Second Victims: Why Palliative Care Should Recognize And Help Staff Who Are Adversely Impacted By Difficult Cases

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Objectives

• Objective 1: The attendee will identify who is a Second Victim and recognize signs and symptoms of the Second Victim.

• Objective 2: The learner will be introduced to research about the Second Victim and the impact of interventions.

• Objective 3: The attendee will learn about a hospital-wide program, the For You team, which cares for Second Victims and the role that palliative care may play in early identification of Second Victims.

History of the PROBLEM

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

Resident Physician Responses to Errors


The Emotional Impact of Medical Errors – Practicing Physicians


MU Journey: 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?

From AHRQ
Culture Survey Results

- 1,160 Respondents
- 16% of respondents experienced personal problems such as
  - Anxiety
  - Depression
  - Concern regarding ability to do job
- Only 33.7% received support within UMHC.

Commonly Heard Phrases

- "..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!"
- "This event shook me to my core."
- "I'll never be the same."
- "This has been a turning point in my career."

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."

Second Victims Defined (continued)

- 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.

Qualitative Research: A starting point

- 31 participants
- Females 58%
- Average Years of Experience
  - MD n=10 7.7
  - RN n=11 15.3
  - Other n=10 17.7 (managers, social work, pharmacists, therapists)
- Average Time Since Event = 14 months
  - Range – 4 weeks to 44 months

Key Findings...

- Medical errors and unanticipated patient outcomes are equally devastating
- Regardless of job title, staff respond in predictable manners
- First tendency of staff seems to be isolation
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

High Risk Clinical Areas

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

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?

What Second Victims Desire…

High Risk Scenarios

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

Research Team Consensus – The Second Victim Trajectory

- Impact Realization
- Enduring the Inquisition
- Obtaining Emotional First Aid
- Moving On

(Individual may experience one or more of these stages simultaneously)

(Individual migrates toward one of three paths)
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
- 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, 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.”

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

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.”

Second Victim Conceptual Intervention Model

Supportive Interventions

- Offer support
- Active listening
- Acknowledge what the second victim is saying or feeling
- Supportive presence- Don’t try to fix it
- Be there
- Know your internal resources
Second Victim Interventions

First Tier – 'Local' support
- Scripting:
  - Key Actions at Key Times
  - Key Words at Key Times
- Defusing Techniques
- Working with Staff in Crisis

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

Tier 1
- Local support / Unit management team
- House Manager
- Local Pairs

Second Victim Interventions

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
- Activate support team for additional assistance

One on One Support
- Provide Second victim information
  - Informational pamphlets
  - Additional resources
- Follow up with second victim
  - Touch base as needed (1 day-2 wks) for as many times as necessary
  - 3 month follow-up

"To have someone call me out of the blue, just to offer support, was a wonderful thing. It was like a burden was lifted off me, knowing I didn't have to get through it alone."

Group Support
- Provide Second victim support to the team
- Facilitated sharing of impact
  - Thoughts
  - Reactions
  - Symptoms
- Educate
  - Informational pamphlet
  - Additional resources
- Follow up with second victim
Second Victim Interventions

**Third Tier Interventional Strategy**
- Referral to Chaplains, Employee Assistance Program (EAP), Social Service or Personal Counselor.

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**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

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**Role of Palliative Care and Hospice Team?**

*Case Studies*

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**Improvement Team’s Objective….**

- 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.

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**What Can You as a Palliative Care Leader Do Tomorrow?**

- Understand the second victim concept – Awareness is the first intervention!
- Recognize Second Victims
- Provide Support
- Lead your institution to develop a formal program

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**‘Natural’ Supporters within Health Care Facilities**

- Chaplains
- Social Workers
- Employee Assistance Programs
- Employee Wellness Specialists
- Health Care Personnel
- Patient Safety Staff
- Risk Management Staff
New Paradigm for Institutions

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

Institution Interventions

The needs of the second victim...

- To feel valued
- To feel appreciated
- To feel respected
- To feel understood
- To be a trusted member of the team

Questions...

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

www.muhealth.org/secondvictim