Health Care

The Second Victim Experience: Train-the-Trainer Workshop

Susan D. Scott, PhD, RN, CPPS, FAAN

New Jersey Hospital Association

November 30, 2017

forYOU team

Health Care

Today's Objectives

1. Describe the 'second victim' phenomenon and high risk clinical events.
2. Describe the evidence based process used to design and deploy the forYOU team at University of Missouri Healthcare.
3. Describe the six stages of second victim recovery.
4. Understand components of the Scott Three tier model of support to design a plan to support personnel.
5. Review key steps to implementing peer support team training.

forYOU team

Health Care

Successful Learning Tips

This is your day, make it count

- Ask questions as they arise
- Share experiences and examples

Respect the sharing

- Avoid case specific information
  - Facility, Clinician, Patient

Tough discussions = Non-judgmental

forYOU team

Health Care

forYOU team

Health Care

WARNING

Rated E	Professional Rating

This content may contain Emotional Labor!!!!!

forYOU team

Health Care

Today's Health Care: The Facts

44,000-98,000 deaths/year in U.S. due to preventable adverse events (Kohn et. al, 2000).

Revised estimates at least 210,000 (and possibly more like 400,000) die in U.S due to preventable harm (James, 2013).

With revised estimates: At least 4 clinicians/patient = 840,000 to 1.6 million clinicians impacted

Could this represent the next healthcare crisis?

Kohn, LT, Corrigan, JM, & Donaldson, MS. (2000). *To err is human: building a safer health system.* Washington, D.C.:National Academy of Sciences Press.

James, J.T. (2013). A new, evidence-based estimate of patient harms associated with hospital care. *Journal of Patient Safety, 9(3), 122-128.*

forYOU team

“Medicine used to be simple, ineffective and relatively safe..... now it is complex, effective, and potentially dangerous"

Sir Cyril Chantler

Health Care

History of the PROBLEM

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

forYOU team

Health Care

Review of the Literature

Medical error: the second victim

The doctor who makes the mistake needs help too

Albert Wu, MD

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could

improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.

Virtually every practitioner knows the sickening realisation of making a bad mistake. You feel singled

"Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed…..You agonize about what to do…… Later, the event replays itself over and over in your mind"

images of illness have in fact created an expectation of perfection. Patients, who have an understandable need to consider their doctors infallible, have colluded with doctors to deny the existence of error. Hospitals react to

failure to do so earlier and, if you haven't told them, wondering if they know.[1–3]

