

Gloucestershire Safety and Quality Improvement Academy 2025

Debriefs: Some like it hot

A quality improvement project to increase the numbers of hot debriefs occurring post adult in-patient cardiac arrest

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Background:

- National and international resuscitation guidelines promote the use of post-cardiac arrest debriefing as an instrument to improve future resuscitation attempts and patient outcomes through shared learning (Halzinski et al. 2015; Berg et al. 2020; Soar et al. 2021).
- Debrief is a tool that allows groups of people to come together to discuss and reflect on complex and high-stress scenarios. Debriefing provides an opportunity to recognise and act upon areas for improvement during the resuscitation attempt (Kessler et al. 2015). It has the benefit of both improving safety and performance, as well as reducing psychological harm for responders in healthcare (Kessler et al. 2015; Khpal and Matthewman 2016; Carberry et al. 2017; Berg et al. 2020; Kolbe et al. 2021; Kam et al. 2022).
- Identified barriers to hot debrief include a lack of awareness of debrief, training, guidelines and time (Clark and McLean, 2018; Spencer et al. 2019).
- A two month audit showed that on average only 33.3% of adult inpatient cardiac arrests were followed by a hot debrief.

Quality Improvement aim:

To increase the number of hot debriefs occurring post adult inpatient cardiac arrest by 25% over a two month period.

Data collection:

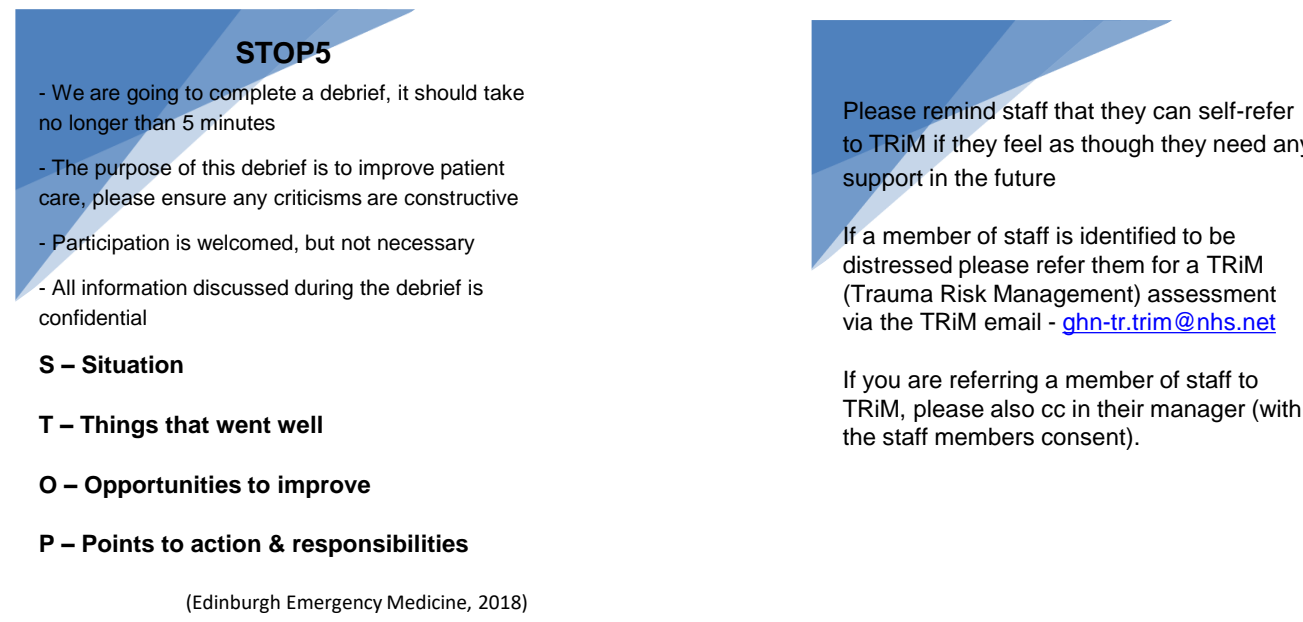
The Acute Care Response Team (ACRT) attend all adult resuscitation emergency bleeps and keep information on a database, which is used by the Resuscitation team for national audit. Practitioners were asked to add whether or not a hot debrief had taken place as part of the data collection. Using an already established process placed less burden on ACRT practitioners and negated the need for a new recording system to be created.

Driver diagram:

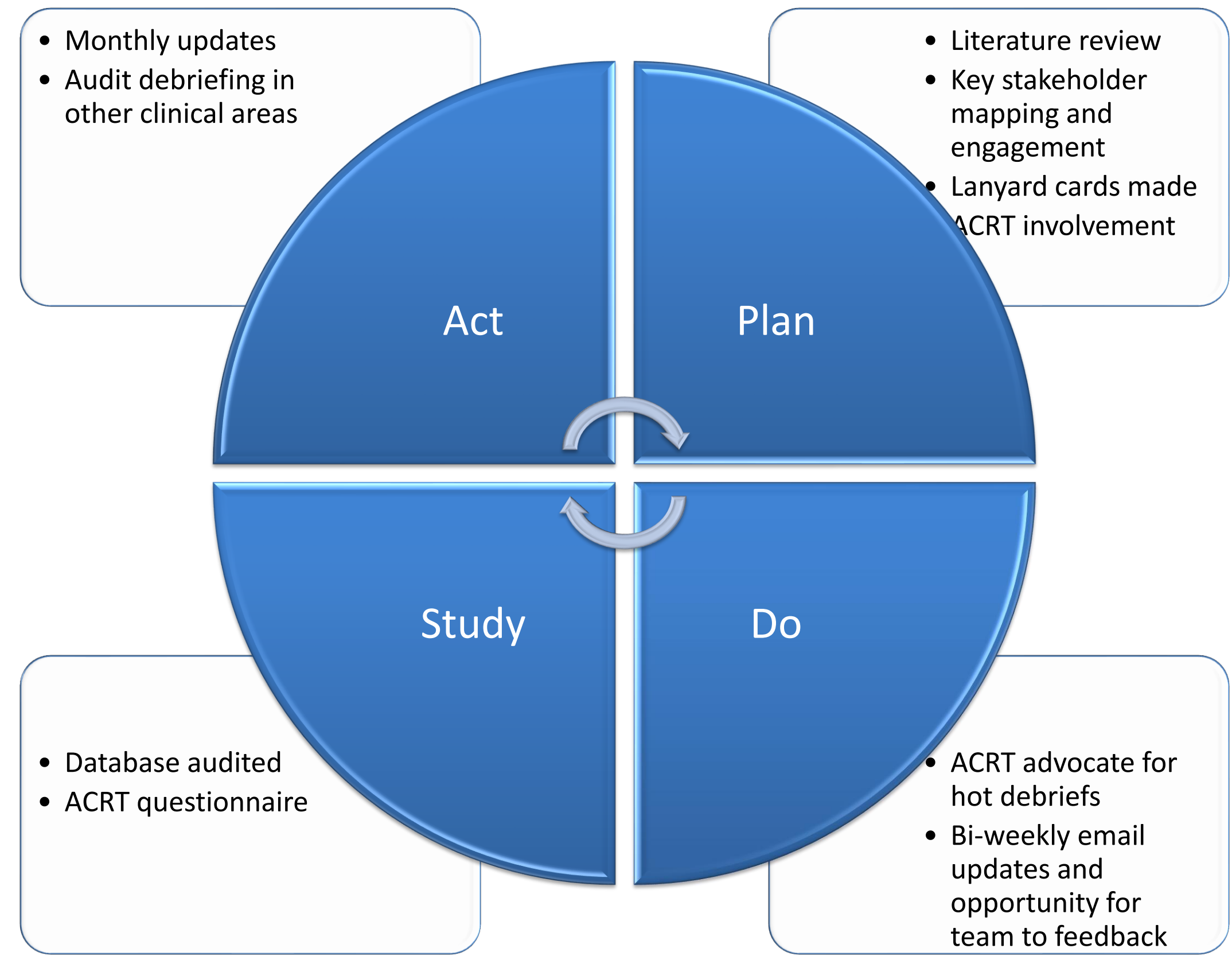
Aim	Primary Drivers	Secondary Drivers	Change Ideas
To increase the number of post resuscitation debriefs by 25%	Communication	Verbal	Promotion of debrief at ACRT handovers and resuscitation huddles Ensure all staff involved are offered debrief
		Online	Email team to inform them Weekly trust communication email
		Paper	Add to the research board in ACRT office Clear and simple to use structured debrief laminate attached to resus trolley QR code attached to resus trolley which links to online questionnaire to be completed post debrief
	Acute care response Team	Promote hot debrief	Ensure team are on board with hot debrief and keep them updated Use of simple structured hot debrief tool
		Audit	ACRT staff to add on the work database whether debrief occurred post resuscitation
		Knowing where to signpost staff	Information on structured debrief laminate
	Organisational factors	Acuity of patients in the hospital	Ensure the structured debrief is as quick as possible to release staff
		Staffing levels	Ensure the structured debrief is as quick as possible to release staff
			Ensure all staff involved are offered debrief

The change:

After reviewing the literature and engaging with key stakeholders, it was decided that a hot debrief tool may address some of the barriers identified. The STOP5 hot debriefing tool is recommended by the Resuscitation Council UK (2023) due to its simplicity and expediency (Walker et al., 2020).



As ACRT practitioners attend all adult cardiac arrest calls across both GRH and CGH, it was agreed that they would carry a laminated copy of the STOP5 hot debriefing tool on their lanyard for use following a cardiac arrest. ACRT practitioners also raised awareness of hot debrief by advocating for it following an adult in-patient cardiac arrest and discussing it with the resuscitation team at the twice daily resuscitation huddle.



Measures:

Outcome:

The number of hot debriefs occurring post adult inpatient cardiac arrest (aiming to increase by 25% to 58.3%)

Process:

ACRT practitioners to carry lanyard card

ACRT practitioners to advocate for hot debrief following an adult in patient cardiac arrest and at twice daily resus huddle

ACRT practitioners to input debrief data into database

Email updates to be sent to key stakeholders two weekly to maintain momentum

Balancing:

More hot debriefs being held in other clinical areas
More hot debriefs being held following other critical events
Taking staff away from other tasks while debrief is being held

Results:

The number of hot debriefs increased to an average of 72%
The ACRT database also showed that the STOP5 hot debrief model was being used following cardiac arrests in areas other than inpatient wards
The two main reasons when a hot debrief was not held was when there was ROSC (return of spontaneous circulation) prior to the resuscitation teams arrival and if a resuscitation attempt occurred at shift handover time
Some of the changes identified to improve future cardiac arrests included inclusion of CO2 consumables in the emergency grab bag and the appropriate allocation of roles in the resuscitation team
100% of ACRT practitioners surveyed found the hot debriefing beneficial and are happy to continue to advocate for hot debriefs

Barriers:

Barriers to hot debrief were lack of space and staff who did not wish to attend a hot debrief, which correlates with existing evidence.

Next steps:

- To expand hot debriefs following adult cardiac arrests to all clinical areas
- To embed hot debriefing following adult cardiac arrest into everyday practice
- To write a research paper to be published to disseminate findings from this QI project
- Improve documentation of hot debriefing

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