Second Victim Exploration: Building a Professional Research Trajectory

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

June 7, 2018
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

1. Is this really a problem?
2. Deep Dive – The Lived Experience
3. Member Checking – Focus Groups
4. Identify Support Tactics with Broader Population

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?
Staff experienced:
  - Anxiety
  - Depression

Received support
  - Yes 37.7%
  - No 61.1%
  - Unknown 1.1%

Initial Survey Results (2007) (N=1,160)

- Yes 15.1%
- No 80.3%
- Unknown 4.6%
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.”

‘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

<table>
<thead>
<tr>
<th>Professional Type</th>
<th>Number of Potential Subjects Approached for Participation</th>
<th>Number of Subjects who agreed to participate</th>
<th>Number of Subjects who completed interview process</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>12</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>RN</td>
<td>18</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Other*</td>
<td>14</td>
<td>12</td>
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</tr>
<tr>
<td>TOTALS</td>
<td>44</td>
<td>38</td>
<td>31</td>
</tr>
</tbody>
</table>

*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**
  - 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?
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 brief respite from the clinical area to allow clinician to ‘regroup’
2. Ensure a just, no-blame approach
3. Educate clinicians about safety investigations, the second victim experience & institutionally sanctioned support networks prior to event.
4. Ensure a systemic review of the event with opportunity for feedback and reflection on care rendered.

What Clinicians Desire (continued)

5. Ensure that an **internal support** team is available 24/7.
6. Ensure a **predictable f/u** with second victim.
7. Provide **confidential** services.
8. Provide services that are **individualized** based on the unique needs of the clinician.

Desired Leadership Actions

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

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.

Comprehensive Tiered Support Interventions

Unanticipated Clinical Event

Second Victim Reaction
Psychosocial Physical

Institutional Response
Clinician Support

Clinician Recovery

Dropping Out
Surviving
Thriving

Conceptual Model – Second Victim Intervventional Model and Recovery

Tier 3
Tier 2
Tier 1

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
Rapid Response Team Survey - Results

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Intervention Evaluation

- Cross-sectional, Longitudinal Design
- Existing Patient Safety Culture Surveys
- 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?

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>University Hospital (UH)</th>
<th>Women’s and Children’s (WCH)</th>
<th>Missouri Rehabilitation Center (MRC)</th>
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2007 to 2009: p=0.6838
## Results

**RQ#1.** During the four study periods, is second victim prevalence different?

![Image of a table showing second victim prevalence data across different study periods and hospitals with a highlighted comparison between 2012 and 2013 with a p-value of 0.0078.](image_url)

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*2012 to 2013 p = 0.0078*
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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
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

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Dimension Title</th>
<th>Mean Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Second Victim</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support YES</td>
</tr>
<tr>
<td>1</td>
<td>Teamwork within units</td>
<td>4.14</td>
</tr>
<tr>
<td>2</td>
<td>Supervisor/Manager Expectations &amp; Actions Promoting Patient Safety</td>
<td>3.93</td>
</tr>
<tr>
<td>3</td>
<td>Management Support for Patient Safety</td>
<td>3.67</td>
</tr>
<tr>
<td>4</td>
<td>Organizational Learning - Continuous Improvement</td>
<td>3.84</td>
</tr>
<tr>
<td>5</td>
<td>Overall Perceptions of Patient Safety</td>
<td>3.53</td>
</tr>
<tr>
<td>6</td>
<td>Feedback &amp; Communication About Error</td>
<td>3.50</td>
</tr>
<tr>
<td>7</td>
<td>Frequency of Events Reported</td>
<td>3.26</td>
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<tr>
<td>8</td>
<td>Communication Openness</td>
<td>3.73</td>
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<tr>
<td>9</td>
<td>Teamwork Across Units</td>
<td>3.31</td>
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<tr>
<td>10</td>
<td>Staffing</td>
<td>3.28</td>
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<tr>
<td>11</td>
<td>Handoffs &amp; Transitions</td>
<td>3.01</td>
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<tr>
<td>12</td>
<td>Nonpunitive Response to Errors</td>
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<tr>
<td>Overall Safety Grade</td>
<td>‘Give your work area/unit an overall grade on patient safety.’</td>
<td>3.58</td>
</tr>
</tbody>
</table>
Results

Culture Survey
Dimension Mean Scores

Mean Score

Dimensions

Non-Victim
Supported victim
Unsupported victim
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: 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
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

• 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

“ 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

It’s A Journey
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

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


