	<b>Event Documentation</b>	<b>Type:</b>	<b>Tier 2</b>
		<b>Original Effective Date:</b>	8/2011
		<b>Current (Revised) Date:</b>	9/2017
		<b>Contact:</b>	<b>Clinical Compliance and Regulatory Services</b>
<b>Approval Signature:</b> Signature on file		<b>Date:</b>	9/11/17
<b>Name and Title:</b> Russell M. Howerton, MD, Senior VP Network Physicians, Health System CMO			
<b>Approval Signature:</b> Signature on file		<b>Date:</b>	9/11/17
<b>Name and Title:</b> Cathleen A. Wheatley, MS, RN, CENP, Senior VP Clinical Operations, CNE			

**1) General Policy Statement (Entities Affected / Responsible Party for Implementation)**

It is the policy of Wake Forest Baptist Medical Center (WFBMC) that patient events should be documented as an Event Note in the patient's electronic health record in all patient care areas.

- a) **Scope:** All WFBMC employees, faculty and staff are responsible for complying with this policy. This policy applies to inpatient and ambulatory.
- b) **Responsible Department/Party/Parties:**
  - i. **Policy Owner:** Clinical Compliance & Regulatory Services
  - ii. **Procedure:** Department of Nursing
  - iii. **Supervision:** Clinical Compliance, Department of Nursing, Directors of Nursing
  - iv. **Implementation:** All clinical staff

**2) Definitions:** For purposes of this Policy, the following terms and definitions apply:

- a) **WFBMC:** Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.
- b) **Policy:** As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and

regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.

- c) ***Patient Event (occurrence, incident, accident, etc.):*** An event is any accident or occurrence that caused harm or had the potential to cause harm to a patient, including near misses, errors or system failures.

### 3) Policy Guidelines:

The purpose of this policy is to establish a permanent and thorough record of any patient event experienced during treatment/care at the medical center.

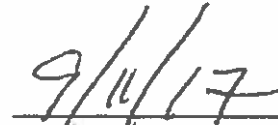
- A. Event Notes are used to describe a patient event, including the initial patient assessment, interventions taken by interdisciplinary healthcare team members and appropriate notifications. Event documentation shall be reported in objective language, free from opinion or supposition.
- B. Events may or may not result in injury to the patient. Examples of Events are as follows (this is not to be considered an all inclusive listing):
1. Any change in the level of patient care, for example: transfer to a higher or lower level of care;
  2. Any worsening in patient condition (unstable condition, code blue, etc.);
  3. Following a significant patient occurrence, (actual/alleged fall);
  4. Following medication errors;
  5. Any patient allegation of abuse, guardianship concerns;
  6. Security response for patient safety purposes.
- C. Documentation of the event should be placed in the electronic health record.
- D. All specific patient assessment findings associated with the event should be documented in the appropriate ongoing electronic flowsheets.
- E. Nursing actions denoted in other nursing records do not need to be duplicated in the patient event note.
- F. A student nurse or nursing instructor should not document a Patient Event Note. If an Event Note is necessary for their assigned patient, it should be recorded by a medical center nurse.
- G. Event Notes should be documented on Interdisciplinary Progress Notes when the electronic health record is unavailable. If handwritten, all event note documentation must be legible and include the date, time and signature of the person documenting the event.

- H. Documentation of a handwritten or electronically written event note should include the following elements:
1. Description of the circumstances of the event
  2. Assessment of the patient
  3. Actions taken to care, monitor and/or treat the patient Notification of the patient's provider and others as needed Provider assessment of patient if appropriate
  4. Disclosure, if any, to the patient/family regarding the event and current patient status
- I. **Never** document the following in the patient's medical record:
1. Risk Management Notified
  2. Occurrence Report (ex. RL6) completed
- J. Limit your description of the event to what you actually observed
1. State only the known facts of what occurred and do not speculate as to the cause(s)
  2. Document what did happen, not what in your opinion should have happened
  3. Do not rationalize and/or argue your case/point
  4. Make the narrative factual and as free from emotion as possible
  5. Avoid terms such as "error" or "inadvertent"
- 4) **Review/Revision/Implementation**
- a) **Review Cycle:** This policy shall be reviewed by Clinical Compliance and Regulatory Services at least every 3 years from the effective date.
  - b) **Office of Record:** After authorization, the Legal Department shall house this policy in a policy database and shall be the office of record for this policy.
- 5) **Related Policies:**  
Documentation of Patient Care
- 6) **Governing Law or Regulations**  
*Centers for Medicare Medicaid.* (2017) COP 482.24, 482.24(b) & 482.24(c).  
*Nursing Practice Act.* (2009, August). Retrieved 8/21/17 from  
<http://www.ncbon.com/myfiles/downloads/nursing-practice-act.pdf>  
The Joint Commission. (2017). Hospital Standards Manual. EP RC.01.01.01
- 7) **Attachments**  
N/A
- 8) **Revision Dates:**  
8/11, 12/13, 2/16, 9/17

To whom it may concern:

I have reviewed and authorize Event Documentation policy.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

**Dr. Russell M Howerton**  
**Senior VP Clinical Operations – Chief Medical Officer**  
**Wake Forest Baptist Medical Center**

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

**Cathleen A. Wheatley**  
**Senior VP Clinical Operations – Chief Nurse Executive**  
**Wake Forest Baptist Medical Center**