

CHOP PICU Post-Event Care Review

This information is privileged and confidential - Peer Review Work Product

Advice for Team Debriefing:

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 CHOP 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.

Fill out this section BEFORE the debriefing Team discusses whether to do a debrief	Fill out this section DURING the debriefing (Person completing form is <u>not</u> the person leading debriefing)																																												
<p>1. Patient MRN _____</p> <p>2. Date (MM/DD/YY): _____</p> <p>3. Location in Hospital: _____</p> <p>4. Clinician Team Leader: _____</p> <p>5. Recording Nurse: _____</p> <p>6. If debriefing did not occur please state reason(s) why:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Time Constraints <input type="checkbox"/> Team dispersion <input type="checkbox"/> Team change <input type="checkbox"/> Team declined <input type="checkbox"/> Other pt care issues </p> <p>7. Event Type:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Medical (ED/Floor/ICU) <input type="checkbox"/> Surgical (OR) <input type="checkbox"/> Trauma </p> <p>8. Circumstances: (select all that apply)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Resuscitation Event <input type="checkbox"/> Respiratory Event <input type="checkbox"/> Surgical Event <input type="checkbox"/> Psychosocial Event <input type="checkbox"/> Other: _____ </p> <p>9. Debriefing Leader Role (circle one): RN MD SW other: _____</p> <p>10. Debriefing Documenter Role (circle one): RN MD SW other: _____</p> <p>11. Multidisciplinary Debriefing?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>1. Debriefing Start Time: _____</p> <p style="text-align: center; color: red;">#2 below should be completed immediately following the event.</p> <p>2. If a post-arrest care huddle was performed, were the following issues addressed? <i>Please select all that apply and add comments as necessary.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Hypotension</td></tr> <tr><td><input type="checkbox"/></td><td>Fever</td></tr> <tr><td><input type="checkbox"/></td><td>Seizures + Seizure Action Plan note</td></tr> <tr><td><input type="checkbox"/></td><td>Cardiac Arrest Resource Group Notification (pager #78380)</td></tr> <tr><td><input type="checkbox"/></td><td>Post-cardiac arrest clinical pathway ordered</td></tr> <tr><td><input type="checkbox"/></td><td>Not applicable</td></tr> </table> <p style="text-align: center; color: red;">#3-5 can be done at a later time, within 2-3 hours of the event.</p> <p>3. What went well during our care for the patient? Why? <i>Please select all that apply and add comments as necessary.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Clinical Care (ex: airway, access, CPR)</td></tr> <tr><td><input type="checkbox"/></td><td>Teamwork</td></tr> <tr><td><input type="checkbox"/></td><td>1 Identified code leader</td></tr> <tr><td><input type="checkbox"/></td><td>Designated CPR coach</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>Crowd Control</td></tr> <tr><td><input type="checkbox"/></td><td>Other (please specify):</td></tr> </table> <p>4. What could have improved during our care for the patient? What are potential solutions? <i>Please select all that apply and add comments as necessary.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Clinical Care (ex: airway, access, CPR)</td></tr> <tr><td><input type="checkbox"/></td><td>Teamwork</td></tr> <tr><td><input type="checkbox"/></td><td>1 Identified code leader</td></tr> <tr><td><input type="checkbox"/></td><td>Designated CPR coach</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>Crowd Control</td></tr> <tr><td><input type="checkbox"/></td><td>Other (please specify):</td></tr> </table> <p>5. Debriefing End Time: _____</p>	<input type="checkbox"/>	Hypotension	<input type="checkbox"/>	Fever	<input type="checkbox"/>	Seizures + Seizure Action Plan note	<input type="checkbox"/>	Cardiac Arrest Resource Group Notification (pager #78380)	<input type="checkbox"/>	Post-cardiac arrest clinical pathway ordered	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>	Clinical Care (ex: airway, access, CPR)	<input type="checkbox"/>	Teamwork	<input type="checkbox"/>	1 Identified code leader	<input type="checkbox"/>	Designated CPR coach	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Crowd Control	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	Clinical Care (ex: airway, access, CPR)	<input type="checkbox"/>	Teamwork	<input type="checkbox"/>	1 Identified code leader	<input type="checkbox"/>	Designated CPR coach	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Crowd Control	<input type="checkbox"/>	Other (please specify):
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* 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. 2013 Jul;84(7):946-51
*If anyone requests referral for free counseling, please call Employee Assistance Program at (888) 321-4433 or go online to www.pennbehavioralhealth.org. Updated 10/26/16