2222 Debrief - Enabling learning improving team wellbeing and performance

Gillian Biggans, Resuscitation Officer, NHS Ayrshire & Arran

NHS Ayrshire & Arran

NHS Education for Scotland

Introduction

A Breakdown in communication is the most common cause of patient safety problems (1)
The use of a structured debrief following clinical emergencies can help to mitigate for this. Supporting staff to seek clarity and learning through reflection can improve communication and team performance. Teams that conduct debriefs outperform their counterparts by 25% (2). Facilitated debriefs not only support learning from error, but just as importantly, offer a platform to learn from excellence.
The use of reflective debriefs aligns to the 2020 Workforce Vision[3] as follows:

- nurtures and develops team working and professionalism
- creates a culture of organisational learning
- facilitates on the job learning and recognising the workplace as a major source of learning
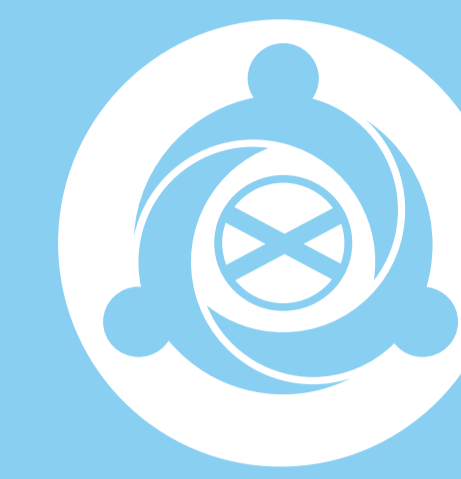
ScIL Scottish Improvement Leader

