

The After Critical Event Review An Emergency Department Perspective



Starship Child Health, Auckland, NZ

Step 3
The ACE documenter completes this form DURING the meeting

Step 1
Start here
COMPLETE the event information BEFORE the meeting:

Step 2
Once the team have gathered, the ACE Facilitator outlines the process for the review
READ the opening statements below:

Event Date: _____

Event Time: _____

Event Location: Ward or Unit: _____ Room: _____

Event Type (Tick all that apply)

<input type="checkbox"/> Respiratory	<input type="checkbox"/> Trauma
<input type="checkbox"/> Medical (Inhalant, cardiac or otherwise)	<input type="checkbox"/> Surgical
<input type="checkbox"/> Psychological / Code Orange	

If other, please state event type: _____

ACE Meeting Facilitator: (Is the facilitator nursing, medical or other? Please tick, do not use names)

<input type="checkbox"/> Nursing	<input type="checkbox"/> Medical
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If other, please specify: _____

Are MDT present at the meeting? Please tick the teams represented

<input type="checkbox"/> Nursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Medical		
<input type="checkbox"/> Allied Health		
<input type="checkbox"/> Pre-hospital personnel		

Were there teams or members of a team involved who were unable to attend? (If which hospital)

Acknowledge: the team and thank them for their participation.

Tell the team: This is NOT an emotional debrief, but we know that a common understanding of the medical facts of the case often provides reassurance and perspective for those involved.

Outline what will happen: This should take about 20 minutes. The purpose of this review is to improve the quality of healthcare provided. Everyone's participation is welcomed and encouraged. We will start with an overview of the medical facts, please feel free to ask questions. Then we will discuss what went well and what we think could have gone better. All information discussed during this meeting is confidential. De-identified feedback from this meeting will inform Quality and Safety. If you feel you would like some additional support following this meeting, please let me know.

Renee England | Simulation Nurse Educator

Aimee Murray | Clinical Charge Nurse CED

After Critical Event Review (ACE) Overview



- ▶ An ACE review is a quick reflective process, which occurs soon after involvement in a critical event
- ▶ It aims to improve:
 - ▶ Multidisciplinary team understanding of the medical facts
 - ▶ Team performance
 - ▶ Clinical outcomes
 - ▶ Patient safety

Debriefing

Background for Change



- ▶ Useful strategy to improve team performance
- ▶ Our organisation has an agreed, standardised approach to debriefing high-fidelity simulation activity
- ▶ Previously no standardised practice for debriefing critical events
- ▶ When debriefing did occur following a critical event, it was not delivered in a standard manner and event information was not systemically collected

Debriefing

Identification of the Practice Gap



- ▶ Clinical teams familiar with debrief post simulation were increasingly requesting debrief following real critical events
- ▶ Starship-wide needs analysis explored current practice in November 2017
- ▶ Doctors' and nurses' perceptions of support following critical events were sought
- ▶ 200 responses revealed that:
 - ▶ 93% had been involved in a critical event
 - ▶ Majority had an informal team chat post event
 - ▶ 42% had experienced a formal, planned discussion, 88% found this useful
 - ▶ Those who had never experienced a formal discussion, 74% would have liked one

