AFTER THE CODE IS OVER, WHAT NEXT? DEBRIEFING TO IMPROVE PERFORMANCE.

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ExpoED Class Codes: 5/23 EXED160
5/24 EXED160A
Overview and Learning Objectives

Content
This session will explore different types of debriefing tools and strategies used during “hot,” “warm,” and “cold” debriefs. Advantages and potential barriers and disadvantages associated with the different types of debriefs will also be discussed.

Learning Objectives
This session will enable the attendee to:

1. Describe 4 key components of a clinical event debrief.
2. Define a “hot,” “warm,” and “cold” debrief.
3. Describe a tool or strategy that can be used for each type of debrief.
Continuous Quality Improvement for the Resuscitation Process:

**BEFORE**
- Evaluate and improve training methods.
- Assess infrastructure of response systems.

**DURING**
- Monitor quality of CPR metrics during resuscitation.

**AFTER**
- Debrief for deficiencies and implement changes.
Debriefing After A Clinical Event

Definition: Dialogue between 2 or more people with the goals of:

- Discussing actions and encouraging reflection on thought processes involved in clinical event.
- Improving future performance, patient care and outcomes.
- Decreasing effects of stress associated with event.
Why Debrief after CPR?

- Resuscitation is complex, time critical and emotionally stressful.
- Allows staff to discuss what occurred and process events.
- Provides learning that is relevant, timely, and emotionally motivating ➔ enhanced retention.
- Identifies opportunities for improvement on the individual, team and system level.
WHO?

• Participants
  • Multidisciplinary team involved in event
  • Other staff not involved

• Facilitator
  • Leadership
  • Clinical staff
  • Trained facilitator
Qualities of a Successful Facilitator

• Subject expertise
• Support engagement of learners
• Alert to differences of perspective and emotions
• Emphasize teamwork
• Foster team development of solutions for performance problems

https://psnet.ahrq.gov/primers/primer/36/learning-through-debriefing
# Facilitator Roles and Traits

## Roles
- Establishes ground rules.
- Creates psychologically safe environment.
- Keeps focus on primary goals and objectives.

## Traits
- Uses active listening.
- Clarifies or expands on discussion points.
- Asks open-ended questions to encourage reflective learning.

Reflective Learning: “Cognitive Dissection”

• A strategy to uncover underlying rationale for decisions, behaviors or actions.

• Problem: “The incorrect dose of _______medication was given.”

• Reflective Statement: “We all agree that this was an incorrect dose, but why do you think that occurred?”
WHAT?

• What events will trigger a debrief?
  • All cardiac arrests
  • Other clinical events (RRTs, Stroke Codes etc.)
  • Mock Codes
    • Increased frequency makes debriefs more common

• Consistent triggers
  • Help staff anticipate the debrief
  • Makes it “the norm”
WHEN?

• Timing:

  Hot: Immediately after the event

  Warm: Hours later

  Cold: Days to weeks later
## Hot Debrief: Immediately after event

<table>
<thead>
<tr>
<th>Pro’s</th>
<th>Con’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Team availability.</td>
<td>• Limited time due to:</td>
</tr>
<tr>
<td>• Greater variety of clinical staff.</td>
<td>• Previous time spent on code.</td>
</tr>
<tr>
<td>• Recall bias minimized.</td>
<td>• Patient care priorities.</td>
</tr>
<tr>
<td>• Urgent issues can be addressed immediately.</td>
<td>• Emotional readiness.</td>
</tr>
<tr>
<td>• May be more emotionally motivated to participate.</td>
<td>• Availability of private location.</td>
</tr>
</tbody>
</table>
## Warm Debrief: Hours after event

### Pro’s
- Most team members still available.
- Events still fresh in mind.
- Urgent issues can be addressed.
- **Staff can complete post-code tasks and plan time for debrief.**
- Location can be reserved.
- More emotionally ready.
- Quantitative data available.

