SCAI Quality Improvement Toolkit

Tip of the Month: July 2013

Post-Procedure Debriefing: Opportunities to Improve Cath Lab Communication and Patient Care

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Post Procedure Debriefing - Overview

- The pre-procedure “time out” is a standard of practice.
- A “post-procedure time out and debriefing” affords an extra opportunity for the interventional attending to take the lead in a short, focused huddle with the cardiac cath lab staff immediately after procedures with complex challenges or complications.
- This format can engender a better team approach to problem solving and communication.

Post Procedure Debriefing - Overview

A “post-procedure debriefing” may occur after any procedure. Specific situations that may warrant a debriefing are:

- Cases that required complex strategy
- Primary PCI STEMI cases
- Cases that had complications in the cath lab
- Cases that ended in a cath lab death

Cases with Complex Strategy

- The interventional attending can explain strategy decisions to address a particular procedural problem.
- Discuss alternative strategy pros and cons.
- Invite cath lab staff feedback and ideas.
- If strategy is novel, arrange for further formal discussion at an interventional or cath conference.
- Consider writing up a strategy sheet for future similar situations.

Primary PCI STEMI Cases

- Review the door-to-balloon time metrics.
- Discuss any logistical issues such as time frames, hand-offs, or ancillary support.
- Review details such as lead hook-up, defibrillation options, and hemodynamic support measures if they were necessary.
- Remember to thank and acknowledge the cath lab staff. The success of STEMI PCI is a **team effort**.
- If problems have been identified, outline these and send to Cath Lab or QI Director.

Cases with In Lab Complications

- Specifically identify sequence of events that led to the complication.
- Review rationale for measures taken to address the problem.
- Invite cath lab staff feedback and ideas.
- The debriefing may serve as an initial data foundation for subsequent hand-off and follow-up.
- If significant, the event should be reported to the Cath Lab or QI Director and formally reviewed at a Mortality and Morbidity conference.

Cases with in Lab Death

- Specifically identify sequence of events that led to the death.
- Review the rationale for measures taken to address the critical problems.
- Remember that many young staff members may have little experience with direct death. Be nurturing and supportive.
- Emphasize the positive with your staff. By critically examining the circumstances, we may derive better alternatives to address future events.

Cases with In Lab Death

- Determine if the case should be discussed with a medical examiner.
- Make your procedure note comprehensive and ask for cath lab staff input for details.
- Use the “post-procedure debriefing” to develop data for a formal report.
- Immediately notify the Cath Lab or QI Director.
- The death should always be formally reviewed and discussed at a Mortality and Morbidity conference.

Cases with In Lab Death

- Follow-up with the cath lab team in the next few days. Keep an open dialogue for any questions.
- Remember that this is a rare but unsettling event for your non-physician and younger staff members. Identify adversely affected individuals and spend one-on-one time with them.
- Although the circumstances and outcome are negative, the way you handle it as a **team** will promote positives for the future.

Correlation with Quality Improvement

- Not every case needs a “post-procedure debriefing.” But selection of complex cases for debriefing will be worth the extra time and effort.
- Reflection and input from cath lab staff after a case can lead to more accurate documentation in procedure notes.
- The “post-procedure debriefing” allows for immediate reflection. These can serve as a focus for formal follow-up Quality Improvement (QI) initiatives and Mortality/Morbidity Reviews.

Post Procedure Debriefing - References

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- Papaspyros SC. Briefing and debriefing in the cardiac operating room. Analysis of impact on theatre team attitude and patient safety Interactive CardioVascular and Thoracic Surgery. 2010; 10:43–47.

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If you have feedback, questions, or suggestions for current or future SCAI-QIT Tip of the Month topics, please submit them at info@scai.org or at the e-mails listed below.

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