
Second Victims: Caring for Our Own- An Emotional Rapid Response Team



Susan D. Scott, MSN, RN

RRS Conference 2009

May 18, 2009

 **Health Care**
University of Missouri Health System

Commonly Heard Phrases

“..sickening realization of what has happened.”

“This event shook me to my core.”

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

“I’ll never be the Same.”

“I came to work to Help someone today – not to hurt them!”

“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, also referred to as wounded healers, feel personally responsible for the patient outcome.*
- *Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base.*

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]



“ 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 nurse! ”

Discoveries.....

- 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

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?



High risk situations that may induce a stress response

- Pediatric cases
- Failure to rescue cases
- **ANY** patient that ‘connects’ a staff member to his/her own family
- First death under “their” watch
- Unexpected patient demise

High risk situations that may induce a stress response

(continued)

- Young adult patients
- Patients known to staff members
- Community high profile event victim
- Multiple patients with same bad outcome in short period of time on same unit
- Staff member death

Essential First Steps After a Critical Health Care Incident

- 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 peer to peer support team

What do staff need after a critical incident event?

- A 'safe zone' to discuss staff response to events
- Peer to peer
- 24/7 access
- Voluntary participation in supportive interventions



Second Victim Trajectory

Staging	Stage Characteristics	Common Questions	Institutional Actions
Stage 1 Chaos & Accident Response	Error realized/ event recognized. Tell someone ⇒ get help Stabilize/treat patient May not be able to continue care of patient Distracted	How did that happen? Why did that happen?	Identify second victims Assess staff member(s) ability to continue shift Activate” ForYOU Team” support as needed
Stage 2 Intrusive Reflections	Re-evaluate scenario Self isolate Haunted re-enactments of event Feelings of internal inadequacy	What did I miss? Could this have been prevented?	Ensure “ForYOU Team” Response Observe for presence of lingering physical and/or psychosocial symptoms
Stage 3 Restoring Personal Integrity	Acceptance among work/social structure Managing gossip/grapevine Fear is prevalent	What will others think? Will I ever be trusted again? How much trouble am I in? How come I can't concentrate?	Provide management oversight of event. Ensure PSN completion. Manage unit/team's overall response-“rumor control” esp. Evaluate if event debrief is indicated
(Stages 1-3 may occur individually or simultaneously)			
Stage 4 Enduring the Inquisition	Realization of level of seriousness Reiterate case scenario Respond to multiple “why's” about the event Interact with many different ‘event’ responders Understanding event disclosure to patient/family Litigation concerns emerge	How do I document? What happens next? Who can I talk to? Will I lose my job/license? How much trouble am I in?	Identify key individuals involved in event Interview key individuals Develop understanding of what happened Begin answering ‘why’ did it happen Document findings in PSN system
Stage 5 Obtaining Emotional First Aid	Seek personal/professional support Getting/receiving help/support	Why did I respond in this manner? What is wrong with me? Do I need help? Where can I turn for help?	Ensure emotional response plan in progress if needed. Ensure Patient Safety/Risk Management representatives are known to staff and available as needed.
Stage 6 Moving On (One of Three Trajectories Chosen)	Dropping Out Transfer to a different unit or facility Consider quitting Feelings of inadequacy	Is this the profession I should be in? Can I handle this kind of work?	Provide ongoing support of the second victim. Support second victim in search for alternative employment options within institution.
	Surviving Coping, but still have intrusive thoughts Persistent sadness, trying to learn from event	How could I have prevented this from happening? Why do I still feel so badly/guilty?	Provide ongoing support Maintain open dialogue
	Thriving Maintain life/work balance Gain insight/perspective Does not base practice/work on one event Advocates for patient safety initiatives	What can I do to improve our patient safety? What can I learn from this?	Provide ongoing support Support second victim in ‘making a difference’ for future. Encourage participation in case reviews involving event Encourage staff feedback on practice modifications.

Throughout all stages individuals may experience physical and/or psychosocial symptoms. Triggering of symptoms and repetitive thoughts regarding the event can occur anytime during stages 2-6.



- Slogan = “You’ve cared for our patients, now let us care forYOU!”
- forYOU Team goal = Improve Recognition and Support of Health Care Clinicians Experiencing the Second Victim Phenomenon
- Interdisciplinary Team representing each hospital and sector



Team characteristics

- 24/7 Pager Availability
- Team Activation (Self, Peer, Manager or Patient Safety Investigator)
- 2 Types of Interventions (One on One peer support & Team Debriefings)

What Can You Do Tomorrow?

- Understand the second victim concept – Awareness is the first intervention!
- Develop a facility-specific plan to meet needs of staff after a critical health care incident
- Provide formal crisis training to support volunteers and management team
- Determine a way that you can make an individual difference





Questions.....

Susan D. Scott, RN, MSN

scotts@health.missouri.edu

 **Health Care**
University of Missouri Health System