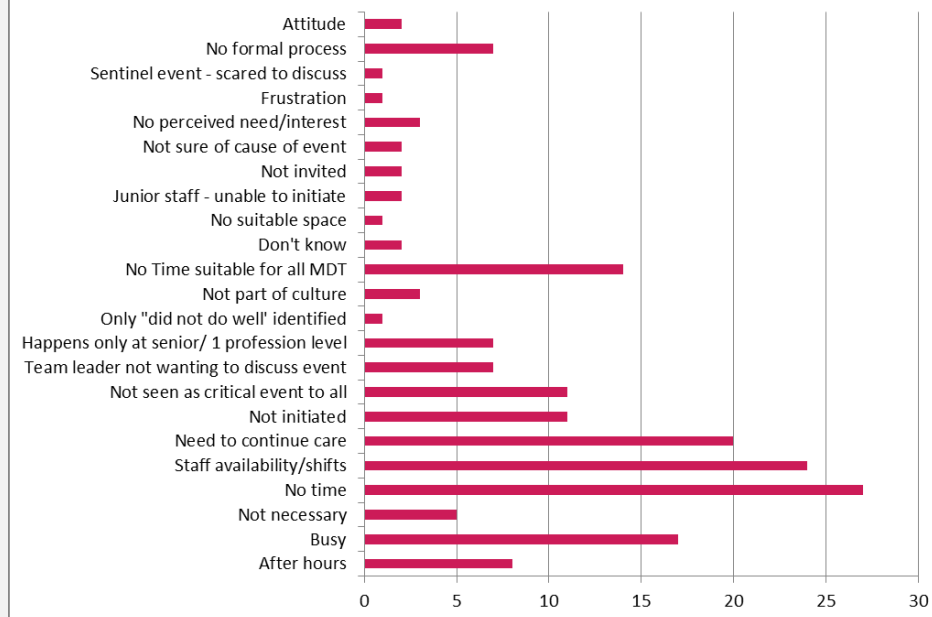
Debriefing

Factors Preventing Debrief



- ▶ Staff perceived time, staff availability, and the need to continue care as the main factors preventing debrief post critical event

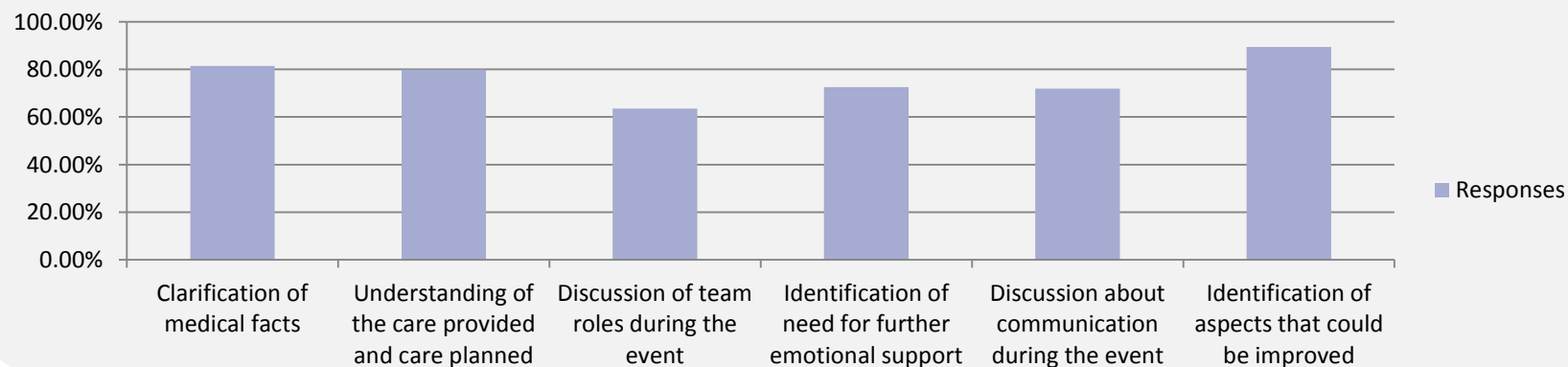
Factors preventing post critical event discussion



Debriefing

What to Discuss

- ▶ Staff reported that they want to talk about teamwork principles and systems issues, such as:
 - ▶ Equipment
 - ▶ Resources
 - ▶ Personnel
 - ▶ Communication
 - ▶ What the team could have done better



Debriefing

What the Literature Says



- ▶ Majority of literature on critical event debriefing predates the 2000's, and primarily originates from the military
- ▶ Key themes that emerge from recent literature:
 - ▶ Serious concerns regarding psychological / emotional debriefing, it's effectiveness, and potential to do harm
 - ▶ Acknowledges emotional debriefing as an old concept that was poorly executed in the past
 - ▶ Identifies that effective emotional debriefing requires purpose trained facilitators and adequate time
 - ▶ Debriefing is rare following critical events in the emergency department
 - ▶ Nurse-facilitated debriefs are more likely to occur and become routine in clinical and team improvement for high-stakes events

