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Second Victims: Addressing the Epidemic

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Objectives

- Define the term ‘second victim’.
- Describe the stages of recovery for a clinician suffering in the aftermath of a clinical event as a second victim.
- Describe University of Missouri Health Care’s second victim peer support program.

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History of the PROBLEM

Adverse event investigations – individuals at the ‘sharp end’ noted to be experiencing ‘predictable’ behaviors post event.

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Commonly Heard Phrases

"This event shook me to my core."

"I'll never be the same."

"This has been a turning point in my career."

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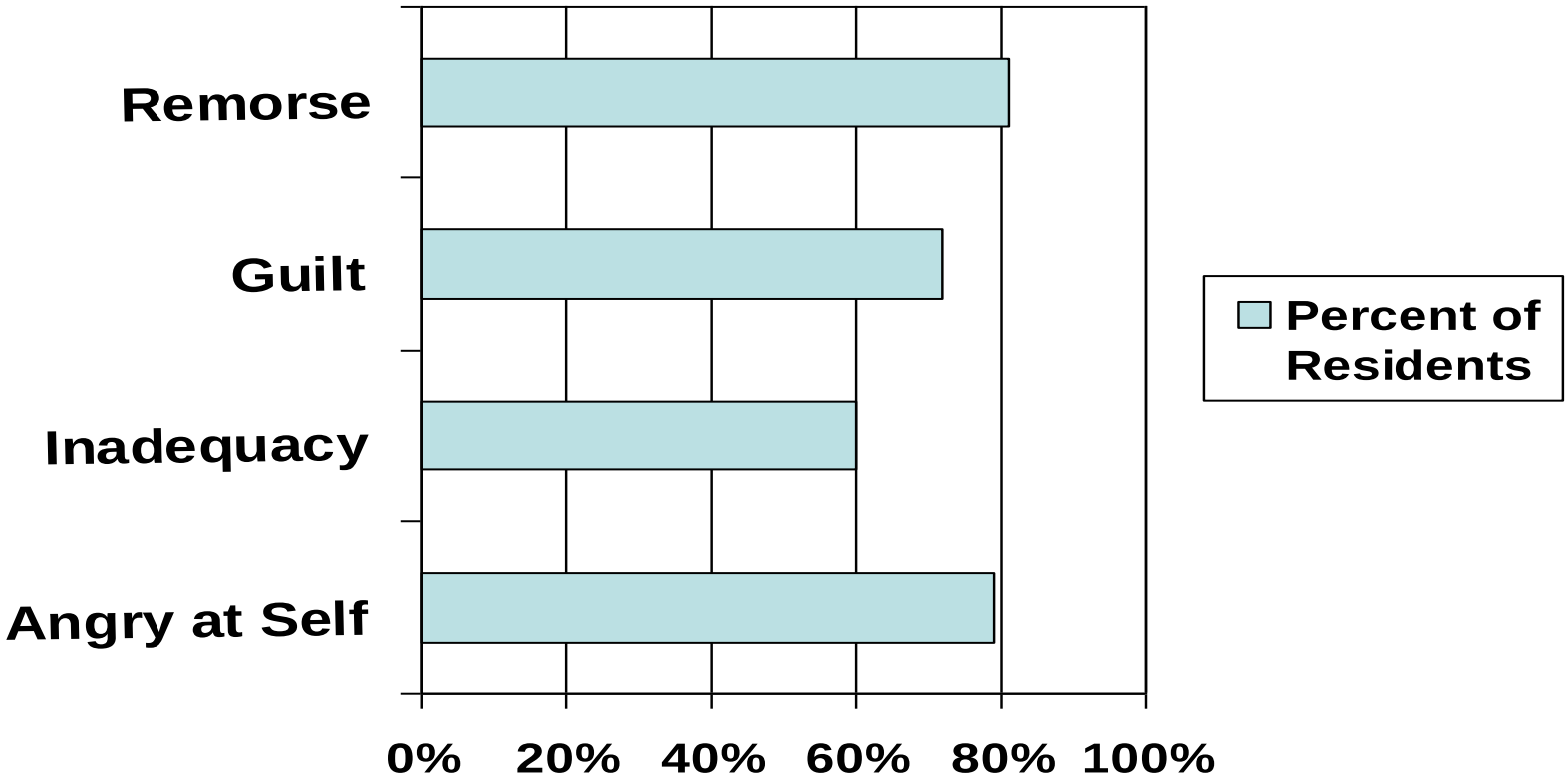
Resident Responses to Errors



Wu AW, et al. Do house officers learn from their mistakes? *JAMA* 1991; 265:2089-94.

