



Hot and Cold Debrief for Code Blue and Complex Medical Emergency Calls Procedure

1. Purpose

To guide the process for conducting Hot and Hot Debriefs that occur soon after clinical events, such as code blue calls requiring resuscitation and complex cases involving the medical team, nursing team and any other staff directly involved in the event.

Hot debriefing aims to promote learning and reflection for individuals and teams and identifies opportunities for workflow processes, decision making, communication, use of time and resources, leadership, and teamwork. Ideally a Hot Debrief should occur to address global distress or trauma to the team, or to identify major learnings to be considered. A Hot Debrief should not occur if there is high conflict, judgement, hostility, or if the situation is highly emotive. In these circumstances a modified approach will be undertaken, and a Cold Debrief arranged. The Hot Debrief focuses on the processes not the outcomes.

Hot and Cold debriefing has the potential to benefit staff wellbeing by:

- creating a supportive learning environment
- developing a shared understanding of events among clinicians and staff involved
- identifying the need for additional peer or professional psychological support from GP, Employee Assistance Program (EAP), or other service providers.

The Cold Debrief however occurs days or in some instances weeks after the initial event. This allows for more data and information to be collected, additional staff to attend and senior clinical facilitators to lead the debrief. Compared with the Hot Debrief, the events may not be clearly recalled by the participants, immediate support for staff is not provided and learning from the event may be delayed.

The Cold Debrief is best viewed as complementary to, and informed by, the Hot Debrief.

2. Procedure

A request for a Hot Debrief is made by the medical and nursing/midwifery team members at the time of the code blue or complex clinical case. The Hot Debrief should occur immediately after the event, facilitated by the Intensive Care Unit (ICU) Registrar who is the Medical Emergency Team (MET) lead doctor.

If the debrief is delayed due to MET team members or other members of the clinical event not being immediately available, BIONIC will collate the names of staff involved and communicate these details to the Clinical Nurse/Midwife Manager (CNM/CMM) of area or department where the event occurred, to ensure a Hot Debrief is conducted later in that shift. The CNM/CMM together with Bunbury Inpatients Outpatients Nerve Innovation Centre (BIONIC) will notify all staff of the time and location of the Hot Debrief.

The ICU Registrar will facilitate the Hot Debrief and record details on the Hot Debrief template form. The Hot Debrief templates are to be available on all the MET Trolleys. If a Cold Debrief is also required, the ICU registrar will tick the box at the end of the Hot

Debrief form to indicate this. The completed Hot Debrief form is then given to BIONIC and is scanned and sent via email to the MET Officer for retention and access as required.

The Head of Department (HOD)/Delegate of the treating Team will arrange Cold Debrief and will notify staff involved in the event in consultation with the area CNM/CMM. The Cold Debrief will occur at a time convenient for all participants and will be held in person onsite or via MS Teams. The Cold Debrief will be facilitated by a senior clinician and they will record details of the Cold Debrief on the Cold Debrief template form.

At the conclusion of the Cold Debrief, the completed cold Debrief form, is scanned by CNM/CMM, and emailed to the MET Officer for retention and access as required.

3. Roles and Responsibilities

BIONIC is responsible for:

- attending all Hospital MET and Code Blue Calls and liaise with ICU/Outreach Registrar and staff on whether there is a requirement for a Hot Debrief
- If a Hot Debrief does not occur immediately BIONIC to collate names of staff involved and communicate list to area/department CNM/CMM to ensure a Hot Debrief is arranged for later in the shift
- once Hot Debrief has occurred, scan the completed Hot Debrief form and email to MET officer
- If a Cold Debrief is required, ensure box is ticked at end of Hot Debrief form to indicate this. Then scan and email to MET Officer and CNM/CMM for area/department where Code Blue/MET call occurred.

CNM/CMM is responsible for:

- notifying all staff involved of the time and location of the Hot Debrief if it does not occur immediately after the event, in consultation with BIONIC
- retaining completed Hot and Cold Debrief forms
- liaising with the HOD/Delegate from treating Team to organise Cold debrief and assist with notifying staff involved
- scanning and emailing Cold Debrief form to MET Officer for retention, once Cold Debrief completed.

