

# Code Blue Debriefs Work

*AUTHORED BY Matthew Trudgett, CNC ED and Disaster and Valerie Heathcote, CNC General Medicine Sydney Sydney Eye Hospital, South Eastern Sydney Local Health District*

## Evidence

- Code Blues are Medical Emergencies in NSW Health
- Hospitals have an established designated response team
- Organisations who are conducting debriefings can improve team and individual performance by up to 25% by –
  - active self-learning, intent to improve, reflection and input from various team members
- Debriefing is foundational behaviour in highly performing teams
- Debriefing enhanced technical and behavioural skills team performance.
- Endorsed by The American Heart Association (AHA) as a strategy that improves cardiopulmonary resuscitation quality
- Clinicians were individually seeking support for reflection and opportunities to provide feedback

## Background

- SSEH developed a working party and drafted a debrief template
- This was endorsed by the local CERS Committee
- Not routinely undertaken at this site or LHD, perhaps wider
- Retrospect audit of the resuscitation form showed minimal feedback of issues documented or escalated to CERS
- Staff were informally expressing concerns without a structured debrief process and potential issues were being filtered through word of mouth, emails and corridor conversations.
- The purpose of the debrief is to provide educational, supportive and quality improvement for the Code Blue Team

**11 Debriefs have occurred involving 61 participants between 30/10/2018-19/08/2019**

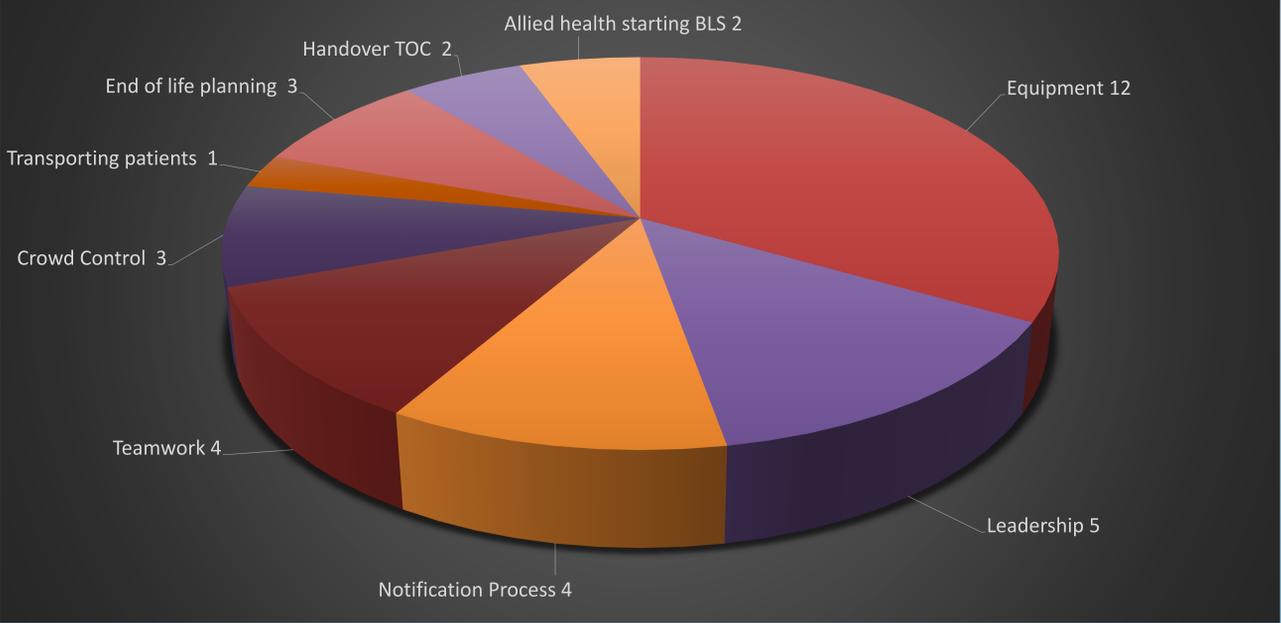


## What Went well

### Themes in order of frequency

- Good clinical care (5)
- Fast response quick (4)
- Teamwork good (3)
- Clear role allocation (1)
- Communication clear (2)
- Good Leadership (2)
- Handover clear (1)

## Improvement needed



## Changes Made

- **Equipment** – BLS equipment, BLS algorithm displayed, Anaphylaxis kit contents reviewed, repair to IV hanger in Resus area, Code Blue buzzers reflects unit, PPE, HFNPs, Oxygen cylinder, ECG dots (9)
- **Education** - ABG machine, Defibrillator (including external cardiac pacing), documentation, leadership, manual handling (6)
- **Crowd Control** - Code Blue responders (only), Evaluate response & align to Pager list. Process to disperse extra nursing staff (4)
- **Communication** – Any performance issues are addressed by NUM & staff offered EAP, minimise after hours phone delay, MRO hand over (3)
- **Transfer** - Code Blue Trolley stay with patient, VIP Key to hospital lift (2)
- **Manual Handling** - working group, process (1)
- **Role clarity** – CBR review (1)

## References

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