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Supporting Second Victims: Breaking the Cycle of harm

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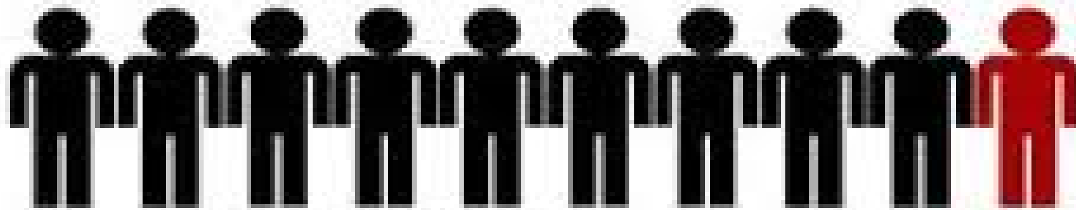
Outline

- The impact of medical error
- Findings of a survey of doctors
- What can we do to better to support ‘second victims’
- The website



SHAME

GUILT

Emotional consequences

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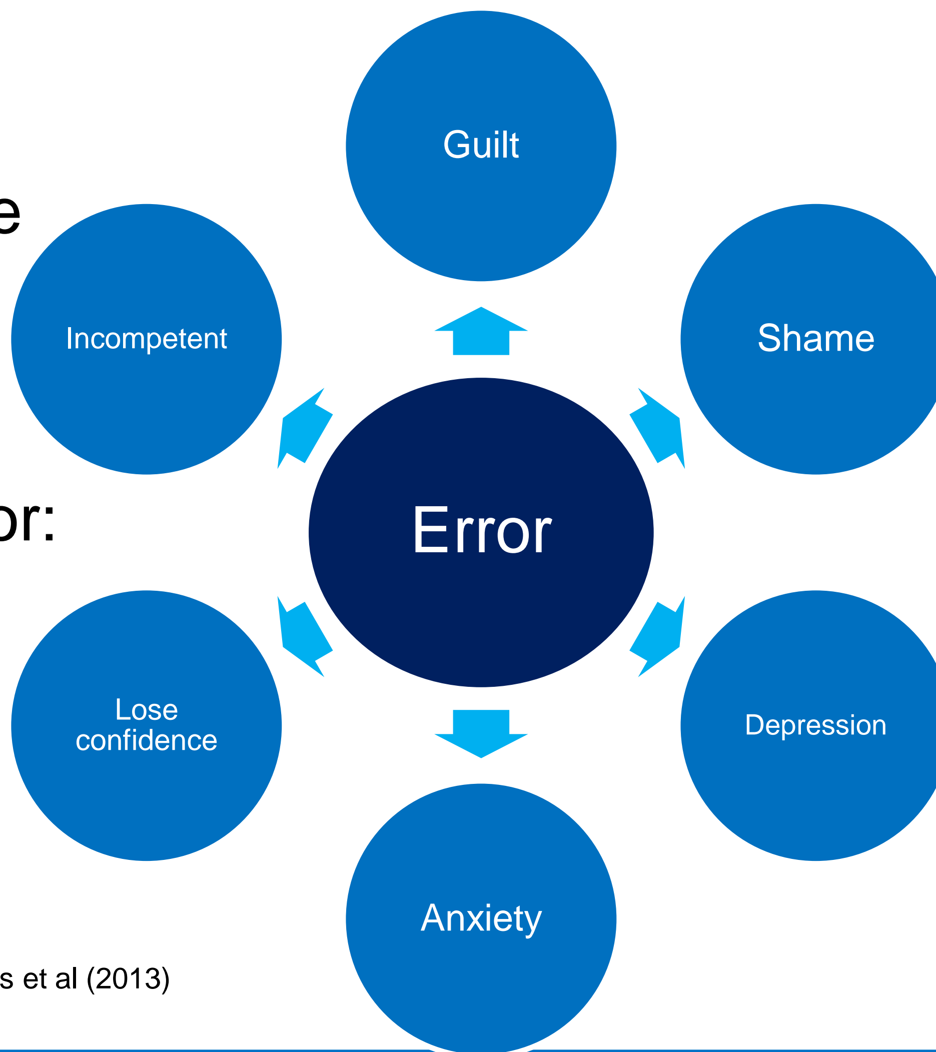
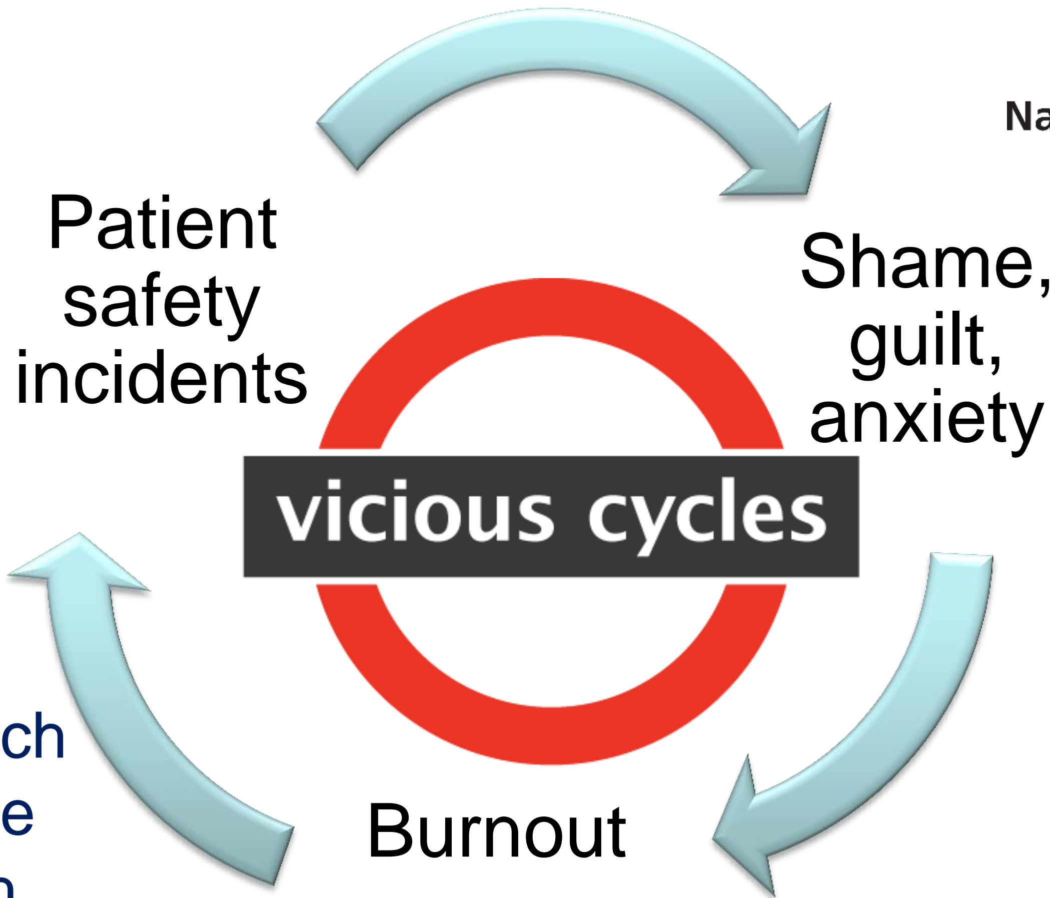
Systematic reviews[2] demonstrate consistent effects of making a medical error:



