

HEALTHCARE ASSOCIATED INFECTION ROOT CAUSE ANALYSIS FORM

DATE:	DEPARTMENT:	Type: <input type="checkbox"/> SSI <input type="checkbox"/> VAP <input type="checkbox"/> CLABSI <input type="checkbox"/> CAUTI
RCA TEAM LEADER:	RCA TEAM MEMBERS:	
<i>Describe the event, and include any harm that resulted. Also brief the cause, if known.</i>		
Was there any deviation from the expected sequence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES, explain the deviation:</i>
If deviation occurred from the expected sequence, was it likely to have contributed to the adverse event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>If YES, explain the contribution:</i>
Was the expected sequence described in policy, procedure, written guidelines, or included in staff training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>If YES, explain the source:</i>
Does the expected sequence meet regulatory requirements and/or practice standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>If YES, define references and/or literature reviewed by the team:</i>

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HUMAN FACTOR		
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>
Was the procedure/activity carried out by regular staff familiar with the 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>
Did the involved staff have the correct credentials and skills 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>
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>
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>
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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EQUIPMENT RELATED FACTORS		
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>
ENVIRONMENT RELATED FACTORS		
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>
Were there any other 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>
COMMUNICATION / INFORMATION RELATED FACTORS		
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>
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>
LEADERSHIP RELATED FACTORS:		
Were there any organizational or leadership factors contributing to or causing 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>
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 the factors:</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.			
Contributing Factors	Action Plan	Responsible Person	Target Date
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>	
PREVENTION STRATEGY FOR THE IDENTIFIED ROOTCAUSE:			
Team Leader Signature:		Team Members Signature:	
		1.	3.
		2.	4.
		5.	6.