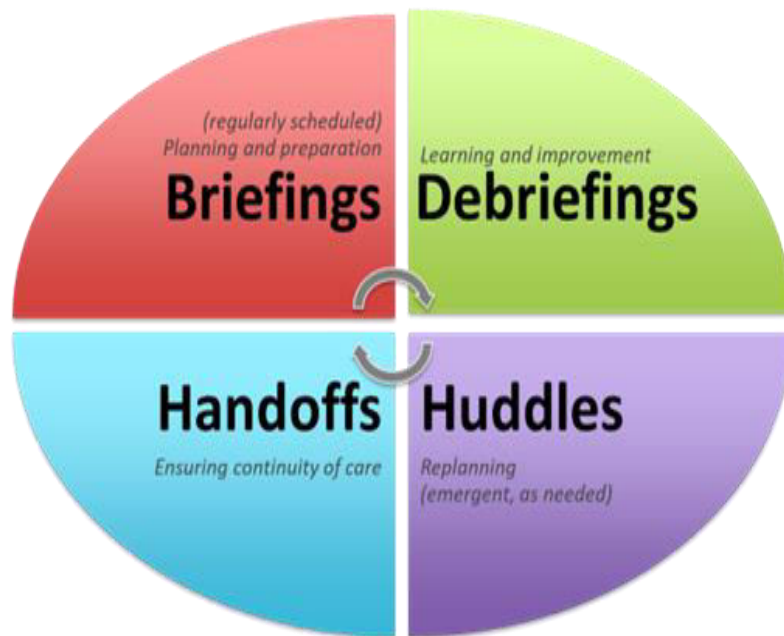




DEDER GENERAL HOSPITAL

BRIEFING AND DEBRIEFING PROTOCOL



PREPARED BY: HSQU

JULY 2016 E.C
DEDER, EASTERN ETHIOPIA



PROTOCOL APPROVAL SHEET

NAME OF PROTOCOL: BRIEFING AND DEBRIEFING PROTOCOL

PREPARED BY			
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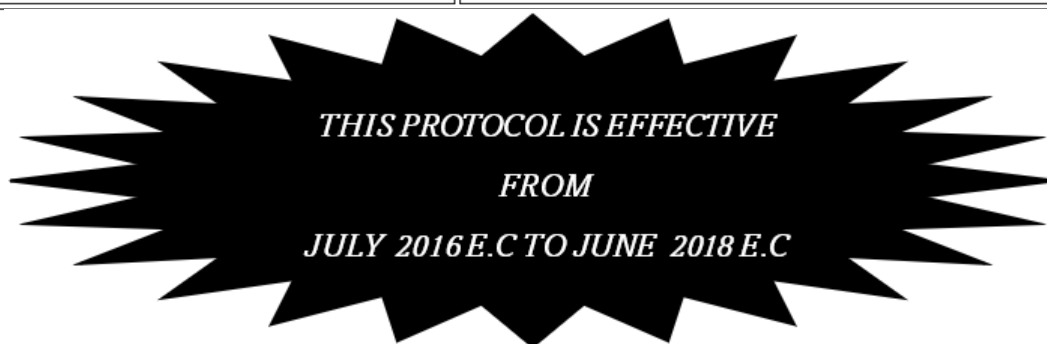


Table of Contents

PROTOCOL APPROVAL SHEET.....	2
Introduction.....	4
Purpose of a Briefing.....	4
Effective Briefings.....	4
Briefing Checklist.....	5
Team Debrief.....	5
Evidence Supports Briefings.....	5
Why Briefings and Debriefings?	6
Debriefings in the Operating Room.....	8
Debriefings: Best Practices.....	9
Real-Time Identification of Defects.....	9
Debriefing Defect Logbook Example	9
Briefings and debriefings	10
Barriers to Debriefing.....	10
Intraoperative Debriefing.....	10
Logging Debriefing Comments	11

Introduction

Purpose of a Briefing

1. Maps out the plan of care
2. Identifies roles and responsibilities for each team member
3. Heightens awareness of the situation
4. Allows the team to plan for the unexpected
5. Anticipates team members' needs and expectations

Effective Briefings

- Set the tone for the day
 - Chaotic and harried or
 - Organized and efficient
- Encourage participation and ownership by all team members
 - Organize based on procedure
 - Establish competencies
- Anticipate events and plan for the unexpected
 - Equipment, medications, consultations
 - Intensive care unit bed

Briefing Checklist

TOPIC
<input checked="" type="checkbox"/> Who is on core team?
<input checked="" type="checkbox"/> All members understand and agree upon goals?
<input checked="" type="checkbox"/> Roles and responsibilities understood?
<input checked="" type="checkbox"/> Plan of care?
<input checked="" type="checkbox"/> Staff availability?
<input checked="" type="checkbox"/> Workload?
<input checked="" type="checkbox"/> Available resources?

Team Debrief

What can we do better next time?

