Hypertension in Pregnancy (HIP) Initiative

July 2016 Learning Session:

Debriefing

Partnering to Improve Health Care Quality
for Mothers and Babies

Welcome!

- **Please enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.**
- If you have a question, please enter it in the Question box or Raise your hand to be un-muted.
- This webinar is being recorded.
- Please provide feedback on our post-webinar survey.

Agenda
July 21, 2016

- **HIP Initiative Announcements**
- Debriefing After Adverse Outcomes: Opportunities to Improve Quality and Patient Safety - Peter S. Bernstein, MD, MPH
- Florida HIP Hospital experiences
- **Q&A**

Resources

- Website: http://health.usf.edu/publichealth/chiles/fpqc/hip
- Toolbox: http://health.usf.edu/publichealth/chiles/fpqc/hip_toolbox
- Grand Rounds
- Site Visits
- Clinical Questions/Technical Assistance – send us your questions any time fpqc@health.usf.edu

Resources Available!

English/Spanish Tear Pads and Posters

Limited number per hospital at no cost

Contact FPQC@health.usf.edu to request

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Debriefing After Adverse Outcomes: Opportunities to Improve Quality & Patient Safety

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Conflict of Interest Statement

- No conflicts of interest to report

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Learning Objectives

- **Describe debriefing background**
- **Identify key strategies for debriefing in various settings: healthcare in general, simulation, clinical obstetrics**
- **Discuss implementation of debriefing in Obstetrics**

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Definitions

- **Debriefing is defined as:**
  - **Brief, informal exchange and feedback session**
  - **Occurs after an event**
  - **Designed to improve teamwork skills and outcomes**
    - **An accurate reconstruction of key events**
    - **Analysis of why the event occurred**
    - **What should be done differently next time**

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Debriefing background

- **Military**
  - **Individuals returning from a mission would discuss and describe their experiences in order to learn and receive psychological support after traumatic events.**
- **Commercial aviation**
  - **Adopted Crew Resource Management in the late 1970's as a way to change the culture from one of hierarchy to one of high reliability and increased safety.**

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Debriefing in Medical Simulation

- Role is to:
  - facilitate transfer of new knowledge, skills, and attitudes to the clinical domain
  - primarily through enactment of the relocation stage of experiential learning
  - and providing the opportunity for the experimentation aspect of adult learning.

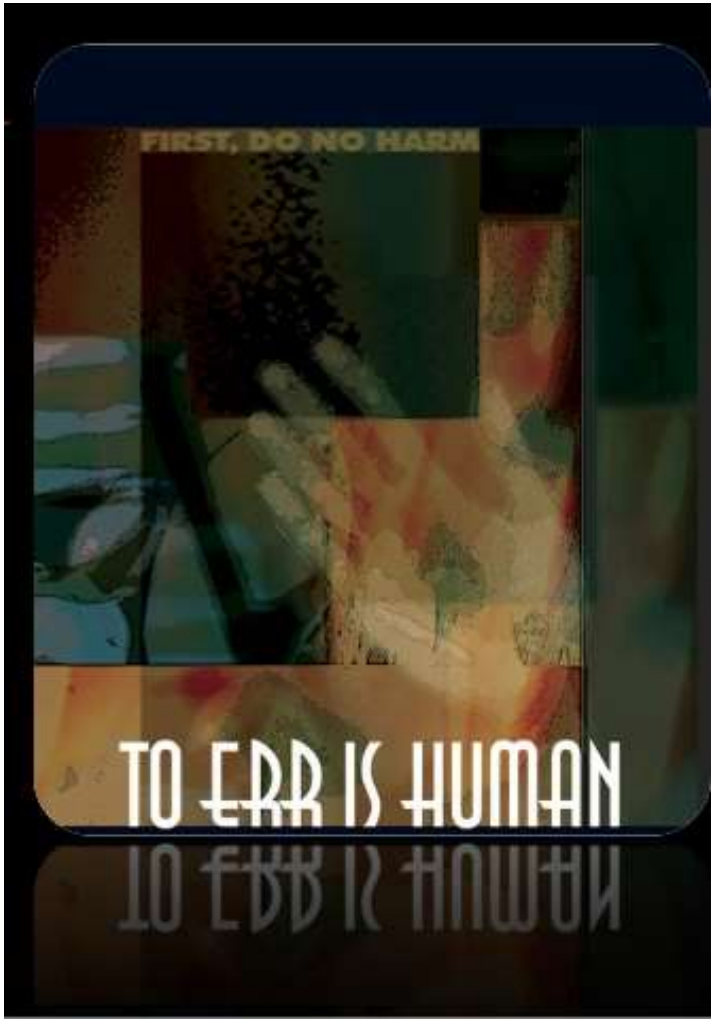
- Debriefing Assessment for Simulation in Healthcare (DASH)
  - published, validated tool used to assess performance leading a simulated debriefing

