

Supplement: Facilitative Guides for Debriefing Practices in the Medical Behavioral Unit

Clinical Event Debriefing Guide

This information is privileged and confidential - Peer Review Work Product

Fill out this section PRIOR to the debriefing	Fill out this section DURING the debriefing (best if different person than person leading the debriefing)																				
<p>Advice for Team Debriefing:</p> <ol style="list-style-type: none"> 1. Try to find a quiet, isolated place. Anyone present during the event may lead the debriefing. Debriefing leader should start by thanking team members for being present. 2. State: "The purpose of debriefing is to improve the quality of medical care by unit providers; it is not a blaming session. Everyone's participation is welcome and encouraged." 3. State: "We will briefly review the patient's summary and then we can discuss what went well and what could have gone better. Please feel free to ask any questions." 4. State: "All information discussed during the debriefing is confidential." 5. Please limit debriefing to 10 minutes. <p>Pt MRN: _____ Date of event: _____ Date of debriefing: _____ Staff leading debriefing: _____ Staff recording debriefing: _____ If debriefing did not occur please indicate why:</p> <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Time constraints</div> <div style="width: 50%;"><input type="checkbox"/> Other patient care issue</div> <div style="width: 50%;"><input type="checkbox"/> Team declined</div> <div style="width: 50%;"><input type="checkbox"/> Team dispersed</div> <div style="width: 50%;"><input type="checkbox"/> Team changed</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> </div> <p>Event Type (circle all that apply): Medical Behavioral Physical Hold Restraint</p> <p>Brief description of event(s) (include unsafe behavior): _____</p> <p>Did multiple disciplines respond to the event? Yes No</p> <p>Was security needed to respond to the event? Yes No</p> <p>Did anyone get injured in the event? Yes No (If yes, charge nurse to complete tier 1 survey after debrief)</p>	<p>1. Debriefing Start Time: _____</p> <p>2. What went well during our care for the patient? Why? Please select all that apply and add comments as necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td>Medical care</td></tr> <tr><td><input type="checkbox"/></td><td>Team work</td></tr> <tr><td><input type="checkbox"/></td><td>Communication</td></tr> <tr><td><input type="checkbox"/></td><td>Leadership</td></tr> <tr><td><input type="checkbox"/></td><td>Other (please specify):</td></tr> </table> <p>3. What could have improved during our care for the patient? What are potential solutions? Please select all that apply and add comments as necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"><input type="checkbox"/></td><td>Medical care</td></tr> <tr><td><input type="checkbox"/></td><td>Team work</td></tr> <tr><td><input type="checkbox"/></td><td>Communication</td></tr> <tr><td><input type="checkbox"/></td><td>Leadership</td></tr> <tr><td><input type="checkbox"/></td><td>Other (please specify):</td></tr> </table> <p>4. Was there a clear team leader and 1 voice? Yes No</p> <p>5. What emotions/ reactions are people experiencing after this event?</p> <p>6. Debriefing End Time: _____</p> <p><small>*Confidential document pursuant to the MCare Act and the Pennsylvania Peer Review Protection Act, 63 P.S. 425.1 et.seq. and HCQI Act, 1986. Form adapted from Resuscitation. *If anyone requests referral for free counseling, please provide EAP information: Support Linc 1-800-749-6327</small></p>	<input type="checkbox"/>	Medical care	<input type="checkbox"/>	Team work	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	Medical care	<input type="checkbox"/>	Team work	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Other (please specify):
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Take Aways/ Action Steps:

Summary of debriefing to be emailed to [unit email list]

Weekly multidisciplinary team meeting guide

<p>OBJECTIVE: Provide a forum for discussion and education surrounding patients residing in the Medical Behavioral Unit for >1 month with minimal acute inpatient goals. Develop long-term goals to meet the needs of these patients that are realistic for this setting. Create a forum for healthy discussion around expectations for these patients, noting their BH needs, while in the acute setting.</p>	<p>DATE:</p>		<p>LEADER: MINUTES: ATTENDEES:</p>	
<p>INDIVIDUAL PATIENT DISCUSSION:</p>	<p>NOTES Regarding current plan, progress, plan changes, long-term concerns.</p>			
<p>QUESTIONS TO PROMPT DISCUSSION:</p>				
<p><i>What is the overall goal of admission?</i></p>				
<p><i>What is working well? Not as well?</i></p>				
<p><i>How does the patient's primary diagnosis impact the treatment plan/behavior plan?</i></p>				
<p><i>What would this patient's ideal treatment look like and what can we feasibly do?</i></p>				
<p><i>To what end...? Do we have realistic treatment goals?</i></p>				
<p><i>What interpersonal feelings do we have that may be impacting ideal care?</i></p>				
<p><i>What does the team need to care for this patient?</i></p>				
<p><i>Are we following our team and unit best practices?</i></p>				
<p><i>Are we supporting one another in caring for this patient?</i></p>				