**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. |
| Time:  |  |  |
| Time:  |  |  |
| Time: |  |  |
| Time: |  |  |
| Time: |  |  |
| Time: |  |  |
| Time: |  |  |
| Time: |  |  |
| **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. |