Care for Caregivers

Emotional First Aid for Second Victims

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June 2014
Learning Objectives

- Be able to concisely describe the “second victim” phenomenon to a colleague in one sentence by the end of this session.
- Have resources at your fingertips to support a healthcare provider traumatized by a negative patient care experience.
- Have tools to raise awareness amongst frontline staff and leaders about second victim identification and support.
- Leave this session eager to investigate what resources already exist in your region/facility to support second victims and how you might build upon this foundation.
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 becomes 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.”
Case Study – Six Year Old Male Trauma Victim
Case Study

- Six year old boy arrives in the emergency room after a bike accident.
- Major facial trauma with bleeding from the nose and mouth.
- Attempts at intubation (ED physician and anesthesia provider) are unsuccessful due to blood in the airway and active vomiting.
- Cricothyroidotomy (emergency tracheostomy/neck airway) is attempted but is unsuccessful.
- Cardiopulmonary arrest ensues and attempts at resuscitation are unsuccessful.
Medical Staff Treatment After Traumatic Events

“We’ve got two ambulances that just arrived. I want you to take Mr. Toby Smith who is in room 2. He was found at home…”

“We were expected to carry on as though none of what we had just seen had occurred, even though it felt like returning to a war zone.”
Second Victim - High Risk Clinical Areas

- ICU
- Emergency Department
- Inpatient Pediatrics
- Operating Room
- Obstetrics
- Oncology
- Rapid Response Teams
- Code Blue Teams
Second Victim - High Risk Situations

- Unexpected patient death (especially pediatric or healthy young adult)
- Medical error resulting in harm to a patient
- Multiple patients with bad outcomes within a short period of time within one clinical area or while under your care
- Failure to detect patient deterioration in timely manner
- Notification of pending litigation plans
- Community high-profile patient/event
- Patient who 'connects' on some level to the health care professional's own family
- Clinician experiencing his or her first patient death
What are the Common Emotional Reactions of Second Victims?

“We’ve just had a terrible error in the ICU. A patient died who shouldn’t have.”
Most Common Psychological Symptoms

- GUILT
- ANGER
- IRRITATION
- FEAR
- DEPRESSED MOOD
- EMBARRASSMENT

- HUMILIATION
- SHAME & INADEQUACY
- REGRET, GRIEF, SADNESS
- ANXIETY
- LOSS OF SELF-CONFIDENCE
Common Second Victim Concerns

**Patient**
- Is the patient/family okay?
- What have they been told?
- How did they respond?

**Me**
- Will I be fired? (Nursing and allied health professionals)
- Will I be sued? (Medical staff)
- Will I lose my license? (All professional groups)

**Peers**
- What will my colleagues think?
- Will I ever be trusted again?
- Will I still be a respected member of my team?

**Next Steps**
- What happens next?
- Who will be contacting me to discuss the case?
- If a law suit does happen, when will I know? How will I hear about it?
- What do I need to do?
Common Second Victim Phrases

- "I had a sickening realization of what happened."
- "I don't deserve to be a doctor."
- "This will change the way I come to work from now on."
- "This has been a career changing event."
- "I came to work today to help someone, not to hurt them."
- "This is a turning point in my career."
- "This event shook me to my core. I'll never be the same again."

(University of Missouri Health System ForYou Program)
Most Common Physical Symptoms

- Sleep disturbance
- Fatigue / exhaustion
- Crying
- Increased blood pressure
- Nausea
- Muscle tension & headaches
In Your Healthcare Setting, What Happens Next?

**Unprepared**
- Working with a “blank sheet of paper”?
- Highly reactive, unbalanced response?
- Underestimate the potential harm to all?

