Healing Our Own

The Second Victim Phenomenon & a New Approach to Quality Care

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Objectives

- Define the term "Second Victim“
- Discuss how the Second Victim concept materialized
- List the acute and chronic symptoms a Second Victim may demonstrate
- State the purpose and responsibilities of a Second Victim Support Program

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Case Study # 1

• 18 m/o patient with a yolk sac tumor had almost completed chemotherapy. Her tumor had shrunk dramatically with minimal residual scar tissue. She was due one last treatment before potentially getting to go home.

• The medication was started at 16:30 and by 17:30 Emily was on life support. She died several days later.

• For reasons that have never been explained, the technician who made the mixture, used a saline base solution of 23.4% sodium chloride instead of the commercially available standard bag of normal saline.

• An investigation into the incident disclosed that many circumstances contributed to the error's occurrence.

-The pharmacy computer system was not working and a backlog of physician orders was piling up.

-The pharmacy was short-staffed and everyone in the pharmacy was busy.

-The employee shortage meant that normal work and meal breaks were altered or not available.

-The technician was distracted from her normal routine.

- A floor nurse called the pharmacy and asked the pharmacist to send the solution early. As a result, he felt rushed.

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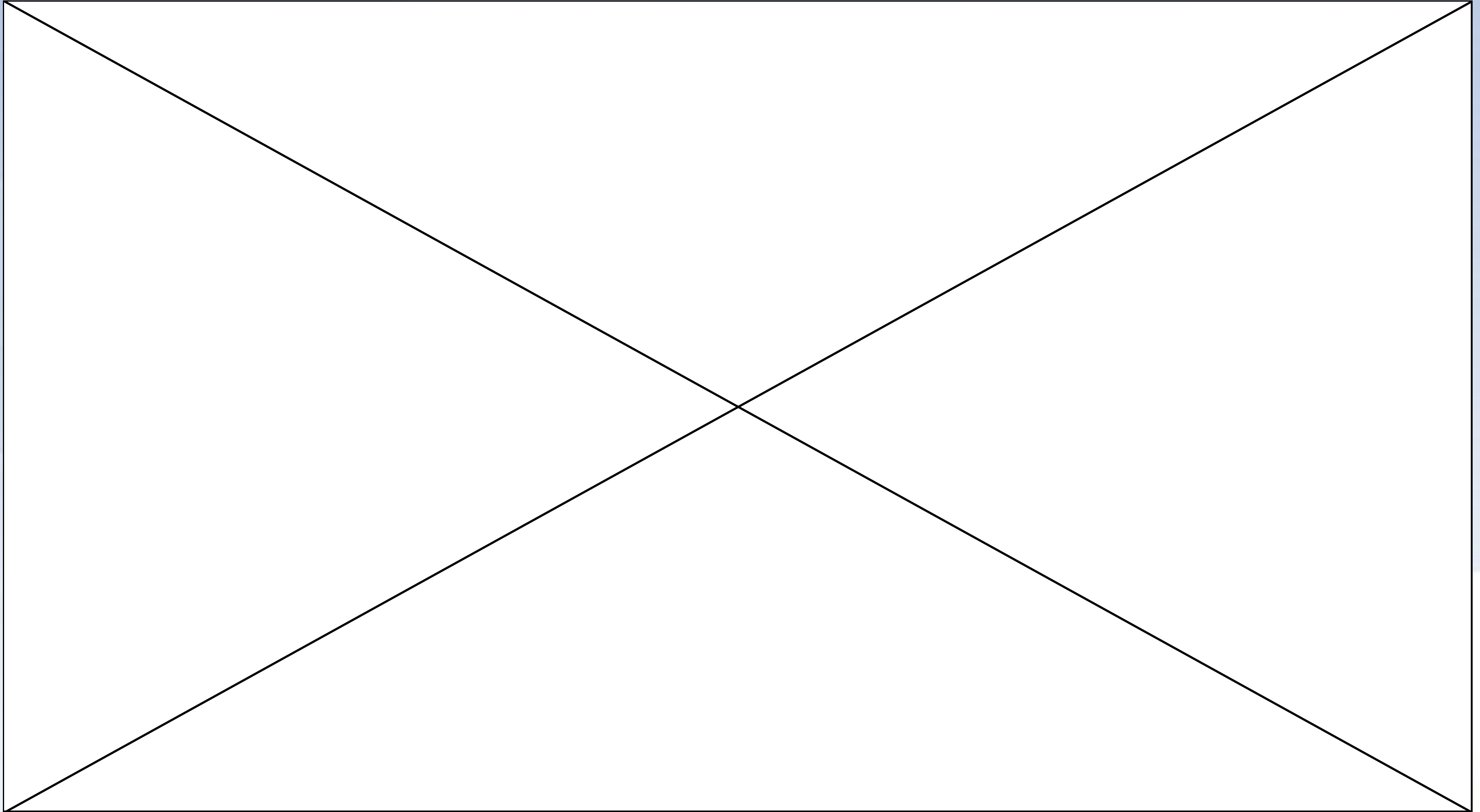
Case Study # 2

