**EVENT DEBRIEFING WORKSHEET FOR STAFF**

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| Date: Day of the Week: Time: | |
| Staff Involved in Debriefing: Patient Name: | |
| Where was the patient when the event occurred? |  |
| What was the patient’s behavior one hour before the event outburst? |  |
| What attempts were made prior to the event to stabilize the patient? |  |
| Why was it that the interventions did not work? |  |
| What interventions do you think could have worked if implemented sooner? |  |
| Is there something that the manager or other leader could do to prevent this event from happening again? |  |
| How can any other members of the treatment team assist with preventing the event from reoccurring? |  |
| Additional Comments: |  |

*This form is for the purpose of drilling down each adverse event to assist in reducing the risk of harm to patients and staff and to provide ongoing learning for quality improvement. Please give all forms to the Nurse Manager.*