International Focus on Second Victim Work

Dr. Kris Vanhaecht
Senior Research Fellow
School of Public Health
KU Leuven, University of Leuven, Belgium
European Pathway Association

Objectives

- Provide an overview of the value of an organizational serious clinical event management plan.
- Describe the elements of an effective and respectful management plan.
- Provide resources, including the IHI White Paper
Kris Vanhaecht

- RN, MSc, PhD Public Health
- School of Public Health, KU Leuven University of Leuven
- Teaches Quality in Healthcare
- 10 PhD students on Quality & Patient Safety (Belgium / Norway / Italy)
- IHI Improvement Advisor

Kris.Vanhaeckt@med.kuleuven.be
www.krisvanhaeckt.be www.secondvictim.be
@krisvanhaeckt

Thanks to our European Research Team

Belgium:
Eva Van Gerven, Walter Sermeus, Martin Euwema, Deborah Seys, Kris Vanhaeckt, University of Leuven

England:
Reema Sirrieh-Harrison, Rebecca Lawton
Bradford Institute for Health Research
Varo Kirthi, Kevin Stewart
Royal College of Physicians

Scotland:
Craig White
University of the West of Scotland

Sweden:
John Ovretveit
The Karolinska Institutet

Italy:
Massimiliano Panella
University of Eastern Piedmont

Switzerland / France:
Antony Staines
University of Lyon
Session Objectives

- How does KULeuven team define 1st, 2nd & 3rd victim
- Overview on research & training:
  - Belgium / France / Scotland / England / Switzerland / Sweden & Italy
- Future initiatives & opportunities

1. FIRST VICTIM

Impact Severity of Harm

- Patient
- Family
- Social Network
2. SECOND VICTIM

- Impact
- Severity & Claims
- Healthcare worker (human contribution)
- Team
- Management
- Senior Management & Board members
- Family members of involved healthcare workers

3. THIRD VICTIM

- Impact
- (social) Media
- Involved Healthcare Organization(s)
- Healthcare Community
“Second victimness …”

Research performed in Europe

1. Systematic literature reviews
   - Coping with medical error
   - Second victims
   - Second victim support systems
2. Symptoms of second victims:
   - Clinicians
   - Managers
3. Prevalence of second victims:
   - General Practitioners in training
   - Midwifery & Nursing in training
   - Hospital Medical Doctors & Nurses
4. Support plans & guidelines
5. Educational courses & training
1. Systematic Literature Review (1)

- Impact of involvement in medical errors


- Key findings:
  - 24 studies up to 2010 - mostly small scale
  - Common feelings of shame; guilt; anxiety; depression
  - Lack of work around support & coping
  - Lots of different measures used - difficult to generalise

1. Systematic Literature Review (2)

- Impact of adverse events on health care professionals.


### Table 2. Definition and Descriptions of a “Second Victim”

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A health care provider involved in an unanticipated adverse patient event, medical error, and/or a patient related injury who becomes traumatised in the sense that they feel disoriented during the event, frequently second victims feel personally responsible for the unexpected patient outcomes and feel as though they have failed their patient, second guessing their clinical skills and knowledge</td>
<td></td>
</tr>
</tbody>
</table>

### Table 4. Overview of Coping Strategies (“Ways of Coping Scale” by Folkman and Lazarus, n = 41 included in this Literature Review)

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeking social support</td>
<td>15</td>
</tr>
<tr>
<td>For example, talking to someone about feelings, accepting sympathy, and understanding from someone taking a relative or friend for advice</td>
<td></td>
</tr>
<tr>
<td>Accepting responsibility</td>
<td>6</td>
</tr>
<tr>
<td>For example, promising to do things differently, criticizing or lecturing oneself, apologizing or doing something to make up</td>
<td></td>
</tr>
<tr>
<td>Distancing</td>
<td>1</td>
</tr>
<tr>
<td>For example, not letting it get to them, going on as if nothing has happened, trying to forget the whole thing</td>
<td></td>
</tr>
<tr>
<td>Emotional self-control</td>
<td>4</td>
</tr>
<tr>
<td>For example, trying to keep feelings from interfering with other things trying to keep feelings to themselves, keeping others from knowing how bad things are</td>
<td></td>
</tr>
<tr>
<td>Bargaining</td>
<td>3</td>
</tr>
<tr>
<td>For example, wishing the situation would go away or be over, having fantasies of how things might turn out, trying to make themselves feel better by eating, drinking, using drugs or medications</td>
<td></td>
</tr>
<tr>
<td>Problem solving</td>
<td>2</td>
</tr>
<tr>
<td>For example, concentrating on what to do next, knowing what had to be done, deciding others to make up a plan of action and following it</td>
<td></td>
</tr>
</tbody>
</table>

*a Out of 41 publications, it mentioned this coping strategy.*
1. Systematic Literature Review (3)

- Literature search on support systems for health care professionals as second victims.


