety culture and priorities: How is the staff's attitude towards safety? Does the working culture of the practice encourage comments and „safety warnings“ of staff about risky situations? (speaking up)</li> </ul>
<b>Context of Ambulatory Care Office</b>	<ul style="list-style-type: none"> <li>Economic and regulatory context: Which are the economic conditions of the practice?</li> <li>Insurance: Are there guidelines from the insurance company on how to react upon critical accidents?</li> </ul>

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