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Agenda

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- → PICO question
- → Methods
- → Evidence Synthesis
- → Recommendations
- → References

Background

What is Debriefing?

“Debriefing enhances communication, enhances emotional well-being of staff, and improves resusiciation performance”

(Couper and Perkins, 2013)

The Ask

Founders 5, a HVICU, wants to know how to debrief after code blues.

We agree debriefing is important, but ***<u>how</u>*** do we do it best?

> ***What are our options?***

> ***Who leads?***

> ***What's the format?***

> ***How do you initiate?***

PICO Question

"In inpatient units, how do nurses effectively conduct postcode debriefings to improve patient outcomes and support staff emotional well-being compared to less-structured debriefings?"

Population: nurses working in inpatient units

Intervention: structured debriefings

Comparison: less-structured debriefings or no debriefings

Outcome: improve patient outcomes & staff emotional well-being

Methods

Methods

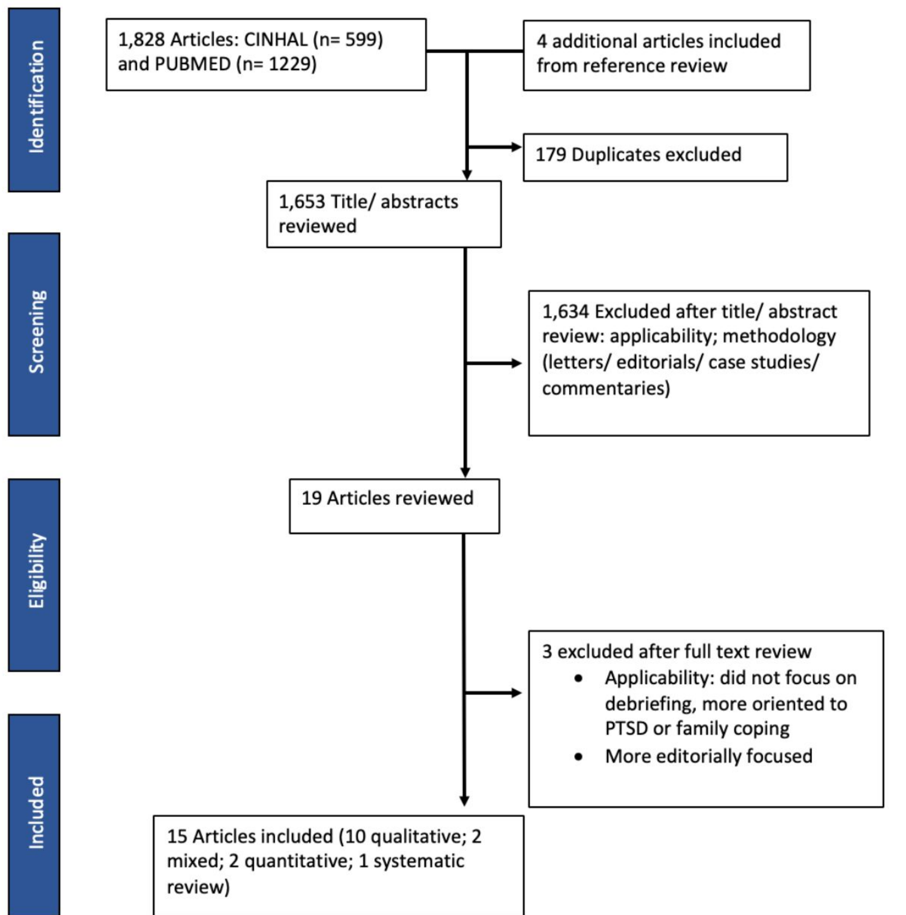
Databases used: Pubmed, CINAHL

Search term: (nursing staff OR nurses) AND "Cardiopulmonary Resuscitation" AND ("critical incident stress" OR PTSD OR debrief* OR regroup* OR "post-code stress" OR "post traumatic stress" OR pause OR coping

Keywords: post-code, critical incident stress, PTSD, debrief, pause, coping

Inclusion and exclusion criteria: We looked for any study regarding debriefing/pauses AND codes, we did not specify just critical care units or specifically cardiac units. We did however only include studies that were focused on nurses and their emotional well-being.

