Second Victim Exploration: Building a Professional Research Trajectory

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Objectives

- Provide an overview of a research trajectory addressing the second victim phenomenon (SVP).

- Summarize the research strategies to support clinicians experiencing the SVP.

- Describe an overview of the second victim research trajectory.

A definition….

- Trajectory = a path, progression of line of development

Initial Research

Identify Support Tactics with Broader Population

Member Checking – Focus Groups

Deep Dive – The Lived Experience

Establish Prevalence

Is this really a problem?

Establishing Prevalence

Patient Safety Culture Survey

Agency for Health Care Research and Quality (AHRQ) Hospital Survey on Patient Safety (HSOPS)

2 Customized 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?"**

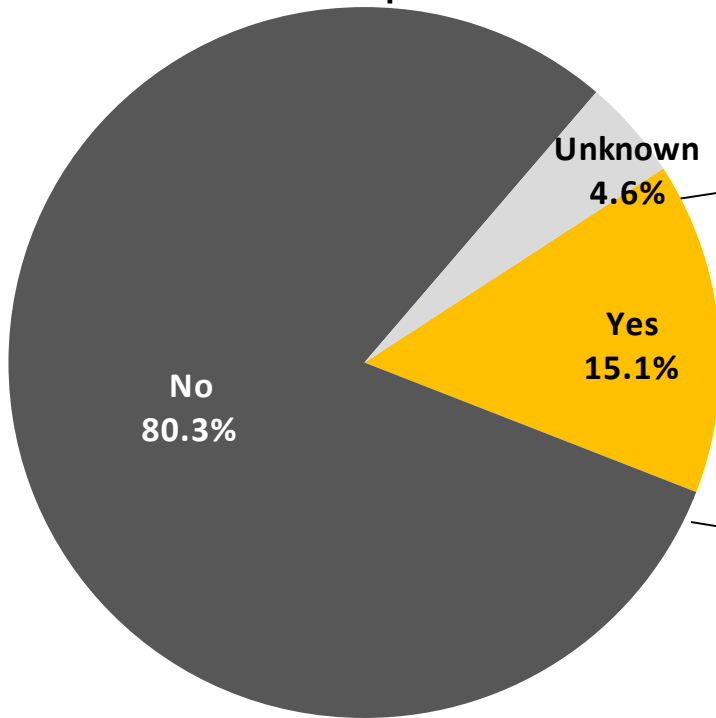2) **Did you receive support from anyone within our health care system?**
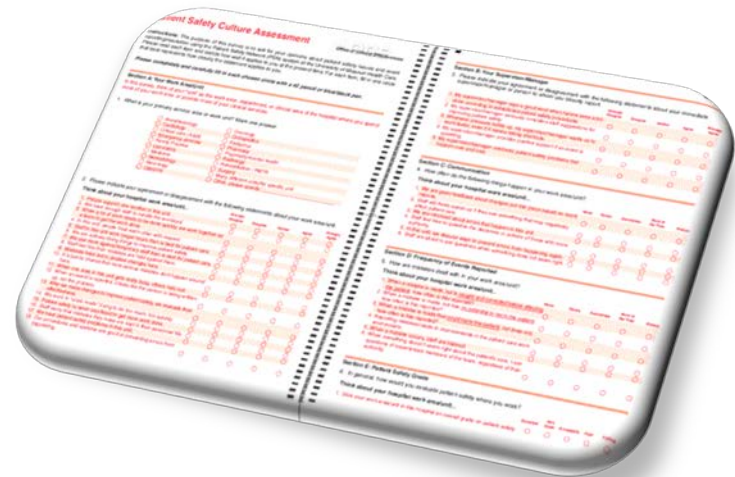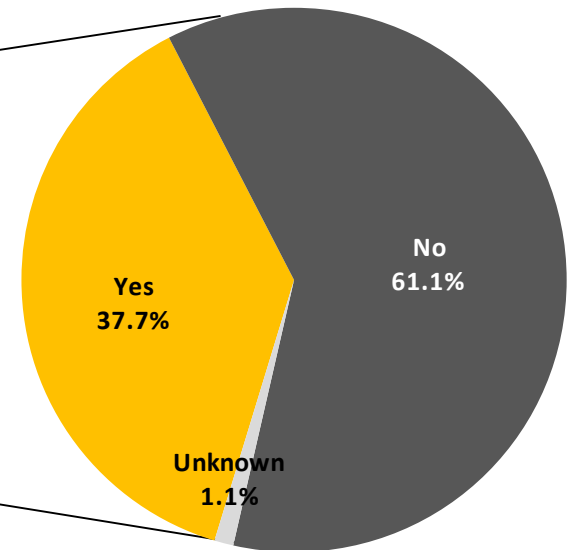
Initial Survey Results (2007)

(N=1,160)

Staff experienced:
- o Anxiety
- o Depression

Received support

Understanding the Second Victim Experience

- Literature Review
- Identify Role Models in Healthcare
- Identify Others Outside Healthcare
- Performance Improvement Team (Steering Team)
- Research Team Formed

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

Second Victim Research Team

- Primary Investigator – Patient Safety Expert; RN; PhD
- Team Members
  - RN; MSN; Holistic Nurse and Patient Safety Expert
  - Social Scientist - PhD
  - Risk Manager

Second Victim Term 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.*"

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.

