

CENTER OF EXCELLENCE  
FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

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**Behavioral Health  
Root Cause Analysis (RCA)  
and  
Quality Assurance Performance  
Improvement (QAPI) Toolkit**

# Introduction

The Behavioral Health Root Cause Analysis (RCA) and Quality Assurance and Performance Improvement (QAPI) Toolkit is designed to support nursing facility staff in addressing the complex behavioral health (mental health and substance use) needs of residents. This resource provides practical tools and strategies to help ensure consistent monitoring, effective interventions, and a person-centered approach to care.

The quality improvement resources within this toolkit can be used to assess both individual resident needs and broader, facility-wide behavioral health needs. By incorporating RCA and QAPI methods, facility staff can identify the underlying causes of residents' emotional responses, implement data-driven solutions, and measure the effectiveness of interventions. These continuous quality improvement practices emphasize the importance of ongoing evaluation to provide high quality behavioral health care and help create a safe, supportive environment for both residents and care teams.

## Purpose

Understanding behavioral health symptoms is essential for providing compassionate and effective care, especially in settings like nursing facilities. When behavioral expressions—such as withdrawal, agitation, or lack of cooperation—are misinterpreted as personality flaws, resistance, or non-compliance, it can lead to inappropriate responses, missed diagnoses, and delayed treatment. These behaviors may be signs of underlying behavioral health conditions, such as depression, anxiety, substance use or trauma related reactions. Recognizing that some behaviors may be symptoms rather than character issues shifts the focus from judgment to support, allowing care teams to tailor interventions that address the root causes.

This approach promotes dignity, enhances outcomes, and creates a person-centered environment.

Addressing residents' behavioral health challenges through structured processes enables facilities to assess responses across emotional, psychological, social, and environmental factors. This approach strengthens team coordination, deepens understanding, improves care, and helps prevent situations from escalating.

With the help of this guide, nursing facilities will have a structured process to gather and share relevant behavioral health information, supporting smooth care transitions, continuity of care, and improved mental health and substance use recovery outcomes for residents.

# Toolkit Contents

The Behavioral Health RCA and QAPI toolkit consists of four parts:

❑ **Post Behavior Root Cause Analysis (RCA) form**

This form is designed to guide post-behavior huddles by helping teams identify contributing factors, uncover the root cause of a behavioral response, and support the implementation of effective interventions.

❑ **Behavior Tracker**

This tracking tool helps teams monitor behaviors for an individual resident, a group of residents on a unit, or across the entire facility.

❑ **Rapid Cycle Plan Do Study Act (PDSA) Worksheet**

The PDSA worksheet helps teams evaluate the effectiveness of behavioral health improvements implemented in nursing facilities.

❑ **Resources**

○ **TIPS TO MANAGE CHALLENGING SITUATIONS**

Provides tips to help staff effectively intervene with residents experiencing a range of emotions, from anxiety to agitation.

○ **COMFORT MENU**

Provides a menu of non-pharmacological strategies to help residents reduce feelings of anxiety, discomfort, and pain.





# Post-Behavior Root Cause Analysis (RCA) Form

Use the Post-Behavior RCA to identify patterns and potential triggers for behavior responses. This will help guide you in creating an appropriate plan of action. Complete this form whenever a behavioral symptom is observed.

Use a different form for each occurrence.

## RESIDENT

Resident: \_\_\_\_\_ ☐ Male ☐ Female Age: \_\_\_\_\_  
Date of Behavior: \_\_\_\_\_ Time of Behavior: \_\_\_\_\_ Day of week \_\_\_\_\_ Shift \_\_\_\_\_

## HUDDLE MEETING INFORMATION

Date of Huddle \_\_\_\_\_ Time of Huddle \_\_\_\_\_

Huddle Leader/Facilitator \_\_\_\_\_ Number of Attendees \_\_\_\_\_

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Charge Nurse _____  | <input type="checkbox"/> Medical Director _____ | <input type="checkbox"/> Resident _____           |
| <input type="checkbox"/> RN _____            | <input type="checkbox"/> PT _____               | <input type="checkbox"/> Family Member _____      |
| <input type="checkbox"/> LPN _____           | <input type="checkbox"/> OT _____               | <input type="checkbox"/> Visitor _____            |
| <input type="checkbox"/> Med Aide _____      | <input type="checkbox"/> Housekeeping _____     | <input type="checkbox"/> Social Services _____    |
| <input type="checkbox"/> CNA _____           | <input type="checkbox"/> Dietary _____          | <input type="checkbox"/> Other (Name/Title) _____ |
| <input type="checkbox"/> Administrator _____ | <input type="checkbox"/> Maintenance _____      | _____   |
| <input type="checkbox"/> DON _____           | <input type="checkbox"/> Activities _____       | _____   |

