



# ROOT CAUSE ANALYSIS OF THE DATA REFINEMENT PROCESS – MEDICAL CONDITIONS CAPABILITY RESOURCE TABLES

Human Research Program

Exploration Medical Capability Element

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## Agenda



- Objective
- Background
  - –Capability Resource Tables (CRT)
  - –Root Cause Analysis(RCA)
- Error types
- RCA
  - -Fishbone; 5 whys
- Lessons Learned



## **Objective**



 Review the development and import of CRTs into the Evidence Library (Ev Lib) to identify sources of error for improved data fidelity for future iterations and modifications



## Background



- Changing paradigm
  - Currently heavily ground dependent
- Earth Independent Medical Operations
  - -Semi autonomous medical care
- Medical System Design?
  - -Modeling





## Background



- Capability Resource Table
  - –120 Spaceflight Conditions
  - Best Case and Worst CaseScenarios
  - -Resources required to treat
    - Number x duration
    - Alternate therapies
    - Skills required
  - –Coded for IMPACT
    - Written in Excel
    - Consensus from 3 physicians

	Definition:		equires a single layer			nimal or no foreign bod						
Capabilities Phase	Scope of Practice Code	Capability Category	Capability Class	Capability Contribution	Capability Necessity	Capability Equivalence	Capability Primacy	Capability Efficacy	Resource Phase	Resource Equivalent	Resource class	Resource Contributio
										Bundled Non-Alter		
	Bun	dled Non-Alte	rnate Cluster:	#	#	0	0	#		Alterna	te Cluster:	0
CP1 - Physical Exam - Skin	4	Life Saving	Clinical	1	1	0	0	1	CP1 - Physical Exam - Skin		Clinical	
									General Supplies - Potable water		Clinical	
CP1 - Physical Exam - Wound	4	Life Saving	Clinical	1	1	0	0	1				
									Bundle - Wound Care Gauze		Clinical	1
CP1 - Physical Exam - Meurological - Focused Exam	4	Life Saving	Clinical	1	1	0	0	1	CP1 - Physical Exam - Neurological -		Clinical	
CP1 - Interpretation - Physical Exam	4	Life Saving	Clinical	1	1	0	0	1	CP1 - Interpretation - Physical Fram		Clinical	
<u> </u>									Device - E.H.R. Interface		Clinical	
									Software - E.H.R. Software		Clinical	
									Software - Pharmacy Dose Tracker Software - Medical		Clinical	
CP2 - Acute - Software - Clinical Records and	1	Life Saving	Clinical	1	1	0	0	1	Procedure Database -			
Decision Support									Software Software - Medical		Clinical	
									Knowledge Database - Software		Clinical	
									Software - Clinical Decision Support		- Common	
									Software		Clinical	
CP2 - Acute - Management Decisions - Skin Laceration	4	Life Saving	Clinical	1	1	0	0	1	CP2 - Acute - Management Decisions - Skin		Clinical	
CP2 - PPE - Nitrile Gloves	1	Life Saving	Clinical	1	1	0	0	1	Hygiene - PPE - Non Sterile Gloves		Clinical	
									Bundle - Irrigation - Irrigation Solution		Pharmaceutical	1



# CRT Example



	Definition:	An uncomplicated, spontaneously or re			cant tension with m	inimal or no foreign bo	ody contamination t	hat heals			
Capabilities Phase	Scope of Practice Code	Capability Category	Capability Class	Capability Contribution	Capability Necessity	Capability Equivalence	Capability Primacy	Capability Efficacy	Resource Phase	Resource Equivalent	Resource class
									Bu	ndled Non-Alte	rnate Clust
	Bundl	led Non-Alteri	nate Cluster:	#	#	0	0	#		Alter	nate Clust
CP1- Patient Encounter And Quipment Setup Time	1	Life Saving	Clinical	1	1	o	0	1	6-1 - Patient Encountel And Equipment Setup Time		Clinical
CP1 - Software - Clinical Records and Decision Support	1	Life Saving	Clinical	1	1	O	0	1	Device - E.H.R. Interface Software - E.H.R. Software Software - Pharmacy Dose Tracker Procedure Database - Software Knowledge Database - Software Decision Support Software		Clinical  Clinical  Clinical  Clinical
CP1 - History - Collect History of Present Illness	1	Life Saving	Clinical	1	1	0	0	1	History of Present		Clinical
CP1 - Physical Exam - Primary Assessment (ABCs)	1	Life Saving	Clinical	1	1	o	0	1	CP1 - Physical Exam - Primary Assessment (ABCs)		
CP1 - Hygiene - Hand	4	Life Saving	Clinical	1	1	0	0	1	Hygiene - Skin Cleanser	<i> </i>	Clinical
CP1 - Physical Exam - Skin	4	Life Saving	Clinical	1	1	0	0	1	CP1 - Physical Exam -		

