Thank You for Joining!

Today’s Webinar Will Begin Shortly

Get With The Guidelines-Resuscitation

Best Practices for In-Hospital Post-Resuscitation Debriefing

Presenter: Taylor Sawyer, DO, MEd, CHSE-A

11:00am – 12:00pm Central Time
Best Practices for In-Hospital Post-Resuscitation Debriefing

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Disclosure

• Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care good or services related to the content of this CME activity

• My content will not include discussion/reference of any commercial products or services

• I do not intend to discuss an unapproved/investigative use of commercial products/devices
Learning objectives

• Review methods for post-event debriefing

• Explain benefits of post-event debriefing

• Identify potential barriers to debriefing, and strategies to overcome them
Outline

• History of post-event debriefing
• Best practices for in-hospital post-resuscitation debriefing
  • What, Why, When, Where, Who and How?
• Potential Barriers
Clinical Case

• 64 year old visiting Children’s Hospital drops to floor with sudden onset chest pain
• ‘Code Blue’ activated
• Pediatric Code Blue team arrives
  • Not breathing
  • Pulseless

Clinical Case – Continued

• Team initiates CPR
• Shockable rhythm identified
• Brief discussion/confusion on appropriate dose
  • J/kg???
• Other minor team performance issues arose due to infrequency of adult codes in the Children’s Hospital
  • Questions on ACLS algorithm
Clinical Case

What should the medical team do after the man stabilized and transported?

a. Continue on with the day because it’s really busy
b. Talk and gossip about the events for next few weeks
c. Conduct a post-event debriefing focusing on teamwork and process improvement
History of post-event debriefing?
A LEADER’S GUIDE TO
AFTER-ACTION REVIEWS

SEPTEMBER 1993

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

HEADQUARTERS
DEPARTMENT OF THE ARMY

TC 25-20
Simulated trauma causalities

Real Army Neonatologist
Simulated trauma causalities

Where are the babies???
Facilitating LOS Debriefings: A Training Manual

Lori K. McDonnell, San Jose State University Foundation, San Jose, California
Kimberly K. Jobe, San Jose State University Foundation, San Jose, California
R. Key Dismukes, NASA Ames Research Center, Moffett Field, California

March 1997
Post-event Debriefing – Healthcare

Brief
- Who is on the team?
- Agree on Goals
- Roles & Responsibilities Understood
- Plan of Care
- Availability
- Access Resources

Huddle
- Problem-solving
- Review situation
- Discuss new & emerging events
- Anticipate outcomes & possibilities
- Assign resources
- Express Concerns

Debrief
- Communicate clearly about event
- Go over details
- Were roles & responsibilities understood?
- What went well?
- What should change?
- Can we improve?

TeamSTEPPS®
Team Strategies & Tools to Enhance Performance & Patient Safety

NEST | Neonatal Education & Simulation-Based Training Program

Seattle Children’s Hospital • Research • Foundation

UW Medicine School of Medicine
Post-event Debriefing
What is post-event debriefing?
Post-Event Debriefing

- “A discussion of actions and thought processes after an event to promote reflective learning and improve clinical performance”
  - Mullan, et al. JAMA, 2014
- “Facilitated or guided reflection in the cycle of experiential learning”
  - Fanning & Gaba, Sim Healthc, 2007

Facilitated discussion, focused on performance improvement
“Debriefing” vs. “Defusing” vs. “Counseling”

- Defusing - venting of emotions to reduce tension
- Counseling – mental health service to aid employees as ‘second victim’
What events should be debriefed?
What Events Should be Debriefed?

- Resuscitation
- Procedures
- Near misses / medication errors
- Emergent transfers
- Challenging patient/parent interactions

Not limited to events with poor outcomes
Why conduct post-event debriefing?
Benefits of conducting post-event debriefing

1. Improve overall performance
2. Reduce the frequency of equipment-related issues
3. Enhance communication and teamwork

What is the Evidence?


*Post resuscitation debriefing endorsed by AHA* 

*Circulation. 2010;122[suppl 3]:S920 –S933.*
What is the Evidence?

