NURSES AS SECOND VICTIMS – WHEN A MEDICAL ERROR HAPPENS

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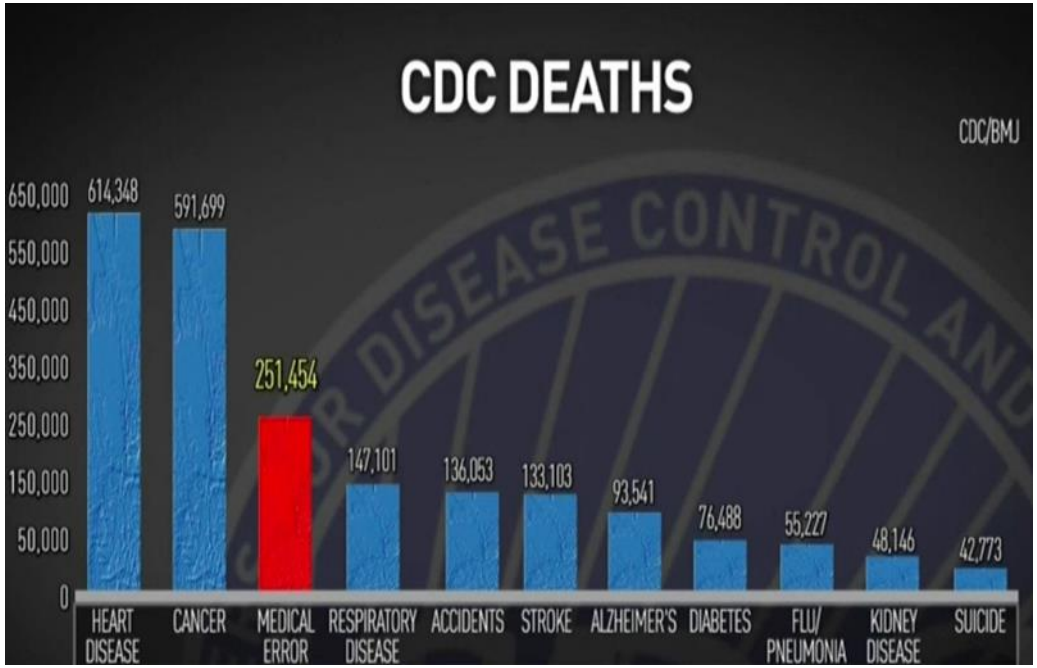
LEARNING OBJECTIVES

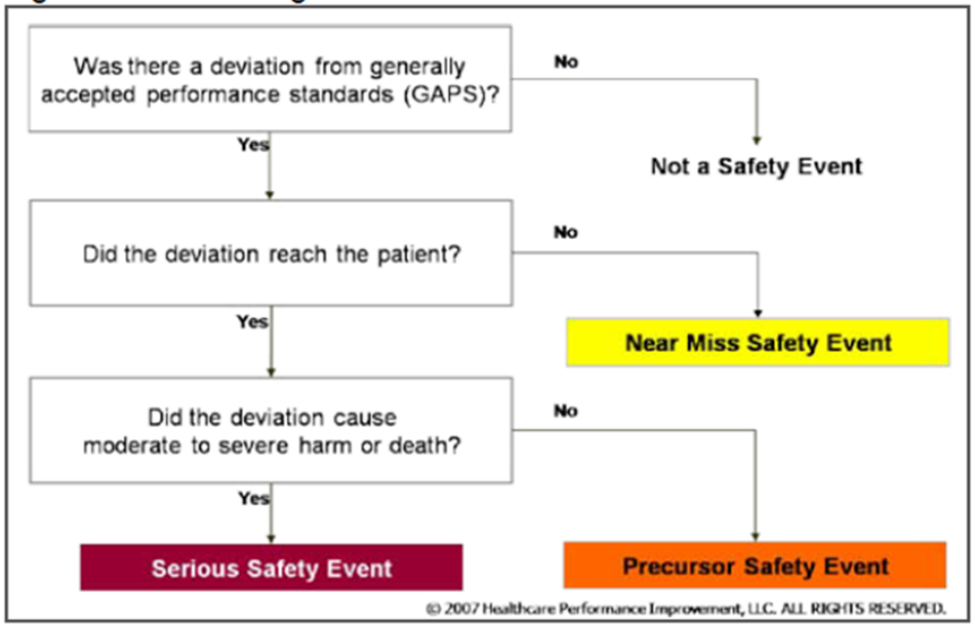
- Define what constitutes a medical error
- Identify who the victims are
- Describe the impact on the “second victim”
- Discuss strategies to minimize the impact on second victims
- Analyze the level of support within an organization
- List actions you can take to support second victims

