Caring For The Caregiver After Adverse Clinical Effects

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By The Numbers:
• Fiscal Year15

• Five Hospital System
• 54 Ambulatory Clinics
• Level One Trauma Center – 72,000 Emergency and Trauma Visits
• 6,000 Staff
• 618 Physicians
• 615,000 Annual Clinic Visits
• 6 million pharmacy orders per year
• 1.7 million laboratory tests
The Modern Patient Safety Movement

Good Clinicians + Faulty Systematic Processes =

Adverse Patient Event →

Adverse Staff Impact →

Predictable Responses/Behaviors

Scott et al., 2009
History of the PROBLEM
Review of the Literature

“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”

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.”

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 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

Five Rights of the Second Victim

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

T - Treatment That Is Just
R - Respect
U - Understanding and Compassion
S - Supportive Care
T - Transparency

Denham, J. (2007)

Health Care
Reciprocal Cycle of Error

Reciprocal Cycle of Error


Second Victim Phenomenon

Error involvement → Guilt → Fear → Distress → Depression, diminishing empathy → Quality of Care, Patient Safety
Everyone has a personal story......
Prevalence

• 83% of respondents personally involved in an adverse event during career (Harrison et al., 2015)

• 53% involved in a serious adverse patient event in the past year (Hu et al., 2011)

• 60% could recall an adverse event in which they were a second victim (Edrees et al, 2011)

• University of Missouri Health Care (2014 Culture Survey Results)
  • Overall 27% of respondents claimed second victim within past 12 months
  • Highest unit – 62% (Intensive Care Unit)

Health Care
“(health care) providers are human. As such we make mistakes, and some of these mistakes lead to patient harm. Because of this very humanness, we also have strong emotional responses to the suffering and harm that occurs because of the mistakes we make.” (Pratt, 2015)
Second Victim Interventions

Second victims want to feel...

- Appreciated
- Respected
- Valued
- Understood

Last but not least....Remain a trusted member of the team!
What Second Victims Desire…
forYOU Team Innovation....

- **Minimize the human toll** when unanticipated adverse events occur.

- **Provide a ‘safe zone’** for clinical faculty and staff to receive support to mitigate impact of the adverse event.

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

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

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.

Health Care
Second Victim Conceptual Model

Unanticipated Clinical Event → Second Victim Reaction

- Psychosocial
- Physical

Institutional Response

Clinician Support → Clinician Recovery

- Thriving
- Surviving
- Dropping Out

Tier 1

Tier 2

Tier 3

Comprehensive Tiered Support Interventions

Considerations….

• Humans are fallible
  – Under normal conditions, humans make 5-7 errors/hour
  – Under stressful/emergency conditions, humans make 11-15 errors/hour
    (Doe; 2009 Department of Energy Center for Human Performance)

• Modern approach to patient safety is ‘systems thinking’ > > > Health care MUST design systems to offset the human fallibility factor

• Clinicians involved in medical errors are deeply affected by the experience
A NEW Health Care New Paradigm

- Comprehensive plan in place to address the needs of the patient/family, care for health care providers, and investigation process to identify systems issues to address.

- Open discussions of event response plans BEFORE an event occurs

- Promoting an environment of psychological safety – actively surveillance for any potential defects

- Immediate, supportive care for patient/family members

- Active identification of second victims. Immediate interventional support. ‘Safe Zones’ for sharing concerns/feelings

- Clinician feedback to design stronger, less fallible systems of care

A Closing Thought….

“Any is Too Many…………….”

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

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