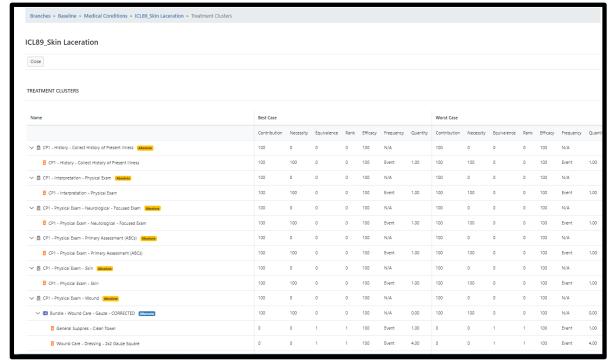


## **CRT to Evidence Library**



		ICL - 89 - Skin Lac	eration				
	Definition:		linear, laceration the quires a single layer		cant tension with mi	nimal or no foreign b	ody contamination t
Capabilities Phase	Scope of Practice Code	Capability Category	Capability Class	Capability Contribution	Capability Necessity	Capability Equivalence	Capability Primacy
	Bund	lled Non-Alter	nate Cluster:	#	#	0	0
CP1 - Patient Encounter And Equipment Setup Time	1	Life Saving	Clinical	1	1	0	0
CP1 - Software - Clinical Records and Decision Support	1	Life Saving	Clinical	1	1	0	0
CP1 - History - Collect History of Present Illness	1	Life Saving	Clinical	1	1	0	0
CP1 - Physical Exam - Primary Assessment (ABCs)	1	Life Saving	Clinical	1	1	0	0
P1 - Hygiene - Hand	4	Life Saving	Clinical	1	1	0	0
CP1 - Physical Exam - Skin	4	Life Saving	Clinical	1	1	0	0







✓ 🖺 CP1 - Physical Exam - Primary Assessment (ABCs) Absolute

CP1 - Physical Exam - Primary Assessment (ABCs)

✓ 🖺 CP1 - Physical Exam - Skin (Absolute)

CP1 - Physical Exam - Skin

✓ ☐ CP1 - Physical Exam - Wound Absolute

## **Evidence Library**



Branches » Baseline » Medical Conditions » ICL89_Skin Laceration » Treatment C	Clusters													
CL89_Skin Laceration														
Close														
TREATMENT CLUSTERS														
Name	Best Case							Worst Case						
	Contribution	Necessity	Equivalence	Rank	Efficacy	Frequency	Quantity	Contribution	Necessity	Equivalence	Rank	Efficacy	Frequency	Qua
✓	100	0	0	0	100	N/A		100	0	0	0	100	N/A	
CP1 - History - Collect History of Present Illness	100	100	0	0	100	Event	1.00	100	100	0	0	100	Event	1.00
✓ <u>肉</u> CP1 - Interpretation - Physical Exam Absolute	100	0	0	0	100	N/A		100	0	0	0	100	N/A	
_	100	100	0	0	100	Event	1.00	100	100	0	0	100	Event	1.00
CP1 - Interpretation - Physical Exam														
☐ CP1 - Interpretation - Physical Exam  ✓ 🗓 CP1 - Physical Exam - Neurological - Focused Exam Absolute	100	0	0	0	100	N/A		100	0	0	0	100	N/A	

