Second victims after adverse events: The need for an international approach

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To err is human...
• An adverse event (AE) is an unintended physical injury, resulting from or contributed to by medical care that requires additional monitoring, treatment or hospitalization, or that results in death. (IHI, 2009)
• One in 7 patients is involved in an adverse event (AE) (Levinson, 2010)
  - 50% preventable
  - 7% dies
• Extrapolation to Belgian data: up to 3000 patients die per year as a result of an AE (→ almost 10 per day...)

Some quotes
“The moment you realize what just happened... That feels like they hit you with a hammer on your head...”

“Since then [10 years ago...], to this day I’m immensely stressed out whenever I have to put a child to sleep...”

“I didn’t know what was going to happen... What if that patient was going to sue me, what would the consequences be...? I started to make all kinds of pictures in my head. At that time my children were still small, and I was thinking: when I go to jail, who is going to take care of my children...?”

“I’m too afraid to keep working on the maternity ward... I’ve tried... But I’m unable to function properly. All my time goes well, it’s okay, but the moment something happens... I panic.”

“Afterwards I was thinking: I quit, I’m not doing it anymore. It was even that bad that I applied for a job at a mortician...”

An adverse event leads to multiple victims

1. FIRST VICTIM
Patient & family

2. SECOND VICTIM
Care giver (direct involved) & Team member (Indirect involved)

3. THIRD VICTIM
Organization & management

What can we learn from literature?

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

• Albert Wu, professor at Johns Hopkins University, introduced the term ‘second victim’ (Wu, BMJ, 2000)
• A second victim is 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.

(Scott et al., Quality & Safety in Healthcare, 2009)
Prevalence & impact

- Every health care worker can become a second victim (doctors, nurses, pharmacists, physiotherapists, social workers, …)
- It is estimated that almost 50% of all health care providers are a second victim at least once in their career (Edrees et al, 2010)
- Impact is influenced by
  - the outcome of the error (no harm, temporary harm, permanent harm or death)
  - the degree of personal responsibility
  - But also media-attention, litigation, reaction of colleagues, …
- Professional impact
- Personal impact

Impact of “second victimhood”

- Professional impact:
  - Act differently within the team
  - Insecure feeling in presence of the team
  - Act differently in presence of patients and their family
  - Uncertainty which elevates the chance in making other mistakes
  - Burnout
  - 15% thinks about leaving their job
- Personal impact:
  - Post traumatic stress
  - General stress symptoms
  - Anger
  - Insomnia
  - Nervousness
  - Depression
  - Effect on family life
  - Suicide

Higher impact on women than men?!

Theoretical framework

- Support for SV
  - Second victims need support to cope within the aftermath of an AE
  - Support structures
    - Immediate support
    - Peer support
    - Professional support (outside the organization)
  - Not only the subject concerned but also the team around him

International recommendations for SV support

- Scott three-tiered interventional model
  - Scott S. et al. Caring for Our Own: Deploying a Systemwide Second Victim Rapid Response Team

- White paper “Respectful management of serious clinical adverse events”

- MITSS toolkit (Medically Induced Trauma Support Services)
  - www.mitss.org

International recommendations

- Learning from adverse events through reporting and review: a National framework for NHS Scotland
  - http://www.healthcareimprovement.scotland.org
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Take home messages

- Adverse events can have a severe professional and emotional impact on the healthcare worker
- Support needs to be given on short and long term
- Barriers to providing support
  - Medical error remains a taboo
  - Threat of professional loss of respect
  - Lack of institutional support
- Leadership and culture is necessary
  - Open dialogue
  - No blame, no shame
  - Culture of continuous improvement
- Challenges for research
  - Not yet consensus of how to effectively support second victims
  - Need for further research and international collaboration!

Support for second victims is part of quality of care

More info?
Please contact eva.vangerven@med.kuleuven.be
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