| What | ne the Problem | | | | | | | Timeline (S | equence o | r events) |
|------------|------------------------------|-----------------|--------------|----------------|-----------------|----------------|------------------|------------------|-------------|------------|
| | Problem(s) | | | | | | | Date | Time | Desciption |
| When | Date | | | | | | | | | |
| | Time | | | | | | | | | |
| | Different, Unusual | | | | | | | | | |
| Where | Physical Location | | | | | | | | | |
| | Unit, Area | _ | | | | | | | | |
| | Task being done | | | | | | | | | |
| mpact t | o the Goals | | | | | | | | | |
| npuot t | Patient Safety | | | | | | | | | |
| | Employee | | | | | | | | | |
| | Compliance | | | | | | | | | |
| | Environmental | | | | | | | | | |
| | Organization | | | | | | | | | |
| | Patient Services | | | | | | | | | |
| | Materials, Labor | | | | | | | | | |
| | Frequency | | | | | | | | | |
| down the G | oal (or Goals) impacted. Ask | "Why?" question | ns moving to | the right (cap | ture basic caue | s-and-effect r | elationships). / | Add supporting e | | , mandad |
| | | | | | | | | iod outporting o | widerice as | s needed. |
| pal Impact | ed | | • | | | | | | vidence as | s rieeded. |