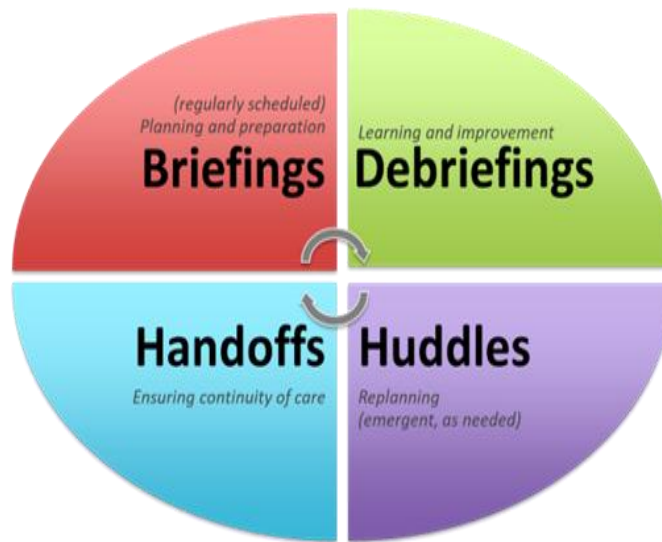




DEDER GENERAL HOSPITAL

BRIEFING AND DEBRIEFING PROTOCOL



BY: HSQU

July 2016E.C

Deder, Eastern Ethiopia

SMT APPROVAL SHEET



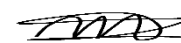
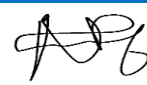



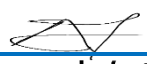









TITLE	Title: Briefing and Debriefing Protocol 2017E.C Version: 1.0			
	NAME	POSITION	ROLE	SIGN
AUTHORS	Abdi Tofik (BSc, MPH)	Quality Director	Team leader	
	Abdella Aliyi (BSc MW)	Quality Officer	Member	
	Mahammad Aliyi (BSc N)	Reform head	Member	
	Draft Date: July 15, 2016E.C		Approved Date: July 20, 2016E.C	
	Name	Position	Role	Sign
SMT APPROVAL	Nuredin Yigezu (BSc, MPH)	CEO	Chair person	
	Dr. Derese Gosa (GP)	Medical director	Member	
	Dr Isak Abdi (G/Surgeon)	Staff Representative	Member	
	Dr. Dawit Seifu (GP)	IPD Director	Member	
	Abdi Tofik (BSc, MPH)	Quality Director	Member	
	Hamza Jamal (BSc N)	Metron	Member	
	Abraham Tahir (BSc N)	HR Head	Secretary	
	Obsa Usma'il (BA)	Finance and procurement head	Member	
	Bellisa Usma'il (BSc Pharm)	Pharmacy head	Member	
	Alamudin Usma'il (BSc Lab)	Laboratory head	Member	
	Dine Bakar (BA)	Internal Auditor	Member	
	Redwan Sharafuddin (BSc Pharm)	Planning Head	Member	
	Nure Jamal (BA)	General service head	Member	
	Mahammad Shamshaddin (BSc)	Qondaala Naamusaa	Member	
REVIEW	Reviewed and updated Review date: July 2018E.C			

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1. INTRODUCTION

Daily team briefing and debriefing are essential components of safe surgical practice. The World Health Organization (WHO) emphasizes structured communication as a critical factor in reducing surgical errors, improving efficiency, and strengthening teamwork. At **Deder General Hospital**, elective and emergency surgeries are performed daily in a resource-limited setting with high patient demand.

This protocol provides a framework for structured daily **briefings at the beginning of the OR day** and **debriefings at the end of the OR day**, ensuring that patient safety, efficiency, and quality improvement remain central to surgical care delivery.

2. PURPOSE

The purpose of this protocol is to:

- ✍ Enhance communication and collaboration among surgical team members.
- ✍ Ensure readiness of staff, equipment, and supplies before surgery.
- ✍ Identify and mitigate risks prior to operations.
- ✍ Review performance, challenges, and lessons learned at the end of the OR day.
- ✍ Support documentation, accountability, and continuous improvement in surgical services.