'Deep Dive' Exploratory Interviews - Describing the 'Lived" Experiences

- Semi-Structured Interviews
- 25 Items
- Purposive Sampling
- Independent Researcher Review with Iterative Analysis
- Consensus meetings

Research Participants

Professional Type	Number of Potential Subjects Approached for Participation	Number of Subjects who agreed to participate	Number of Subjects who completed interview process
MD	12	12	10
RN	18	14	11
Other*	14	12	10
TOTALS	44	38	**31**

*Other = Manager, Physician Assistant, Medical Student, Respiratory Therapist, Scrub Technician, Social Worker, Physical Therapist

Findings

Second victims want to feel...

Appreciated   Valued

Respected   Understood

Last but not least....Remain a trusted member of the team!

Staff Tend To 'Worry'…

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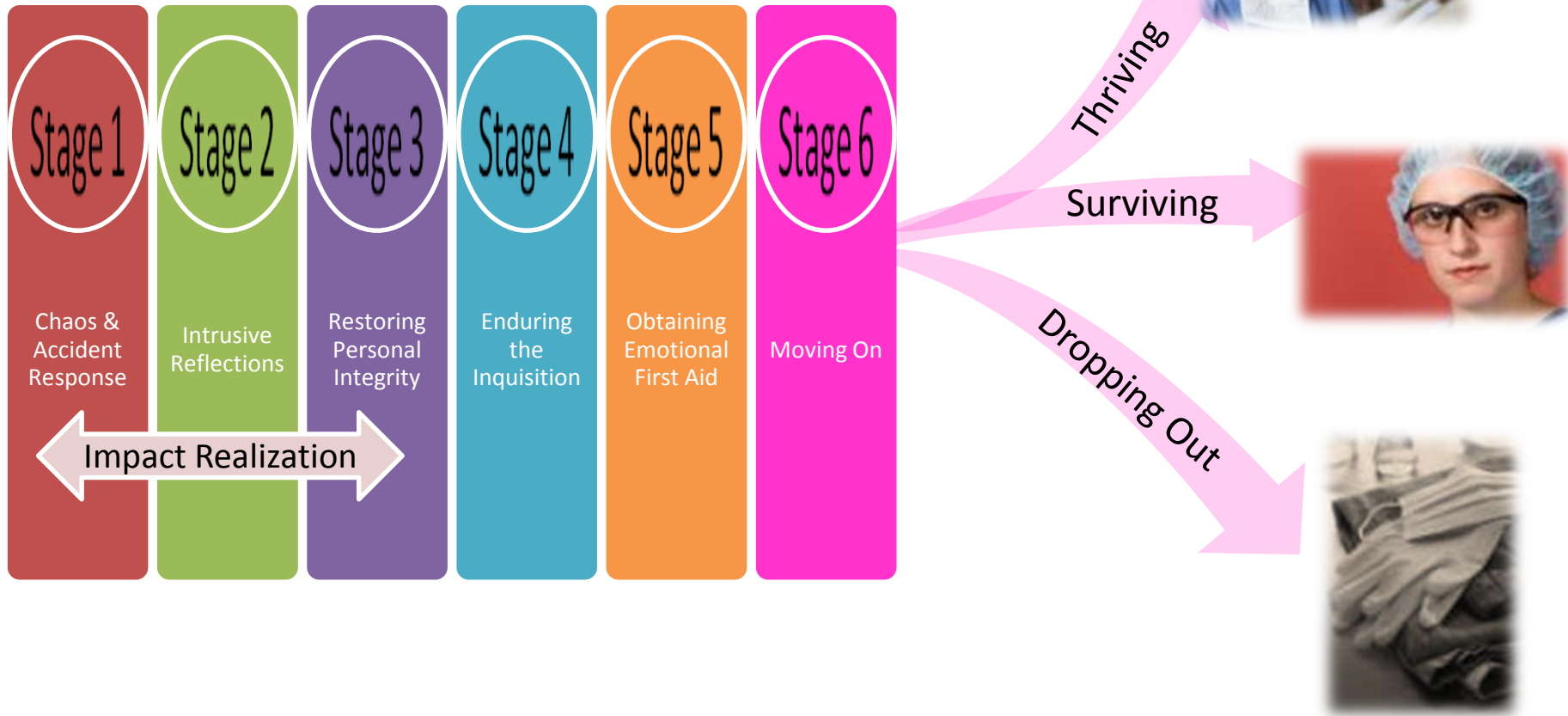- **Next Steps**
  - o What happens next?

Member Checking
Focus Group Validation

- Member Checking
- Reviewed Results and Findings
- Revised Stage Names
- Additional Insights Gleaned

The Second Victim Recovery Trajectory

Stage 1 — Chaos & Accident Response

Stage 2 — Intrusive Reflections

Stage 3 — Restoring Personal Integrity

Stage 4 — Enduring the Inquisition

Stage 5 — Obtaining Emotional First Aid

Stage 6 — Moving On

Impact Realization

Thriving

Surviving

Dropping Out

Identifying Support Tactics with Broader Population- Designing Support

- Purpose: Estimate size, scope and requirements to design a comprehensive support network

- Answers the question: "What do clinicians want from their health care organization in the form of support?"

- 10-Item Web-Based Survey

What Clinicians Desire……
8 Basic Components of Support

1. A <u>brief respite</u> from the clinical area to allow clinician to 'regroup'

2. Ensure a <u>just, no-blame</u> approach

3. <u>Educate</u> clinicians about safety investigations, the second victim experience & institutionally sanctioned support networks prior to event.

4. Ensure a <u>systemic review</u> of the event with opportunity for feedback and reflection on care rendered.

Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system-wide second victim rapid response team. *Jt Comm J Qual Patient Saf*. 2010 May;36(5):233-40.