### Con’s
- Decreased participation due to team scattering.
- Loss of enthusiasm to participate.

### Cold Debrief: Days to weeks after event

<table>
<thead>
<tr>
<th>Pro’s</th>
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<tbody>
<tr>
<td>• Longer length of time for deeper discussion.</td>
<td>• Difficult to pull staff back together.</td>
</tr>
<tr>
<td>• Allows emotions to settle.</td>
<td>• Time and resources needed to set up location &amp; convenient time.</td>
</tr>
<tr>
<td>• Present quantitative data.</td>
<td>• Finding location for larger group.</td>
</tr>
<tr>
<td>• Have f/u on patient information.</td>
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Quantitative Data from Code

- Electrocardiography
- Chest compressions: rate, depth, pauses (how long and how many), incomplete chest wall recoil (leaning)
- Compression fraction
- Ventilation rate
- Continuous end-tidal CO\(_2\) monitoring
- Arterial BP:
  - Systolic BP: driving force for cerebral perfusion pressure (impacts longer term survival and neurologic status)
  - Diastolic BP: major determinant of myocardial perfusion pressure (impacts ROSC)
- Pre-arrest studies: labs, x-rays
- Code documentation
WHERE?

• Location for debrief
  • Hot and Warm Debriefs:
    • Location close to the event
      • Private
      • Limited distractions
  • Cold Debriefs:
    • Location for larger group
WHY?

- Determine data points to be followed and discussed.
- Use of a checklist or form provides consistency.
HOW?

- Choose debriefing method (Hot, Warm, Cold).
- Standardize the format.
- Use documentation tool/checklist.
  - Hot and Cold Debriefs: keep it simple.
  - Make it available.
  - Assign accountability for filling it out.
- Include other data reports.

Step 1

Setting the Stage: Create emotionally safe environment that supports learning.

- Thank everyone for attending and encourage participation.
- Purpose is not to ID error or place blame.
- Purpose is to understand actions and decisions of clinicians.

“The purpose of this debriefing is for education, QI, and emotional processing; it is not to place blame. Everyone’s participation is welcome.”

Components of Debriefing Model

- Description and Reactions
- Analysis
- Application
- Summary

https://psnet.ahrq.gov/primers/primer/36/learning-through-debriefing
Description and Reactions:

• Brief overview of events and staff actions.
  • Develop shared understanding of event.
• Include:
  • Patient condition
  • Interventions
Analysis

• Explore rationale behind behaviors and actions.
• Discuss pro’s and con’s of actions.
• Identify systems issues that interfered with performance and that can be modified.
## Analysis

<table>
<thead>
<tr>
<th>HOT</th>
<th>WARM</th>
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</thead>
<tbody>
<tr>
<td><strong>Tool:</strong> “Plus-Delta”</td>
<td><strong>Tool:</strong> “Plus-Delta” +</td>
</tr>
<tr>
<td><strong>Three Questions:</strong></td>
<td><strong>First 3 questions plus:</strong></td>
</tr>
<tr>
<td>1. What went well?</td>
<td>4. Was there a clear leader?</td>
</tr>
<tr>
<td>2. What would you do</td>
<td>5. Was there a handoff from initial</td>
</tr>
<tr>
<td>differently next time?</td>
<td>responders?</td>
</tr>
<tr>
<td>3. Were there any safety</td>
<td>6. Were specific roles assigned?</td>
</tr>
<tr>
<td>or equipment issues?</td>
<td>Add quantitative data if available.</td>
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Tool: Structured Presentation and Discussion

Introduction:
1. Patient history
2. Pre-arrest patient data and studies
3. Quantitative resuscitation data
4. Patient outcome

“Plus-Delta” Performance:
1. Technical Performance (skills, actions, interventions)
2. Non-technical skills (team dynamics, communication, leadership skills)

*Ensure individual and group reflection on each deficiency to understand why it occurred.
Application and Summary

• Application:
  • How can patient care be improved next time?
  • Create list of action items.

• Summary:
  • Recap main learning points and action plans for deficiencies.

At the end of the debrief offer options for counseling and support services.
Get Started and Gain Traction

- Identify opportunity to debrief
- Interdisciplinary Debrief
- Improve Systems, Communication and Education
- Capture, implement and track action items

Debriefing after CPR identifies both excellence and opportunities for improvement in performance on the individual, team and process level.
Thank you!

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