The After Critical Event Review
An Emergency Department Perspective

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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
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
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
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
Identifies areas of care that were unexpected or didn’t go as planned.

Clinicians identified the following systems and processes for review:

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


