Care for the Care Provider: A Second Victim Staff Support Program

PSHP Annual Assembly
October 30, 2015

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Learning Objectives

Pharmacist/ Technician:
- Discuss basic understanding of second victim phenomenon
- Identify signs and symptoms of second victim
- Discuss what types of emotional care are needed to support an employee or peer through a traumatic event.
- Discuss value of narratives/storytelling/staff personal reflections/simulation training to engage trainees.

Pharmacy manager/directors:
- Inform all staff of available support resources: such as Human Resources, Employee Assistance Programs during various venues including but not limited to staff meetings, campaigns, safety walkrounds, huddles, and National Patient Safety Week or Pharmacy Month programs.
- Describe how this program meets Joint Commission standards in Leadership and Patient Safety.
- Describe the process to design, develop and implement a structured second victim support program at a medical facility or department without any increase in FTEs.

Our Journey...

Care for the Care Provider
depression
I never thought I would be the one to make such a mistake

ANXIETY
so much was going on....I just don't know...

Guilt
I knew it as soon as it happened, and I couldn't take it back

I AM SURE I FOLLOWED ALL THE RIGHT STEPS, ...
I CAN'T BELIEVE IT HAPPENED

self blame
Maybe I shouldn't do this job anymore
I could have done that too

SELF DOUBT
I am devastated

SHAME

the equipment failed, what could I do?
You are not alone…

Support is on the way.

Albert Wu, MD

Medical error: the second victim
The doctor who makes the mistake needs help too

When I was a house officer another resident failed to identify the electrocardiographic signs of the paroxysmal supraventricular tachycardia. When the patient died, the house officer in the operating room told me that he looked over the electrocardiograph and saw that it was not normal. He tried to stop the arrhythmia, but could not. He tried all the usual procedures. He could not. He ran out of the emergency room to see what had happened. He ran out of the emergency room to see what had happened. The second victim phenomenon

The impact of medical errors on healthcare providers
• "2nd victim"
  - Healthcare provider involved in the event
  - Who feels in some way responsible
  - And is emotionally traumatized by what happened"

Evolution of Second Victim Support

2002 MITSS Tool kit (Medically Induced Trauma Support System)
• Original developed for family of trauma patients

2006 Rick VanPelt, MD Women and Brigham
• Pilot support program for OR staff presented at UHC Conference Oct 2006

2006 Susan Scott, RN, MSN, at University of Missouri Healthcare
• "Staff can experience intense professional suffering after unanticipated events"

2009 Survey Conducted: 5300 faculty and staff: 898 participants 17%
• "Walking Wounded: Defining Support Needs" : “For You” support Program

2007 Charles Denham, MD, Texas Medical Institute of Technology
• TRUST: The 5 Rights of the Second Victim - Journal Patient Safety
  • The 5 human rights that our health care leaders must consider as an integral part of a fair and just culture when patients are harmed during the process of care.
  • TRUST: Treatment that is just, Respect, Understanding and compassion, Supportive Care, & Transparency and the opportunity to contribute to learning

2010 MITSS Tool Kit revised specifically for medical personnel
• "For you tool kit"
“It’s a battlefield”

Second Victims In the News

Eric Cropp - Pharmacist at Cleveland Rainbow Babies & Children’s Hospital

- 2006 fired for error involving saline solution with chemotherapy for 2 yr old Emily Jerry
- 2007 Ohio Board of Pharmacy - revoked license permanently
- 2009 Prosecuted for reckless homicide and manslaughter (seeking 5 years imprisonment)
- Sentenced to 6 month prison, 5 months home confinement, 3 years probation, 4000 hours community service and $5000 fine
- Attempted to commit suicide
Tiered Rapid Response Support Program

Tier 1
- On demand emotional support program
  - Based on first responder model
  - Provided by unit/dept leadership trained in basic awareness
  - Promotes basic emotional first aid on the spot
  - Presumptively identify “second victims”
  - Estimated to meet needs of 60% of second victims

Tier 2
- Specially trained peers embedded within high-risk units/dept
  - Continually monitor for signs/symptoms of second victim
  - Provide immediate support one on one, and refer to next level as needed
  - Learn strategies for activating and supporting group debriefings when an entire team is affected
  - Estimated to meet needs of additional 30% of second victims

