

## Causal Statement Summary

In follow-up to a root cause analysis, causal statements summarize the major latent sources of the error within the system. Causal statements must follow five rules:

- 1) Clearly show the cause and effect relationship.
- 2) Use specific and accurate descriptions of what occurred rather than negative and vague words.
- 3) Identify the preceding system cause of the error and NOT the human error.
- 4) Identify the preceding cause of procedure violation.
- 5) Acknowledge that failure to act is only causal when there is a pre-existing duty to act.

Causal Statements for Omission Error due to blanket orders, communication, procedure/protocol not followed, and reconciliation-transition.

### List Causes

1. During rounds, the physician ordering a medication may not actually write the order and check for allergies, which increases the likelihood that a drug may be ordered to which the patient is allergic.
2. During order transcription, nurses do not routinely check brand names (Unasyn) against a list of their generic components (ampicillin and sulbactam), which increases the likelihood that an order for a drug to which the patient is allergic will be transcribed from the order sheet to the MAR.
3. Nurses do not transcribe orders into an electronic MAR, which would provide an opportunity for the software program to detect allergies, and increases the likelihood that an order for a drug to which the patient is allergic will be transcribed from the order sheet to the MAR.
4. Distractions exist in the pharmacy when the pharmacist is verifying orders, which increases the likelihood that the pharmacist may accidentally over-ride an alert for a drug allergy.
5. On the MAR, a patient's drug allergies are at the top of the page, which is often underneath the clip on the clipboard making it difficult for the nurse to check allergies while administering medications, thus increasing the likelihood that a patient will receive a drug they are allergic to.
6. Registered nurses are required to hang IV medications while LPNs routinely give PRN medications. A lack of communication between RNs that hang IV medications (to which a patient may be allergic) and LPNs that give PRN medications (that can be used to treat itching) increases the likelihood that a drug allergy will be perpetuated.
7. Pharmacy support is not available on the weekend, which increases the likelihood that a drug allergy will be perpetuated.
8. There was no policy for an interim resident physician to alert the attending physician to the error in a timely manner, which increased the likelihood that it would not be disclosed and not documented as such in a timely manner.
9. The lack of a written policy for disclosure of harmful errors to patients and families increased the likelihood that the error was not disclosed in a sensitive and timely manner by the attending physician.