Debriefing in the ED After Traumatic Events

Critical Incident Stress Debriefing (CISD) Implementation
Conflict of Interest Statement

The presenters for this presentation have disclosed no conflict of interest related to this topic.
Learner Objectives:

- The learner will understand the importance of Critical Incident Stress Debriefing (CISD) after a traumatic event
- The learner will identify different levels of traumatic events in the health care setting
- The learner will identify methods for implementing a debriefing system within a hospital system
Speakers

Rachel Gustafson RN, MSN, CNL
Rachel_Gustafson@Rush.edu

Lindsay M. Sweeney BSN, RN, CEN
Lindsay_M_Sweeney@Rush.edu
Rush Oak Park Hospital - Who We Are

- Magnet Recognized
- American Nurses Credentialing Center
- The Leapfrog Group
- HealthCare's most wired
- American Heart Association
- American Stroke Association Certified
- Primary Stroke Center
- The Joint Commission
- CMS
- Centers for Medicare & Medicaid Services
- NICHE
- NICHE Designated Hospital
- Inpatient Diabetes Care Certification
- Nurses Improving Care for Healthsystem Elders
Rush Oak Park - Emergency Department

- Annual ED visits: 38,000
- Admission from ED: 12.5% - 4,725 visits
- Average transfers: 2.4% - 871 visits

- Main ED (monitored) ~ 9 beds
- Non-monitor ~ 7 beds
- Fast Track service ~ 6 beds
- No patient boarding

- Building a new ED to open 2019
Critical Incident Stress Debriefing (CISD)

U.S. Department of Veteran Affairs defines Critical Incident Stress Debriefing (CISD) as a formalized, structured method whereby a group of rescue and response workers reviews the stressful experience of a disaster.

- Initially implemented to assist first responders
- Utilized in the United States Military
- Purpose of CISD is to reduce incidents of PTSD by those involved and improve mental health outcomes
Important factors in CISD

There is concern that for some involved CISD can cause re-traumatization. Therefore the International Society for Traumatic Stress Studies developed these important guidelines for successful CISD:

- Be conducted by experienced, well-trained practitioners
- Not be mandatory
- Utilize some clinical assessment of potential participants
- Be accompanied by clear and objective evaluation procedures
Recognizing CISD place in Nursing

Nurses can often be overlooked as first responders, but their exposure to traumatic events can be just as life altering of an experience.

Implementation of a debriefing system often comes after a traumatic event occurs. i.e mass caustality, active shooter

However there is a need for debriefing even on a smaller scale.

Each individual responds differently to every situation. One person may have profound psychological distress from an incident while other individuals may not.
Changes in Nursing Culture

- Recognizing violence is not okay
- Addressing compassion fatigue and employee burnout
- Importance of Employee Wellness
- Self awareness: it is okay to be upset about a patient’s death
Position Statements

The American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) have collaborated to identify practices and principles to guide the care of children, families, and staff in the challenging and uncommon event of the death of a child in the emergency department.

Key points of position statement include:

ED procedures provide a coordinated response to a child's death including:

- “Formal voluntary support and programs for ED staff and trainees, out-of-hospital providers, and others who are experiencing distress”
- “Self-care following difficult or troubling ED cases”
Recognizing Department Need for CISD

- No formal debriefing structure in place
- Acknowledging potential for traumatic situations
- Lack of resources for different shifts (evenings, nights, weekends)
- Traumatic event occurs and staff asking for support
Situations in Our Department:

- Patient who had a miscarriage at 20 weeks
- Death of 28 year old husband of employee
- Stillborn at term
- Several SIDS cases
- Traumatic Sexual assault of a child
- Premature infant code

Just to name a few.....
Debriefing Implementation

- Leadership recognizing importance and need
- Collaboration with debriefing methods used in RUSH hospital system
- Employee support for change implementation
- Trial debrief after traumatic patient event with positive employee participation and response
- Employee Survey to follow up with trial debrief
Survey to Staff Results

- Needed among all staff: providers, nurses, ERTs, securities, respiratory therapist, social work, etc.
- Most staff reported emotional trauma after adverse patient situations
- Majority of staff would like to debrief 12-24 hours after situation
- Huge positive response from ED providers (Nurse Practitioners, Physician Assistants, and Doctors)
What is your role in the Emergency Department?

Answered: 50    Skipped: 0

- Nurse: 40%
- ERT: 10%
- Provider: 20%
- Secretary
- Respiratory Therapist: 20%
- Social Worker: 0%
- Other: 0%

Bar graph showing the percentage of each role among respondents.
What is your primary shift schedule?

Answered: 50   Skipped: 0

- Day Shift
- Mid-Shift
- Night Shift
- Rotating Shift
- Weekender
How would you rate your stress level from work?

Answered: 50    Skipped: 0

- Very Stressful
- Somewhat Stressful
- Neutral
- Not Very Stressful
- No Stress
Have you ever felt emotionally distressed after taking care of a patient?