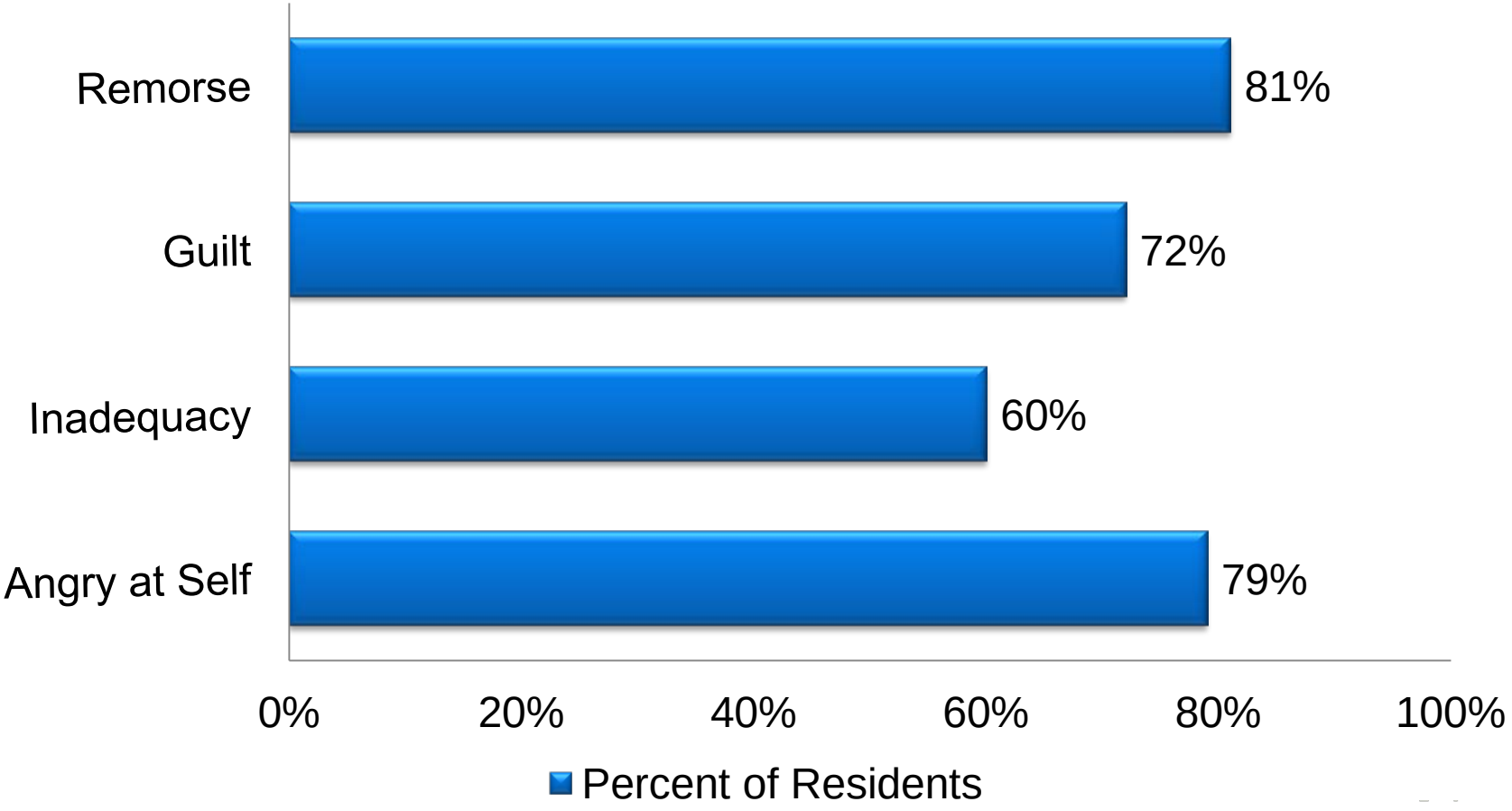
Sadly, the kind of unconditional sympathy and support that are really needed are rarely forthcoming.

Wu, A. (2000). Medical error: the second victim. The doctor who makes the mistake needs help too. *British Medical Journal*, *320*, 726-727.

