The Second Victim: When Caring Hurts

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Modified & Presented with the permission of
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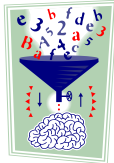
Objectives

- Discuss human factors that increase the likelihood of inadvertent patient harm
- Discuss what a second victim is and how this impacts the profession of nursing
- Identify interventions to support the second victim

Human fallibility: How our brains are wired….

We regularly make errors in attention/judgment secondary to:

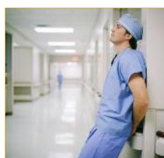
- Fatigue/Stress/Illness
- Memory lapses/distractions/interruptions
- Habitual action = no thinking
- Short cuts



Second Victims Defined…

"Healthcare team members involved in an unanticipated patient event, a medical error and/or a patient related injury who become victimized in the sense that they are traumatized by the event."

"Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base."



Commonly Reported Symptoms

- Extreme Fatigue
- Sleep Disturbances
- Rapid Heart Rate
- Increased Blood Pressure
- Muscle Tension
- Rapid Breathing
- Frustration
- Decreased Job Satisfaction
- Difficulty Concentrating
- Flashbacks
- Loss of Confidence
- Grief / Remorse

Commonly Heard Phrases

" I don't deserve to be a nurse."

"This has been a career changing event…"

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

"This event shook me to my core."

"I came to work to help someone today – not to hurt them!"

"This has been a turning point in my career."

"The point of an investigation is not to find where people went wrong – it is to understand why their assessments and actions made sense at the time."

Sidney Dekker

Discoveries…

- Medical errors and unanticipated patient outcomes are equally devastating
- Staff involved in near misses also report symptoms
- Regardless of job title, staff respond in predictable manners
- First tendency of staff seems to be isolation

High Risk Clinical Areas

- ICU's
- Emergency Room
- Pediatrics
- OR's
- Obstetrics
- Oncology
- Rapid Response Teams
- Code Blue Teams

High risk situations that may induce a stress response

- Pediatric cases
- Medical errors
- Failure to rescue cases
- First death "under their watch"
- Unexpected patient decline or demise
- ANY patient that 'connects' a staff member to his/her own family

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?

First Response: The Patient/Family

- Stabilize if able
- Open Disclosure
  - The establishment of guidelines for how to deal with events, what to say, what to record, next steps and so on are very important. A script can also be helpful

Peers

Peers have the ability to affect the situation dramatically

- Exhibiting a lack of confidence
- Isolating
- Avoiding
- War Stories

Second Victim Trajectory

- The University of Missouri interviewed 31 professionals were identified as being potential second victims.
- They found that Second Victims travel through a predictable pattern of psychological and physical symptoms following an unanticipated patient event.
- They also found that there were similar reports of what these victims need after an event.
- Second Victim Experience and Support Tool (SVEST)

Stage 1
Chaos and Accident Response

- Error realization / Event recognition
- Get help for the patient
- Stabilize / Treat

"Right after the event and during the code, I was having trouble concentrating. It was nice to have people take over that knew what they were doing that I trusted. I was in so much shock I don't think I was useful."

Stage 2
Intrusive Reflections

- Re-evaluate clinical scenario "what if"
- Self isolation
- Haunted re-enactments

"I started to doubt myself. This shouldn't have happened. It was all hindsight but I kept thinking over and over again. There were some things that I thought maybe if I'd have done it this way it wouldn't have happened or been avoided but everything was more clear looking at things in retrospect. I lost my confidence for some time."

Stage 3
Restoring Personal Integrity

- Acceptance among work/social structure
- Managing gossip/grapevine
- Fear

"I thought every single day for months I'd walk in and think everyone knows what happened because that's what happens in a unit where everyone works closely. I thought do they think of me as this loser who doesn't know what is going on. I thought these people are never going to trust me again."

Stage 4
Enduring the Inquisition

- Reiterate case scenario
- Respond to multiple "why's"
- Interact with many different event management staff

"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."

Stage 5
Obtaining Emotional First Aid

- Personal/Professional Support
- Getting/Receiving Help/Support
- Litigation Assistance

"There was nobody I could tell, not even my husband. All I could say is I've had a really horrible day. Because of HIPAA laws, and our own professional values of confidentiality, we cannot take it home, other than to say I had a patient die today but not about the particular incident."

Stage 6-A
Moving On….Dropping Out

- Move to a new unit/facility
- Strongly consider quitting role
- Feelings of gross inadequacy

"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."

