

Stop & Start the Debrief: Debriefing after Level 1 Activations at a Level 1 Trauma Center



Samantha LaFontaine, MD, Melissa Ippolito, RN, Jacqueline Walsh, RN, Adam Stright, MD, D'Andrea Joseph, MD

NYU Langone Hospital—Long Island
Department of Surgery
Division of Trauma and ACS

INTRODUCTION

- Debriefing is an effective and powerful tool that can change team behavior and influence patient outcomes positively.
- In addition, multiple studies have demonstrated improved effectiveness with teams who debriefed as compared to those who did not after clinical events.
- We theorized that a structured debriefing process after Level I activations would improve communication and team cohesiveness.

PURPOSE

- To standardize a Level I debriefing process and establish compliance to 80% monthly after a Level I trauma activation in the Trauma Bay
- To identify and address barriers to debriefing compliance

METHOD

- Level 1 debriefing was introduced and a paper form created in September 2021.
- In March 2022, the debriefing form was converted to an electronic format, and placed onto the **RedCap** online platform. A **QR code** was created and posted throughout the Trauma Bay.
- Education was provided to staff which included, nursing, APPs, surgical residents, and Trauma/ACS surgeons.
- Compliance was monitored using reported data and correlated with the number of Level I activations monthly, starting in July 2022.
- Additional monitoring occurred by adding completion of Level 1 Debriefing forms to daily table rounds starting in December 2022.

INTERVENTIONS (PDSA Process)



RESULTS

- There were noted intervals where compliance decreased.
- Overall, there was an increase in the trend towards compliance.
- Increases in compliance were associated with education, with a rebound and upward trend.

RESULTS - REDCAP AUDIT PERCENTAGE



CONCLUSIONS

- There was variability in the consistency of adherence to Level I debriefing.
- Some of the barriers reported to adhering to protocol included patient stability, trip to OR, and new staff.
- Interval education was associated with improved compliance.
- A Multidisciplinary approach with interval education sessions may lead to consistent compliance in Level I debriefing.
- The study has certain limitations. Prior to the transfer to an electronic platform, it was difficult to monitor adherence to protocol. In addition, the changing staff was not always apparent.

FUTURE DIRECTIONS

- Going forward, we plan to create standard education sessions to maintain compliance to debriefing.
- The ultimate goal is to investigate whether increased compliance leads to better team dynamics and adherence to patient protocols, thereby improving patient outcomes.
- We also plan to expand our process to other high stress episodic patient care events such as Rapid Response Team (RRT), Code H (OB/GYN), Cardiac Arrest (ER), and Code STEMI, as well to other specialties such as Emergency Medicine and OB/GYN.

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