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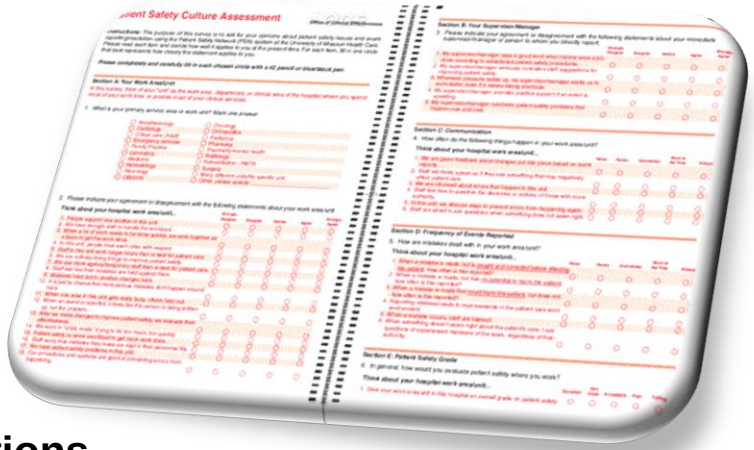
Safety Culture Survey



Agency for Health Care Research and Quality (AHRQ)
www.ahrq.gov

Patient Safety Culture Survey

2 Questions –

1) **Within the past year, did a patient safety event cause you to experience anxiety, depression, or wondering if you were able to continue to do your job?"**

2) **Did you receive support from anyone within our health care system?**

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Culture Survey Results

- 1,160 Respondents
- 16% of respondents experienced personal problems such as
  - Anxiety
  - Depression
  - Concern regarding ability to do job
- Only 33.7% received support within UMHC.

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Second Victim Task Force

Project Leads – Patient Safety and Risk Management

Team Members

- Case Manager
- Chaplain
- Chief Medical Officer
- Clinical Educator
- EAP
- Employee Wellness
- Health Psychologist
- House Manager/Supervisor
- Nursing Department Managers
- Quality Improvement Specialist
- Researcher - Nursing
- Respiratory Care Manager
- Social Service
- Staff Nurses

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Improvement Team's Objective…

- **Minimize the human toll** when unanticipated adverse events occur.
- **Provide a 'safe zone'** for faculty and staff to receive support to mitigate the impact of an adverse event.
- Develop an internal rapid response infrastructure of **'emotional first aid'** for clinicians and personnel following an adverse event.

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A Research Project is Formed

- Qualitative Research Design
- IRB Approved
- Research Subjects
- 60 minute interviews – taped
- Independent researcher reviews
- Consensus meetings

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Second Victims Defined…

"*Healthcare team members involved in an unanticipated patient event, a medical error and/or a patient related injury and become victimized in the sense that they are traumatized by the event. Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base.*"

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Participant Overview

- Females 58%

- Average Years of Experience
  - MD 7.7
  - RN 15.3
  - Other 17.7

- Average Time Since Event = 14 months
  - Range – 4 weeks to 44 months

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Discoveries…

- Regardless of job title, staff respond in predictable manners
- First tendency of staff seems to be isolation
- Medical errors and unanticipated patient outcomes are equally devastating

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Commonly Reported Symptoms

- Extreme Fatigue
- Sleep Disturbances
- Rapid Heart Rate
- Increased Blood Pressure
- Muscle Tension
- Rapid Breathing
- Frustration
- Decreased Job Satisfaction
- Difficulty Concentrating
- Flashbacks
- Loss of Confidence
- Grief / Remorse