## RESIDENT DIAGNOSIS

|  |   |
|--|---|
| <input type="checkbox"/> Bipolar                   | <input type="checkbox"/> Opioid Use Disorder  |
| <input type="checkbox"/> Schizophrenia             | <input type="checkbox"/> Alcohol Use Disorder |
| <input type="checkbox"/> Major Depressive Disorder | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Anxiety                   |   |

## DESCRIPTION OF THE INCIDENT

Describe the observed behavior in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TYPE OF BEHAVIOR THAT TRIGGERED RCA: (CHECK ALL THAT APPLY)

|  |  |
|--|--|
| <input type="checkbox"/> Physical Aggression               | <input type="checkbox"/> Disruptive Behavior/Agitation |
| <input type="checkbox"/> Verbal Aggression                 | <input type="checkbox"/> Refusal of Care               |
| <input type="checkbox"/> Wandering/Elopement               | <input type="checkbox"/> Inappropriate Sexual Behavior |
| <input type="checkbox"/> Withdrawn                         | <input type="checkbox"/> Symptoms of Intoxication      |
| <input type="checkbox"/> Delusions/Hallucinations/Paranoia | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Self-harm                         |  |

Behavior directed towards: ☐ Self ☐ Other Resident ☐ Staff ☐ Visitor

## BEHAVIOR TIMELINE

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Duration:

|   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Less than 30 minutes | <input type="checkbox"/> 1-2 hours |
| <input type="checkbox"/> 30 minutes – 1 hour  | <input type="checkbox"/> Ongoing   |

### Frequency:

|   |   |
|---|---|
| <input type="checkbox"/> First Occurrence                   | <input type="checkbox"/> Recurring Behavior |
| <input type="checkbox"/> Pattern Observed (Describe): _____ |   |

## ROOT CAUSE ANALYSIS (RCA) FINDINGS

### Primary Cause Identified:

|  |   |
|--|---|
| <input type="checkbox"/> Medical/Physical Discomfort | <input type="checkbox"/> Physical Factors/Needs |
| <input type="checkbox"/> Cognitive Decline           | <input type="checkbox"/> Caregiver Interaction  |
| <input type="checkbox"/> Emotional Distress          | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Environmental Trigger       |   |

## POTENTIAL CONTRIBUTING FACTORS

### Location at Time of Behavior:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Resident's Room | <input type="checkbox"/> Nurses Station | <input type="checkbox"/> Therapy      |
| <input type="checkbox"/> Dining Area     | <input type="checkbox"/> Bathroom       | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Common Area     | <input type="checkbox"/> Hallway        |                                       |
| <input type="checkbox"/> Activities      | <input type="checkbox"/> Shower         |                                       |

### Environment:

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Loud Noise | <input type="checkbox"/> Bright Lights   | <input type="checkbox"/> Clutter         |
| <input type="checkbox"/> Too Quiet  | <input type="checkbox"/> Dark            | <input type="checkbox"/> Change in Staff |
| <input type="checkbox"/> Crowded    | <input type="checkbox"/> New Environment | <input type="checkbox"/> Other: _____    |

### Physical/Medical Factors:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Pain/Discomfort                      | <input type="checkbox"/> Fatigue              | <input type="checkbox"/> Recent Injury |
| <input type="checkbox"/> Mobility Problems                    | <input type="checkbox"/> Poor Vision/ Hearing | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Infection (e.g., UTI)                | <input type="checkbox"/> New Diagnosis        |  |
| <input type="checkbox"/> Potential Side Effects of Medication | <input type="checkbox"/> Dehydration          |  |

### Cognitive/Psychological Factors:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Emotional Distress | <input type="checkbox"/> Dementia/Delirium                 | <input type="checkbox"/> Inability to Express Unmet Needs |
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Delusions/Hallucinations/Paranoia | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Lack of Safety Awareness          |   |

### Social/Emotional Factors:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Loneliness     | <input type="checkbox"/> Recent Family Visit                    | <input type="checkbox"/> Change in Routine |
| <input type="checkbox"/> Family Absence | <input type="checkbox"/> Interaction with Staff/ Other Resident | <input type="checkbox"/> Other: _____      |

### Other Factors:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Hunger/Thirst              | <input type="checkbox"/> Toileting/Incontinence                | <input type="checkbox"/> Hot/Cold     |
| <input type="checkbox"/> Boredom/Lack of Engagement | <input type="checkbox"/> Need for Additional Physical Activity | <input type="checkbox"/> Other: _____ |

