NJDHSS INTERNAL USE ONLY
Report No.

New Jersey Department of Health and Senior Services

REPORT OF SERIOUS PREVENTABLE ADVERSE EVENT IN A NEW JERSEY LICENSED HEALTH CARE FACILITY: ROOT CAUSE ANALYSIS (RCA)

This form must be completed for any serious preventable adverse event, which results in death or loss of a body part, or disability or loss of bodily function lasting more than seven (7) days or present at discharge. 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 - INCIDENT INFORMATION

2. INCIDENT DATE: ____________ Time: ____________ ☐ AM ☐ PM

Date Initial Report Sent to Patient Safety Initiative: ____________ DHSS Report Number (Assigned by DHSS): ____________

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

Patient/Resident Name: ____

SECTION C - ROOT CAUSE ANALYSIS

3. SELECT ROOT CAUSE (Select all that apply):

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

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(Continued)

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

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

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

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

6. DESCRIBE ROOT CAUSE ANALYSIS:

(Attach the RCA.)