

# Appendix Q: Guidance for Rapid Debrief and Sample Form

Created by and used with permission from the California Maternal Quality Care Collaborative (CMQCC)

The debrief form is a tool for clinicians to learn from critical events. The purpose is not to fill out another form, but rather to guide a discussion of the care provided. Some debriefs will highlight the optimal teamwork of your staff, some will provide an opportunity to provide education, and others will highlight processes that may require improvement beyond reinforcement of existing systems. Debriefs that bring to light concerning issues can help focus deeper case review in which specific times, values, and documentation will be required to evaluate the care more thoroughly.

Debriefing is appropriate both for simulation drills and live events and is required by The Joint Commission's Standards for Maternal Safety (Effective January 1, 2021). To facilitate debriefing, participants should have a safe private area for discussion, understand that all input is valued, self-reflection is important, and be assured that all discussions during debriefings are confidential.

The sample rapid debrief tool has been designed to encourage consistent completion for all events meeting debrief criteria per institutional policy. When considering the possible criteria that could trigger the need for a debrief, it will be useful to have discussion with your perinatal quality improvement team. Appropriateness and relevance of criteria will vary among facilities. We recommend listing your facility's selected debrief triggers directly on the debrief form for quick reference.

There are a series of checkboxes specific to the event type to allow for a rapid, yet thorough, debrief and avoid missing key information. When debrief tools are non-specific, they often yield incomplete reviews of the event when providers and staff are under pressure to move on to the next case, and unable to include essential information. The questions and case details provide prompts so that the debrief can be a seamless collection of necessary information. It is important to have all members of the care team involved in the case, and especially the provider, present for the debrief so that all points of view are shared. Debriefing should be completed as soon as possible after the patient's health has stabilized and before the provider leaves the unit. A timely discussion assures that detail recall is accurate, and all members of the team are able to immediately process the care provided up to the present.

*Improving Health Care Response to Hypertensive Disorders of Pregnancy, a CMQCC Quality Improvement Toolkit, 2021.*

We recommend listing your facility's chosen debrief criteria directly on the form for quick reference. This is a list of possible criteria for triggering the completion of a Preeclampsia Debrief. Criteria will vary among facilities and should be decided on by your perinatal QI team.



### Criteria for completing a Preeclampsia Debrief

- Persistent Severe Hypertension ( $\geq 160$  mm Hg systolic or  $\geq 110$  mm Hg diastolic taken 2 times and repeated 15 minutes apart)
- Preeclampsia with Severe Features / HELLP Syndrome / Eclampsia / Other cerebral or visual disturbances
- Major Complications of preeclampsia including Pulmonary Edema, ARDS, Oliguria /Acute Renal Failure

Date: \_\_\_\_\_

Team members present for debrief (provider should be present):

Did you have the support/consultation you needed? Yes No \_\_\_\_\_

Did you have the supplies you needed? Yes No \_\_\_\_\_

Did the team work and communicate effectively? Yes No \_\_\_\_\_

Timely Treatment of Severe HTN per protocol? Yes No N/A \_\_\_\_\_

○ HTN Medications: IV Labetalol IV Hydralazine PO Nifedipine

Other: \_\_\_\_\_

Magnesium Treatment per protocol? Yes No N/A \_\_\_\_\_

Eclampsia Treatment per protocol? Yes No N/A \_\_\_\_\_

Delays: None Recognition Notification Provider Response \_\_\_\_\_

Case Details:

○ Gestational Age: \_\_\_\_\_ weeks

○ Delivery: Cesarean Vaginal Undelivered - Antepartum

○ Additional Diagnoses: DIC Abruptio Pulmonary Renal None \_\_\_\_\_

○ Maternal transfer to higher level of care? Yes No

○ Infant transfer to higher level of care? Yes No No, IUFD No, Nonviable

Successes of Management:

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Opportunities for Improvement:

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Debrief must be returned to Educator, Supervisor or CNS at end of shift.

Additional Feedback: \_\_\_\_\_

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Submitted by (optional): \_\_\_\_\_

Educator, Supervisor, or CNS

Successes and Lessons learned shared with providers and staff through:

Staff Meeting

E-blast

Educational programming

Quality Board

Other \_\_\_\_\_