The Impact of After Action Review on Safety Culture & Second Victim Experience: an effectiveness-implementation study

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1. Introduction

"AAR is a facilitated structured discussion of an event to identify learning"

Learning from incidents in Ireland

The Irish National Incident Management Framework (2020) emphasises the need for learning from adverse events in near-to-real time[1]. The debriefing approach After Action Review (AAR) is recommended. AARs are a facilitated discussion of an event which enables groups to come to a shared mental model of what happened, why, and identify learnings and improvement. AARs enable team learning and review of events and may be conducted formally and informally.

Based on evidence from other industries, effective facilitator skills and organisational support[2] are key to developing a culture of AAR practice[3] and may enhance safety culture and staff well-being[4,5].

Since 2018, up to 500 staff have been trained as AAR Facilitators using an RCSI HSE co-designed simulation-based programme.

Little robust evidence exists about the effectiveness of AARs in healthcare, or about implementation.

2. Aim

To investigate the effect of AAR on safety culture and second victim experience, and examine AAR implementation in a hospital setting over a period of one year.

3. Hypothesis

If organisations after a culture and readiness assessment, agree to adopt and sign-up staff to be trained as AAR facilitators,

then the facilitation of learning after patient safety events will be done well,

so that AARs will take place frequently and staff will feel satisfied with the meeting and outcomes,

so that safety culture and second victim experience (the negative impact of adverse events on staff) improves.

4. Implementation Strategy

Simulation Based AAR Facilitator Training Programme

Co-design: RCSI and HSE developed a modified plus version of AAR training building on learning from University College London Hospitals[6] (Fig 1). The training was funded by the HSE and provided by RCSI.

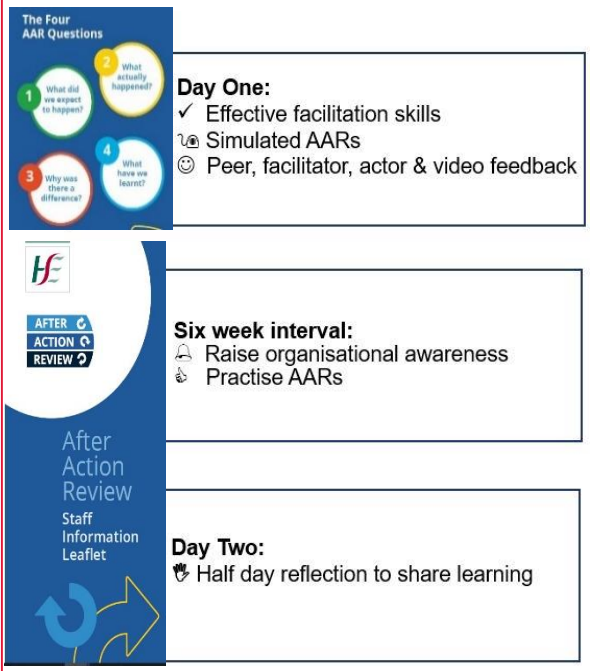

Fig 1: HSE RCSI AAR Programme

Delivery: Approximately 1 in 12 staff at an Irish hospital were trained as AAR Facilitators. Participants were a mix of clinical and non-clinical staff.

Training was delivered over two days to cohorts of up to 16 participants at the RCSI Simulation Centre.

Day One consisted of experiential learning about facilitation skills, with participants conducting AARs alongside actors and receiving feedback.

Six weeks later, on Day Two, participants reflected on their AAR practice, awareness raising and next steps for implementation.

5. Methods

A mixed methods effectiveness-implementation study[7] was conducted drawing on pre and post analysis and nested focus groups.

Hospital staff completed surveys (Hospital Survey on Patient Safety 2.0 and Second Victim Experience and Support Tool) before (May/June 2021) and twelve months (Sept/Oct 2022) after the introduction of After Action Review to the hospital

Six months after the training, using the Theoretical Domains Framework, focus groups were conducted with AAR Facilitators to explore the enablers and barriers to AAR implementation.

Information about how many AAR meetings were held, their quality and financial costs were also estimated.

6. Lessons Learned

Openness to utilise digital capacity and to adapt to context (e.g. health system shocks) is important to sustain resource intensive, simulation based learning approaches. As part of the iCAARE study[8], an open access reusable simulation based training video and accompanying paper have been developed to help spread AAR Facilitation Skills[9].

Planning at the outset for CQI is an important part of University-Health service partnerships approaches. For example, uptake of informal AAR was unexpected and was subsequently highlighted across policy, training and research protocols.

Meaningful sustained co-design offers opportunities for innovation in policy, education and research. Findings will help guide the future adoption and impact of AAR in healthcare in Ireland and internationally.

The results from this study will directly inform local hospital decision making and national policy approaches to incorporating AAR in hospitals in Ireland.

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