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ROOT CAUSE ANALYSIS REPORT

ORGANIZATION

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

EVENT DETAILS

EVENT DESCRIPTION	LIST RCA TEAM MEMBERS
<i>Describe the event and include any harm that resulted. Also identify the cause, if known.</i>	
	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 there any deviation from the expected sequence?

YES

NO

If YES, explain the deviation.

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.

Was the expected sequence described in policy, procedure, written guidelines, or included in staff training?

YES

NO

UNKNOWN

If YES, explain the source.

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.

Was there a human action or inaction that contributed to the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain how the actions contributed.</i>
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Was there a defect, malfunction, misuse of, or absence of equipment that contributed to this event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, describe the equipment and how it appeared to contribute.</i>
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Did the procedure/activity involved in the event being carried out take place in the usual location?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If NO, explain where and why a different location was utilized.</i>
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Was the procedure/activity carried out by regular staff familiar with the consumer and activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If NO, describe who carried out the activity and why regular staff were not involved.</i>
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Did the involved staff have the correct credentials and skilled to carry out the tasks expected of them?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If NO, explain the perceived inadequacy.</i>
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Was the staff trained to carry out their expected responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If NO, explain the perceived inadequacy.</i>
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Were the staffing levels considered adequate at the time of the incident?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If NO, explain why.</i>
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Were there any additional staffing factors identified as responsible for or contributing to the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain those factors.</i>
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Was there any inaccurate or ambiguous information that contributed to or caused the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain what information and how it contributed.</i>
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Was there any lack of communication or incomplete communication that contributed to or caused the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain who, what and how it contributed.</i>
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Were there any environmental factors that contributed to or caused the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain what factors and how they contributed.</i>
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Were there any organizational or leadership factors contribute to or cause the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain what factors and how they contributed.</i>
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Was there any assessment or planning factors that contributed to or caused the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain the factors and how they contributed.</i>
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Were there any other factors that are considered relevant to the adverse event?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>Describe:</i>
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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 Contributory Factors Diagram, if available.

Was there a root cause identified?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<i>If YES, explain the root cause.</i>
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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

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.

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