PRISMA



Evidence Synthesis

Overview

- ➔ Study Types: Prospective Cohort, Retrospective Cohort, Descriptive Design, Experimental Design, Systematic Review
- ➔ Levels of Evidence: Level I- (1) Level III- (5) Level IV- (5) Level VI- (4)
- ➔ Samples: Resuscitations across units or hospitals, both successful and unsuccessful
- ➔ Settings: Hospitals, Cardiac Acute Unit, Critical Care Units, Emergency Departments

Focus

- Debriefing after codes, both successful and unsuccessful, and the impact on the nurses' emotional well-being
- Codes in all settings, not just ICU or cardiac
- Focused on HOW post-code debriefing works or doesn't work and WHY
- Secondary discovery from the research: a correlation between improved communication & better resuscitation outcomes

Strengths & Weaknesses

STRENGTHS

- → Variability of settings
- → Variability of methods
- → Variety of staff studied

WEAKNESSES

- → Small sample sizes
- → Settings hard to replicate
- → Confounding variables
- → Difficult to generalize
- → Limited detail on the ‘how’
- → Predominantly qualitative data

Recommendations

Initiating + Timing

When should debriefing happen?

- ➔ Immediately after the code
- ➔ Within 3 weeks of code (debrief on a group of codes from the last 3 weeks)
- ➔ Within 45 minutes of a code

What should be discussed?

- ➔ What events led to the code
- ➔ What was done well (recognizing individual team members for good work)
- ➔ What could be improved

Debriefing Format

- More information is needed on how to best start the debrief--a standard of what to say to open, a general list of talking points to cover
- More information is needed on outcomes of debriefing related to burnout and job satisfaction in the nurses or team members assisting with the code
- Ask staff involved with code for feedback on what they would like to address in upcoming debrief meeting. (Spitzer et al.,2019)
- Unofficial vs Official debriefing
- Emotional or professional work related focus? Both?
- CISD (small group, 7 part debrief)

A Potential For Debriefing Questions

TABLE 1 Debriefing Questions Asked After 10- to 15-s Moment of Silence
1. What did the team do well?
2. What intervention(s) do you wish had or had not been offered?
3. Are you satisfied with the equipment and medications available?
4. Where can we grow and improve?
5. How did we support family (if present)?
6. How are you doing after the event?
7. What do you need to be able to be successful in returning to work right now?

Who Should Lead?

- Chief Medical Resident, Residency Director, and Spiritual Care Team (Gauthier, S. & Richardson, L. (2016)
- Senior Doctors (Couper, K., Perkins, G. (2013)
- Nursing Supervisor (Percarpio et al., 2010)
- Critical Care Fellows (Wolfe et al., 2014)
- Charge nurse or assistant nurse manager (Clark, 2018)
- No family presence due to HIPAA (Clark, 2018)

Option 1: Debriefing immediately after

FOCUS = ***personal needs of the staff***

- THE FORMAT
  - 10-15 seconds of silence (Copeland, 2016)
  - Objective debrief with the tool (Percarpio, 2010)
  - Check in on teams emotional self-being (Clark, 2018)
  - End with positive reinforcement; reassure and validate efforts (Clark, 2018)

Option 1: Continued

KEY CONSIDERATIONS

- Not every debrief need to be discussed (Clark, 2018)
- The need to stay professional vs. showing emotions immediately after (Clark, 2018)
- Immediate debriefs are less useful for performance improvement (Couper, 2013)
- Decreasing burnout (Clark, 2018)

AN OUTLIER

- Debriefing shows no benefit with PTSD and may perpetuate it (Mcmeekin, 2017)

AN OPPORTUNITY

- Communicate problems for leadership (Percarpio, 2010)

Debrief Tool

(Percarpio, 2010)

