Charting by Exception – Is It an Exception?

Sometimes your client who has been involved in a car accident lives in a long term care or rehabilitation facility where record keeping is done using charting by exception (CBE) unlike acute facilities that use more traditional charting methods. So is charting by exception an exception?

The short answer is yes. CBE is quite different from the more standardized types of clinical record keeping such as SOAP notes or narrative charting. And why do you need to know about CBE anyway? Well, in a personal injury or medical malpractice case, knowledge of CBE may be critical to your ability to glean relevant information from the clinical record. And because there are potential pitfalls with this type of charting, your understanding of it can be very useful when forming a chronology, looking for gaps in care, or absence of relevant information about the patient in terms of their care, treatment and physical observations.

CBE evolved in the 1980’s as the complexity of patient care increased, more was asked of health care providers in the same amount of time, and ways of streamlining documentation were sought. CBE is a method of documentation where healthcare providers enter information only when there is something abnormal to report (this is the ‘exception’). If it is normal, it is not reported. For the most part, in facilities where CBE is used, the day-to-day documentation takes place on flowcharts. These flowcharts may be very simple and require only symbols or a tick or an x in a box. The flowcharts may record wound care, bowel movements, patient behaviours, vital signs, etc.

You may by now be wondering how this abbreviated type of documentation can possibly provide all the information needed on a patient (client) record. Effective use of CBE relies upon a full understanding of the interplay of the flowcharts and progress notes in the clinical record and timely and accurate documentation. All health care providers must be aware of their responsibilities, protocols and standards of care. And this awareness comes from appropriate directives from the facility administration in terms of protocols, standards, symbols, norms and other parameters. And, all health care providers must be equally diligent regarding their record keeping.

So what does this have to do with your case preparation? Well CBE has its limitations and possible legal consequences. If something is noted as abnormal on a flow sheet but not followed up in the narrative record then patient care can suffer.

Prudence suggests asking questions like these. If the patient is regarded as ‘normal’ and documentation has not been done for an extended period of time does this mean that the patient was neglected or that vital information was missed or not acted upon? Has the staff become complacent about this type of abbreviated charting resulting in generally lowered standards within that facility? Do the caregivers understand that normal for most patients is not necessarily normal for a particular patient?

Documentation must take this into account. Staff also need to be aware that what might be abnormal for most patients may be the normal for a specific patient and that unnecessary ‘exception’ notations are to be avoided.

Most importantly, it is critical that when reviewing a clinical record one must be aware of the type of documentation used by the facility. And if CBE is the method of documentation there will be a greater effort needed to cross reference flow sheets against the progress notes, and time lines of the various flow sheets and the narrative record, to see if there is consistency, gaps, or contradicting information.

In conclusion, being unaware of the interplay between all the required documentation in CBE could potentially affect the interpretation of your client’s clinical records.

---

**Personal Injury Spring 2015 Series**

- **April 27**: Medico Legal Terminologies 101
- **April 28**: MVA Active Rehabilitation Workshop: Understanding Soft Tissue Injuries
- **April 29**: Managing MVA Files 103
- **April 30**: Heads of Damage 101
- **May 1**: Clinical Records Studies 101
- **May 2**: Case Planning Seminar 201

Pauline Barratt RN BSN
MEd LNC is leading the Medico-Legal Terminologies course on April 28 2014.
9:00  Introductions, expectations and the day’s agenda

PART ONE: UNDERSTANDING CLINICAL RECORDS

9:15  Basic Medical Terminology

10:30 Coffee/health break

10:45 Organization of the Body
     Diagnostic Tests & Imaging

12:00 Lunch (on your own)

1:00  Musculoskeletal System - Bones
     Musculoskeletal System - Soft Tissue
     Nervous System
     Common Abbreviations
     Basic Pharmacology

3:15  Coffee/health break

PART TWO: PUTTING IT TOGETHER:

3:30  Review Pre- course Work and other questions

3:45  Case study

4:15  Medical Terminology Charades

4:45  of Post-Course Work
LAW COURTS CENTER

PERSONAL INJURY SPRING 2015 SERIES
APRIL 27 TO MAY 2, 2015
Additional information is set out on the next page

SIX COURSES IN SIX DAYS
SELECT FROM 1 TO 6

- April 27  Medico Legal Terminologies 101
- April 28  MVA Active Rehabilitation 101: Understanding Soft Tissue Injuries
- April 29  Managing MVA Files 103
- April 30  Heads of Damage 101
- May 1    Clinical Records Studies 101
- May 2    Case Planning Seminar 201
**LAW COURTS CENTER**

**PERSONAL INJURY SPRING 2015 SERIES**

**APRIL 27 TO MAY 2, 2015**

**April 27**

**Medico Legal Terminologies 101** 9AM to 5PM $548.80  
**Monday**  
How To Read And Understand Medical Terminologies: Medical terminology is like a puzzle: medical terms can be taken apart and / or built up – roots, combining forms, suffixes and prefixes. Learn how to read medical records, the commonly used terms and abbreviations. You will get to learn how medical words are built. Then you will survey the following areas: basic organization of the body, the musculoskeletal system (bones and soft tissues) and the nervous system.

**April 28**

**MVA Active Rehabilitation: Understanding Soft Tissue Injuries** 9AM to 3PM $262.50  
**Tuesday**  
At the end of the day, you should be able to:  
1. learn about principles of active rehabilitation as it applies to soft-tissue injuries;  
2. identify what the musculoskeletal areas that should be the focus of assessments;  
3. using normative values understand what the appropriate amount of rehabilitation exercises should be;  
4. identify what makes for an effective initial assessment report; and  
5. develop best practices to mitigate injuries or to maximize rehabilitation costs.

**April 29**

**Managing MVA Files 103** 9AM to 5PM $548.80  
**Tuesday**  
An Introduction to the Preparation of an Effective File Binder: Master the mechanics of preparing your file binder; regardless of whether you are acting for the plaintiff or defense. Learn to take advantage of the Rules of Court of the Supreme Court of BC. Gain practical experience by preparing an actual case binder.

**April 30**

**Heads of Damage 101** 9AM to 5PM $548.80  
**Wednesday**  
Learning outcomes:  
1) understand concept of common law and stare decisis  
2) understand the concept and function of damages  
3) identify, understand and explain different heads of damage  
4) analyze fact patterns and assess applicable heads of damage  
5) identify, understand and explain factors which may affect quantum of damages

**May 1**

**Clinical Records Studies 101** 9AM to 5PM $548.80  
**Friday**  
How to read the most common medical records in BC:  
The success of any personal injury litigation depends on the gathering and analysis of information. One of the most efficient ways of reducing hundred or thousands of pages of medical information into a concise report is by streamlining the information into a chronology. You will learn how to collect the records that you need and how to overcome the many challenges associated with this task. With your records on hand, you will learn how to read each one. You will also have opportunities to discuss Glasgow Coma scores, SOAP, medications and lab tests.

**May 2**

**Case Planning Seminar 201** 9 to 11 AM $111.00  
**Saturday**  
Learning Outcomes:  
1. What criteria to look for when first retained that will affect the conduct of the case;  
2. How to recognize elements ((ie novel issues, high value cases) that may develop in your case and how to accommodate them; and  
3. What the key stages are in the life of a file.