Building Resilience: Care for the Caregiver

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1. Describe the impact of the second victim phenomenon on healthcare professionals.

2. Identify strategies organizations can use to support healthcare professionals during and after a patient safety incident.

3. Describe what you can personally do to assist a colleague suffering as a second victim.
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"At least 44,000" and possibly "as high as 98,000" die in US annually due to "medical errors"
Even if the lower estimate of the IOM report is accepted, the number of deaths due to medical adverse events is equivalent to a jumbo jet crashing every **four days**.
Worse than we thought……..

“Each year, at least 210,000 patients – and possibly more than 400,000 – die related to preventable harm in hospitals…..”

History of the PROBLEM

Adverse event reviews – individuals at the ‘sharp end’ noted to be experiencing ‘predictable’ behaviors post event
“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”

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

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'll never be the same.

This has been a turning point in my career.

...sickening realization of what has happened.

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

...sickening realization of what has happened.
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
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?
Initial Survey Results (2007) (n=1,160)

Staff experienced:
- Anxiety
- Depression

Received support
- Yes 37.7%
- No 61.1%
- Unknown 1.1%
Second Victim Steering Team
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
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.”

What is a Second Victim?

A Qualitative Research Project is Initiated……
Qualitative Research Overview

Participants = 31

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
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
Staff Tend To ‘Worry’…

Patient
  o Is the patient/family okay?

Me
  o Will I be fired?
  o Will I be sued?
  o Will I lose my license?

Peers
  o What will my colleagues think?
  o Will I ever be trusted again?

Next Steps
  o What happens next?
High Risk Scenarios

- Patient ‘connects’ staff member to family
- Pediatric cases
- Medical errors
- Failure to rescue cases
- First death experience
- Unexpected patient demise
“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! ”
The 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.”
“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.”
“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.”
“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.”
“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.”
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
The forYOU Team is Formed

- Addresses research findings
- Peer to peer support model
- Referral systems coordinated
- Two Types of Supportive Intervention
  1. One-On-One
  2. Group Debriefings
Support Strategies Interventions

The Scott Three-Tiered Interventional Model of Second Victim Support

Tier 3
- Expeditied 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
- Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of cases.
First Tier – ‘Local’ support

Five Key Actions – Department Leaders
1. Connect with clinical staff involved
2. Reaffirm confidence in staff
3. Consider calling in flex staff
4. Notify staff of next steps – keep them informed
5. Check on them regularly
Local (Unit/Department) Support

Trained Peer Supporters

Expedited Referral Network

League is feeling.
Second Victim Interventions

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

- One on one peer support
- Team De-Briefings
Peer Supporters

• Personal Characteristics
  – High Emotional Intelligence
  – Respect and Trust of Peers
  – Ability to Keep Confidences
  – Effective Communication Skills
  – Empathic
  – Non-judgmental
Second Victim Transpersonal Caring Moment

- Introduction
- Exploration
- Normalization
- Follow-Up
1) **Introduction**

- Initiate the conversation
- Introduce yourself as a peer supporter
- Explain the goal of the peer support team

  - *How are you doing with this all of this?*
  - *What do you need?*
  - *I am here if you want to talk now.*
2) Exploration

Allow time for the expression of emotions…

What are their thoughts…
What are their reactions…
What are their symptoms…

— How do you feel?
— What part are you having problems with right now?
— Are you having any stress symptoms?
3) Information “Normalizing”

Provide information

Discuss non-productive behaviors
Discuss normal reactions to unusual situations

- You need to know that you are not the first person in health care to experience these feelings…
- This might take some time…
- I’m sorry that you are going through this…
4) Follow-up

Teach stress coping techniques
   » Provide pamphlets
   » Stress tools

Is an additional visit needed?
   » Touch base as needed (1 day - 2 weeks)
   » Referral to additional resources
Second Victim Interventions

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

Institute for Healthcare Improvement

Guidelines

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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/
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.

http://www.safetyleaders.org/pages/QuickStart.jsp?step=0&spnum=8
Second Victim Interventions

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

Last but not least... Remain a trusted member of the team!
Five Rights of the Second Victim

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

- **T**reatment That Is Just
- **R**espect
- **U**nderstanding and Compassion
- **S**upportive Care
- **T**ransparency

Reciprocal Cycle of Error

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
Support Objectives

- Minimize the human toll and suffering
- Provide a ‘safe zone’
- ‘Emotional first aid’
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.
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
Thoughts about Support

• Clinicians have unique support needs.
• Health care facilities have unique cultures.
• Both should be considered when designing a network of support for second victims.
• Two types of support
  o One on one
  o Group
The Aftermath of No Support

- Traumatized Clinician
- Limited Communication
- Low Morale
- Prolonged Clinician Suffering
- Isolation
- Negative Impact on Teamwork
- Impaired Job Performance
- Negative Personal and Professional Impact
- Survive or Dropout???????
Types of Support Models

- Peer Support Teams
- Individuals Providing Support – Risk Manager, Patient Safety, Various Administrators & Medical Leaders
- EAP referrals
- Individual Unit or Local Managers
- Employee Health or Wellness Centers
AHRQ – CANDOR Tool

Communication and Optimal Resolution (CANDOR) Toolkit

Patient Safety Tools and Training Materials

What Is the Communication and Optimal Resolution Process?

The Communication and Optimal Resolution (CANDOR) process is a process that health care institutions and practitioners can use to respond in a timely, thorough, and just way when unexpected events cause patient harm.

Based on expert input and lessons learned from the Agency’s $23 million Patient Safety and Medical Liability grant initiative launched in 2009, the CANDOR toolkit was tested and applied in 14 hospitals across three U.S. health systems.

What Resources Are Included in the CANDOR Toolkit?

The CANDOR toolkit contains eight different modules, each containing PowerPoint slides with facilitator notes. Some modules also contain tools, resources, or videos.

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 to provide support services to all individuals who have been affected by an unexpected medical outcome or a medical error.
A Name.....

What's in a Name?

- Collateral Damage
- Wounded Healer
- Vicarious Trauma
- Silent Sufferer
- The Forgotten Victim
- Second Victim
Our New Paradigm

• Open discussions of event response plans
• Active identification of second victims
• Immediate interventional support
• ‘Safe Zones’ for sharing concerns/feelings
• Pre-education of event review process and reference guide
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 ‘war story’ about your experience as a second victim, share it with a colleague in need.
• ‘Be there’!
Resilience

The Courage to Come Back
Questions…

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

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www.muhealth.org/foryou