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Intercare Corporate Group Inc. - “The Heart of Excellence”



October 2026

Root Cause Analysis

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Root Cause Analysis is a step-by-step (“systematic”) investigative method that is used in healthcare to review events, incidents and near misses.

Root Cause Analysis (RCA) asks “Why?”- not “Who?”

- ✓ In healthcare, when something does not go as planned, it can be tempting to ask: “**Who made the mistake?**” However, **RCA** invites us to pause and ask a better question: “**Why did this happen?**”

RCA is a structured way of looking beyond an immediate event, incident or near miss to understand the underlying ‘*systems and conditions*’ that contributed to it. A **RCA** review might include, for example: communication flows, workload, staffing, training, policies, procedures, processes, equipment, environment elements or how information was/is presented.

When using RCA, the review of an event, incident or near miss is approached in the manner depicted below:

Event: A medication is administered incorrectly.

Using RCA to examine the event:

Rather than stopping at “*the wrong medication was given.*”, **RCA** examines the following:

- ✓ Was the medication stored beside a similar-looking product?
- ✓ Was the medication label difficult to read?
- ✓ Were there interruptions or competing demands when the medication was being administered?
- ✓ Was the medication order clear?
- ✓ Were the appropriate checks built into the medication administration process?

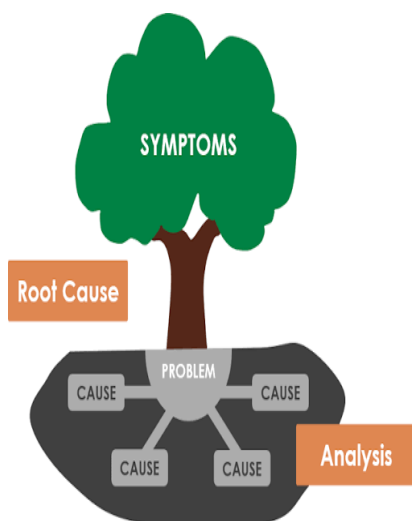
The **goal** of **RCA** is not to find someone to blame. Rather, the **goal** is to find opportunities to **make the system/processes safer**; and to **reduce the likelihood of event recurrence**.

A ‘Simple RCA Mindset’:

What happened? → Why did it happen? → What contributed? → What can we change?

When we use **RCA** and look beyond ‘individuals’ and examine ‘conditions’ surrounding an event, incident and near miss, we are able to turn that event, incident and near misses into an opportunity for **learning, improvement and safer care!**

Remember: *Errors are events to learn from - not for assigning blame to people.*



QI Projects at the Intercare Continuing Care Homes (CCH)

Brentwood Care Centre - Type A CCH (formerly 'Long Term Care')

Team Working on QI	Name of Project	Project Goals
Director of Care (DOC)	Decrease Use of Chemical Restraints	✚ Decrease the overall percentage of residents on anti-psychotic medication by 5% over the next six (6) months and by 15% over the next twelve (12) months within the Care Home.
Recreational Therapy (RT)	Personalized Song Creation using AI	✚ Evaluate whether the use of the 'Suno App' improves mood and engagement among cognitively intact residents and residents living with dementia in a Type A Continuing Care Home setting.
Occupational Therapy (OT)	Management and Provision of Slings	✚ Ensure compliance with IP&C practices (i.e. Designated slings for each resident; no sling crossover use between residents). ✚ Ensure proper handling and laundering of the slings to prolong their lifespan. ✚ Establish an improved system that better tracks the inventory and whereabouts of slings within the Care Home.
Physical Therapy (PT)	Improvement in Lift and Transfer Communication across Healthcare Teams	✚ Ensure each resident's room displays an updated transfer logo that accurately reflects the resident's current transfer status based on the most recent Lift and Transfer Assessment to supporting clear and consistent communication among Physiotherapy, HCAs and Nursing staff.
Case Manager (St. Andrews - West)	Chemical Restraint reduction	✚ Reduce the number of chemical restraints and antipsychotic use on the unit by 10%.
Case Manager (St. Andrews - East & Central)	Wound charting	✚ Increase the weekly wound charting by nurses on the units by 10%.
Case Manager (Hillhurst)	Antipsychotic / chemical restraint reduction	✚ Decrease the use of antipsychotic medications/chemical restraint by 10% on new admissions to the unit.
Case Manager (Sunnyside)	Antipsychotic / chemical restraint reduction	✚ Reduce the number of residents on chemical and antipsychotic medication on the unit by 10%.
Case Manager (Morrison)	Antipsychotic / chemical restraint reduction	✚ Reduce the use of antipsychotic medications on the unit.