What Clinicians Desire (continued)

5. Ensure that an <u>internal support</u> team is available 24/7.

6. Ensure a <u>predictable f/u</u> with second victim.

7. Provide <u>confidential</u> services.

8. Provide services that are <u>individualized</u> based on the unique needs of the clinician.

Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system-wide second victim rapid response team. *Jt Comm J Qual Patient Saf*. 2010 May;36(5):233-40.

Desired Leadership Actions

1. <u>Connect</u> with clinical staff involved
2. Reaffirm <u>confidence</u> in staff
3. Consider calling in flex staff/<u>adjust</u>ing assignment
4. Notify staff of next steps – keep them <u>informed</u>
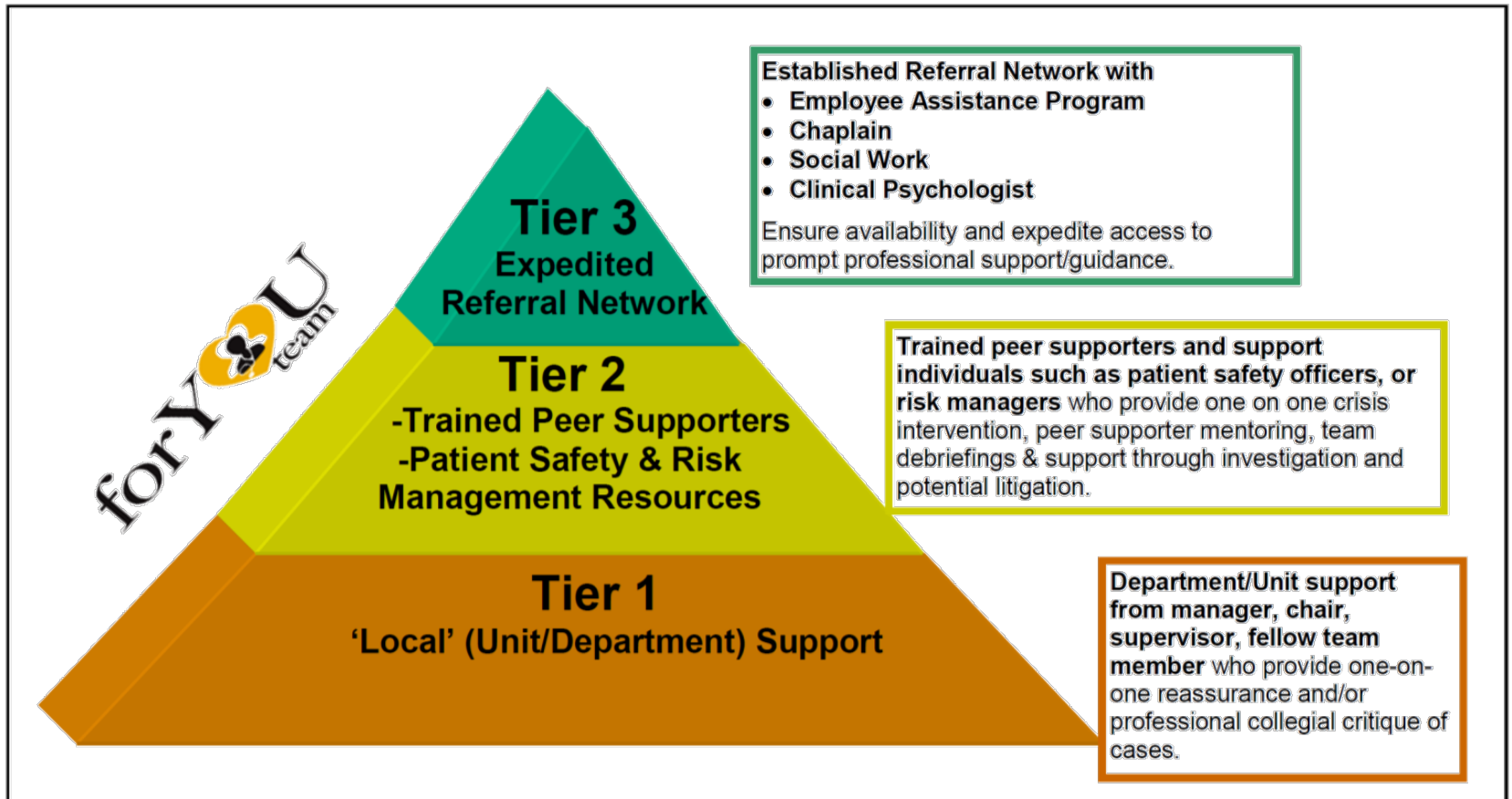5. <u>Check on them</u> regularly

Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system-wide second victim rapid response team. *Jt Comm J Qual Patient Saf*. 2010 May;36(5):233-40.

Intervention Designed!!!!

- The forYOU team created
- Mission/Vision/Values Developed
- Processes Defined
- Education Planned
- Team Member Selection
- Team Deployment – March 31, 2009

Intervention

The Scott Three-Tiered Interventional Model of Second Victim Support

Tier 3
Expedited Referral Network

Established Referral Network with
- Employee Assistance Program
- Chaplain
- Social Work
- Clinical Psychologist

Ensure availability and expedite access to prompt professional support/guidance.

Tier 2
-Trained Peer Supporters
-Patient Safety & Risk Management Resources

Trained peer supporters and support individuals such as patient safety officers, or risk managers who provide one on one crisis intervention, peer supporter mentoring, team debriefings & support through investigation and potential litigation.

