

Debriefing: A Quality Improvement Project to Address Moral Distress

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Purpose & Setting

This quality improvement project will investigate the feasibility and utility of a reactive debriefing protocol as an intervention to address moral distress within the emergency department of an academic Level I trauma center in Tucson, Arizona.



Background

- **Moral distress:** The feeling of being unable to deliver optimal patient care due to organizational or situational constraints.
- Emergency nurses suffer from high levels of moral distress.
- A high level of moral distress is negatively associated with staff retention and patient outcomes.
- The consistent use of debriefing after adverse events may prevent or ameliorate moral distress among emergency nurses.

Methods

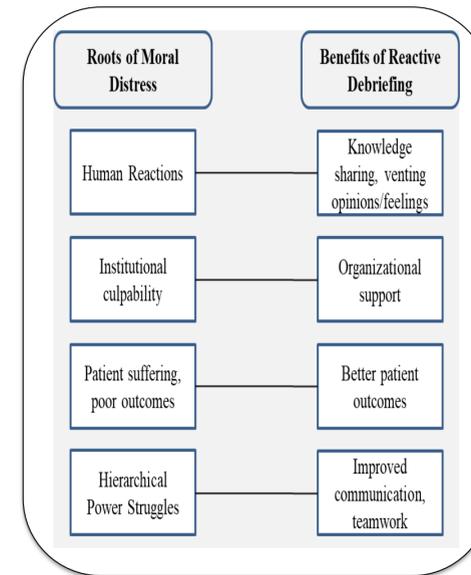
Measurement tool: Measure of Moral Distress for Healthcare Professionals (MMD-HP), a validated tool to quantify moral distress among nurses.

Debriefing Protocol: Debriefing In Situ Conversation in Emergency Room Now (DISCERN) tool (below).

- Education on moral distress and the DISCERN tool will be provided during a quarterly staff meeting. Baseline MMD-HP values will be collected.
- A paper copy of the DISCERN tool will be distributed in all trauma and death packets.
- MMD-HP values will be collected from nurses who did and did not participate in DISCERN debriefing.
- Data collection is planned for June 2020 with a goal of 50 nurse participants.

| The DISCERN Tool | | |
|--|---|--|
| <p>Date: _____</p> <p>Are the team leader and primary nurse both present? Y/N</p> <p>Resuscitation Type:</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Trauma</p> <p><input type="checkbox"/> Pulseless Arrest</p> <p>Time of Debrief Start: ____</p> <p>Time of Debrief End: ____</p> | <p>Members present:</p> <p><input type="checkbox"/> Charge RN</p> <p><input type="checkbox"/> 1st/Documenting RN</p> <p><input type="checkbox"/> Provider Team Leader</p> <p><input type="checkbox"/> Fellow</p> <p><input type="checkbox"/> Resident</p> <p><input type="checkbox"/> Secondary RN</p> <p><input type="checkbox"/> Respiratory Therapist</p> <p><input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Patient Care Technician</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Other</p> | <ul style="list-style-type: none"> • What went well during our care for the patient? <ul style="list-style-type: none"> • Ex: Clinical care, team-work, communication, leadership, other • What could have improved during out care for the patient? What are potential solutions? • Was the team leader the only provider calling out medication orders? • Was anyone confused about who was the team leader? |

Linking Evidence to Practice



- Debriefing may positively impact the four syntheses of moral distress (left).
- Emergency personnel are unlikely to engage in debriefing due to organizational and situational factors.
- Implementing a protocol may overcome barriers to routinizing debriefing

Conclusion & Practice Implications

- This QI project will measure a short-term impact - but may yield long term benefits: Improvement in staff retention and patient outcomes.
- Further research is indicated to address the gap between best evidence and interventions to combat moral distress in critical care nurses.



References



Contact Info

