

Addiction and Mental Health

Staff Debriefing Tool

Staff Debriefings

The use of a restraint is traumatic for patients and shall only be used as a last resort. Following the use of a restraint in a behavioural emergency, staff may use this tool to support their debriefing process. (See Alberta Health Services *Restraint as a Last Resort* Policy and the Addictive and Mental Health Procedure at <https://www.albertahealthservices.ca/info/Page15638.aspx>).

Ground Rules

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)

Participants

Who should be present during patient debriefing: at minimum

1. Key staff 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 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 staff such as support from the Employee & Family Assistance Program (EFAP) and Workplace Health and Safety (WHS).
- Ensure debriefings are a separate process from formal reviews and are not forums for critique or analysis.
- Ensure **staff** debriefings 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
- Update the care plan of the patient impacted.

COPING Model

Control: all staff will be in control of themselves before debriefing begins. If you need some time to re-group do so. Staff debriefing 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 staff. 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 staff 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 staff. **(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

Staff Debriefing Tool

Date:

Time:

Facilitator:

<p>Medical / Psychiatric:</p> <ul style="list-style-type: none"> ○ Paranoia ○ Extreme fear / anxiety ○ Trauma history ○ Energized / agitated presentation ○ Dementia ○ Delirium / emergent delirium ○ Other neurological condition ○ Intoxication ○ Substance withdrawal ○ Acute pain ○ Other: 	<p>Incident antecedents (Contributing factors? Issues? Concerns?) Describe:</p>	
<p>Behaviors exhibited by patient</p> <ul style="list-style-type: none"> ○ Physical aggression? If so, towards ○ Self ○ Other Patient ○ Staff ○ Property ○ Other: 	<p>Describe:</p>	
<p>Staff Response (Verbal de-escalation; PRNs) Use of 10 domains of de-escalation</p> <ul style="list-style-type: none"> ○ Yes ○ No <p>If, yes which one (s):</p>	<p>Were restraints used?</p> <ul style="list-style-type: none"> ○ Yes ○ No <p>If Yes which one(s):</p> <ul style="list-style-type: none"> ○ Pharmacological ○ Environmental ○ Mechanical ○ Physical 	<p>Describe:</p>

Were Interventions Effective? <input type="radio"/> Yes <input type="radio"/> No
What worked well?
What would be some areas for further development? (i.e. care plan changes)