DEATHS RELATED TO ADVERSE MEDICAL EVENTS



WHAT CONSTITUTES A MEDICAL ERROR

Figure 2. HPI SEC Algorithm



GRADING OF MEDICAL ERRORS

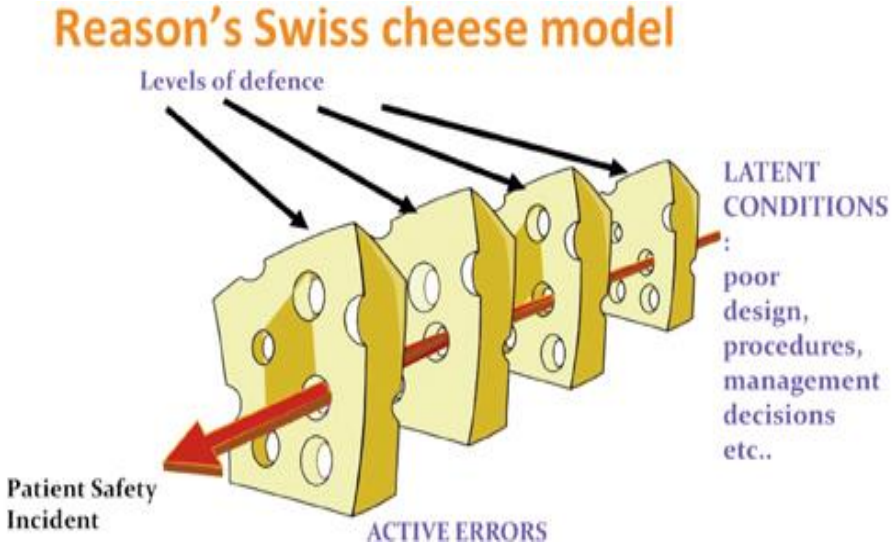
Table 1. HPI SEC Levels of Harm

HPI SEC	Code	Level of Harm
Serious Safety Event (SSE)	SSE 1	Death
	SSE 2	Severe Permanent Harm
	SSE 3	Moderate Permanent Harm
	SSE 4	Severe Temporary Harm
	SSE 5	Moderate Temporary Harm
Precursor Safety Event (PSE)	PSE 1	Minimal Permanent Harm
	PSE 2	Minimal Temporary Harm
	PSE 3	No Detectable Harm
	PSE 4	No Harm
Near Miss Safety Event (NME)	NME 1	Unplanned Catch
	NME 2	Last Strong Barrier Catch
	NME 3	Early Barrier Catch

WHO ARE THE VICTIMS WHEN ERRORS OCCUR?

1st 2nd 3rd

ORGANIZATIONAL CULTURE & SECOND VICTIMS:



Supportive patient safety cultures may reduce second victim–related trauma. (Quillivan 2016)

THE SECOND VICTIM EXPERIENCE

1817 TRIPLE TRAGEDY

Princess Charlotte of Wales

- Only heir to the British throne
- Gave Birth to still born son after 50 hours of labor
- Died of post-partum hemorrhage
- Royal Physician, Sir Richard Croft committed suicide 3 months later

KIMBERLY HIATT

- RN
- Seattle, 2010
- Medical Error
- Child 5 y./patient dies
- Dismissed from job
- Commits suicide