| Table 2 | Overview of identified considerations and interventional strategies to support second victims. |
|-----------------------------------------------|
| **Considerations** | |
| • Time between adverse event and support is crucial with 24/7 availability (Schellong and Nord, 2007; Scott et al., 2010) | |
| • Structured sessions need to be provided (Engel et al., 2006) | |
| • Highly respected physicians or physicians in a senior position should be encouraged to discuss their errors and feelings (Levinson and Dunn, 1989) | |
| • Programs which focus to prevent, identify and treat burnout (West et al., 2006) | |
| • Promote empathy within the team (West et al., 2006) | |
| **Strategies** | |
| • Talk and listen to second victims (Amdt, 1994) | |
| • Organize and facilitate open discussion of the error (Engel et al., 2006; Fischer et al., 2006; Meurier et al., 1998) | |
| • Share experiences with peers (Engel et al., 2006) | |
| • Organize special conferences on the issue of second victims to increase awareness (Levinson and Dunn, 1989) | |
| • Provide a professional and confidential forum to discuss their errors (Levinson and Dunn, 1989) | |
| • Inquire about colleague coping (Wu, 2000) | |
| • Expressive writing (Wu et al., 2008) | |

Research performed in Europe

1. Systematic literature reviews
   - Coping with medical error
   - Second victims
   - Second victim support systems

2. Symptoms of second victims:
   - Clinicians
   - Managers

3. Prevalence of second victims:
   - General Practitioners in training
   - Midwifery & Nursing in training
   - Hospital Medical Doctors & Nurses

4. Support plans & guidelines

5. Educational courses & training
2. Symptoms (1)

- **Symptoms of second victims (clinicians)**
  - Study Karolinska Hospital Sweden (Ovretveit et al. 2012)
    - 21 semi structured 1-2 hour interviews with HC workers from 1 hospital
    - + 50% described “significant reactions” after the incident including depression, anxiety, guilt, sadness, flashbacks and damaged prof reputation
  - Most reported emotional distress & job-related stress for months, some for years
  - Study Piedmont Region Italy (Panella et al. 2012 to be submitted)
    - 33 semi structured interviews with mainly nurses, physicians and midwives from different hospitals
    - Physical symptoms: ↑ breathing (61%), extreme fatigue (56%), ↑ pulse (52%)
    - Psychosocial symptoms: concentration ↓ (79%), frustration (79%), ↓ job sat (73%)
  - Study Flanders Region Belgium (Van Gerven et al. 2012 to be submitted)
    - Intermediate results: Multicenter semi structured interviews with physicians, nurses & midwives (n=18)
    - Symptoms: fear for involvement in additional events, sleepless, anger, panic, crying, ...

2. Symptoms (2)

- **Symptoms of second victims (clinicians)**
  - Survey of UK (N=155) and US (N=165) health professionals (Sirriyeh et al 2012, under review):
    - Common experiences in UK & US of negative emotions
    - Use of problem-focused coping
    - Nurses experience stronger emotional response to error
  - UK physicians, nurses & pharmacists (Sirriyeh et al 2012, to be subm)
    - Focus group (n=26)
    - Professional group differences in perception of patient safety are influential in aftermath of error for health pros
2. Symptoms (3)

**Symptoms of second victims (Managers)**
- In hospice service (n=15) & NHS Sector (n=26) in England
  - Sirrieh et al 2010 & Sirrieh et al 2012
  - Managers suffer after errors; lack support; pressure from patients, clinicians and senior management team; often overlooked
  - Hospital managers (in depth interviews n=8 organizations)
    - Impact both professional and personal
    - However: depends on severity of AE, contact with first victim, own personality, contact with other second victims, experience with this kind of situations, media attention, training and education in clinical setting
    - Support for management as second victim: none

3. Prevalence (1)

**General practitioners in training France (Venus et al, BMJ Q&S, 2012)**
- 70 of the 392 (18%) interns replied to the questionnaire & 10 semi-structured interviews were then conducted
  - 97% of the participants had already made a medical error
  - 64% was strongly affected by their error ⇒ Emotional impact: feelings such as guilt that could remain for more than 2 years after the event
  - 74% made constructive changes to their work after the error
  - 33% would have liked to talk more about it with their superior

**Nurses & Midwives in training Belgium (Van Gerven et al, 2012, to be submitted)**
- 970 nursing & midwifery students conducted structured online survey
  - Adverse event on the unit in the past 6 months?
    - 41% yes (n=393)
      - 27 cases with permanent damage
      - 31 cases resulted in death of the patient
  - Impact (n=325)
    - No impact: 40%
    - Impact on professional life: 42%
    - Impact on personal life: 4%
    - Impact on both: 14%
    - Thinking about ending the training: 4%
4. Support plans & guidelines (1)

Respectful Management of Serious Clinical Adverse Events.

Jim Conway, Frank Federico, Kevin Stewart, Mark Campbell

4. Support plans & guidelines (2)

The Management of Significant Adverse Events in NHS Ayrshire & Arran

http://www.healthcareimprovementscotland.org/
4. Support plans & guidelines (3)

Soon available on: www.secondvictim.be

5. Educational courses & training

*From short lectures up to 3 day workshops*

- Switzerland:
  - Swiss Patient Safety Foundation
- Scotland:
  - University of the West of Scotland & NHS Ayrshire & Arran
- Belgium
- KU Leuven
- UC Louvain
- England
  - Bradford Institute for Health Research
  - Royal College of Physicians
- Italy
- University of Piedmont
- Sweden
- Karolinska Institutet
Future initiatives & opportunities

Networking & Knowledge sharing between European Research Institutes on:
- Research opportunities
- Teaching & Training
- Supporting each other

www.ernstv.org

References