

# Paediatric Aftercare Team Introduction.



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### Aim

Paediatrics is a highly emotive and difficult specialty to work in. With paediatric medical emergencies, child deaths, mental health escalations and feeding interventions with young people with eating disorders.

Evidence suggests the importance of debriefs to support staff and reduce posttraumatic distress symptoms as well as facilitate reflection and shared experience (1).

Our Paediatric service was noting a decrease in team moral and an increase in staff sickness due to limited support which is echoed in literature showing similar themes without timely, effective, structured support and debrief (2).

This Prompted The Paediatric Aftercare Service to be introduced by the myself as the APNP, the Paediatric Emergency Care matron, and the Specialist Paediatric Mental Health Nurse.

This allowed a good collection of ideas to be modelled and experience gained to be utilised within the debrief session.

### Tools used and Aftercare Process

Launched in March 2024, it consisted of senior nurses, paediatric consultants, paediatric registrars, advanced paediatric nurse practitioners, departmental mangers and matrons. The team consisted of 22 staff taking on a 2-week period of being the Aftercare lead.

Hot debriefs would occur post the incident and the Edinburgh Emergency Medicine STOP tool could used to support this (3).

After a hot debrief a cold debrief would be arranged within 2 weeks of the incident and be held either on Microsoft teams or as a hybrid meeting of face to face and online.

A centralised email address was created to allow any incident where people felt distressed, or uncomfortable could inform the Aftercare Team. All emails sent are answered within 24 hours giving both medical, nursing and local services that could be utilised and, highlight the Cold debrief date.

Cold debriefs where led by a member of the aftercare team but would sometimes be co-chaired with another appropriate member of the team if seen as need (specialist paediatric mental health nurse, clinical psychologist etc).

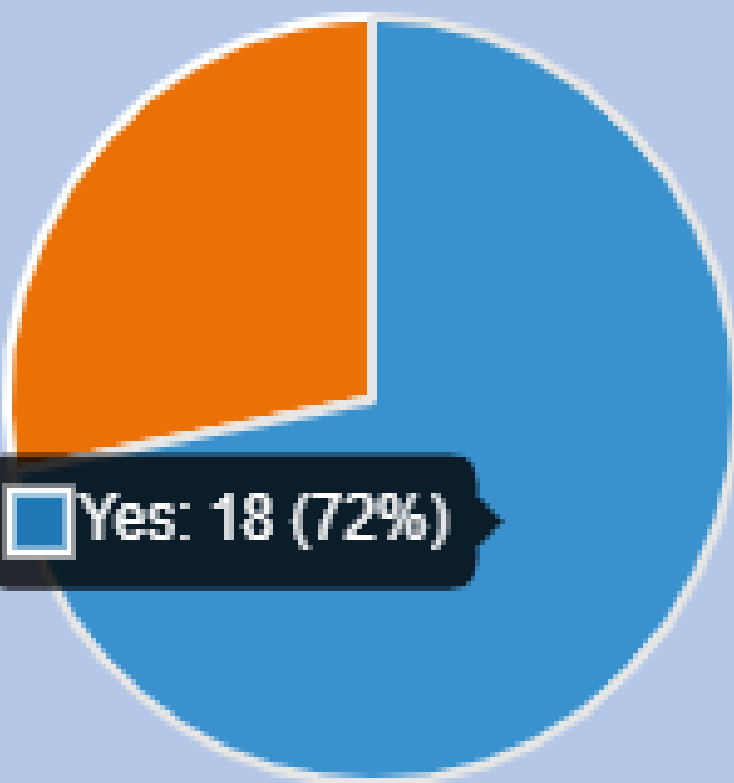
## Methodology

A Microsoft forms questionnaire was created consisting of 15 questions grouped into 3 sections staff demographics (profession, years service, area worked), knowledge and experience (knowledge of hot and cold debriefs, tools used, previous attendance of debriefs) and current views on debriefs within Paediatrics.

The initial questionnaire was sent before the start of the Aftercare Service being implemented in March 2024 (29 responses) and then repeated June 2024 (25 responses). Within this time there were 13 cases requiring debrief.

