Second Victim Recovery: Supporting our Clinicians

Susan D. Scott, PhD, RN, CPPS, FAAN
Colorado Hospital Association
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Conflict of Interest Disclosure Statement

I have no financial interest or other relationships with the industry relative to the topics being discussed.

Guidelines for Clinician Care

Institute for Health Care Improvement

http://www.ihi.org/knowledge/Pages/IHIWhitePapers/RespectfulManagementofSeriousClinicalAdverseEvents.aspx
NQF – Safe Practice 8: Care for the Caregiver

**Objective:**

Provide care to the caregivers (clinical providers, staff, and administrators) involved in serious preventable harm to patients, through systems that also foster transparency and performance improvement that may reduce future harmful events.

**LD.04.04.05 – EP 9**

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/](http://www.jointcommission.org/improving_Patient_Worker_Safety/)
What Second Victims Desire…

Five Rights of the Second Victim

Following the event ensure that caregivers and staff receive the following support:

- Treatment That Is Just
- Respect
- Understanding and Compassion
- Supportive Care
- Transparency

Clinician Responses: Physicians

Physicians report—
- Significant emotional distress
- Feeling unsupported by institutions
- Desire to receive counseling
- Concerns about barriers


Clinician Responses: Resident Physicians

- Complex blend of emotions (distress, guilt/self-doubt, frustration/anger)
- Desire to talk with other residents/attendings as family members/friends lack medical training and ability to understand
- Attending input and feedback crucial in coping process
- Appreciate constructive learning opportunities

Clinician Responses: Nurses

Emotional responses included: self-isolation, dissection of events, worry for patient and family, fear of termination, privacy concerns, sense of “nowhere to turn” and yearning for “emotional first aid”

Second Victim Interventions

Second victims want to feel...
- Appreciated
- Valued
- Respected
- Understood

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

What Should Support Look Like?

Confidential
- 24/7 availability
- Voluntary clinician participation
- ‘Fast track’ referral to support/guidance
- Types of support offered
- Who can fulfill role of support
What Clinicians Desire……

8 Basic Components of Support

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


What Clinicians Desire (continued)

8 Basic Components of Support

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

Benefits of a Clinician Support Network

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

Helps reduce the harmful effects of stress

Provides some normalization and helps the individual get back to their routine after a traumatic event

Promotes the continuation of productive careers while building healthy stress management behaviors

Types of Support Models

• Peer Support
• Individual Providing Support – Risk Manager, Patient Safety, Various Administrators & Medical Leaders
• EAP referrals
• Employee Health or Wellness Centers
‘Natural’ Supporters

- Chaplains
- Clinical Health Psychologist
- Social Workers
- Employee Assistance Programs
- Employee Wellness Specialists
- Child Life Specialists
- Health Care Staff
- Holistic Nurse
- Palliative Care Staff
- Patient Safety Staff
- Risk Management Staff

Peer Supporter

Personal Characteristics
- High Emotional Intelligence
- Respect and Trust of Peers
- Ability to Keep Confidences
- Effective Communication Skills
- Empathic
- Non-judgmental

Nominate NOW!
Established Referral Network:
Ensure availability and expedite access to prompt professional support/guidance.

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.

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

Three Tier Model of Support

Tier 1
'Local' (Unit/Department) Support

Tier 2
Trained Peer Supporters
Patient Safety & Risk Management Resources

Tier 3
Expedited Referral Network

Second Victim Intervention Model

Unanticipated Clinical Event

Second Victim Reaction
Psychosocial
Physical

Institutional Response
Clinician Support

Clinician Recovery

Dropping Out
Surviving
Thriving

Tier 3
Expedited Referral Network

Tier 2
Trained Peer Supporters
Patient Safety & Risk Management Resources

Tier 1
'Local' (Unit/Department) Support

Comprehensive Tiered Support Interventions
forYOU Team 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.

