

**Background**  
Hot Debriefs are interactive structured team dialogues that typically occur immediately following complex clinical cases.

Team-based Resuscitation Care in Emergency Departments (EDs) appears an excellent opportunity for Hot Debriefs. Surprisingly, the authors were unable to identify examples of EDs performing regular, structured, effective Hot Debriefs.

For our Tertiary Care ED, we sought to identify target patient groups, potential benefits, challenges and barriers to implementation, and to create an effective bespoke Hot Debrief Tool.

**Methods**  
All ED staff were invited to attend Hot Debrief Study Day to determine feasibility of developing a bespoke debriefing tool. Together, we reviewed existing models from research literature, identified potential benefits and foreseen barriers then created a new Hot Debrief framework. We tested and adapted further using footage of simulated complex resuscitation cases.

“ This reflective activity in teams is known as debriefing, and despite supportive evidence highlighting its benefits, many practitioners experience barriers to implementing debriefing in the clinical setting. ”

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**WHY?** WHICH CASES? WHO? WHERE? WHEN?  
..... **HOW?**



**STOP for 5 Minutes** NHS Lothian

Leader - Thank the full team and ask 'Is everyone ok?' 'Does this case meet debrief criteria?'  
If **YES** then continue to Hot Debrief outline as below and first stating :

- We are now going to have a 5 minute team debrief
- The purpose of the debrief is to improve the quality of patient care, it is not a blaming session
- Your participation is welcomed but not compulsory
- All information discussed during this debrief is confidential

**S** Summarise the case  
**T** Things that went well  
**O** Opportunities to improve  
**P** Points to action and responsibilities

**The Bespoke Hot Debrief Tool**

**Agreed Initial Case Selection Criteria**

- |                       |                               |
|-----------------------|-------------------------------|
| 1 Prehospital Callout | 4 Death in Resus              |
| 2 Major Trauma        | 5 Any Staff-Triggered Request |
| 3 Cardiac Arrest      |                               |

**Results**  
Study day attended by 7 EM Consultants, 3 Senior Staff Nurses and 4 EM Registrars.

**Potential Benefits Identified by Team**

- Improved staff morale and team cohesion
- Improved care for our future patients
- Promoting a culture for Learning, Patient Safety and Quality Improvement

**Potential Barriers Identified by Team**

Time Pressure	Team Dispersal
Psychological safety	Performance anxiety
Competing Clinical Priorities	

**Logistics**  
Posters displayed in ALL Resuscitation Rooms  
Accompanying data collection form developed and completed real-time during Hot Debrief Process  
New process publicised throughout ED & staff handovers

**Conclusion**  
We identified potential benefits, challenges and target patient groups for Hot Debriefs and used these to develop a short, effective framework for use in our Tertiary Centre ED.

We anticipate this tool to be globally generalizable and effective for many high-performing excellent ED teams worldwide.