Debriefing in Healthcare

Institute of Medicine, “To Err is Human”, 1999

Healthcare organizations looked to other industries for strategies to begin the journey to high reliability.

<u>High reliability organizations</u> (HROs) are those which have systems in place allowing them to consistently accomplish goals while avoiding potentially catastrophic error.



High Reliability: TeamSTEPPS

- **4 domains-**
  - **communication,**
  - **situation monitoring**
  - **mutual support**
  - **leadership**

- **Teams are provided tools and strategies to assist members in becoming more effective and highly functional.**
- **<u>Debriefing</u> is a key strategy within the leadership domain.**

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RENAULT
Red Bull

Characteristics of HROs

- Safety-oriented culture
- Operations are a team effort
- Communications are highly valued and rewarded
- Emergencies rehearsed and unexpected is practiced
- “Top brass” devotes appropriate resources to safety training
- Members always consider “what can go wrong.”

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Principles Underlying HROs

According to Weick and Sutcliffe, the principles underlying the performance of highly reliable organizations are:

- Preoccupation with failure
- Reluctance to simplify
- Sensitivity to operations
- Commitment to resilience
- Deference to expertise

Managing the Unexpected
Weick and Sutcliffe (2007)

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Team STEPPS™

Barriers	Tools and Strategies**	Outcomes
Inconsistency in team membership	Brief	Shared Mental Model
Lack of time	Huddle	
Lack of information sharing	**Debrief**	Adaptability
Hierarchy	STEP	
Defensiveness	I'M SAFE	Team Orientation
Conventional thinking	Cross monitoring	
Complacency	Feedback	Mutual trust
Varying communication styles	Advocacy and Assertion	
Conflict	Two-challenge Rule	Team performance
Lack of coordination and follow-up with coworkers	CUS	
Distractions	DESC Script	Patient Safety
Fatigue	Collaboration	
Workload	SBAR	
Misinterpretation of cues	Call-out	
Lack of role clarity	Check-back	
	Handoff	
	Task Assistance	

Debriefing in Clinical Healthcare

- **Debriefing can be a first step to identify critical areas of focus from front line team members involved in major events which can guide further review.**

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Debriefing Guidance & Pitfalls

Key elements of good debriefing:

- Empathetic, non-blaming, non-threatening
- Conversational
- Consider sandwich technique
- Pair advocacy with inquiry

Avoid:

- When asking questions, do not grill.
  - "Don't you know…?"
  - "Did it occur to you…?"
  - "Why didn't you double check?"
  - Guess what I am thinking…

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Debriefing Techniques

- Non-judgmental debriefing
- Debriefing with good judgment
- Plus-delta
- “Sandwich technique”
  - What went well?
  - What did not go well?
  - What are lessons learned for future?

Debriefing in Obstetrics

- **Who?**
  - Entire interdisciplinary team (obstetrics, nursing, pediatrics, and anesthesia)
  - Social Work: most severe events
- **What?**
  - All deliveries vs. just certain trigger events
- **When?**
  - As close to an event as possible to maximize the potential for information gathering and identification of systems issues
- **Where?**
  - Safe space where participants feel comfortable enough to express opinions and offer suggestions.
- **Why?**
  - To help the team identify opportunities for improvement in teamwork, skills, and outcomes.
  - Emotional well-being.
- **How?**
  - Trained debriefers
  - Use of a debriefing guide

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Debriefing in Obstetrics-Triggers?