## STAFF INTERVENTIONS (CHECK ALL THAT APPLY)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Redirection                    | <input type="checkbox"/> Change of Caregiver  | <input type="checkbox"/> Transfer/Ambulation          |
| <input type="checkbox"/> Reassurance/Calm Communication | <input type="checkbox"/> Repositioned   | <input type="checkbox"/> Provided Hearing Aid/Glasses |
| <input type="checkbox"/> Toileted/Incontinence Care     | <input type="checkbox"/> 1:1 Supervision  | <input type="checkbox"/> Medication Administered      |
| <input type="checkbox"/> Food/Fluids Offered            | <input type="checkbox"/> Environmental Adjustment (noise reduction, lighting, Change of Location) | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Offered a Preferred Activity   |   |   |

### Outcome of Interventions:

- |   |   |
|---|---|
| <input type="checkbox"/> Fully Resolved         | <input type="checkbox"/> Partially Resolved |
| <input type="checkbox"/> Escalation of Behavior | <input type="checkbox"/> Other: _____       |

### Need for Additional Treatment:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Emergency Department          | <input type="checkbox"/> In-house/External Psych Referral                              | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Admitted Inpatient Psych Unit | <input type="checkbox"/> Mental Health/Substance Use Treatment                         | <input type="checkbox"/> N/A          |
| <input type="checkbox"/> Admitted to Hospital          | <input type="checkbox"/> Therapy Referral (vision, hearing, occupational therapy etc.) |                                       |
| <input type="checkbox"/> Observation                   |  |                                       |

## THIS SECTION TO BE COMPLETED BY THE INTERDISCIPLINARY/QAPI TEAM: ROOT CAUSE ANALYSIS

Use the "5 Whys" to identify the root cause of the behavior. Ask "why" until the cause of the behavior is reached. Then, verify the result is the root cause by asking, "If this reason were removed, would the behavior have occurred?"

**Problem Statement:** One sentence description of the event.

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Root Causes

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

To validate the root cause, ask the following: "If you remove this root cause, would this event have been prevented?"

## PREVENTIVE ACTIONS AND FOLLOW-UP PLANS (CHECK ALL THAT APPLY)

☐ Pain Management Assessment

☐ Environmental Modification

☐ Medication Review with Physician

☐ Increase Meaningful Activities

☐ Staff Training on Resident Condition

☐ Adjust Staffing Levels/Roles

☐ Family Meeting/Involvement

☐ Psych Consultation/Follow-up

☐ Substance Use Treatment Consultation/Follow-up

☐ Other

**Care Plan Updated:** ☐ Yes ☐ No **Resident Notified:** ☐ Yes ☐ No ☐ Not Applicable

**Responsible Party Notified:** ☐ Yes ☐ No ☐ Not Applicable

**Physician Notified:** ☐ Yes ☐ No ☐ Not Applicable

**Psych/Substance Use Provider Notified:** ☐ Yes ☐ No ☐ Not Applicable

**Follow-Up Required:** ☐ Yes ☐ No If Yes, Date: \_\_\_\_\_

Signature of Leader/Facilitator: \_\_\_\_\_ Time Huddle Completed \_\_\_\_\_

**Notes:**

BEHAVIOR TRACKER

The Behavior Tracker is used in conjunction with the Post Behavior RCA. It is designed to help nursing facility staff systematically monitor, document, and assess residents' behavioral symptoms over time using graphs and images. Monitoring behavior helps identify early changes in mood, behavior, or cognition, facilitates prompt intervention, enhances communication within the care team, and ensures care plans are aligned with each resident's behavioral health needs.

Regular use of the tracker promotes continuity of care and helps create a safer, more supportive environment for residents living with mental health or substance use conditions.

### **Directions for completing the Behavior Tracker**

- ### 1. Navigate to the "Data" Tab

Enter all required information for each section using the data collected from the **Post-Behavior Root Cause Analysis** form.

- ## 2. Use the Dropdown Menus

Use the dropdown menus by clicking into each box under the appropriate category. Then, select the correct option from the list provided. The dropdown options will begin with the diagnosis category.

