



ENCOUNTERS

Peer Supporter:

Activation: New Mentoring (No direct support provided)

Date of Interaction:

Case Topic:

Professional Type: MD/DO RN/LPN Respiratory Therapy Pharmacist EMT-P/EMT Other

Contact Number:

Cell Work Pager Best Time:

Length of Interaction:

Event Type: Unanticipated Patient Outcome Adverse Event Other

Event Outcome		Risk Factors	
<input type="checkbox"/> No Harm	<input type="checkbox"/> Pediatric case (21 years & younger)	<input type="checkbox"/> First death under their "watch"	
<input type="checkbox"/> Temporary Harm	<input type="checkbox"/> Patient that reminds staff of their family	<input type="checkbox"/> Unexpected patient demise	
<input type="checkbox"/> Permanent Harm	<input type="checkbox"/> Patient known to staff members	<input type="checkbox"/> Organ donation	
<input type="checkbox"/> Death	<input type="checkbox"/> Community high profile	<input type="checkbox"/> Young adult patients	
<input type="checkbox"/> Other	<input type="checkbox"/> Multiple patients with bad outcomes	<input type="checkbox"/> Death of a staff member or their spouse	
	<input type="checkbox"/> Long Term Patient	<input type="checkbox"/> Victim of violence	
	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Other	

Referrals	Brief Summary
<input type="checkbox"/> Not Needed	
<input type="checkbox"/> Chaplain	
<input type="checkbox"/> Clinical health Psychologist	
<input type="checkbox"/> Employee Assistance Program (EAP)	Follow-Up: Date (A follow up is not necessary, but if you make arrangements to do so please indicate when this took place)
<input type="checkbox"/> Personal Counselor	Comments:
<input type="checkbox"/> Risk Management/Patient Safety Team	

Activation: Follow-Up 3 Month

Date of Interaction:

Length of Interaction:

Referrals	Brief Summary
<input type="checkbox"/> Not Needed	
<input type="checkbox"/> Chaplain	
<input type="checkbox"/> Clinical Health Psychologist	
<input type="checkbox"/> Employee Assistance Program (EAP)	Follow-Up: Date (A follow up is not necessary, but if you make arrangements to do so please indicate when this took place)
<input type="checkbox"/> Personal Counselor	Comments:
<input type="checkbox"/> Risk Management	

Activation: Follow-Up 3 Month

Date of Interaction:

Length of Interaction:

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<input type="checkbox"/> Not Needed	
<input type="checkbox"/> Chaplain	
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<input type="checkbox"/> Employee Assistance Program (EAP)	Follow-Up: Date (A follow up is not necessary, but if you make arrangements to do so please indicate when this took place)
<input type="checkbox"/> Personal Counselor	Comments:
<input type="checkbox"/> Risk Management	