

ROOT CAUSE ANALYSIS (RCA)**OF A SERIOUS PREVENTABLE ADVERSE EVENT**

Report No. _____

This form must be completed for any serious preventable adverse event. All information is protected based on the provisions of the Patient Safety Act [N.J.S.A. 26:2H-12.25(f)]

SECTION A - GENERAL INFORMATION**1. FACILITY IDENTIFICATION**

Facility Name: _____ Facility License No.: _____
 Facility Street Address: _____ County: _____
 City: _____ State: _____ Zip Code: _____
 Name of Person Submitting: _____ Telephone No.: _____
 Title or Position: _____ Fax No.: _____
 Email Address: _____

SECTION B - EVENT INFORMATION**2. EVENT DATE:** _____ Time: _____ ☐ AM ☐ PM

Date Initial Report of Adverse Event Sent to NJDOH: _____ DHSS Report Number (Assigned by NJDOH): _____

Medical Record Number: _____ Patient/Resident Billing Number: _____

Patient/Resident Name: _____

Principal Diagnosis with ICD-9 Code: _____

Medical Diagnoses Resulting from the Adverse Event with ICD-9 Code(s): _____

SECTION C - ROOT CAUSE ANALYSIS**3. SELECT ROOT CAUSE (Select all that apply):**

- | | |
|--|--|
| ☐ Adequacy of technical support | ☐ Labeling of medications |
| ☐ Availability of information | ☐ Orientation and training of staff |
| ☐ Behavioral assessment process | ☐ Patient identification process |
| ☐ Care planning process | ☐ Patient observation procedures |
| ☐ Communication among staff members | ☐ Physical assessment process |
| ☐ Communication with patient/family | ☐ Physical environment |
| ☐ Competency assessment/credentialing | ☐ Security systems and processes |
| ☐ Control of medications (Storage/access) | ☐ Staffing levels |
| ☐ Equipment maintenance/management | ☐ Supervision of staff |
| ☐ Other: _____ | |

New Jersey Department of Health
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(Continued)

NJDOH INTERNAL USE ONLY

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4. WHAT WERE THE CONTRIBUTING FACTORS TO EVENT (Select all that apply):

- | | |
|---|---|
| ☐ Equipment | ☐ Patient record documentation |
| ☐ Home Care | ☐ Procedures |
| ☐ Imaging and X-rays | ☐ Staff factors |
| ☐ Laboratory and diagnostics | ☐ Task factors |
| ☐ Medical Device | ☐ Team factors |
| ☐ Medications | ☐ Transportation |
| ☐ Organizational/management | ☐ Work environment |
| ☐ Patient characteristics | ☐ Other (Specify): |
- _____

5. EVALUATE IMPACT OF EVENT FOR PATIENT/RESIDENT (Select all that apply):

- | | |
|--|--|
| ☐ Additional laboratory testing or diagnostic imaging | ☐ Loss of organ(s) |
| ☐ Additional patient monitoring in current location | ☐ Loss of sensory function(s) |
| ☐ Disability - physical or mental impairment | ☐ Major surgery |
| ☐ Hospital admission | ☐ Minor surgery |
| ☐ Increased length of stay | ☐ Other additional diagnostic testing |
| ☐ Loss of bodily function(s) | ☐ System or processes delay care to a patient |
| ☐ Loss of body part(s) | ☐ To be determined |
| ☐ Loss of digit(s) | ☐ Transfer to more intensive level of care |
| ☐ Loss of limb(s) | ☐ Visit to Emergency Department |
| ☐ Other (Specify): | ☐ Death |
- _____

6. DESCRIBE ROOT CAUSE ANALYSIS:

(Attach the RCA.)