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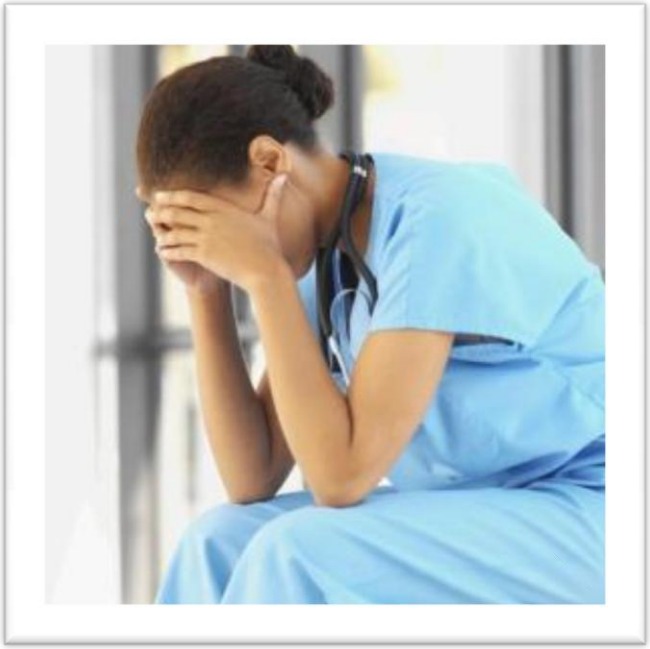
Staff Tend To 'Worry'…

- **Patient**
  - Is the patient/family okay?
- **Me**
  - Will I be fired?
  - Will I be sued?
  - Will I lose my license?
- **Peers**
  - What will my colleagues think?
  - Will I ever be trusted again?
- **Next Steps**
  - What happens next?



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High Risk Scenarios

- Patient ‘connects’ staff member to family
- Pediatric cases
- Medical errors
- Failure to rescue cases
- First death experience
- Unexpected patient demise

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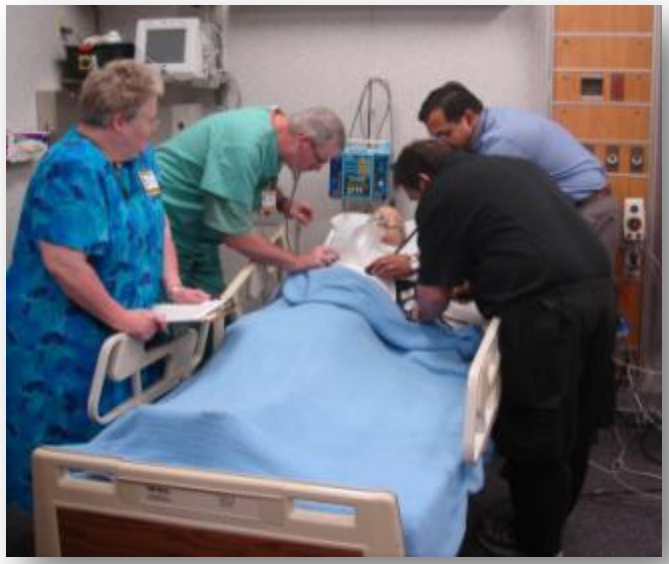
High Risk Clinical Areas

- ICU's
- Emergency Room
- Pediatrics
- OR's
- Obstetrics
- Oncology
- Rapid Response Teams
- Code Blue Teams



