

Using team debriefing for critical care humanization: a quality improvement initiative at the University Hospital of Liège

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Background

In recent years, concerns have increased about long-term outcomes of critically ill survivors: they may experience sequelae related to the critical illness and its severity, the treatments and organ supports, and the unique intensive care unit (ICU) environment [1]. For some years now, a post-ICU follow-up clinic has been created in the University Hospital of Liège. This multidisciplinary clinic aims to help ICU survivors recovering as well as possible. In the literature and in our experience, many patients report bad experiences during their ICU stay [2, 3]. The physical suffering, as well as the psychological and emotional discomfort can be high. However, providing patient-centered care may be difficult in view of the ICU environment complexity, the working conditions, and the team dynamics [4]. Redesigning the intensive care by its humanization requires active listening of patients' needs and professionals.

Description

To progress towards patient-centered care, we designed an innovative project aiming at humanizing intensive care to improve patients' comfort and experience in ICU. To achieve this goal, we will conduct weekly focused end-of-shift clinical debriefings during 6 months in 2 pilot units of our tertiary department. In each unit (of 8 to 9 beds), all team members actively involved in patient care during the past shift (approximately 8 caregivers) will be invited to participate, excepting the nursing and medical team leaders. The debriefer will be a nurse experienced in healthcare simulation, and not belonging to the participating clinical team. The debriefing will be structured in four stages: the introduction phase aiming at establishing psychological safety, the reactions phase during which team members will share their emotions and initial reactions regarding patient care during their shift, the discussion about what went well and what could be done better next time, and the closing of the session aiming at summarizing actionable suggestions. The debriefing is intended to last 20 minutes. A report will be written by the debriefer and sent to the newly created strategic team. This team, including the units team leaders, will prioritize the innovations and manage their implementation in the units.

Discussion

The debriefing is now a recognized method to help building concerted changes through a participative analysis, allowing caregivers to point out their needs, emotions, motivation, and defense mechanisms. We believe that debriefings might also increase the working satisfaction of ICU teams, and thus, the quality of care. Consequently, this initiative will be combined with

an evaluation of its impact on patients' outcomes and on ICU teams using validated questionnaires investigating the burnout, the secondary traumatic stress, the compassion satisfaction, and the ways of coping.

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