New Hampshire Root Cause Analysis Report

Hospital or Ambulatory Surgery Center:

Contact person name, title, email and phone:				
Date initial report sent to the State:				
Event Description				
Event date:				
Event location:				
Patient gender and age:				
Event category:				
Brief description of the event:				
Admitting diagnosis and relevant co morbid conditions or psychosocial assessments:				
Brief timeline of events:				
Root Cause Investigation Causal Findings and Explanation of Causes				
Finding #1:				

Finding #2:
Finding #3:
References: Includes clinical literature, manufacturer's recommendations/instructions,
community standards of practice, or other published guidelines or recommendations.
community standards of practice, or other published guidennes of recommendations.

CORRECTIVE ACTION PLAN					
Plan for Finding #1 in Root Cause Investigation:					
Measurement Strategy for implementation (what is being measured, why, how, how often and for how long):					
Threshold or target set that will trigger additional analysis and/or action if not achieved:					
Implementation timeframe with dates:					
Who is responsible (includes title, role and/or profession):					
Measurement Strategy for assessing ongoing effectiveness of the corrective action plan upon implementation and on an ongoing basis:					
Communication plan within and across departments:					
Plan for Finding #2 in Root Cause Investigation:					
Measurement Strategy for implementation (what is being measured, why, how, how often and for how long):					
Threshold or target set that will trigger additional analysis and/or action if not achieved:					

Implementation timeframe with dates:
Who is responsible (includes title, role and/or profession):
Measurement Strategy for assessing ongoing effectiveness of the corrective action plan upon implementation and on an ongoing basis:
Communication plan within and across departments:
Plan for Finding #3 in Root Cause Investigation:
Measurement Strategy for implementation (what is being measured, why, how, how often and for how long):
Threshold or target set that will trigger additional analysis and/or action if not achieved:
Implementation timeframe with dates:
Who is responsible (includes title, role and/or profession):
Measurement Strategy for assessing ongoing effectiveness of the corrective action plan upon implementation and on an ongoing basis:
Communication plan within and across departments:

QA Plan

CAP item	Measure/ Metric	Target/ Threshold	Frequency of collection	By Who