

Addiction & Mental Health

Health Care Provider Debriefing Tool

Health Care Provider Debrief

The use of a restraint can be traumatic for health care providers. Following the use of a restraint in a behavioural emergency, health care providers may use this tool to support their own debriefing process (See Alberta Health Services (AHS), *Restraint as a Last Resort Policy and Procedure*).

Ground Rules	Participants
<p>Voluntary, confidential:</p> <p>Respectful communication should be used to better understand</p> <ol style="list-style-type: none"> 1. Facts of the event 2. Feelings (health care provider and patient) 3. Planning (to improve patient and health care provider outcomes and ensure safety) 	<p>Who should be present during patient debriefing: at minimum</p> <ol style="list-style-type: none"> 1. Key health care provider member(s) who were present during the event 2. Charge Nurse 3. Unit Manager/Central Services Manager 4. Charge Nurse to facilitate debrief (may defer)

A debrief is conducted following all Code White/restraint events to:

- Share responsibility for what happened; learn from event.
- Ensure support for the emotional, psychological and physical well-being of the patient and health care provider.
- Provide an educational process where health care provider and patient are assisted with their reactions to the event.
- Offer additional resources to health care provider such as support from the Employee & Family Assistance Program and Workplace Health and Safety.
- Ensure debriefs are a separate process from formal reviews and are not forums for critique or analysis.
- Ensure health care provider debriefs are conducted as soon as possible after the event.
- Assess the factors leading to the use of a restraint and steps to reduce the potential future need for a restraint

- Revise the patient's care plan as necessary.

COPING Model

Control: all health care provider will be in control of themselves before debrief begins. If you need some time to re-group, do so. Health care provider debrief should be conducted as soon as possible after the event (e.g., How can we help each other to regain control?).

Orient: establish the basic facts of the event, which may have been heard or seen differently by each health care provider. Be open to hearing each other's perspective. Offer fact based observations that supported the need for this type of intervention (e.g., Why were restraints initiated?).

Patterns: are there patterns that indicate the patient is beginning to lose control that health care provider did not observe or under/over reacted to: (e.g., Did we miss some patient cues that they were in need of help or beginning to feel "out of control"?, What were the cues?).

Investigate: ways to strengthen the identification of the specific triggers/things that calm/things that escalate **and** the patient's ability to self-manage these AND ways to strengthen the therapeutic intervention by the health care provider (e.g., What can we learn from this to avoid restraint events for this patient in the future?).

Negotiate: come to an agreement on changes to the therapeutic care plan based on investigations and update the care plan (e.g., The debrief facilitator to bring forth ideas to the treatment to update care plan.).

Give: support, encouragement and control back to the patient (e.g., Release from restraint when safe to do so).

Adapted from *AHS Incident Debriefing Guide (May 2012); Needham & Sands, 2010*

Health Care Provider Debrief Tool:

Date:

Time:

Facilitator:

<p>Medical / Psychiatric:</p> <ul style="list-style-type: none"> <input type="radio"/> Paranoia <input type="radio"/> Extreme fear / anxiety <input type="radio"/> Trauma history <input type="radio"/> Energized / agitated presentation <input type="radio"/> Dementia <input type="radio"/> Delirium / emergent delirium <input type="radio"/> Other neurological condition <input type="radio"/> Intoxication <input type="radio"/> Substance withdrawal <input type="radio"/> Acute pain <input type="radio"/> Other: 	<p>Incident antecedents (Contributing factors? Issues? Concerns?) Describe:</p>
<p>Behaviors exhibited by patient:</p> <ul style="list-style-type: none"> <input type="radio"/> Physical aggression? If so, towards <input type="radio"/> Self <input type="radio"/> Other Patient <input type="radio"/> Health care provider <input type="radio"/> Property <input type="radio"/> Other: 	<p>Describe:</p>

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<p>Health care provider response (Verbal de-escalation; Pro Re Natas)</p> <p>Use of 10 domains of de-escalation</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If Yes, which one(s):</p>	<p>Were restraints used?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If Yes, which one(s):</p> <p><input type="radio"/> Pharmacological</p> <p><input type="radio"/> Environmental</p> <p><input type="radio"/> Mechanical</p> <p><input type="radio"/> Physical</p>	<p>Describe:</p>
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<p>Were Interventions Effective?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>What worked well?</p>
<p>What would be some areas for further development? (i.e., care plan changes)</p>