Appendix Q: Guidance for Rapid Debrief and Sample Form

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The debrief form is a tool for clinicians to learn from critical events. The purpose is not to fill out another form, but rather to guide a discussion of the care provided. Some debriefs will highlight the optimal teamwork of your staff, some will provide an opportunity to provide education, and others will highlight processes that may require improvement beyond reinforcement of existing systems. Debriefs that bring to light concerning issues can help focus deeper case review in which specific times, values, and documentation will be required to evaluate the care more thoroughly.

Debriefing is appropriate both for simulation drills and live events and is required by The Joint Commission’s Standards for Maternal Safety (Effective January 1, 2021). To facilitate debriefing, participants should have a safe private area for discussion, understand that all input is valued, self-reflection is important, and be assured that all discussions during debriefings are confidential.

The sample rapid debrief tool has been designed to encourage consistent completion for all events meeting debrief criteria per institutional policy. When considering the possible criteria that could trigger the need for a debrief, it will be useful to have discussion with your perinatal quality improvement team. Appropriateness and relevance of criteria will vary among facilities. We recommend listing your facility’s selected debrief triggers directly on the debrief form for quick reference.

There are a series of checkboxes specific to the event type to allow for a rapid, yet thorough, debrief and avoid missing key information. When debrief tools are non-specific, they often yield incomplete reviews of the event when providers and staff are under pressure to move on to the next case, and unable to include essential information. The questions and case details provide prompts so that the debrief can be a seamless collection of necessary information. It is important to have all members of the care team involved in the case, and especially the provider, present for the debrief so that all points of view are shared. Debriefing should be completed as soon as possible after the patient’s health has stabilized and before the provider leaves the unit. A timely discussion assures that detail recall is accurate, and all members of the team are able to immediately process the care provided up to the present.

We recommend listing your facility’s chosen debrief criteria directly on the form for quick reference. This is a list of possible criteria for triggering the completion of a Preeclampsia Debrief. Criteria will vary among facilities and should be decided on by your perinatal QI team.

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California Maternal Care Collaborative

Criteria for completing a Preeclampsia Debrief

- Persistent Severe Hypertension (≥ 160 mm Hg systolic or ≥ 110 mm Hg diastolic taken 2 times and repeated 15 minutes apart)
- Preeclampsia with Severe Features / HELLP Syndrome / Eclampsia / Other cerebral or visual disturbances
- Major Complications of preeclampsia including Pulmonary Edema, ARDS, Oliguria /Acute Renal Failure

Date: __________________________

Team members present for debrief (provider should be present):

Did you have the support/consultation you needed? □Yes □No __________________

Did you have the supplies you needed? □Yes □No ______________________

Did the team work and communicate effectively? □Yes □No ______________________

Timely Treatment of Severe HTN per protocol? □Yes □No □N/A ______________________
  □ HTN Medications: □IV Labetalol □IV Hydralazine □PO Nifedipine
  □ Other: ____________________________________________________________

Magnesium Treatment per protocol? □Yes □No □N/A ______________________

Eclampsia Treatment per protocol? □Yes □No □N/A ______________________

Delays: □None □Recognition □Notification □Provider Response _________________

Case Details:
  □ Gestational Age: _______________ weeks
  □ Delivery: □ Cesarean □ Vaginal □ Undelivered - Antepartum
  □ Additional Diagnoses: □ DIC □ Abruption □ Pulmonary □ Renal □ None ____________
  □ Maternal transfer to higher level of care? □ Yes □ No
  □ Infant transfer to higher level of care? □ Yes □ No, IUFD □ No, Nonviable

Successes of Management:
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

Opportunities for Improvement:
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________
Debrief must be returned to Educator, Supervisor or CNS at end of shift.
Additional Feedback: 

Submitted by (optional): ________________________________

Educator, Supervisor, or CNS

Successes and Lessons learned shared with providers and staff through:

- Staff Meeting
- E-blast
- Educational programming
- Quality Board
- Other ________________________________________________________________