Defensive Documentation in the Era of Litigation

Presented by,

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- Documentation or lack of documentation could be costly

Verdicts & Settlements

- Elopements **$700,000-$1 million**
- Failure to monitor **$400,000-$1.5 million**
- Failure to report change to Physician

$400,000 - $999,000.

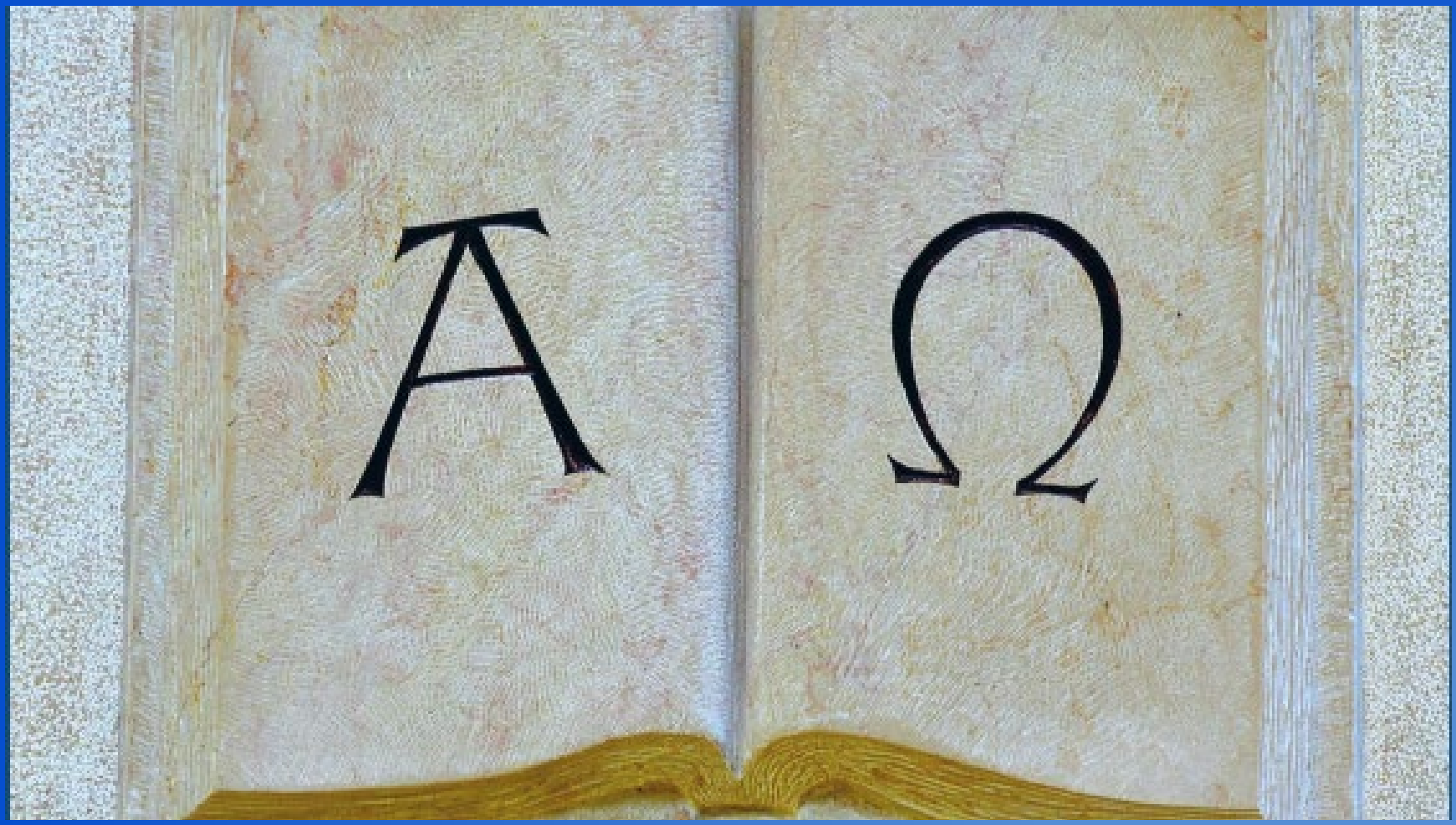
- Failure to treat **$500,000 - $995,000**.
- Fractures **$510,000 - $800,000**
- Head injuries **$645,000 -$1 million**

Verdicts & Settlements

- Improper care **$500,00-$2.9 million**
- Infections **$475,000-$862,500**
- Malnutrition/dehydration **$500,000 - $1 mill**
- Medication errors- **$914,000 - $4.1 million**
- Pressure injuries **$500,000 - $2.8 million**
- Falls **$410,000 - $1.4 million**
- Wrongful death **$400,000- $2.7 million**

Mundy - Defensive Documentation 2013

DOCUMENTATION



PLAINTIFF MUST PROVE

	YES	**NO**
Breach of SOC/Negligence		
Causation		
Damages		

DOCUMENTATION

- The Alpha and Omega of an LTC case.
- A Plaintiff cannot proceed with a professional liability case **unless**
  1. An expert finds that there was a deviation from accepted standards of care; and
  2. The deviation caused harm

ANATOMY OF A TRIAL

- **LAW** – The Judge
- **EVIDENCE** (Facts) – Witness & Documents
- **LAWYERS** – Argue How Evidence Applied To Law Support Case
- **JURY** – Hear The Law And Apply The Evidence And Reach A Conclusion On Who Is Right (Verdict)

- *Records are seen as more objective and unbiased because it was written at a time when all you were doing is recording facts.*

- Verbal testimony is questioned because it is biased and given after the fact– you want to win the lawsuit or the survey challenge at the time of the events.

THE MIND IS A TERRIBLE ARCHIVE:

"If it is not documented, it doesn't exist. As long as information is retained in someone's head, it is vulnerable to loss."

- Louis Fried, 1992

Get Our Story out from behind the Eight Ball

DOCUMENTATION POINTERS

1.

How we teach nurses about charting – **NO ABSOLUTES**.

GOLDEN RULE:

" If it's not documented, it didn't happen."

EMR Version

"If you touch the patient, then you touch the kiosk"..visa versa?