- **<u>Maternal Events</u>:**
  - **Maternal Death**
  - **Unanticipated hysterectomy on nulliparous patient**
  - **Unanticipated admission to ICU**

- **<u>Neonatal Events</u>:**
  - **Unanticipated fetal/neonatal death**
  - **Neonatal significant injury**

    (brain cooling/ neonatal code)

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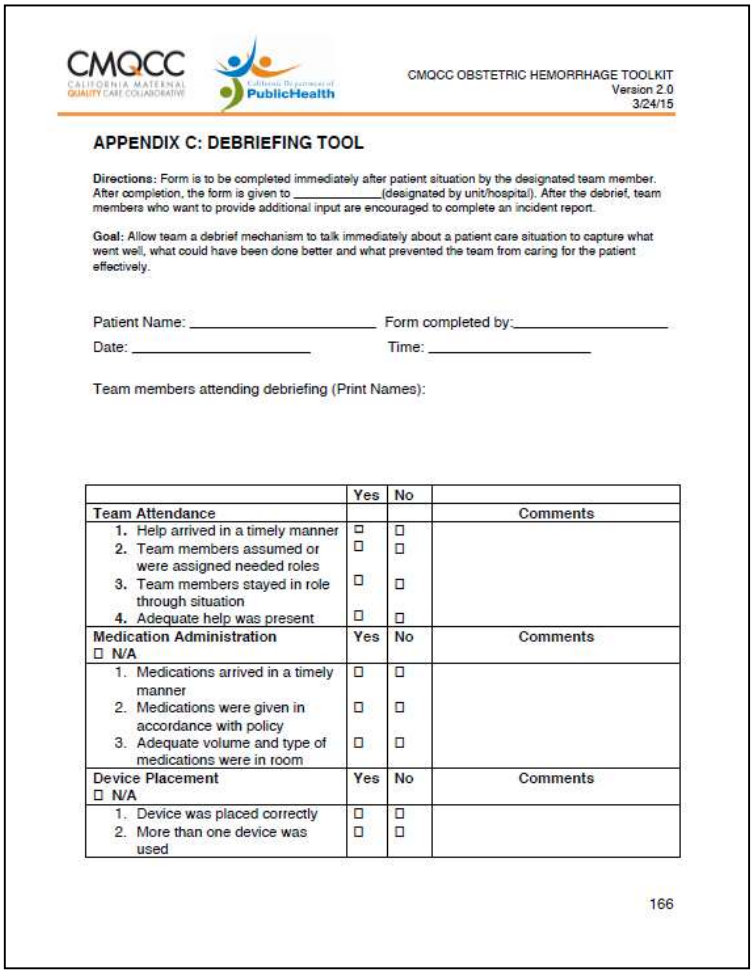
Debriefing in Obstetrics-Tools



CMQCC CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE

California Department of PublicHealth

CMQCC OBSTETRIC HEMORRHAGE TOOLKIT
Version 2.0
3/24/15

APPENDIX C: DEBRIEFING TOOL

Directions: Form is to be completed immediately after patient situation by the designated team member. After completion, the form is given to _____(designated by unit/hospital). After the debrief, team members who want to provide additional input are encouraged to complete an incident report.

Goal: Allow team a debrief mechanism to talk immediately about a patient care situation to capture what went well, what could have been done better and what prevented the team from caring for the patient effectively.

Patient Name: _____ Form completed by:_____

Date: _____ Time: _____

Team members attending debriefing (Print Names):

	Yes	No	
Team Attendance			Comments
1. Help arrived in a timely manner	☐	☐	
2. Team members assumed or were assigned needed roles	☐	☐	
3. Team members stayed in role through situation	☐	☐	
4. Adequate help was present	☐	☐	
Medication Administration ☐ N/A	Yes	No	Comments
1. Medications arrived in a timely manner	☐	☐	
2. Medications were given in accordance with policy	☐	☐	
3. Adequate volume and type of medications were in room	☐	☐	
Device Placement ☐ N/A	Yes	No	Comments
1. Device was placed correctly	☐	☐	
2. More than one device was used	☐	☐	

