Continuing Education Disclosure

There are no financial disclosures.
Today’s Objectives

1. Discuss the second victim phenomenon.
2. Describe the signs and symptoms of the second victim phenomenon.
3. Delineate the predictable recovery trajectory with three possible clinician outcomes.
4. Understand the impact of no support on suffering clinicians.
5. Describe current evidence relating to desired clinician support.
6. Describe the use of a nursing theoretical framework to guide interventional strategies.
University of Missouri Health Care
Columbia, Missouri

Academic Medical Center
Level One Trauma Center
Five hospitals - 600 beds with 25% having ICU capabilities
65 ambulatory care clinics
More than 6500 employees
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<th>Rated</th>
<th>Professional Rating</th>
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This content may contain Emotional Labor!!!!!
An Epidemic?

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


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

Sir Cyril Chantler

Lancet 1999; 353:1178-91
History of the PROBLEM

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

This event shook me to my core.

“This has been a turning point in my career.”

“It just keeps replaying over and over in my mind.”

“I’ll never be the same.”

I’m going to check out my options as a Walmart greeter. I can’t mess that up.”
Second Victim Steering Team
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
Innovation Team’s Objectives

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.
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.”

What is a Second Victim?

A Qualitative Research Project is Initiated……
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

<table>
<thead>
<tr>
<th>Commonly Reported Symptoms</th>
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<tbody>
<tr>
<td>Extreme Fatigue</td>
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<tr>
<td>Sleep Disturbances</td>
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<tr>
<td>Rapid Heart Rate</td>
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<tr>
<td>Increased Blood Pressure</td>
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<tr>
<td>Muscle Tension</td>
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<tr>
<td>Rapid Breathing</td>
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<tr>
<td>Frustration</td>
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<tr>
<td>Decreased Job Satisfaction</td>
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<tr>
<td>Difficulty Concentrating</td>
</tr>
<tr>
<td>Flashbacks</td>
</tr>
<tr>
<td>Loss of Confidence</td>
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<tr>
<td>Grief / Remorse</td>
</tr>
</tbody>
</table>
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?
High Risk Scenarios

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

- Unanticipated Clinical Event
- Second Victim Reaction
  - Psychosocial
  - Physical
- Clinician Recovery
  - Dropping Out
  - Surviving
  - Thriving

- Thriving
- Surviving
- Dropping Out
Stages of Healing: 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

"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!"
The forYOU Team is Formed

Integrates research findings

Peer to peer support model

Two Types of Supportive Intervention
  One-On-One
  Group Debriefings

Referral systems coordinated and expedited
The New Patient Safety Paradigm

- Open discussions of event response plans
- Active identification of second victims
- Immediate interventional support
- ‘Safe Zones’ for sharing concerns/feelings
- Pre-education of event review process and reference guide
Support Strategies

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

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.

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.
What Second Victims Desire...
Second Victim Insights

Second victims want to feel...

◦ Appreciated       Valued
◦ Respected         Understood

◦ Last but not least....Remain a trusted member of the team!
Types of Support Models

- Peer Support Teams
- Individuals Providing Primary Support – Risk Manager, Patient Safety, Various Administrators & Medical Leaders
- EAP referrals
- Individual Unit or Local Managers
- Employee Health or Wellness Centers
Benefits of a Clinician Support Network

• Staff have a way to get their needs met after going through a traumatic event

• Helps reduce the harmful effects of work-related stress

• Provides some normalization and may help an individual with getting back to their routine after a traumatic event

• Promotes the continuation of productive careers while building healthy stress management behaviors
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
Lessons Learned
Nine Years of Support

04/01/2009 to 3/31/2018
Scope of Service.....Limitations
Basic Support Strategies

- Be a good listener!
- Do not try to fix it...
- Provide emotional first aid
- Let them know you care...
- Avoid second-guessing performance
forYOU Team Activations

04/01/2009 – 3/31/18

One on One Encounters = 606
Group Briefings = 133  (n=1082)
Leadership Mentoring = 64

1752
Professional Type Supported

- **RN**: 47%
- **MD/DO**: 30%
- **EMT-P**: 15%
- **Resp. Ther**: 6%
- **Other**: 1%
- **Pharmacy**: 1%
Reasons for Activations

Unexpected Patient Outcomes - 51%

Tragic Clinician Event - 35%
  (Staff related ‘personal’ crisis)
  ◦ Death of a staff member/family member
  ◦ Serious illness of staff member
  ◦ Litigation Stress

Medical Errors - 14%
Does Support Really Matter??????

Is there a difference in patient safety perceptions among clinicians exposed and not exposed to a second victim experience?
Safety Culture Survey

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

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?

3 populations:
1) Non second victim
2) Second victim with support
3) Second victim without support
# Patient Safety Culture Survey

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Safety Dimensions</th>
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<tbody>
<tr>
<td>1</td>
<td>Teamwork within units</td>
</tr>
<tr>
<td>2</td>
<td>Supervisor/Manager Expectations &amp; Actions Promoting Patient Safety</td>
</tr>
<tr>
<td>3</td>
<td>Management Support for Patient Safety</td>
</tr>
<tr>
<td>4</td>
<td>Organizational Learning - Continuous Improvement</td>
</tr>
<tr>
<td>5</td>
<td>Overall Perceptions of Patient Safety</td>
</tr>
<tr>
<td>6</td>
<td>Feedback &amp; Communication About Error</td>
</tr>
<tr>
<td>7</td>
<td>Frequency of Events Reported</td>
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<td>8</td>
<td>Communication Openness</td>
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<td>9</td>
<td>Teamwork Across Units</td>
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<tr>
<td>10</td>
<td>Staffing</td>
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<td>11</td>
<td>Handoffs &amp; Transitions</td>
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<td>12</td>
<td>Nonpunitive Response to Errors</td>
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<tr>
<td>13</td>
<td>‘Give your work area/unit an overall grade on patient safety.’</td>
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## Results

### Culture Survey Dimension Second Victim Category

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Dimension Title</th>
<th>Mean Scores</th>
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<tr>
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Results

Results

![Culture Survey Dimension Mean Scores](chart.png)

Results

Results

Results

Implications

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 Aftermath of No Support

- Traumatized Clinician
- Isolation
- Limited Communication
- Negative Impact on Teamwork
- Low Morale
- Impaired Job Performance
- Prolonged Clinician Suffering
- Negative Personal and Professional Impact
A Point to Ponder.....

What Can You Do Differently Tomorrow?

Understand the concept of Second Victims

Talk about the Second Victim concept and spread the word—Awareness is the first intervention!

Determine a way that you can make an individual difference.

If you are worried about a colleague >>> Reach Out!

‘Be there’!
Questions...

“The longer we dwell on our misfortunes, the greater is their power to harm us.” — Voltaire

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References