forYOU team

Health Care

Resident Responses to Errors



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

forYOU team

Health Care

Commonly Heard Phrases

Health Care

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?**

forYOU team

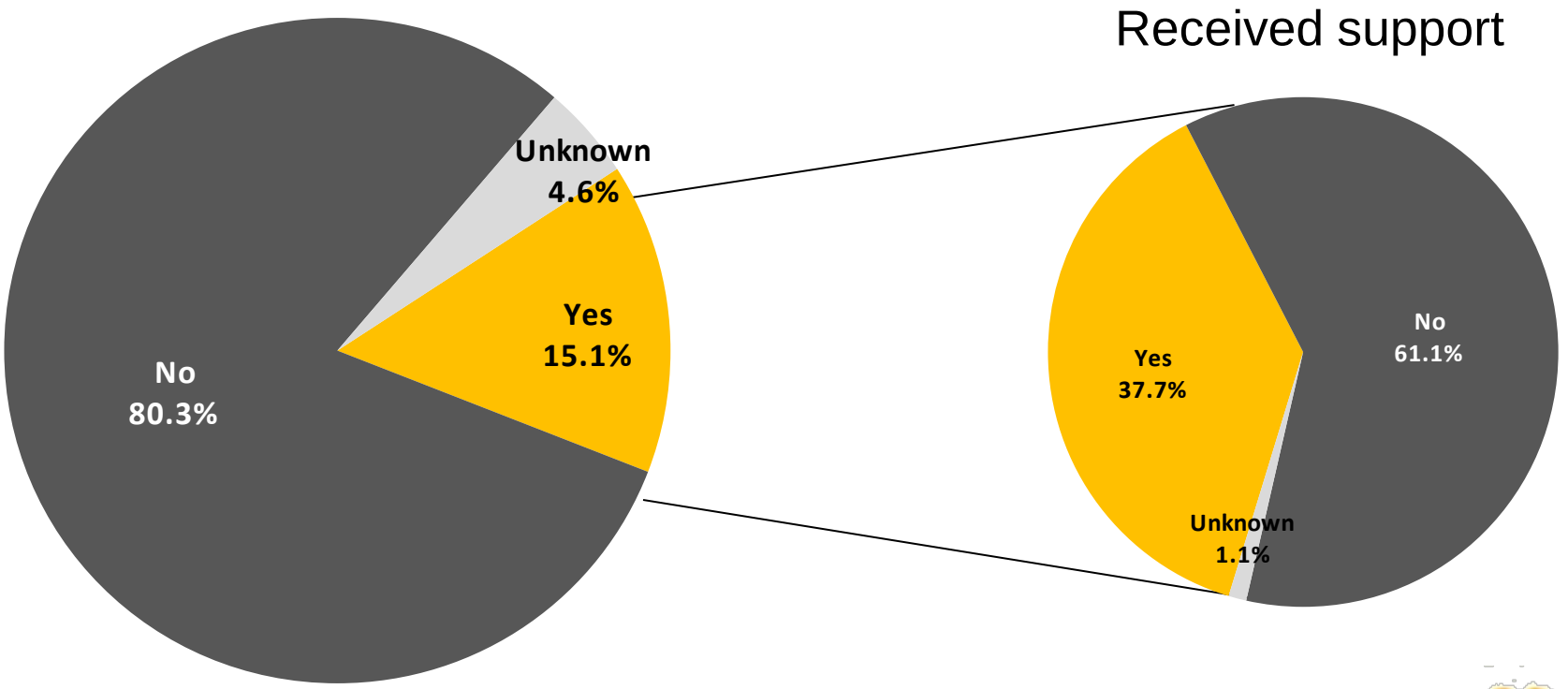
Health Care

Initial Survey Results (2007)

Staff experienced:

- Anxiety
- Depression

(n=1,160)



forYOU team

Health Care

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

forYOU team

Health Care

Second Victim Defined…..

"Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event."

Scott, S. D., Hirschinger, L. E., Cox, K. R., McCoig, M. M., Brandt, J., & Hall, L. W. (2009). The natural history of recovery for the healthcare provider second victim after adverse patient events. Journal of Quality and Safety in Health Care, 18, 325-330.

forYOU team

Health Care

What is a Second Victim?

A Qualitative Research Project is Initiated……

forYOU team

Health Care

Qualitative Research Overview

Participants = 31

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

forYOU team

Health Care

High Risk Scenarios

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

forYOU team

Health Care

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?

forYOU team

Health Care

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

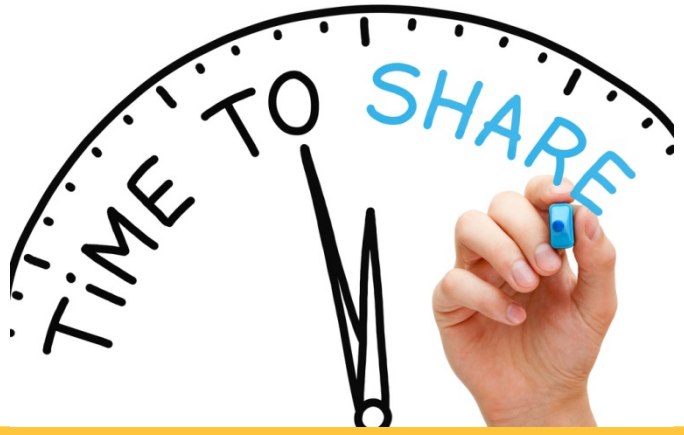
forYOU team

“ I will never forget this experience……This patient will always be with me – I think about her often…… Because of this, I am a better clinician! ”

Health Care

SMALL GROUP EXERCISE

Share a clinical experience when you were personally distressed by an unanticipated patient outcome **OR** describe an event that created distress in a professional colleague.