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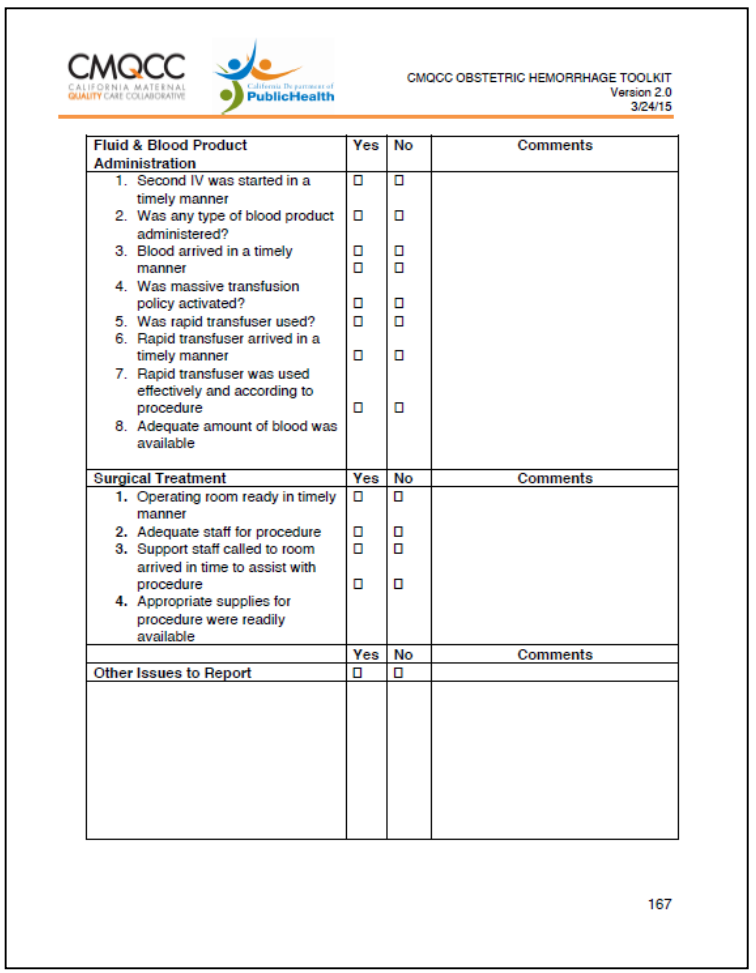

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Fluid & Blood Product Administration	Yes	No	Comments
1. Second IV was started in a timely manner	☐	☐	
2. Was any type of blood product administered?	☐	☐	
3. Blood arrived in a timely manner	☐ ☐	☐ ☐	
4. Was massive transfusion policy activated?	☐	☐	
5. Was rapid transfuser used?	☐	☐	
6. Rapid transfuser arrived in a timely manner	☐	☐	
7. Rapid transfuser was used effectively and according to procedure	☐	☐	
8. Adequate amount of blood was available			
Surgical Treatment	Yes	No	Comments
1. Operating room ready in timely manner	☐	☐	
2. Adequate staff for procedure	☐	☐	
3. Support staff called to room arrived in time to assist with procedure	☐ ☐	☐ ☐	
4. Appropriate supplies for procedure were readily available			
	Yes	No	Comments
Other Issues to Report	☐	☐	

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https://www.cmqcc.org/resource/ob-hem-appendix-c-debriefing-tool

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Debriefing in Obstetrics-Tools

Obstetric Team Debriefing Form

Remember: Debriefing is meant to be a learning experience and a way to address both human factors and systems issues to improve the response for next time. There is to be no blaming/finger-pointing.