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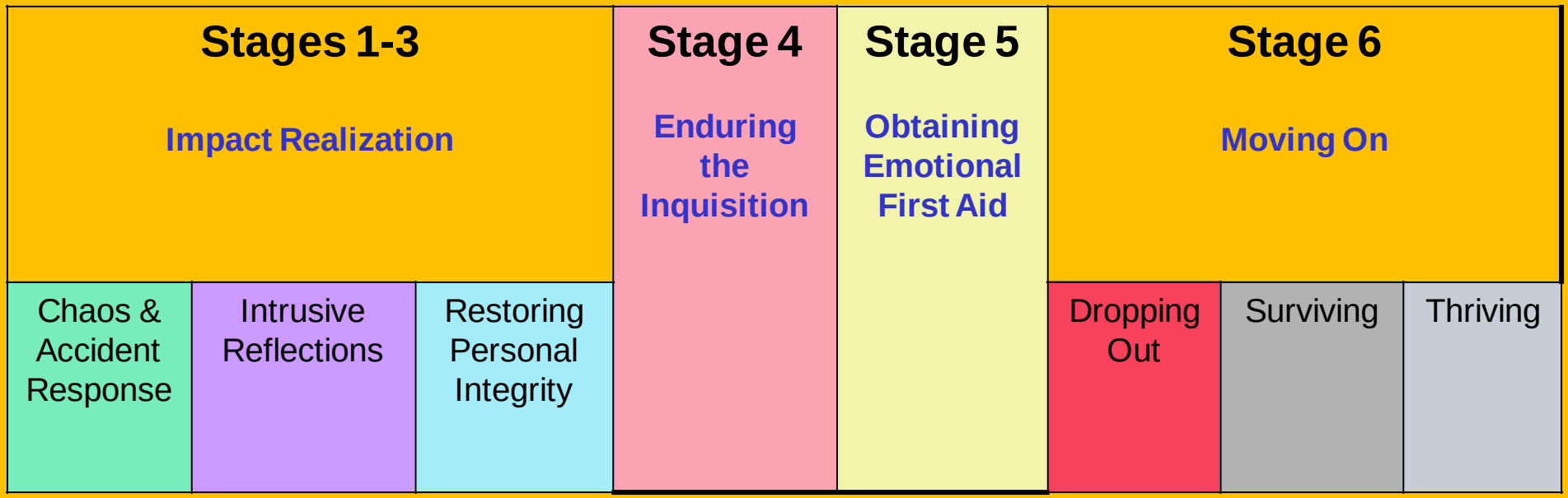
Research Team Consensus – The Second Victim Trajectory

<<<<<<<<<< TRIPPING OR TRIGGERING >>>>>>>>



(Individual may experience one or more of these stages simultaneously)

(Individual migrates toward one of three paths)

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Stage 1
Chaos and Accident Response

- Error realization / Event recognition
- Get help for the patient
- Stabilize / Treat

"Right after the event and during the code, I was having trouble concentrating. It was nice to have people take over that knew what they were doing that I trusted. I was in so much shock I don't think I was useful."

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Stage 2
Intrusive Reflections

- Re-evaluate clinical scenario
- Self isolation
- Haunted re-enactments

"I started to doubt myself. This shouldn't have happened. It was all hindsight but I kept thinking over and over again. There were some things that I thought maybe if I'd have done it this way it wouldn't have happened or been avoided but everything was more clear looking at things in retrospect. I lost my confidence for some time."

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Stage 3
Restoring Personal Integrity

- Acceptance among work/social structure
- Managing gossip/grapevine
- Fear

"I thought every single day for months I'd walk in and think everyone knows what happened because that's what happens in a unit where everyone works closely. I thought do they think of me as this loser who doesn't know what is going on. I thought these people are never going to trust me again."

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Stage 4
Enduring the Inquisition

- Reiterate case scenario
- Respond to multiple “why’s”
- Interact with many different event management staff

“I didn’t know what to do or who to talk to professionally or legally.”

“Clearly, I know we needed to keep that quiet – it might have been helpful to be able to talk to someone else but I couldn’t do that.”

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Stage 5
Obtaining Emotional First Aid

- Personal/Professional Support
- Getting/Receiving Help/Support
- Litigation Assistance

"There was nobody I could tell, not even my husband. All I could say is I've had a really horrible day. Because of HIPAA laws, our own professional values of confidentiality, we cannot take it home, other than to say I had a patient die today but not about the particular incident."

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Stage 6-A
Moving On….Dropping Out

- Move to a new unit/facility
- Strongly consider quitting role
- Feelings of gross inadequacy

"A fresh start was good for me."

"I actually ended up moving to a different floor. My new supervisor who oriented me expressed confidence and belief in me and helped me re-grow my own sense of confidence and self belief."