Real Life Testimony:

- Q: "Agree with the statement 'If it is not documented, it is not done.'" A: "yes"
- Q: "Where is Turning and repositioning documented"
- A: " The ADL sheets"

Real Life Testimony:

- Q: “Can we agree that it is the standard of care to turn and reposition [resident] every 2 hrs based on the care plan?”
- A: “Yes”
- Q: “Can agree that there are 25 times that turning and repositioning was not documented“
- A; “Yes”

Real Life Testimony:

- Q: “If turning and repositioning is the standard of care, and there are 25 times that turning is not documented, then [facility] breached the standard of care 25 times.”
- A: “Yes”

Documentation Pointers

2.

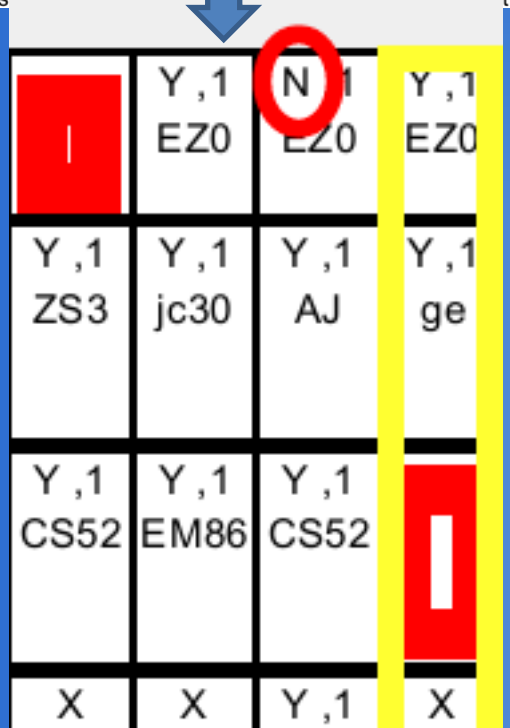
GAPS/Inconsistent Charting are interpreted as lack of care

One Month Trial
January-February, 2026

rning and Positioning

Qshift	*Day (7-3) (0700-1500)	Y ,1 NG14		Y ,1 EZ0	N ,2 EZ0		Y ,2 MHK	Y ,2 jc30		Y ,1 EZ0	N ,1 EZ0	Y ,1 EZ0	Y ,1 CL	Y ,1 EZ0	Y ,1 EZ0	Y ,1 GF4	Y ,1 LR32	Y ,1 LR32	Y ,1 CL	Y ,1 LR32	Y ,1 KP		Y ,1 jc30	Y ,1 CL	Y ,1 jc30	Y ,2 MM		Y ,1 AJ	Y ,1 LR32
Qshift	*Evening (3-11) (1500-2300)	Y ,1 NG14	Y ,1 jc30	Y ,1 AJ	Y ,1 AJ	Y ,1 NG14	Y ,1 jc30	Y ,1 ge	Y ,1 ZS3	Y ,1 jc30	Y ,1 AJ	Y ,1 ge	Y ,1 MM	Y ,1 EZ0	Y ,2 NG14	Y ,2 NG14	Y ,1 MM	Y ,1 MM	Y ,2 NG14	Y ,1 YV	Y ,1 AJ	Y ,1 ge	Y ,1 LR32	Y ,2 NG14	Y ,2 DB	Y ,1 MM	Y ,2 NG14	Y ,1 LR32	Y ,1 ge
Qshift	*Night (11-7) (2300-0700)	Y ,1 DJ14		Y ,1 DJ14	Y ,1 JJ35	Y ,1 CS52		Y ,1 CS52	Y ,1 CS52	Y ,1 EM86	Y ,1 CS52		Y ,1 CS52	Y ,1 CS52	Y ,1 EM86	Y ,1 EM86	Y ,NA CS52	Y ,1 EM86	Y ,1 CS52	Y ,1 EM86		Y ,1 CS52	Y ,1 CS52	Y ,1 DM	Y ,1 EM86	Y ,1 CS52	Y ,1 EM86	Y ,1 EM86	Y ,1 EM86
Qshift	*Night (11-7) (2300-0700)	Y ,1 EM86	X	X	X	Y ,1 DM	X	X	X	X	Y ,1 EM86	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

ystem Response available for all questions: RR- Resident Refused RA- Resident Not Available N Not Applicable; -*-Data not Requested



ARGUMENT WHY GAPS ≠ LACK OF TURNING & REPOSITIONING

1. STAFF TESTIMONY ON HOW ROUTINE CARE IS PROVIDED

2. CNA DOCUMENTATION GAPS EXIST EVEN WHEN NO WOUNDS AND HEALING WOUND

3. CNA DOCUMENTATION GAPS ARE THE SAME FOR EVERY TASK FOR THE ENTIRE SHIFT

4. NURSING DOCUMENTATION PROVES CARE BEING PROVIDED

5. CNA DOCUMENTAION GAPS IN FEBRUARY DO NOT MATCH UP WITH THE WOUND DEVELOPEMNT

NOVEMBER 12, 2024 ARBITRATION

Resident is 2 person assist w/ positioning device for bed mobility; turn and position every 2 hours.	Qshift	Day (0700-1500)	Y RH10	Y RH10		-98 RH10										Y RH10	Y jnji							Y jc0	Y jc0				BP98 Y				
	Qshift	Evening (1500-2300)	Y RH10	Y RH10	Y b81b	Y 3ch	Y MH98									Y MH98			Y MH98		Y MH98		Y sm89	Y MH98	Y MH98		Y 6w16	Y MH98		Y MH98		
	Qshift	Night (2300-0700)	Y CAvu	Y 3ch	Y b81b		Y CAvu									Y CAvu		Y CAvu	Y sabi			Y sabi			Y sabi			Y pram		Y pram	Y BP98	Y sabi