Brentwood Care Centre - Behavioral Support Unit (BSU)

Team Working on QI	Name of Project	Project Goals
Clinical Team Leader (CTL)	Improved Communication among BSU Staff	✚ Promote better continuity of care. ✚ Decrease resident behaviors. ✚ Decrease the use of physical restraints.
Case Manager (BSU)	Nurse Documentation	✚ Reduce incidents of missed documentation and documentation errors by staff on the BSU unit.
Rehabilitation	Independence, Strength and Mental Health	✚ Engage BSU residents in enjoyable and meaningful activities to increase their sense of purpose and quality of life. ✚ Improve overall physical and/or mental health of BSU residents. ✚ Improve strength and balance to reduce likelihood of BSU resident falls.
Social Worker	Improving Depression Rating Scores (DRS) among BSU Residents	✚ Reduce Depression Rating Scales (DRS) by using activities that can help BSU residents manage persistent anger issues and periods of sadness. (e.g. 'One-to-one' sessions with the unit's Social Worker; BSU resident engagement in an activity of their choice such as discussing their past life or other area(s) of interest to them). ✚ Improve Mental Health by facilitating group activities on the BSU unit (groups to include a maximum of three (3) BSU residents at a time) using crafts, memory exercises, playing board games to help with social engagement and reduce resident anxiety and depression.

QI Projects at the Intercare Continuing Care Homes (CCH)

Chinook Care Centre - Type A CCH (formerly 'Long Term Care')

Team Working on QI	Name of Project	Project Goals
Director of Care (DOC)	Reduction in inappropriate use of Chemical Restraints	✚ Decrease the percentage of residents on chemical restraint by 5% over a period of one (1) year within the Care Home.
Recreation	Progress Notes	✚ Implement a process whereby Recreation Therapy Aides (RTAs) complete progress notes on specific residents with individualized goals that clearly reflect the resident's engagement, responses and progress related to targeted recreation therapy interventions.
Rehabilitation	Enhance Fall Prevention through the "6 P's of Fall Prevention" framework	✚ Improve fall prevention outcomes by ensuring all post-fall reviews and care plans include a clearly identified root cause categorized using the "6 P's of Fall Prevention" (<i>Pain, Positioning, Personal Needs, Possession, Pathway and Plan</i>) and targeted, individualized fall-focused interventions are implemented to reduce repeat falls and enhance resident safety.
Dietician	Safe and Dignified Eating Checklist and Education	✚ Improve the safety, consistency and dignity of eating assistance provided to residents by Health Care Aides (HCAs), Therapy Assistants (TAs) and Recreation Therapy Aides (RTAs) by implementing a standardized checklist and brief education sessions, resulting in more reliable adherence to best practices and enhanced mealtime experiences for residents.
Case Manager (Chinook Park)	Chemical Restraint Usage	✚ Decrease the number of PRN Anti-psychotics used on the unit for behaviors.
Case Manager (Richards Way)	Wound Documentation	✚ Document on wounds weekly/bi-weekly and ensure skin assessments are completed as per policy requirements.
Case Manager (Park Place)	Anti-Psychotic Usage	✚ Reduce the use of PRN antipsychotic and other behavior medications on the unit.
Case Manager (Fosters Way)	Documentation Accuracy	✚ Improve the accuracy of Point of Care (POC) electronic documentation by HCAs on all shifts on the unit.