The ACE Review

A Formal Process



- ▶ Developed in consultation with international experts and inter-professional teams at Starship Child Health

Methodology

- ▶ Congruent with existing simulation-based debriefing
- ▶ Avoid requirement for trained external experts
- ▶ Routine MDT debrief occurs ASAP following a critical event, 24/7

Standardised Approach

- ▶ Begin with scripted opening statement
- ▶ Discuss medical facts, and allow time for questions
- ▶ Use scripted questions to guide reflection
- ▶ Finish with scripted closing statement

The ACE Review

Not an Emotional Debrief



We deliberately omitted a feelings or reactions phase

- ▶ Contrasts to simulation debriefing methodology in this respect
- ▶ Understanding the medical facts of a case often provides perspective and reassurance
- ▶ Our teams do not have the training or expertise to run an emotional debrief
- ▶ Access to experts in psychiatry is not readily available
- ▶ Processes are in place to support staff who identify as needing additional support

The ACE Review

What's Involved



- ▶ 4 – Step Process
- ▶ Consider time and place
- ▶ Ensure facilitator and documenter allocated
- ▶ Facilitator opens meeting using the scripted phrases
- ▶ The medical facts of the case are outlined
 - ▶ Seek questions and encourage discussion to ensure common understanding
- ▶ Documenter records key concepts in a de-identified manner
- ▶ The meeting is concluded using the scripted closing statement
- ▶ Consider additional staff support i.e. senior support, EAP

Facilitator

Usually an experienced nurse or doctor who was involved in the event, ideally not the Event Manager

Documenter

A separate person to the meeting facilitator

Team

- MDT that were involved in the event
- Include team from other areas

ACE document and guide

Quiet room

Ideally close to the clinical setting



About 10 minutes

The ACE Review

When to Use it



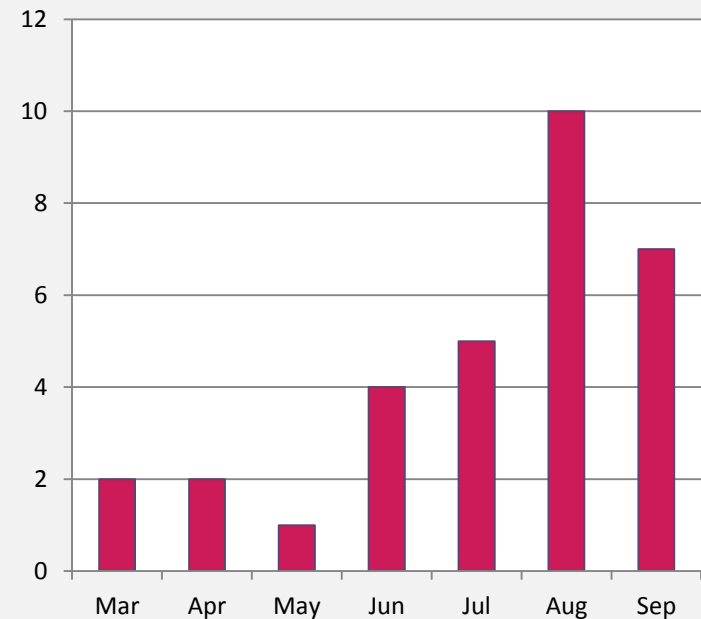
- ▶ Any team member can request an ACE review, though attendance and contribution is not compulsory
- ▶ Suggested criteria in our Emergency Department
 - ▶ Cardiac or respiratory arrest
 - ▶ Intubation
 - ▶ Trauma call
 - ▶ Exposure to violence or aggression
 - ▶ Any clinical situation where an unexpected outcome occurred
- ▶ Suggested triggers for areas outside the Emergency Department
 - ▶ BMV outside ED, ICU, or OT
 - ▶ Unit specific triggers i.e chest opening, ECMO code etc
 - ▶ Exposure to violence or aggression
 - ▶ Any clinical situation where an unexpected outcome occurred