**Prepared**
- Here is the plan:
  - First hour
  - First day
  - First week and month
- Know who does what
- Know what to say to whom
6 Stages of Recovery
University of Missouri Health System

1. Chaotic Response
   - Error realized/Event Recognized
   - Stabilize/Treat Patient
   - May not be able to continue care of patient(s)
   - Inability to focus
   - Experience a wave of emotions
   - May confide in someone
   - Possible denial

2. Intrusive Reflections
   - Re-evaluate, ruminate on scenario
   - Second guessing
   - Self-isolate
   - Blame of self or others
   - Feelings of inadequacy
3. **Obtaining Emotional First Aid**
   - Get support from family, friends, colleagues
   - Seek professional support, such as psychological, spiritual
   - Engage in self-care, such as exercise, nutrition, mindfulness, relaxation, nature
   - Obtain professional/skill development as needed

4. **Reality Sets In**
   - Interact with organizational departments (risk/legal, quality)
   - Feel exposed
   - Fear, guilt and shame overshadow thoughts
   - Can feel protected and supported, or further isolated, depending on organizational response
   - Realization of level of seriousness
5. **Enduring the Inquisition**
- Reiterate case scenario in formal settings
- Respond to multiple “whys” about the event
- Interact with many different ‘event’ responders
- Litigation concerns may emerge

6. **Moving On**

   I. **Drop out**
      - Transfer to a different unit or facility
      - Consider quitting profession
      - Feeling of inadequacy

   II. **Survive**
      - Coping, but still having intrusive thoughts
      - Persistent sadness, trying to learn from event

   III. **Thrive**
      - Maintain work/life balance
      - Gain insight/perspective
      - Regain professional courage
      - Advocate for patient safety/quality initiatives
Common Behavioral and Cognitive Symptoms

- Insomnia
- Seeking solace in alcohol or drugs
- Isolation (including from the patient/family affected)
- Impaired concentration
- Possible long term effects:
  - Burnout
  - Decreased quality of life
  - Post-traumatic stress disorder
Burnout Symptoms

- Procrastination
- Chronic fatigue
- Cynicism
- Tardiness
- Anhedonia
- Pessimism
- Diminished future outlook
- Loss of life satisfaction
Financial Implication #1 – Cost Avoidance

- Time lost from work
- Lost productivity due to defensive coping mechanisms
- Impaired performance causing additional safety hazards
- Leaving the workforce prematurely or taking disability
Financial Implication #2 – Efficiency

With a streamlined, clear response to adverse events:

- One highly trained person, rather than 3 ineffectual people, are deployed to assist second victims.
- No duplication of support efforts.
- Helps to avoid mixed messages which lead to confusion & waste.
Emotional First Aid – Providing Support

- “I heard about yesterday. How are you doing?” (If the answer is “fine”, keep talking.)
- Explore feelings: “That’s got to be tough. Are you sleeping okay.”
- Normalize the event: “There is a well-described phenomenon in which healthcare providers themselves can be traumatized by a medical events, just like first responders and cops.”
- Ask how they have coped with stressful events in the past.
- Steer conversation away from focus on the medical details of the case and back to their symptoms, coping.
- Follow-up: “I will give you a call tomorrow, but here is my number if you want to talk about this at all before then.”
“The longer we dwell on our misfortunes, the greater is their power to harm us.”

Voltaire
University of Missouri Model
Second Victim Intervention Level Pyramid

Tier 1
‘Local’ (Unit/Department) Support

Tier 2
- Trained Peer Supporters
- Patient Safety & Risk Management Resources

Tier 3
Expedited Referral Network

Established Referral Network with
- Employee Assistance Program
- Chaplain
- Social Work
- Clinical Psychologist

Ensure availability and expedite access to prompt professional support/guidance

Trained peer supporters and support individuals (such as patient safety officers, or risk managers) who provide one-on-one crisis intervention, peer supporter mentoring, team debriefings & support through investigation and potential

Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of case.
Second Victim Interventions
Tier 1 – Local Support

- Second Victim Awareness
- Defusing Techniques
Tier 1 – Local Support for Second Victims

1. **Connect** with clinical staff involved
2. Reaffirm **confidence** in staff
3. Consider adjusting **staffing assignments/workload**
4. Notify staff of next steps – keep them **informed**
5. **Check on them regularly**, and offer Employee Assistance Program, as appropriate
Second Victim Interventions
Tier 2 – Peer Support

- One-on-one peer support
- Team debriefings
- Risk Management/Patient Safety Resources
Second Victim Interventions
Tier 3 – Expedited Referral

- One-on-one peer support
- Team debriefings (usually facilitated by Employee Assistance using CISM/Mitchell Model)
Second Victim
Additional University of Missouri Resources

- ForYOU” team brochures are available for staff, and family members of affected staff, to help them better understand what to expect and where to get help.