ERIC CROPP

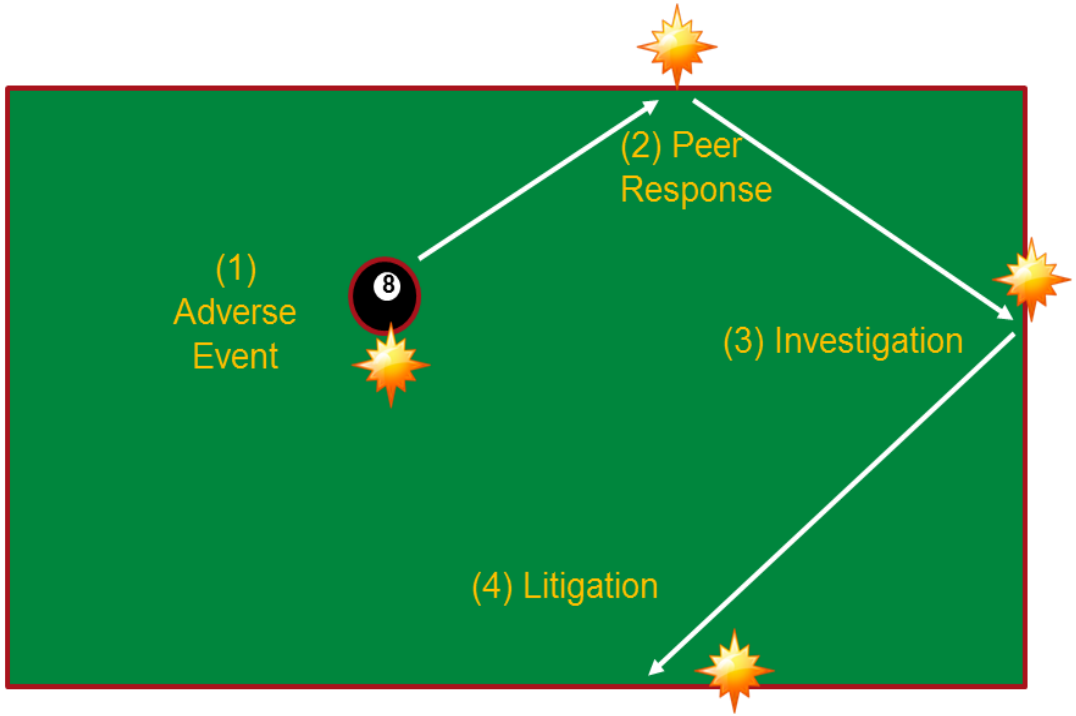
- Pharmacist
- Ohio, 2009
- System Failure
- Child 2 yo/patient dies
- Criminal Charges: Involuntary Manslaughter
- Partners with the Emily Jerry Foundation

Emily Jerry foundation
Let The Healing Begin

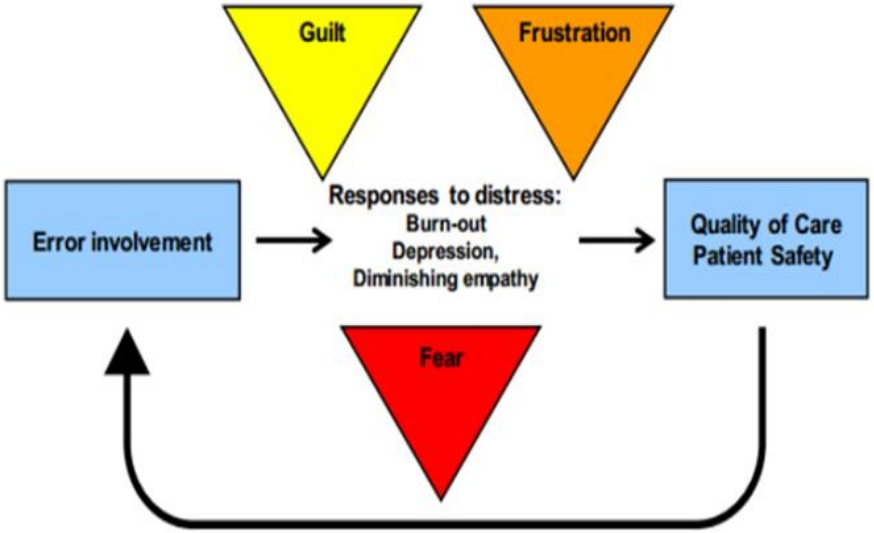
JULIE THAO

- Labor & Delivery RN
- Wisconsin, 2006
- System Failure
- Mom 16 yo/patient died
- Criminal Charges

MULTIPLE SECOND VICTIM TRAUMAS



POTENTIAL CYCLE OF ERRORS



CONCERNS

- About the patient
  - Is the patient/family okay?
- About me
  - Will I be fired?
  - Will I be sued?
  - Will I lose my license?
- About peers
  - What will my colleagues think?
  - Will I ever be trusted again?
- About the next steps
  - What happens next?

