| **1. Tracking Number** | **2. Date Identified** | **3. EC Discipline** | | **4. Determined to be:** | **5. Risk Assessment** |
| --- | --- | --- | --- | --- | --- |
| **6. Concern or Problem** | | | | **7. TJC Standard and References** | **8. Scoring**  Scoring Category:  Criticality:  Documentation:  Measure of Success: |
| **9. Corrective Action Plan** | | | | **10. Root Cause(s)** | **11. Department(s) Affected** |
| **Validation Plan** | | | | | |
| **12. Assigned Point of Contact** | | **13. Assigned Deadline Date** | | **14. Reporting Actions**  Committee:  Frequency: | **15. Plan Approval**  Name:  Date: |
| **16. Effectiveness Evaluation Criteria and Results** | | | **17. Additional follow-up** | | **18. Actual Closure Date** |

**DEFINITIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Extent/Scope**   * **Isolated**   Non compliant in one or two locations/or same location 1 or 2 shifts   * **Systemic**   Non compliant in three or more locations/shifts | | **5. Risk assessment**  See Risk Assessment Matrix   * High * Serious * Medium * Low | | **8. Scoring category**   * A policy or procedure * C number of times non compliant | | | **Documentation**  Yes or No | **Criticality**   * 2 Situational Decision Rules Apply * 3 Direct Impact * 4 Indirect Impact | | | **Measure of success**  Yes or No |
| **10. Human Performance** | **Leadership** | | * No visible emphasis/involvement in safety * Safety not integrated into all systems and processes within the physical environment | | * Authority not provided * Responsibility not assigned * Staff involvement not required * Individuals not held accountable | | | | | * Resources not available * Resources not provided | |
| **Policies,**  **Procedures,**  **Standards,**  **Administrative**  **Controls** | | Not followed   * No procedures * Verbal versus written * Not available/inconvenient to use * Use not required * Use required but not enforced | | Wrong   * Technical errors, wrong sequence * Situation not covered * Incomplete information * No procedures to review/update * Used wrong document/version | | | | | Followed incorrectly   * Format * Readability * Too generic (not equipment- or task-specific) * Too much detail | |
| **Training** | | No training   * Requirement not identified * Not conducted * Not attended | | Ineffective training   * Course objectives, content * Training method * No refresher training * Language barrier | | | | | Supervision   * Competency not assessed * Attendance not enforced | |
| **Quality Control** | | No inspection, test, maintenance   * Requirement not identified * Not required * No process to monitor/document * Insufficient resources | | Ineffective inspections, tests, maintenance   * Instructions need improvement * Inspection techniques need improvement * Not conducted within prescribed timeframes * Retests delayed * No process to prevent noncompliant equipment from being used | | | | | Quality verification checks   * Not required * Required but not performed * Improper sampling, measurement, inspection techniques | |
| **Communication** | | No communication or not timely   * No process to communicate between individuals, programs, services, or organizations or process ineffective * Process needs improvement * Communicated too late | | Turnover   * No process to communicate between hiring gaps/shift changes * Process not used | | | | | Misunderstood   * Inadequate information exchange (face-to-face vs. telephone) * Terminology * Language barrier | |
| **Risk Management**  **System** | | Audits/Design Reviews/Purchase Reviews   * Not conducted * Not conducted within prescribed timeframes * Not comprehensive (all locations, shifts, equipment, etc.) * Relevant laws, regulations, standards not considered * Not conducted by qualified individuals * Risks not recognized * Risks not defined * Risks not quantified * Root cause(s) not identified * Risks not prioritized | | Corrective Actions   * Corrective actions not developed * No correlation between the risk and corrective actions * No input from affected staff when developing/implementing corrective actions * Corrective action not implemented * Corrective actions not tracked to closure * Effectiveness of corrective actions not evaluated | | | | | Controls   * Level of risk acceptance inappropriate * No controls to eliminate hazards/manage risk * Hierarchy of controls not considered during risk reduction activities * Problem, failure, or use error data not reported, timely, accurate, available, analyzed, disseminated * Emergency plans not developed, tested, evaluated, updated * Documentation not available * Documentation incomplete/inaccurate | |
| **Work Environment/Equipment Performance** | | | * Design or construction * Housekeeping * Temperature | | | * Ventilation * Noise * Lighting | | | * Space * Equipment * Contamination | | |
| **14. Committee**   * Safety/EC Committee * Executive Committee * Performance Improvement Committee | | | | * Infection Prevention and Control Committee * Patient Safety Committee * Radiation Safety Committee | | | | **Frequency**   * Bimonthly * Quarterly | | | * Semi-annually * Annually |