

# Root Cause Analysis (RCA) Reports and Documentation Requirements

This document should be read in conjunction with the Root Cause Analysis Policy Directive. If the RCA is being conducted under Part 8 of the *Health Care Act 2008 (SA)* (the Act) it should also be read in conjunction with that Act.

All RCA documentation must clearly state whether it has been conducted:

- > under Part 8 of the *Health Care Act* where the information gained is protected by section 73, or
- > without the use of Part 8 of the Act therefore information gained is not protected.

## Completing Reports 1 and 2

- > Report 1 will be a public report, it should contain a brief description of the incident based on facts known before the RCA was commenced and the recommendations of the RCA team, but no information that identifies any person should be included.
- > Report 2 contains a description of the incident based on facts determined during the RCA and recommendations for improvement. It may also include:
  - a flow diagram
  - a cause and effect diagram
  - a causation statement
  - working documents associated with the RCA team's investigation and processes (incorporated as attachments)
  - any other material considered relevant by the RCA team, which should include:
    - action taken (ie a summary of the investigation/tests ordered and associated results)
    - impact on consumer/patient outcomes
    - resource implications.

## Endorsement of reports

- > When the RCA has been conducted under Part 8 the Act:
  - the final copy of both reports 1 and 2 must be endorsed (signed and dated) by the RCA team
  - in addition report 1 and the causation statement being the only part of report 2 that a designed authority may have access to, must also be endorsed by the Chief Executive Officer or General Manager of the health service
  - it must be clearly documented on Report 2 that it is protected under Part 8 of the Act and is protected from disclosure.
- > When the RCA has not been conducted under part 8 of the Act:
  - both report 1 and report 2 must be endorsed by both the RCA team and the Chief Executive Officer or General Manager of the health service
  - it must be clearly documented on Report 2 that it is not protected under Part 8 of the Act.

## Documentation in SLS

- > Ensure the correct type of investigation/review is selected from the drop down box in the SAC 1 investigation panel of the individual incident within the patient incident management module of the Safety Learning System (SLS) to indicate whether the RCA is being conducted under Part 8 of the Act.
- > All date fields within the SAC1 investigation panel of the incident must be completed, as you become able, ie commissioning date, commencement date etc.
- > Signed copies of the final RCA reports must be scanned and uploaded into the document area of the patient incident record within SLS as a Level 1 secure document.
- > Recommendations from the RCA are to be entered into the Actions section of the patient incident.
- > Each recommendation must be entered as a new action within the incident. (These Actions (Recommendations) are then able to be managed from within the Actions Module of SLS).

## Delivery of the final RCA reports

The report/s must be endorsed and uploaded into the Safety Learning System within 10 weeks (70 calendar days) of the RCA being commenced unless an extension has been obtained from the Department of Health, Director of Safety and Quality. The SAC 1 investigation panel must be used record the date the report/s are due and the date that any extension was granted.

- > Both Report 1 and 2 must be completed, endorsed, scanned and uploaded as level 1 secure documents to the Document panel of the Safety Learning System.
- > An email must be sent to [HealthSentinelEvents@sa.gov.au](mailto:HealthSentinelEvents@sa.gov.au) from within the Safety Learning System incident record, stating that signed copies of the final reports are now available. This will be regarded as delivery of the final report to the Department for Health and Ageing for the purpose of the Act and the SA Health Root Cause Analysis Policy Directive.

## Amending a final RCA report

Once the final report has been provided to the Department for Health and Ageing it must not be altered without formal approval from the Director of Safety and Quality at the Department.

- > An email providing detail of what and why changes need to be made must be sent to [HealthSentinelEvents@sa.gov.au](mailto:HealthSentinelEvents@sa.gov.au) from within the Safety Learning System requesting approval to amend the final report.
- > The request will be considered in light of any implications that making the requested changes may have on the protection of information contained within the report.
- > A response to the request will be sent by email, if the request has been rejected the reasons why will be provided.

## Feedback of RCA results

Recommendations made by the RCA team should be presented to:

- > the Clinical Team involved in care of the consumer/patient and
- > to relevant committees to ensure all staff are aware of the action being taken to improve safety and minimise the potential for recurrence
- > to the consumer/patient affected by the incident as part of the open disclosure process.

## Protection of documents

Care must be taken not to breach section 73 of the Act. Report 2 must not be provided to a person that is not entitled under the Act to receive it.

The provision of Report 2 should only be done by the Safety and Quality / Governance unit of the Health Service and then only if it is clear that the delivery of the report is allowed under the Act, for example to a Committee authorised under Part 7 of the Act.

In all other circumstances advice must be sought from the Director, Safety and Quality of the Department for Health and Ageing.

While Report 1 is not protected the health services administrative processes for the release of information must be followed.

## Storage, retention and destruction of investigative documentation

- > All hard copy documentation must be stored in a secure location that can only be accessed by authorised persons.
- > Retention and destruction of all documentation must be in accordance with Public Hospitals Retention Disposal Schedule and the General Disposal Schedule No 15.
- > If a RCA is suspended due to the suspicion that the adverse incident involves a prescribed act, any documents that are in existence at the time of the suspension should be sealed and dealt with as per the above.

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## For more information

**SA Health**  
**Safety and Quality Unit**  
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**Email: [safetylearningsystem@sa.gov.au](mailto:safetylearningsystem@sa.gov.au)**  
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