(Effective Date: Created Date - Current) **1- task completed?** Y - yes

Toilet Use	Qshift	Day (0700-1500)	8 ,-97 RH10	8 ,-97 RH10	8 ,-97 RH10	8 ,-97 TJ85	4 ,2 , -97 TJ85		8 ,-97 RH10	8 ,-97 RH10	8 ,-97 MM98	8 ,-97 RH10	8 ,-97 RH10	8 ,-97 RH10	8 ,-97 RH10	3 ,3 , -97 7gpo		8 ,-97 RH10	8 ,-97 RH10	8 ,-97 RH10		8 ,-97 RH10	8 ,-97 RH10			8 ,-97 RH10		8 ,-97 RH10			2 ,2 ,Y SH98	8 ,-97 RH10	
	Qshift	Evening (1500-2300)	8 ,-97 MH98	3 ,2 , -97 3ch	8 ,-97 pram		4 ,2 , -97 TJ85	8 ,-97 pram		8 ,-97 pram	8 ,-97 MH98	8 ,-97 sacy	8 ,-97 MH98	3 ,2 , -97 3ch		8 ,-97 MH98	8 ,-97 sabi		8 ,-97 pram		4 ,2 , -97 3ch	8 ,-97 MH98	8 ,-97 kntn	8 ,-97 sabi		8 ,-97 pram	8 ,-97 MH98	8 ,-97 b81b	2 ,2 , -97 7gpo	8 ,-97 sabi	3 ,2 , -97 mmg	3 ,2 ,Y jve8	
	Qshift	Night (2300-0700)	8 ,-97 sabi	8 ,-97 CAvu	4 ,2 , -97 3ch	3 ,2 , -97 6sre	8 ,-97 pram	3 ,2 , -97 3ch	3 ,2 , -97 3ch		0 ,0 ,Y JK64	8 ,-97 CH98			4 ,2 , -97 jf14	3 ,3 ,Y dpr4	8 ,-97 CAvu	8 ,-97 CAvu	4 ,2 , -97 jf14		8 ,-97 sabi	4 ,2 , -97 jf14		8 ,-97 sabi	8 ,-97 sabi		8 ,-97 mbm	8 ,-97 sabi	8 ,-97 CH98	8 ,-97 CH98	8 ,-97 sabi	8 ,-97 mbm	3 ,2 -9 t6j

PLAINTIFF MUST PROVE

	YES	NO
Negligence	X	
Causation		
Damages		

PLAINTIFF WILL USE TO CLAIM:

- CARE NOT BEING GIVEN
- NOT ENOUGH STAFF

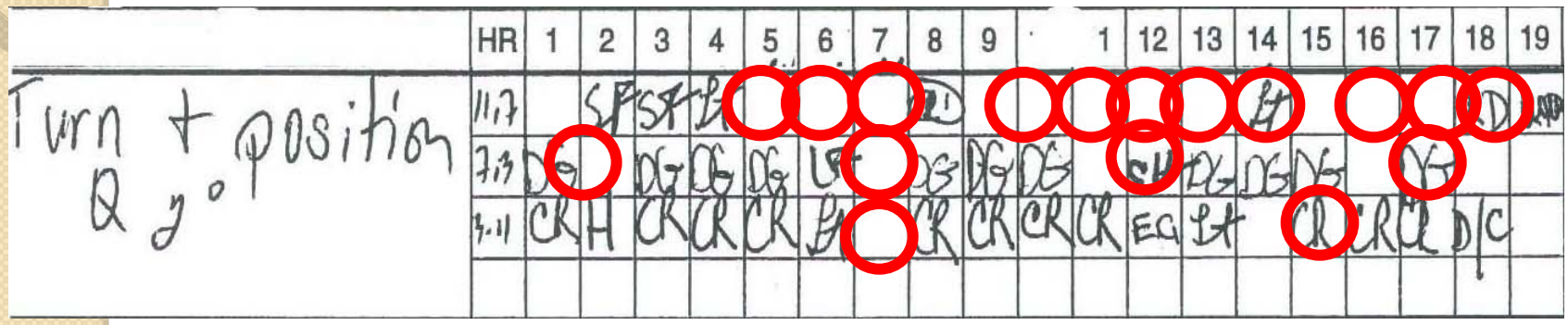
Documentation Pointers

3

Poor Charting is a problem

FALSE **charting is a game changer**

ADL Flowsheet 2004



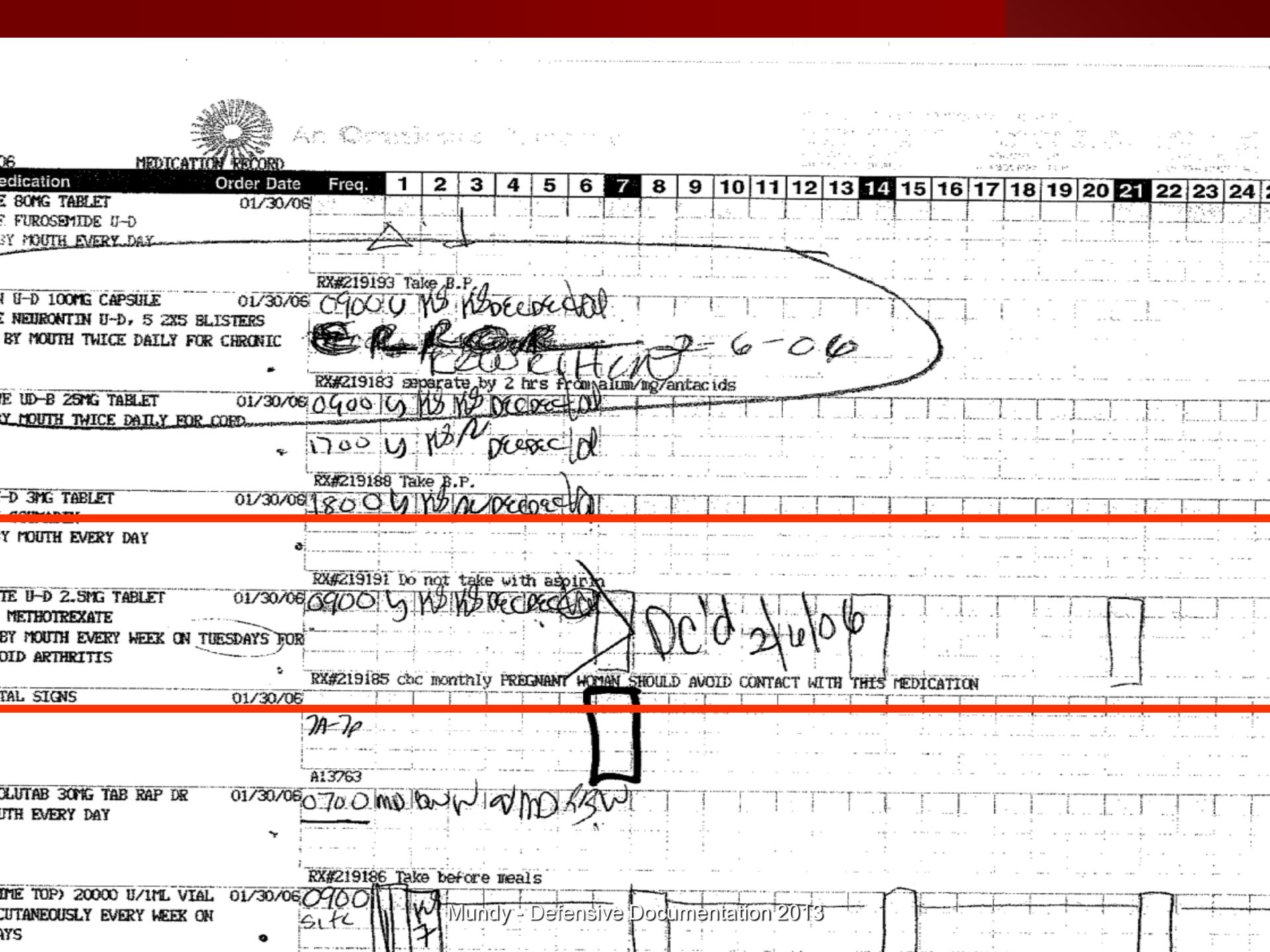
ADL Flowsheet

Resident left for the hospital on this date

Documentation Pointers

3a

Monotony breeds errors - Don't be a lemming.


MEDICATION RECORD
Medication
Order Date
Freq.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
E 80MG TABLET
F FUROSEMIDE U-D
SY MOUTH EVERY DAY
01/30/06
RX#219193 Take B.P.
U-D 100MG CAPSULE
E NEURONTIN U-D, 5 2X5 BLISTERS
BY MOUTH TWICE DAILY FOR CHRONIC
01/30/06
0900 y MS MS Discontd
RX#219183 separate by 2 hrs from alum/mg/antacids
E UD-B 25MG TABLET
Y MOUTH TWICE DAILY FOR CORD
01/30/06
0900 y MS MS Discontd
1700 y MS Discontd
RX#219188 Take B.P.
-D 3MG TABLET
Y MOUTH EVERY DAY
01/30/06
1800 y MS Discontd
RX#219191 Do not take with aspirin
TE U-D 2.5MG TABLET
METHOTREXATE
BY MOUTH EVERY WEEK ON TUESDAYS FOR
OID ARTHRITIS
01/30/06
0900 y MS MS Discontd
DC'd 2/6/06
RX#219185 chc monthly PREGNANT WOMAN SHOULD AVOID CONTACT WITH THIS MEDICATION
TAL SIGNS
01/30/06
7A-7P
A13763
OLUTAB 30MG TAB RAP DR
UTH EVERY DAY
01/30/06
0700 MD
RX#219186 Take before meals
IME TOP) 20000 U/1ML VIAL
CUTANEOUSLY EVERY WEEK ON
AYS
01/30/06
0900
SLFC
W 7