SYMPTOMS

- Extreme fatigue
- Sleep disturbances
- Rapid heart rate
- Increased blood pressure
- Muscle tension
- Rapid breathing
- Frustration
- Difficulty concentrating
- Flashbacks
- Loss of confidence
- Depression
- Grief/remorse
- Post Traumatic Stress


tandem
SUPPORT
TEAM

TANDEM SUPPORT TEAM COMPONENTS

- Staff trained in PFA and Grief
- Sustainability Committee
- Webpage, Identifiers & Marketing Materials
- Newsletter, Huddles & Practice Sessions
- SPÖK – Text Notification System
- Reporting

PSYCHOLOGICAL FIRST AID (PFA)

- Practical support which does not intrude
- Assesses needs and concerns
- Helps address basic needs
- Listens
- Provides comfort and calming atmosphere
- Connects people to information or services
- Protects individuals from harm

PFA IS NOT

- Limited to something only professionals can do
- Incident debriefing or analysis
- Professional counseling
- Mandated

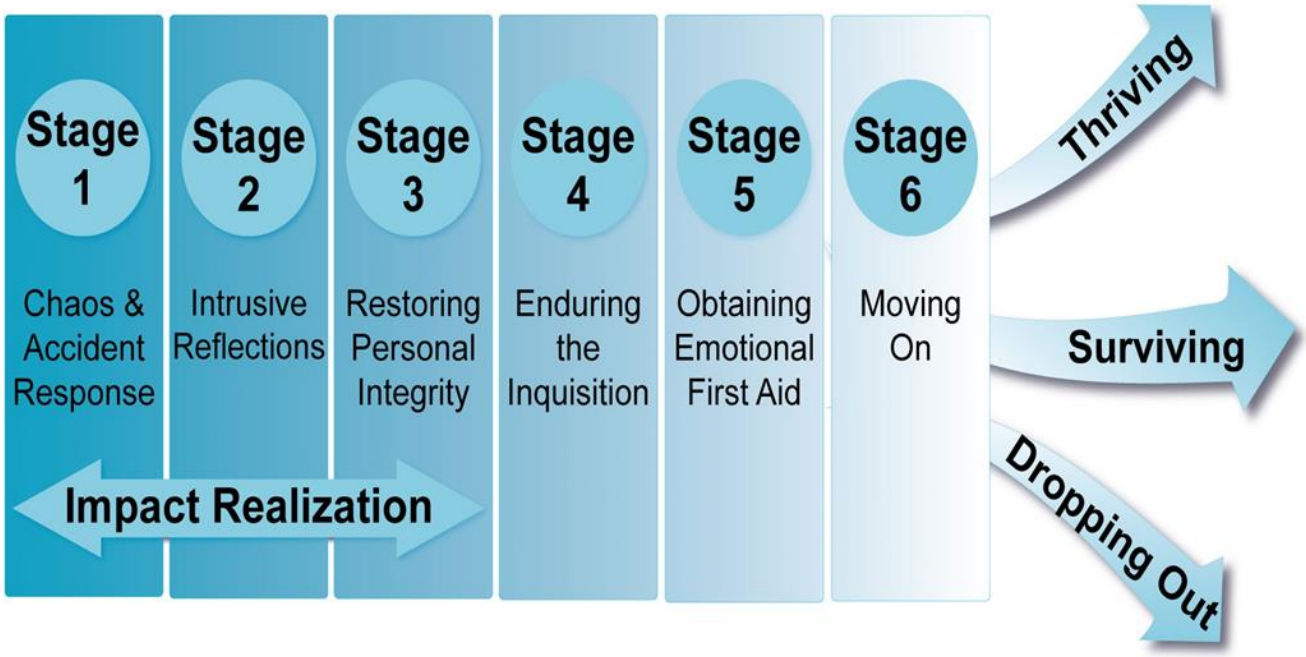
PEOPLE WHO MAY NEED IMMEDIATE ADVANCED SUPPORT ARE THOSE WHO ARE

- Injured themselves and need medical care
- Unable to care for themselves or dependents
- Express intent to hurt themselves or others