Tier 3
- Ensure prompt availability and access to professional counseling support
  - Support provided by trained professionals:
    - chaplains, HR generalists, EAP personnel, social workers, and clinical psychologists
  - Estimated 10% of second victims will require this level of support

Vision for Care for Care Provider Initiative

- Expand scope beyond medical errors
  - Post adverse event
  - Poor patient outcomes
  - Post violent events

- Expand support program beyond clinical staff to all employees
  - Reason for our program name

- Implement a concrete support process for:
  - All disciplines
  - All departments
  - All shifts
  - Just in time

Goals of Care for Care Provider Initiative

- To assure
  - That no staff person is isolated after an event.
  - That all staff know the signs and symptoms of second victim phenomena
  - That all staff know how to access help when needed.
  - That staff resilience is supported and nurtured.
  - That staff do not experience:
    - Compassion fatigue
    - Burnout
    - Somatic symptoms
    - PTSD
Continuum of Employee Response to Stress

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
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<tr>
<td>Stress</td>
<td>Compassion Fatigue</td>
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<td>Difficulty that causes worry or emotional tension</td>
<td>Natural behavior and emotion from knowing about trauma experienced by a significant other</td>
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HUP Care for the Care Provider survey results:
- Used survey developed by Susan Scott at U of Missouri
- Anonymous survey administered to 9137 faculty & staff
  - 17.2% response rate (1569) (17% UM)
  - 25.3% Nursing – all professional levels (25% UM)
  - 4.4% Physician response (23% UM)
  - 11.3% Allied Health (10% UM)
  - 9.2% Operations / Support Services
  - 3.8% Administration / Management
  - Good distribution related to participant’s years of service at Penn Medicine and years in current role

- In the past 12 months, how many of you have experienced any work-related events that caused you personal problems such as anxiety, depression, or concern about your ability to perform your job?
- If yes, were you offered support from anyone at work?
- Do you know of a co-worker, colleague, or peer who has been emotionally traumatized by a work-related event?
HUP Survey results...

What percentage of HUP staff reported experiencing anxiety, depression or concerns about their ability to do their jobs as a result of a poor patient outcome or patient safety event?

30.1%  (30% U of Missouri)

What we heard from HUP staff:

34% had heard the term second victim previously  (39% UM)

69.2% of respondents reported they were not offered support after the event....from anyone

88.5% stated they recognize they needed support

*Only 11.5% respondents said someone else recognized it

14% reported offered support from manager/supervisor (29% UM)

18% went to manager/supervisor for support (29% UM)

46% went to their peers for support  (35% UM)

27.4% seriously contemplated leaving job / profession (15% UM)

Survey Comments

• 690 comments received: what staff want
  • Multiple staff shared their personal experiences

  • Need for break or respite time after the event
    – to collect thoughts, go to chapel, clear their head

  • Comments validated what our committee had as wish list for the program
Personal reflections of second victims

Jen - PSO
Josh - Lab Medicine
Personal reflections of an observer

Kirsten - Trauma Unit

“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 base.”

- Susan Scott
Response to a traumatic event

- Patient tragedies can affect the most resilient person.
  - Having an emotional response is normal
  - 90% of staff are resilient and will recover after a traumatic event
  - We never know when an event will be traumatizing, it is not predictable.
    - Personal life factors
    - Severity of event
      - First death experience
      - Unexpected patient demise / failure to rescue
      - Medical errors / near miss events
    - Relationship to the patient: time and duration

What you might see: signs and symptoms

- Acute reactions after an unanticipated event
  - Stunned, dazed and numb
  - Confusion: “impaired for awhile”
  - Agitation
  - Anxious, tearful, distressed

- Later
  - Detached (from patients, family, colleagues)
  - Reliving the event / “What if…..”
  - Withdrawn, depressed and grieving
  - Sleep disturbance
  - Shame, guilt
  - Self doubt

