Care for the Caregiver: Second Victim Support

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History of the PROBLEM

Adverse event investigations – individuals at the ‘sharp end’ noted to be experiencing ‘predictable’ behaviors post event.
Commonly Heard Phrases

“This event shook me to my core.”

“I’ll never be the same.”

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

“..sickening realization of what has happened.”

“I’m going to check out my options as a Wal-Mart greeter. I can’t mess that up.”

“I came to work to help someone today – not to hurt them!”
Tony’s Story

It was like any other shift for Tony*, an RN with more than 15 years of critical care nursing experience, when he was asked to assist with a fairly benign sedation procedure, a task he had performed numerous times that month alone. The procedure was almost completed when something went terribly wrong…

* Name has been changed
Safety Culture Survey

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

Patient Safety Culture Survey

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?
Culture Survey Results

• 1,160 Respondents

• 16% of respondents experienced personal problems such as
  o Anxiety
  o Depression
  o Concern regarding ability to do job

• Only 33.7% received support within UMHC.
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
Improvement Team’s Innovation....

- **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.
A Research Project is Formed

Qualitative Research Design
IRB Approved
Research Subjects
60 minute interviews – taped
Independent researcher reviews
Consensus meetings
Participant Overview

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
High Risk Scenarios

Patient ‘connects’ staff member to family
Pediatric cases
Medical errors
Failure to rescue cases
First death experience
Unexpected patient demise
High Risk Clinical Areas

- ICU’s
- Emergency Room
- Pediatrics
- OR’s

- Obstetrics
- Oncology
- Rapid Response Teams
- Code Blue Teams
"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!"
What Second Victims Desire...
Moving Through the Second Victim Experience

Stages of Healing – the Recovery Trajectory
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
“Right after the… code, I was having trouble concentrating. It was nice to have people take over… that I trusted. I was in so much shock I don’t think I was useful.”
Intrusive Reflections

“I started to doubt myself... There were some things that I thought maybe if I’d have done it this way it wouldn’t have happened...but everything was more clear looking at things in retrospect. I lost my confidence for some time.”
“I thought every single day for months I’d walk in and think everyone knows what happened… I thought these people are never going to trust me again.”
Enduring the Inquisition

“I didn’t know what to do or who to talk to professionally or legally.”

“Clearly, I know we needed to keep that quiet - it might have been helpful to be able to talk to someone else but I couldn’t do that.”
There was nobody I could tell, not even my husband. All I could say is I’ve had a really horrible day.”
Moving On....Dropping Out

“A fresh start was good for me.”

“I actually ended up moving to a different floor. My new supervisor who oriented me expressed confidence and belief in me and helped me re-grow my own sense of confidence and self belief.”
“I figured out how to cope and how to say yes, I made a mistake. And that mistake caused a bad patient outcome but I haven’t figured out how to forgive myself for that or forget it. It’s impossible to let go.”
Moving On….Thriving

“I was questioning myself over and over again…but then I thought … I’ve just had this experience in my life where I had to encounter this tragedy but it made me a better person. It really did, and it gave me insight.”
Tripping or Triggering

Reliving the ‘initial’ event when an external stimulus, such as a similar clinical situation, is presented.
Second Victim Conceptual Model

Unanticipated Clinical Event → Second Victim Reaction (Psychosocial, Physical) → Clinician Recovery

- Dropping Out
- Surviving
- Thriving
Second Victim Interventions

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

Last but not least....Remain a trusted member of the team!
The forYOU Team is Formed

Addresses research findings
Peer to peer support model
Referral systems coordinated
Formal team training
  – Team deployment
Group debriefing process formalized
Health Care
University of Missouri Health System

The Scott Three-Tiered Interventional Model of Second Victim Support

Tier 3
- Established Referral Network
  - 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

forYOU team

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.
Second Victim Interventions

First Tier – ‘Local’ support

Introducing Second Victim Concept
Key Actions at Key Times
Defusing Techniques
Working with Staff in Crisis
Five Key Actions – Department Leaders

Connect with clinical staff involved
Reaffirm confidence in staff
Consider calling in flex staff
Notify staff of next steps – keep them informed
Check on them regularly
Second Victim Interventions

Second Tier Interventional Strategy
ForYOU Peer Support Team, Patient Safety Representatives, and Risk Management Personnel

• One on one peer support
• Team De-Briefings
Second Victim Interventions

Tier 3

Expedited Referral

- Chaplain
- Social Services
- Employee Assistance Program (EAP)
- Clinical Psychologist
- Holistic Support

Expedited Referral Network

Trained Peer Supporters

‘Local’ (Unit/Department) Support
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
Second Victim Conceptual Intervention Model

Unanticipated Clinical Event → Second Victim Reaction
Psychosocial Physical

Institutional Response
Clinician Support

Clinician Recovery

Interventions

Tier 3
Tier 2
Tier 1

Comprehensive Tiered Support Interventions

Dropping Out
Surviving
Thriving
Resources

University of Missouri Health Care, USA
forYOU Team
www.muhealth.org/secondvictim

Medically Induced Trauma Support Services
MITSS, USA
www.mitss.org
“The longer we dwell on our misfortunes, the greater is their power to harm us.” — Voltaire

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