People don't learn from experience. They learn from reflecting on their experience.
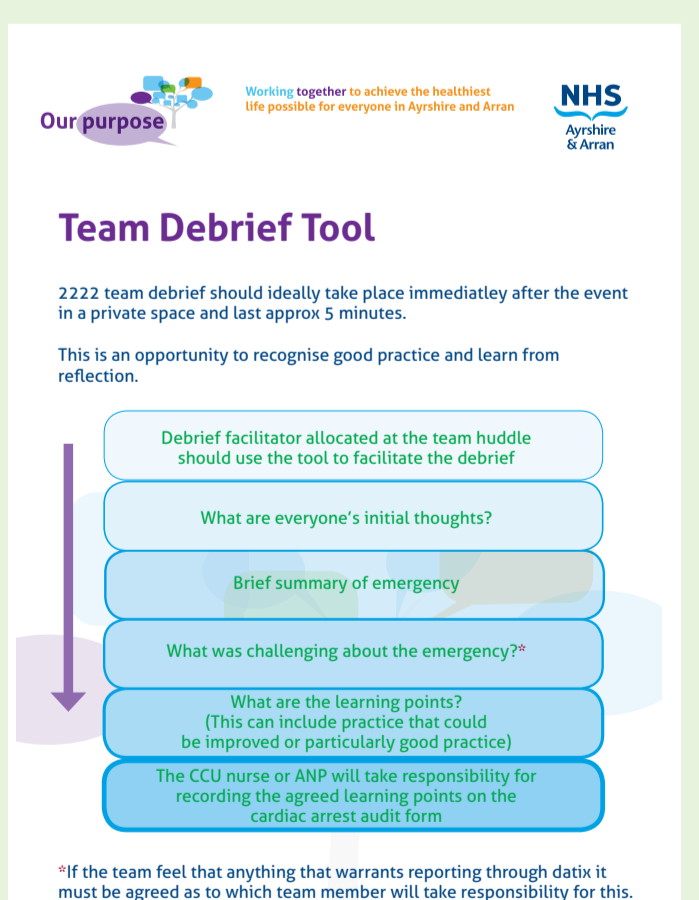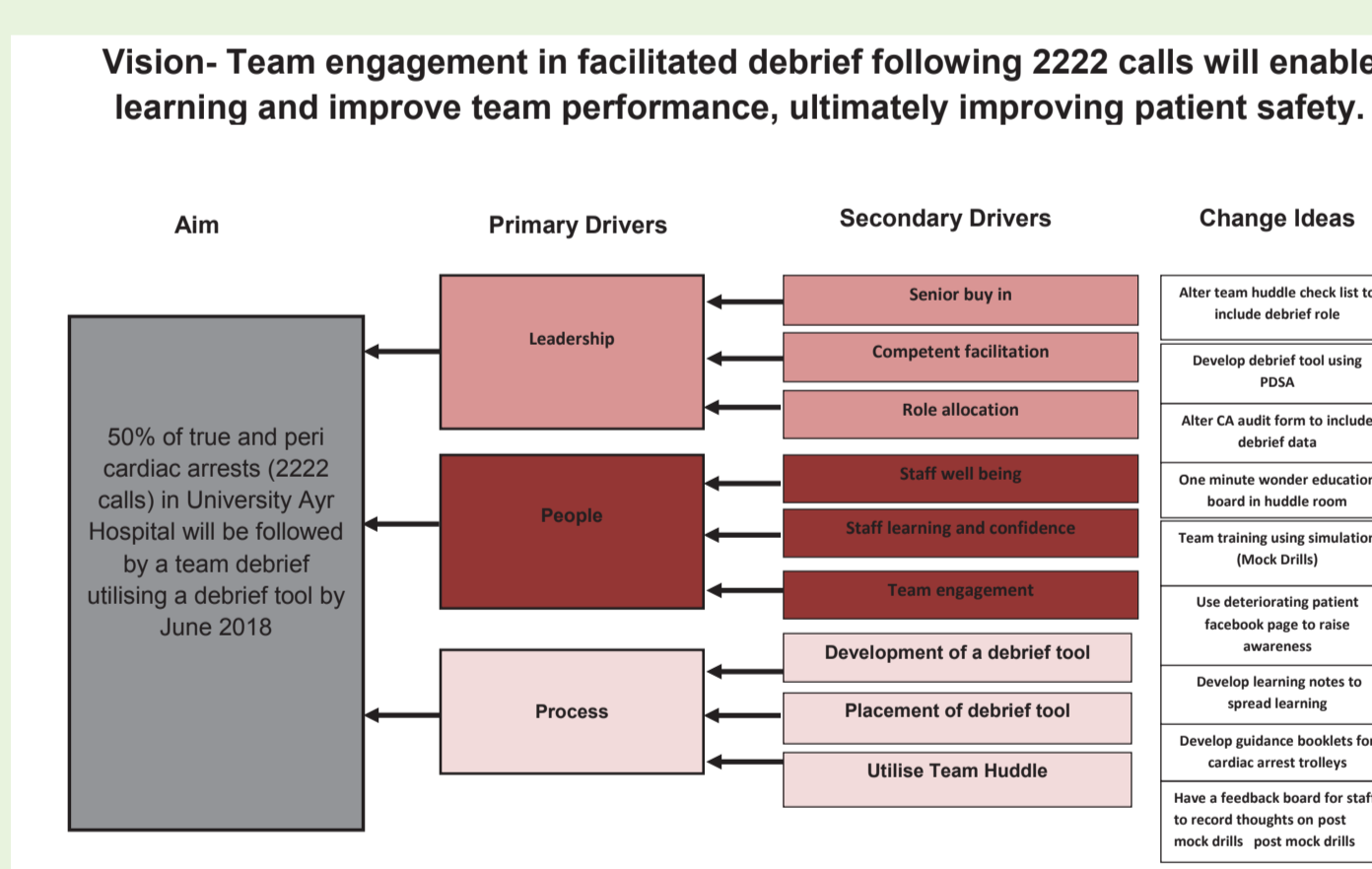
Dewey 1932

Aim

75% of 2222 calls in Ayr Hospital will be followed by a team debrief utilising a debrief tool by May 2019

Method

- Inter professional project team
- Staff survey to assess climate for change & staff experience
- Force field analysis
- GANTT chart for project planning
- PDSA testing using simulation and mock drills to develop debrief tool and process for debrief
- Data collection
- Share learning points widely

Process Change

Vision- Team engagement in facilitated debrief following 2222 calls will enable learning and improve team performance, ultimately improving patient safety.

