Second Victim Support

Second Victim Support Intervention Case Study

Title: 'Time Out' Group Peer Support Following Patient Safety Incidents at Leeds teaching Hospital NHS Trust

Rationale:

Staff working in acute paediatric care are at risk of experiencing Acute Stress Responses (ASR), Post Traumatic Stress Disorder (PTSD), moral distress and burnout (Prentice et al 2016; Jones et al 2019). 'Time Out' has been developed in Leeds Teaching Hospital NHS Trust in response to Paediatric Intensive Care staff requesting more support following involvement in and exposure to patient safety incidents. 'Time Out' (Cooper et al 2020) is an adaptation of the Small Crisis Management Brief taken from Mitchell's Critical Incident Stress Management framework (Mitchell & Everley 2000). The model has also been influenced by the Psychological First Aid approach (Freeman et al 2003).

Cognitive behavioural therapy describes how thoughts, feelings, physical sensations and behaviours are all interconnected and each influences the other. 'Time Out' aims to support staff's understanding of events and their reactions (including their cognitions, emotions, physical responses and behaviours) in a way that is not harmful.

Aims:

- Review events related to the patient safety incident, and gain individual perspectives
- Identify good practice
- Identify lessons learnt
- Offer opportunity for all staff to speak and ask questions in a safe and supportive environment
- Promote peer support networks and signpost staff to other sources of support.

Service Description/Model:

'Time Out' is a standardised method of providing support to staff after events that may cause distress. In addition to exploring clinical issues, the model aims to promote peer support networks, educate staff regarding common reactions to traumatic events and signpost to other sources of support. It can be requested by anyone. It is delivered by a clinical member of the team who has received facilitator training and is achievable in a busy unit, day or night. It works best delivered promptly after the event and before the shift has ended. The meeting should last around 20 minutes.

Top 2 Barriers:

1. Logistics of ensuring all staff involved in the event are available on the same shift to attend the 'Time Out'.
2. Capacity of trained facilitators with the confidence to lead the Time Out.

Top 2 Enablers:

1. A clinically led staff support offer delivered in response to requests from staff for more support.
2. Specialist support from clinical psychologists with an interest in staff support, including provision of regular support for the trained facilitators.

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Story so far/Successes:

Time Out meetings have been attended by staff from a wide range of disciplines and in varying locations. There are no objective data to show evidence of benefit or harm, or to measure quality and impact. Nevertheless, the model evaluates well by those attending, all of whom would recommend to a colleague. 245 facilitators have been trained so far over a 5 year period. Facilitator training was adapted to a virtual format as a result of the COVID-19 pandemic. Themes from evaluations include observations on the supportive, safe and informal environment, openness and honesty from colleagues, educational value and ideas to improve clinical practice.

Testimonials:

"People would keep it inside and let it build on them… and struggle… It's ['Time Out'] nipping in the bud…"

"When you see people that have been to 'Time Out' meetings … Their shoulders are a bit lower… I'm not going to say they are smiling… But some of the stress has gone"

Who to contact for more information:

Dr Mark Winton, ST8 PICM trainee, Leeds Children's Hospital, Leeds Teaching Hospitals NHS Trust. Email: mark.winton1@nhs.net

Dr Sian Cooper, Consultant Paediatric Intensivist, Leeds Children's Hospital, Leeds Teaching Hospitals NHS Trust. Email: sian.cooper2@nhs.net

Dr Joanna Farrington-Exley, Principal Clinical Psychologist, Paediatric Psychology, Leeds General Infirmary, Leeds Teaching Hospitals NHS Trust. Email: joanna.farrington-exley@nhs.net

References:

Cooper, S, Winton, M, Farrington-Exley, J. (2020). Fifteen-minute consultation: Time Out as an alternative to toxic debrief. Archives of Disease in Childhood - Education and Practice, 105: 270–275

Watch a demonstration of a 'Time Out' here: https://youtu.be/rd7WLMKJY7U

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