How to approach a second victim

- Privacy / Confidentiality
- Maslow’s hierarchy: personal safety —— food and fluids
- Timing: just in time
  - in person / phone / text / email
- Support: not an investigation
- What not to say….
  - “what did you do?”
  - “wow! that’s a big mistake!”
  - “suck it up”
  - “you can cry when you go home”
  - “maybe this is too much for you”
Supporting Resilience by Listening

- Care and empathy are the foundation of any support offered
  - Do not insist or assume.
  - Each person’s response to a traumatic event is different.
    - “We can talk or just be together”
    - “I can give you some time. I will check back if it is ok?”
  - Reduce isolation.
    - “You’re not alone, I’m here for you”
  - Practice active listening skills.
  - Allow 2nd victim to share the personal impact of his/her story.
    - “How are you? What would help you right now?”
    - “What is most important to me right now is you.”
  - Offer time away from their immediate assignment.
  - Link to a peer supporter.
  - Ask about support systems including family and friends.
    - “Would you like to call someone/home?”

Beyond the event report, a role for leadership response

- Immediate “emotional first aid” is basic care everyone deserves.
  - “This had to have been difficult. Are you okay?”
  - “I believe in you.”
  - “I cannot imagine what that must have been like for you. Can we talk about it?”
  - “You are a good pharmacist/pharmacy technician working in a very complex environment.”
- Assume staff are resilient.
  - “You are a good at what you do here every day”
  - “We will get through this together”
  - “You have taken care of many people here, now let me help you.”

First Responder Ongoing Support

- Check in periodically; next day, next 1 - 4 weeks.
  - Assess for somatic and/or emotional responses.
- Assess for the need for a group discussion.
- Collaborate with Tier 2 (Peer) & Tier 3 (Trained Professional) resources as needed.
- Encourage employee to seek additional support with HR, EAP, chaplains, social work, patient safety, risk management, or leadership.
Structuring your Second Victim Support Program

- **Where to start**
  - Literature search
    - contact author, other programs cited
  - Local hospitals
  - Risk Management / Patient Safety
  - Human Resources
  - EAP (Employee Assistance Program)
    - employee work/life benefit: free of charge to employee and dependent family members
    - counseling assistance
    - voluntary
    - confidential
    - 24 hour toll free hotline with trained counselors
  - Hospital leadership
    - Early buy in and support

Implementing Second Victim Support Program:

- Form multi-disciplinary committee
  - enlist leadership to be active participant
- Consider using MITSS Tool kit (Medically Induced Trauma Support System)
  - Organization assessment tool
- Consider modeling the UM Three Tiered Rapid Support program
- Create wish list
- Assess current status in your organization/department:
  - walkrounds
  - conduct baseline survey
- Implement training program for leaders
- Provide easy access to professional support: EAP / HR
- Disseminate the program
  - various venues including but not limited to staff meetings, campaigns, walkrounds, huddles, and NPSF week, Pharmacy Month programs.
- Identify timeline to reassess program effectiveness

Support training components

- **Tier 1 – Basic emotional support**
  - Second victim phenomenon
    - Definition and background
  - Personal stories provided by staff
  - What are sign/symptoms/stages
  - How to approach a colleague
    - Listening skills
    - Scripting
  - Escalating to other resources

- **Tier 2 – Peer Support**
  - Simulation training
Narratives: the Power of a Story

- Storytelling
  - Bible / Fables / Family history
    - How we learn to behave and respond to situations
    - Builds our culture / define ethics
  - Shared experiences / Personal journeys
    - Provides the audience with a way to relate on a personal level
    - Identify with the storyteller

The Joint Commission (TJC) requirements

- TJC Leadership standards outline the need for Second Victim Support program:
  - LD.01.03.01, LD.02.01.01, LD.02.03.01, LD.03.01.01, LD.03.06.01,
  - and specifically LD.04.04.05, EP 9:
    - “The leaders make support systems available for staff who have been involved in an adverse or sentinel event. Note: Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.”

- TJC: The Patient Safety Systems Chapter (new chapter fall 2014) regarding safety culture requires the patient safety system, staff and leaders to work together to promote collective mindfulness, and treat each other with respect and compassion.