Documentation Pointers

***Remember THAT FALSE* charting issue….**

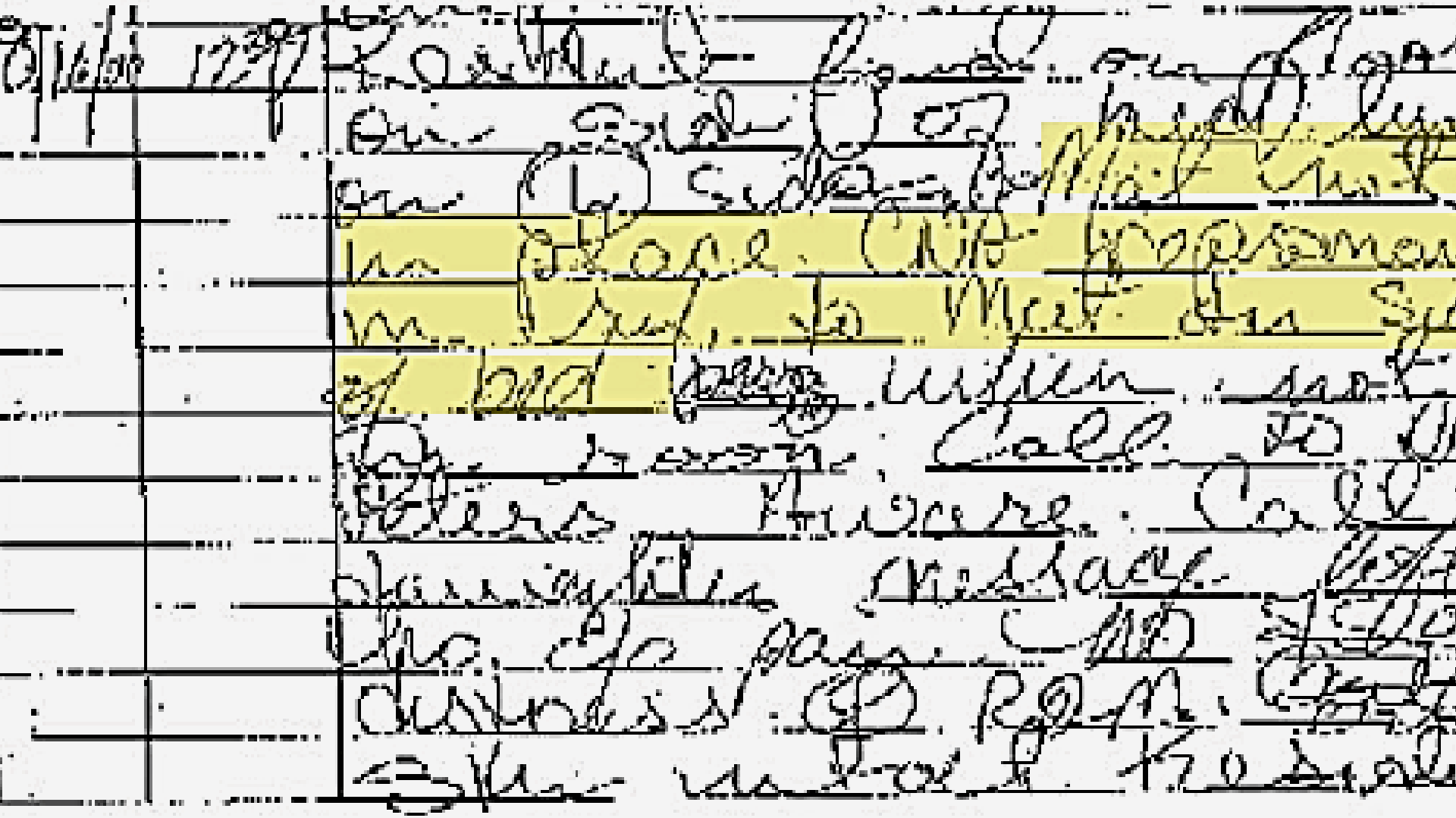
06 MEDICATION RECORD

edication	Order Date	Freq.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
E 80MG TABLET F FUROSEMIDE U-D BY MOUTH EVERY DAY	01/30/06																									
RX#219193 Take B.P.																										
N U-D 100MG CAPSULE E NEURONTIN U-D, 5 2X5 BLISTERS BY MOUTH TWICE DAILY FOR CHRONIC	01/30/06	0900	y	MS	MS	DC'd																				
RX#219183 separate by 2 hrs from alum/mg/antacids																										
E UD-B 25MG TABLET Y MOUTH TWICE DAILY FOR CORD	01/30/06	0900	y	MS	MS	DC'd																				
		1700	y	MS	R	DC'd																				
RX#219188 Take B.P.																										
-D 3MG TABLET COUMADIN Y MOUTH EVERY DAY	01/30/06	1800	y	MS	N	DC'd																				
RX#219191 Do not take with aspirin																										
TE U-D 2.5MG TABLET METHOTREXATE BY MOUTH EVERY WEEK ON TUESDAYS FOR OID ARTHRITIS	01/30/06	0900	y	MS	MS	DC'd																				
RX#219185 chc monthly PREGNANT WOMAN SHOULD AVOID CONTACT WITH THIS MEDICATION																										
TAL SIGNS	01/30/06	7A-7P																								
A13763																										
OLUTAB 30MG TAB RAP DR UTH EVERY DAY	01/30/06	0700	MD	BW	W	W	MD	RSW																		
RX#219186 Take before meals																										
IME TOP) 20000 U/1ML VIAL CUTANEOUSLY EVERY WEEK ON AYS	01/30/06	0900	site	W	7																					
RX#219184 Refrigeratedo NOT freeze																										

Documentation Pointers

4.

***Avoid* Documenting more than a) observations of; and b) care provided to the resident.**

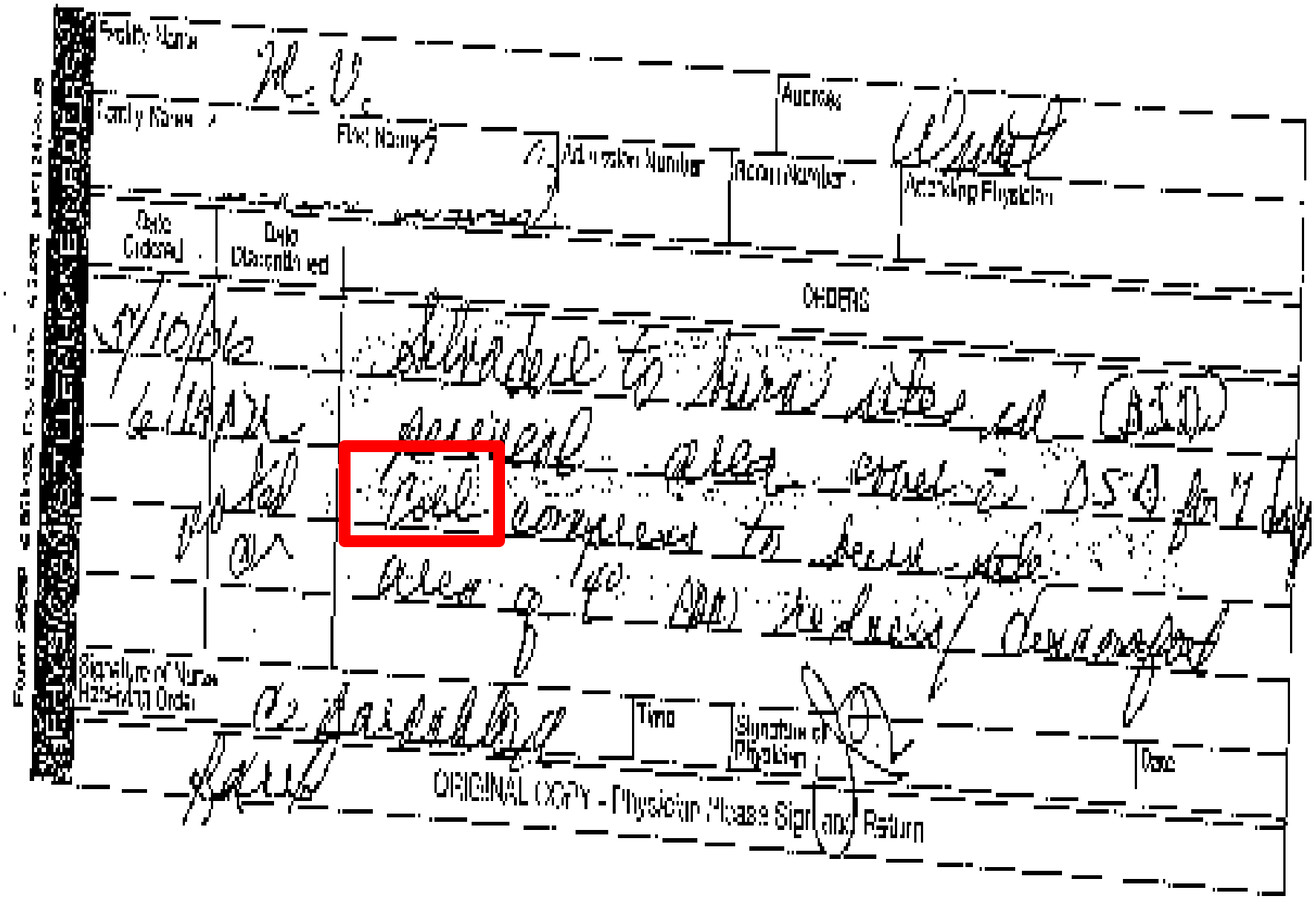


		D - DATA	A - ACTION

Documentation Pointers

5.