- Building a Second Victim Support Checklist

Website: [http://www.muhealth.org/body_foryouteam.cfm?id=6834](http://www.muhealth.org/body_foryouteam.cfm?id=6834)
Resources at Your Medical Center

May include:

- Schwartz Center Rounds for Compassionate Care
- Employee Assistance Program
- HealthCare Ombudsman/Mediators
- Self-Care Expressive Writing
- Situation Management Teams
- And other resources (Managers, Chiefs, etc.)
Long Term Second Victim Treatment and Prevention

"Schwartz Center Rounds sessions are a place where people who don’t usually talk about the heart of the work are willing to share their vulnerability, to question themselves. The program provides an opportunity for dialogue that doesn't happen anywhere else in the hospital."
Journaling – Tom Janisse

- Supporting caregiver well-being – one hour writing workshop
- Provided to over 1,000 caregivers at KP
- A way to “de-brief” (groups or individually)
- Narrative writing is therapeutic
- Discover meaning and promote self understanding
- Gain peer/team support
- Strengthens ability to remain empathetic
- Increased retention

“I know the people around my table better than I know the people I work with every day”. – Workshop Participant
# Care for Caregivers Toolkit

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CARE FOR CAREGIVERS
Coping with Traumatic Events

As health care professionals, we are dedicated to working for the good of patients and never want to see them harmed. However, adverse events occur from time to time. And when they do, caregivers are often deeply affected and can become “second victims.”

Kaiser Permanente believes it’s important for our clinicians to know how to handle traumatic events when they occur. Being honest with patients, open with colleagues, and able to provide sympathy and empathy to all involved – including to yourself – will help bring about the best outcomes.

KNOW WHAT TO EXPECT
Adverse events often generate emotional, physical and psychological stress, and members of the health care team are especially vulnerable. Your reactions may be unexpected and intense. You need to keep in mind that these reactions are usually temporary, vary for each person, and fluctuate over time.

Knowing what to expect can help you to cope with the experience, manage stress, and heal. Following are some normal reactions to traumatic events.

Physical Reactions
Your body reacts to traumatic events by internally releasing chemicals, such as adrenaline, to help you respond to the stress. These chemicals, combined with intense emotions, may create the following reactions:

- Elevated blood pressure
- Difficulty breathing
- Thirst
- Headaches, dizziness
- Chest pain
- Muscle aches
- Sweating
- Fatigue
- Visual difficulties
- Nausea and gastrointestinal problems
- Muscle tremors and tension

Emotional Reactions
Wide-ranging, fluctuating emotions are common after exposure to traumatic events and may include:

- Shock/numbness
- Agitation, anxiety, apprehension
- Feeling a loss of control
- Fear
- Denial
- Sadness, grief
- Feeling overwhelmed
- Irritability
- Hopelessness, helplessness

You may think that your emotional reactions are not related to the traumatic event you experienced. But recognizing and allowing yourself to experience these emotions may help with the healing process.

Also, remember that each person experiences trauma differently, depending on his or her circumstances and life experiences. It is important to recognize and accept these differences in your responses and those of others.
Cognitive Reactions
- Disbelief
- Dulled thinking and awareness
- Difficulty concentrating
- Seeming “spaced out”
- Confusion, forgetfulness
- Intrusive images and thoughts
- Difficulty making decisions
- Hyper alertness
- Bad dreams

Behavioral Reactions
- Increased impulsiveness
- Withdrawing, isolating
- Losing interest in people and things
- Sleep disturbances
- Appetite changes
- Triggering of other painful memories
- Using/abusing substances
- Increased interpersonal tension

IT TAKES TIME
Your reactions to a traumatic event will generally lessen, but it will take time, attention, and support. If you are concerned about any of your reactions, be sure to seek professional help, especially if they persist or increase over time.

