**Root Cause Analysis Form for CAUTI and CLABSI**

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| **Patient Name:** | **MR#:** | | **DOB:** |
| **HAI: 🞏 CAUTI 🞏 CLABSI** | **Date HAI Identified :** | | **Date RCA Completed:** |
| **RCA team members:** | | | |
| **Date Device Inserted:** | **Inserted by:** | | **Unit where inserted:** |
| **Indication for device:** | | **Days between insertion and infection:** | |
| **For CLABSIs** | | | |
| **CVC insertion site:** | **Central line type:** | | |
| **Possible Causes** | | | |
| **Methods/Procedure:** | | | |
| **Materials/Equipment:** | | | |
| **People:** | | | |
| **Corrective Actions** | | | |
| **Action** | **Responsible person** | | **Date to be completed** |
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