

Behavioral Health Event Debriefing Worksheet

Date:	Day of the Week:	Time:
Patient Name:		Unit:
Name of Staff participating in Debriefing:		
What went well?		
Patient's behavior 10-60 minutes before the event.		
Interventions attempted to prevent the event.		
Reasons why the proactive interventions did not work.		
Interventions that might work better next time the behavior is exhibited.		
Leadership, procedural, or environmental interventions that may assist in preventing a reoccurrence of the event.		
Other team member interventions that could assist in an event reoccurrence.		
Additional Comments:		
Completed by:	Name:	Signature:

This is a Sample form provided by Quality Plus Solutions LLC. For questions/comments, please contact:
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