- NICU nurse with 27 year experience miscalculated a dose of Calcium Chloride giving 1.4 grams instead of 140 milligrams to an 8 month old, leading to the patient's death.

Case Study # 3

- New nurse working weekend night shift in busy medical ICU
- 39y/o Patient with Stephens-Johnson Syndrome and Septic Shock on 4 vasopressors and 13 drips total
- Only available access to obtain labs is via central line
- Drips paused, labs drawn, nurse went to grab the saline flush and it fell to the floor. The patient's BP was actively plummeting…
- Nurse pulled a 10cc flush from the maintenance IV fluid at proximal port of the line (something done frequently by more experienced nurses)
- Nurse sent labs and upon returning to the room, patient's HR and SBP were both >200
- Nurse immediately realized that instead of drawing the flush from the maintenance fluid, it was drawn from a bag of Norepinephrine
- Patient's HR and blood pressure normalized in less than 30 seconds

Healing the Healer



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The doctor who makes the mistake needs help too

- Albert Wu

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 pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could have made the same mistake—and, like the hapless resident, become the second victim of the error.

Strangely, there is no place for mistakes in modern medicine. Society has entrusted physicians with the burden of understanding and dealing with illness. Although it is often said that "doctors are only human," technological wonders, the apparent precision of laboratory tests, and innovations that present tangible images of illness have in fact created an expectation of perfection. Patients, who have an understandable need to consider their doctors infallible, have colluded with doctors to deny the existence of error. Hospitals react to every error as an anomaly, for which the solution is to ferret out and blame an individual, with a promise that "it will never happen again." Paradoxically, this approach has diverted attention from the kind of systematic improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.

Virtually every practitioner knows the sickening realisation of making a bad mistake. You feel singled out and exposed—seized by the instinct to see if anyone has noticed. You agonise about what to do, whether to tell anyone, what to say. Later, the event replays itself over and over in your mind. You question your competence but fear being discovered. You know you should confess, but dread the prospect of potential punishment and of the patient's anger. You may become overly attentive to the patient or family, lamenting the failure to do so earlier and, if you haven't told them, wondering if they know.[1-3]

Sadly, the kind of unconditional sympathy and support that are really needed are rarely forthcoming. While there is a norm of not criticising,[4] reassurance from colleagues is often grudging or qualified. One reason may be that learning of the failings of others allows physicians to divest their own past errors among

Personal view p 812

BMJ 2000;320:726-7

"Sadly, the kind of unconditional sympathy and support that are really needed are rarely forthcoming."

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Second Victim Outcomes

- Case Study # 1:
  - The hospital was sued (7 million dollar settlement) . The pharmacist was charged with involuntary manslaughter and sentenced to 6 months in prison, 6 months home confinement, 400 hours of community service, and a $5,000 fine for improperly supervising the technician. The technician was charged with negligent homicide but was not found guilty.

- Case Study # 2
  - The nurse was fired by the hospital and put on probation by the state board. She committed suicide 7 months after the error. The hospital made several changes to their policies and protocols for administration of high risk medications in Pediatrics populations.

- Case study # 3
  - I will speak to this one personally as I am the nurse who made this mistake.

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What is a Second Victim?

"A health care provider involved in an unanticipated adverse patient event, medical error, and/or a patient-related injury who become victimized in the sense that the provider is traumatized by 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 base."

(Seys, et al., 2012)

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Identifying a Second Victim

When there is crisis,
there is stress.