forYOU team

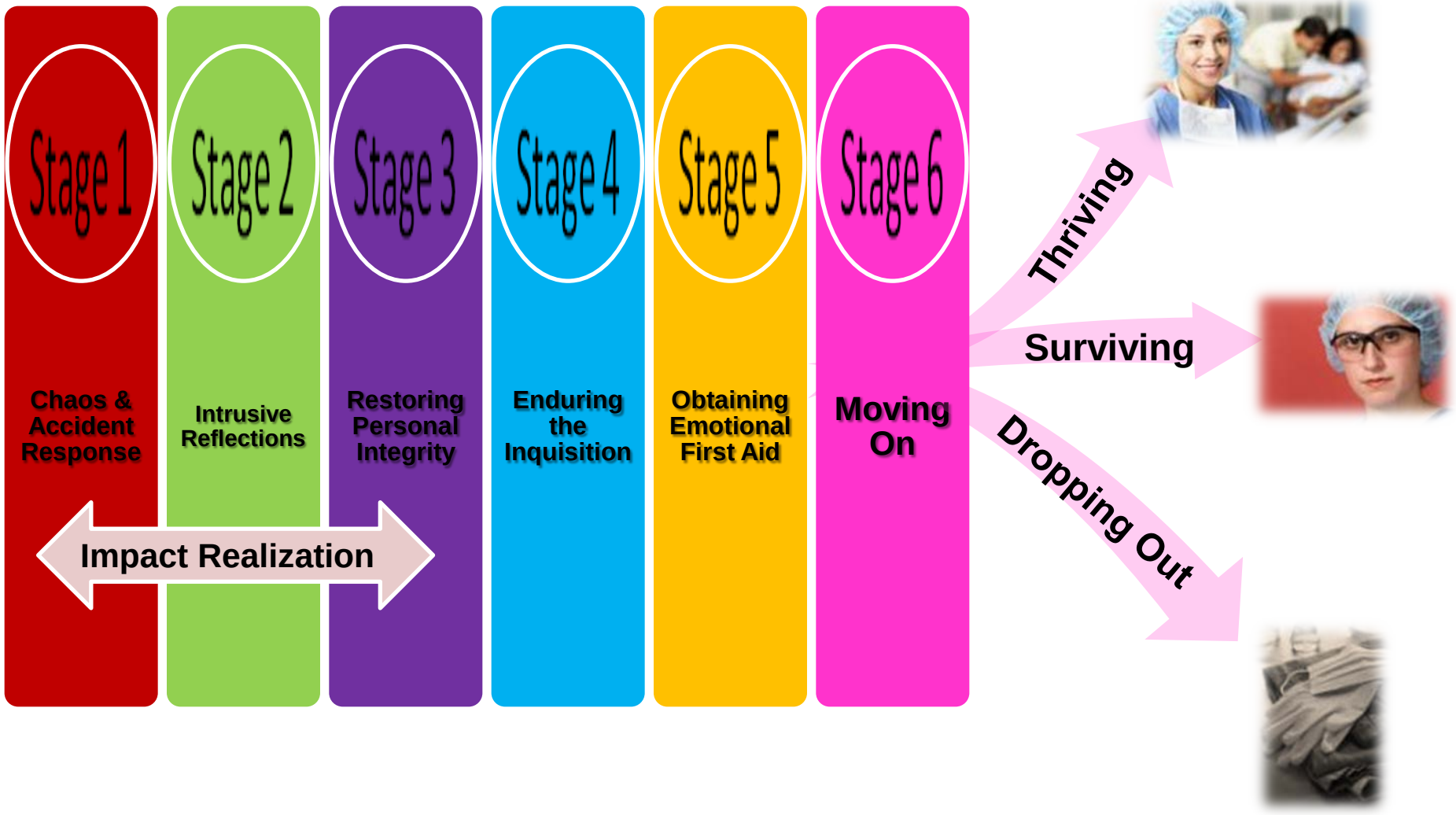
Health Care

Report out

- Describe one of your compelling stories…
- Include:
  - De-identified patient overview
  - What happened?
  - What kind of reactions were identified?
  - What feelings/emotions were expressed?

forYOU team

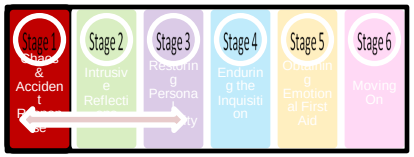
Second Victim Recovery Trajectory



Health Care

Chaos and Accident Response

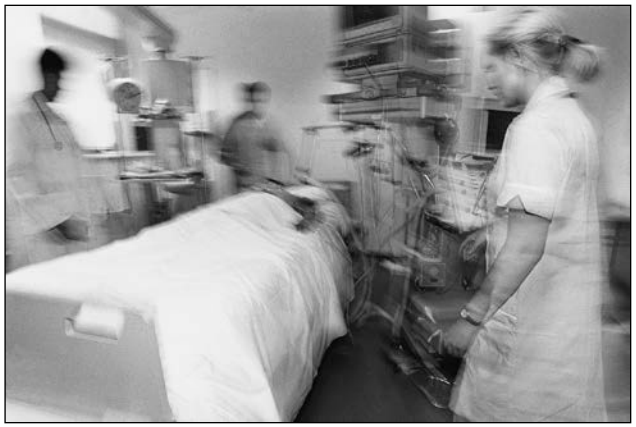
"Right after the… code, I was having trouble concentrating. It was nice to have people take over…that I trusted. I was in so much shock I don't think I was useful."