[2]Sirriyeh et al (2010); Seys et al (2013)



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1,895,834 incidents reported in England 2016-2017, 10,000 of which caused severe harm or death.

Does your organisation treat people fairly after an incident – only 43% of people agreed or strongly agreed

38% reported work related stress in the last 12 months (up from 29% five years earlier)

NRLS Report March 2018

Background to our survey

- Term –second victim first coined by Albert Wu
- Second victim research predominantly US based (see Wu et al. 2000)
- Small scale studies in UK focusing on one or two hospitals
- Survey of 11,800 doctors with RCP; 1,755 responded

Doctors' experiences of adverse events in secondary care: the professional and personal impact

Authors: Reema Harrison,[A] Rebecca Lawton[B] and Kevin Stewart[C]

ABSTRACT

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disturbance, fear and worry are consistently reported by those involved in adverse events, as are shame, guilt, loss of self-confidence, and feelings of incompetence and worthlessness.[23–29] The severity of these effects is related to the degree of harm to the

Key Findings

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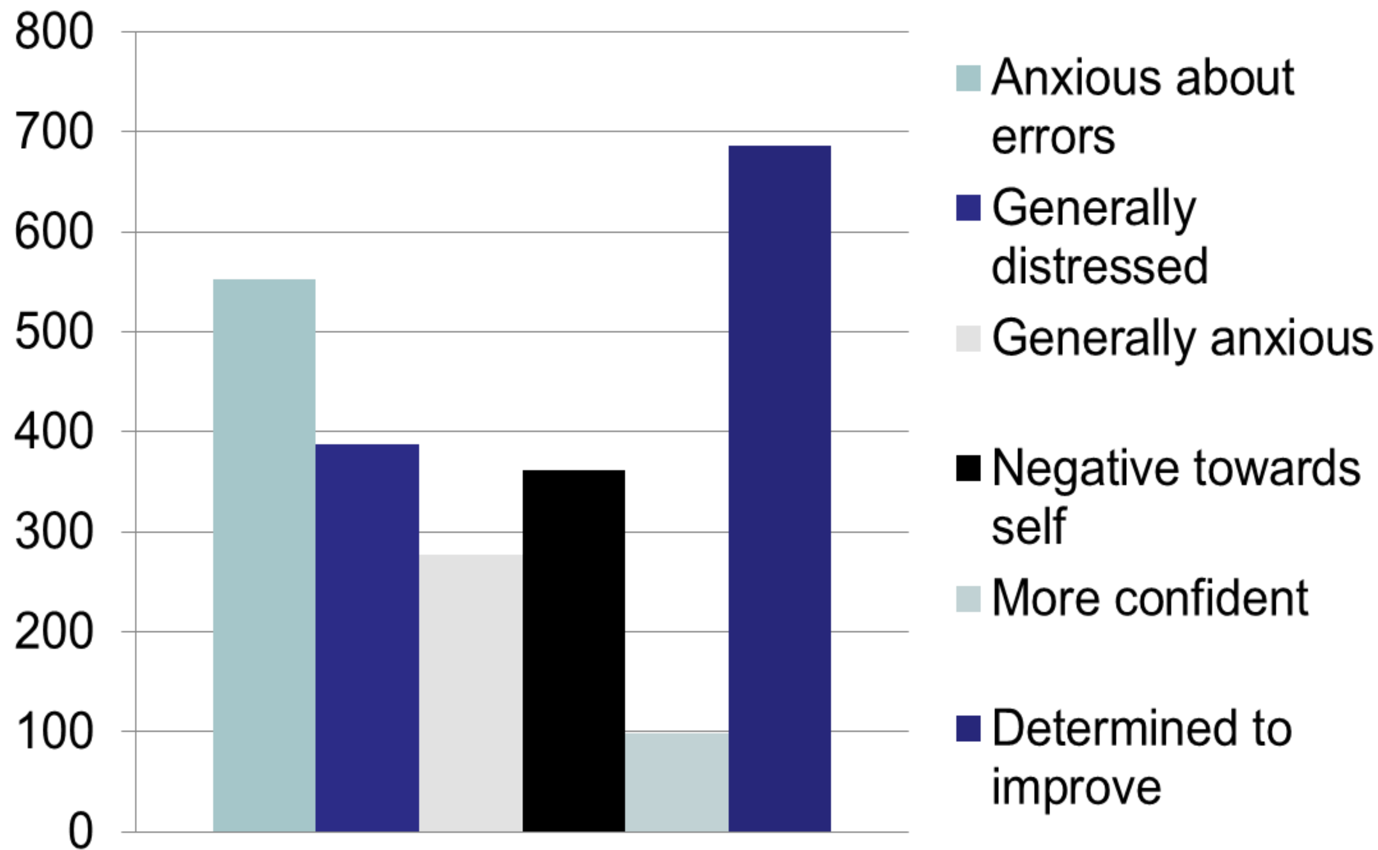
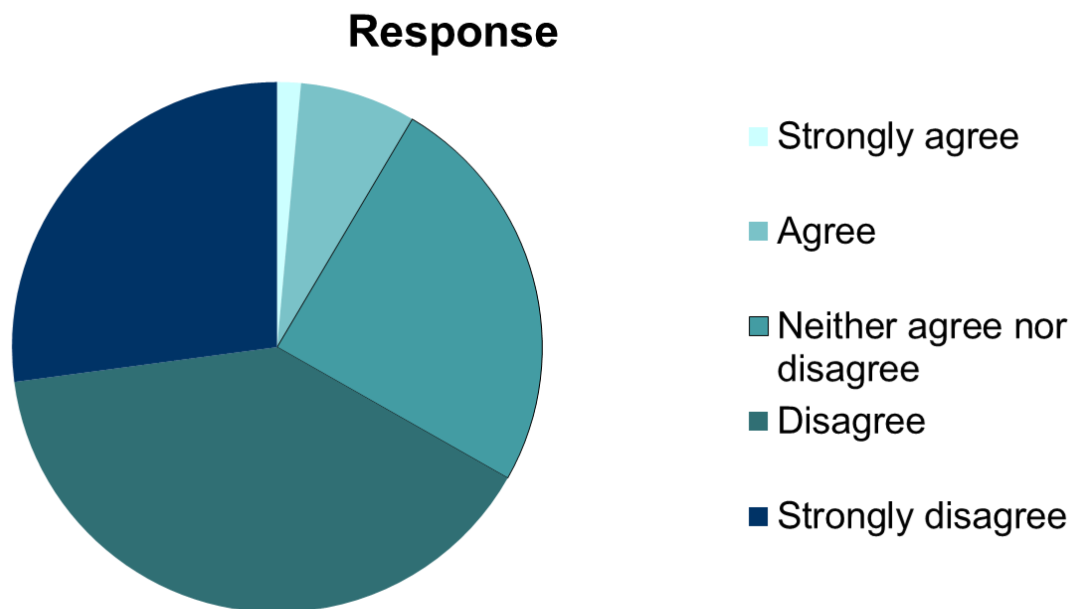
- 821 of 1637 indicated they had been involved in an adverse event with <u>serious</u> patient harm
- 1068 physicians responded yes to the statement: do you believe that involvement in a near miss or adverse event has affected your personal or professional life
- Most common consequences: Losing confidence as a doctor and inability to sleep
- 119 reported symptoms consistent with PTSD