Stage 6-B
Moving On….Surviving

- Coping, but still have intrusive thoughts
- Persistent sadness
- 'Hanging in there…'

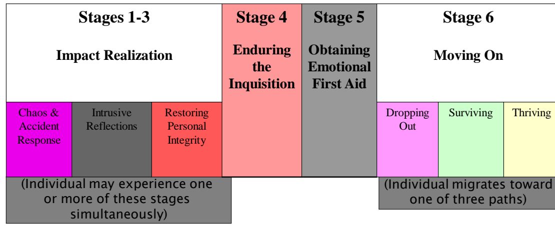
"I figured out how to cope and how to say yes, I made a mistake. And that mistake caused a bad patient outcome but I haven't figured out how to forgive myself for that or forget it. It's impossible to let go."

Stage 6-C
Moving On….Thriving

- Maintain life/work balance
- Gain insight/perspective
- Make something positive out of the event

"I was questioning myself over and over again about what happened 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."

The Second Victim Recovery Trajectory

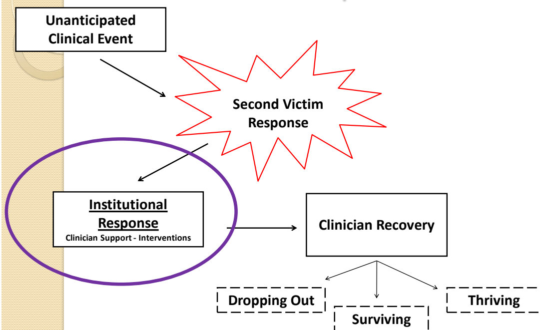


Interventional Support……

Is it REALLY Important ?

- There is an increased risk of errors after an event
- Most formal programs offered to staff (such as EAP or pastoral care) are grossly underutilized
- Long term consequences such as PTSD are possible
- Sufferers indicate a need for formal support
- Regulatory agencies are starting to recommend it
- Turnover and absenteeism were positively linked to SVS in the SVEST
- OUR CLINICIANS NEED IT!

Second Victim Conceptual Model



Institutional Response

- The response of the caregiver to a situation can have a great impact on future care, creating additional safety hazards. Learn to recognize victims.
- Likewise, the response of the institution can alter behavior.
- There is a responsibility to try to understand what happened and why it happened.
- Adverse events should be used to improve quality of care and to prevent future harm.
- The provider also needs to be supported. *This includes the person who committed the error and other frontline staff.*

Interventional Considerations

- A 'safe zone' to discuss their response to events
- Confidential
- Knowledge regarding next steps
- Voluntary involvement in supportive interventions
- 24/7 access
- Peer to peer

Key Actions for Peers and Colleagues

- Be 'there'
- If they have had experience with a bad event, share it → 'War stories' are powerful healing words
- If no experience with a bad event, be supportive and 'project' victim's needs
- Avoid condemnation without knowing the story – it could have been you!

Challenges to Providing Support

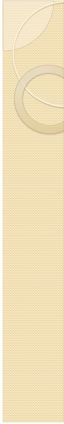
- Intense fear of the unknown – What happens next?
- There is a stigma to reaching out for help
- High acuity areas have little time to integrate what has happened and "recover"
- Fear a compromise of collegial relationships
- Fear of the future - legal woes

Thoughts about Support

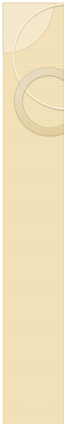
- Each care provider is different and will have unique interventional needs.
- Every health care facility's culture is unique.
- The needs of the individual **AND** the facility's culture need to be considered when designing a network of support for second victims.

'Natural' Supporters within Health Care Facilities

- Chaplains
- Social Workers
- Employee Assistance Programs
- Employee Wellness Specialists
- Health Care Personnel

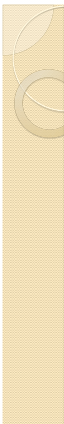


Organizational leaders in health care have an obligation to provide resources to help clinicians deal with the emotional impact of the adverse event and assure that they are treated respectfully and compassionately



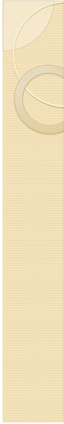
5 Rights of the Second Victim

Treatment that is just
Respect
Understanding and Compassion
Supportive Care
Transparency and Opportunity to Contribute



Resources for Institutions

- MITSS
  Building a Clinician Peer Support Program: A MITSS workshop at the Institute for Healthcare Improvement; July 15-16, 2014; Cambridge, MA
- University of Missouri's "FOR YOU" team
- "Respectful Management of Serious Clinical Adverse Events"
- ISMP



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