

Background

- Critical events include unplanned extubations, CPR, and death
- The Pause moment** allows the medical team a moment to slow down and provides an opportunity to forgive and be forgiven
- Hot debriefings** occur immediately after critical events and give the staff an opportunity to work through the often-stressful aftermath of an event, thereby increasing resiliency
- A tertiary care PICU has an average of 6 monthly critical events. Pre-implementation survey showed 94% of respondents stated hot debriefing “never” or only “sometimes” occurred

Critical events can have negative consequences on healthcare staff such as burnout, depression, compassion fatigue, and posttraumatic stress

Purpose of the Project and Goals

- Purpose:** To implement and evaluate a structured hot debriefing process to promptly address process issues and alleviate staff stress associated with critical events in a pediatric intensive care unit.
- Short Term Goal 1:** Hot debriefings will occur 100% of the time after critical events of CPR, ECPR and death in the PICU to improve resiliency among staff.
- Short Term Goal 2:** The Pause Moment will be implemented after 100% of events that result in death in the PICU to improve resiliency among staff.
- Long Term Goal:** Hot debriefings will occur 100% of the time after all critical events in the PICU to improve resiliency among staff.

Methods

- Setting:** 19-bed PICU located at an urban, tertiary, academic medical center
- Sample size:** N=115 (14 attending and fellow-level physicians, 13 nurse practitioners, 1 physician assistant, and 87 staff nurses)
- Process measures:** Hot debriefings, the pause moment, use of structured hot debriefing tool, time to start of debrief
- Structure changes:** Staff education and use of modified debriefing tool
- Outcome measures:** Staff resiliency; measured by pre- and post-implementation surveys using the ProQOL tool

Results

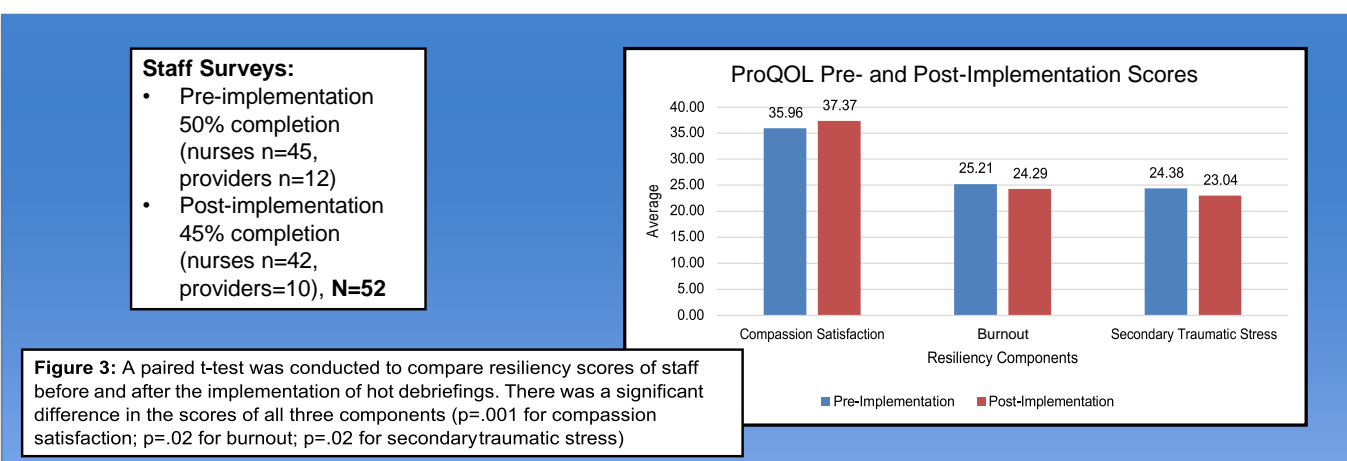
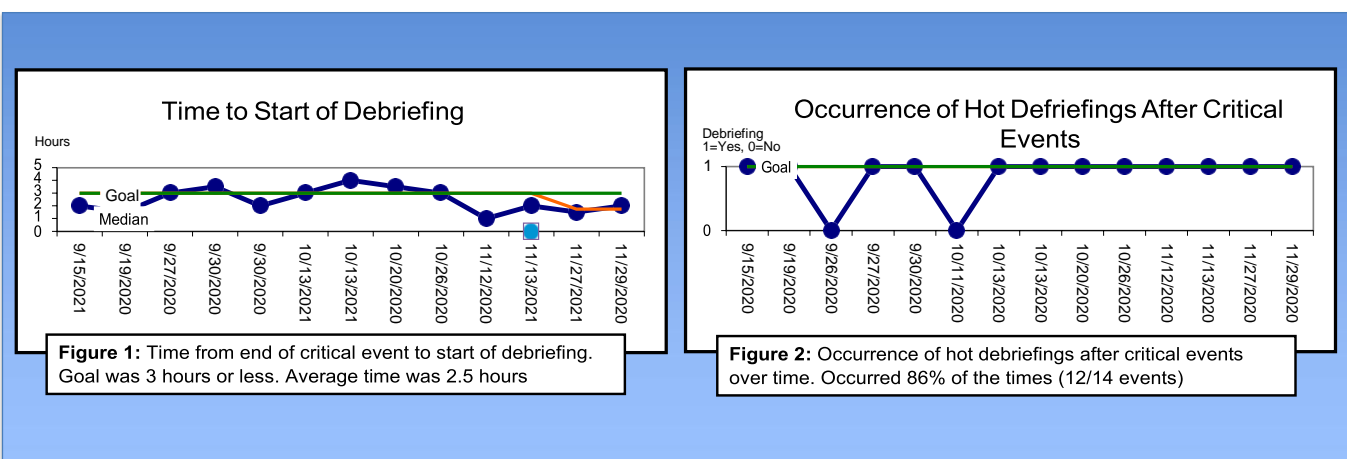