Code Blue Critique Debriefing

Patient__Smith, Jane________________ SSN___xxx-xx-xxxx_____

Unit__ICU__________Date___11/14/2009__________Time____3:56 PM___________

1. Was the announcement on the pager clear?
   (Yes) No
2. Was the specific location given?
   (Yes) No
3. Did all members of the Code Team arrive at the bedside quickly?
   (Yes) No
   A. Time code called__3:18 PM____________
   B. Time of team arrival___3:22 PM ________
   C. Time code blue complete___3:50 PM_____
4. Was there an appropriate number of staff?
   Too many Too few (Enough)
5. Was the patient's code status identified before code was started?
   (Yes) No
6. Were all the necessary supplies/medications readily available and accessible?
   Yes (No) Missing sharps container- but found one nearby
7. Was all of the equipment in good working condition?
   (Yes) No
8. Was intubation equipment readily available including the glide scope?
   (Yes) No
   a. Number of attempts to intubate: __one______________________
   b. Who was successful in intubating patient ___respiratory therapist__________
9. Was the cardiac rhythm determined quickly?
   (Yes) No
10. Was the airway managed appropriately? (Mouth-to-Mask, Bag/valve, ET, LMA or (CombiTube))
    (Yes) No
11. Was the airway established timely?
    (Yes) No
12. Was IV access established in a timely manner?
    (Yes) No
13. Were emotional issues handled effectively? (Family/staff)
    (Yes) No N/A
14. Was the AED attached appropriately?
    (Yes) No N/A
15. Was there effective leadership?
    (Yes) No
16. Upon arrival was CPR (compression to ventilation ratio 30:2 on a firm surface) being performed?
    (Yes) No
17. Was transportation available to transport the patient?
    Yes No (N/A)
18. Patient disposition ___patient resuscitated successfully_______________
19. Was the code blue summary completed?
    (Yes) No
20. Was the family notified?
    (Yes) No

	Poor=1		Good=3		Excellent=5
Physician Satisfaction	1	2	3	4	(5)
Nurse Satisfaction	1	2	3	4 (4.5)	5
Respiratory Therapist Satisfaction	1	2	3	4	(5)

Safety Breech: Yes (explain) (No)

____

____

Unanticipated Events (Yes) (explain) No

___difficult to attach the oxygen tubing to tank (wrong adaptor?)___________

____

Did the post-code debriefing detect any problems?

(None) Minor (explain) Major (explain)

____

____

____

Recommendations for improvement

__code carts need to be checked more regularly (sharps container)__________

____

Was a progress note completed? (Yes) No

Who attended code blue? ___Dr. X, Nurse Y, Nurse Manager Z, Chaplain E, Physician Asst. F, Respiratory Therapist G_______________

Who attended code debriefing?

____All code attendees_____________________

____

Signature

(Please fax completed form to Quality Improvement Facilitator at xxxx)

Option 2: Debriefing later w/ review sessions

FOCUS = ***improving resuscitation performance***

- THE FORMAT
  - 45 min to 1h sessions
  - Focus on cause of death, what went well, what could be improved (Clark, 2018)
  - Options:
    - Outcome improvements and emotions of all codes q month (Gauthier, 2016)
    - Case review, discussion and teaching q week (Couper, 2013)
    - Case review, discussion and teaching q month in three week groups (Wolfe et al. 2014)
  - Do not veer too much into emotions (Clark, 2018)
  - Use performance data from defibrillators etc (Couper, 2013)

Option 2: Continued

- KEY CONSIDERATIONS
  - Improves communication (Clark, 2018)
  - Inexperienced staff especially benefits (Gamble, 2001)
  - Junior doctors and nurses being the most at risk for PTSD (Spencer, 2019)
  - Improved survival outcomes in ICU patients who were given CPR during and after their hospital stay (Wolfe et al., 2014)
- AN OPPORTUNITY
  - Provide written, objective feedback from the performance data (Couper, 2013)

Option 3: Combo of immediate and later

*FOCUS = **meeting emotional needs while improving performance***

➔ THE FORMAT

- Ideal = debriefings *both* immediately after & review sessions later on
- Review sessions q month; tool completed after q code
- Review sessions with performance data q quarter
- A mix of …

Other things that came up

➔ **Evaluating staff PTSD**
- Trauma screening questionnaire (Spencer, 2019)
- Post-code stress scale (Mcmeekin, 2017)
- Brief COPE inventory (Mcmeekin, 2017)
- Impact of event-scale revised (Mcmeekin, 2017)

➔ **Investing in debriefing training for unit leadership**
- Worth exploring?

Discussion points: how to make it happen

- What is needed for unit buy-in?
- Which is the best, sustainable option?
- Does the protocol change in phases or all at once?
- Who is best suited to be responsible for this? And which parts?
- Where is there room for feedback/ improvements?
- How do we measure the success of the debriefing tool chosen?

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