Tier 1
'Local' (Unit/Department) Support

Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of cases.

for YOU team

Scott, S. D., Hirschinger, L. E., Cox, K. R., McCoig, M., Hahn-Cover, K., Epperly, K. M., ... Hall, L. W. (2010). Caring for our own: deploying a system wide second victim rapid response team. *The Joint Commission Journal on Quality and Patient Safety*, *36*(5), 233-240.

Conceptual Model –Second Victim Interventional Model and Recovery

Comprehensive Tiered Support Interventions
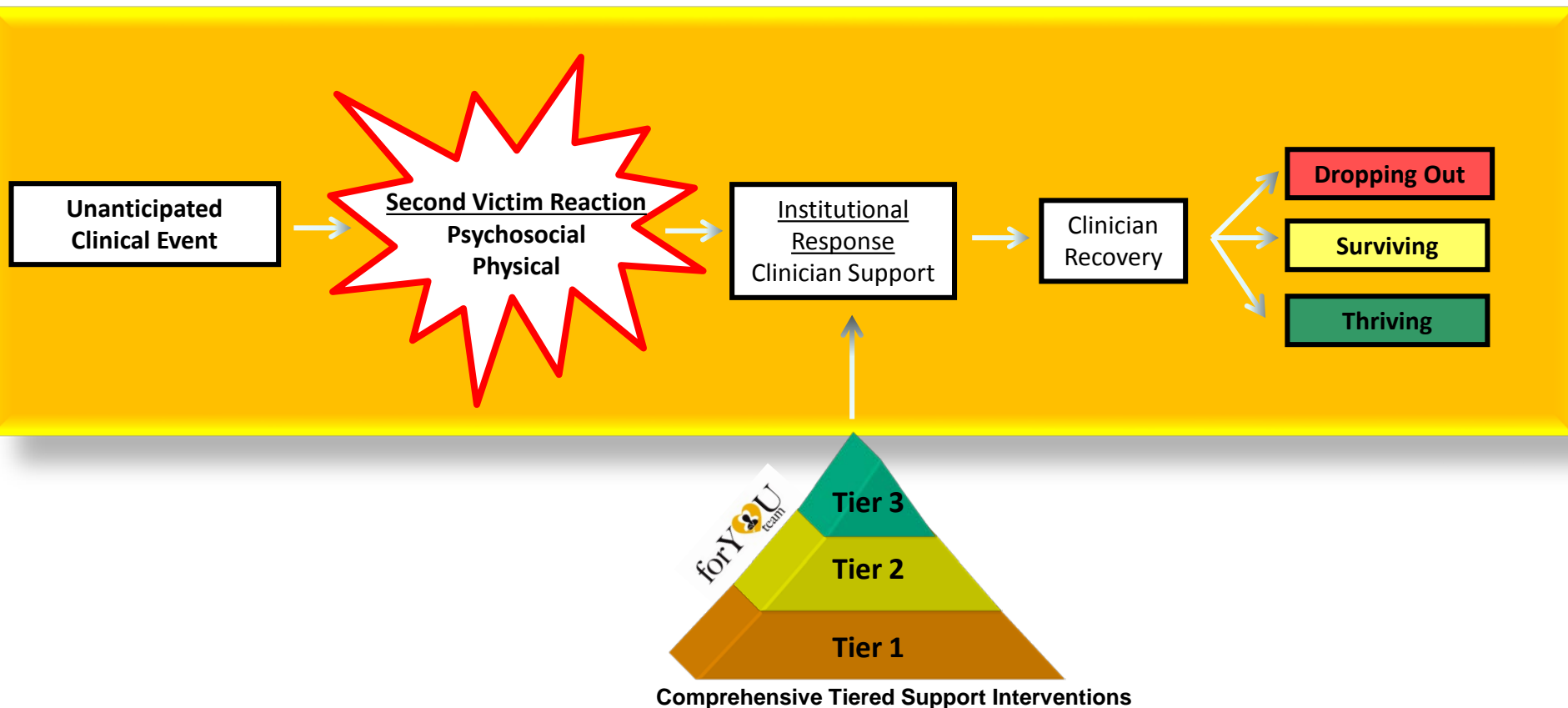
Further Exploration: Rapid Response Team Survey

- Purpose: Explore impact of SVP on RRT members
- 21 item Web-based survey
- Two-week timeline

Rapid Response Team Survey - Results

- 50% Response Rate (n=64)
- 79% (n=41) reported feeling vulnerable to the SVP as a result of role expectations.
- "Self" Protections
  - Stay focused on task at hand
  - Don't think about it
  - When joining team understand vulnerability
  - Emotionally distance self
  - Participate in post deployment debriefings

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  - When joining team understand vulnerability
  - Emotionally distance self
  - **Participate in post deployment debriefings**

Intervention Evaluation

- Cross-sectional, Longitudinal Design
- Existing Patient Safety Culture Surveys
- Four survey periods (2007, 2009, 2012, and 2013)
- 3 MUHC hospitals
- Nurses and allied health
- n=4,228

Results

RQ#1. During the four study periods, is second victim prevalence different at any of the three individual facilities?

Survey Year	University Hospital (UH)		Women's and Children's (WCH)		Missouri Rehabilitation Center (MRC)		TOTALS		Total
	Second Victim YES	Second Victim NO	Second Victim YES	Second Victim NO	Second Victim YES	Second Victim NO	Second Victim YES	Second Victim NO	
2007	96	520	51	279	19	89	166	888	1054
2009	111	626	45	272	26	123	182	1021	1203
2012	139	314	86	128	23	68	248	510	758
2013	285	443	136	253	23	73	444	769	1213
TOTAL	631	1903	318	932	91	353	1040	3188	4228

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2007 to 2009

p=0.6838

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2012 to 2013
$p = 0.0078$

Results

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	Second Victim YES	Second Victim NO	Second Victim YES	Second Victim NO	Second Victim YES	Second Victim NO	Second Victim YES	Second Victim NO	
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TOTAL	631	1903	318	932	91	353	1040	3188	4228

2007/2009 to 2012/2013

p=<0.0001

RQ#2. During the four study periods, is second victim support different for clinicians who have been second victims?

