

Office of Licensing

Serious Incident Review and Root Cause Analysis TEMPLATE

Individual's Name and I.D. Number:	Date of Incident:
	Date of Discovery of Incident:
	Incident Report #:
	Review Completed Date:
	Review Completed By:
Individual's DOB:	Program:
Location of Incident:	Type of Incident:
Service Received at Time of Incident:	Sources of Information: <input type="checkbox"/> Record Review <input type="checkbox"/> Policy Review <input type="checkbox"/> Interview with Individual <input type="checkbox"/> Interview with Staff <input type="checkbox"/> Human Rights Investigation <input type="checkbox"/> Other:
Is this the first incident of this kind? <input type="checkbox"/> Yes <input type="checkbox"/> No, when did this occur before?	Is this addressed in the ISP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Detailed description of what happened <i>(Provider may copy information included within the Injury/Incident Description/Circumstances field of CHRIS or include a step-by-step detailed account of the incident):</i>	
Analysis of Incident <i>(Analysis of trends and potential systemic issues or causes; analysis of why incident happened; identification of all underlying causes of the incident that were in the control of the provider):</i> Quality Improvement Tool used during review: <input type="checkbox"/> 5 Whys <input type="checkbox"/> Fishbone <input type="checkbox"/> FMEA <input type="checkbox"/> Other: <i>(While our regulations do not require use of another tool to analyze trends, providers are required to include their analysis)</i>	
Recommendations/Action Plan <i>(Solutions to mitigate the potential for future incidents):</i> <input type="checkbox"/> There are no recommendations at this time. There were no underlying causes under the provider's control. <input type="checkbox"/> Recommendation(s)/Technical Assistance:	

Disclaimer: This template was completed in accordance with 12VAC35-105-160. In order to ensure completion within the 30-day regulatory timeframe, the most available information/resources were utilized to complete this review.

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Action Plan:

Due Date:

Enhanced Root Cause Analysis Determination:

Based on this incident, was a threshold met as outlined in the Root Cause Analysis policy?

Yes

No

If "yes," the threshold criteria met is:

- similar Level II serious incidents occur to the same individual or at the same location within a six-month period.
- 2 or more of the same Level III incidents occur to the same individual or at the same location within a six-month period.
- similar Level II or Level III serious incidents occur across all of the provider's locations within a six-month period.
- A death that occurs as a result of an acute medical event that was not expected in advance or based on a person's known medical condition.

Analysis included:

Convening a team

Collecting and analyzing data

Mapping processes

Charting causal factor

Other:

Completed by:

Title/Position:

Date:

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