**SBAR Incident Investigation Form**

**Goal: to evaluate events to identify opportunities to improve patient safety and the overall care experience.**

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| **Date of Event:** Click here to enter a date. | **Date Report Completed:** Click here to enter a date. | | **MR#:** | |
| **SBAR Form completed by (list all contributors):** | | | **Case # (if applicable):** | |
| **Situation** (brief description of incident): | | | | |
| **Background** (Brief and important information related to the situation that is not further explained in the assessment section): | | | | |
| **Timeline/Assessment:** Describe what occurred with associated chronologic time; include only factual information that is critical to the incident. Obtain information through staff interviews and medical record review. | | **Recommendation**: As you evaluate each aspect of the incident, identify potential actions to take that would avoid a problem in the future or that will improve the current process. | | **Recommendation completion:** Indicate when and how the recommendations or follow-up actions occurred. If none, indicate reason or limitations. |
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| **Resolution/Review section (For Quality Completion only):** | | | |  |
| **Date of Review:** Click here to enter a date. | **Name of individuals involved in review:** | | | |
| **Behavior involved with event (based on Just Culture Tool):**  **Individual Human Error**  **System Failure**  **Risky Behavior**  **Careless Behavior** | | | | |
| **Additional follow-up details (includes proposed changes as a result of evaluation of incident):** | | | | |
| **Date of completion:** Click here to enter a date. | | | | |