Support offered

2007 to 2009   No difference

2012 to 2013   No difference

2007 and 09

 to 2012 and 2013   Highly significant difference
                                        $p < 0.0001$

Results

RQ#3. Over time is there a difference in clinician perceptions relating to patient safety (overall patient safety grade and 12 dimensions) among the groups of survey respondents (non-second victims, second victims with support, and second victims without support) within the three study locations?

Results

Culture Survey Dimension Second Victim Category

Dimension	Dimension Title	Mean Scores		
		Second Victim Support YES	Second Victim Support NO	Non-Second Victim
1	Teamwork within units	4.14	3.42	4.01
2	Supervisor/Manager Expectations & Actions Promoting Patient Safety	3.93	3.07	3.87
3	Management Support for Patient Safety	3.67	2.82	3.61
4	Organizational Learning - Continuous Improvement	3.84	3.10	3.73
5	Overall Perceptions of Patient Safety	3.53	2.71	3.62
6	Feedback & Communication About Error	3.50	2.85	3.61
7	Frequency of Events Reported	3.26	2.87	3.53
8	Communication Openness	3.73	2.98	3.67
9	Teamwork Across Units	3.31	2.72	3.36
10	Staffing	3.28	2.61	3.38
11	Handoffs & Transitions	3.01	2.61	3.14
12	Nonpunitive Response to Errors	3.33	2.43	3.17
Overall Safety Grade	'Give your work area/unit an overall grade on patient safety.'	3.58	3.01	2.94

Results

Culture Survey Dimension Mean Scores
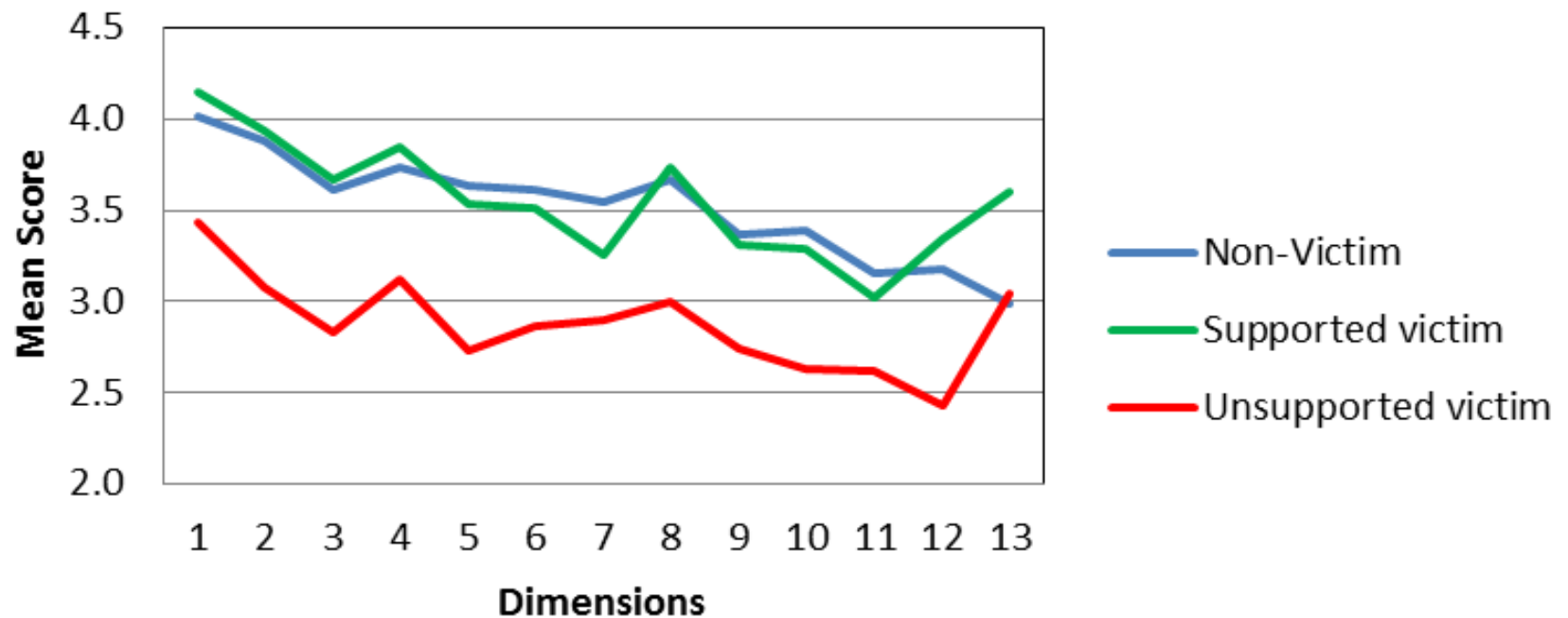
Implications

- Attention density to the topic of second victims helps to 'normalize' the experience when it does impact a staff member.