Version 9 of debrief tool, iterated following focus groups, clincal simulation utilising mock 2222 drills and continuing to be developed through feedback post real 2222 calls.
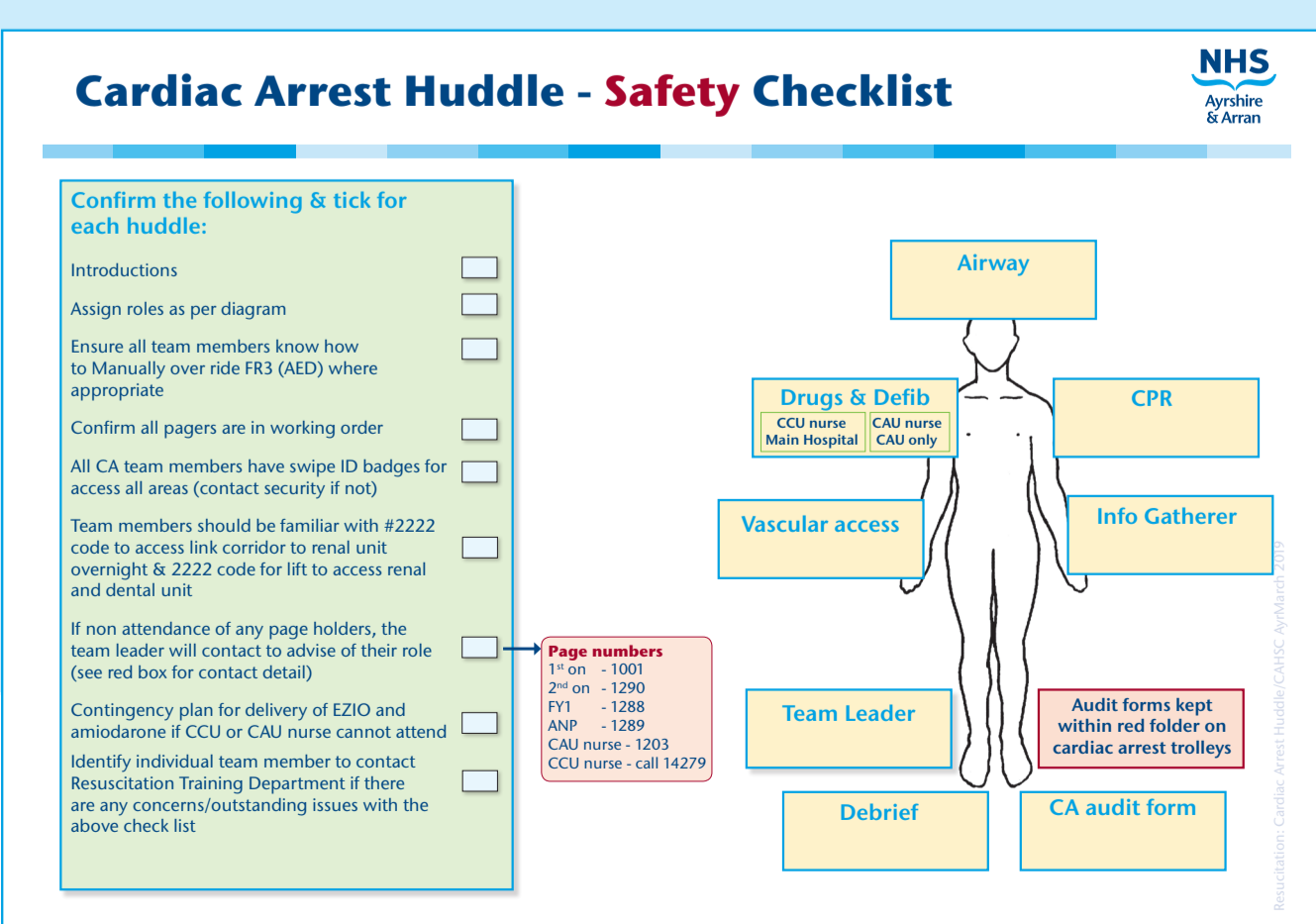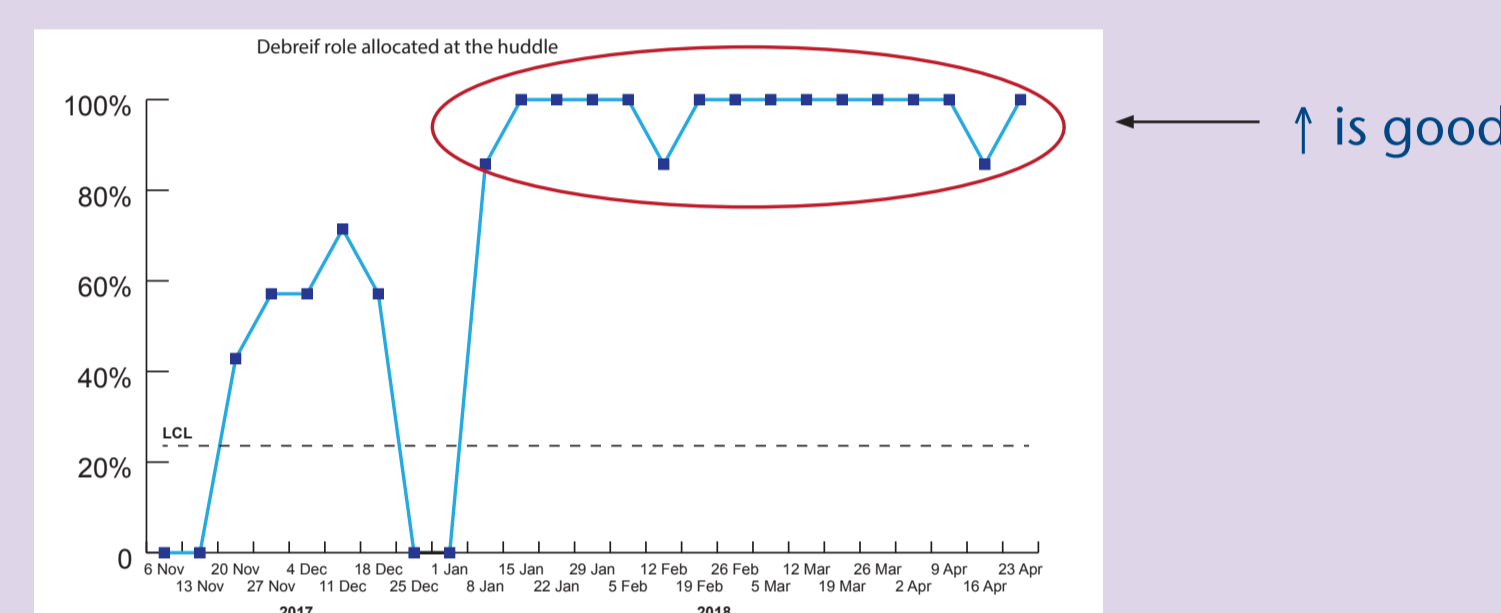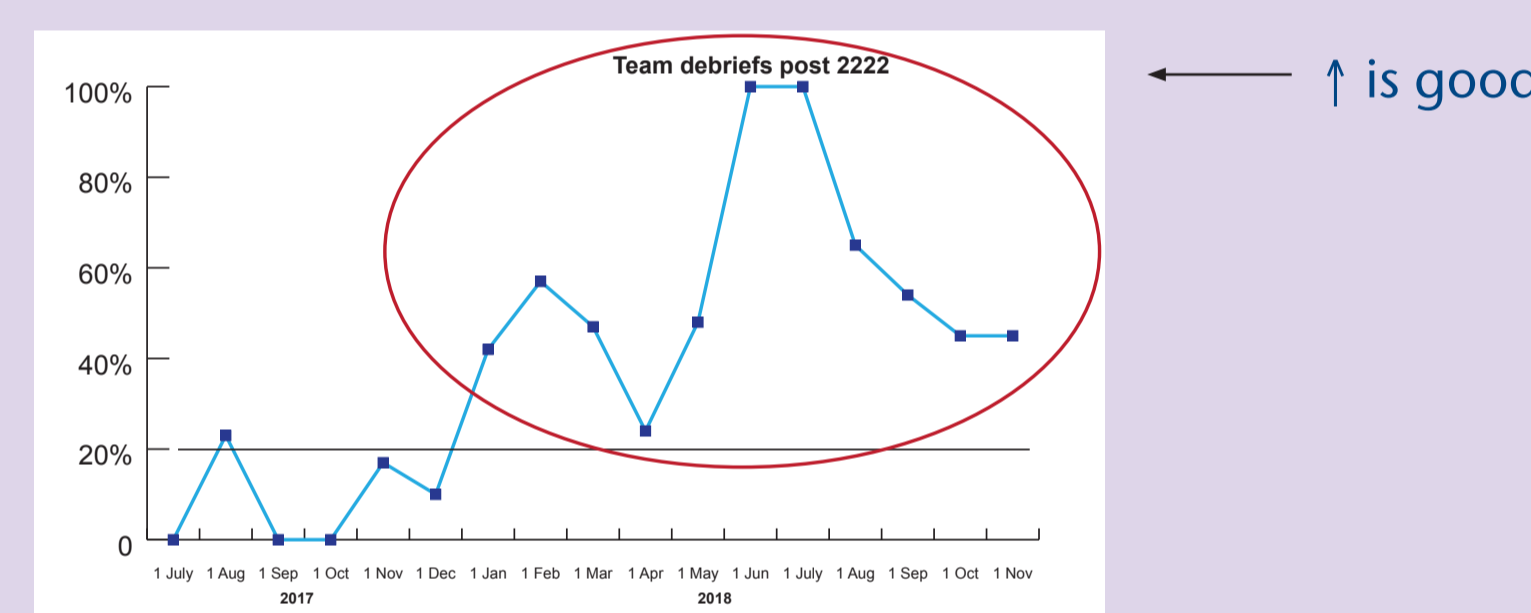
Results