ICU/Outreach Registrar will:

- Attend all Hospital MET and Code Blue Calls
- Leads the Hot Debrief discussion and records details of what is discussed on Hot debrief form
- If a Cold Debrief is required, ensures box is ticked at end of Hot Debrief form to indicate this and gives completed Hot debrief form to BIONIC.

HOD/Delegate from the treating Team will:

- Arrange a Cold Debrief and notifies staff involved in consultation with CNM/CMM.

MET Officer is responsible for:

- receiving completed Hot and Cold Debrief forms and stores on ICU 'G' drive for retention and access for authorised staff as required
- periodically audit Hot Debrief forms to ensure all Cold Debriefs occur.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

MET Officer will audit Hot Debrief forms on a regular basis to ensure Cold Debriefs that have been requested have occurred. If a requested Cold Debrief has not occurred, the MET Officer will follow up with the identified HOD/Consultant.

Debrief Reports (de-identified) are available to Managers via the Bunbury Hospital Patient Safety and Quality Meeting and Bunbury Hospital a mandatory requirement Recognizing and Responding to Acute Deterioration Committee to enable monitoring and manage compliance of training and assessment requirements for performing Hot and Cold Debriefs.

4.2 Evaluation

The effectiveness of this document is to be carried out by the MET Officer at Bunbury Hospital using the following means:

- review of clinical practice and staff outcomes associated with this procedure
- seeking Health professionals' feedback on their role and practical application
- monitoring the impact on the MET and Code Blue calls and their evaluation.

5. Compliance

This procedure is a mandatory requirement under the [Work Health and Safety Framework](#).

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Australian and New Zealand College of Anaesthetists. Fact Sheet: How to Hot Debrief. [id.php \(anzca.edu.au\)](http://id.php(anzca.edu.au))

Nickson, C. Clinical Debriefing. Life in the Fast Lane. [Clinical debriefing • LITFL](#)

Rose, S and Cheng, A ([PubMed](#)) Charge nurse facilitated clinical debriefing in the emergency department.

7. Definitions

Term	Definition
Hot Debrief	A Hot Debrief , occurs within minutes to hours of a clinical event, and is conducted while emotions, reactions, and impressions are still “Hot.” Attendance by the participants in the event is voluntary but should be encouraged. The debrief should be conducted in a confidential, non-judgemental and safe manner. A Hot Debrief should include a summary of what happened, including what went well and what didn’t go so well. It should also identify the need for further support for participants of the event by peers or professionals.
Cold Debrief	A Cold Debrief occurs days and possibly weeks after a clinical event. It is usually facilitated by a Senior Clinician and allows for a more in-depth discussion. It can assist in capturing more information and data to inform on change and quality improvement. It also provides an opportunity for staff involved to have reflected on the event and identify any additional support requirements.
Bunbury Inpatients Outpatients Nerve Innovation Centre (BIONIC)	BIONIC - consists of a Patient Flow Clinical Nurse and a Hospital Co-Ordinator Clinical Nurse Manager. Patient flow is your primary contact and responsible for admissions, interhospital transfers, patient flow across campus and APTC overview. The Hospital Co-Ordinator is responsible for logistics, emergency management and emergency co-ordinator role.

8. Document Summary

Coverage	Bunbury Hospital
Audience	All Staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Work Health Safety Act 2020 Work Health and Safety (General) Regulations 2022 Workers' Compensations and Injury Management Act 1981
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> Work Health and Safety Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> Occupational Safety and Health Policy Staff Support Post Critical Incident Guideline
Other Related Documents	Nil
Related Forms	<ul style="list-style-type: none"> Cold Debrief Form (see sample in Appendix B) Datix: Login to Datix CIMS (health.wa.gov.au) Hot Debrief Form (see sample in Appendix A) WACHS Safety Risk Report Form
Related Training Packages	ICU Registrars and other relevant staff facilitating such debriefs to be provided with debrief facilitator training in conjunction with the Teaching Training and Research (TTR) Hub and to be included in ICU Department orientation
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2532
National Safety and Quality Health Service (NSQHS) Standards	1.1, 1.8, 5.1, 5.4, 5.5, 6.2, 6.4, 8.3, 8.8,
Aged Care Quality Standards	1, 2, 7, 8
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	7 December 2023	7 December 2023	New procedure


10. Approval

Policy Owner	Executive Director South West
Co-approver	Nil
Contact	Clinical Nurse Specialist/ Medical Emergency Team Officer
Business Unit	Intensive Care Unit Bunbury Hospital
EDRMS #	ED-CO-23-453706
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This document can be made available in alternative formats on request.

