Creating a Culture of Debriefing – Sally Andrews, Clinical Development Fellow, Emergency Department, DGRI

BACKGROUND

Debriefing can be defined as a facilitated discussion following a clinical event that encourages reflection on actions to encourage learning whilst highlighting areas for performance improvement. A 'hot' debrief occurs immediately after the event and has been encouraged by both UK Resus Council and the American Heart Association as a tool to improve cardiopulmonary resuscitation delivery.

AIMS AND OBJECTIVES

-To instill a culture of debriefing post-cardiac arrest in the ED

-Formulate a cardiac arrest form and debrief tool that would be easily accessible and understood

-To highlight learning points and possible improvements in clinical practice or situation management

-To encourage teamwork and open discussion when managing difficult situations

METHODS

-An online 10-question survey was used to identify debrief experience amongst all levels of the ED staff and their attitude towards the proposal including benefits and barriers to debriefing (Fig 1)
-A prototype cardiac arrest form was created for use in the ED and included a facilitated debrief tool mirroring that of the DGRI 2222 Resus form (Fig 2)
-Criteria for use of the form plus debrief included 'all cardiac arrests that occur both in the department and out-of-hospital' from October 2020-March 2021
-The debrief tool was regularly promoted throughout the department at handovers and during weekly teaching and simulation sessions

Section 4 - Outcome				*ROSC = Return of spontaneous circulation	
Survived		Resuscitation stopped			
ROSC*	ROSC* >20 min	No ROSC*	DNACPR form identified	Futility	
Immediate post-arrest transfer to		Date of death	d d m m y y	Total time of resus prior to stopping	
		Time of death	h h m m		
Team members present and roles given:					
		Signed			
		Name			
		Designation			
		Telephone			
Debrief Leader:		Date	d d m m y y		

Team Debrief Tool

- ED Team debrief should ideally take place immediately after the event in a private space.
- This is an opportunity to recognise good practice and learn from reflection.
- The debrief can be led by ANY member of the resus team, not just the team leader.
- Using the tool below gives a structure to facilitate a learning conversation.

Is everyone ok?

Brief summary of the emergency

What went well?
What, if anything, would the team do differently next time?

Is there a need to schedule a cold debrief?
If so, suggest that the line manager progresses and arranges this.

Did an immediate ED Team debrief happen post-event?	Yes		No	
If not, what prevented the debrief occurring?				
Did the team use the debrief tool opposite?	Yes		No	
Summarise key learning points from debrief (positive or negative).				

This information will be collated and fed back on a monthly basis. Please contact Dr Sally Andrews, Dr Michael Quigley or SCN Sally Votier with any issues.

Fig 2: Cardiac Arrest form with debrief tool

Benefit	Barrier
Team wellbeing and morale	Appropriate location
Learning/teaching opportunities	Post arrest admin/handover
Personal reflection	Time pressure/department workload
Identifies process/equipment issues	Emotional stress/staff fatigue
Feedback and improving confidence	Informing and supporting the bereaved family

Fig 1: Benefits and barriers to debrief

RESULTS

-During the 6-month period observed, 26 cardiac arrests occurred and 13 of them (50%) had documented debriefs using the cardiac arrest form (Fig 3)

-Learning points were highlighted via the form and relayed to staff on a monthly basis (Fig 4)

-Staff were re-surveyed after 6 months and 100% of staff who had been part of a debrief found it beneficial however 33% still did not feel confident to lead a debrief themselves

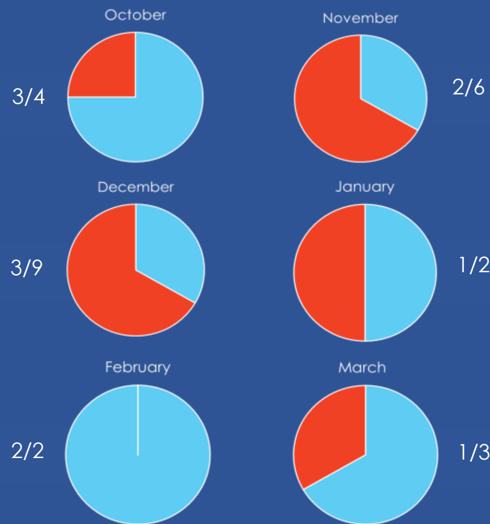

Fig 3: Monthly figures of total cardiac arrests with documented debriefs (blue) and without (red)

Fig 4: Learning points highlighted from debriefs

Teamwork
Handover from paramedics should be done once patient moved across
Include paramedics where possible
Verbalise reversible causes and excluding factors to entire team
Designated person allocated to stay at door and communicate requirements from inside isolation resus
Step down/switch staff when appropriate to reduce discomfort from PPE for prolonged time

Knowledge
Hairmyres email for faxing ECGs for PCI has changed

Equipment
Designated cannula equipment tray and drugs/fluids for isolation resus
Mute iPad microphone outside to reduce noise and feedback entering isolation resus
Readily available extra kit outside room ie central/arterial line kit plus prepare for further cardiac arrest despite ROSC
Whiteboard to document giving of drugs and shocks to allow scribe to document on paper after
Safe doffing of PPE when leaving room ie do not take facemask off until out of isolation resus if AGPs have been undertaken

DISCUSSION

-The cardiac arrest form and debrief tool enabled an increase in debriefs of 50%
- Continuing effort is required to reduce barriers to debrief and prioritise it post-cardiac arrest
-Multiple learning points were highlighted via the debrief tool and real time changes to clinical practice and equipment were made
-Staff reported finding the debriefs beneficial but further work is needed to provide staff with the tools and confidence to lead debriefs