

# Post Code Debriefing in the ED

GUIDE FOR CHARGE NURSES



# Debriefing – Significance

- Emergency department clinical staff are at risk for compassion fatigue, burnout, and PTSD secondary to repeated exposure to acute stress, death, and violence (Cocker & Joss, 2016).
- Pre-pandemic, as high as 33% of emergency nurses, paramedics, physicians, and residents in the US screened positive for PTSD indicators (Luftman et al., 2016).
- 2006-2018 literature review on factors that contribute to ED nurse turnover revealed that violence and critical incidents were the top two factors leading to attrition (McDermid et al., 2019).



# Significance

- Mechanisms to reduce psychological symptoms in this population are necessary.
- Defusing immediately after critical incidents such as cardiopulmonary resuscitations can mitigate abnormal stress reactions in emergency medical staff (Cooper et al., 2020; Morrison & Joy, 2016; Schwab et al., 2016; Schmidt & Haglund, 2017; Cudmore, 1996).
- Debriefing is a method of defusing that promotes positive coping and peer support while improving future clinical performance.

# Debriefing – Background



Is there a place in modern healthcare for CISD?

- Critical incident stress debriefing (CISD) emerged in the 1980's as a component of critical incident stress management (CISM) programs designed to mitigate the negative psychological effects associated with encountering traumatic events; CISD is a highly formal process that has been used in many fields including law enforcement, firefighting, military combat, and victims of violent crimes (Clark et al., 2019).
- There is controversy over the application of CISD to emergency and critical care settings with mixed results on efficacy.
- Recent studies indicate that ED staff desire an informal form of debriefing that ideally occurs immediately after a resuscitation (Twigg, 2020; Coggins et al., 2020; Spencer et al., 2019; Morrison & Joy, 2016).

# Benefits of Debriefing

Debriefing promotes positive coping and connectedness through peer support (Arriaga et al., 2020; Azizoddin et al., 2020; Monette et al., 2020; Allen & Palk, 2018).

Debriefing improves clinical performance, team effectiveness, and positively impacts patient outcomes (Kessler et al., 2015; Zinns et al., 2020).

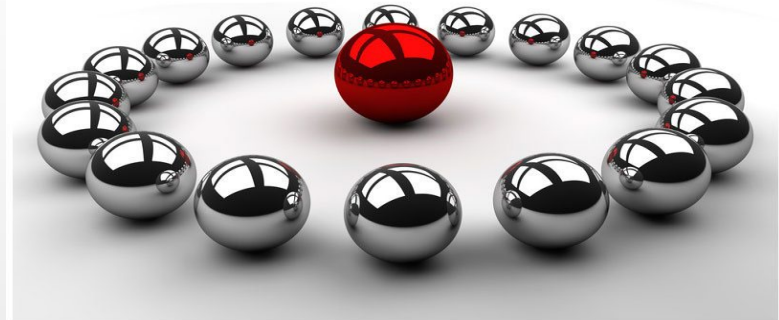
Debriefing is supported by the American Heart Association and the American Academy of Pediatrics.

Debriefing mitigates negative psychological stress, anxiety, and depression associated with critical events (Cooper et al., 2020; Pallas, 2020).

Debriefing presents the opportunity to refer to mental health resources (Azizoddin et al., 2020; Pallas, 2020; Monette et al., 2020; Tuckey & Scott, 2014).

Debriefing contributes to coping and resiliency in critical care providers (Colville et al., 2017; Rose & Cheng, 2018; Schmidt & Haglund, 2017).

Debriefing is a desired by ED staff (Allen & Palk, 2018; Rose & Cheng, 2018; Spencer et al., 2019; Twigg, 2020; Morrison & Joy, 2016).



## Debriefing Critical Incidents

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- Despite the proven benefits and recommendation from the American Heart Association, debriefing occurs in less than a quarter of cardiopulmonary resuscitations.



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# Perceived Barriers to Debriefing

## Barrier

- Lack of training/trained staff
- Usually rely on physicians with competing priorities
- Need to immediately care for other patients
- No time

## Counter Measure

- Availability of debriefing tools
- Charge RNs most suitable facilitators
- Lack of time is only a perception. In the time it takes to complete a cycle of CPR an ED team can perform a debriefing immediately following an event.