- Support should be provided by a variety of individuals within the professional and personal social networks of the clinician.
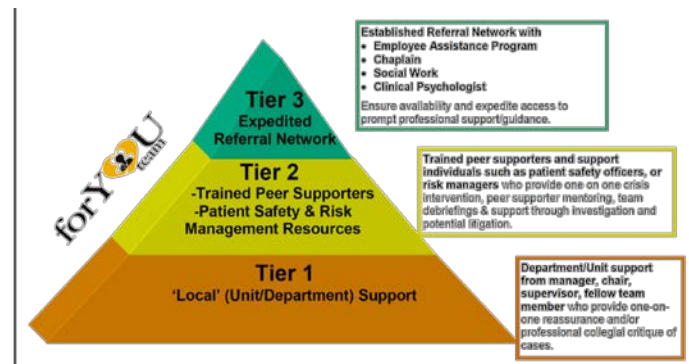
Implications

- Study reinforces importance of clinician support after an unanticipated clinical event.

- Impact of the second victim experience and the provision of support (or lack thereof) on the individual clinician seems to extend beyond that of the individual clinician into the immediate working environment.

The Second Victim Recovery Trajectory

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Chaos & Accident Response	Intrusive Reflections	Restoring Personal Integrity	Enduring the Inquisition	Obtaining Emotional First Aid	Moving On

Impact Realization

Thriving

Surviving
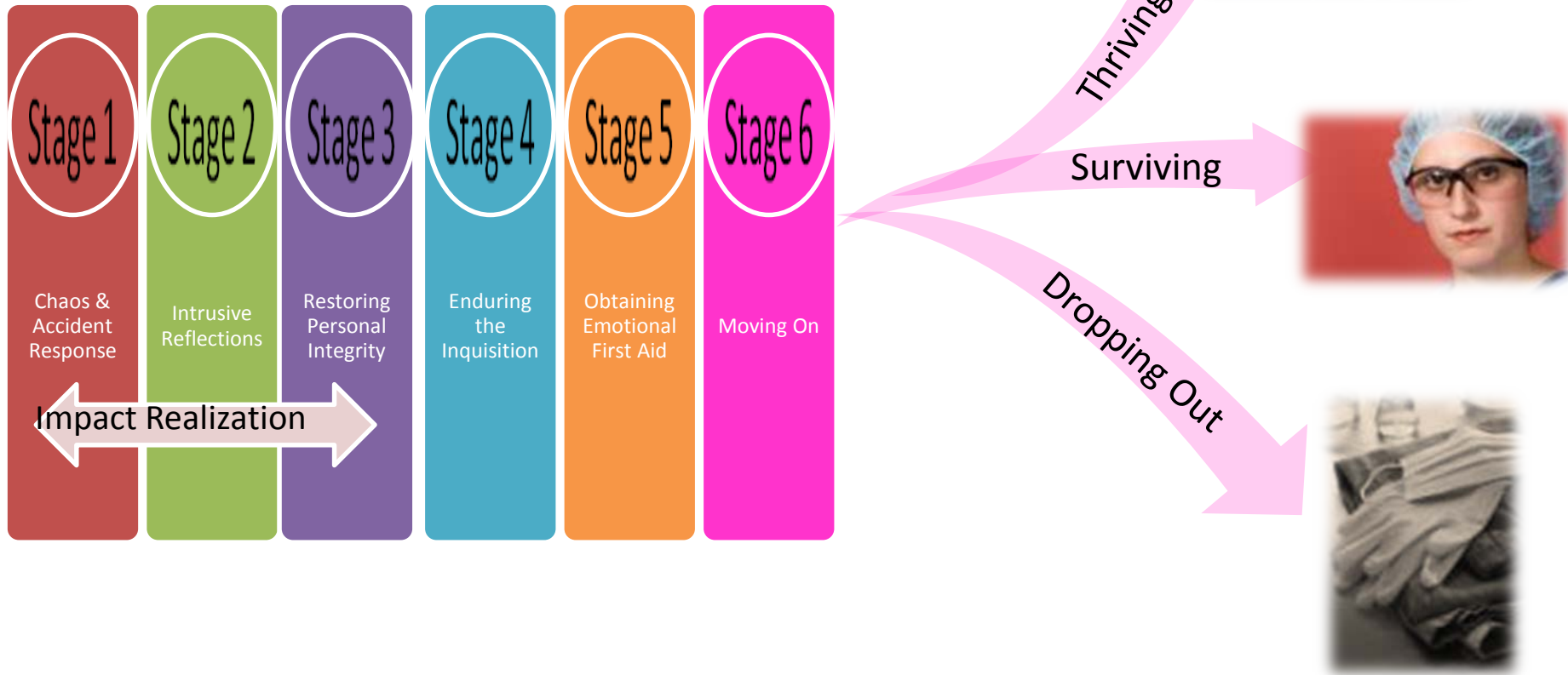
Dropping Out

Digging Deeper: The Drop OUT...........

Defined as 'a career transition as a direct result of a single unexpected patient event'.

Kim Hiatt, RN
March 8, 1961 – April 3, 2011

Insights Into Dropping-Out

- Vast majority in-patient care (77%)
- 70% related to permanent harm/death of patient
- 50% were direct care providers
- ~58% assumed roles with less or equal risk to similar exposure

Rodriquez, J. & Scott, S.D. (2017). Dropping out and starting over: The impact of adverse events on clinicians. *Joint Commission Journal on Quality and Patient Safety.* 44:137-145. DOI: 10.1016/j.jcjq.2017.08.008.

Insights Into Dropping-Out (continued)

- 1/3 of participants reported significant decrease in joy and meaning of work post event.