Table 1: Number of staff members in each ProQOL section

	Compassion Satisfaction		Burnout		Secondary Traumatic Stress	
	Pre-Implementation	Post-Implementation	Pre-Implementation	Post-Implementation	Pre-Implementation	Post-Implementation
Low (≤22)	0 (0%)	0 (0%)	13 (25%)	17 (32.7%)	16 (30.7%)	20 (38.5%)
Moderate (23≤X≤41)	46 (88.5%)	45 (86.5%)	39 (75%)	35 (67.3%)	36 (69.3%)	32 (61.5%)
High (42≥)	6 (11.5%)	7 (13.5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Discussion

- Hot debriefings after critical events are associated with decreased staff burnout and secondary traumatic stress and increased compassion satisfaction, representative of increased staff resiliency
- Limitations:**
 - Confounding factors that could have potentially skewed resiliency scores include unit census, COVID-19 pandemic, and proximity to holiday season
 - Compliance was higher when the DNP student was present on the unit and reminded staff to perform hot debriefings if a critical event occurred
 - Low survey completion rate
- Recommendation for Practice:**
 - Continue education and engagement of nursing staff, charge nurses, and providers regarding benefits of hot debriefings
 - Continue weekly reminders for charge nurse and mid-level providers
 - Monthly audits to monitor compliance

Conclusions

- Use of standardized debriefing tool to conduct hot debriefings after critical events can improve debriefing compliance
- Multidisciplinary debriefings following critical events may increase staff resiliency
- Implications for practice:**
 - Changing unit practice requires investment and participation of the multidisciplinary team
- Potential for future development:**
 - Use of structured hot debriefings in other units such as the Pediatric Progressive Care Unit
 - Revise the tool to include more emotion/feeling specific points for discussion

References

ProQOL. (2012). Professional Quality of Life Scale. https://proqol.org/uploads/ProQOL_5_English_Self-Score.pdf

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