- ***Accurate Detail is a good.***
- ***Lack of Detail can be as damaging as inaccurate detail.***


Date Ordered
Date Discontinued
ORDERS
Signature of Nurse Receiving Order
Time
Signature of Physician
Date
ORIGINAL (Gray - Physician Please Sign and Return

Documentation Issues

6.

Be careful documenting expectations for the future. You will be held to them.

- "Will continue to monitor"

Documentation Issues

7.

Document neatly and professionally.

Examples of Real Life Errors

- **"Foley draining *fowl* smelling urine."**
- **"A *barbaric* enema."**
- **"A *linguine* hernia."**
- **"Patient ate half of the food on the tray while lying in skeletal traction."**

Examples of Real Life Errors

- **MD Order: "Walk patient in "*hell*."**
- **"No *brewery* heard in right arm."**
- **"*Fecal* heart tones heard."**
- **"Patient observed to be *see**ping*** **quietly."**

Examples of Real Life Errors

- **"Patient lying on *eggshell* mattress."**
- **"Abdominal *mess* palpated in lower left quadrant."**
- **"Patient suffered from pelvic *inflationary* disease."**

Examples of Real Life Errors

- **Description of hemorrhoids: "Big Time."**
- **"Both breasts are equal and reactive to light and accommodation."**
- **"The skin was moist and dry."**


I LAUGH AT YOU
AND SO DOES MY CAMEL

In-Service Key….

Documentation Pointers
8.

Document as though it is a reflection on you, professionally and personally…for all eternity… because it is (or at least for 7 years.)

Documentation Pointers

9.

Documentation need not be perfect, or even where supposed to be….but it must exist.

Documentation Pointers

10.

UPDATING CARE PLANS IS IMPORTANT– EVEN IF DOCUMENTED IN PROGRESS NOTE

ANATOMY OF LTC LAWSUIT

- **80% OF CLAIMS ARE ABOUT EITHER FALLS OR WOUNDS**
- **SUCCESS HINGES ON THE FOLLOWING DOCUMENTATION:**
  1. **Was there an initial assessment done correctly;**
  2. **Is there a care plan – fall risk/skin risk**
  3. **Was it followed when fall/wound occurred.**
  4. **Was the Care Plan Reviewed and updated – even if no changes to approach.**

Focus	Goal	Interventions	Position	Freq/Resolved
• Risk for falls r/t impaired balance, dementia, impaired decision making skills, HTN/antihypertensive med use, DM/hypoglycemic med use, schizophrenia/psychotropic med use, incontinence, and wears glasses, anemia, combative behaviors. Date Initiated: 07/21/2015 Revision on: 07/22/2016 8/30/16 Observed resident get out of chair in dayroom and ambulate several steps when he fell to floor. ⊘injury observed. 9/1/16 found on flr. in Rm 151 appeared to have salt on isolation hamper and slud to flr. ⊘injury observed 9/23/16 Resident found sitting on floor on his buttocks in dayroom ⊘injury.	• Risk for falls will be reduced, will remain free from injury. Date Initiated: 07/21/2015 Revision on: 07/22/2016 Target Date: ~~10/31/2016~~ 1/2017 Rev 10/28/16 DS	• edit Monitor for s/s hypoglycemia (lethargy, tachycardia, increased hunger, skin cool or clammy to touch, changes in vision or mental status, etc). Monitor for s/s hyperglycemia (increased perspiration, increased thirst, blurred vision, fatigue, frequent urination, change in mental status, etc.) Administer oral hypoglycemic meds as ordered (see MAR for details). Monitor blood sugar via fingersticks as ordered. Administer insulin coverage as ordered. Date Initiated: 07/21/2015	LPN	
		• Assist resident back to bed if he appears tired, attempt to re direct resident from sitting on the floor Date Initiated: 07/03/2016	CNA LPN	
		• Assist to participate in activities of choice. Escort/transport to activities as needed. Date Initiated: 07/21/2015	ACTA CNA Activities Director LPN RN	
		• Document changes in mood/behavior noting precipitating factors, interventions attempted, & effectiveness of interventions. Keep MD informed of concerns. Date Initiated: 07/21/2015	LPN RN	
		• Encourage to stay in supervised areas/common areas when OOB. Date Initiated: 07/21/2015	ACTA CNA LPN RN	
		• Eye consult & f/u as ordered/needed. Date Initiated: 07/21/2015	RN LPN	
		• Monitor B/P as ordered, notifying MD of concerns or abnormalities. Monitor for signs of cardiac impairment such as irregular or rapid pulse, heart palpitations, cough, less or excessive urine output, difficulty breathing while laying, leg swelling, weakness, or chest pain. Notify MD for prompt intervention. Date Initiated: 07/21/2015	RN LPN	
		• Monitor for decline in visual acuity, c/o blurred vision or changes in vision. Notify MD accordingly. Date Initiated: 07/21/2015	RN LPN CNA	

DOB	11/29/1943	Physician	KENNETH GOLDSTEIN
Facility	Aspen Hills Healthcare Center	8/30/16 OP MD referral to psychiatry to eval meds. 8/30/16 PT referral made.	
Patient	POOLE, JOHN L (65481)	Admission Date: 07/15/2015	Location: Oak Court 158 1

9/23/16 PT screen made to eval r/t falls.

9/1/16 staff to be mindful of resident's whereabouts while wandering unit. Redirect resident out of

9/25/16 7-3 Resident found sitting on floor in hallway. @ injuries observed.