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Stage 6-B
Moving On….Surviving

- Coping, but still have intrusive thoughts
- Persistent sadness
- ‘Hanging in there…’

“I figured out how to cope and how to say yes, I made a mistake. And that mistake caused a bad patient outcome but I haven’t figured out how to forgive myself for that or forget it. It’s impossible to let go.”

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Stage 6-C
Moving On….Thriving

- Maintain life/work balance
- Gain insight/perspective
- Make something positive out of the event

"I was questioning myself over and over again about what happened but then I thought … I've just had this experience in my life where I had to encounter this tragedy but it made me a better person. It really did, and it gave me insight."

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Interventional Considerations

- A ‘safe zone’ to discuss their response to events
- Peer to peer
- Confidential
- Knowledge regarding next steps
- Voluntary involvement in supportive interventions
- 24/7 access

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Challenges to Providing Support

- Stigma to reaching out for help
- High acuity areas have little time to integrate what has happened
- Intense fear of the unknown
- Fear a compromise of collegial relationships because of event
- Fear of future legal woes - HIPAA, Confidentiality Implications

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Supportive Interventions

- Offer support
- Active listening
- Acknowledge what the clinician is saying or feeling
- Supportive presence - Don’t try to fix it
- Be there
- Know your internal resources
- Describe the identified stages in the recovery trajectory and help define the concept of tripping or triggering

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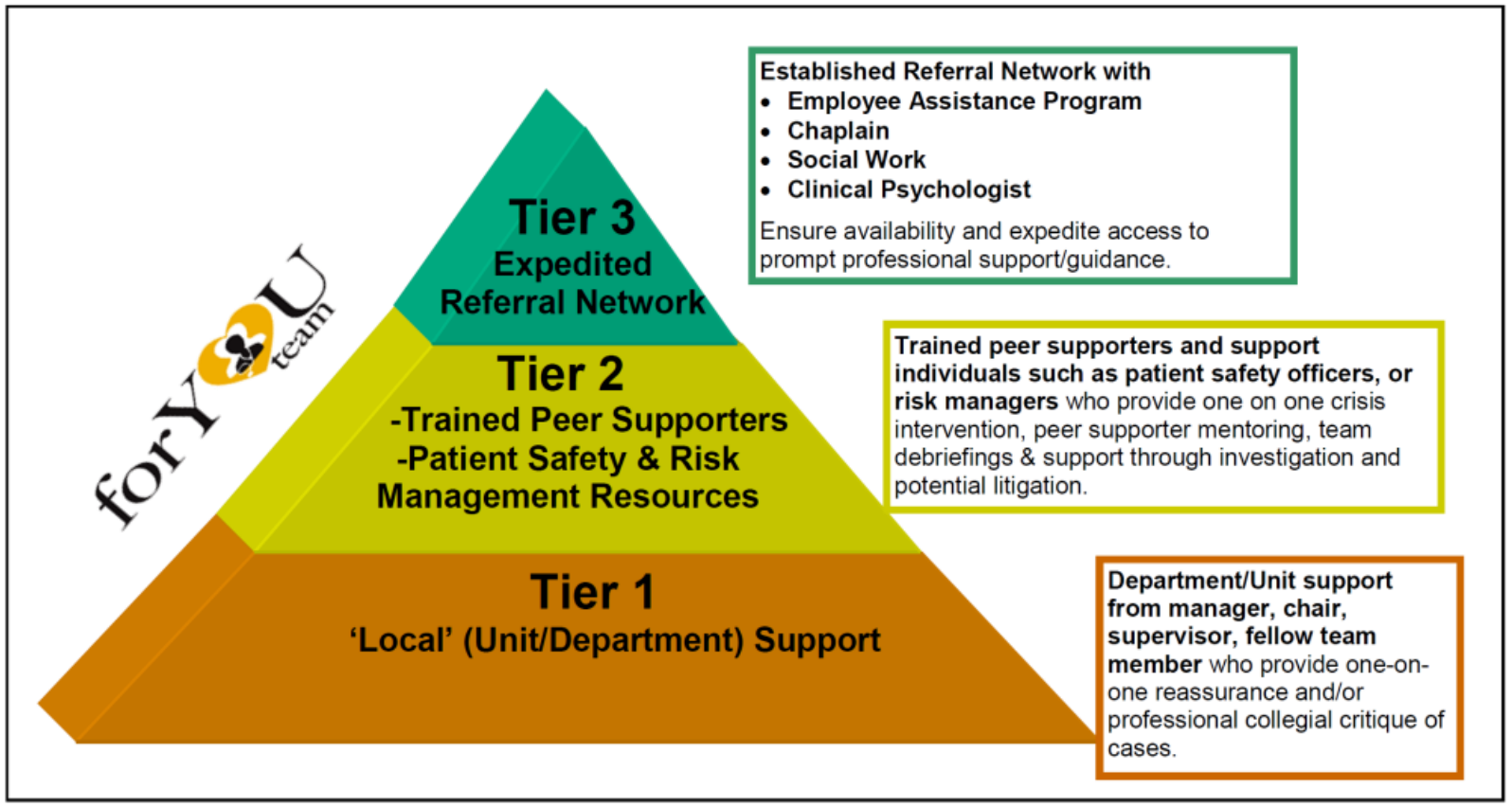
The Scott Three-Tiered Interventional Model of Second Victim Support



