

Hot Debrief Tool

| | | |
|----------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D | Debrief Set Up | <ul style="list-style-type: none"> Timing Venue Communication/invitation Equipment Chairperson |
| E | Establish Ground Rules | <ul style="list-style-type: none"> Read Ground Rules once everyone present Introductions (names and roles) Sign in Purpose of Debrief |
| B | Brief Overview | <ul style="list-style-type: none"> Thank the team All worked hard and did our best Case overview Chronological narrative |
| R | Reflections | <ul style="list-style-type: none"> Things that went well Things we could improve Things we can learn Things that were challenging |
| I | Immediate Actions | <ul style="list-style-type: none"> Equipment Processes Human factors Who is responsible? What is the timeframe? |
| E | Emotional Support | <ul style="list-style-type: none"> What is normal after a difficult event Signposting Senior team awareness At risk individuals (students, new staff) Is everyone ok to continue working now? |
| F | Future Communication and Plans | <ul style="list-style-type: none"> Disseminating updates and further information Consider need for a Cold Debrief Future meetings What is important for this case? |

Purpose of Debrief – to be READ to all attendees before commencing Debrief

What it IS for

Opportunity to come together in safe environment to help us all understand and process
Group understanding of complex and challenging situation
Completing jigsaw puzzle – experiences and perspectives will be different
Reflection for learning – positives and issues that need addressing

What it NOT for

Not an investigation/case review/clinical interrogation
Not about blame or what 'should have done'
Not compulsory – can leave at any point, no need for explanation

Ground Rules

Leave hierarchy at the door
Everyone should be able to contribute and everyone's contributions should be respected
No blame – learning for the future
Make no assumptions
Allow people to explore questions and uncertainty
Confidentiality

Acknowledgements

Everyone will experience and deal with this differently
Offers of ongoing support – psychology, chaplain, supervisors, managers, peers
Emotive
While debrief is not clinical interrogation, important to talk through questions or uncertainties

Debrief Process

| | | |
|----------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D | Debrief Set Up | <p>Timing</p> <ul style="list-style-type: none">- As soon as possible to enable maximum attendance- Facilitate bedside staff to attend <p>Venue</p> <ul style="list-style-type: none">- Consider capacity- Close by- Ideally non-clinical area- Consider virtual options to maximise attendance <p>Communication/invitation</p> <ul style="list-style-type: none">- In person- Tannoy 'Paediatric debrief, location x, in y minutes' <p>Equipment</p> <ul style="list-style-type: none">- Chairs- Tissues- Drinks- Hot debrief tool- Paper/pen- Patient notes and other paperwork <p>Chairperson</p> <ul style="list-style-type: none">- Decide who is the most appropriate person to lead <p>Support</p> <ul style="list-style-type: none">- Is additional support required for this debrief? |
| E | Establish Ground Rules | <p>Read Ground Rules to the team</p> <ul style="list-style-type: none">- Standardised approach to debrief- Ensures everyone is aware <p>Introduce Debrief lead</p> <p>Team introductions and role they played in case</p> <p>Sign in/list of attendees</p> <p>Consider who is missing and support for them</p> <ul style="list-style-type: none">- Can you facilitate their attendance? <p>Purpose of Debrief</p> <p>Emphasise confidentiality of discussions</p> <p>Emphasise importance of whole team input and any questions welcome</p> |
| B | Brief Overview | <p>Thank the team</p> <p>All worked hard and did our best</p> <p>Case overview</p> <p>Narrative of events chronologically</p> <p>This ensures the event is understood by the whole team who may not have been present throughout or may have been focused on particular elements of care</p> <p>Talking through the case stage by stage allows good practice to be identified and immediate action points for improvement to be highlighted early</p> <p>If possible the leads for each stage of care should talk through the summary of their events (eg prehospital team to discuss pre-hospital care, team leader to discuss in-hospital care etc)</p> <p>This narrative should be succinct to enable discussion from the wider MDT once the narrative is complete</p> |

| | | |
|-----------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>R</p> | <p>Reflections</p> | <p>Wider MDT discussion from the whole team Consider</p> <ul style="list-style-type: none"> - Things that went well - Things we could improve - Things we can learn - Things that were particularly challenging <p>Themes might include</p> <ul style="list-style-type: none"> - Communication - Human factors - Clinical care - Equipment - Processes and pathways - Environmental factors - Family support <p>A written log should be kept to ensure learning points are not missed from these discussions</p> |
| <p>I</p> | <p>Immediate Actions</p> | <p>Identify from discussions any issues that need to be actioned immediately This is to ensure critical factors are corrected immediately This may include (but is not limited to)</p> <ul style="list-style-type: none"> - Missing or broken equipment - Process or pathway concerns - Issues around communication (eg phonecalls, bleeps) <p>Also record any issues or learning points that need to be addressed less immediately This may include (but is not limited to)</p> <ul style="list-style-type: none"> - Human Factors - Clinical management - Guidelines/pathways/processes - Communication - Wider issues <p>Who is responsible for actioning each point? What is the timeframe for completion of each action point? Where will the information and actions be reviewed or further discussed? (eg M&M, CDAD etc) Keep a written log of all discussions, agreed actions and responsible persons</p> |
| <p>E</p> | <p>Emotional Support</p> | <p>Acknowledge what has been difficult Acknowledge that everyone will deal with it differently Acknowledge that everyone will have a different timeline for processing their response and that people may need additional help further down the line Acknowledge what are normal responses and feelings to a difficult event Ensure everyone is aware of how and where to seek additional help and support Sign in sheet should be completed to ensure everyone is referred for TRiM – to be actioned by Nurse in Charge Disseminate debrief and Wellbeing Resources Is everyone ok to continue working now?</p> <ul style="list-style-type: none"> - It may be necessary to consider sending some members of staff for additional breaks, support or even home |

F

Future Communication and Plans

Discuss how further updates and information about the case should be disseminated

- Emails
- Face to face

There may be additional information that needs to be shared with the team in the future (eg. post mortem or inquest results)

Consider how people are happy to receive this information

Does there need to be a Cold Debrief for this case

For example this may be necessary if

- there are unanswered questions
 - following inquest or post mortem results
 - following JAR meetings
 - if the patient outcome is not yet known (eg they are admitted to PICU or transferred elsewhere)
 - lots of the team were unable to attend the Hot Debrief
- when is the right time to hold the Cold Debrief?
- Could it be tied in with an M&M meeting?
 - Do you need to wait for post mortem or inquest results?
 - Are there specific issues that need addressing before the Cold Debrief is held?
 - How would people like this information communicated to them?
 - What is important for this case? (this may determine when the cold debrief needs to be held)

Signpost the team to further meetings where the case may be discussed (eg CDAD, Medical M&M, Trauma M&M etc)

Debrief Documentation

Pre-Hospital Phase

Information

Issues and Learning

Action Points and Person Responsible

Pre-Alert/Notification/Planning Phase

Information

Issues and Learning

Action Points and Person Responsible

Initial Management

Information

Issues and Learning

Action Points and Person Responsible

Progress and Outcome

Information

Issues and Learning

Action Points and Person Responsible

Other Issues (Team work/Human Factors/Clinical Care/Process/Investigations/Equipment/Family/Process)

Information

Issues and Learning

Action Points and Person Responsible

Other Teams and Agencies

Information

Issues and Learning

Action Points and Person Responsible