Feelings after an adverse event or near miss



Hospitals and healthcare organisations adequately support doctors in dealing with the stress associated with near misses or adverse events



What can organisations do to support second victims?

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- Support should be offered in the short, medium and long term. A rapid response is necessary
- Support from colleagues, supervisors and managers is essential
- Additional support (from a specialist) may be required in some cases
- Support systems should be part of an integrated patient safety system which involves support for patient, healthcare professional as well as organisational learning
- Develop incident investigation processes that support staff and facilitate learning for the team

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https://www.youtube.com/watch?v=M0HxFURKU_Y&feature=youtu.be

What three things could an organisation do to support Simon?

Why support second victims?

- Morally it is the right thing to do
- Impact on ability to perform job (Wu and Steckelberg, 2014)
- Turnover (Lander et al., 2007; second victims are more likely to leave service or clinical practice altogether)
- In extreme cases, being a second victim can lead to suicide (Hawton, 2015)

'A recent survey of a large sample of UK doctors subject to complaints procedures indicated that depression, anxiety, and suicidal ideas, together with adverse changes in their clinical practice, were considerably increased compared with doctors not subject to complaints'

- Being a second victim is associated with the practice of defensive medicine (Panella et al., 2016)

'*The most prominent predictor for practising defensive medicine was the physicians' experience of being a second victim after an adverse event (OR = 1.88; 95%CI, 1.38–2.57)'*

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What are we doing

- Preparing staff for adverse incidents (resilience training)
- A second victim website
- Next steps – in house support – first aid toolkit

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Denham's 5 rights of second victims

Treatment is just

Respect

Understanding and compassion

Supportive care

Transparency

References

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- Wu, A. W., & Steckelberg, R. C. (2012). Medical error, incident investigation and the second victim: doing better but feeling worse?.
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- Seys D, Scott S, Wu AW et al. Supporting involved health professional (second victims) following an adverse event: a literature review. Int J Nurs Stud 2013;50:678–87.
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- **Harrison, R., Lawton, R., & Stewart, K. Doctors' experiences of adverse events in secondary care: the professional and personal impact. *Clinical Medicine* 2014;*14*: 585-590.**