

PREDICTORS OF SUCCESSFUL IMPLEMENTATION OF PREOPERATIVE BRIEFINGS AND POSTOPERATIVE DEBRIEFINGS FOLLOWING MEDICAL TEAM TRAINING

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Introduction: The VA NCPS designed the Medical Team Training (MTT) Program to reduce inadvertent harm to patients by improving communication and teamwork, especially in the operating room. The purpose of this study was to examine which factors at the time of the MTT learning session (LS) predicted success in implementation of preoperative briefings and postoperative debriefings.

Materials and Methods: This report is part of a larger cohort study involving a National Roll Out of MTT to 130 VA Medical Centers providing surgical care. Learning session data from 64 facilities that underwent MTT was recorded. A Faculty Assessment Tool was completed immediately following the LS. Three NCPS educators (physician, nurse, program specialist) independently rated the facility on a Likert scale of 1 to 5 regarding physician attendance, facility leadership involvement, and composition of the implementation team at the time of the LS. At an average follow up of 8.2 + 0.4 months, a facility briefing score was established from quarterly, semi-structured interviews. Facilities briefing all cases on all services were compared to the remaining centers. Univariate and multivariate analysis was then performed comparing briefing score to LS data.

Results: Univariate analysis demonstrated that facilities that were briefing/debriefing all cases on all services, compared to those that were not, had higher learning session scores for physician attendance [4.4 + 0.1 vs. 3.9 + 0.2, $p=0.04$]; facility leadership involvement [3.9 + 0.2 vs. 3.0 + 0.2, $p=0.002$]; and composition of the implementation team [4.4 + 0.2 vs. 3.8 + 0.2, $p=0.03$]. In a multivariable logistic regression, facility leadership involvement at the time of the learning session independently predicted future briefing of all cases on all services [odds ratio 4.03, confidence interval 1.33-12.2, $p=0.01$].

Conclusion: Full implementation of the patient safety tool preoperative briefings and postoperative debriefings is dependent upon facility leadership involvement.