The Implementation of Code Blue Debriefing in the Critical Care Unit at Mercy Medical Center

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Objectives

- Define code blue debriefing
- Discuss development and implementation of code blue debriefing on unit
- Examine outcomes of code blue debriefing on both staff and patient
- Identify barriers of code blue debriefing implementation and discuss elimination interventions
The Life of a Nurse

- Repeated exposure to traumatic events
- Effects either not addressed or informally managed
Debriefing

- Formalized process

- Response to:
  - Reduced resiliency
  - Compassion fatigue & burn out
  - Decreased retention
  - Healthy work environment initiatives
  - Poor patient outcomes
What is Code Blue Debriefing?

- Multidisciplinary communication technique
- Addresses emotional psychological, and spiritual needs of staff
- Identifies/remedies operational issues
Methods of Debriefing

- Hot vs. Cold
- Structured & Supported Debriefing
  - Gather Analyze Summarize (GAS)
  - American Heart Association recommended & taught
G.A.S. Method

- Gather
- Analyze
- Summarize
Commonalities

- **Closed ended questions:**
  - Communication
  - ACLS/PALS adherence
  - Leadership
  - Crowd Control
  - Equipment functionality
  - Outcome

- **Opened ended questions**
  - Team performance
  - Emotions
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there an appropriate number of staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too Many</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too Few</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough</td>
<td></td>
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<tr>
<td>Was a clear code leader established?</td>
<td></td>
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<tr>
<td>Was the patient’s code status identified before code was started?</td>
<td></td>
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<tr>
<td>Were all the necessary supplies/meds readily available and accessible?</td>
<td></td>
<td></td>
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<tr>
<td>Was all of the equipment in good working condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was intubation equipment readily available, including the glidescope?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was sedation medication readily available to use?</td>
<td></td>
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</tbody>
</table>
Mercy Medical Center Code Blue Debriefing Tool

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of attempts to intubate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*1 attempt = 1 blade entering mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the airway established in a timely manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the cardiac rhythm determined quickly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was IV access established in a timely manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the emotional needs of the family met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the emotional needs of the staff met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a post-code pause performed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team member overall satisfaction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Poor 3-Good 5-Excellent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Satisfaction</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>RN satisfaction</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>RT satisfaction</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>What went well?</td>
<td>What could have been improved upon in this patient's care?</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>

If debriefing not performed, why not?
- Time Constraints
- Team Declined/No Interest
- Shift Change
- Other
How It’s Done

• Post Code Pause
• Hot Debrief
• Tool
  ▫ Closed ended questions
  ▫ Open ended questions/Conversation guided using G.A.S
Outcomes

• Staff will feel comfortable leading a post code blue debrief

How comfortable are you leading a post code debriefing?

- Pre-Education
- Post-Education

- Very Uncomfortable
- Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable
Why Should We Do One?

- Recommended by the American Heart Association and the European Resuscitation Council
- Addresses the needs of the staff, patient, and family
"So you are able to feel and you are also able to sense and give back. So the best way to cope with that in a healthy way, is you acknowledge your feelings when someone dies, you acknowledge the pain of that, but we don't own that. That's not my death, that's not my family, but I can acknowledge that this is a natural process, and this is what happens and I can acknowledge the pain that I bore witness to in caring for that family and caring for that patient."

-Jonathan Bartels
Evidence

- The evidence shows that code blue debriefing causes:
  - Increased feelings of support from peers and leaders
  - Increased ability to pay homage/honor the patient
  - Increased feelings of having enough time to regroup
  - Decreased feelings of pressure to return to next assignment/task
  - Decreased thoughts/feelings 24 hours after the event
Staff Survey

- Distributed to multidisciplinary staff in February 2017
- 29 Respondents, ~ 50% response rate
Do you feel supported by peers in your role as a code blue responder?

- Never: 5%
- Some of the Time: 10%
- Half of the Time: 10%
- Most of the Time: 20%
- Always: 55%
Do you feel supported by departmental leadership in your role as a code blue responder?

- Never: 0.00%
- Some of the Time: 10.00%
- Half of the Time: 20.00%
- Most of the Time: 50.00%
- Always: 40.00%

Percent of Respondents
I have time to pay homage (honor) to the patient involved in a code blue

- Never
- Some of the Time
- Half of the Time
- Most of the Time
- Always

Percent of Respondents
Do you feel pressure to quickly return to your next task or assignment?

- Never
- Some of the Time
- Half of the Time
- Most of the Time
- Always

Percent of Respondents
Do you feel you are given enough time to regroup before returning to your assignment?
Do you have thoughts or feelings associated with the event within 24 hours?

- Never
- Some of the Time
- Half of the Time
- Most of the Time
- Always

Percent of Respondents
Expected Outcomes

- Staff will report an increase in:
  - Ability to honor the patient
  - Having enough time to regroup before returning to work
  - Feeling supported by peers and leadership

- Staff will report a decrease in:
  - Thoughts/feelings associated with the event within 24 hour
  - Feeling pressure to quickly return to assignment/task
Expected Outcomes

• Identify and address unplanned operational events
• Increase the amount of patients with return of spontaneous circulation (ROSC)
## Mid-Implementation Data

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre-Data (February 2017)</th>
<th>Post Data 1 (October 2017)</th>
<th>Variance (5 Point Likert Scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel supported by peers in your role as a code blue responder?</td>
<td>4.28</td>
<td>TBD</td>
<td>+/-</td>
</tr>
<tr>
<td>Do you feel supported by departmental leadership in your role as a code blue responder?</td>
<td>4.24</td>
<td>TBD</td>
<td>+/-</td>
</tr>
<tr>
<td>I have time to honor the patient involved in a code blue</td>
<td>2.72</td>
<td>TBD</td>
<td>+/-</td>
</tr>
<tr>
<td>After responding to a code blue, do you feel pressure to quickly return to your next task or assignment?</td>
<td>3.86</td>
<td>TBD</td>
<td>+/-</td>
</tr>
<tr>
<td>After a code blue do you feel you are given enough time to regroup before returning to your assignment?</td>
<td>2.17</td>
<td>TBD</td>
<td>+/-</td>
</tr>
<tr>
<td>Do you have thoughts or feelings associated with the event within 24 hours?</td>
<td>3.76</td>
<td>TBD</td>
<td>+/-</td>
</tr>
</tbody>
</table>
Mid-Implementation Data

- Identified operational events
  - Emergency Supplies
  - Drug Availability
  - Crowd Control
Barriers

- Time
- Staffing
- Physical Space
- Confidentiality
- Inability
Next Steps

- Quarterly Post Data
  - Post Data 1 (October 2017)
  - Post Data 2 (January 2018)
  - Post Data 3 (April 2018)
  - Post Data 4 (July 2018)

- Implementation and education house wide
Questions?

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References