3. SCOPE

This protocol applies to:

- ✍ All elective surgical procedures conducted at Deder General Hospital.
- ✍ All surgical staff including:
 - ✚ Surgeons (general surgery, and gynecology/obstetrics.)
 - ✚ Anesthetists
 - ✚ Scrub nurses
 - ✚ Circulating nurses
 - ✚ OR coordinator
 - ✚ Support staff assigned to the operating theatre.

4. DEFINITIONS

- ✍ **Briefing:** A structured meeting conducted at the beginning of the OR day to review the schedule, assign responsibilities, and confirm readiness.
- ✍ **Debriefing:** A structured meeting at the end of the OR day to review surgical activities, discuss problems, and plan corrective actions.
- ✍ **Facilitator:** A designated leader (usually the OR Coordinator or Lead Surgeon) who guides the briefing and debriefing session.
- ✍ **Action Plan:** A set of agreed corrective or preventive measures developed during debriefing, with assigned responsibility and timelines.

5. OBJECTIVES

- ✍ Standardize OR communication processes.
- ✍ Prevent delays, equipment failures, and surgical errors.
- ✍ Strengthen infection prevention and patient safety.
- ✍ Build a culture of teamwork and accountability.
- ✍ Document key issues for monitoring and continuous improvement.

6. PROCEDURES

6.1 Daily Briefing (Beginning of OR Day)

- ✍ **Time:** Conducted **5-10 minutes** before the first scheduled case.
- ✍ **Location:** Operating Theatre briefing area.
- ✍ **Facilitator:** OR Coordinator or **OR Director**.
- ✍ **Participants:** All surgical team members scheduled for the day.

Agenda:

1. Welcome and attendance check.
2. Review OR schedule and planned procedures.

3. Confirm patient readiness:

- ✚ Preoperative checklist completed.
- ✚ Lab/imaging results available.
- ✚ Consent signed.

4. Equipment and supply verification:

- ✚ Surgical instruments and sutures available.
- ✚ Sterile packs and drapes ready.
- ✚ Anesthesia machine checked.
- ✚ Blood products available if needed.

5. Role allocation:

- ✚ Surgeon, anesthetist, scrub nurse, circulating nurse.

6. Anticipated risks:

- ✚ High-risk patients.
- ✚ Complicated or prolonged procedures.
- ✚ Emergency case overlap.

7. Safety reminders:

- ✚ WHO Surgical Safety Checklist.
- ✚ Infection prevention measures.
- ✚ Emergency protocols.

Documentation:

- ✍ Completed ***Daily OR Briefing Form***.
- ✍ Signatures of all participants.

6.2 Daily Debriefing (End of OR Day)

- ✍ **Time:** Immediately after the last case.
- ✍ **Location:** Operating Theatre debriefing area.
- ✍ **Facilitator:** OR Coordinator or Lead Surgeon.
- ✍ **Participants:** All team members present at end of day.

Agenda:

1. Review of surgeries performed, postponed, or cancelled.
2. Outcomes of each case (successes, complications, intraoperative events).
3. Equipment or supply challenges.
4. Workflow issues: turnaround time delays, patient readiness gaps.
5. Team communication and coordination.
6. Infection prevention compliance.

7. Documentation of complications, near misses, or adverse events.

8. Development of action points:

- ✚ Corrective measures.
- ✚ Assigned responsibilities.
- ✚ Timeline for implementation.

Documentation:

✍ **Daily OR Debriefing Minutes Form** containing:

- ✚ Key issues discussed.
- ✚ Action plans.
- ✚ Assigned staff.
- ✚ Deadlines.

✍ Signed by facilitator and submitted to the **OR Director**.

7. ROLES AND RESPONSIBILITIES

✍ **OR Coordinator:** Facilitates briefing and debriefing, ensures documentation.

✍ **Lead Surgeon:** Provides input on surgical planning and evaluates outcomes.

✍ **Anesthetist:** Confirms anesthesia readiness, patient risks, and intra/postoperative issues.

✍ **Scrub Nurse:** Verifies instrument readiness and sterile setup.