Tier 1 Training feedback

- C4CP Tier 1 Training session evaluations
  - Sept 2013 - May 2015: 615 attended · 485 evaluations (79%)

<table>
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<tr>
<th>Post training evaluations of program submitted</th>
<th>Completely agree</th>
<th>Neither agree</th>
<th>Disagree</th>
<th>Disagree or disagree</th>
<th>Total</th>
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<tr>
<td>- based on 5 point Likert scale:</td>
<td></td>
<td></td>
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<td>(100%)</td>
<td>485</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(100%)</td>
<td></td>
</tr>
<tr>
<td>The training session provided me with a good understanding of my role as a first responder</td>
<td>290 (59.6%) (59.6%) (9.6%)</td>
<td>190 (39.6%) (39.6%)</td>
<td>15 (3.1%) (3.1%)</td>
<td>1 (0.2%) (0.2%)</td>
<td>485</td>
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<td>The training session provided me with both basic tools and support as an employee to assist an employee involved in an adverse event or sentinel event</td>
<td>233 (48%) (48%) (9.5%)</td>
<td>141 (28.9%) (28.9%)</td>
<td>23 (4.7%) (4.7%)</td>
<td>2 (0.4%) (0.4%)</td>
<td>485</td>
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<td>I feel confident that I would be able to provide initial emotional support for an employee</td>
<td>250 (51.5%) (51.5%) (10.4%)</td>
<td>223 (45.9%) (45.9%)</td>
<td>12 (2.5%) (2.5%)</td>
<td>0 (0%) (0%)</td>
<td>485</td>
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<td>I feel confident that I would be able to refer an employee to other available support resources with Penn Medicine</td>
<td>303 (62.5%) (62.5%) (12.8%)</td>
<td>174 (35.9%) (35.9%)</td>
<td>8 (1.7%) (1.7%)</td>
<td>0 (0%) (0%)</td>
<td>485</td>
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96.8% overall agreement for training effectiveness
Program Reassessment

- Assess skills utilization
- Effective support provided by those trained
  - 615 trained leaders

- Anonymous survey distributed to 526 attendees via email
  - 17 maximum questions
  - ability to opt out of questions

- 193 respondents = 37%

Reassessment Results

- 74% offered emotional support to an employee after a traumatic event
- 75% led any emotional support debriefing sessions for multiple staff
- Over 900 employees supported
- 90% staff accepted Tier 1 support
  - asked to check in later
  - many requested additional support from peer, or Tier 3, EAP
- 9.5% staff declined support
  - will use own personal support system
- 66.4% offered EAP as a support tool for future use
- 67.2% Tier 1 supporter stated training changed the way they approached a situation after an event

Comments regarding changed approach

- Explain why training has changed your approach.
  - Changed how I approached the co-worker and the words I used to provide the support
  - It made me listen to the employee more to see how I could help them
  - I was able to offer EAP and specific programs rather than just telling them that it was available and to look it up.
  - Made me aware of other resources, encouraged me to seek out the individuals and gave me confidence to address those issues
  - Made me more aware that people can have many different kinds of reactions and to look out for all types of reactions, not just those who are outwardly acting out.
  - Gave me more insight and knowledge on how to appropriately address individuals. Also made me more aware of hospital resources
  - Made me think about how staff needs support after an event like a medication error or a RRT/code. Before I thought it was just part of our job and that we all had to deal with it.

- Explain why training has not changed your approach.
  - Most of the things that were taught I had already been aware of as part of my role here.
  - Key issues were already being handled as prescribed.
  - I had a lot of this training in social work school.
  - This approach was common to me. It was the way I was trained to handle these situations throughout my previous employment experience.
  - The process I used prior to the training was very similar and already aligned with what was discussed in training.
Opportunity to reassess during PS Culture survey

2 Additional Questions we plan to be add to the AHRQ Culture Safety survey

- 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?"

- Did you receive support from anyone within our health care system?

RECAP! basic principles of emotional first aid

- Timely response
- Interactions are voluntary
- Maslow’s hierarchy
- Listening is as important as asking a few good questions
- Staff are resilient
- Connection with Social Supports
- Linkage to organizational support systems
- Education/ resources for coping
- Follow up as necessary

You are not alone.... Support is here!
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