**ROOT CAUSE ANALYSIS REPORT FORM[[1]](#footnote-1)**

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| AGENCY: | | Reference No.: | | |  | | |  | |  | |  |  |  |
| Program/Facility: | | Region | | | STS | | | North | South | | West | |  |  |
| Consumer ID: | | Age: | | Gender: M F | MR Level: | | | NR | ML | | MO | | SV | PR |
| City/Town: | | Date of Event: | | | Date RCA Completed: | | | | | | | | | |
| **1.** | **THE EVENT** – *Describe what happened and any harm that resulted. Identify the proximate cause, if known.* | RCA Team Members:  Team Leader: | | | | | | | | | | | | |
| **2.** | **BACKGROUND & FACTORS SUMMARY–** *Answer the following questions (brief summary only- attach supporting documents).* | | | | | | | | | | | | | |
| 2.1 | What was the sequence of events that was expected to take place? Attach flowchart if available. | Description: | | | | | | | | | | | | |
| 2.2 | Was there a deviation from the expected sequence? | Yes  No | If YES, describe the deviation. Attach flowchart if available. | | | | | | | | | | | |
| 2.3 | Was any deviation from the expected sequence likely to have led to or contributed to the adverse event? | Yes  No  NK | If YES, describe with causal statement. | | | | | | | | | | | |
| 2.4 | Was the expected sequence described in policy, procedure, written guidelines, or included in staff training? | Yes  No  NK | If YES, cite source. | | | | | | | | | | | |
| 2.5 | Does the expected sequence or process meet regulatory requirements and/or practice standards? Cite references and/or literature reviewed by the team. | Yes  No  NK | If NO, describe deviation from requirements/standards. | | | | | | | | | | | |
| 2.6 | Did human action or inaction appear to contribute to the adverse event? | Yes  No  NK | If YES, describe the actions and how they contributed. | | | | | | | | | | | |
| 2.7 | Did a defect, malfunction, misuse of, or absence of equipment appear to contribute to the event? | Yes  No  NK | If YES, describe what equipment and how it appeared to contribute. | | | | | | | | | | | |
| 2.8 | Was the procedure or activity involved in the event being carried out in the usual location? | Yes  No  NK | If NO, describe where and why a different location was utilized. | | | | | | | | | | | |
| 2.9 | Was the procedure or activity being carried out by regular staff familiar with the consumer and activity? | Yes  No  NK | If NO, describe who was carrying out the activity and why regular staff were not involved. | | | | | | | | | | | |
| 2.10 | Were involved staff credentialed/skilled to carry out the tasks expected of them? | Yes  No  NK | If NO, describe the perceived inadequacy. | | | | | | | | | | | |
| 2.11 | Were staff trained to carry out their respective responsibilities? | Yes  No  NK | If NO, describe the perceived inadequacy. | | | | | | | | | | | |
| 2.12 | Were staffing levels considered to have been adequate at the time of the incident? | Yes  No  NK | If NO, describe why. | | | | | | | | | | | |
| 2.13 | Were there other staffing factors identified as responsible for or contributing to the adverse event? | Yes  No  NK | If YES, describe those factors. | | | | | | | | | | | |
| 2.14 | Did inaccurate or ambiguous information contribute to or cause the adverse event? | Yes  No  NK | If YES, describe what information and how it contributed. | | | | | | | | | | | |
| 2.15 | Did a lack of communication or incomplete communication contribute to or cause the adverse event? | Yes  No  NK | If YES, describe who and what and how it contributed. | | | | | | | | | | | |
| 2.16 | Did any environmental factors contribute to or cause the adverse event? | Yes  No  NK | If YES, describe what factors and how they contributed. | | | | | | | | | | | |
| 2.17 | Did any organizational or leadership factors contribute to or cause the adverse event. | Yes  No  NK | If YES, describe what factors and how they contributed. | | | | | | | | | | | |
| 2.18 | Did any assessment or planning factors contribute to or cause the adverse event? | Yes  No  NK | If YES, describe what factors and how they contributed. | | | | | | | | | | | |
| 2.19 | What other factors are considered relevant to the adverse event? | Describe: | | | | | | | | | | | | |
| 2.20 | Rank 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 a root cause identified? | Yes  No  NK | If YES, describe the root cause. | | | | | | | | | | | |
| **3.** | **RISK REDUCTION ACTIONS TAKEN** – List the actions that have already been taken to reduce the risk of a future occurrence of the event under consideration. Note the date of implementation. | | | | | | | | | | | | | |
| **Action Taken - Description** | | | | | | | **Date Implemented** | | | | | | | |
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| **4.** | **PREVENTION STRATEGIES** – List from highest priority to lowest priority the recommended actions designed to prevent a future occurrence of the adverse event. Begin with a rank of 1 (highest). For each strategy or action provide an estimated cost, if known, and any additional considerations or recommendations for implementing the strategy (e.g., phase-in, immediate need, triage by risk). | | | | | | | | | | | | | |
| **Rank** | **Strategy** | **Estimated Cost** | **Special Considerations** | | | | | | | | | | | |
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| 7 |  |  |  | | | | | | | | | | | |
| **5** | **INCIDENTAL FINDINGS** – List and describe any incidental findings that should be carefully reviewed for corrective action. | | | | | | | | | | | | | |
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| **6**. | **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 Leader: | | | | | | Date Signed: | | | | | | | | |

The information contained in this report is confidential and is intended solely to promote safety and reduce consumer risk.

Forward this report to all RCA team members and to the following individuals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Organization** | **Address** | **Email** |
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1. Adapted from a template utilized by the Australian Department of Human Services for use by Health Care Organizations and Hospitals

   [see <http://clinicalrisk.vic.gov.au/rca/htm> for original form] [↑](#footnote-ref-1)