



Department of Health
Government of Western Australia

Root Cause Analysis (RCA) Form

To be completed and forwarded to the Chief Medical Officer, Department of Health (WA) within 45 working days after initial notification of a Sentinel Event.

Hospital ID:

Sentinel Event Reference Number:

THE EVENT

Description of what happened. It may be useful to insert a flowchart if helpful:

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1.	CONTRIBUTING FACTORS AND ROOT CAUSES		
1.1.	Were appropriate policies/procedures or guidelines – or lack/ misunderstanding or a misuse thereof – a factor in this event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, tick appropriate box or boxes AND describe how it appeared to contribute. Behavioural Assessment <input type="checkbox"/> Clinical guidelines <input type="checkbox"/> Identification process <input type="checkbox"/> Patient observation process <input type="checkbox"/> Coordination of care <input type="checkbox"/>
1.2.	Were there issues related to Human resources in this event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, tick the appropriate box or boxes AND describe how it appeared to contribute. Staff allocation <input type="checkbox"/> Staff training <input type="checkbox"/> Staff supervision <input type="checkbox"/> Staff appraisals <input type="checkbox"/> Recruitment <input type="checkbox"/>
1.3.	Was communication a factor in this event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, tick appropriate box or boxes AND describe the perceived deficiency. Communication between staff <input type="checkbox"/> Communication between staff and family <input type="checkbox"/>
1.4.	Was a lack of information or misinterpretation of health information a factor in this event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, tick the appropriate box or boxes AND describe how these appeared to contribute Documentation <input type="checkbox"/> Communication of electronic health information <input type="checkbox"/> Communication of health information between service and external service providers <input type="checkbox"/>
1.5.	Was equipment (or the use or lack of use of equipment) involved in this event in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, tick the appropriate box or boxes AND describe the malfunction/absence and state how it appeared to contribute. Faulty Equipment <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Incorrect use of equipment <input type="checkbox"/>



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1.6.	Was there an issue with the physical environment of the health service or suitability of the environment to support the function it was being used for an factor in this event	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe how it appeared to contribute.
1.7.	Were external factors an issue in this event? eg. service provision from an external organisation/ lack of beds at an external organisation	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe the external factors that may have contributed.
1.8.	Other factors	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe the other factors that may have contributed.



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Contributing factors/ Description of item	Description of recommendation addressing contributing factor(s)	Personnel responsible for implementing recommendation	Outcome measure	Measure date	Executive concur Yes/No	Executive notes if No



SIGN OFF:

(CE/DMS) _____ Date _____

(Director Clinical Governance Unit,) _____ Date _____

(Chief investigator) _____ Date _____

The information provided in the RCA Form and the Risk Reduction Action Plan will remain confidential.
Please return the RCA Form and Risk Reduction Action Plan within 45 days of initial notification of event by:
Attn: Chief Medical Officer

E-MAIL sentinel.events@health.wa.gov.au

FAX (08) 9222 4014

Locked Bag Attention Chief Medical Officer
Safety and Quality
Locked Bag 200
Perth Business Centre 6849

Alternatively, if you are in the metropolitan area, a courier can be arranged to deliver the document.
Please contact the Office of Safety and Quality on (08) 9222 4080 if you have questions regarding this process or visit the Department website at <http://intranet.health.wa.gov.au/osqh/program/sentinel.cfm>