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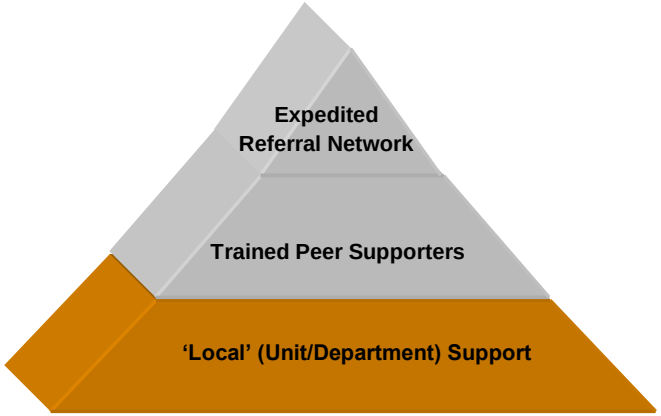
Support Model- Tier 1



'Local' support / Unit management team

House Manager

Local Peers

- Scripting:
  - Key Actions at Key Times
  - Key Words at Key Times
- Defusing Techniques
- Working with Staff in Crisis

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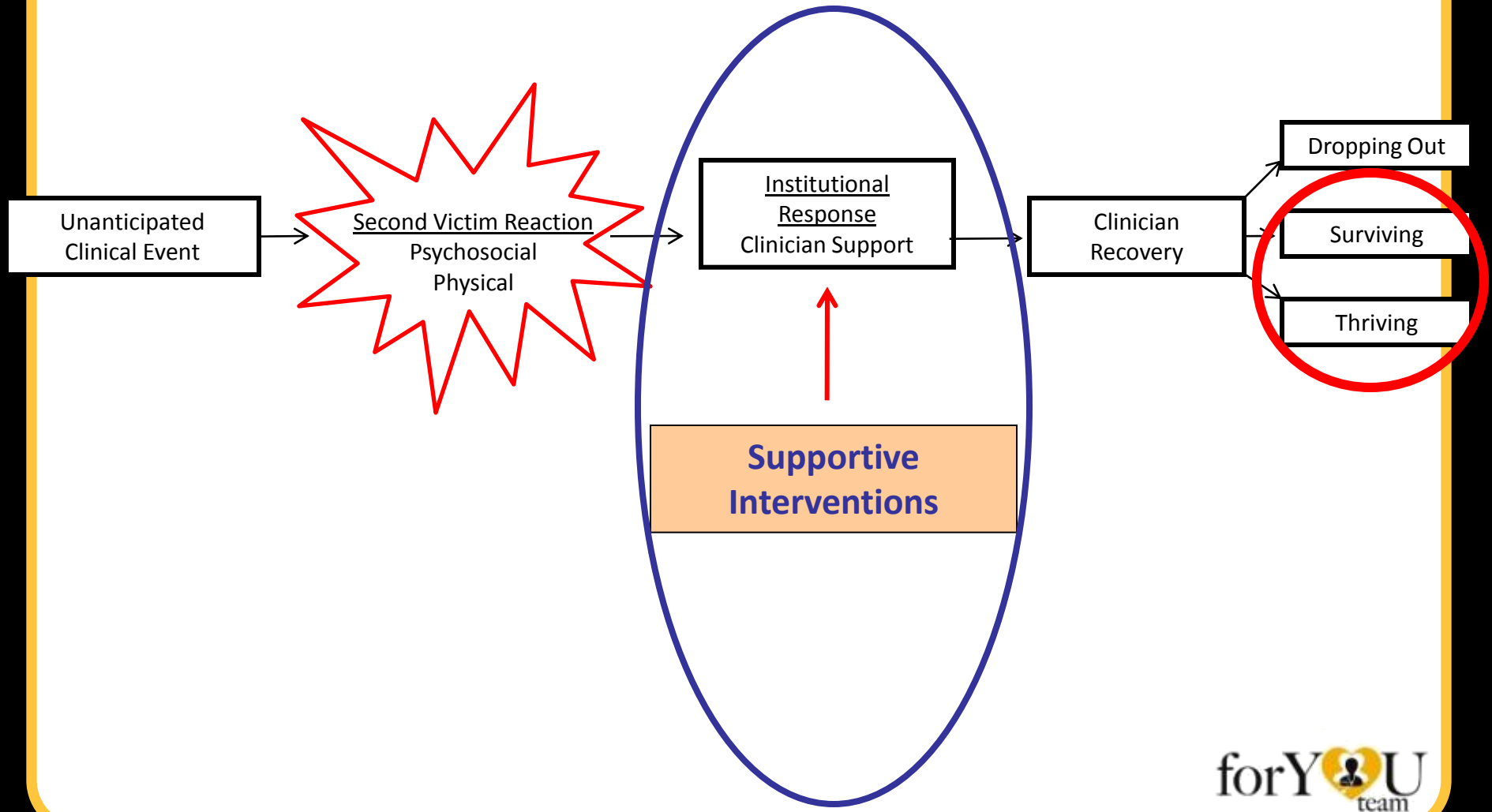
Second Victim Conceptual Intervention Model



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Five Key Actions – Department Leaders

- Connect with clinical staff involved
- Reaffirm confidence in staff
- Consider calling in flex staff
- Notify staff of next steps – keep them informed
