

Causal Analysis and Corrective Action Plan**Report**

Submit no later than (7) seven calendar days from initial report of event

Please complete all sections of this form by printing or typing the required information. The form may be submitted to the Patient Safety Surveillance & Improvement System via secure email, fax or mail. See last page of form for contact information.

1. Facility identification

Facility name: _____

Facility address: _____

(Street)

(City)

(State)

(Zip)

2. Contact information

Name and title of person submitting report: _____

Telephone number: _____

Email address: _____

3. Event identification number:*(previously provided to you by the Patient Safety System)***4. Causal Analysis Team** *(Please list team members by title and department (no names). If you prefer, you may attach a document containing this information.)***5. Final understanding of severity of event** *(check only one)*

- ☐ Category C Event/error reached the patient but caused no harm.
- ☐ Category D Event/error increased the need for monitoring/intervention but caused no harm.
- ☐ Category E Event/error increased the need for treatment/intervention and caused temporary harm.
- ☐ Category F Event/error that contributed to or resulted in temporary harm and required initial or prolonged hospitalization.
- ☐ Category G Event/error that contributed to or resulted in permanent harm and required initial or prolonged hospitalization.
- ☐ Category H Event/error that required intervention necessary to sustain life.
- ☐ Category I Event/error that contributed to or resulted in death (unexpected death).

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6. Final understanding of why this event occurred (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Communication | Communication; flow of information; availability of information. |
| <input type="checkbox"/> Training | Routine job training; special training; continuing education; timing of training. |
| <input type="checkbox"/> Fatigue/Scheduling | Influence of stress and fatigue that may result from change, scheduling and staffing issues, sleep deprivation, or environmental distractions such as noise. |
| <input type="checkbox"/> Environment/Equipment | Use and location of equipment; fire protection and disaster drills; codes, specifications and regulations; the general suitability of the environment; and the possibility of recovery after an error has occurred. |
| <input type="checkbox"/> Rules/Policies/Procedures | Existence and ready accessibility of directives including technical information for assessing risk, mechanisms for feedback on key processes, effective interventions developed after previous events, compliance with national policies, the usefulness of and incentives for compliance with codes, standards, and regulations. |
| <input type="checkbox"/> Barriers | Barriers protect people and property from adverse events. Example: A negative pressure room for an infectious patient is a barrier to the spread of the disease. If the ventilation in the room stops working, a critical barrier has been compromised. |
| <input type="checkbox"/> Not yet determined. | |

7. Date of patient discharge: _____**8. Please attach the following documentation**

- ☐ Causal analysis team (*if not included on page 1*)
- ☐ Summary of analysis
- ☐ Event timeline
- ☐ Cause and effect diagram (fishbone/Ishikawa) (*if completed for this causal analysis*)
- ☐ Bibliography (*if completed for this Causal Analysis*)
- ☐ Corrective Action Plan (*see specifications on page 3*)

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A Corrective Action Plan will include:

- 1. Specific actions to correct the identified causes of the event to prevent a similar event occurring in the future;*
- 2. Identified and measurable outcome(s);*
- 3. A designated person(s) responsible for implementation and evaluation; and*
- 4. A specific implementation plan with the following:*
 - A. Completion dates;*
 - B. Provisions for education of and communication with appropriate hospital staff; and*
 - C. A description of how the hospital's performance will be assessed and evaluated following full implementation.*

You may email, fax or mail the completed form and attachments to the Patient Safety Program.

Email to: sre@vpqhc.org

Fax form to: Vermont Program for Quality in Health Care, Inc.
802-262-1307

Mail form to: Attention: Patient Safety Program
Vermont Program for Quality in Health Care, Inc
Attention: Patient Safety Program
132 Main Street
Montpelier, VT 05602