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

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Commonly Heard Phrases

“..sickening realization of what has happened.”

“I’m going to checkout 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.”

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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

<table>
<thead>
<tr>
<th>Staging</th>
<th>Stage Characteristics</th>
<th>Common Questions</th>
<th>Institutional Actions</th>
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</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td>Chaos &amp; Accident Response</td>
<td>Error realized/ event recognized.</td>
<td>How did that happen? Why did that happen?</td>
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<td>Tell someone &amp; get help</td>
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<td>Stabilize/treat patient</td>
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<td>May not be able to continue care of patient</td>
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<td>Distracted</td>
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<td><strong>Stage 2</strong></td>
<td>Intrusive Reflections</td>
<td>Re-evaluate scenario</td>
<td>What did I miss? Could this have been prevented?</td>
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<td>Self isolate</td>
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<td>Haunted re-enactments of event</td>
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<td>Feelings of internal inadequacy</td>
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<td><strong>Stage 3</strong></td>
<td>Restoring Personal Integrity</td>
<td>Acceptance among work/social structure</td>
<td>What will others think? Will I ever be trusted again? How much trouble am I in? How come I can’t concentrate?</td>
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<td>Managing gossip/grapevine</td>
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<td>Fear is prevalent</td>
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<td><strong>Stage 4</strong></td>
<td>Enduring the Inquisition</td>
<td>Realization of level of seriousness</td>
<td>How do I document? What happens next? Who can I talk to? Will I lose my job/license? How much trouble am I in?</td>
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<td>Reiterate case scenario</td>
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<td>Respond to multiple “why’s” about the event</td>
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<td>Interact with many different ‘event’ responders</td>
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<td>Understanding event disclosure to patient/family</td>
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<td>Litigation concerns emerge</td>
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<td><strong>Stage 5</strong></td>
<td>Obtaining Emotional First Aid</td>
<td>Seek personal/professional support</td>
<td>Why did I respond in this manner? What is wrong with me? Do I need help? Where can I turn for help?</td>
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<td>Getting/receiving help/support</td>
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<td><strong>Stage 6</strong></td>
<td>Moving On (One of Three Trajectories Chosen)</td>
<td>Dropping Out</td>
<td>Is this the profession I should be in? Can I handle this kind of work?</td>
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<td>Transfer to a different unit or facility</td>
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<td>Consider quitting</td>
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<td>Feelings of inadequacy</td>
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<td>Surviving</td>
<td>Coping, but still have intrusive thoughts</td>
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<td>Persistent sadness, trying to learn from event</td>
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<td>Thriving</td>
<td>Maintain life/work balance</td>
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<td>Gain insight/perspective</td>
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<td>Does not base practice/work on one event</td>
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<td>Advocates for patient safety initiatives</td>
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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……

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