Root cause analysis team member agreement

I have been requested to participate as a member of a root cause analysis (RCA) team appointed under Part 8 section 69 of the Health Care Act 2008 (SA) by (insert name and role as appears on the appointment letter) on _/__/_.

By signing this document, I am formally agreeing to participate as a member of the RCA team appointed to investigate incident number SAHI – (insert number) and accept my obligations as an RCA team member under Part 7 and 8 of the Health Care Act 2008 (SA).

I confirm that I have read and understood the RCA Policy Directive and the document titled ‘Root Cause Analysis (RCA) Reports and Documentation Requirements’.

I acknowledge that:

- the RCA must be conducted in accord with the RCA Policy Directive and legislative requirements
- the team must commences its investigation within 14 days from the date of appointment
- the RCA final reports must be delivered to the Adverse Incident team of the Safety and Quality Unit in the Department for Health and Ageing within 10 weeks (70 Calendar days) from the date the investigation is commenced. Unless an extension is granted in writing by the Safety and Quality Unit before the report becomes overdue
- the RCA team must not conduct an investigation into the competence of a person providing health services
- the activities of the RCA team must be suspended and procedures prescribed in the Health Care Regulations complied with, if the team has reason to suspect the investigation may relate to an adverse incident that involves a prescribed act1
- if I become aware that I (or my spouse, domestic partner or a relative) has or may have a direct or indirect personal or pecuniary interest in the adverse incident which is the subject of this RCA:
  - I must, as soon as reasonably practicable, disclose in writing to (insert name of the designated authority) full and accurate details of the interest
  - I must not take any further part in the investigation or the preparation of reports unless (insert name of the designated authority) determines I may do so.
- there are strict restrictions on who may be provided with information that is gained as a result of the RCA team’s activities

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1 An act that is an offence under the law of the State that appears to have been committed by a member of the staff of the health service entity, or an act that is attributable to a member of staff of the health service entity, or any other person involved in the adverse incident, being medically unfit or an act that constitutes the abuse of a patient; or an act that appears to be a deliberately unsafe act (other than an act that might be reasonably undertaken in the provision of a health service).
I, ___________________________________________  ___________________________________________

Name  Position

have read, understood and acknowledge my obligations under the Health Care Act 2008 (SA).
I agree to participate as a member of the RCA team appointed to investigate incident number
SAHI – [insert number]

________________________________________

[Signed]  [Date]

Witnessed by ___________________________________________

[Name and Position]

________________________________________

[Signed]  [Date]