

HOT DEBRIEF DATA COLLECTION

**DO NOT ATTACH
PATIENT
IDENTIFIER**

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| DATE: | <u>TYPE OF CASE;</u> | Staff Members Present |
| TIME: | <input type="checkbox"/> PAEDIATRIC <input type="checkbox"/> TRAUMA <input type="checkbox"/> UNEXPECTED DEATH <input type="checkbox"/> STAFF TRIGGERED | Form completed by: |
| LOCATION: | | |

How is everyone feeling?

If appropriate to proceed FIRST STATE;

- We are going to have a 5 minute debrief
- Purpose is to improve quality of care; it is not a blaming session
- Your participation is welcomed but not necessary
- All information discussed during the debrief is confidential

SUMMARISE THE CASE

THINGS THAT WENT WELL

OPPORTUNITIES TO IMPROVE

POINTS TO ACTION