# STOP5

**SUMMARIZE THE CASE, THINGS THAT WENT WELL, OPPORTUNITIES TO IMPROVE, POINTS OF ACTION AND RESPONSIBILITY FOR 5 MINUTES**

# STOP5

## Background

- Developed in Edinburgh in 2018
- Baseline < 50% of staff participated in debrief in the last 12 months

## Outcomes

- At 18-months >70% staff participation
- 100% of staff rated debrief experience as “good” or “excellent”
- 10 process and equipment changes resulted

# STOP5

▪ These positive findings paired with the ease of use and accessibility of the STOP5 framework make it an ideal tool for process improvement projects in emergency departments.



# STOP5 Tool and Modification

**STOP for 5 Minutes**

Thank the full team and ask "Is everyone ok?"  
 If **YES** then continue as below and **STATE FIRST**:  
 • We are going to have a 5 minute team debrief  
 • Purpose is to improve quality of patient care, it is not a blaming session  
 • Your participation is welcomed but not compulsory  
 • All information discussed during this debrief is confidential

Enter E Number Here:  
 \_\_\_\_\_  
 Please **DO NOT** Apply Addressograph Labels

<b>HOT DEBRIEF</b>	<b>Type of Case (tick)</b>	<b>Please list all staff members present</b>
Date: _____	<input type="checkbox"/> Medic One	This form completed by: _____
Time: _____	<input type="checkbox"/> Enhanced or Code	
Location: _____	<input type="checkbox"/> Red Trauma Call	
	<input type="checkbox"/> Death in Resus	
	<input type="checkbox"/> Staff Triggered	

**Summarise the case**

\_\_\_\_\_

**Things that went well**

\_\_\_\_\_

**Opportunities to improve**

\_\_\_\_\_

**Points to action and responsibilities** include staff member to address each point

\_\_\_\_\_

EDINBURGH EMERGENCY MEDICINE

NHS Education for Scotland SCSC

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Is a COLD DEBRIEF required?  
 YES  NO

STOP5 Debriefing Tool and Modified STOP5 Debriefing Worksheet

**\*\*USE THIS SIDE\*\***

<b>**Do NOT place in patient chart**</b>	<b>**Do NOT include patient information**</b>
<p><b>STOP for 5-Minutes</b></p> <ul style="list-style-type: none"> <li>Thank the team and ask, "Is everyone okay?"</li> <li>If <b>YES</b> continue next steps</li> <li><b>STATE FIRST</b>: We are going to have a 5-minute team debrief</li> <li>Purpose is to decompress and improve patient care, not to place blame</li> <li>Your attendance is encouraged but not mandatory</li> <li>All information discussed in this debrief is confidential.</li> </ul>	<p><b>DEBRIEF</b></p> <p>Week of: _____</p> <p>Total time in minutes: _____</p> <p>Number of RN present: _____</p> <p>Number of EDT present: _____</p> <p>Number of providers present: _____</p>
<b>Summarize the case:</b>	
_____	
<b>Things that went well:</b>	
_____	
<b>Opportunities to improve:</b>	
_____	
<b>Points to actions and responsibilities:</b>	
_____	

# STOP5 Instructions

- Begin by asking if everyone is okay.
- If yes, state “we’re going to have a 5-minute team debrief”
- State purpose is to decompress and improve patient care, not to place blame
- Attendance is encouraged but not mandatory
- Discussion is confidential
- Summarize the case – state situation, actions, and outcome
- Things that went well – consider communication, accessibility of supplies/equipment, sufficient staffing, role designation/performance
- Opportunities for improvement – consider areas above or additional focuses
- Points of action – what needs manager follow up? Consider equipment, supplies, staff needing additional psychological support

# In Summary



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- Debriefing after clinical events improves patient outcomes and staff well-being.
- Charge RNs are an ideal choice to perform debriefs.
- Breaking down perceived barriers can increase the ease and frequency of debriefings.
- Providing education and tools to charge RNs to facilitate rapid, immediate debriefing can improve comfort with leading a debrief.

# References

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