

NOTE: The electronic version of this document or form is the latest and only acceptable version. You are responsible to ensure any printing of this document is identical to the e-version.

Debriefing is meant to be a learning experience which addresses both human factors and systems issues to improve team response.

TEAM DEBRIEFING TOOL

Date: **eQVR filed?** YES NO

Patient Label

Location of Event:

Summary of Event: (continue on back if needed)

Members of Team (identify by name & role)

- Primary RN
- Charge RN
- Primary LIP
- Anesthesia

- Nursing Supervisor
- Others- Note Role

What went well? (Check if yes and describe specifics in the space below):

- Human Factors Leadership Communication Assessment Physical Environment
- Technology Other:

Human Factors. "Causal factor defined as: staffing levels, staffing skills mix, staff orientation, in-service education, competency assessment, staff supervision, resident supervision, medical staff credentialing, rushing, fatigue, distraction, complacency, bias, other." (The Joint Commission, 2015)

Suggestions for how to reinforce/standardize practice:

Situational Improvement Opportunities (Check if yes and describe specifics in the space below):

- Human Factors Leadership Communication Assessment Physical Environment
- Technology Other:

Suggestions for improvement:

System Improvement Opportunities (Check if yes and describe specifics in the space below):

- Human Factors Leadership Communication Assessment Physical Environment
- Technology Other:

Suggestions for improvement:

Debriefings are called by the charge nurse as soon as the patient is stable, however any member of the team may request a debriefing. The charge nurse/nursing supervisor is responsible for completing this form. Debriefings should take approximately 3-5 minutes. All team members should participate including ancillary staff (unit secretary, scrub tech, etc). If all team members cannot be present meet with as many as possible.

Charge RN/nursing supervisor: Submit this completed form (and eQVR if appropriate) in a sealed envelope to the Manager

Adapted from ACOG- Safe Motherhood Initiative, using Joint Commission sentinel events root cause categories, Revised 1/14/16, Clinical Education & Practice, QUALITY IMPROVEMENT TOOL. Do **not** place in patient's permanent record. *Confidential- Quality Assurance information protected under RCW 70.41.200, 43.70.510, and 4.24.250 and that may be otherwise privileged under applicable law.*

NOTE: The electronic version of this document or form is the latest and only acceptable version. You are responsible to ensure any printing of this document is identical to the e-version.

Charge RN/nursing supervisor: Submit this completed form (and eQVR if appropriate) in a sealed envelope to the Manager
Adapted from ACOG- Safe Motherhood Initiative, using Joint Commission sentinel events root cause categories, Revised 1/14/16, Clinical Education & Practice, QUALITY IMPROVEMENT TOOL. Do **not** place in patient's permanent record. *Confidential- Quality Assurance information protected under RCW 70.41.200, 43.70.510, and 4.24.250 and that may be otherwise privileged under applicable law.*