Answered: 50   Skipped: 0

- Yes
- No
- I am not sure
Have you ever found it difficult to continue working after a traumatic patient event?

Answered: 50  Skipped: 0

- Yes
- No
- I am not sure
Have you ever experienced difficulty sleeping after a traumatic patient event?

Answered: 50    Skipped: 0

- Yes
- No
- I am not sure
Do you feel you have support at work to help cope with traumatic patient events?

Answered: 50  Skipped: 0

Yes

No

I am not sure
Do you feel that a debriefing session would be beneficial after a traumatic patient event?

Answered: 50   Skipped: 0

Yes

No

I am not sure
In what time frame should a debriefing session occur after a traumatic event?

Answered: 50    Skipped: 0

- Immediately after an event
- Within a few hours after...
- At the end of a shift...
- 24-48 hours after an event
- One week after an event
- Longer than one week after...
- I do not feel a debrief is...
How much time would be appropriate to personally pause from patient care (take a break) after a traumatic event?

Answered: 49   Skipped: 1

- 1-5 minutes
- 5-10 minutes
- 10-15 minutes
- 15-30 minutes
- 30-60 minutes
- Longer than an hour
- I do not think a break is...
How do you feel you would benefit most from a debriefing session? (check all that apply)

Answered: 50  Skipped: 0

- The ability to share emotions
- The ability to discuss facts
- The ability to discuss what
- The ability to listen to
- The ability to speak with a
- I do not feel a debriefing...
CISD Team Development

**Trial Phase**: Trained ED social workers in Stress Debriefing, Emergency Department Managers, Chaplains, Nursing Unit Champion

**Phase Two**: Involvement of Hospital Social Workers along ED Social Workers, ED Clinical Nurse Leaders, ED Peer to Peer debriefing

**Finalization Phase**: (current phase) Added involvement of Hospital Clinical Nurse Leaders, Nursing Supervisors, Director of Nursing, adding a CISD “triage system” and paging system
**Code Debrief: Green**

Page Code Debrief Green to text pager.

- This situation requires a response by paged staff by next shift change. (ex. 7 am if event occurs overnight).
- Traumatic event, however, resources were available to staff on unit at time of event.
- Cold debriefing (24-48h) may be needed based on response of staff involved.
- Peer to peer: SW, peers (RN, ERT, etc)

- Examples: SA, medication mistake, staff abused by patient or family, adverse patient event

**Code Debrief: Yellow**

Page Code Debrief Yellow to text pager.

- This situation requires quick response by paged staff (1-3 hours).
- This situation may require extra resources, including use of nursing supervisor, CNLs, etc.
- Can be a very traumatic situation involving 1-2 staff members.
- Resources are available to cover the rest of the department at time of incident.
- Cold debriefing may be needed at based on response of staff involved.
- Change of shift debrief
- Examples: traumatic, but doesn’t necessitate immediate staffing issues

**Code Debrief: Red**

Page Code Debrief Red to text page.

- This situation requires an immediate response by paged staff.
- This situation is critical
- This situation required multiple resources, multiple staff members are involved.
- Support staff is necessary
- Very traumatic situation involving more than one staff member.
- Cold debriefing with social work, chaplain, and other trained debrief staff is needed.

- Examples: pediatric code blue, stillborn,
A Traumatic Patient Event Occurs

A Code Debrief can be initiated by:
- Charge Nurse
- Primary Nurse
- ED Leadership
- CNL
- Provider

Incident Occurs during the day time or when supportive staff is available

Incident Occurs during night (1900-0700) or on Weekend Day
**Incident Occurs during the day time or when supportive staff is available**

- Charge Nurse is able to cover primary nurse. Primary nurse able to take 15 min. break

**Incident Occurs during night (1900-0700) or on Weekend Day**

- Charge Nurse is also in need of debrief period. Leadership is contacted. Primary nurse’s assignment shared by staff.

**Hot Debrief** — Occurs with primary RN, Charge RN, ERT, Respiratory, Provider, and any other staff members involved. 10-15 min. debrief immediately after event. Lead by leadership, CNL, or manager. Code debrief reviewed on epic if applicable.

**Cold Debrief** — Occurs 24-48 hours after event. All staff involved invited to attend. Social work will also be involved. Debrief will be run by trained staff. Will address all emotional needs.

**Charge Nurse is also in need of a debrief period. (contact in this order)**

1. Night CNL
2. Nursing Supervisor
3. Manager
4. ICU Charge RN

Primary nurse’s assignment shared by staff.
Outcomes

- Debriefing needs were recognized among all parts of the patient care team
- Staff felt debriefings after traumatic events were beneficial
- Addressed the needs during “off shifts” for staff support and relief with paging system
- Recognition of a traumatic event with paging system - not just hearsay
- Addresses staff wellness and mental health needs
Outcomes

- Fetal Loss and Bereavement Project
- Workplace Violence and Debriefing with hospital “BART” coordinator
- Pediatric Mock Code through simulation
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