Implementing Clinical Event Debriefing to Improve Patient Care

Advocate Children’s Hospital Neonatal/Pediatric Transport Team

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Disclosures

The planner(s) and speaker(s) have indicated that there are no relevant financial relationships with any ineligible companies to disclose.
Objectives

1. Define clinical event debriefing (CED)
2. Identify reasons to debrief
3. Identify the process to develop a formal CED program
4. Discuss the current CED process for the ACH Neonatal/Pediatric Transport Team
5. Discuss the results of the ACH Transport Teams CED process 6 months and 1 year post implementation
Background

• Advocate Children’s Hospital Neonatal/Pediatric Transport Team transports approximately 2,000 neonatal/pediatric patients each year.

• Opportunities have been identified to improve feedback on completed transports
Clinical Event Debriefing: What is it?

- Interactive discussion or conversation after events to explore actions and thought process
- Promotes effective/reflective learning
- Constructs meaning from actions
- Identifies strategies to improve future performances
- Emphasizes the psychological well being of healthcare teams
- Interprofessional
- Nonpunititive

Eppich et al, 2019 & Tannenbaum & Cerasoli, 2012
Clinical Event Debriefing

FOCUS

• Allowing all team members to process and review the circumstances and impact of a significant event
• Provides an opportunity to define and discuss gaps in knowledge and clinical performance
Clinical Event Debriefing.....

What does the literature say?

- Associated with improved outcomes
- Linked with reduction in environmental and equipment related problems
- Can improve individual team performance by up to 25% (Tannenbaum & Cerasoli, 2012)
- AHA, IHI, & AAP recommend CED to improve future events
8 Essential Concepts of CED

1. Debriefing Protocols
2. Positive perception of value
3. Realistic time expectation
4. Adequate facilitator education
5. Post-debrief process
6. Just culture
7. Psychologically safe environment
8. Private debriefing setting

Tyler et al., 2021
WHY DEBRIEFING??

- Identify areas of optimal and suboptimal performance
- Determine ways to improve future team performance
- Benefit from group reflection on the knowledge, skills, and attitudes
- To see teamwork behaviors exhibited during a clinical event
Why a Structured/Formal Debrief?

Distinguishes from DEFUSING

Defusing purpose is to vent emotions to reduce tensions

Adds a step of conceptualizing ways to improve future performance
Developing the CED Process

- Key Stakeholders Identified
- Multidisciplinary
- Defined Process
- Tools Developed
- Education
Key Stakeholders Clinical Debriefing Team

- ACH Transport Team Members
  - RNs, RTs, Dispatch Assists, Medics
- Transport Medical Directors
- Transport Medical Control Physicians
- Leadership
ACH Transport
CED Triggers

- Patient expiration after hands on care
- Arrhythmias requiring interventions
- Prolonged bedside time
- Chest compressions during hands on care
- ECMO transport
- Therapeutic dislodgements
- Deviation from therapeutic hypothermia protocol
- Load & go
- Hemorrhagic shock
- Neonatal artificial airway reposition
- Team intubated
- Decline in mental status
- Seizure lasting > 5 minutes
- Inotropes initiated
- Rotor wing or fixed wing
- Pregnant patient
- Unanticipated drug related event
- Patient injury
- Neonatal more than 1 transfer in a week
- Neonatal return on oxygen
ACH Clinical Event Debrief Process Workflow

- Call triggers CED/Team Request CED
- Dispatch begins CED worksheet ensuring a Midas report has been entered
- Dispatch notifies CED leader
- CED leader begins coordination worksheet
- CED is scheduled (goal for 7-10 days after event)
- CED is held (ensuring no patient identifiers/MRN is used)
- CED Tool is utilized for notes during CED
- Leader summarizes lessons learned, opportunities for improvement and any follow up
- Summary of CED sent to quality/safety
- If identified there is a system process change needed information forwarded
Clinical Event Debrief Implementation

- October 1, 2022
- Team education
- Transport Medical Control Physician education
Evaluation
Pre-Implementation and 6-month survey conducted

Survey

• Receiving adequate follow up on transports
• Feeling supported to identify areas of optimal clinical performance
• Feeling supported to identify areas of suboptimal performance
• Being given opportunity for reflection on knowledge, skills and attitudes
• Discussion on interdisciplinary teamwork
• Opportunities to determine ways for improvement
Results

Pre-Implementation

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I receive adequate follow up on transport calls

I feel supported to identify areas of optimal clinical performance

I feel supported to identify areas of suboptimal clinical performance (areas in which things could...

I am provided, if needed, with an opportunity for reflection on the knowledge, skills and attitudes of...

I am provided, if needed, with an opportunity to discuss the interdisciplinary team work exhibited on...

I am provided opportunities to determine ways in which to improve future performance on the team

100%
0%
100%
Results

6 months

- I receive adequate follow up on transport calls
- I feel supported to identify areas of optimal clinical performance
- I feel supported to identify areas of suboptimal clinical performance (areas in which things could...
- I am provided, if needed, with an opportunity for reflection on the knowledge, skills and attitudes of...
- I am provided, if needed, with an opportunity to discuss the interdisciplinary team work exhibited on...
- I am provided opportunities to determine ways in which to improve future performance on the team
Results

One year of Clinical Event Debriefing

53 CEDs held

- Bedside time 38
- Compressions 4
- ECMO 2
- Arrythmia 1
- Pt expiration 3
- Diversion 1
- Sepsis 1
- Request 3
Results

CED Process Changes Implemented

• Diversion added as a trigger
• Changed NICU bedside time
• Sepsis with no concern- no emails sent

Outcomes of CEDs

• Alaris pump updates
• Neonatal bedside time extended
• SpO2 probe PAR level increased
• Tempus monitor tracking
• Needle cric process/equipment/education
• Neo-tee education Q 2 2023
• Neonatal intake process
• Precedex education provided for the team
• Precedex to be added to teams’ meds carried
• Education provided for meds for existing arrhythmias- in newsletter
• New ETT supply ordered at referring hospital
• Protocol revision- active cooling add guidelines for how fast to drop temp and sedation
• TXP 2D reference provided to Medical Control
• Protocol copy with focus on meds carried by team provided to neonatologists
• New portable suctions
• IM epi use education - newsletter


Questions?
THANK YOU

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