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Debriefing Tool Used in Labor and Delivery

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BACKGROUND

- A debriefing tool helps enable team members to self-correct and enhance performance, it offers reflection and discussion about situations, adverse or otherwise, and can highlight what went well and what are some areas of improvement
- Research shows without a debriefing of adverse events, staff have an increased chance of stress and negative coping mechanisms.
- Summary of the peer protected statistics on the occurrence of adverse events in Labor and Delivery at the LVH Cedar Crest location:

	2019	2020
Shoulder Dystocia	63	58
Vaginal Hemorrhage	47	53
C/S hemorrhage	154	158
Trauma indication	93	111

PICO

- P- Labor and Delivery Staff
- I- Standard debriefing tool
- C- No standard debriefing tool
- O- Improves staff communication and patient outcomes during and after adverse events

EVIDENCE

- In a study, 35% of an L&D population surveyed admitted to moderate to severe secondary traumatic stress after different incidents of traumatic birthing experiences, which effected the way they worked following (Beck & Gable, 2015).
- Stress post traumatic birthing experience has been shown to negatively impact nurse midwives beliefs and experiences following birthing situations (Beck, LoGiudice, & Gable, 2015)
- Having a reliable debriefing tool can vastly improve evaluation and can be essential for learning (Alhaj & Musallam, 2017)
- Debriefings among different health care team members can promote team training and reflective learning (Hunter, 2016)
- Majority of debriefings have been shown to be led by physicians, but when other members of the care team implement debriefings it can increase feasibility and sustainability of the debriefings tools being utilized (Cheng & Rose, 2018).
- Research has shown that postpartum care lacks communication in different aspects, so the implementation of a debriefing tool can lead less disparities with patient care (Claggett, 2017)

OUTCOMES

Figure 1: Data from Questionnaire on Debriefings

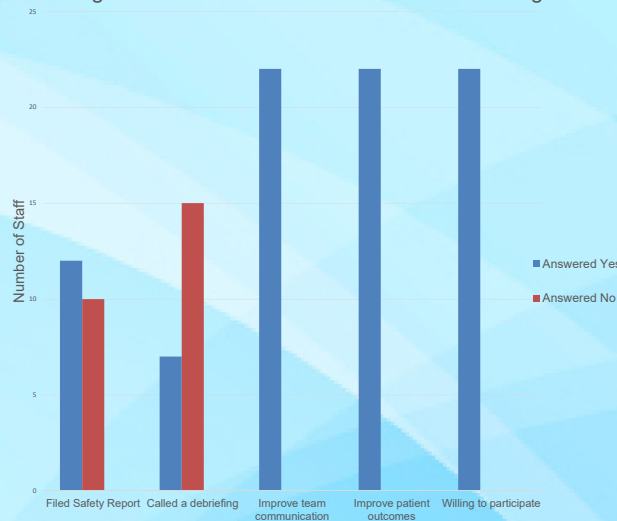


Figure 1 displays a bar graph depiction of the results from multiple of the questions taken from the created questionnaire. From these results it can be seen that many of the team members are willing to participate in debriefings and believe they could improve communication and patient outcomes, but majority of the staff surveyed have never called a debriefing after an adverse event has occurred or filed a safety report

Figure 2: Who Can Call a Debriefing

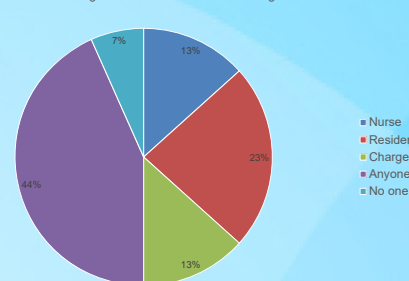


Figure 2 displays the answer to the question posed on the questionnaire "who is responsible for calling a debriefing after an adverse event?" Although the large majority (44%) believed anyone can call a debriefing which is the case on the L&D unit, there are still some staff that are unsure of who is responsible, which shows there can be further education within the unit to teach everyone that any member of the care team can call a debriefing when they believe one is needed

IMPLEMENTATION

- Debriefing tool questionnaire was created to survey and gather information from L&D staff
- Questionnaire included seven yes or no questions, with two questions allowing for further explanations from those surveyed
- Questions focused on attitude, experience, and opinions on debriefing of adverse events and whether or not improvements could be made
- Distributed randomly to Labor and delivery staff at Cedar Crest and Muhlenberg locations of Lehigh Valley Health Network
- Data gathered from questionnaire highlighted that the staff believes debriefings could be a valuable tool for improved communication and patient outcomes
- Data also shows that there is some further education on debriefings that could be implemented throughout the unit

NEXT STEPS

- Continued interdisciplinary work on implementing a debriefing tool
- Further education on the importance of a debriefing tool for adverse outcomes
- Unit goal of OB Team & Leadership to establish the guidelines and use of a debriefing tool created by ACOG for Obstetrical team debriefing by January, 2021.

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