- Check on them regularly

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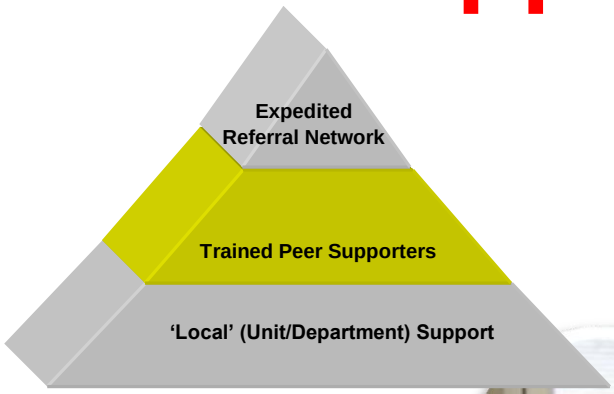
Support Model- Tier 2



ForYOU Peer Support Team, Patient Safety Representatives, and Risk Management Personnel

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One on One Support

- Provide Second victim information
  - Informational pamphlets
  - Additional resources
- Follow up with second victim
  - Touch base as needed (1 day- 2 wks) for as many times as necessary

"To have someone call me out of the blue, just to offer support, was a wonderful thing. It was like a burden was lifted off me, knowing I didn't have to get through it alone."