- Major influencers to change role: 1) Inadequate social support and 2) Effects of emotional labor

Rodriquez, J. & Scott, S.D. (2017). Dropping out and starting over: The impact of adverse events on clinicians. *Joint Commission Journal on Quality and Patient Safety.* 44:137-145. DOI: 10.1016/j.jcjq.2017.08.008.

" 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! "

A Research Trajectory

Life is a journey,
not a destination.

Ralph Waldo Emerson

Research Impact – MU Health Care's Influence

- 7 IRB-approved research projects
- >100 presentations
- 33 manuscripts
- 2 textbook chapters
- 3 white papers
- 7 team cohorts with 310 MU Health Care Team Members Trained
- Average $30,000 in revenue over past 6 years. $65,000 this FYTD.

Who Has Reached Out for Our Help…..
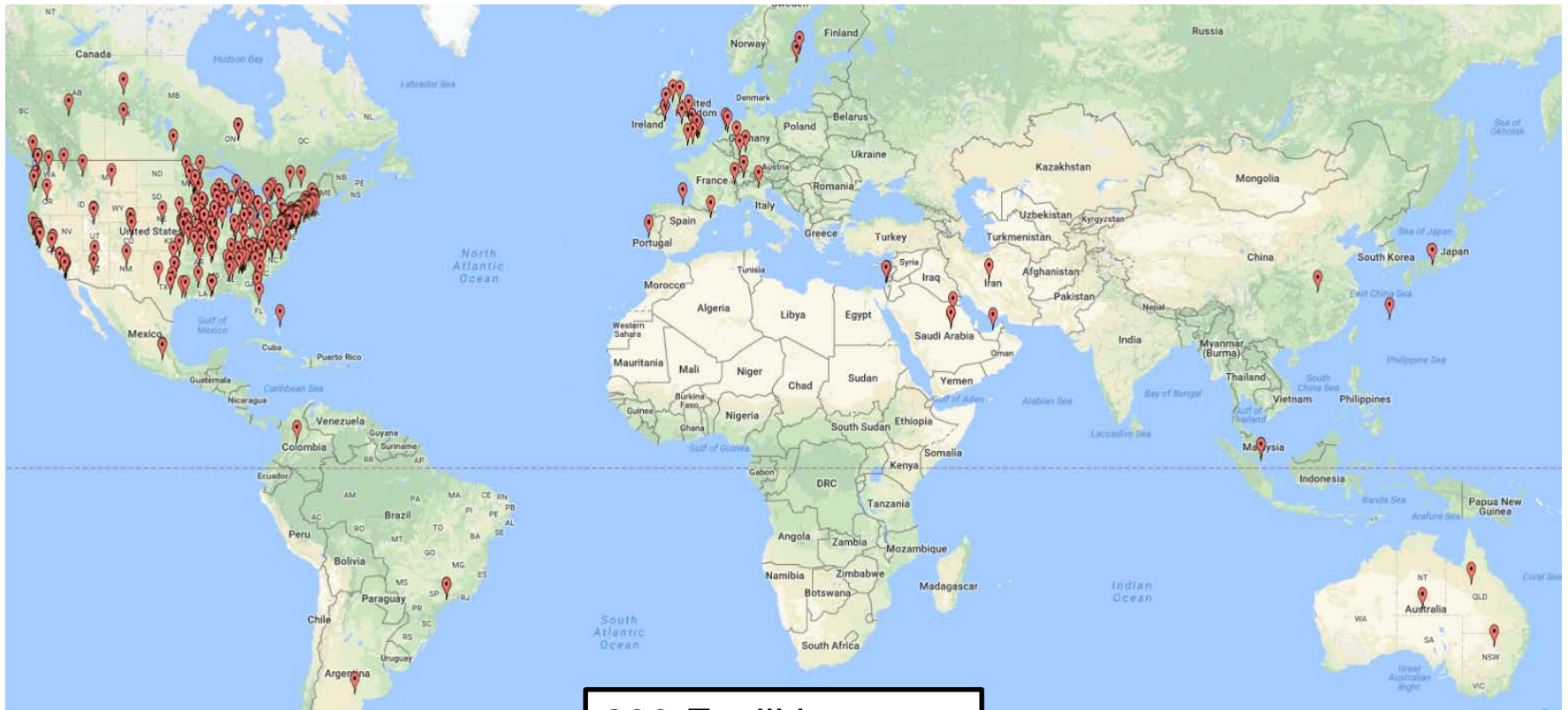
233 Facilities
US States – 38
Countries – 28