Chinook Care Centre - Complex Dementia Care Unit (CDC)

Team Working on QI	Name of Project	Project Goals
Clinical Team Leader (CTL)	Improving Content and Quality of Nursing Documentation on the CDC Unit	✚ Improve content and quality of nursing documentation on the CDC unit through a reduction in the use of 'labeling language' in nursing progress notes (CDC Unit's project reduction goal: 75%).
Recreation	Dementia Montessori Kits	✚ Decrease evening behaviours when CDC residents are not in recreation programming.
Rehabilitation	Music & Movement Group	✚ Reduce falls for CDC residents at high risk of fall-related injury through participation in the "music & movement" group that is aimed at improving resident strength, balance, coordination and reducing agitation. ✚ Enhance cognitive stimulation and quality of life for CDC residents (a secondary potential benefit of the 'music & movement' group).
Case Manager (CDC)	Falls	✚ Decrease the number of falls for 'repeat fallers' on the unit.

Chinook Hospice – Type C CCH (Hospice)

Team Working on QI	Name of Project	Project Goals
Case Manager (Hospice)	Delirium	✚ Delirium management within the hospice care environment.

QI Projects at the Intercare Continuing Care Homes (CCH)

Southwood Care Centre - Type A CCH (formerly 'Long Term Care')

Team Working on QI	Name of Project	Project Goals
Director of Care (DOC)	Reduction in inappropriate use of Chemical restraints at SCC (LTC)	✚ Reduce the use of chemical restraints by 15% over the next year in the Care Home.
Recreation	Afternoon Music Intervention to Reduce 'Sun Downing' Behaviors in Long-Term Care Residents with Dementia	✚ Determine if playing music between 3:00 pm and 4:00 pm can reduce the frequency of 'responsive behaviors' (specifically: wandering, exit seeking and yelling) associated with 'sun downing' in residents living with dementia in the Care Home.
Rehabilitation	Decline in late loss of Activities of Daily Living (ADL)	✚ Minimize decline in Activities of Daily Living (ADL) - e.g. bathing, eating, dressing, toileting and mobility - in residents at the Care Home to significantly improve residents' quality of life by promoting their independence and well-being; enhancing their self-esteem; and improving their health outcomes.
Case Manager (Bonavista)	Shower Refusal Documentation	✚ Monitor/audit resident shower refusals on the unit on a monthly basis, to ensure refusal and reason for refusal are documented in progress notes.
Case Manager (Parkland)	Shower Refusal Documentation	✚ Monitor/audit resident shower refusals on the unit on a monthly basis, to ensure refusal and reason for refusal are documented in progress notes.
Case Manager (Willow Park)	Chemical Restraint Usage	✚ Decrease the percentage of residents on inappropriate antipsychotic medication (chemical restraint) to less than 25% on the unit.
Case Manager (Fairview)	Antipsychotic Usage	✚ Maintain antipsychotic use on the unit below 25%.

Southwood Care Centre - Special Care Unit (SCU)

Team Working on QI	Name of Project	Project Goals
Clinical Team Leader (CTL) / Recreation / Rehabilitation	Code White	✚ Identify potential underlying factors to address and potentially minimize the use/activation of a 'Code White' (i.e. 'Resident to Resident' Physical Aggression incident) on the SCU unit.
Case Manager (SCU)	Chemical Restraint Usage	✚ Reduce the use of chemical restraints on the SCU unit by 25%.

Southwood Hospice - Type C CCH (Hospice)

Team Working on QI	Name of Project	Project Goals
Clinical Team Leader (CTL)	Honor Walk	✚ Implement a standardized 'Honor Walk' protocol in the Hospice unit, to enhance End-of-Life (EOL) dignity; and to enhance staff perception of meaningful work in hospice thus improving staff morale on the unit. ✚ Implement the 'Honor Walk' on the Hospice unit to reinforce the core values of hospice care: respect; compassion; and dignity.
Case Manager (Hospice)	Documentation	✚ Maximize use of 'Support Actions' for nurses within Intercare's electronic documentation system

Kingsland Terrace - Type B CCH (formerly 'Designated Supportive Living')

Team Working on QI	Name of Project	Project Goals
Site Administrator	Communication - Resident Focused	✚ Create a collaborative approach in which inter-professional teams work together, in partnership with patients/residents and families to achieve optimal health outcomes.
Recreation	Sensory Program - Taste, Auditory, Touch, Sight and Smell	✚ New Sensory Assessment added to Intercare's electronic documentation system. ✚ Fund and procure sensory equipment.