

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

Maciej Tysarowski, MD; Hasan Ali, DO; Saahil A Jumkhawala, MD, MBA; Majd Hemam, MD; Anne Sutherland, MD
Rutgers New Jersey Medical School, Newark, NJ, USA

Background

- The American Heart Association recommends the implementation of performance-focused debriefing after in-hospital cardiac arrest
- Debriefing sessions are under-utilized
- 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
- 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, given to residents resulted in change in participation rate in the debriefing protocol

Table 1: Stratified rates of participation in debriefing

Characteristic	Nurse ICU			Nurse non-ICU			Resident		
	before intervention	after intervention	p-value ²	before intervention	after intervention	p-value ³	before intervention	after intervention	p-value ³
Participated in debriefing session	N = 12 ¹ 6 (50%)	N = 21 ¹ 15 (71%)	0.3	N = 22 ¹ 15 (68%)	N = 35 ¹ 20 (57%)	0.4	N = 36 ¹ 24 (67%)	N = 22 ¹ 11 (50%)	0.2

Change in rating
Before and after debriefing session

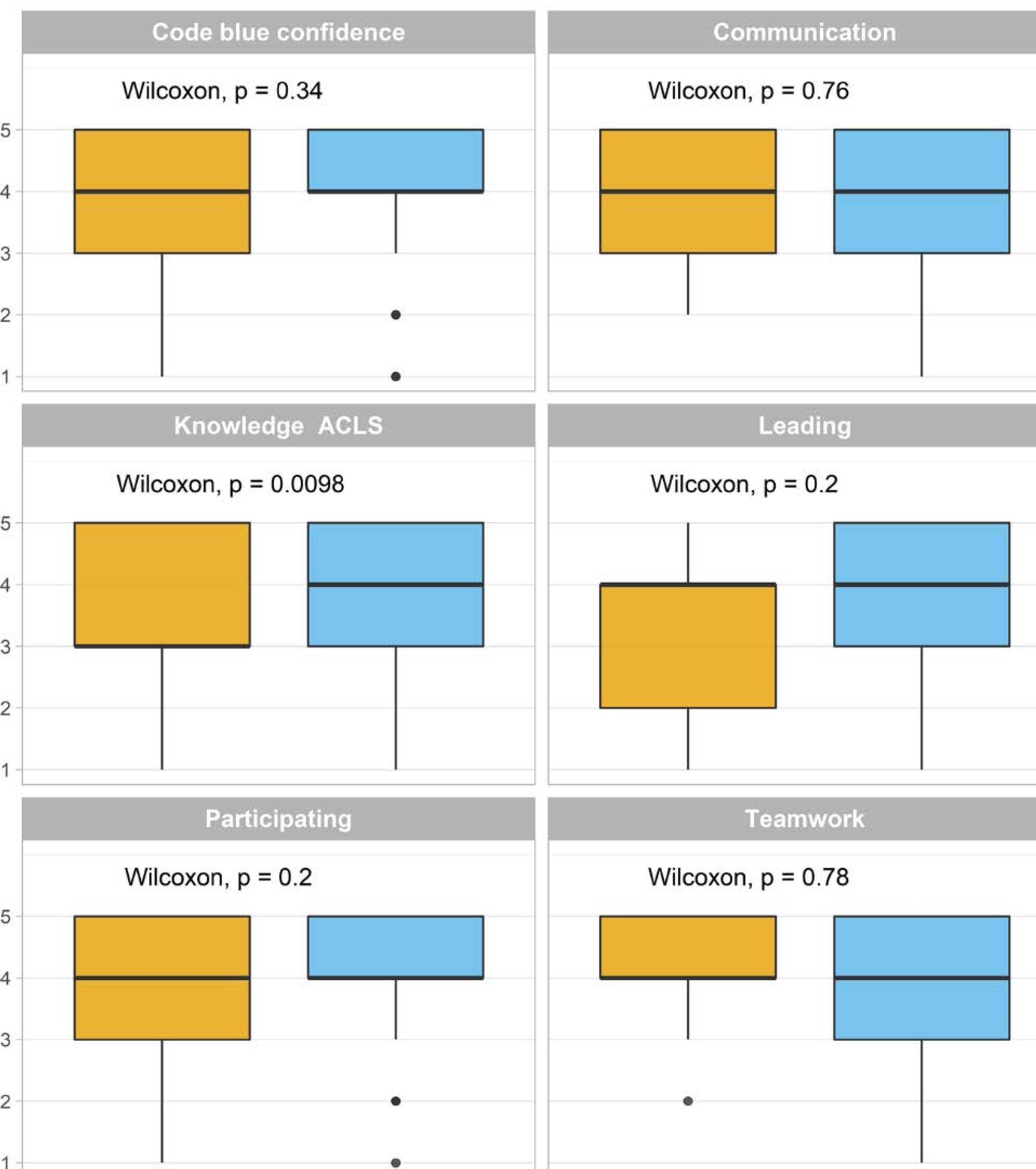


Figure 1: Observed differences in survey responses pre- (yellow) and post-interventions (blue) demonstrating higher knowledge of ACLS protocols in the debriefing group. There was no significant difference amongst the other parameters.

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 (**Figure 1**, $p = 0.0098$), while there were no differences in perceived communication ($p=0.76$), 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 (**Table 1**): ICU nurses (50% vs 71%, $p=0.3$), non-ICU nurses (68% vs 57%, $p=0.3$) and residents (67% vs 50%, $p=0.2$).

Conclusion

- 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.