Type of event: _____ Date of event: _____

Location of event: _____ Person completing form: _____

Members of team present: (circle all that apply)
Primary RN, Primary MD, Charge RN, Resident(s), Other RNs
Anesthesia personnel, Neonatology personnel, MFM leader, Patient Safety Officer
Nurse Manager, OB/Surgical tech, Unit Clerk, Antepartum team (RNs, PA, Fellow, Resident)

Thinking about how the obstetric event was managed…

Identify what went well (Check if yes)
- ☐ Communication
- ☐ Role clarity (leader/supporting roles identified and assigned)
- ☐ Teamwork
- ☐ Situational awareness
- ☐ Decision-making
- ☐ Other: _____

Identify opportunities for improvement: **"human factors"** (Check if yes)
- ☐ Communication
- ☐ Role clarity
- ☐ Teamwork
- ☐ Situational awareness
- ☐ Decision-making
- ☐ Human error
- ☐ Other: _____

Identify opportunities for improvement: **"systems issue"** (Check if yes)
- ☐ Equipment/supplies/accessibility
- ☐ Medication
- ☐ Blood products availability
- ☐ Inadequate support (in unit or other areas of the hospital)
- ☐ Delays in transporting the patient (within hospital or to another facility)
- ☐ Staffing
- ☐ Other: _____

For identified issues, please fill in table below…

Issue	Actions to be Taken	Person Responsible

DO NOT place any patient identification on this form.

Kilpatrick et al. Obstet Gynecol 2014

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Start with what went well…

Identify what went well (Check if yes)

- ☐ Communication
- ☐ Role clarity (leader/supporting roles identified and assigned)
- ☐ Teamwork
- ☐ Situational awareness
- ☐ Decision-making
- ☐ Other: _____

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Opportunities for improvement: human factors….

Identify opportunities for improvement: **“human factors”?** (Check if yes)

- ☐ Communication
- ☐ Role clarity
- ☐ Teamwork
- ☐ Situational awareness
- ☐ Decision-making
- ☐ Human error
- ☐ Other: _____

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Opportunities for improvement: systems factors….

Identify opportunities for improvement: **“systems issues”?** (Check if yes)

- ☐ Equipment/supplies/accessibility
- ☐ Medications
- ☐ Blood products availability
- ☐ Inadequate support (in unit or other areas of the hospital)
- ☐ Delays in transporting the patient (within hospital or to another facility)
- ☐ Staffing
- ☐ Other: _____

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Debriefing in Obstetrics-Benefits

- **Real time identification of opportunities for improvement in:**
  - **Teamwork**
  - **Knowledge/skills**
  - **Systems**

- **“Emotional debriefing”:**
  - **Team members feel empowered, supported and heard**
  - **Allows identification of potential “second victims”**

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Emotional Debriefing

Critical Incident Stress Management (CISM)

- Comprehensive package of interventions intended to:
  - mitigate impact of a traumatic event
  - facilitate recovery of individuals having normal reactions to traumatic event
  - restore adaptive function for individuals, communities, or organizations
  - identify individuals who could benefit from additional support services or referrals for further evaluation and treatment
- May take precedence over “fact-finding” debriefing after most severe events (death or serious injury)

https://www.icisf.org/a-primer-on-critical-incident-stress-management-cism/

Medicolegal Considerations

- **Are debriefings legally protected?**
  - **Variations in state laws make this difficult to answer**

- **To help ensure success of debriefing please make certain that any possible protections are in place.**
  - **Collaborate and coordinate within existing quality and patient safety structures**
  - **Work closely with legal and risk management**

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Final Thoughts…

- **Incorporating debriefing into obstetrical care has the potential to transform:**
  - **the way teams function**
  - **the way systems issues are identified and corrected**
  - **our care for future patients**
  - **our well-being as providers**
- **Low cost, low resource tools:**
  - **exist**
  - **can be easily incorporated**
  - **provide valuable data**

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Questions?

