

RGH ED INFO implementation staff survey September, 2016

Background: INFO (Immediate / Not for personal assessment / Fast facilitated feedback / Opportunity to ask questions) is a charge nurse facilitated clinical event debriefing process that was piloted in the ED at the Rockyview General Hospital (RGH) in Calgary, Alberta, Canada from March 1-August 31, 2016. After attending a 2-hour training workshop, ED charge nurses facilitated voluntary inter-professional debriefings of real cases in the ED department after pre-determined criteria for debriefings were met. During the 6 month pilot period 50 debriefings took place with the average attendance of 7 staff and an average debriefing duration of 10 minutes. After implementation, a link to a 23 question survey on Survey Monkey was emailed out to ED staff. The objective of the anonymous survey was to assess staff satisfaction with the INFO process.

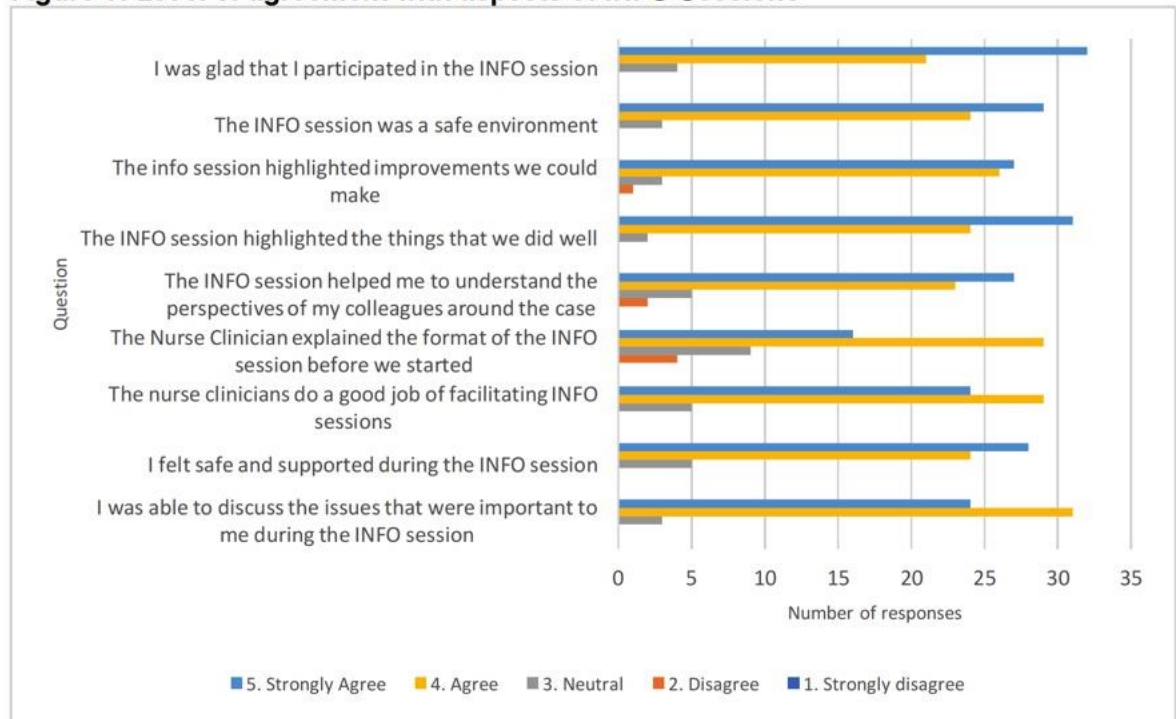
Results: The survey was completed by 101 staff who work in the emergency department at Rockyview General Hospital. 44% of the respondents were registered nurses and 29% physicians, the remaining 27% of respondents were made up from other inter-professional ED groups such as respiratory therapists, social workers, unit clerks, health care aids, ECG technicians, etc. The questions asked during the survey varied depending on whether the respondents were facilitators or participants of INFO debriefings. Three respondents selected INFO Debriefing Facilitator as their primary role. The results for the questions answered only by the facilitators are not included in this report due to the small number. The number of respondents answering each question varies as participants had the option to skip questions; the number of responses to each question is indicated in parentheses.

Most the respondents (80.0%, n = 75/94) reported that they felt either positive or very positive about INFO Debriefing in their workplace. About two thirds of the respondents (65.6%, n = 63/96) had participated in an INFO debriefing. Most those who had not attended one had not been involved in a case where one was held (75.9%, n = 22/29) but would participate after an appropriate case (80.6%, n = 25/31). The barrier that was most often reported was not having enough time to do so (29.0%, n = 9/31).

The vast majority of respondents reported that they would recommend INFO debriefings both to colleagues working in their Emergency Department (94.6%) and in other Emergency Departments (91.4%).

Participants were asked to select the top three priorities from a list of potential improvements suggested in the debriefings and the three that were selected most often were *Have practice sessions for uncommon procedures (e.g., pericardiocentesis) so staff are familiar with equipment* (53.9%), *Physicians should summarize regularly throughout the resuscitation* (49.4%), and *The Resus team should discuss the case and assign roles before patient arrives* (40.4%).

Figure 1: Level of agreement with aspects of INFO Sessions



Note – a. Colours on the graph are similar between 5. and 1. There are **no** “Strongly disagree” bars
 b. Bars reflect number of total responses not percentages

Comments from participants - INFO post implementation survey

“INFO session debriefing has allowed me to feel more involved as a team in allowing me to share my concerns and/or positive feedback as well as hearing others, in order to facilitate a more efficient team environment to improve patient care and meet family needs for the highest quality care possible. Very helpful. Thank you.”

“INFO has highlighted some ways I can communicate more effectively during resus situations, and has helped me be supportive of my colleagues from other disciplines who may have different perspectives on a resus”

“I have felt supported and more at ease with the care provided after debriefing in the INFO sessions”

“I think INFO sessions have improved overall communication in our department even outside of the resus bay”

“Thank you for introducing this to our staff, it is an incredibly valuable tool and I hope it continues to be part of our practice”

*Summary prepared by Maarit Crystal.
 Thank you to Aaron Johnston for his help with the survey.*