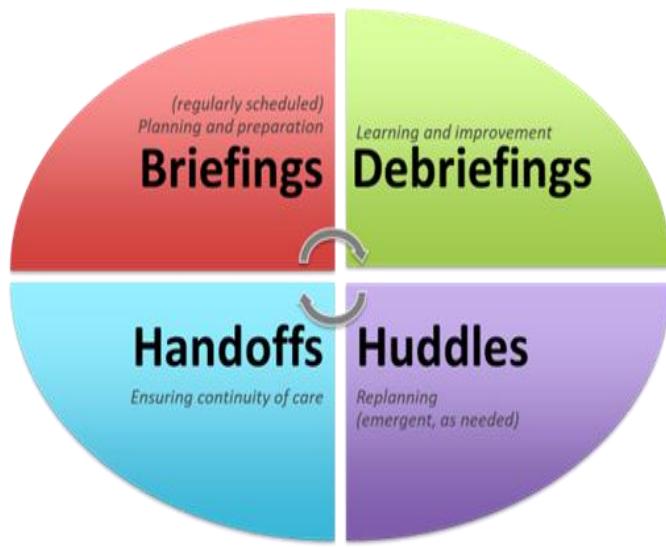




DEDER GENERAL HOSPITAL

BRIEFING AND DEBRIEFING PROTOCOL



BY: HSQU

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SMT APPROVAL SHEET

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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

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4. Royal College of Surgeons. (2016). *Team briefing, debriefing, and the WHO surgical safety checklist*. London: RCS.
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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/hair: _____ 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: _____