New Jersey Department of Health

ROOT CAUSE ANALYSIS (RCA)

OF A SERIOUS PREVENTABLE ADVERSE EVENT

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

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(Continued)

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

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

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

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

6. DESCRIBE ROOT CAUSE ANALYSIS:

(Attach the RCA.)