Interventions	Position	Freq/Resolved
• Monitor for signs of acute change in mental status, s/s delirium. Monitor for s/s infection (fever, decreased appetite, lethargy, irritability, etc.). Notify MD accordingly. Date Initiated: 07/21/2015	RN LPN CNA ACTA	
• Keep room & walkways clean & clutter free. Keep areas well lit. Keep call bell in reach, encourage use. Keep needed items in reach (TV controls, tissues, etc). Date Initiated: 07/21/2015	N C.N.A. LPN RN	
• Ensure resident is wearing proper footware, assist with dressing as needed. Date Initiated: 07/21/2015	N C.N.A.	
• Assist with transfers as needed Date Initiated: 07/21/2015	N C.N.A.	
• Assist as needed with ambulation, ~~ensure walker is in reach when not in use.~~ Date Initiated: 07/21/2015	N C.N.A. PT OT	
• Encourage the proper use of hand rails, hand grips in bathroom, side rails, etc. Date Initiated: 07/21/2015	N C.N.A. PT OT	
• Monitor for decline in mobility, notifying therapy for possible screen/eval.	N C.N.A.	

10/3/16 Resident had fall in dayroom. @ injuries observed.

9/26/16 PT screen made

Admission Date	07/15/2015	Location	Oak Court 158 1

9/25/16 Attempt to assist resident to sitting in chair, when it appears he is attempting to sit in floor. or object.

9/25/16 Attempt to assist resident to sitting in chair, when it appears he is attempting to sit in floor. or object.
POOLE, JOHN L (65481) Page 13 of 22

D01-1631

Documentation Pointers

11.

DOCUMENTING THAT INTERVENTIONS ARE IN PLACE/BEING FOLLOWED IS CRUCIAL

Summary Resident out of bed at 12 am , in ambulating in hallway, resident allowed vital signs to be done, Mr. Poole was talking about dancing, fluids offered and accepted, continued to ambulate around unit with distant supervision, 1245 am Mr. Poole down in hallway by room 160 social room, co-resident in room 159 came out of room and began walking down towards nursing station, Mr. Poole came behind him speaking loudly (yelling), "GET THE FUCK OUT OF HERE". I went immediately down hallway, when Mr. Poole came behind co-resident 159 and attempted to hit co-resident, I intervened and told 159 keep walking down to the desk I would be there. I was speaking with Mr. Poole come on let's go this way, myself and Mr. Poole proceeded to his room, 1 am attempted to provide care, Mr. Poole became aggressive , and combative, grabbing my arm, Mr. Poole sat in room, I checked on several times, 120 am I approached Mr. Poole and had a snack and fluids for him, ate and drank , 145 am myself and staff member re-approached Mr. Poole and he became combative, attempting to hit both of us, we were unsuccessful for care being rendered at this time, Mr. Poole followed myself and staff member out of room , Mr. Poole cont'd to ambulate around unit, in main social room, sitting down for short periods at a time, looking at TV , 245 am approached Mr. Poole to provide care, Loudly (yelling) YOU BITCHES AN'T NO GOOD), asked if he wanted something to drink and offered , he refused, Mr. Poole ambulated throughout night and sat down on and off in social room , 530 am wandered to rooms 155, 156, 158, 159 , redirected several times, came to nursing station, reaching out at staff and leaning over desk trying to grab books and papers, staff re-directed, Mr. Poole became agitated, 545 am Mr. Poole said to me " I WILL FUCK YOU UP", and hit me in my right rib cage, co-resident 155 1 saw this and stated " Don't hit her" " She is a lady", "if you hit her again, I will hit you", after multiple unsuccessful non- pharmacological interventions Prn Ativan 0.5 mg given po, at 615 am, Mr. Poole was re-approached for care at 645 am, care was given Evaluation date modified from 10/05/2017 09:53 AM to 10/05/2017 06:50 AM by King, Angela (LPN) on 10/05/2017 11:09 AM

WHAT MAKES IT SO GOOD?

- Detailed description of events
- Uses quotations for specific statements
- Used assistance where necessary.
- **Employed all interventions in care plan.**

Documentation Pointers

12.

The chart is not a place to vent frustrations, engage in sarcasm or attempt to be humorous.

Documentation Pointers

13.

Develop a consistent policy on what is and what is not documented.

T&R

- **Q 2HRS OR COMFORT?**
- **FYI OR REQUIRED/SHIFT?**

Documentation Pointers

14.

FOR EMR –

- WHAT PORTIONS CONSTITUTE THE CHART
- PCC PROTOCOL

Documentation Pointers

15.

Document follow through or follow up on previous shift observations or care issues.

Documentation Pointers

16.

Be specific. Avoid using vague terms or descriptions.

- **Apparently**
- **Could be**
- **May be**

Documentation Pointers

17.

Avoid conclusions – stick to facts, observations and interventions.

- **Miscalculated, Mistake, accidently.**

Documentation Pointers

18.

Treat Emails, texts and other electronic communication with the same professionalism you use in the clinical record.

Subject: RE: Referral update

Please watch that they are only premium insurances that we are taking with a census so high and if you need to take an insurance because someone's wining, PLEASE consult Jaime.

From:
Sent: Friday, November 21, 2008 9:00 AM
To:
Cc:
Subject: RE: Not sure if you got info on

I'm ok with this...big dollars with no risk...my kind of admit!

Regional Director of Operations

Subject:

We removed the mouse from the computer behind the nurses station on the first floor. We had call bells going off like crazy and not being attended to while staff were inputting information in to Care Tracker.

From:

Sent: Friday, May 1, 2009 11:43 AM
To:
Subject: RE: mispunches

I am on fire!! I just yelled at the idiot that calls herself admission nurse...she is so fucking useless it is not even funny. And the fact that she is so damn ugly doesn't help at all...and stupid...

From:

Sent: Wednesday, December 10, 2008 3:45 PM

To:

Subject: RE:

PLEASE HELP ME!!! Would you believe that our staff told a family member that the yellow dot on resident's door was fall risk? Another idiot said it was behaviors... Of course the family member thinks we are complete morons, and rightfully so.

Please put a message in care tracker...PLEASE!!! YELLOW DOT MEANS TURN AND REPOSITION YOU FREAKING IDIOT!!! Maybe without saying freaking idiot...

