

## BACKGROUND

- Debriefing high-stakes clinical events in the emergency department (ED) setting can enhance team performance and provide for emotional processing
- ED debriefing is often infrequent and unstandardized. In 2011, Texas Children's Hospital (TCH) developed a debriefing tool (DISCERN) to standardize and facilitate ED debriefings immediately following critical events
- The DISCERN tool provides a consistent debriefing framework and reporting mechanism. The purpose of this study was to describe quantitative debriefing metrics identified by the tool over time, and to evaluate the evolution of themes identified by the DISCERN tool over time

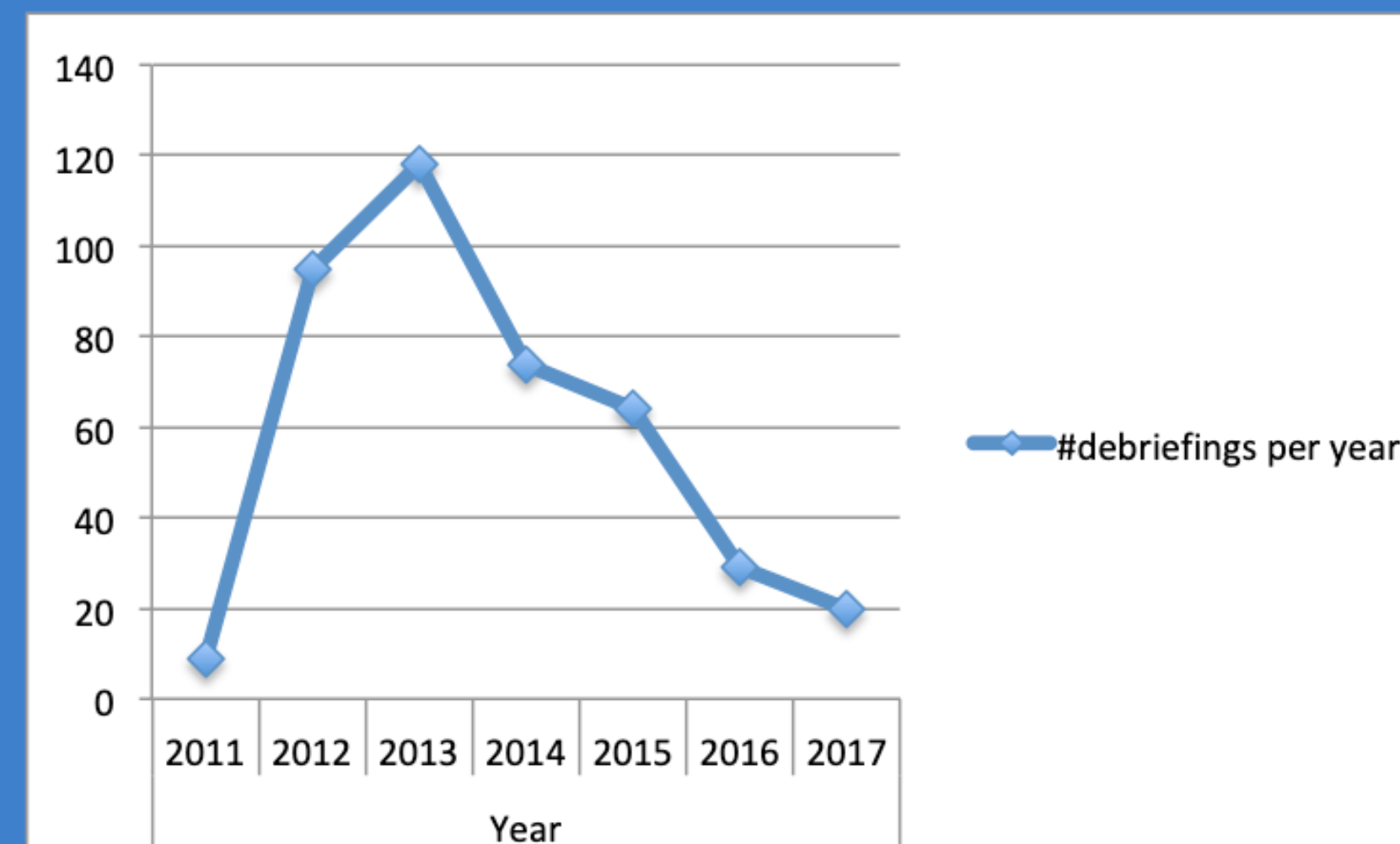
## METHODS

- Retrospective mixed methods study analyzing DISCERN forms (2011-2017) to evaluate the trends in debriefing over time
- Both qualitative and quantitative components outlined in the DISCERN tool were analyzed
- The frequency of debriefings was determined by the number of DISCERN forms divided by the number of eligible critical events as identified by our critical events database
- Using content analysis, themes were categorized (when 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
- Both positive and negative statements (see QR code) were assessed for CRM-relatedness.
- Member checking was performed to ensure trustworthiness