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Identifying a Second Victim

Types of stress:

- Physical
- Emotional
- Cognitive
- Behavioral
- Spiritual

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Symptoms of Stress

Physical:

- Fatigue
- Dyspnea
- Headaches
- Nausea
- Chest pain

Emotional:

- Anxiety
- Guilt
- Grief
- Anger
- Irritability

Cognitive:

- Poor concentration
- Difficulty making decisions
- Slowed problem solving

Symptoms of Stress

Behavioral:

- Excessive silence
- Social withdrawal
- Sleep disturbance
- Changes in eating, sleep, work habits
- Self medicating

Spiritual:

- Change in ability to trust others
- Anger at God
- Loss of meaning, purpose
- Worldview is challenged

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Here's How We Are Different

"Numbing" down

Care providers are taught to distance themselves emotionally from their patients through empathy: understand and acknowledge how your patients feel without personal involvement. With time, many care providers become experts at suppressing their ability to feel, and the compassion that initially attracted care providers to healthcare is supplanted with detached professional competence. This process of numbing down blunts the ability of the caregiver to experience the emotional impact that adverse events have on patients, families and themselves.

F van Pelt, 2008

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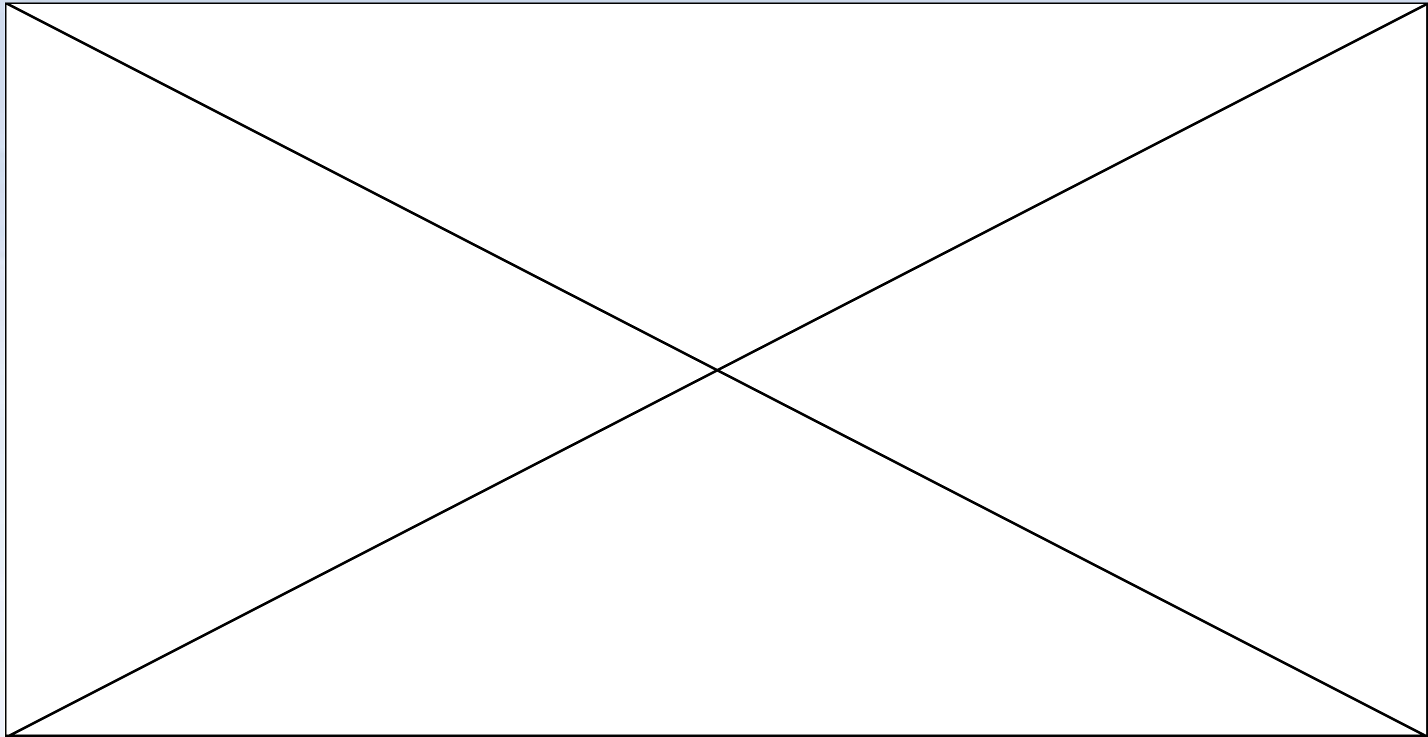
Shhhhh

Traditional medical legal and risk management advice has stressed not talking to anyone

A YouTube query of medical malpractice commercials returned 16,300 results, including this distinguished gentleman's valuable contribution



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Why Should We Support Second Victims?