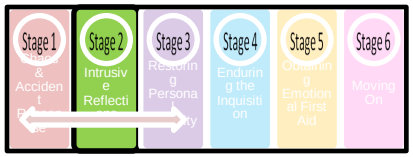
forYOU team

Health Care

Intrusive Reflections



"I started to doubt myself... There were some things that I thought maybe if I'd have done it this way it wouldn't have happened…but everything was more clear looking at things in retrospect. I lost my confidence for some time."

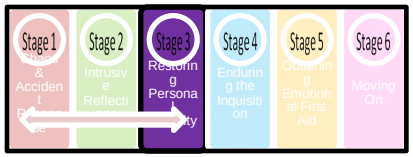


forYOU team

Health Care

Restoring Personal Integrity

“I thought every single day for months I’d walk in and think everyone knows what happened… I thought these people are never going to trust me again.”



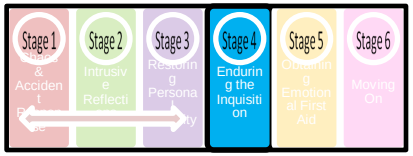
forYOU team

Health Care

Enduring the Inquisition

“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.”

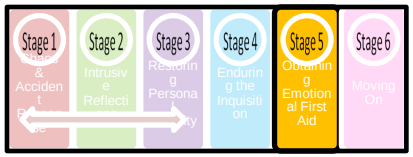


forYOU team

Health Care

Obtaining Emotional First Aid

“There was nobody I could tell, not even my husband. All I could say is I’ve had a really horrible day.”

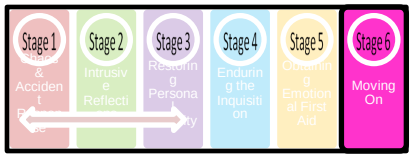


forYOU team

Health Care

Moving On….Thriving

“I was questioning myself over and over again…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.”

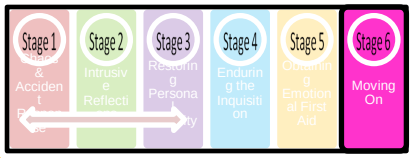


forYOU team

Health Care

Moving On….Surviving

“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.”



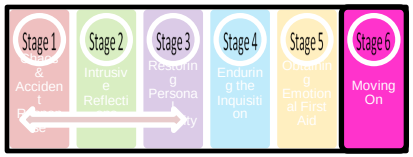
forYOU team

Health Care

Moving On….Dropping Out

“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.”

