**Sample Form for Performing a Simple Root Cause Analysis**

**Case Information**

Person’s last name, first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person’s date of birth (mm/dd/yyyy): \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Person’s gender: [ ]  Female [ ]  Male

**Participants in the Root Cause Analysis** (Indicate name and position)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Lead)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Root Cause Identification**

In each of the areas below, indicate any factors that contributed to the delay in treatment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contributing Factors** |  | **If YES, what contributed to this factor being an issue?** | **Is this a root cause of the event?** | **If YES, is an action plan indicated?** |
| **YES** | **NO**  | **YES** | **NO** | **YES** | **NO** |
| Issues related to person assessment? |  |  |  |  |  |  |  |
| Issues related to staff training or staff competency? |  |  |  |  |  |  |  |
| Equipment/device? |  |  |  |  |  |  |  |
| Work environment? |  |  |  |  |  |  |  |
| Lack of or misinterpretation of information? |  |  |  |  |  |  |  |
| Communication? |  |  |  |  |  |  |  |
| Appropriate rules/policies/ procedures? |  |  |  |  |  |  |  |
| Personnel issues? |  |  |  |  |  |  |  |
| Supervisory issues? |  |  |  |  |  |  |  |

**Improvement Action Plan**

|  |  |  |
| --- | --- | --- |
| **Strategies for Improvement** | **Measure(s) of Effectiveness** | **Responsible Person(s)** |
| **Action item #1:** |  |  |
| **Action item #2:** |  |  |
| **Action item #3:** |  |  |
| **Action item #4:** |  |  |
| **Action item #5:** |  |  |