

## Happy as a Pig in Mud

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## The Goals of Charting

- \* Meet Regulatory Requirements
- \* Follow Facility's Own Policies and Procedures
- \* Provide a Comprehensive Picture of Care and Status as a Basis for Defending a Tag or Case



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## How is a Record Used in a Lawsuit?

- Proof that care was given;
- Gaps or lack of follow-up leads to questions of credibility or accuracy;
- Conflicting information leads to the same issues;
- Must be legible.



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### Know the Purpose of Each Entry

- What is the purpose of this entry?
- Have I communicated clearly to other team members?
- Does this note satisfy its intended purpose?
- Does this note show that you have met the professional responsibilities you have as a team staff member?
- Does it show what was or was not done, and why?

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### Think Before You Chart

- Gather information and be prepared to chart.
- If you have a questions about the information you are about to chart, so will others!
- Never chart just because you think you need to say something.
- READ THE PREVIOUS ENTRY before you chart.
- Remember, this is a legal document.

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### Good Charting Keys

- \* Use a process, not a rote formula.
- \* Where possible and appropriate, use the resident's own words.
- \* Give yourself and your service the credit you deserve.
- \* Be sure there is a way to share pertinent information with all members of the team.
- \* Follow up, follow up, follow up.

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### Charting Pitfalls

- \* Beware of the abbreviation trap. Does your facility have a list of approved abbreviations? Stick to it.
- \* Beware of the typo! *"Resident had sex snacks today."*
- \* Right resident, right time, right note.
- \* Avoid accidental disclosure of protected QA information.

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### ALL CARE PROVIDERS MUST:

- \* Respect rights;
- \* Respect confidentiality;
- \* Recognize individuality;
- \* Keep safety in mind;
- \* Answer the questions of what, why, how, when and why not?

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### Things to DO

- \* Chart in chronological order. Tell what the resident's needs were, the care and services provided and the outcome;
- \* Write so others can read your entry AND your name and title;
- \* Time and date all entries.
- \* Have questions? Ask!

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**More Things to DO**

\* Use only truthful, accurate information: Factual data from observations, assessment, medical history, progress notes and other care providers. *If you don't know....don't guess and don't assume.*

\* Document as immediately as possible after the observation, assessment, treatment or event. *Limit late entries and use only when necessary. Late entries should be an exception, not a rule.*

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**The DON'TS**

- Avoid personal opinions. You don't want to be asked about them later.
- Do not chart for others. Words I never want to hear, "I didn't make that note, I asked Kenny to enter it for me." Your signature, electronic or otherwise certifies that you actually received a report, assessed, observed, and/or delivered a service.
- Do not use the chart to assign blame or settle disputes. Words I never want to read, "I told Kenny what to do, but she wouldn't listen to me."

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**More DON'TS**

- Do not refer to risk management actions. "Incident report completed" is a risk management action. And if charted, means that, in litigation, I will have to hand over the incident report.
- Do not try to cover up.
- Do not leave blanks for someone else to fill in later.

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### Still More DON'TS

- Do not back date.
- Do not add to previously written notes.
- Do not obliterate entries or write over them so that nothing is legible.
- Don't rely on your memory.
- DON'T HESITATE to ask for help from your supervisor, administrator or risk manager.

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### How to Avoids the Don'ts Use Your Critical Thinking Skills

- Purposeful, outcome directed thinking;
- Driven by resident needs;
- It's not enough to recognize the need or preference...what will you do with this information?;
- Requires specific knowledge, skills, and experience; and
- Guided by facility policy and procedure and professional standards.

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### From Head to Chart

- Be sure your critical thinking gets from the bedside to the chart.
- Example: *"Resident tearful this week. Support given."*
- *What is missing from this note?*
- *IF this is the ONLY note, what else is missing?*

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### From Head to Chart

- Example: *“Resident likes to cook her family and friends.”*
- *Punctuation saves lives.*
- *If the resident does like to cook and likes her family and friends, is there a way these things can be incorporated into her activity plan?*
- *IF this is the ONLY note, what else is missing?*

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### A Word About Consistency

- The Number 1 error in consistency is with the diagnosis of dementia.
- Response to behaviors/behavioral monitoring is a close second.
- Documentation is key.

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### Behavior Documentation

- Clear and concise, facts only.
- Chart only that which you KNOW.
- Do not try to rationalize away or explain an event away.
- Poor documentation:  
*Example: Resident fell out of bed, probably trying to hit her roommate, just like the last three times. I told everyone she was going to do this again and it looks like she broke her hip and poor Ms. Lady in the next bed is terrified.”*

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### And a Word About Elopement

- The terms elopement and wandering are NOT interchangeable.
- Know your facility policy on the definition of each.
- Use this terminology consistently in your documentation.
- It is NOT an elopement every time the door alarm sounds from the Wanderguard.
- IF YOU SEE WANDERING OR ATTEMPTED ELOPEMENT be absolutely sure you make the nursing staff aware ASAP.

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### Questions?

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