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References

- Fanning RM, Gaba DM. The role of debriefing in simulation-based learning. *Simulation in Healthcare* 2007; 2(2):115-125.
- McGreevey JM, Otten TD. Briefing and debriefing in the operating room using fighter pilot crew resource management. *J Am Coll Surg* 2007; 205(1):169-176.
- AHRQ Publication No. 08-0022. Becoming a High Reliability Organization: Operational Advice for Hospital Leaders April 2008.
- http://teamstepps.ahrq.gov/
- Salas E, Klein C, King H, et al. Debriefing medical teams: 12 evidence-based best practices and tips. *Journal on Quality and Patient Safety* 2008; 34(9):518-527.
- Rudolph JW, Simon R, Dufresne RL, Raemer DB. There ThereThereB. Theret Safetyce-based best practices and tips. Operational Advice for Hospitaljudgement. *Simulation in Healthcare* 2006; 1(1):49-55.
- Kolb, DA. Experiential Learning: Experience as the Source of Learning and Development. Englewood Cliffs, NJ: Prentice Hall; 1984.
- Issenberg SB, McGaghie WC, Petrusa ER, Gordon DL, Scalese RJ. What are the features and uses of high-fidelity medical simulations that lead to most effective learning: a BEME systematic review. *Med Teach* 2005; 27:10-12.
- Brett-Fleegler M, Rudolph J, Eppich W, et al. Debriefing Assessment for Simulation in Healthcare: development and psychometric properties. *Simulation in Healthcare* 2012; 7(5):288-294.
- Lederman LC. Debriefing: toward a systematic assessment of theory and practice. *Simul Gaming* 1992; 2:145-159.
- Boet S, Bould MD, Sharma B, et al. Within-team debriefing versus instructor-led debriefing for simulation-based education: a randomized controlled trial. *Annals of Surgery* 2013; 258(1):53-58.
- Boet S, Bould MD, Bruppacher HR, Desjardins F, Chandra DB, Naik VN. Looking in the mirror: self-debriefing versus instructor debriefing for simulated crises. *Crit Care Med* 2011; 39(6):1377-1381.
- Clay AS, Que L, Petrusa ER, Sebastian M, Govert J. Debriefing in the intensive care unit: a feedback tool to facilitate bedside teaching. *Crit Care Med* 2007; 35(3):738-754.
- Sawyer T, Sierocka-Castaneda A, Chan D, Berg B, Lustik M, Thompson M. The effectiveness of video-assisted debriefing versus oral debriefing alone at improving neonatal resuscitation performance: a randomized trial. *Simulation in Healthcare* 2012; 7(4):213-221.

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References

- Edelson DP, Litzinger B, Arora V, et al. Improving in-hospital cardiac arrest process and outcomes with performance debriefing. *Arch Int Med* 2008; 168(10):1063-1069.
- Arora S, Ahmed M, Paige J, et al. Objective structured assessment of debriefing: bringing science to the art of debriefing in surgery. Annals of Surgery 2012; 256(6):982-988.
- Knox GE, Simpson KR. Perinatal high reliability. *American J Obstet Gynecol* 2011; 204(5):373-377.
- Goffman D, Lee C, Bernstein PS. Simulation in Maternal Fetal Medicine: Making a Case for the Need. *Seminars in Perinatology* 2013. 37 (3): 140-2.
- Lawrence III HC, Copel JA, O'Keeffe DF, et al. Quality patient care in labor and delivery: a call to action. *American J Obstet Gynecol* 2012; 207(3):147-148.
- ACOG. Preparing for clinical emergencies in obstetrics and gynecology. Committee Opinion 590; March 2014.
- Safe Motherhood Initiative. American College of Obstetricians and Gynecologists. Available at: http://www.acog.org/About-ACOG/ACOG-Districts/District-II/SMI.
- Main EK, Goffman D, Scavone BM, et al. National Pertnership for Maternal Safety: Consensus Bundle on Obstetric Hemorrhage. *Anesthesia & Analgesia* 2015; 121(1):142-148.
- Goffman D, Brodman M, Friedman AJ, Minkoff H, Merkatz IR. Improved obstetric safety through programmatic collaboration. *J Healthc Risk Manag* 2014; 33(3):14-22.
- Kilpatrick SJ, Berg C, Bernstein P, et al. Standardized severe maternal morbidity review: rationale and process. *Obstet Gynecol* 2014; 124(2):361-366.
- http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/igessentials.html#s13
- Mitchell, JT. Critical incident stress management. http://www.info-trauma.org/flash/media-e/mtichellCriticalIncidentStressManagement.pdf. Accessed on Dec. 21, 2015.
- Kessler DO, Cheng A, Mullan PC. Debriefing in the emergency department after critical events: A practical guide. *Annals of Emergency Medicine* 65(6):690-698, June, 2015.
- Wu A.W. Medical error: The second victim. The doctor who makes the mistake needs help too. *BMJ* 320(7237):726–727, Mar. 18, 2000.

