Implementation of a Multi-Disciplinary Debriefing Pilot in an Adult Emergency Department

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1 Background

Debriefing has been utilized in a variety of industries to highlight areas of strength and those in need of improvement.[1] In the medical field, proactive identification of systematic and operational defects can prevent patient harm.[2] Many associations, such as the European Resuscitation Council and American Health Association, recommend debriefing as part of their resuscitation guidelines.[3] Studies have found that a clinical team debriefing after a life-threatening emergency generally results in improved outcomes for future events.[4]

While general best-practices for implementing effective debriefing sessions have been studied at length, the fast-paced environment of the emergency department is understood to pose unique challenges.[1,5,6] Most literature documenting the effectiveness of debriefing in healthcare has focused on simulation or other hospital departments such as the ICU or operating room. Due to this success, experts in the field have recently begun to advocate for expanding the use of debriefing to include the emergency department.[7]

Implementation data was generated through partnership with a local ED who had begun debriefing. Our shared intention to improve the rigor of their approach guided the development of this analysis.

2 Objectives

- Conduct a literature review to inform the team's efforts in updating an existing debriefing tool and develop a sustainable process
- Develop a data set to track the implementation of a voluntary, multi-disciplinary debriefing tool, modeled on the Plus/Delta format, in an adult Emergency Department
- Evaluate the use of the debriefing tool to identify team strengths and latent safety threats

3 Methods

A comprehensive PubMed and CINAHL Plus literature review was completed to clarify current methods of debriefing in similar environments and explore ways to measure their value. Special attention was paid to recording methods to counter barriers specific to debriefing in high-volume areas. Out of 33 relevant documents, eight key pieces detailing implementation and evaluation were synthesized into a final report. Following the review, a pool of potential program updates was generated and a summary of the findings was presented to the project team. Post-implementation, a database was created to track participation and content trends.