- Meta-analysis of 46 studies showed that debriefs improve performance an average of **20% to 25%**
  - Work equally well for teams and individuals
- Debriefs work best when properly *aligned*
  - e.g. If the goal is to improve *team* performance, debriefs should be focus on *teams*, rather than individuals (and vice versa)
- Debriefs are most effective when *structured* and *facilitated*

When should a post-event debrief occur?
When Should a Debrief Occur?

a. As soon as possible after event (minutes to hours)
b. Within a few days
c. After a few days
d. Weeks to months later

[Image: Hot vs. Cold debriefing]
Benefits of ‘Hot’ Debriefing

- Entire team is present
  - Interprofessional group
- Recall bias is minimized
- Urgent issues can be immediately addressed
  - Broken equipment, etc.
Benefits of ‘Cold’ Debriefing

- Provides ‘cool off’ / reflective period
- Allows longer time to discuss issues
  - Team not actively managing patient
- Can involve leadership to ensure systems issues are addressed
Where should a debrief happen?
Where to Debrief?

Clinical Areas
- Patient room
- Hallway

Non-clinical Areas
- Conference room
- Break room
Where to Debrief?

Clinical Areas
- Patient room
- Hallway

Non-clinical Areas
- Conference room
- Break room
Who should attend the debriefing?
Who Should be Included in the Debriefing?

- Bedside Nurse
- Charge Nurse
- Physician
- Nurse Practitioner
- Respiratory Therapist
- Pharmacist
Importance of Full Participation

I never got the page…

Did we page anesthesia?

Yes, we paged them twice

Maybe we should call overhead too?
How should the debriefing be conducted?
Post-event Debriefing – A Suggested Format

1. Gather
2. Analyze
3. Summarize
“We are going to do a quick debrief of that event. It should only take a few minutes. The goal is to improve our performance as a team. Let’s start with a description of the key clinical events.”

Allow the group to review the key clinical events

Ensures a shared mental model
“Okay team, let’s talk about our performance. What went well, and what didn’t go so well?”

Should be *guided* by the facilitator
**Event Analysis**

- “Plus/Delta”

- *Plus* = what went well

- *Delta* = what could be changed

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<thead>
<tr>
<th></th>
<th>PLUS</th>
<th>Delta</th>
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<tbody>
<tr>
<td></td>
<td>🎉</td>
<td>😞</td>
</tr>
<tr>
<td>What went well?</td>
<td>What did not go well?</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• Good leadership</td>
<td>• Trouble with electricity dose</td>
<td></td>
</tr>
<tr>
<td>• Closed-loop communication</td>
<td>• Questions on ACLS algorithm</td>
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</table>
Once an Issue is Identified – Investigate!

- Not just ‘what happened?’
- Why did it happen that way?

- Identify underlying issues
  - Workload issue?
  - Resource issue?
  - Role assignment issues?
  - Failure to follow standard procedures?
Phase 3—Summary and Application to Future

“How can we do better next time? What would help overcome the challenges we encountered?”

Make someone responsible for capturing the suggestions and making the changes.
Optimizing the Debriefing Conversation

- Have someone assigned to organize and lead
- Focus on only a few (important) things
- **Use a checklist**
### Example Debrief Checklist

**Texas Children's Hospital - Debriefing In Situ Conversation in Emergency Room Now (DISCERN) Form**

This info is privileged and confidential pursuant to TX Health & Safety Sections 161.031-033, TX Occupations Code Section 160.007 & TRCP 192.5

#### DO NOT SCAN OR PUT INTO PATIENT CHART - STAPLE TO CODE SHEET AND TURN INTO MEA'S FOLDER

**ALL patients need this section completed -**

**NURSE** must decide with the doctor whether a debrief is necessary for **EVERY** resuscitation

**Fill out this section only if debriefing occurs**

1. **Date (MM/DD/YY):**
2. **Physician Team Leader:**
3. **1st Nurse filling this out:**
4. If team leader & 1st nurse together decide not to do a debriefing, state reasoning:
   - (check one box to the right)
   - Other reason: ___________

5. **Resuscitation Type:**
   - (check all that apply)
   - Respiratory
   - Medical (includes seizure)
   - Trauma
   - Pulsatile

6. **Interventions:**
   - (check all that apply)
   - Intubation
   - Doffilation
   - Code 3 Trauma Activation
   - CPR

7. **Time Resuscitated:**
   - (Either "time of death" or "time left EC", whichever was 1st)

8. **Patient outcome:**
   - Alive
   - Expired

**Fill out this section during the debriefing**

(Person writing **not** the person leading debriefing)

(Write on the back of form if there is not enough space)

1. **Time Debriefing Started:**
2. **What went well during our care for the patient?**