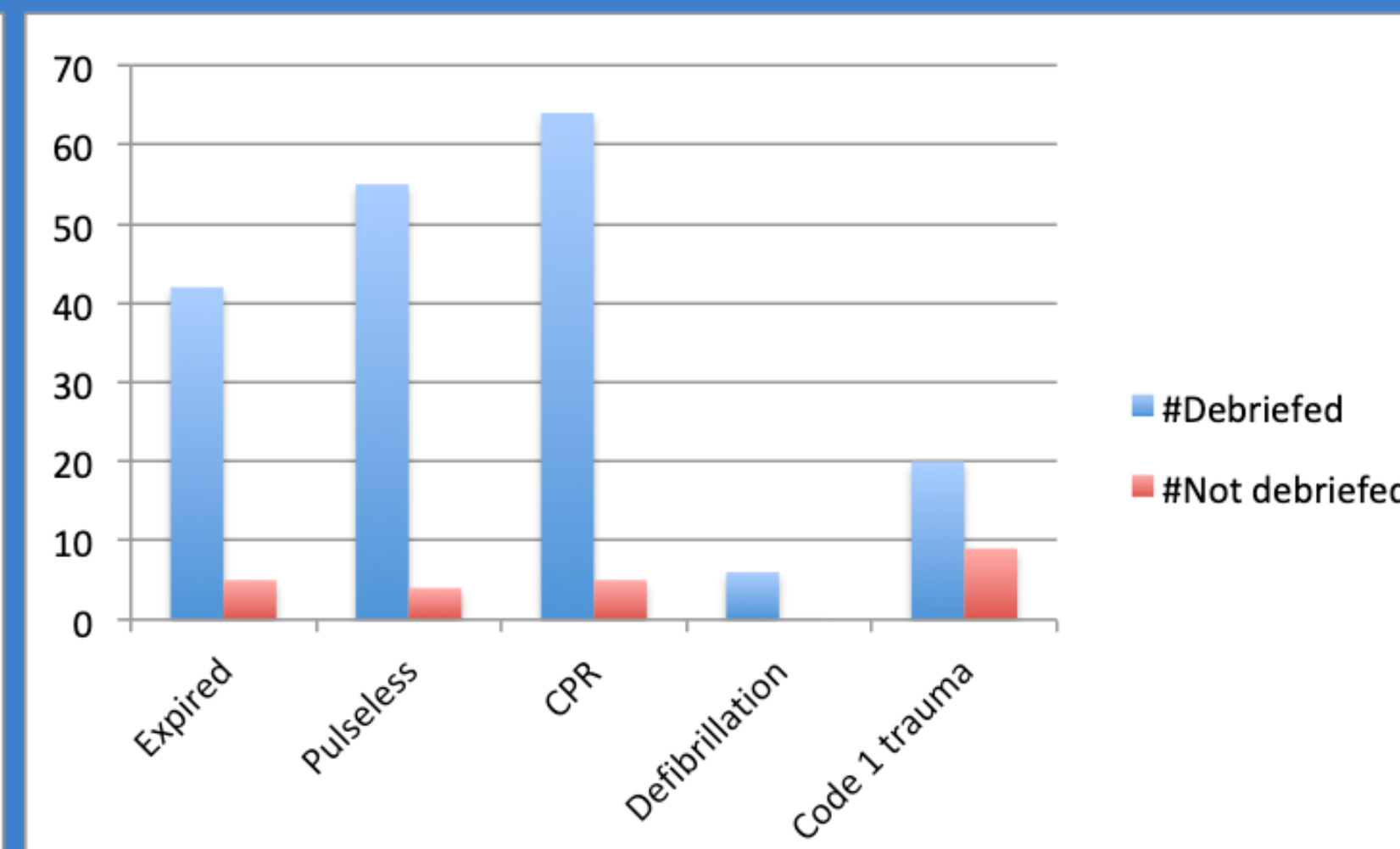


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### Number of critical events debriefed over time