The ACE Review Progress So Far



- ▶ Staged roll out in March this year
- ▶ 31 documented and submitted ACE review meetings across Starship
- ▶ Average duration of an ACE review is approximately 15 minutes
- ▶ 74% of ACE reviews were attended by multidisciplinary teams
- ▶ Late adoption by CED means only 6 completed since August

ACE Reviews per Month



The ACE Review

A Quality Improvement Initiative



De-identified feedback allows for systems-based quality improvement

- ▶ Recognition and acknowledgement of what went well, excellent care, and good catches
- ▶ Clinicians frequently reported positive aspects of teamwork:
 - ▶ Recognition of great teamwork, early response to deterioration, communication, and clinical care provided
 - ▶ Feeling supported by guidelines, processes, and resources

The ACE Review

A Quality Improvement Initiative



- Identifies areas of care that were unexpected or didn't go as planned
- Clinicians identified the following systems and processes for review:

Difficulties:	Resolution:
Rapid Fluid Resuscitation	Review of equipment and methodology
Rapid Sequence Induction	Review of medications available in ward setting
ECG Monitoring	Review of monitoring the critically unstable child, including ECG lead availability
Glucometer	Review of daily quality checking procedure and timing
Massive Transfusion Protocol	Review and clarification of ordering and delivery process
Resuscitation Trolley Medication	Review of medication layout and amendment allowing better visualisation of medication names
Handover Process	Review and discussion of role clarity
Emergency Equipment	Implementation of rapid refreshers for infrequently used emergency equipment
Code Response	Clarification of processes and personnel responding to codes
Difficult Airway Emergencies	Clarification of process, resources, personnel, and communication of Emergency

The ACE Review Summary



- ▶ Starship has developed a standardised, multidisciplinary rapid debrief tool
- ▶ Occurs routinely as soon as practical post critical event
- ▶ Robust process to support team improvement of delivery of healthcare during critical situations
- ▶ Improves patient safety outcomes by identifying practice improvements
 - ▶ Equipment
 - ▶ Processes
 - ▶ Systems

The ACE Review Questions?



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Further, please specify: _____

Are MDT present at the meeting? Yes No

Please tick the team represented:

<input type="checkbox"/> Nursing	<input type="checkbox"/> Allied health
<input type="checkbox"/> Medical	<input type="checkbox"/> Pre hospital personnel
<input type="checkbox"/> Were there senior or members of a team involved who were unable to attend? (If so, which team?)	

Scripted closing statement:
You as an individual feel you don't need to contact a senior member/supervisor, or a senior member/supervisor, or a senior member/supervisor.

Quality and Safety:
If you feel you would like some additional support following this meeting, please let me know.

Wellness | Innovation | Respect | Growth | Together | Change | Ask High | Aspire

The After Critical Event Review Reference List



- ▶ Couper, K., & Perkins, G. D. (2013). Debriefing after resuscitation. Current opinion in critical care, 19(3), 188-194. Chicago
- ▶ Hawker, D. M., Durkin, J., & Hawker, D. S. (2011). To debrief or not to debrief our heroes: that is the question. Clinical psychology & psychotherapy, 18(6), 453-463.
- ▶ Regel, S. (2007). Post-trauma support in the workplace: the current status and practice of critical incident stress management (CISM) and psychological debriefing (PD) within organizations in the UK. Occupational Medicine, 57(6), 411-416.
- ▶ Rose, S., & Cheng, A. (2018). Charge nurse facilitated clinical debriefing in the emergency department. Canadian Journal of Emergency Medicine, 1-5.
- ▶ Starship. (2018). After Critical Event Review. Retrieved from <https://www.starship.org.nz/for-health-professionals/starship-clinical-guidelines/a/ace-review-after-critical-event/>