

Post Cardiac Arrest Debriefing: How Well Do You Think You Did?

Maciej Tysarowski, MD, Hasan Ali, MD, Saahil A Jumkhawala, MD, MBA, Majd Hemam, MD, Anne Sutherland, MD.

Department of Medicine, Rutgers New Jersey Medical School, Newark, USA

Abstract

Introduction: The American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care 2020 recommends the implementation of performance-focused debriefing after in-hospital cardiac arrest. However, debriefing sessions are under-utilized and few studies have assessed their impact on healthcare providers' perception of in-hospital resuscitation events.

Methods: An anonymous survey was distributed to providers who participate in code blue/ERTs at University Hospital, Rutgers New Jersey Medical School. It assessed providers' experience with code blue/ERTs and their perspectives on recent resuscitation events. Participants were divided into those who participated in at least one debriefing session and those who did not. Primary outcomes were provider-reported teamwork, communication, and confidence in participation and leading a code blue/ERT, quantified using a Likert-type scale ranging from 1 to 5. Surveys were compared to surveys from prior years to assess if the intervention of a code blue didactics lecture, provided to residents resulted in any change in overall participation rate in the debriefing protocol.

Results: Among 181 participants (61% female), 32% were residents, 54% nurses, 1.7% respiratory therapists. Self-evaluated current knowledge of ACLS protocols was significantly higher in the debriefing group ($p = 0.01$), while there were no differences in perceived communication ($p=0.800$), and confidence in leading ($p = 0.2$) and participating ($p = 0.2$). There was no statistically significant difference in debriefing participation rate after our intervention (57% pre vs 58% post intervention, $p=0.8$), even when stratified by hospital role: ICU nurses (50% vs 71%, $p=0.3$), non-ICU nurses (68% vs 57%, $p=0.3$) and residents (67% vs 50%, $p=0.2$).

Conclusions: Participation in a post-code blue/ERT protocol-guided multidisciplinary debriefing session was associated with higher self-evaluated current knowledge of ACLS, however there was no increased participation after code blue didactics lectures.