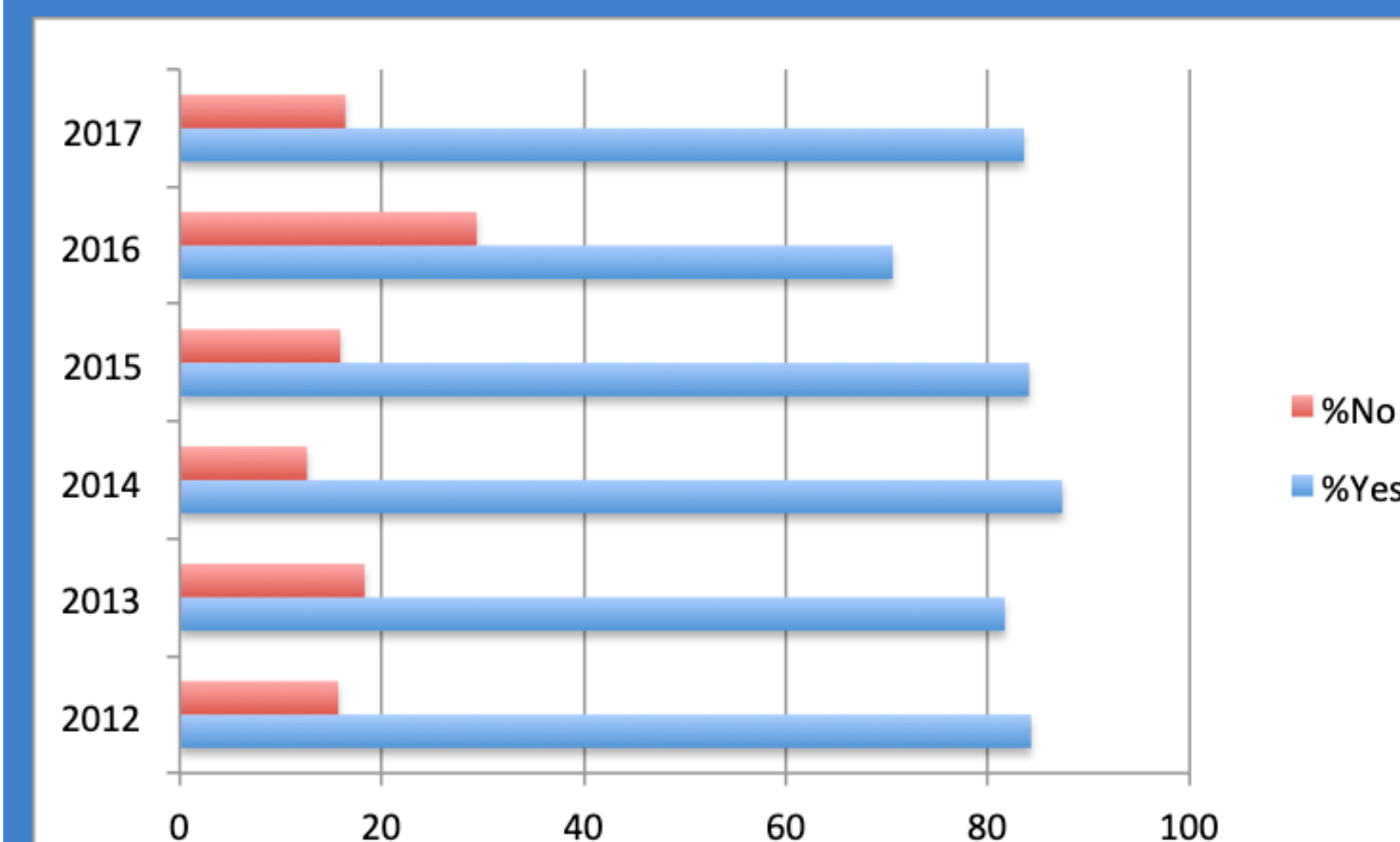


### Critical event types: Rate of debriefing (cumulative 2011-2017)

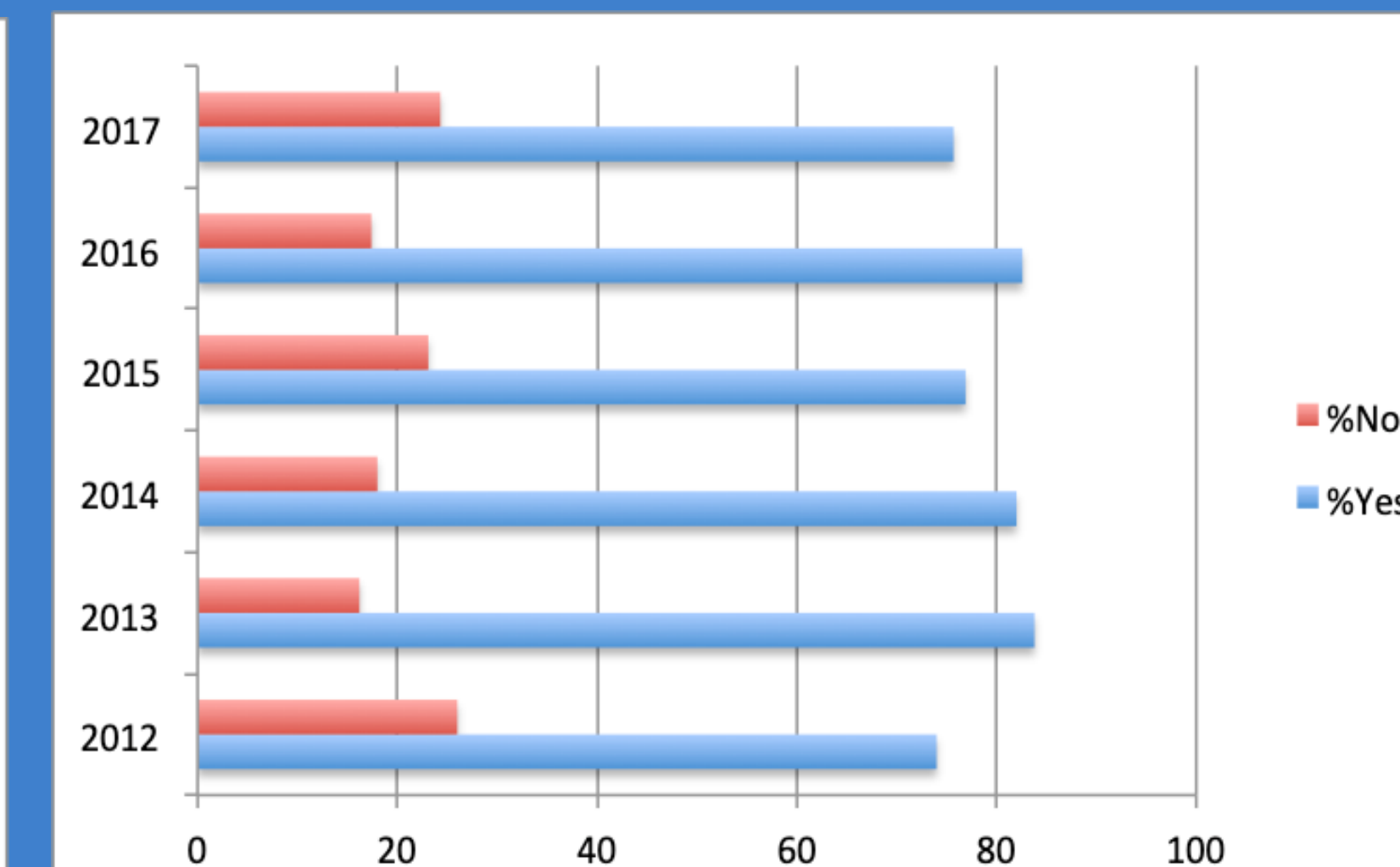


## Crisis Resource Management Principles

### Positive statements



### Negative statements



## RESULTS

- 407 DISCERN forms were reviewed
- The number of critical events debriefed decreased significantly over the years, with a peak in 2013 (29.5% of total debriefings) followed by a steady decline through 2017 (5% of total debriefings)
- An event was significantly more likely to be debriefed if CPR was needed (OR = 11.8, 95% CI 4.1-33.8,  $p < 0.001$ ) or if the patient expired (OR = 8.9, 95% CI 2.7-29.1,  $p = 0.001$ )
- 80.5% of DISCERN statements were CRM-related
- Only 18.6% of statements were classified as medical management-related ( $p < 0.001$ ), and 9.4% as PALS-related ( $p = 0.04$ )
- There was no significant difference in which CRM principles were discussed over time

## CONCLUSIONS

- The DISCERN tool was utilized more frequently during events involving CPR or patient demise, and its use declined over time
- Debriefings predominately focused on CRM principles such as teamwork, communication, and preparation, without a change over time
- The information elicited from this qualitative study can inform content for future work to guide debriefing tools and strategies, and guide future educational directives within the department with the continuing goal of improved patient outcomes