- Brief, informal information exchange and feedback sessions
- Occur after an event or shift
- Stress learning and improvement
- Designed to improve teamwork skills
- Designed to improve outcomes
 - ✓ Accurate reconstruction of key events
 - ✓ Analysis of why the event occurred
 - ✓ Focus on what should be done differently next time

Evidence Supports Briefings

- Create shared mental model among team members¹¹
- Reduce task-related conflict in multi-disciplinary teams¹²
- Clarify roles and responsibilities^{8,9,12}
- Anticipate changes and plan for emergent patient needs¹¹

Why Briefings and Debriefings?

Teams perform better when they–

1. Have a high-quality plan
2. Share that plan
3. Learn and improve over time

Briefings and debriefings can help, but they do not *guarantee* good planning.

Operating room briefings and debriefings

Timeout: The Universal Protocol

- ✓ Right patient
- ✓ Right procedure
- ✓ Right site

Briefings: Expanding the Timeout

- ✓ Introduce all team members by first and last names
- ✓ Write names and roles on white board
- ✓ Facilitate timeouts
- ✓ Share goal of the operation (surgeon)
- ✓ Identify all issues or concerns (entire team)

What Is Most Likely To Go Wrong?

Safety concerns

- ✓ Identify critical steps of the procedure?
- ✓ Is required equipment available?
- ✓ Is someone trained on the equipment available?
- ✓ Is instrumentation available?

- ✓ Need implants?

- ✓ Has attending physician reviewed latest test results from lab and radiology?

Operating room best practices

- ✓ Antibiotic type, dosage, and redosing
- ✓ Beta blockers
- ✓ Glucose control
- ✓ Positioning
- ✓ Blood loss and blood availability
- ✓ Deep vein thrombosis prophylaxis
- ✓ Normothermia warmers usage and availability

Other concerns

- ✓ Special precautions
- ✓ Bed availability
- ✓ Intensive care bed requirement
- ✓ Staffing and shift changes
- ✓ Time allotted for procedure

Briefings: Best Practices

- ✓ All team members should be present and participating, including the surgical attending
- ✓ May include the patient in the discussion
- ✓ Assign a point person to own the process
- ✓ Initiate the tool or checklist
- ✓ Write names of providers on white board
- ✓ Modify checklist to local context

Timeout: Prior to Incision

- Confirm patient identity, site, and procedure
- Review perfusion plan, including–
 - Cannulation
 - Perfusion pressure goals
 - Temperature
 - Transfusion target
- Confirm sterile environment
- Confirm prophylactic antibiotic and beta blocker administration
- Discuss glycemic control goals
- Confirm blood availability
- All team members present
- Use a checklist to serve as reminder
- Encourage 100% participation

Debriefings in the Operating Room

Before surgeon leaves the operating room–

- How could the case have been safer or more efficient?
- Were any issues encountered including good catches?
- What went wrong?
- Were patient identification, history number, specimen name, and laterality correctly listed on paperwork via independent verification?
- Is plan for postoperative transition of care communicated?

Debriefings: Best Practices

- Develop a system to review identified issues
- Review issues with surgical site infection improvement team

- Use the Learning From Defects tool
 - Identify all contributing factors
 - Develop plan to prevent defects from happening again

Real-Time Identification of Defects

- Customize form based on needs in your surgical unit
- Initiate candid discussions with surgeons about effective strategies for briefing and debriefing
- Provide protected time for nurse to address defects and communicate solutions
- Maintain logbook of defects

Debriefing Defect Logbook Example

NURSE	ANESTHESIOLOGIST	EQUIPMENT	COMMENT	ACTION PLAN
Azhar Jibril	Adam	Instruments	Wrong tray; got a medium, but needed major 1 & 2	Check type of case; possible preference card update
Murad	Gabayyo	Equipment	Ultrasound was needed in another room, repeated calls during critical part of case. Frustrated M.D. stopped the procedure for the other OR and waited 15 minutes for the equipment to be returned	Contacted ultrasound manager Bob about getting another device. New clinical building impact; plan to teach sonographers how to use an alternate device in some cases to alleviate burden in short-term; long-term fix under review

Briefings and debriefings–

- Reshape safety culture with time and commitment
- Foster safety culture growth
- Practice and expect open communication
- Flatten the hierarchy
- Focus on the patient
- Adapt to local context so are meaningful to staff
- Identify defects proactively as they occur

Barriers to Debriefing

- Team needed approval from the administration
- Staff hesitant to incorporate another form
- Team questioned if staff would comply with new form and process

Intraoperative Debriefing

- Perform at case completion, usually after the first count and before surgeon leaves the operating room
- Cover what went well, good catches, and room for improvement
- Ask if instrument, sponge, and needle counts are correct
- Record name of procedure and wound classification
- If applicable, specify how specimen labeled or provide special instructions
- Address equipment issues
- Plan postoperative beta blockers, if applicable
- Communicate key concerns for recovery and management of the patient

Logging Debriefing Comments

- Record comments in a spreadsheet file
- Use column headings applicable to local needs
- Filter comments by subject, specialty, or procedure
- Standing agenda item in the vascular team meeting reviews all vascular debriefing comments
- Equipment issues reviewed in appropriate areas as well