Documentation Pointers

SUBRULES FOR EMAIL and text

- Be judicious in its use;
- Be neutral – communicate information without editorial slant.
- If sensitive information, error on the side of being empathetic/sympathetic/caring.
- It's cathartic to vent at times…just do it by phone.

Documentation Pointers

SUBRULES FOR EMAIL and text

- If you are wondering whether you should send an email – you probably shouldn't.
- Work Emails are the Employer's property, not yours.
- Emails seem to never go away.
- Communicate by phone when you can.

Documentation Pointers

SUBRULES FOR EMAIL and text

- Marking email "confidential" or "private", does not make it either.
- ***Never say something in an email that you are not comfortable repeating or explaining in court before a jury!!!!!!!!***

Documentation Pointers

19.

When it comes to litigation, the rules of proper documentation apply beyond the clinical records.

Documentation Pointers

20.

- Never re-write notes or records.
- Correct appropriately or supplement only as necessary to accurately convey information.

Documentation Pointers

21.

Never document in advance…ever.

Documentation Pointers

22.

Late Entries.

Ask yourself – "Does the entry communicate information important for future care or is it just CYA?"

Effective Date: 12/15/2018 19:30 Type: Change in Condition Followup Note

LATE ENTRY

Note :

This is a follow-up note from the change in condition-medical that occurred on 12/12/2018

Status of condition:improved

DATA: remains on CIC s/p UTI

ACTION:ABT Rocephin completed, VSS, more alert to staff/family at this time.

RESPONSE:cooperative with

care.

Comments:

Author:Brigid Murray Nursing - RN [e-SIGNED] Signature:

Documentation Pointers

23.

EMR:

- CUT AND PASTE CAN SAVE TIME… AND MAY BE ACCURATE, BUT…..

- REPEATED USE WITH NO VARIATION CALLS INTO QUESTION IF ASSESSMENT OR CARE DONE.

Documentation Pointers

24.

Be Precise in Documenting Reports to Physicians

- Generally, nursing documentation is the only documentation of conversation.
- Many lawsuits have arisen over what information was conveyed.
- Use Quotes where appropriate

Documentation Pointers

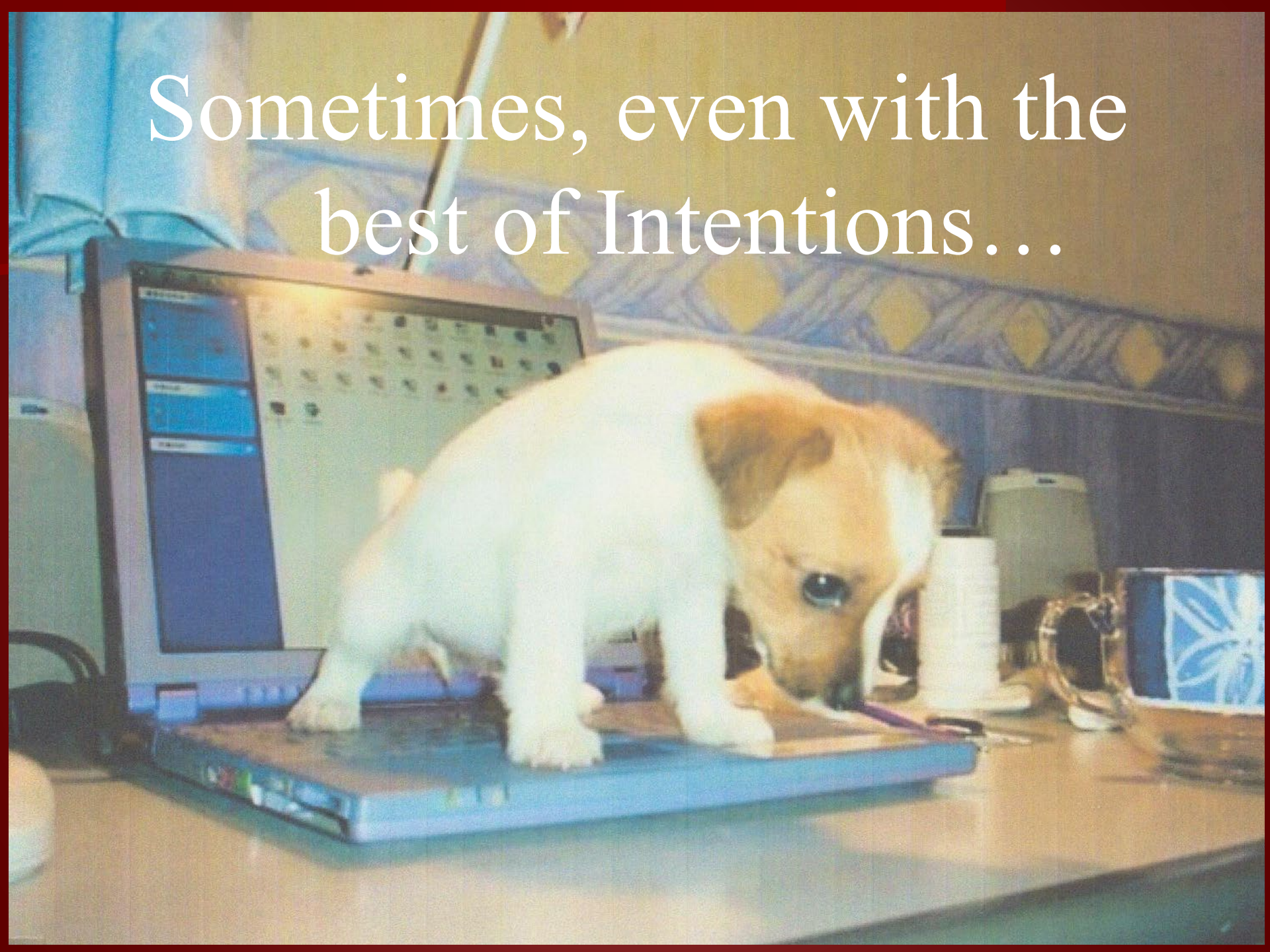
25.

Document Noncompliance.
and
CARE PLAN

Documentation Pointers

26.

- Getting The Family Involved and documenting that involvement.
- Use "quotes" when important info conveyed


Sometimes, even with the
best of Intentions…