ForYOU Site Visits

2009-2018
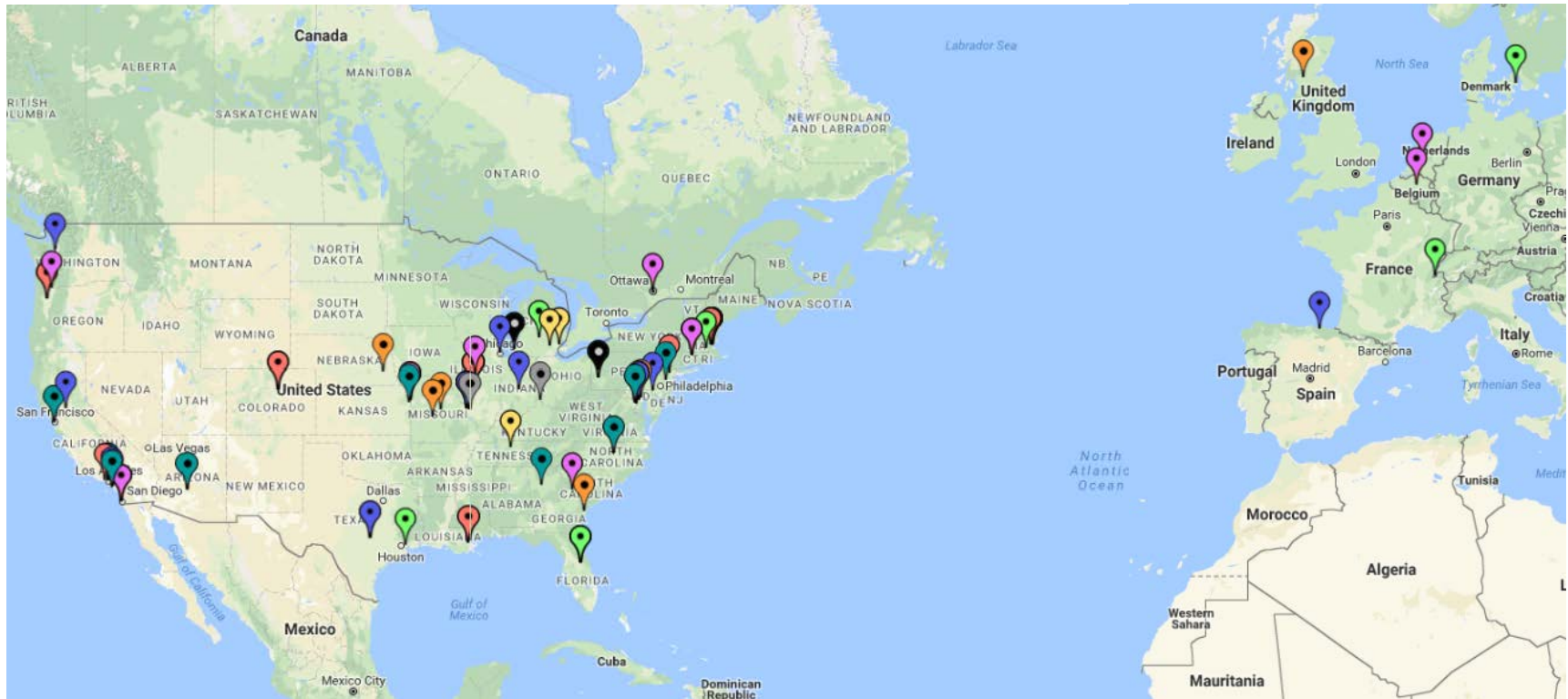
US States – 24
Countries – 8

Research Informed - Guidelines for Clinician Care

Institute for Health
Care Improvement

Research Informed Regulatory Guidelines

The Joint Commission
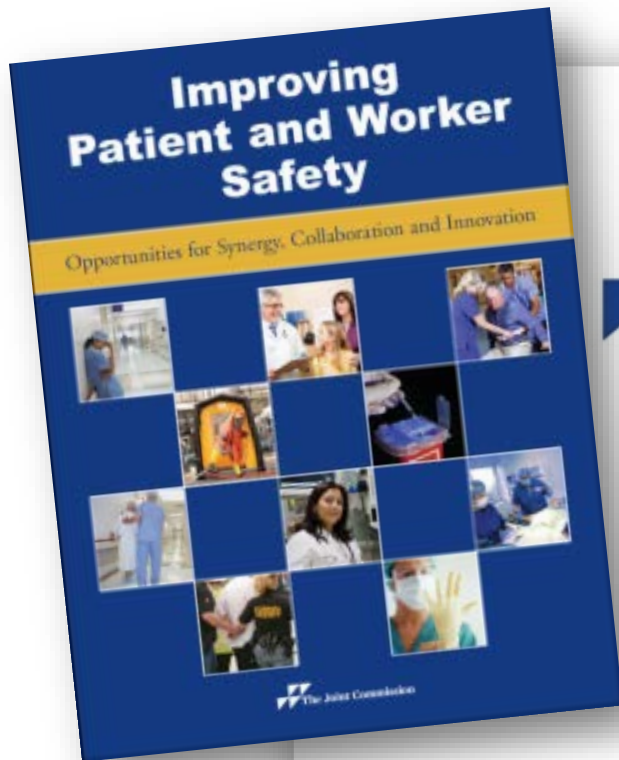
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The leaders make support systems available for staff who have been involved in an adverse of sentinel event.

http://www.jointcommission.org/improving_Patient_Worker_Safety/

Research Informed Resources: AHRQ – CANDOR Tool

Research Informed Resources: Medically Induced Trauma Support Services

www.mitss.org

Future Research

- Does supportive environments have an impact on clinician wellness/burnout/compassion fatigue?
- Can simulation in undergraduate nursing education impact new graduate resilience?
- How does second victimization impact the quality of life of clinicians?
- And the list goes on………

Research Insights….

- Don't 'force' your research topic – Must be a passionate interest

- Organization skills are key!

- Set aside specific time to advance your work and use it!

- Share your findings – appropriate journals/meetings/audiences.

- As you are writing your findings, identify your next steps.

- Be strategic!

Questions…

Work Hard
Have Fun
Make
a Difference

scotts@health.missouri.edu
www.muhealth.org/foryou

References

- Rodriquez, J. & Scott, S.D. (2017). Dropping out and starting over: The impact of adverse events on clinicians. *Joint Commission Journal on Quality and Patient Safety.* 44:137-145. DOI: 10.1016/j.jcjq.2017.08.008.
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- Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall LW. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Qual Saf Health Care.* 2009 Oct;18(5):325-30.
- Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system-wide second victim rapid response team. *Jt Comm J Qual Patient Saf.* 2010 May;36(5):233-40.