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

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.