N/A

N/A

0

100

100

100

0

100

100

100

0

1.00

1.00

Event

N/A

N/A

100

100

0



# **ERRORS**





## Input

- Keystrokes incorrect
- Coding issues
- Orders of magnitude

Capability Contribution			Capability Primacy	Capability Efficacy	Resource Phase
					E
#	#	0	0	#	
1	1	0	0	1	CP1 - Patient Encounter And Equipment Setup Time
1	1	0	0	21	Device - E.H.R. Interface Software - E.H.R. Software Software - Pharmacy Dose Tracker Procedure Database - Software Knowledge Database - Software Decision Support Software
1	1	0	0	1	CP1 - History - Collect History of Present
1	1	0	0	1	CP1 - Physical Exam - Primary Assessment (ABCs)
1	1	0	0	1	Hygiene - Skin Cleanser
1	1	0	0	1	CP1 - Physical Exam - Skin





### Transcription

- Conversion of data
- Categories with coding issues







#### Structural

- "Absolute" versus"Alternate"
- Mixed coding
- "Break" the software

Pharmaceutical - Subcutaneous - Lidocaine - 2% injection Without Epinephrine - 5ml	Pharmaceutical	0	0	1	2	1	4 Event
Pharmaceutical - Subcutaneous - Lidocaine 1½ WITH Epinephrine 5ml	Pharmaceutic <sub>ia</sub> l	0	0	_1	3		4 Event
Pharmaceutical - Subcutaneous - Lidocaine 2% WITH Epinephrine 5ml	Pharmaceuti <mark>c</mark> al	0	0		4		4 Event
Pharmaceutical - Subcutaneous - Bupivacaine 0.5% 5ml	Pharmaceutical	0	0	1	5	1	4 Event
Pharmaceutical - Intravenous - Diphenhydramine 25mg	Pharmaceutical	0	0	1	6	1	2 Event
Pharmaceutical - Intravenous - Sterile Water 1000ml	Pharmaceutical	0	0	1	7	1	0.2 Event





#### Frequency

- Massive quantities
- "Per Event"
- "Per Day"

0	1	3	Event
0	1	1	Event
0	1	6	Per Day
0	1	6	Per Day
0	1	1	Event
0	1	7	Event
0	1	2	Per Day
0	1	0	ivaiv





#### Information

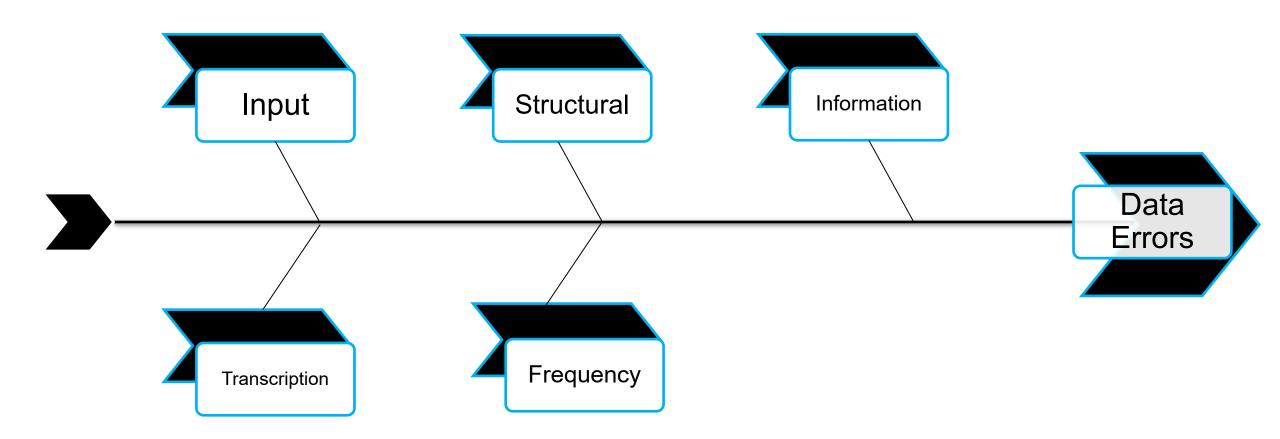
- Dosing
- Inappropriate Capability
- Inappropriate Resource
- Required ExMC Clinical and Science Team (CST) review