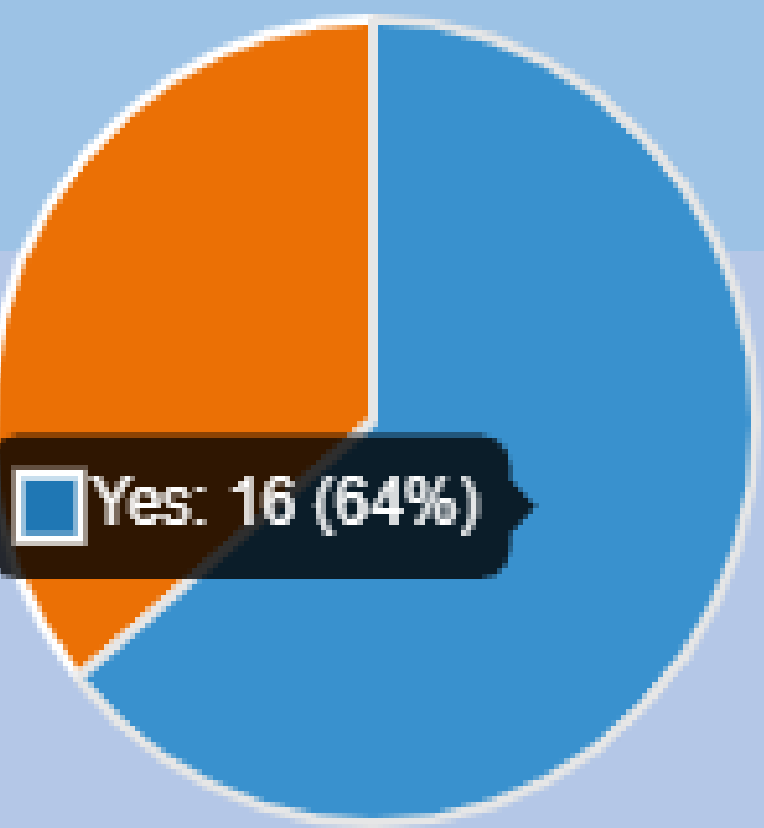
## RESULTS

Knowledge of Hot debrief.



1.How well does the Paediatric Service prioritise aftercare and debriefs? 2.14/5 → 3.52/5 ( <b>28% Increase</b> )	2. How well debriefs run within Paediatrics? 2.28/5 → 3.32/5 ( <b>21% Increase</b> )
3. How quickly do you think a debrief is arranged? 2.28/5 → 3.28/5 ( <b>20% Increase</b> )	4. How well supported are you during a debrief process? 2.62/5 → 3.56/5 ( <b>19% Increase</b> )
5. How well did the Aftercare support your emotional, psychological and clinical questions? 2.45/5 → 3.36/5 ( <b>18% Increase</b> )	6. Overall, how would you rate the aftercare service within Paediatrics? 2.21/5 → 3.44/5 ( <b>24% Increase</b> )

Knowledge of Cold debrief.



Scoring was out of 5, with 5 being highest and 1 lowest.

## CONCLUSIONS

The introduction of the Paediatric Aftercare Team has seen great improvements in the way staff feel about debriefs and the support delivered locally as well as how they now have a better understanding of the process. It has shown a significant improvement in how staff manage their feelings and can reflect after distressing events. This change in thinking should continue to improve the care that we offer as a service and aim to continue to progress the service to increase its effectiveness.

**References**  
1 - Scott, Z., O'Curry, S., & Mastroyannopoulou, K. (2022). The impact and experience of debriefing for clinical staff following traumatic events in clinical settings: A systematic review. Journal of Traumatic Stress, 35, 278–287. <https://doi.org/10.1002/jts.22736>  
2 – Plante J, Cyr C. (2011). Health care professionals' grief after the death of a child. Paediatr Child Health. 16(4):213-6. doi: 10.1093/pch/16.4.213. PMID: 22468124; PMCID: PMC3076172.  
3 - Edinburgh Emergency Medicine STOP Tool - <https://www.edinburghemergencymedicine.com/blog/2018/11/1/stop-5-stop-for-5-minutes-our-bespoke-hot-debrief-model>