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Group Support

- Provide Second victim support to the team
- Facilitated sharing of the case's impact
  - Thoughts
  - Reactions
  - Symptoms
- Educate
  - Informational pamphlet
  - Additional resources
- Follow up with individual second victims

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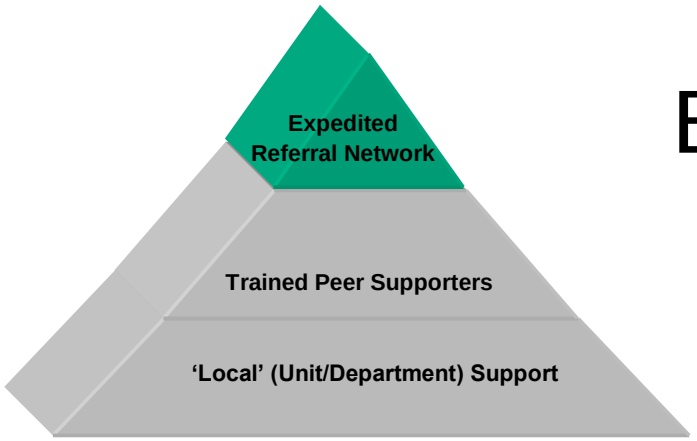
Support Model- Tier 3



Expedited Referral

- Chaplain
- Social Services
- Employee Assistance Program (EAP)
- Personal Counselor

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The forYOU Team is Formed

- Addresses research findings
- Peer to peer support model
- Referral systems coordinated
- Formal team training prior to deployment
- Group debriefing process formalized

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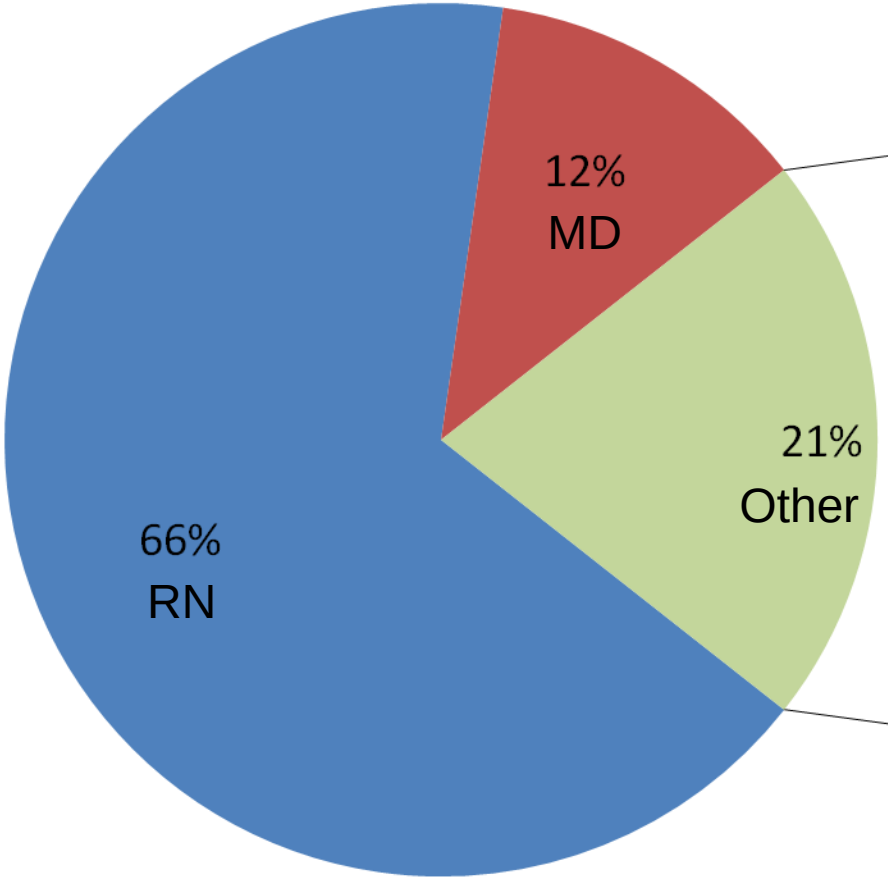
forYOU Team Supporters



- Respiratory Therapy -6
- Child Life – 1
- Social Work – 3
- Pharmacy – 2
- Clergy – 2
- Psychiatry Aide – 1
- Licensed Counselor – 1
- Risk Manager – 1
- EAP - 1

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Questions?

Contact Information: Hirschingerl@health.missouri.edu
www.muhealth.org/secondvictim

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