Adverse Event or Near Miss:		MR# if Pt-Specific:	Resident:	Occurrence	Occurrence Date: Review Date:	
			Dept:	Review Da		
ep 1: Utilize the one page Patient He	althcare Matrix	to identify opportunit	ties for improvement in the adv	verse event or near mis	s.	
ep 2: Individually list each issue that testions until the root cause is agreed		the adverse event and	identify the root cause(s) by an	swering the 5 WHYS	pelow. <u>Continue v</u>	
Issue(s) contributing to Event	WHY? (1)	WHY? (2	2) WHY? (3)	WHY? (4)	WHY? (5)	
•						

Root Cause/Issue to be Addressed	Risk Reduction / Corrective Action Recommended	Referred to Whom by SWAT? Date?	Action Taken? Date?
1.			
2.			
3.			

Step 4: After presenting at appropriate departmental meeting, fax or email to Linda Davis, Patient Safety Manager (fax: 8980/ phone: 305-6550). Patient Safety will forward any UTMC action items to the applicable leader(s).