



RCA² - Root Cause Analysis & Action Report

Incident Reporting & Learning System

PLEASE ATTACH THE IR 2.0 FORM THAT CORRELATES WITH THE INCIDENT AS THE FIRST PAGE.

1. HOSPITAL NAME: HOSPITAL WANITA DAN KANAK-KANAK SABAH
 2. PATIENT'S RN/ IDENTIFICATION NUMBER: _____
 3. INCIDENT TYPE :
-
4. INVESTIGATION TEAM:

Name	Designation
Team Leader/ Coordinator	
Team Members	

Reported By:

Name:
 Designation/ Stamp:
 Date:

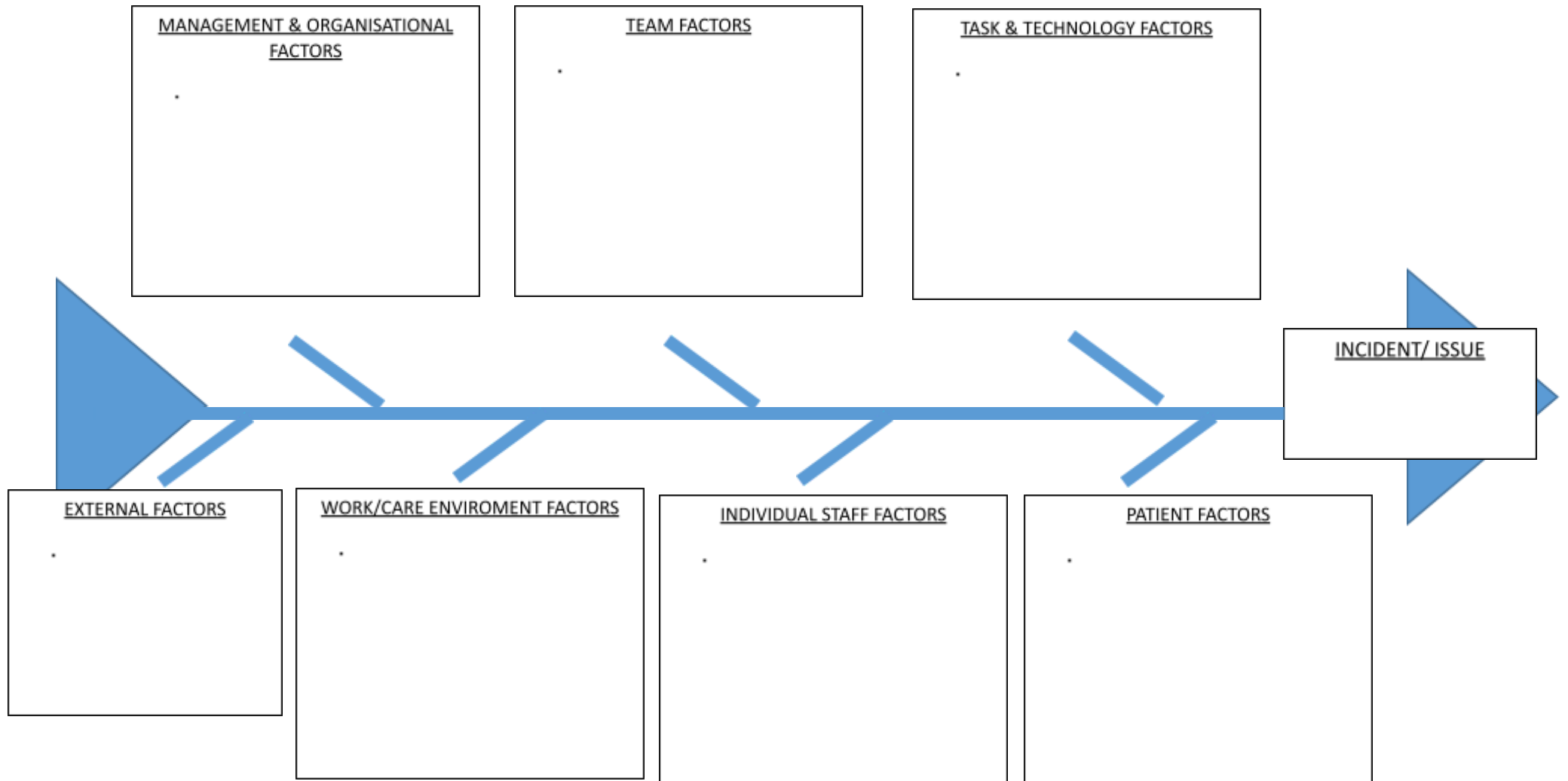
Verified By:

Name:
 Designation/ Stamp:
 Date:

CONFIDENTIAL

*Hospital Reference No:

7. FISH BONE DIAGRAM (REFER TO LONDON PROTOCOL FOR CATEGORISATION)



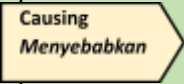
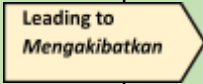
8. CONTRIBUTING FACTORS:

Please choose and tick at the relevant box the relevant contributing factors that lead to the incident & describe the factors. (can be more than one factor)

FACTORS THAT LEADS TO THE INCIDENT																						
1	TEAM FACTOR	<table border="1"> <tr><td><input type="checkbox"/></td><td>Written communication issue</td></tr> <tr><td><input type="checkbox"/></td><td>Verbal communication issue</td></tr> <tr><td><input type="checkbox"/></td><td>Unclear roles and responsibility</td></tr> <tr><td><input type="checkbox"/></td><td>Lack of supervision/ monitoring</td></tr> <tr><td><input type="checkbox"/></td><td>Ineffective leadership & responsibility</td></tr> <tr><td><input type="checkbox"/></td><td>Problem in seeking help</td></tr> <tr><td><input type="checkbox"/></td><td>Staff or colleague response/ support to help</td></tr> <tr><td><input type="checkbox"/></td><td>Others (specify)</td></tr> </table> <p>Description:</p>	<input type="checkbox"/>	Written communication issue	<input type="checkbox"/>	Verbal communication issue	<input type="checkbox"/>	Unclear roles and responsibility	<input type="checkbox"/>	Lack of supervision/ monitoring	<input type="checkbox"/>	Ineffective leadership & responsibility	<input type="checkbox"/>	Problem in seeking help	<input type="checkbox"/>	Staff or colleague response/ support to help	<input type="checkbox"/>	Others (specify)				
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7	EXTERNAL FACTOR	Please specify:																				

9. The factors/ root cause (s) Identified. (must adhere to 5 Rules of Causation)

Cause(s)/ Root Cause(s) <i>Sebab / Punca Utama</i>		Effect <i>Kesan</i>		Event / Incident <i>Kejadian / Insiden</i>

(Optional) Fill in the boxes below (additional boxes may be added) if not using the table above.

Factor 1

Factor 2

Factor 3

10. *Root Cause (s):

*if the root cause(s) can be identified

11. ACTION PLAN TABLE

The action plan should have at least **1 strong/intermediate action plan.**

No.	Contributing Factors/ Root Causes	Description of Action Plan	Action Hierarchy (strong/ intermediate/ weak)	Person responsible (Name & designation)	Evidence of completion/ Progress	Expected Completion Date