**KNOWHOW - ROOT CAUSE ANALYSIS FORM**

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| **ORGANIZATION** | | |
| **DEPARTMENT** |  | |
| **REFERENCE NUMBER** |  | |
| **PROGRAM/FACILITY** |  | |
| **REGION** |  | |
| **ID** |  | |
| **SUPPLIER/CUSTOMER DETAILS** | **NAME** |  |
| **ID** |  |
| **CITY/TOWN:** |  |
| **DATE OF EVENT:** | | **DATE RCA COMPLETED:** |
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| **EVENT DETAILS** | | |
| **EVENT DESCRIPTION** | | **LIST RCA TEAM MEMBERS** |
| Describe the event and include any harm that resulted. Also identify the cause, if known. | |  |
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| TEAM LEADER: |
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| **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: |
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| Was there any deviation from the expected sequence? | YES  NO | If YES, explain the deviation. |
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| If deviation occurred from the expected sequence, was it likely to have contributed to the adverse event? | YES  NO  UNKNOWN | If YES, explain the contribution. |
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| Was the expected sequence described in policy, procedure, written guidelines, or included in staff training? | YES  NO  UNKNOWN | If YES, explain the source. |
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| Does the expected sequence meet regulatory requirements and/or practice standards? | YES  NO  UNKNOWN | If YES, define references and/or literature reviewed by the team. |
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| Was there a human action or inaction that contributed to the adverse event? | YES  NO  UNKNOWN | If YES, explain how the actions contributed. |
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| Was there a defect, malfunction, misuse of, or absence of equipment that contributed to this event? | YES  NO  UNKNOWN | If YES, describe the equipment and how it appeared to contribute. |
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| Did the procedure/activity involved in the event being carried out take place in the usual location? | YES  NO  UNKNOWN | If NO, explain where and why a different location was utilized. |
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| Was the procedure/activity carried out by regular staff familiar with the consumer and activity? | YES  NO  UNKNOWN | If NO, describe who carried out the activity and why regular staff were not involved. |
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| Did the involved staff have the correct credentials and skills to carry out the tasks expected of them? | YES  NO  UNKNOWN | If NO, explain the perceived inadequacy. |
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| Was the staff trained to carry out their expected responsibilities? | YES  NO  UNKNOWN | If NO, explain the perceived inadequacy. |
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| Were the staffing levels considered adequate at the time of the incident? | YES  NO  UNKNOWN | If NO, explain why. |
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| Were there any additional staffing factors identified as responsible for or contributing to the adverse event? | YES  NO  UNKNOWN | If YES, explain those factors. |
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| Was there any inaccurate or ambiguous information that contributed to or caused the adverse event? | YES  NO  UNKNOWN | If YES, explain what information and how it contributed. |
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| Was there any lack of communication or incomplete communication that contributed to or caused the adverse event? | YES  NO  UNKNOWN | If YES, explain who, what, and how it contributed. |
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| Were there any environmental factors that contributed to or caused the adverse event? | YES  NO  UNKNOWN | If YES, explain what factors and how they contributed. |
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| Were there any organizational or leadership factors contributing to or causing the adverse event? | YES  NO  UNKNOWN | If YES, explain what factors and how they contributed. |
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| Were there any assessment or planning factors that contributed to or caused the adverse event? | YES  NO  UNKNOWN | If YES, explain the factors and how they contributed. |
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| Were there any other factors that are considered relevant to the adverse event? | YES  NO  UNKNOWN | Describe: |
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| 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 the Contributory Factors Diagram, if available. | | |
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| Was there a root cause identified? | YES  NO  UNKNOWN | If YES, explain the root cause. | |

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| **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** |
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| **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** |
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| **INCIDENTAL FINDINGS** |
| List and explain any incidental findings that should be carefully reviewed for corrective action. |
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| **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. | | | | |
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| **SIGNATURE OF TEAM MEMBER:** | | | **DATE SIGNED:** | |
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| **All information included in this report is considered confidential. It is intended only to promote safety and reduce risk.** | | | | |
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| Forward completed report to all Root Cause Analysis team members in addition to the following individuals: | | |
|  | | |  |  | |
| **FULL NAME** | **TITLE/ORGANIZATION** | **EMAIL ADDRESS** | | |
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