

The Second Victim

Downey Care Support Program

Downey Medical Center

Angela Hsu, MD

Leny Ambruso, LCSW

The 18th Interregional Symposium

Miramonte Resort, Indian Wells

Friday, November 3, 2017

1 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive

Medical Safety Video



2 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive

Learning Objectives

- Be able to describe what the "2nd victim" phenomenon is.
- Comprehend the impact and effects of being a 2nd victim.
- Have a working knowledge of the 2nd victim support program at Kaiser Permanente Downey Medical Ctr.
- Understand the trajectory of 2nd victim stages.
- Lessons Learned

3 © 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

The "Second Victim"

Term used by Albert Wu in the article,

"Medical error: the second victim"

[BMJ 2000; 320(7237):726-7]

Consensus definition of University of Missouri:

"Second victims are healthcare providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. Frequently, these individuals felt personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base."

[Qual Saf Health Care 2009; 18:325-330]

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 (esp. 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 provider's own family
- Clinician experiencing his or her first patient death
- Often it is not a matter of IF, it is a matter of WHEN something like this can happen to any of us

Common Phrases Expressed

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

(University of Missouri Health System For You Program)

7 © 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Most Common Psychological & Emotional

- GUILT
- ANGER
- IRRITATION
- Anxiety
- FEAR
- DEPRESSED MOOD
- EMBARRASSMENT
- Drug/ETOH use
- Burnout
- Compassion Fatigue
- HUMILIATION
- SHAME & INADEQUACY
- REGRET, GRIEF, SADNESS, REMORSE
- Flashbacks/Distress when exposed to similar events, PTSD
- Loss of interest or pleasure
- Loneliness
- LOSS OF SELF-CONFIDENCE
- Loss of Trust
- Desire to connect with others experiencing similar trauma

8 © 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Most Common Physical Symptoms

- Sleep disturbance/nightmare
- Headaches
- Fatigue/exhaustion
- Crying
- Increased blood pressure
- GI/Nausea, trouble eating
- Muscle tension & headaches
- Rapid breathing
- Rapid heart rate



9 © 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Cognitive Reactions

- Inability to think
- Feeling distracted
- Feeling Paralyzed
- Constantly replaying the events that happened
- Rationalization of what happened
- Dissonance
- Wondering if you will be supported by the hospital/organization?

10 © 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Reactions from Others / Institution / Community

- Ostracized
- Not trusted / Being 2nd guessed
- Gossiped about
- Disciplined / possible termination (The Inquisition)
- Loss of license / Report to Medical Board / BRN
- Lawsuit
- Anger from family
- Media coverage /Social media (YELP-FACEBOOK)

11 © 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

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?

12 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive

Downey Program Overview 2nd Victim Support Team (SVST)

Charter/Goal:

- Provide confidential support for Healthcare providers following an adverse patient care event.
- Focus on the coping and support of the provider, not on details of medical care of case.
- Ensure healthy recovery.
- Based on research and the program developed at University of Missouri Medical Center. Regional development by SCPMG and National Program office.



Kaiser Permanente Downey Medical Center
Second Victim Support Team



Second Victim Support Team Chairperson(s)

- Dr. Angela Hsu
- Leny Ambruso

Peer Physician Team Members

- Dr. Christopher Domush
- Dr. Basuki Gunawan
- Dr. Mark Kim
- Dr. Bryan King
- Dr. Peter Lew
- Dr. Erwin Ong
- Dr. Karmen Parks
- Dr. Christian Thim
- Dr. Mariana Mogos



Program Structure

Identification of an at risk physician

- Occurrence of an adverse event in patient care or interaction
 - Unanticipated adverse outcome /death.
 - Peer Review which results in P2s and potentially P1 (if contentious).
 - Comprehensive Systematic Assessment (aka RCA).
 - Never/Sentinel Event.
 - Allegations/Involvement in Legal/Malpractice/Negligence case.
 - Being reported to the Medical Board.
- Peer of a colleague (or self identification) who may be struggling at work following involvement in an adverse event.

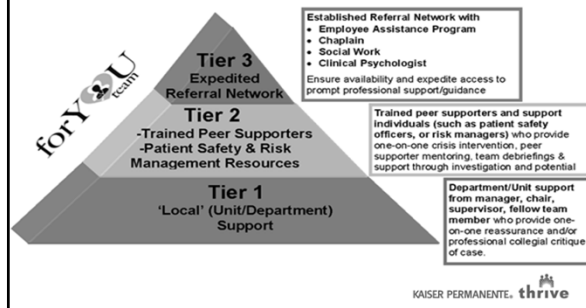
Program Structure – Key Components

1. Identification of at risk event physician/provider.
2. Initial contact : Chief, Asst Chief, or colleague
3. Second contact by our peer support physician/provider, ideally within 24-72hrs.
4. On-going support for 4-6wks.
5. Closure or Referral for ongoing support.
6. Summary:3 Tier support Program helping physicians recover from an adverse event.

16 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive

University of Missouri Model Second Victim Intervention Level Pyramid



Second Victim Trajectory

- Chaotic Response
- Intrusive Reflections
- Obtaining Emotional First Aid
- Reality Sets In
- Enduring the Inquisition
- Moving On...Three Potential Outcomes:
 1. Dropping out – moving to a different unit, floor, hospital or leaving health care
 2. Surviving – coping, getting through each day
 3. Thriving – coming to terms and are dealing well

(Adapted from University of Missouri Health System ForYou Program)

18 © 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Six 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 the event
- Second guessing
- Self isolation
- Blame self or others
- Feelings of internal inadequacy

19

© 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Six Stages of Recovery (continued)

3. Obtaining Emotional First Aid

- Get support
- Engage in self-care (exercise, mindfulness, nutrition)
- 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
- Realize seriousness

20

© 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Six Stages of Recovery (continued)

5. Enduring the Inquisition

- Reiterate case scenario in formal settings
- Respond to multiple "whys" about the event
- Interact with many different "event responders"
- Employment and litigation concerns may emerge

6. Moving On

- I. Drop out
Transfer to a different unit or facility
Consider quitting
- II. Survive
Coping, but sad, may still have insecurities; at risk for burnout
- III. Thrive
Maintain work/life balance
Gain insight/perspective

21

© 2014 Kaiser Permanente. For internal use only.

KAISER PERMANENTE. thrive

Lessons Learned

- Discoverable/non-protected information. Vetted by Legal.
- How to develop program to meet demand: training, 50:1 ratio, more high risk area providers.
- Volunteer peer physicians have no administrative title.
- Purely voluntary: no time nor compensation for support work. 2nd victims also choose whether or not to engage.
- Boundaries for contact: support 6 weeks, specific guidelines for provider connections.

22 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive

Lessons Learned

- Confidentiality:
- Matching providers based on different specialties (different departments)
- We offer quarterly sessions to our peer providers for training and support.
- Need to have administrative support from beginning
- Robust communication plan on presence of new program

23 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive

Feedback

- 2nd victims: Feel supported & appreciated just by being contacted (somebody cares)
- Peer supporters: have felt positive about interactions they have had

24 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive

Questions?

25 October 31, 2017 | © 2011 Kaiser Foundation Health Plan, Inc. For internal use only.

KAISER PERMANENTE. thrive