Appendix B: Clinical Debrief Tool (Cold Debrief)

Sample only



Government of Western Australia
WA Country Health Service

CLINICAL DEBRIEF TOOL (COLD DEBRIEF 30mins-1hr)

Please use this form to debrief following major clinical events (including resuscitations, unexpected deaths, MER calls, end of life discussions or any other events as decided by the team) Please note this should not replace formal clinical incident reporting and escalation to the line manager. Please find attached debrief script to be used as guide.

Introduction and Shared Mental Model

Debrief Facilitator: _____ **Debrief Scribe:** _____

Site/Department: _____ **Date:** _____ **Time:** _____

Staff Members (Optional): _____
Please include roles, names, allow issues and further debriefing to be followed up)

Trigger for debrief: _____

Brief Summary of events: _____

What went well and what was challenging ('plus/delta')?

Factors	Positive	Challenging
Logistical (e.g. clinical environment- include location- and staffing)		
Equipment (e.g. equipment availability and functionality)		
Procedural (e.g. use of and access to protocols and guidelines)		
Personnel (e.g. teamwork, clinical knowledge, training needs, use of CRM principles)		

What is to be replicated (positive performance) or change for future events?

Acknowledgement WACHS-Midwest May 2023

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Sample only

Are there identified issues to be followed up?		
1. Logistical	Y/N (circle)	Specify: _____
2. Equipment	Y/N	Specify: _____
3. Procedural	Y/N	Specify: _____
4. Personnel	Y/N	Specify: _____

Will a more thorough technical performance debriefing (in-depth analysis of the above factors) be required? Y/N (circle)

Will critical incident stress debriefing be required (emotional/ psychological support for people involved/)? Y/N

FOLLOW UP;

- Support staff to follow up with [Employee Assistance Program](#) for South West.
- Centrecare Family Services (Bunbury) Phone (08) 9721 5177
- South West HR: 9781 2030
- Psychological First Aiders: Contact Work Health & Safety

Kindly forward this form to:

- For Bunbury only – scan to Clinical Nurse Specialist ICU/ MET Officer
- Regional Sites – to district Nurse Unit Manager.

Acknowledgement WACHS-Midwest May 2023

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Sample only

DEBRIEFING SCRIPT FOR CLINICAL DEBRIEF TOOL

Introduction and shared mental model

"We are going to do a quick debrief of that event. It should take only a few minutes. The goal is to improve our performance as a team and the care we provide. Let's start with a description of the key clinical events."

- Review the clinical events and establish a shared mental model of what happened
- Reassure staff it is not about individual performance.
- Reassure staff that the debrief is to help them to move on from the event; do a wellbeing check in 1:1 if required.



What went well and what was challenging ('plus/delta')

"Okay team let's talk about our performance. What went well and what was challenging."

- Were there any issues with the clinical work environment or staffing? If so, what?
- Were there any issues with availability of functionality of equipment? If so, what?
- Did the team follow established guidelines and protocols? If not, why?
- What positive actions helped to optimize team performance?
- Were staff involved up to date with best practice? Are there any identified training needs?



What is to be replicated (positive performance) or changed for future events?

- Discuss aspects of team performance that will be implemented in the future based on discussion above.



Are there identified issues to be followed up?

- Record issues to be followed up (logistical, equipment, procedural and personnel).
- Is there need for a more thorough technical performance debriefing or critical incident stress debriefing?



Conclusion

"Thank you for taking time to participate in this technical performance debriefing."

If you have any further questions about this form or need support, contact Southwest Safety and Quality Team (wachs-swcot@health.wa.gov.au). Provide available resources for emotional or psychological support for staff as necessary.

Acknowledgement WACHS-Midwest May 2023

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3

*Link: wachs-swcot@health.wa.gov.au