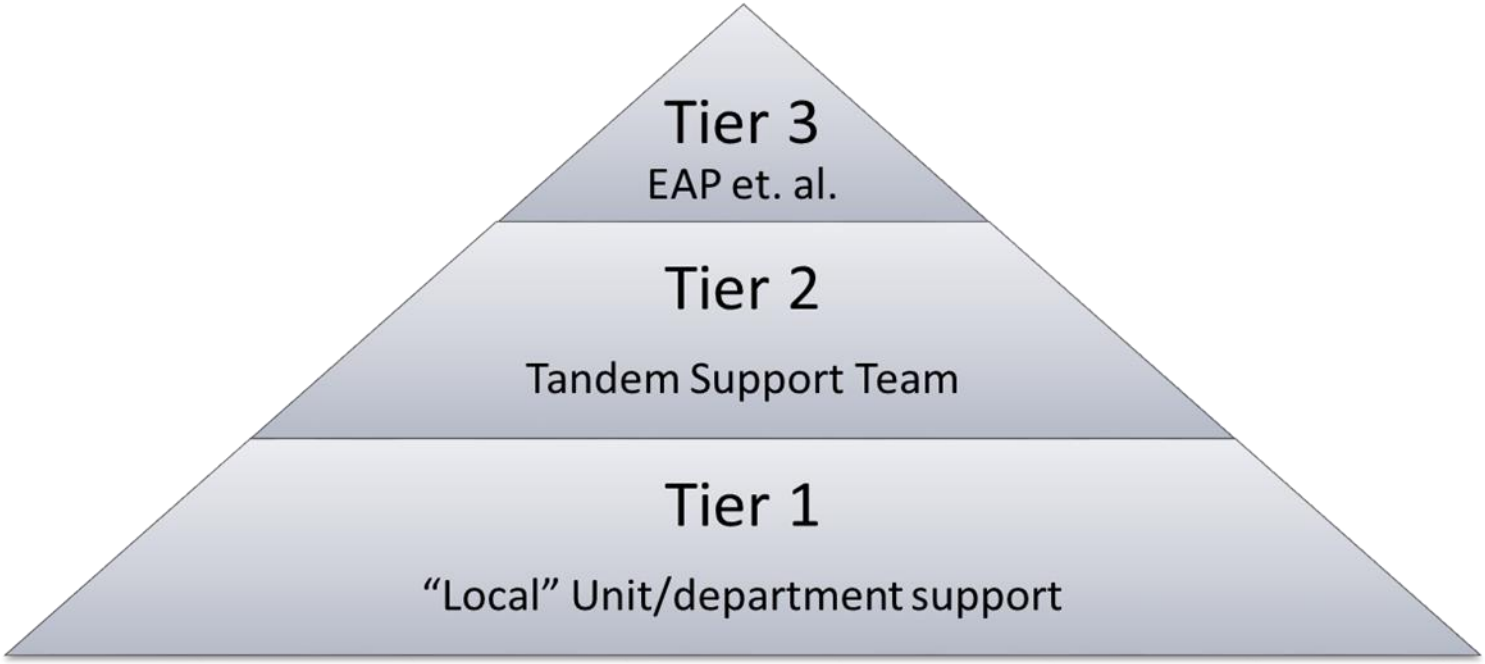
TST 2016 DATA

- 16 Calls
- 20 individual
- 2 group
- 62 employees helped

THE RECOVERY TRAJECTORY



PROVIDING PEER SUPPORT



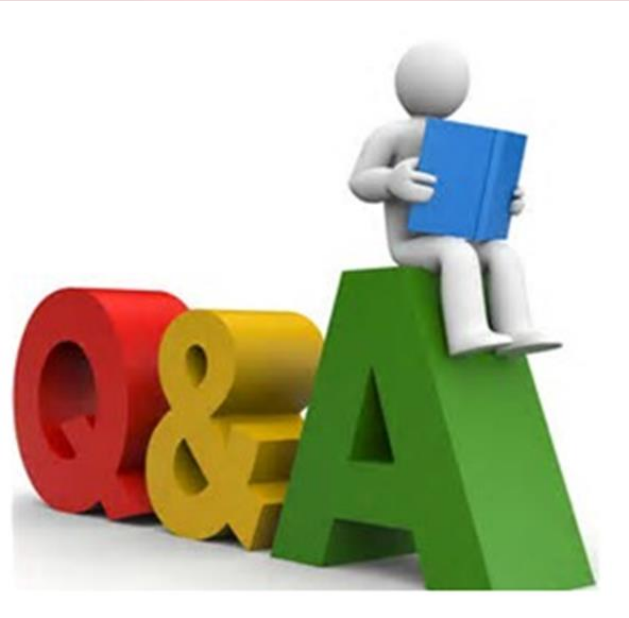
CHALLENGES TO PROVIDING PEER SUPPORT

- Stigma to reaching out for help.
- High-acuity areas have little time to integrate what has happened.
- Intense fear of the unknown.
- Fear of compromising collegial relationships because of the event.
- Fear of future legal issues.

Things to Say (and Not to Say) to a Colleague after an Adverse Event

Things to say
emotional support
Are you ok?
You've had a tough break.
Thank you for sharing with me.
What are you doing to cope?
Are you going to be ok?
informational support
These things happen to all of us.
You did everything you could.
Let me tell you about something that happened to me.
You are still a good doctor/nurse.
Things not to say
Didn't you realize what would happen?
What were you thinking?
I wouldn't have done that!
You need to get over it.
Nothing.

PEER SUPPORT INTERACTION


Q&A


Texas Children's Hospital

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