3. **Was the Physician Team Leader (PTL) the only doctor calling out medication orders?**
   - YES or NO

4. **Was anyone** confused at any time during the resuscitation about who was the PTL?
   - YES or NO

5. **Time Debriefing Ended**
6. **State:** "If anyone wants counseling support, please see referral numbers at the bottom of this form"

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**Advice for Running A Team Debriefing**

1. Pick a quiet and isolated space if possible - start by thanking members for being present & encouraging all members to participate.
2. State: "The purpose of debriefing is for education, quality improvement, & emotional processing; it is not a blaming session. Everyone’s participation is welcome & encouraged."
3. State: "These debriefings usually take several minutes and if you have urgent issues to attend to, you are welcome to leave at any time."
4. State: "I will briefly review the patient’s summary and then we as an entire team can discuss what went well and what could have gone better. Please feel free to ask any questions."
5. Proceed as team leader with a brief summary of the patient’s course (~1 minute) and then proceed to the group discussion. Documerter (not team leader) takes notes on this form.

*If anyone needs or requests referral for free counseling, call the appropriate institution at 832-824-3327 (TCH) or 713-500-3327 (BCM) Updated 2/3/2012*
# TeamSTEPPS Debrief Checklist

<table>
<thead>
<tr>
<th>TOPIC</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Communication clear?</td>
<td>✔</td>
</tr>
<tr>
<td>Roles and responsibilities understood?</td>
<td>✔</td>
</tr>
<tr>
<td>Situation awareness maintained?</td>
<td>✔</td>
</tr>
<tr>
<td>Workload distribution?</td>
<td>✔</td>
</tr>
<tr>
<td>Did we ask for or offer assistance?</td>
<td>✔</td>
</tr>
<tr>
<td>Were errors made or avoided?</td>
<td>✔</td>
</tr>
<tr>
<td>What went well, what should change, what can improve?</td>
<td>✔</td>
</tr>
</tbody>
</table>

TeamSTEPPS

Strategies & Tools to Enhance Performance and Patient Safety
NRP Debriefing Checklist

Key Behavioral Skills
1. Know your environment.
2. Anticipate and plan.
3. Assume the leadership role.
4. Communicate effectively.
5. Delegate workload optimally.
6. Allocate attention wisely.
7. Use all available information.
8. Use all available resources.
9. Call for help when needed.
10. Maintain professional behavior.
Potential barriers to debriefing
Barriers to Debriefing

• Lack of time
• Lack of trained facilitator
• Legal concerns

Sandhu, et al. JAMA, 2014
Lack of Time…

- Keep it “BRIEF”!
  - 5-10 minutes maximum
- Facilitator can help keep conversation on track
- Use a debriefing checklist

www.samuelmerritt.edu
Lack or Debriefing Facilitator Training

- Person leading the debriefing does not have to be an ‘expert’ at debriefing
- Use a script
  - Plus/Delta
- Training courses on debriefing are available
- Seek out opportunities to practice
Debriefing Training & Practice

- Simulation Instructor/Facilitator Course
  - Focus on debriefing
- AHA Resources
  - https://www.onlineaha.org/courses
  - https://www.heart.org/resuscitation
- Practice team debriefing skills during mock codes/simulations
Legal Concerns?

- *Informal* debriefs may be discoverable in court
- Develop a procedure for conducting debriefings in a protected manner
  - Protected under QI
- Involve hospital risk management to address issues with confidentiality and discoverability
  - Laws vary by state
- Develop a procedure for disclosing of medical errors
Debriefing Culture

• The best way to start a culture of post-event debriefing is to start debriefing
• Get all parties involved
  • Increase buy-in
• Engage patient safety and legal for advise
• Have a champion

“If you want something new, you have to stop doing something old.”

-Peter F. Drucker
Clinical Case – Revisited

- Team conducts post-event debriefing
- Code leader facilitates the discussion
- Team performance discussed
  - Plus/Delta
- Plan made to include ACLS card (in addition to PALS) on all code carts
Conclusion

- Post-event debriefing should follow a structured approach and be facilitated
  - Gather-Analyze-Summarize
  - Plus-Delta format
- Post-event debriefing is associated with improvements in teamwork and clinical care
- Potential barriers to debriefing can be overcome
Questions?
Thank You for Joining Today’s Webinar.

A feedback survey will be sent to you following today’s presentation.

A recording of today’s webinar will be available on heart.org/quality

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