

Root Cause Analysis Form

BSI with Vascular Access

Patient Name:		DOB:
Reported Month/Year:	NHSN Criteria Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	
LTC/SNF Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
Type of Access: <input type="checkbox"/> Fistula <input type="checkbox"/> Graft	Access location:	
Organism(s):		
Date of last intervention:	Location:	
If infection occurred less than 48 hours from the time of intervention, follow up with the intervention facility as BSI could be related to this procedure.		
Event Details		
Think about the 72 hours prior to start of infection when answering the following questions.		
Were there any observed breaches of proper hand hygiene or infection control by anyone involved in this patient's care at the dialysis unit?	<input type="checkbox"/> Yes If yes, corrective action plan	<input type="checkbox"/> No
Did patient or staff member wash access arm prior to being seated for dialysis treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If no, corrective action and patient education
Was an alcohol-based chlorhexidine (>0.5%) solution or povidone iodine or 70% alcohol used during cannulation prep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If no, corrective action plan
Was any touch contamination (by staff or patient) observed after cannulation prep?	<input type="checkbox"/> Yes If yes, corrective action plan and/or patient education	<input type="checkbox"/> No
Was the dialysis unit adequately staffed on the suspected date of infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If no, did staff take time to complete proper access care?
Are you able to identify any other possible sources of contamination?	<input type="checkbox"/> Yes If yes, address issues	<input type="checkbox"/> No
Were there any mechanical problems with the AVF/G; (i.e. problems with cannulation, needle adjustments, inability to achieve prescribed BFR)?	<input type="checkbox"/> Yes If yes, was proper procedure followed to address problems?	<input type="checkbox"/> No
Are there any patient factors that you believe may have contributed to this infection?	<input type="checkbox"/> Yes If yes, educate patient/family member	<input type="checkbox"/> No
Comments:		

