Addiction and Mental Health

Patient Debriefing Tool

Patient Debriefings

The use of a restraint is frequently traumatic for patients and shall only be used as a last resort. Following the use of a restraint in a behavioural emergency, staff are required to debrief the incident with the patient.

Ground Rules	Participants
Voluntary, confidential: Respectful communication should be used to better understand: **1.** Facts of the event **2.** Feelings (staff and patient) **3.** Planning (to improve patient and staff outcomes and ensure safety)	**Who should be present during patient debriefing: at minimum** **1.** Staff member(s) with good rapport with the patient (e.g. can be 1:1) **2.** Consider Unit manager, Behavioural Specialist, clinical interdisciplinary team or physician.

A debriefing is conducted following all Code Whites/Restraint events to:

- Share responsibility for what happened; learn from event; goal is to return to pre-event milieu.
- Ensure support for the emotional, psychological and physical well-being of the patient and staff.
- Provide an educational process where staff and patient are assisted with their reactions to the event.
- Offer additional resources to patient such as support from members of the multidisciplinary team.
- Ensure debriefings are a separate process from formal reviews and are not forums for critique or analysis.
- Patient debriefings are to be offered within 72 hours of incident.
- Assess the factors leading to the use of restraint and steps to reduce the potential future need for the restraint
- Update the care plan of patient impacted.

COPING Model

Control: all staff and the patient will be in control of themselves before debriefing begins. If you need some time to re-group, do so. Patient debriefing to be offered within 72 hours after the event. **(e.g., are you comfortable with discussing the events that happened the other day?)**.

Orient: establish the basic facts of the event, which may have been heard or seen differently by the patient. Be open to hearing the patient's perspective. Offer the patient fact based observations that supported the need for this type of intervention. **(e.g., do you know why you were restrained?)**.

Patterns: are there patterns that indicate the patient is beginning to lose control that staff did not observe or under/over reacted to: **(e.g., Did we miss some cues that you were in need of help or beginning to feel "out of control" before you lost 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 staff. **(e.g., what can we learn from this to avoid restraint events for you 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., what changes to your care plan can we make to avoid the use of restraints in the future?)**.

Give: support, encouragement and control back to patient. **(e.g., how can we further support you?)**.

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

NOTE: Please complete the Incident Debrief Tool for Patients.