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Joanne Tanner, RN, C-EFM

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POST-TREATMENT DEBRIEFING TOOL

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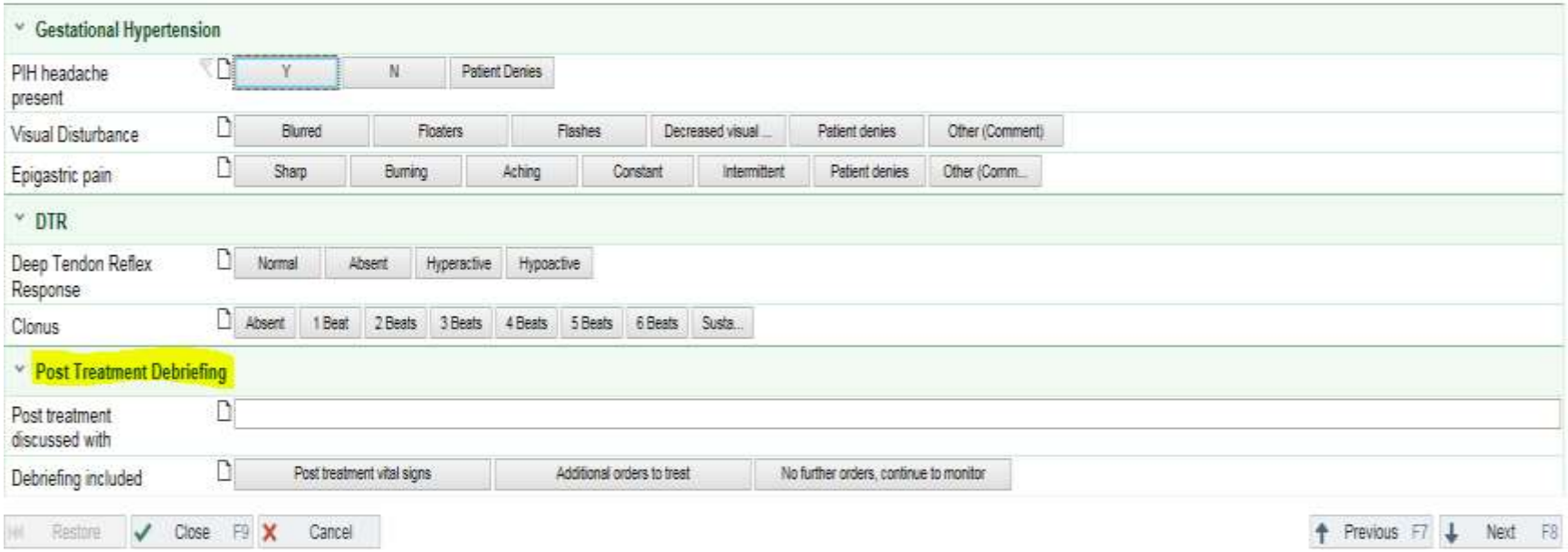
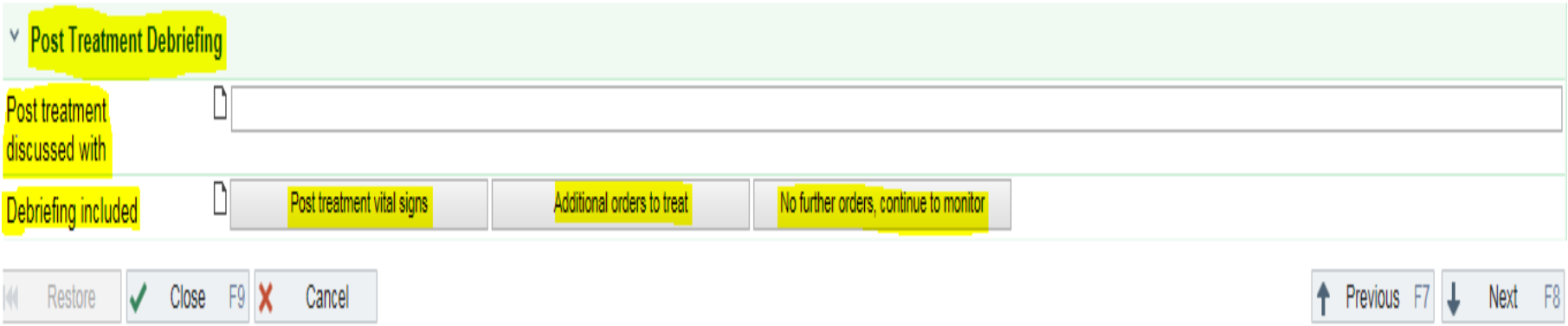
CLINICAL LEADER, L&D
UF HEALTH SHANDS