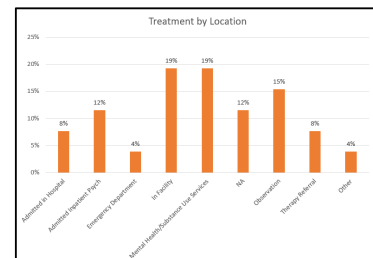
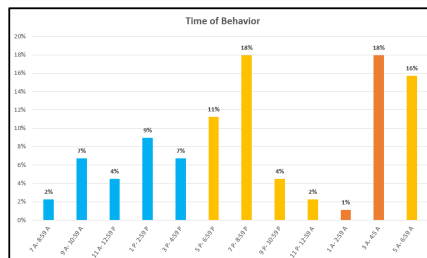
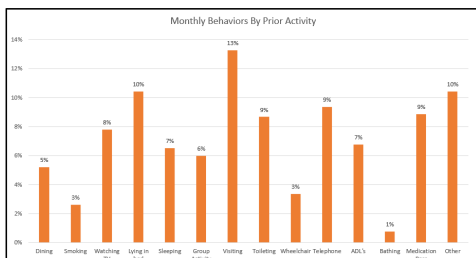
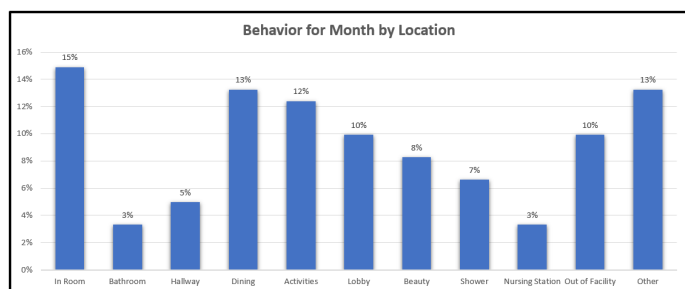
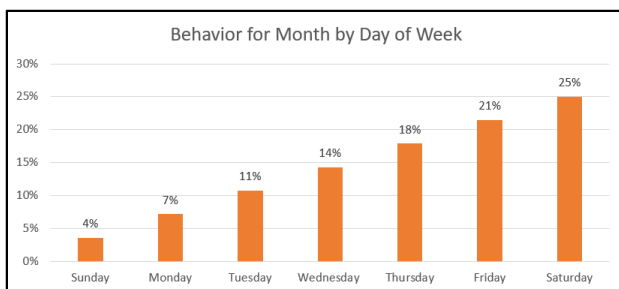
- ### 3. Automatic Graph Generation

The information entered in the “Data” tab will automatically populate visual graphs in the “**Graphs**” tab.

These graphs will help you identify trends by day of week, shift, time, location, types of behaviors, interventions, and more.

Click here to access the Behavior Tracker: <https://bit.ly/COENFBehaviorTracker>

### Examples:

[illegible]

## RAPID CYCLE PLAN-DO-STUDY-ACT (PDSA) WORKSHEET

The PDSA cycle offers several benefits for improving behavioral health challenges.

- **Promotes Continuous Behavioral Health Improvement** - Encourages continuous testing and refinement of changes to improve processes over time.
- **Encourages Small-Scale Rapid Testing** - Changes can be tested on a small scale before wider implementation, allowing for quick adjustments based on results.
- **Data-Driven Decision Making** - Measuring the impact of change using data helps the team make informed decisions about what works and what doesn't work.

The **Plan-Do-Study-Act (PDSA) Worksheet** is a helpful tool for recording each test of change as part of a quality improvement process. The PDSA cycle includes the following steps:

**Plan:** Identify the change you want to test and plan how to carry it out.

**Do:** Implement the change on a small scale.

**Study:** Review the results and what was learned.

**Act:** Decide whether to adapt, adopt, or abandon the change.

Use a separate **PDSA Worksheet** for each change that your team tests.

Be sure to keep a record (digital or paper) of all completed PDSA Worksheets for future reference and tracking progress.





## RESOURCES

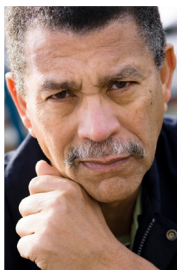
These resources provide guidance to support residents in managing distressing or crisis situations. They are designed to promote emotional well-being, reduce escalation, and improve the overall quality of behavioral health care.

### Tips to Manage Challenging Situations



## Tips to Manage Challenging Situations

When residents are experiencing a high level of fear and anxiety, staff may notice a wide range of emotions and behaviors, such as increased anxiety levels, crying spells, crying out, fear, aggression and agitation. Here are some tips that will help staff provide the best possible care and safety when intervening in these situations:



1. Ask about and listen to the concern(s).
2. Remain calm and speak in a gentle voice.
3. Answer questions the resident may have about the situation; be concise and honest.
4. Offer reassurance that everything that can be done, is being done.
5. Politely tell the resident what you would like him/her to do.
6. Offer choices. Ask, "What can I do to make you feel better?" Follow through if it is within your control. For requests outside of staff control, share the need with management.
7. Do not become involved in a power struggle or escalate the situation. Know when it is time to step away and allow a colleague to engage.
8. Be mindful of nonverbal body language: facial expressions, hand movement, posture and gestures.
9. Do not take the interaction personally.
10. If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.
11. Staff should report any changes in behaviors to the charge nurse.



