

IHQI Improvement Scholars Program

Measures for Development of a Debriefing Culture in a Pediatric Emergency Department Project

| Measure Name | Measure Type | Measure Calculation | Measure Exclusion | Data Source | Baseline | Goal | Collection Frequency |
|--|--|--|--|--|----------|------|----------------------|
| Green/Yellow Action item completion | Outcome (How does the system impact the values of patients, their health and wellbeing? What are impacts on other stakeholders such as payers, employees, or the community?) | Numerator: Green/Yellow Action item completion Denominator: Total action items determined in debriefs | Red action item completion (defined as institution level action items out of the unit's sphere of control) | Debrief documents | 20% | 50% | Monthly |
| Number of debriefs occurring | Process (Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?) | # significant clinical events/# debriefs | Exclude certain events | EMR/debrief documents | 70% | 80% | Quarterly |
| Number debriefs being led by trained PED staff | | # debriefs led by staff/# debriefs | Excludes day-to-day leader | Debrief documents | 0% | 20% | Quarterly |
| Action item follow up to debrief teams | | # action item follow ups which occurred/ # action items | Red action items | Debrief documents/email to teams | 0% | 50% | Monthly |
| Percentage of Health Care Workers with decrease in | Balancing (Are changes designed to improve one part of the system causing new | post-implementation % psychologically safe via survey/pre-implementation % | Those who did not participate pre and post | Survey given pre and post implementation | | | Yearly |