POST-TREATMENT DEBRIEFING TOOL



- Debriefing tool added to existing GHTN documentation tool

BENEFITS OF DEBRIEFING TOOL



- Data point to run chart audits from
- Reduce the amount of free text notes
- Captures the physician's name
- Available to Triage, L&D, and Postpartum Nurses
- Increased compliance with documentation of debriefing

New 1 page Debriefing Statement

Florida Perinatal Quality Collaborative

DEBRIEFING FOLLOWING A SEVERE INCIDENT IN PREGNANCY

The Council on Patient Safety in Women's Health Care recommends every unit establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities.

WHAT IS DEBRIEFING?

- A process of information exchange and feedback conducted after a severe or emergent event to improve teamwork skills and outcomes.
- Conducting a debriefing provides the team with the opportunity to decompress while identifying areas for improvement.
- Debriefing after simulations provides immediate feedback, increases learner engagement, enhances retention of information, and results in a higher level of staff preparedness and confidence, contributing to optimal performance when emergencies arise.

HOW IS IT DONE?

- A debrief begins with a recap of the situation, background and key events that occurred. Reconstruction of the events, analysis of why the event occurred, what worked, and what did not work results in discussions of lessons learned and what should be done differently in the future.
- Have someone outline the process for the team and assist as a resource and note taker to ensure the objectives are met as the participants debrief themselves.
- The debriefing should provide the opportunity for all participants to be heard.
- Effective debriefs allow participants to see the process as a learning opportunity and not a punitive one.

PRACTICAL APPLICATION

- Can be impromptu or planned, and adapted to meet local needs and conditions.
- Helps find answers: What did we do well? What did not go so well? What can we improve upon in the future?
- A simple checklist can be created to help aid the process for both the note taker and the participants.

Some promising practices facilities have utilized include the following:

1. Adapt the debrief form to include only those items deemed to be most helpful to the team. Always ask if there was something that was not on the form that needs to be reviewed and include that in notes from the debriefing.
2. Debriefs can take as little as 5 minutes once the process is streamlined.
3. Some places have established a conference line for debriefing so that participants across departments can be included. The # and time is handed out and coordinated on pre-printed business cards once the event is over or the patient stable.
4. When the obstetric provider or other team members are not able to gather for full team debriefs, conduct an immediate nursing debrief or debrief at shift change. This information should be recorded and shared with the obstetric provider for their additional feedback at the next face to face encounter or via phone or email. Alternatively, a form can be created in house for those unable to stay, this can be used by the nurses in their shift-change debrief regarding what went well and what needed improvement. Personal input is always best, but if all are not available, gathering all perspectives can still occur.
5. Gather information from all severe/emergent cases and consolidate the information in a de-identified format. At obstetric staff meetings review the information and solicit feedback.
6. Utilize the findings from the debrief process to make small tests of change to practices or work flow in order to improve patient safety and outcomes.

Sample debrief forms are available in the FPQC HIP online Tool Box.

FPQC

Partnering to Improve Health Care Quality
for Mothers and Babies

DISCUSSION

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).

FAQ

Disseminating information to OB offices – who and how?

Start with the providers practicing in your facility by sharing your plan and steps in implementation and provide a short hand-out that they could share with their nursing staff at the office.

Your local Healthy Start Coalition could assist with sharing the information. FPQC will be working with the coalitions at the statewide level.