The Center of Excellence's **Comfort Menu** offers many helpful options to help residents reduce anxiety and discomfort.

Obtain a behavioral health consult if symptoms of agitation persist.

This document was adapted from Alliant Health Solutions and modified by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.



[coeinfo@allianthealth.org](mailto:coeinfo@allianthealth.org)

### Comfort Menu



## Comfort Menu

Use the comfort menu with residents to identify ways to reduce anxiety, discomfort and pain without using medications.

☒ Check items below that you are interested in trying...

| Relaxation   | Comfort  | Entertainment   |
|--|--|---|
| <input type="checkbox"/> Stress ball<br><input type="checkbox"/> Hand massage<br><input type="checkbox"/> Visit from chaplain<br><input type="checkbox"/> Reading visit<br><input type="checkbox"/> Talking visit<br><input type="checkbox"/> Relaxing music<br><input type="checkbox"/> Soft background sounds/sound machine<br><input type="checkbox"/> Guided Imagery Therapy: helping you imagine positive and relaxing things<br><input type="checkbox"/> Quiet/uninterrupted time<br><input type="checkbox"/> Pet therapy<br><input type="checkbox"/> Essential oils<br><input type="checkbox"/> Darkness<br><input type="checkbox"/> Walking/ Change of Scenery | <input type="checkbox"/> Warm pack<br><input type="checkbox"/> Cold pack<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Warm blanket(s)<br><input type="checkbox"/> Warm washcloth<br><input type="checkbox"/> Cool washcloth<br><input type="checkbox"/> Extra pillow(s) - (neck, knees, ankles, lumbar)<br><input type="checkbox"/> Humidification for your oxygen source<br><input type="checkbox"/> Saline nose spray<br><input type="checkbox"/> Fan<br><input type="checkbox"/> Repositioning<br><input type="checkbox"/> Warm bath or shower<br><input type="checkbox"/> Gentle stretching<br><input type="checkbox"/> Food or beverage<br><input type="checkbox"/> Temperature adjustment | <input type="checkbox"/> Book (audio, large print)<br><input type="checkbox"/> Magazine<br><input type="checkbox"/> Movie<br><input type="checkbox"/> Wi-Fi for your personal laptop or tablet<br><input type="checkbox"/> Deck of cards<br><input type="checkbox"/> Puzzle book (crossword puzzles, word searches, Sudoku)<br><input type="checkbox"/> Notepad and pen<br><input type="checkbox"/> Coloring book<br><input type="checkbox"/> Board games<br><input type="checkbox"/> Arts & crafts<br><input type="checkbox"/> Favorite music<br><input type="checkbox"/> Television<br><input type="checkbox"/> Handheld electronic game<br><input type="checkbox"/> Activity apron/blanket |

| Feel Better   | Sleep  |
|---|--|
| <input type="checkbox"/> Lip balm<br><input type="checkbox"/> Wash face/brush teeth<br><input type="checkbox"/> Comb or brush hair<br><input type="checkbox"/> Shampoo/ conditioner<br><input type="checkbox"/> Scalp massage<br><input type="checkbox"/> Robe<br><input type="checkbox"/> Hair band<br><input type="checkbox"/> Mouth swab/ mouth wash<br><input type="checkbox"/> Lotion<br><input type="checkbox"/> Lollipop/Lozenges<br><input type="checkbox"/> Chocolates<br><input type="checkbox"/> Sunshine<br><input type="checkbox"/> Prayer<br><input type="checkbox"/> Pet visit<br><input type="checkbox"/> Put on favorite clothes<br><input type="checkbox"/> Pedicure/Manicure | <input type="checkbox"/> Ear plugs<br><input type="checkbox"/> Night light<br><input type="checkbox"/> Quiet<br><input type="checkbox"/> Eye shield/mask<br><input type="checkbox"/> Television/Music/ Sound machine<br><input type="checkbox"/> Weighted blanket<br><input type="checkbox"/> Uninterrupted sleep time |

| Use this space to list other ideas |
|------------------------------------|
|                                    |
|                                    |
|                                    |
|                                    |
|                                    |
|                                    |

– Ask staff about safety procedures for items brought into the facility. –

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[coeinfo@allianthealth.org](mailto:coeinfo@allianthealth.org)