- an internal rapid response infrastructure of ‘emotional first aid’ for clinicians and personnel following an adverse event.

forYOU Team

- **Second Victim Transpersonal Caring Moment**
  - Introduction
  - Exploration
  - Normalization
  - Follow-Up
R.I.S.E. Team

Resilience in Stressful Events

• Psychological First Aid - RAPID
  – Reflective Listening
  – Assessment of Needs
  – Listening, but not pressuring discussion
  – Prioritization
  – Intervention
  – Disposition

Basic Support Strategies

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

- Not all clinicians respond the same - everyone is unique
- Watch for isolation
- Many hidden ‘pearls’ within health care systems – Tier 3 inventory
- Cast a big net - look for ‘hidden’ staff
- Consider building surveillance into existing practices (i.e. huddles, post code critique, disaster drills, etc.)
- Team briefings help to build team resilience and enhanced teamwork
Basic Program Requirements

• Able to provide “emotional first aid” with understanding of second victim phenomenon
• Trustworthy; Confidential service
• Has clear boundaries (confidentiality)
• Has clearly defined scope
• Responds in a timely manner

Lessons Learned from 7 Years of Clinician Support

04/01/2009 – 3/31/16
forYOU Team Impact

“There is always a window of opportunity..... I had questioned myself, staying as a trauma nurse. The forYOU Team was able to intervene at appropriate timing and within my window of opportunity to stay as a trauma nurse. And today – a year later – I feel better than ever!”

Second Victim RN

forYOU Team Activations

One on One Encounters =  501
Group Briefings =  116 (n=988)
Leadership Mentoring =  55

1549
Reasons for Activations

Unexpected Patient Outcomes- 51%
Medical Errors- 14%
Other- 35%
(Staff related ‘personal’ crisis)

- Death of a staff member/family member
- Serious illness of staff member
- Litigation Stress

Group Support

116 Group Activations
988 Participants (Averaging 8-9 per group)

Average Length = 58 minutes
Clinician Support

No two clinicians have the same support needs!
Awareness is the first intervention –

Proactively plan & educate regarding institutional response plan

Fear of the unknown (next steps) is profound

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?
2014 - Culture Survey Results
(n=2,238)

Staff experienced:
o Anxiety
o Depression

Received support (N=361)

Yes 31%
No 63%
Unknown 6%

Yes 51%
No 46%
Unknown 2%

Safety Culture Survey

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

3 populations:
1) Non second victim
2) Second victim with support
3) Second victim without support

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?
Instrument - Patient Safety Culture Survey

Dimensions

<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>
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<tr>
<td>4</td>
<td>Organizational Learning - Continuous Improvement</td>
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<tr>
<td>5</td>
<td>Overall Perceptions of Patient Safety</td>
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<tr>
<td>6</td>
<td>Feedback &amp; Communication About Error</td>
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<td>7</td>
<td>Frequency of Events Reported</td>
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<td>9</td>
<td>Teamwork Across Units</td>
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<tr>
<td>10</td>
<td>Staffing</td>
</tr>
<tr>
<td>11</td>
<td>Handoffs &amp; Transitions</td>
</tr>
<tr>
<td>12</td>
<td>Nonpunitive Response to Errors</td>
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<tr>
<td>13</td>
<td>Overall safety grade</td>
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Results

Culture Survey Dimension Second Victim Category

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<th>Dimension Title</th>
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Results

Culture Survey Dimension Mean Scores

Mean Score

Dimensions

Non-Victim

Results

Culture Survey Dimension Mean Scores

Mean Score

Dimensions

Non-Victim
Supported victim
Results

Culture Survey Dimension Mean Scores


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.
Implications

- Attention density to the topic of second victims helps to ‘normalize’ the experience when it impacts a staff member.
- Support should be provided by a variety of individuals within the professional and personal social networks of the clinician.

Unit Based Results

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<th>SV Support %</th>
<th>Unit Safety Grade</th>
<th>MUHC Safety Grade</th>
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<td>56%</td>
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<td>72%</td>
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<td>39%</td>
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Prolonged Clinician Suffering Negative Personal and Professional Impact

The Aftermath of No Support

- Traumatized Clinician
- Isolation
- Limited Communication
- Impaired Job Performance
- Negative Impact on Teamwork
- Low Morale

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 have a ‘personal story’ about your experience as a second victim, share it with a colleague in need.
- ‘Be there’!
AHRQ – CANDOR Tool


www.mitss.org

Supporting Healing, Restoring Hope.

You're Not Alone.
We understand. We can help.

We're here to create awareness about the impact of medically induced trauma, promote open and honest communication among patients, families, and caregivers, and provide support options to all individuals who have been affected by an unexpected medical outcome or a medical error.
Questions…

“When we deny feelings, they struggle for life. When we give voice to our feelings, they die birthing.”
Darwin Crosland, 2016

References


