

DEEP DIVE: DEBRIEFING DISCUSSION

Purpose, Goals, and Value

- Prevents mistakes
- Helps close the communication that was started in pre-op
- Catches problems early and can save time
- Improves the accuracy of documentation
 - o Specimen
 - o Procedure performed

Triggering the debriefing:

- Change the pause point to “Before the surgeon leaves the room” instead of the patient
- Physician starts to close and after instrument counts
- Physician is taking their gloves off
- Surgeon says, “Lights on”
- Put Posters of the debriefing on the door that has the debriefing items on the door so the surgeon can discuss it at the door

Challenges and Solutions:

- Takes too much time
 - o Solution:
 - Collect data on case times. Some hospitals have seen case times decrease with a robust debriefing process
- Debriefing consistently for every patient
 - o Solution:
 - Discuss/share times that the debriefing was helpful or could have been helpful with surgical team members
- The question, “Could the next case be done safer”. Wording can imply that the team isn’t safe already
- Specimens, especially in cases where there a large number of specimens
 - o Solution:
 - Have the MD read down the specimens and give them an opportunity under “History” so they can add to what was written
- How do you trigger when the surgeon doesn’t close?
- Debriefing when there are multiple surgeons that switch out

Things that have happened when this portion of the checklist wasn’t performed:

- Specimen was sitting there with a wrong patient label. If the debrief would have been done they would have caught it in the OR