

How hospital debriefing after critical events combines review, reflection

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A tailored debriefing process at an Illinois children's hospital provided additional support to staff following critical patient events and contributed to increased levels of compassion satisfaction a year after

implementation.

Members of the bereavement/wellness committee in the [pediatric intensive care unit](#) (PICU) at Ann & Robert H. Lurie Children's Hospital of Chicago developed the Rapid Review of Resuscitation (R3) debriefing process to allow time for reflection and communication following critical patient events. One year after implementation, staff compassion fatigue scores improved significantly, while levels of burnout and secondary traumatic stress were the same as before implementation.

"Debriefing After Critical Events Is Feasible and Associated With Increased Compassion Satisfaction in the Pediatric Intensive Care Unit" is published in *Critical Care Nurse*.

The 40-bed, high-acuity, high-volume PICU is one of three ICUs at the hospital, which supports seven inpatient care units and 70 pediatric subspecialties.

"Many debriefing processes focus on communication and teamwork but neglect the emotional impact of critical patient events. We specifically added elements to reflect, to honor the patient's life and recognize the team's efforts," said co-author Courtney Nerovich, BSN, RN, a nurse in the PICU and a member of the committee. "These additions may have enhanced clinician, patient and team connections while supporting mindfulness and reflection."

Before the R3 implementation, the [standard practice](#) was to hold a debriefing several days to weeks after a traumatic event. The process was inconsistent and often had poor attendance.

After a literature review and several individual staff interviews, the team created a single-page debriefing guide with scripted language and open-

ended questions. The guide included three essential process components that aligned with staff needs: a review of the patient event and team dynamics, acknowledgement of the event's [emotional impact](#) on staff, and (for events in which the patient died) a moment of reverence to honor the patient's life.

Feedback led to minor adjustments to the initial debriefing process, including development of a guide specific to the planned withdrawal of life-sustaining therapies named R3-D.

Selected charge nurses, fellows, attending physicians and PICU managers agreed to serve as R3 champions to pilot and initiate the debriefing process using the R3 and R3-D guides. A one-hour orientation introduced them to the guides and included demonstrating the process, role-playing and holding an open forum for questions.

The R3 process was designed as a hot debriefing to be completed voluntarily before the end of the shift. The expectation was that after a critical patient event, an R3 champion would contact the primary medical team and determine a time to conduct a debriefing during the current shift, if possible.

When the debriefing was scheduled, the champion would notify all staff members who were directly or peripherally involved in the event, with the goal of including as many of them as possible. During the debriefing, the champion read the guide and recorded the team's responses.

Completed forms from debriefings were kept in a secure area in the PICU management office and reviewed by the initiative's interdisciplinary team to identify areas for potential improvement in the process. Among the findings, the analysis revealed that the forms were more commonly completed after a patient's death, and not after every critical event.

During this same time frame, the R3 debriefing process was one of multiple efforts aimed at increasing staff wellness and reducing burnout, and the results may reflect the impact of the bundle of interventions rather than the debriefing process alone.

In the 12 months after implementation of the new process, the debriefings were integrated into the PICU culture and became expected and valued by staff. It has since been implemented on other inpatient care units and has received overwhelmingly positive feedback.

More information: Courtney Nerovich et al, Debriefing After Critical Events Is Feasible and Associated With Increased Compassion Satisfaction in the Pediatric Intensive Care Unit, *Critical Care Nurse* (2023). [DOI: 10.4037/ccn2023842](https://doi.org/10.4037/ccn2023842)

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