Device - Vascular Access - Intravenous Fluid Pump	Clinical	1	1	0	0	1	1	Event
Pharmaceutical - Oral - TMP/SMX 800/160mg	Pharmac eutical	1	1	0	0	1	28	Event
Pharmaceutical - Oral - Levofloxacin 750mg	Pharmac eutical	1	1	0	0	1	14	Event
Pharmaceutical - Oral - Clindamycin 300mg	Pharmac eutical	1	1	0	0	1	112	Event
Pharmaceutical - Oral - Levofloxacin 750mg	Pharmac eutical	1	1	0	0	1	14	Event
Pharmaceutical - Oral - Doxycycline 100mg	Pharmac eutical	1	1	Ū	U	1	28	Event
Pharmaceutical - Oral - Levofloxacin 750mg	Pharmac eutical	1	1	0	0	1	14	Event
Device - Camera - General Photography	Clinical	1	1	0	0	1	1	Event



## **Root Cause Analysis**



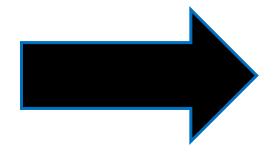








- •Why?
  - -Why?
    - Why?
      - -Why?
        - »Why?



- SystemsErrors
  - Solutions



## Input



- Excel manual data entry
  - -250,000 cells of data
  - Naming of capabilities, bundles, resources
- Software availability
  - Disseminatable and user familiarity
- Time frame and large team
- Large body of work to get operational
- Medical system design lead time
- >Front end software and training?



## **Transcription**



- Data in Ev Lib doesn't match Excel files
- Data lost or altered in transition to Ev Lib
  - OR data was incorrect in Excel file
- Complex cells with varying information
  - Large repository of data
- Clinical data and coding
  - Convert clinical decision making and management into algorithms
- Software limitations

**➤** Software with broader capabilities



#### Structural



- "Absolutes" and "Alternates"
- Complex coding scheme
- Accurate modeling and trade space analysis
- Manual entry of coding structures
- >Preset structures
  - >Excel is capable of this but UI may be more intuitive elsewhere



## Frequency



- Quantity calculations often extremely high
- CRTs inputs separate from incidence and duration data
  - Scope and goals of the dataset
- Broad capabilities but short time frame
- Provide clinically useful data to systems design and operations teams
- **≻Clear objectives and deliverables** 
  - ➤ Minimum viable product



#### Information



- Built by a CST member
  - Verified by minimum of 3 other CST members
- Review meetings
  - Cell by cell with 99% of cells low variability
  - Discussions and reasoning for clinically significant capabilities
- Isolated meetings with limited information dispersal
- **➤ Documentation of decision making for information entry**
- >Broader team discussion of high value capabilities



#### **Lessons Learned**



- Innovation is challenging
  - -Create a new approach to clinical decision making
  - –Large team effort
  - -Many errors where unavoidable
  - –Draw on IMM

- Scope is critical
  - –Minimum viable product
  - Lay groundwork for future iterations



#### **Lessons Learned**



- Optimized tools optimize work
  - -Excel was a necessary evil
  - -Future iterations will work with smarter/more precise tools

- Cross team collaboration
  - With the CST and within ExMC

- Difficult but intellectually satisfying
  - -Future iterations will continue to improve





#### Reference



- 1. Jones RW, Despotou G. Root Cause Analysis and Health Informatics. Stud Health Technol Inform. 2016;226:131-4. PMID: 27350485.
- 2. Card AJ. The problem with '5 whys'. BMJ Qual Saf. 2017 Aug;26(8):671-677. doi: 10.1136/bmjqs-2016-005849. Epub 2016 Sep 2. PMID: 27590189.
- 3. Su CF, Chu CM, Yuan YJ, Peng CC, Feng CC, Chao SL, Lin CS. Use of a Modified Fishbone Diagram to Analyze Diagnostic Errors in Emergency Physicians. J Acute Med. 2017 Dec 1;7(4):149-157. doi: 10.6705/j.jacme.2017.0704.003. PMID: 32995189; PMCID: PMC7517915.