TAKE CARE OF YOURSELF
There are many things you can do to help yourself cope after a traumatic event. Here are some suggestions:
- Alternate some form of physical exercise (e.g., brisk walking) with periods of relaxation to help alleviate physical and emotional stress, especially within the first 24-48 hours of the event. (Consult with your physician if you are attempting a new, more strenuous form of exercise.)
- Talk about your experience and express your feelings as best you can to people who are supportive of you. Ask for the kind of support that fits your needs.
- Resist internalizing the experience.
- Think back to other stressful times in your life and what helped you then that may help you now.
- Spend time with others, especially people who make you feel comfortable, safe, and secure.
- Give yourself permission to do things you enjoy.
- Take care of your health. Eat regularly, even if you don’t feel like it, but watch your use of alcohol, caffeine, nicotine, sugar, medicine, and other drugs.
- Make sure you rest and take time to relax.
- Practice deep breathing or meditation.
- Be attentive when driving.
- Keep to your normal schedule as much as possible to help you maintain structure and balance in your life.
- Allow yourself to feel your emotions—they are normal. Cry if you feel like it. Get angry at the appropriate targets. Laugh, even if it feels awkward.
- Try to strike a balance between healthy denial and unhealthy avoidance of your reactions.

WE CARE ABOUT YOU!
Kaiser Permanente is committed to supporting our health care team members through the difficult times following traumatic events.

We encourage you to discuss the facts of the event with the appropriate people in our Quality, Risk Management, Medical Legal, or Ombudsman/Mediator programs.

We also encourage you to share your personal thoughts and feelings with your spouse, domestic partner, close friends, colleagues, clergy, mental health provider, Employee Assistance Program representative, or personal physician. Speak candidly about the emotional impact of the event and how it has affected your personal and professional life.

Depending upon your local or regional Kaiser Permanente structure, representatives from our Healthcare Ombudsman/Mediator program may be available and are trusted resources. If you are a physician, you might consider contacting your Professional Staff (Physician) Well Being Committee or Permanente Advocate Resource.

Contacts:
Tips for Leadership: Managing Physician and Staff Reactions Following a Traumatic Event*

- Check in with all affected physicians and staff.
- Be compassionate, but do not assume the role of a counselor.
- Listen carefully and reassure them that the feelings they may be having are normal.
- Provide them with a copy of the tri-fold brochure, Coping with Traumatic Events.
- Understand that physicians and staff may be less productive following a traumatic event.
- Allow time for those affected to regain composure.
- Reassure them that they are safe.
- Help them with simple tasks.
- Allow private time if possible.
- Don’t take personally any feelings of anger or frustration they may express.
- Do not minimize their concerns or feelings.
- Determine if a temporary job assignment is necessary to ensure the physician or staff member can continue to work safely.
- Approve requests to go home if physicians or staff are unable to continue to work safely.
- Offer referrals to the Employee Assistance Program (EAP) any time, or as soon as practical, during this process.
- As a leader, you too are affected by traumatic events. Do not hesitate to seek confidential consultation with your EAP Coordinator.

*Adapted from www.icisf.org/totry.htm

For more help or information about coping with a stressful or traumatic event, contact your local EAP Coordinator
http://insidekp.kp.org/eap
Our Guiding Principle

Human error and systems conditions periodically align and combine to contribute to unanticipated adverse outcomes for patients. What is most important is the manner in which we handle these situations. Patient safety and clinician welfare will be best served if we are honest about unanticipated adverse outcomes with our patients, open with our colleagues and ourselves, and able to handle such occurrences with sympathy and empathy for our patients and our colleagues.
Questions