ROOT CAUSE ANALYSIS REPORT



ORGANIZATION		
AGENCY		
REFERENCE NUMBER		
PROGRAM/FACILITY		
REGION		
CONSUMER ID		
	AGE:	
CONSUMER DETAILS	GENDER:	
	CITY/TOWN:	
DATE OF EVENT:		DATE RCA COMPLETED:

EVENT DETAILS		
EVENT DESCRIPTION	LIST RCA TEAM MEMBERS	
Describe the event and include any harm that resulted. Also identify the cause, if known.		
	TEAM LEADER:	

BACKGROUND SUMMARY			
Answer these questions with a brief summary - attach supporting documents if available			
Describe the event and include any harm that resulted. Also identify the cause, if known.		Description:	
Was the same array also in the same the same as to all	I	If VEC and air the administration	
Was there any deviation from the expected sequence?	YES	If YES, explain the deviation.	
	□ NO		
	_		
If deviation occurred from the expected sequence,		If YES, explain the contribution.	
was it likely to have contributed to the adverse	☐ YES	ii 123, explain me comibonon.	
event?	□NO		
	□UNKNOWN		
Was the expected sequence described in policy, procedure, written guidelines, or included in staff	YES	If YES, explain the source.	
training?	□ NO		
Does the expected sequence meet regulatory		If YES, define references and/or literature	
requirements and/or practice standards?	☐ YES	reviewed by the team.	
	□NO		
	□UNKNOWN		

Was there a human action or inaction that contributed to the adverse event?	YES	If YES, explain how the actions contributed.
	□ NO	
	□UNKNOWN	
Was there a defect, malfunction, misuse of, or absence of equipment that contributed to this	☐ YES	If YES, describe the equipment and how it appeared to contribute.
event?	□NO	
	□UNKNOWN	
Did the procedure/activity involved in the event being carried out take place in the usual location?	☐ YES	If NO, explain where and why a different location was utilized.
	□NO	
	□UNKNOWN	
Was the procedure/activity carried out by regular staff familiar with the consumer and activity?	☐ YES	If NO, describe who carried out the activity and why regular staff were not involved.
	□NO	
	□UNKNOWN	
Did the involved staff have the correct credentials and skilled to carry out the tasks expected of them?	☐ YES	If NO, explain the perceived inadequacy.
	□NO	
	□UNKNOWN	

Was the staff trained to carry out their expected responsibilities?	□ YES □ NO □UNKNOWN	If NO, explain the perceived inadequacy.
	1	
Were the staffing levels considered adequate at the time of the incident?	☐ YES	If NO, explain why.
	□NO	
	□UNKNOWN	
Were there any additional staffing factors identified as responsible for or contributing to the adverse event?	☐ YES	If YES, explain those factors.
everiiş	□NO	
	□UNKNOWN	
Was there any inaccurate or ambiguous information that contributed to or caused the	☐ YES	If YES, explain what information and how it contributed.
adverse event?	□NO	
	□UNKNOWN	
Was there any lack of communication or incomplete communication that contributed to or	☐ YES	If YES, explain who, what and how it contributed.
caused the adverse event?	□NO	
	DUNKNOWN	

Were there any environmental factors that contributed to or caused the adverse event?	☐ YES	If YES, explain what factors and how they contributed.
Were there any organizational or leadership factors contribute to or cause the adverse event?	☐ YES	If YES, explain what factors and how they contributed.
	□ NO	
	□UNKNOWN	
Was there any assessment or planning factors that contributed to or caused the adverse event?	☐ YES	If YES, explain the factors and how they contributed.
	□ NO	
	□UNKNOWN	
Were there any other factors that are considered relevant to the adverse event?	YES	Describe:
	□NO	
	□UNKNOWN	

Rank in order the factors considered responsible for the adverse event, beginning with the proximate cause, followed by the most important to less important contributory factors. Attach Contributory Factors Diagram, if available.			
Was there a root cause id	entified?	☐ YES	If YES, explain the root cause.
		□ NO	
		RISK REDUCTION ACTIONS TAKEN	
List the actions that have already been taken to reduce the risk of a future occurrence. Note the date of implementation.			
DATE	EXPLAIN ACTION TAKEN		

PREVENTION STRATEGIES

List the recommended actions planned to prevent a future occurrence of the adverse event. Begin with a rank of 1 (highest). Provide an estimated cost (if known) and any additional considerations/recommendations for implementing the strategy.

STRATEGY	ESTIMATED COST	SPECIAL CONSIDERATIONS

INCIDENTAL FINDINGS
List and explain any incidental findings that should be carefully reviewed for corrective action.

APPROVAL		
After review of this summary report, all team members should notify the team leader of either their approval or recommendations for revision. Following all revisions the report should be signed by the team leader prior to submission.		
SIGNATURE OF TEAM MEMBER:	DATE SIGNED:	

All information included in this report is considered confidential. It is intended only to promote safety and reduce risk.

Forward completed report to all Root Cause Analysis team members in addition to the following individuals:

FULL NAME	TITLE/ORGANIZATION	EMAIL ADDRESS