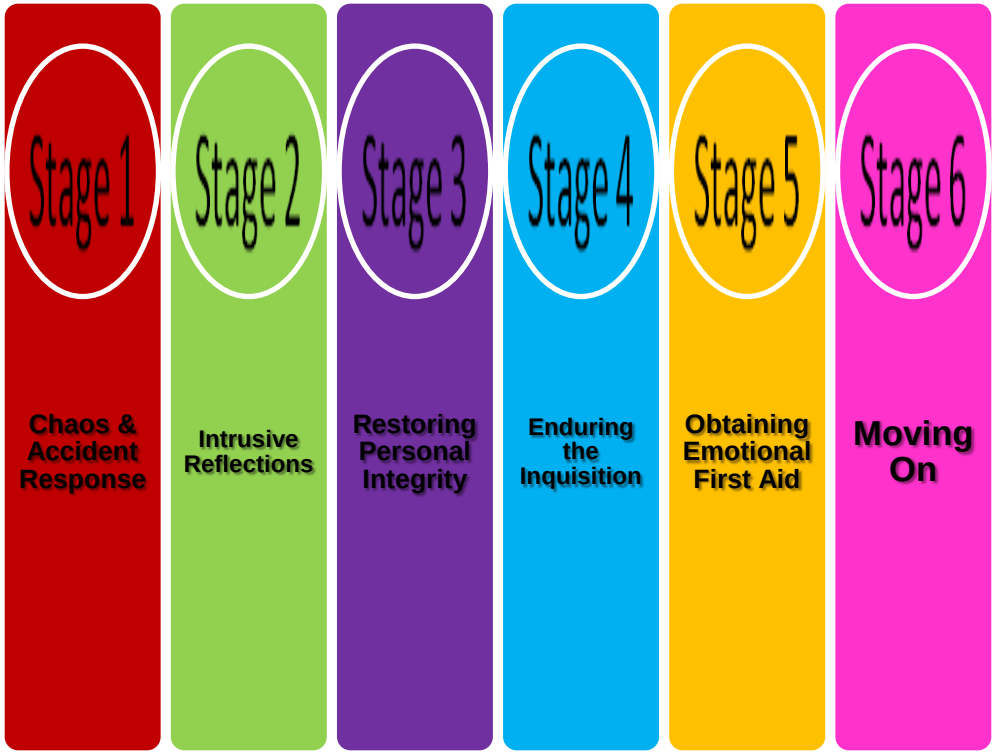


forYOU team


Kim Hiatt, RN

Health Care

Tripping or Triggering

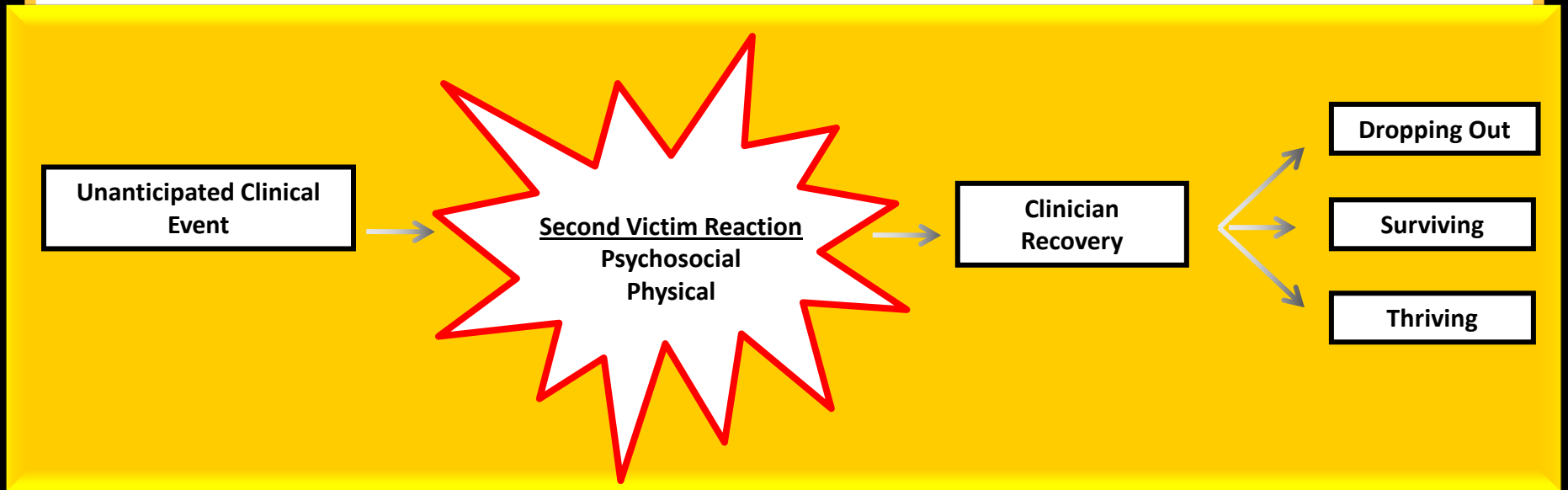


Reliving the ‘initial’ event when an external stimulus, such as a similar clinical situation, is presented.

forYOU team

Health Care

Second Victim Conceptual Model



forYOU team

Health Care

A Second Victim Case Study

forYOU team

Health Care

Group Discussion…..

List potential staff member(s) that could potentially be a second victim.

What type of interventional support do you recommend (individual or team)?

When would you have the conversation?

Any special considerations?

forYOU team

Health Care

Questions……

“ I’ve seen this frequently during my 30 plus years of clinical work. How come I didn’t see it until today?” *Pediatric Oncologist, 2017*

forYOU team

Health Care

Break

for YOU team