



Is everyone okay? A paediatric debrief

Quality improvement project

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Clinical event debriefing (CED) has proven to be an effective tool to support staff and improve systems within acute paediatric clinical settings however these can be challenging to facilitate in a time limited environment

Project Aims



- To understand current practices of CED in out general paediatric and neonatal units
- Explore barriers
- Improve regularity and participation of CED and audit their use

Interventions

NHS Forth Valley
WOULD YOU VALUE A DEBRIEF?

Please approach one of the senior medical or nursing staff if you feel that a debrief would be useful. A Hot debrief can be completed in five minutes and is best completed on the same shift.

A debrief can follow positive and negative experiences and has been shown to enhance teamworking, staff wellbeing and patient care.

Debrief forms

Debrief forms can be located within the medical doctors' rooms on paediatrics or neonates. The TAKESTOCK tool is merely a template that can be completed to help the Debrief team monitor how useful and accessible debriefing is within the department. Forms for completion are also located in the Debrief folders

TAKESTOCK - HOT DEBRIEF TOOL

Question	Yes	No
1. Did you feel safe to raise the issue?		
2. Did you feel supported by the senior staff?		
3. Did you feel that the debrief was useful?		
4. Did you feel that the debrief was a good use of time?		
5. Did you feel that the debrief was a good use of resources?		
6. Did you feel that the debrief was a good use of staff?		
7. Did you feel that the debrief was a good use of the department?		
8. Did you feel that the debrief was a good use of the hospital?		
9. Did you feel that the debrief was a good use of the NHS?		
10. Did you feel that the debrief was a good use of the world?		

TAKESTOCK - HOT DEBRIEF TOOL

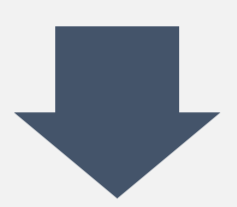
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NHS Forth Valley Paediatric and Neonatal Debrief team,
June 2024

Formal debrief teaching



Debrief prompt and proforma



Proformas reviewed & feedback collated

Results

- ❖ Increase in occurrence of debriefing for a variety of events/cases
- ❖ All included medical and nursing staff
- ❖ Most performed during same shift (all <72 hrs)

Information gathering



Online survey

MDT focus group discussions

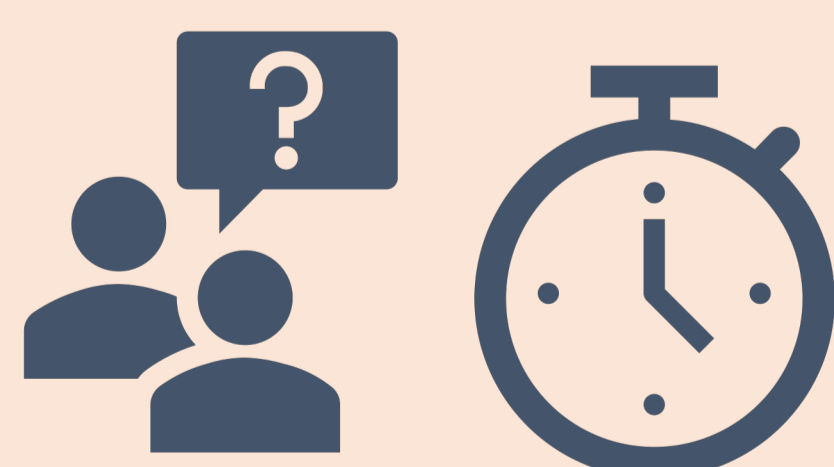
What we found

Only **20%** senior staff members had led a CED over the preceding 6 months

None of the senior staff members had formal training in facilitating a CED

Common barriers

- ❖ Time constraints
- ❖ Difficulties recalling staff
- ❖ Lack of confidence
- ❖ Balancing psychological safety with driving learning for improvement



Treatment refusal in a child with an eating disorder

Extreme preterm deliveries

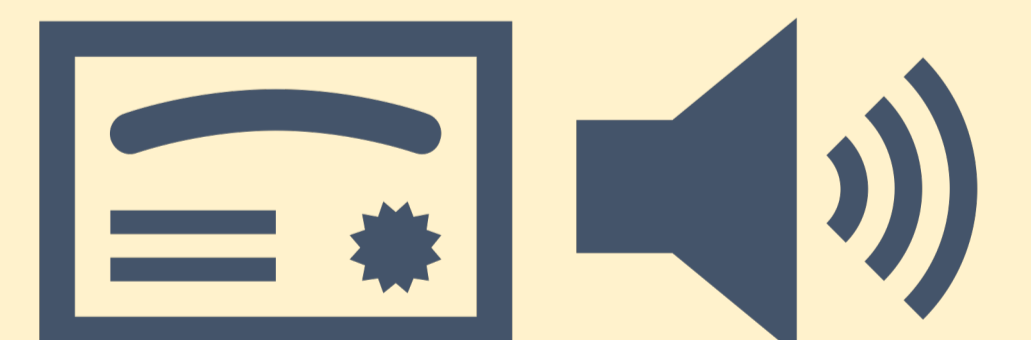
Medical emergencies (hyperkalaemia)

Advanced neonatal procedures



Resulting actions

- Escalating equipment issues
- Greatix completions for staff
- Cold debrief where required
- Increased staff confidence in initiating and leading debriefs



Conclusions

Identifying and addressing barriers to CED through targeted teaching and use of a standardised proforma has helped to normalise and support leadership and participation in CED in our department, positively impacting on patient safety, teamwork and staff wellbeing