4 Results

Figure 1: Debrief recording tool based on the Plus/Delta format

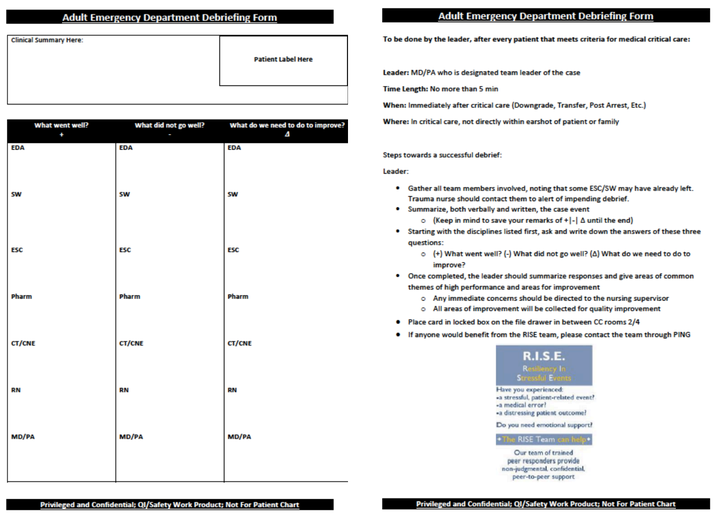


Figure 2: Total Feedback by Category

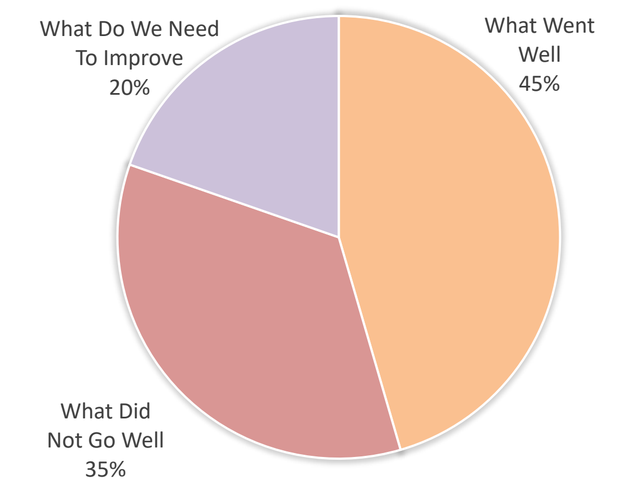


Figure 3: "What Do We Need To Improve" by Topic

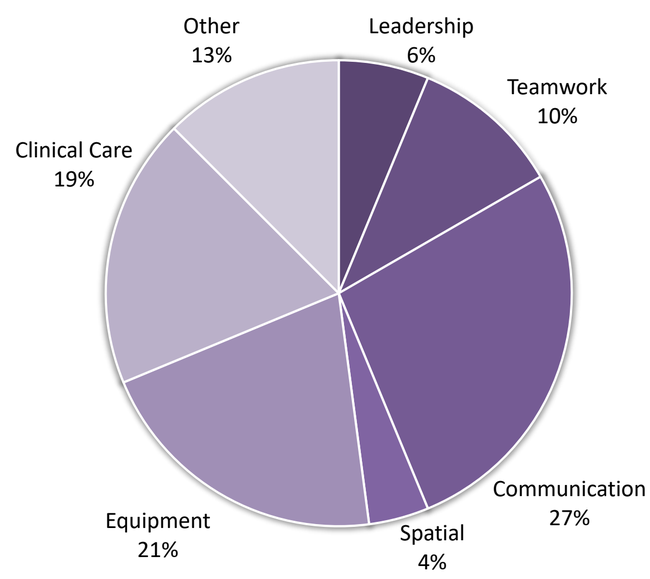
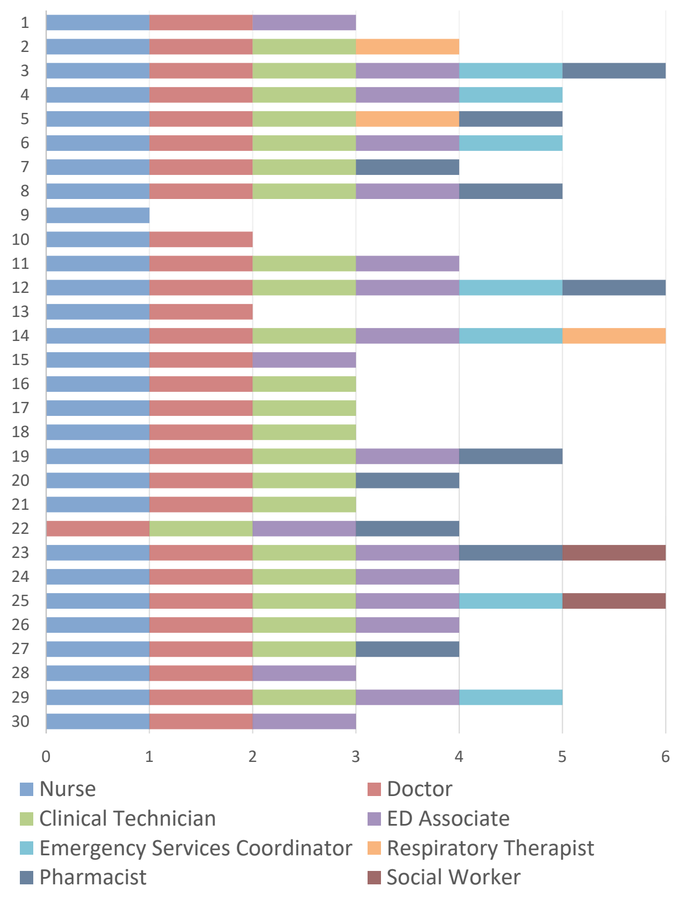


Figure 4: Roles Participating in Each Debrief



5 Conclusions

Over the course of 30 debriefs, multi-disciplinary teams of emergency department staff were given a platform to critically discuss recent cases they had participated in. As evidenced by the number of constructive comments in each feedback area, a critical care event can serve as an educational opportunity by indicating a variety of departmental needs and accomplishments. Capturing front-line staff impressions while an event in still fresh in their minds provided our team with a wealth of information. This data can be used to hone safety and quality improvement initiatives.

6 Future Directions

- Track which providers are currently leading debriefs and open up the role of facilitator to include nurses and other staff
- Record reasons debriefs are not being initiated
- Release a quarterly email newsletter identifying debrief topics that have lead to process and equipment changes
- Further studies are needed to exam the correlation between Emergency Department debriefings, the identification of latent safety threats, and patient outcomes

7 References

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