- Emotional distress can be related to an increased likelihood of subsequent adverse events (Westet al., 2006).

- When second victims are supported, personal distress can be reduced (Arndt, 1994).

- Because when health care institutions do not support their people, they will lose all the trust and respect and in the long term it will harm the culture of the organization (Denham, 2007).

- Fosters goodwill, trust, and appreciation. “The organization sympathizes with the challenges we face and cares about the well being of its providers.”

- Because it’s the right thing to do.

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How We Should Support Second Victims

- Learn from others successes: University of Missouri, John's Hopkins, Kaiser Permanente, Washington Patient Safety Coalition
- Leadership support/organizational awareness
- Form a multidisciplinary advisory committee
- Development of a structured/formalized program
- Clear protocol for identifying second victims
- Identification and training of peer mentors (someone in my job, on my level, who has been there)

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The TRUST Team

Dr. Charles Denham proposed 5 rights for second victims which can be remembered by the acronym TRUST.

- **T**reatment that is fair and just
- **R**espect
- **U**nderstanding and compassion
- **S**upportive care
- **T**ransparency and opportunity to contribute

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Sound Familiar?

"What doesn't kill you makes you stronger."

A different take…

"If you managed to survive, and were fortunate enough to spend time recovering and reflecting within a robust support structure, you may, despite your weakened state, glean some helpful insights.

Whosoever calls that 'stronger' is an α$şɧølƸ."

J. Bryan Sexton

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commitment
recovery
culture resilience
trust spiritual healing
blame wellness human
guilt burnout error frustration
mistake emotional
events health victim understanding
physical
second psychological
help fear support
shame reporting transparency
safety impact courage

A New Approach to Quality

"Maybe the secret to taking care of the patient is to take care of the staff member who is caring for the patient."

– Lucian Leape

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Reprioritizing & Redefining

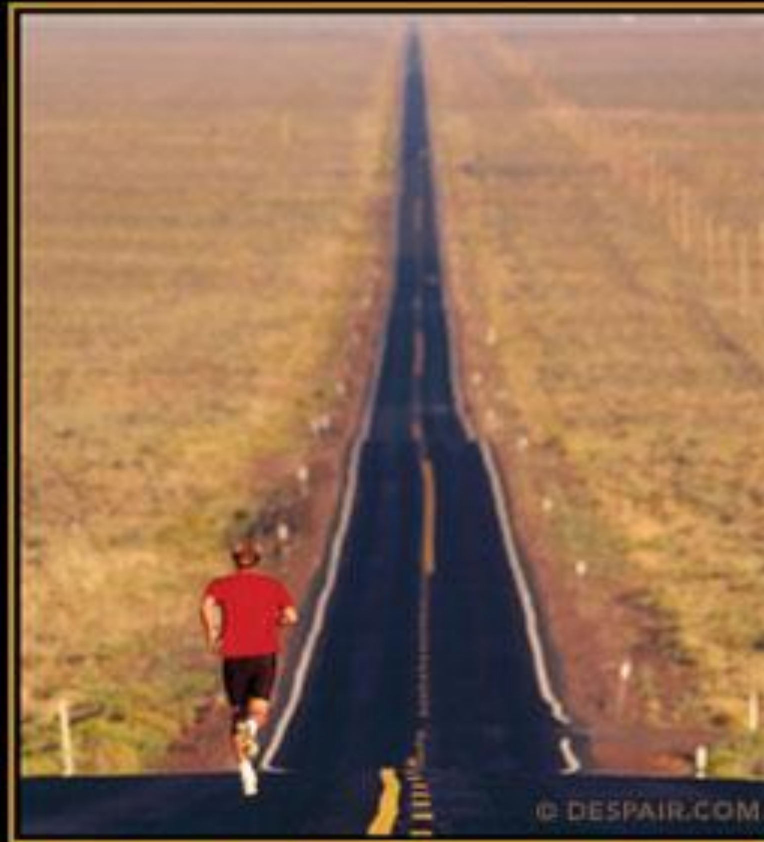
1. How we take care of ourselves*
2. How we take care of each other
3. How we take care of our patients

*Leaders have a responsibility to protect the work-life balance of their employees.

J Bryan Sexton

Carilion Clinic

Please Join Me On This Quality… Journey???



QUALITY

THE RACE FOR QUALITY HAS NO FINISH LINE-
SO TECHNICALLY, IT'S MORE LIKE A DEATH MARCH.

Thank you!

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"We'd now like to open the floor to shorter speeches disguised as questions."