✍ **Circulating Nurse:** Reviews supply, assists documentation.

8. DOCUMENTATION AND REPORTING

- ✍ The briefing and debriefing forms filed in OR records.

9. MONITORING AND EVALUATION

- ✍ Monitoring and evaluation ensure that the OR briefing and debriefing process is consistently implemented and contributes to surgical safety and efficiency.

Monitoring Mechanisms

- ✚ OR Coordinator ensures that briefing and debriefing forms are completed and signed.
- ✚ Immediate corrective actions are recorded in the *Debriefing Minutes Form*.

Immediate Action

Whenever an issue is identified during debriefing or briefing:

1. Issue Documentation

- ✚ The issue is recorded immediately in the *Debriefing Minutes Form*.

2. Immediate Notification for Corrective Action

- ✚ Critical issues (e.g., equipment failure, infection risk, patient safety incident) are communicated **to the OR Coordinator**, and relevant department head.
- ✚ The responsible person, as designated in the debriefing minutes, must immediately implement corrective measures.

3. Escalation

- ✚ If the issue cannot be resolved within 24 hours, it is escalated to the Hospital Management Team (HMT) for urgent intervention.

10. ETHICAL CONSIDERATIONS

- ✚ Respect for staff contributions.
- ✚ Confidentiality of patient-related discussions.
- ✚ Non-punitive approach to error reporting (focus on system improvement).

11. CHALLENGES AND MITIGATION STRATEGIES

- ✂ **Staff shortage:** Task-sharing and flexible scheduling.
- ✂ **Time constraints:** Keep meetings brief (10–15 minutes).
- ✂ **Inconsistent documentation:** Regular audits and feedback.
- ✂ **Resistance to change:** Continuous awareness and leadership support.

12. CONCLUSION

- ✂ The daily OR briefing and debriefing protocol strengthens communication, teamwork, and patient safety. Through structured meetings, systematic documentation, and follow-up, the hospital can ensure efficient surgical services, minimize risks, and foster a culture of accountability and continuous improvement.

13. REFERENCES

1. World Health Organization. (2009). *Safe surgery saves lives*. Geneva: WHO.

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APPENDIX: OR Daily Briefing and Debriefing Forms

OR Daily Briefing Form

Date: _____ Day: _____ Time: _____


OR Coordinator/Chair: _____ Recorder: _____


Attendees


SN	Name	Role	Present (✓)	Signature
1				
2				
3				
4				
5				
6				

Agenda & Key Points


1. Scheduled Cases


 Case 1: _____


 Case 2: _____

 Case 3: _____

2. Case-Specific Concerns

 Patient safety issues: _____

 Infection prevention measures: _____

 Blood availability / special equipment needs: _____


 Anticipated complications: _____


3. Team Assignments

 Surgeon: _____

 Assistant: _____

Anesthetist: _____

 Scrub Nurse: _____

 Circulator: _____

Feedback & Action Plan (from briefing)

Feedback from Team	Agreed Action Plan	Responsible Person	Target Date

Briefing Completed by: _____ **Signature:** _____

OR Daily Debriefing Form

Date: _____ **Day:** _____ **Time:** _____ **OR Coordinator/Chair:** _____ **Recorder:** _____

Attendees

SN	Name	Role	Present (✓)	Signature
1				
2				
3				
4				
5				
6				

Agenda & Key Points

1. Review of Completed Cases

 Case 1 Outcome: _____

 Case 2 Outcome: _____

 Case 3 Outcome: _____

2. **Equipment & Supply Issues** _____

3. Process & Teamwork Feedback

 What went well today? _____

 What can be improved? _____

4. **Patient Safety Issues Identified** _____**Feedback & Action Plan (from debriefing)**

Feedback from Team	Agreed Action Plan	Responsible Person	Target Date

Debriefing Completed by: _____ **Signature:** _____

Signatures

1. OR Coordinator: _____ Date: _____

2. Recorder: _____ Date: _____

3. Representative Surgeon: _____ Date: _____

4. Representative Nurse: _____ Date: _____

5. Representative Anesthetist: _____ Date: _____