

EVOLUTION OF POST-CRITICAL EVENT DEBRIEFS IN A QUARternary PEDIATRIC EMERGENCY DEPARTMENT AFTER UTILIZATION OF A DEBRIEFING TOOL

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Background: Debriefing high-stakes clinical events in the emergency department (ED) setting can enhance performance and provide emotional processing for team members. However, ED debriefing is often infrequent and unstandardized. In 2011, Texas Children's Hospital (TCH) developed a clinical tool (DISCERN) to standardize and facilitate ED debriefings. After critical events, team members assemble to discuss the event including aspects of the resuscitation the team did well and those that could improve. The DISCERN tool guides this process and provides a consistent debriefing framework and reporting mechanism.

Materials/Methods: This retrospective mixed methods study examines DISCERN from implementation in 2011 through 2017. We use the qualitative methodology freelist to evaluate common themes by year. Using content analysis these themes were categorized (if applicable) within the context of Crisis Resource Management (CRM) principles which have been validated as a framework for assessment of non-clinical aspects of critical events. Member checking was performed to ensure trustworthiness.

Results: 407 DISCERN forms were reviewed. The number of critical events debriefed decreased significantly over the years. Less than half (41.6%) of critical events were debriefed overall. An event was significantly more likely to be debriefed if CPR was needed or if the patient expired. CRM principles were mentioned at a significantly higher frequency during team discussions of resuscitation events than purely medical aspects of patient management. Content analysis showed no significant difference in which CRM principles were discussed over time.

Conclusions: In the absence of a project champion, initial enthusiasm for debriefing was not sustained over the years, but the highest acuity events (with the most emotional impact) continued to be debriefed more commonly. Debriefings predominately focused on CRM principles such as teamwork, communication, and preparation, with medical skills and knowledge discussed less frequently. During this time, a number of additional ED initiatives have aimed to improve teamwork, communication, and critical patient outcomes, including intubation checklists, in situ multidisciplinary simulations, breakthrough communications courses, and more. Despite these efforts and ongoing clinical event debriefing, debriefings remain focused on the same CRM challenges as in 2011. This data can direct future educational directives within the department, with the continuing goal of improving patient outcomes.