FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)	

KPI: (Please ☑ the option. If PPTPA/OTHERS, please write down the officer's name & designation)

☐ **CLINICAL SERVICE** ☐ **HPIA** | ☐ **PPTPA** Name :
Designation :
☐ **OTHERS**

PERIOD OF PERFORMANCE: (Please ☑ the option) ☐ **JAN – JUN** ☐ **JUL – DEC** ☐ **JAN – DEC** ☐ **OTHERS:** Please specify**:**	**YEAR:**

INDICATOR				**STANDARD**	
NUMERATOR		**DENOMINATOR**		**PERFORMANCE ACHIEVED**	

INVESTIGATION TEAM

Name	**Designation**
Team Leader/ Coordinator	
Team Members	

BACKGROUND SUMMARY OF SIQ

CONTRIBUTING FACTORS THAT LEAD TO THE SIQ:

Please choose and tick ALL relevant contributing factors/ root cause(s) & DESCRIBE the factors at the description space.

A	INDIVIDUAL STAFF FACTOR	√	DESCRIPTION
A1	Lack of knowledge/experience/ skill		
A2	Distraction		
A3	Fatigue/ stress		
A4	Lapse of concentration		
A5	Non-compliance to protocol/ policy/ SOP		
A6	Personal issue		
A7	Unsafe behaviour – assuming, not asking clarification etc.		
A8	Others: specify:		

B	TEAM FACTOR	√	DESCRIPTION
B1	Written communication issue		
B2	Verbal communication issue		
B3	Unclear roles and responsibility		
B4	Lack of supervision/ monitoring		
B5	Ineffective leadership & responsibility		
B6	Problem in seeking help		
B7	Staff or colleague response/ support to help		
B8	Others: specify:		

	TASK & TECHNOLOGY FACTOR	√	DESCRIPTION
C1	Protocols/ S.O.P/ guidelines issues (availability/ accuracy/ etc.)		
C2	Health information issues (availability/ accuracy/ etc.)		
C3	Task design issue		
C4	Information technology (e.g., malfunction, system design) problem		
C5	Decision making aids problem		
C6	Medication related issue (e.g., wrong prescription, similar packaging/ sounding names, complicated dosage design)		
C7	Radiotherapy related issue (e.g., miscalculation of dose)		
C8	Others: specify:		

D	WORK & ENVIRONMENTAL FACTOR	√	DESCRIPTION
D1	Building & design related issues		
D2	Physical environment issue(temperature, lighting, wet floor, holes, storage, housekeeping)		
D3	Noisy, busy surrounding		
D4	Malfunction/ failure of equipment/ maintenance of equipment, functionality, design		
D5	Cluttered surrounding		
D6	Unsafe surrounding		
D7	Inappropriate allocation of staff (i.e., not according to workload/ specialty)		
D8	Heavy workload, inadequate break		
D9	Service delivery- delay, missed, inappropriate		
D10	Others (specify):		

E	MANAGEMENT & ORGANIZATIONAL FACTOR	√	DESCRIPTION
E1	Leadership and governance issue		
E2	Organizational structure issue		
E3	Objectives, policies and standard issue		
E4	Resources constraints (human/ financial)		
E5	Inadequate safety culture/ lack priorities in safety		
E6	Others (specify):		

F	PATIENT/ CUSTOMER FACTOR	√	DESCRIPTION
F1	Miscommunication between patient/ customer and staff		
F2	Language barrier		
F3	Non-compliance patient/ customer		
F4	Social issue		
F5	Patient/ customer-staff relationship issue		
F6	Patient-patient/ customer-customer relationship issue		
F7	Complexity of clinical condition		
F8	Pre-existing comorbid		
F9	Known risk associated with treatment		
F10	Others (specify):		

G	**EXTERNAL FACTOR** e.g political issue, disaster, etc.	√	DESCRIPTION
	Please specify:		

ACTION PLAN TABLE

Based on the contributing factors(s) listed above, identify the most effective action plan(s).

No.	Contributing Factors	Description of Action Plan	Person responsible (Name & designation)	Expected Completion Date

INVESTIGATION TEAM	
TEAM LEADER/ COORDINATOR	**HEAD OF DEPARTMENT/ UNIT**
(Name/ Signature/ Designation/ Date/ Stamp)	(Name/ Signature/ Designation/ Date/ Stamp)

SIQ ANALYSIS VERIFICATION & ACKNOWLEDGEMENT:

HOSPITAL/ INSTITUTION/ JKN/ PROGRAM	
QUALITY OFFICER	**DIRECTOR**
(Name/ Signature/ Designation/ Date/ Stamp)	(Name/ Signature/ Designation/ Date/ Stamp)