Chart 1 process measure

↑ is good

Chart 2 outcome measure

↑ is good

Arguably it would be impossible to completely remove feelings of stress from any 2222 involvement but when you compare both the pre and post qualitative data there is a definite shift towards a more positive staff experience

Conclusions

- Feedback from frontline staff is encouraging and we were delighted to have achieved our initial aim of 50% and are anticipating also to attain the 75% aim by May 2019.
- Simulation is a safe and effective way of carrying out initial testing

Great idea, a chance to see what went well and what we can learn from.
Staff nurse - post mock drill

I'd feel more comfortable now to facilitate a debrief in real life!
ANP - post mock drill

Debrief gives an opportunity to reflect on an event and enable better patient care. It addresses the emotional needs of the team
Doctor - having used tool in real life

Achievements

- Understanding and managing barriers to the human side of change.
- Mock drill have been so successful that they remain a monthly feature at Ayr Hospital.
- Clinicians are encouraged by the learning to be gained by debrief and mock drills.

Next Steps

- Over time the use of hot debrief will predictably a positive effect on patient outcomes and reduce staff stress levels, I plan to use QI methodology to measure this.
- We are currently in the process of speading this work to our other acute site, Crosshouse Hospital with positive early engagement.
- The Golden Jubilee Hospital are keen to introduce debrief for their 2222 team and I shared this experience with them.

1. D.T., Rice, M.M., Salisbury, M.L., Simon, R., Jay, G.D., Berns, S.D., Wears, R.L., & Leape, L.L. (1999). The potential for improved teamwork to reduce medical errors in the emergency department. Annals of Emergency Medicine, 34, 373-383.
2. Tannenbaum, S.I. & Cerasoli, C.P. (2013). Do team and individual debriefs enhance performance? A meta-analysis. Human Factors: The Journal of Human Factors and Ergonomics Society, 55, 231-245.
3. Scotstar retrieval - http://www.snprs.scot.nhs.uk/

Our values
Caring Safe Respectful

Follow me on Twitter @BiggansGillian
Find us on Facebook at www.facebook.com/nhsaaa

Contact
Gillian Biggans: email: gillian.biggans@aaaht.scot.nhs.co.uk

NC19-00178