Second Victims: Caring for the Caregiver

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Financial Disclosures
• John Kessler, B.S. Pharm., Pharm. D. is the founder and owner of SecondStory Health, LLC
• SecondStory Health LLC provides consulting services to Patient Safety Organizations, including the Alliance for Patient Medication Safety, Richmond VA
• There are no relevant financial conflicts of interest nor any commercial interests promoted in this talk

SELF ASSESSMENT
1. Which of the following is NOT one of the 5 rights of a Second Victim?
   A. Treatment that is just
   B. Respect
   C. Understanding and compassion
   D. Supportive Care
   E. Immunity from legal action

SELF ASSESSMENT
2. Which of the following are FALSE about the stages of recovery for Second Victims?
   A. chaos
   B. intrusive reflections
   C. restoring personal integrity
   D. enduring the inquisition
   E. taking a leave-of-absence
   F. moving on

SELF ASSESSMENT
3. Which of the following organizations have developed a program for Second Victims in community pharmacy?
   A. FDA
   B. APhA
   C. FAA
   D. NCPA
   E. None of the above

SELF ASSESSMENT
4. Which of the following support systems is rated most important by Second Victims?
   A. A respected peer to discuss the details of what happened
   B. A discussion with my manager or supervisor about the incident
   C. Employee assistance program that provides free counseling outside of work
   D. None of the above
OBJECTIVES

1. List at least 3 negative effects of a medication error on the providers and teams involved
2. List the 5 rights of a Second Victim
3. List at least 2 elements of a recovery program
4. Describe the role of a patient safety organization (PSO) in adding further protections for Second Victims

Five Big Questions

1. What is a Second Victim?
2. Why is this an important topic?
3. What has been done to date?
4. What should I be doing in my pharmacy?
5. What is needed for the future?

The First Premise

The patient's adverse experience following a medical/medication error is increasingly documented in social media, professional literature, and in powerful videos.

The provider's experience is less well documented. For errors in the community pharmacy setting, the documentation is scant to non-existent.

To some degree.....a focus on the patient and the "system" may also create a form of TUNNEL VISION related to the total harm.

The Second Premise – Caution: the thinking trap

Medication errors are not just statistics, reports in a database, or something I'll get "dinged" for.

Thinking only in "numbers-terms" can blind us to the people affected by errors, including their suffering and the breakdown in trust they have working in the healthcare system.

Second Victim stories

- depression
- inadequacy
- suffering
- incompetence
- depressed
- guilt
- lack-confidence
- intimidated
- anxiety
- defeated
- "emotional-tsunami"
- overwhelmed
What will we accomplish today?

Open a discussion about the adverse experience of those directly and indirectly involved in a serious medication error.

Start a conversation about what could be done to improve care for the caregiver.

What is a Second Victim?

“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 patients, second-guessing their clinical skills and knowledge base.”


The Second Victim Phenomenon

Emotional and psychological responses caregivers experience when they are involved in a medical error that resulted in potential or real harm.


The phenomenon is rooted in more than just patient harm

The reality is that the grief, trauma, and psychological pressures can come from regulatory investigations, internal investigations, rarely criminal investigations, and the professional scrutiny of our peers...among other stressors.

Healthcare is a “team sport”

Each person plays a role in the care delivery process.

Roles:
- Loosely defined
- Clear responsibilities

No single person controls the entire process.

In brief, almost anyone on the team can be affected due to the inter-dependent roles in the process.

Example: The prescription process

- Scores of decisions and steps in the process between the order and the patient receiving the medication.
- That order will pass through multiple people before it reaches the patient and (potentially) causes serious harm.
- If you were the verifying pharmacist or if you were the technician that prepared the dose, you are likely to feel and share in the grief or trauma...as one of the last persons with the opportunity to catch the error.
Second Guessing?

• Should I have caught the mistake?
• If I had more carefully verified the order, could I have prevented the harm?
• Should I have recognized that I’ve never prepared a dose that large in the past?
• Should I have sought further clarification?
• Should I have asked for help in double-checking the math?

Soon, the realization sets in that I might have been able to prevent harm if only I had…… .

Why is this topic important?

The Business Case: Failing to manage increases costs

Individual costs: treatment, counselling, sick days, temporary staff, replacement staff, lost opportunity costs, retraining, management time, other….

Societal costs: loss of education and accumulated experience

Why is this topic important?

The Human Case: Pharmacy is a caring profession

Why is this topic important?

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Why is this topic important?

The missing element in our systems?

The Human Case: Six Stages of Recovery

(i) chaos and accident response
(ii) intrusive reflections
(iii) restoring personal integrity
(iv) enduring the inquisition
(v) obtaining emotional first aid
(vi) moving on


Case Study with Extreme Outcome

Photo credits: Lyn Hall via NBC News.com
Case Study with Extreme Outcome: Nurse’s suicide follows tragedy
- 8-month-old Kaia Zautner given a fatal overdose of CaCl₂ following a 10-fold calculation error, September 14, 2010
- A prestigious children’s hospital put the nurse on administrative leave and soon dismissed her
- She battled to keep her nursing license in the hopes of continuing the work she loved
- She was very close to the seriously ill children she cared for, as well as their families – she was a healer
- Kimberly Hiatt, age 50, a longtime critical-care nurse took her own life April 3, 2011

Case Study: Typical community pharmacy event
- Pharmacist (technician) suspended, fired, demoted, reassigned duties, investigated by regulators, fined, mandatory re-training, and other….
- The stories of Second Victims in community pharmacy are insufficiently documented
- The outcomes of Second Victims in community pharmacy are poorly understood

What has been done to date?
Examine this question at 3 levels for community pharmacy:
- Professional associations – silent
- Literature – silent
- Individual pharmacies – no known data

Is this an opportunity to identify best practices, share this with other pharmacies, perhaps though a practice profile article or interview published in the VPhA journal or website?

What might be done in the future?
- Increase awareness of the risk and the solutions
- Establish written internal policy (based on the 5 rights)
- Develop internal support plan: immediate post event rapid response (e.g., co-workers)
- Identify external support resources (e.g., significant others, family, close friends, faith-based groups, professional support, others identified by the Second Victim)

What has been done to date?
Five Rights of the Second Victim: TRUST
- Treatment that is just
- Respect
- Understanding and compassion
- Supportive Care
- Transparency and opportunity to contribute to enhancing systems of care


What might be done the future?
Support Option Desired
1. A respected peer to discuss the details of what happened 80.5%
2. A discussion with my manager or supervisor about the incident 73.8%
3. A specified peaceful location to recover and recompose 67.1%
4. The ability to immediately take time away from my unit 64%
5. Employee assistance program that provides free counseling outside of work 62.4%
6. Opportunity to schedule a time with a counselor at my hospital 48%
7. A confidential way to get in touch with someone 24 hours a day to discuss how my experience may be affecting me 47.5%

3 Minutes of “Active Learning”

Turn to the person(s) beside you and identify at least 3 important barriers that need to be resolved in order to implement a Second Victims program in your Pharmacy?

Highlights and Group Review of Active Learning Discussions

Elements of a Recovery Program

In the hospital setting……..

A comprehensive three-tiered approach to taking care of second victims in the aftermath of a medical error

Caring for our own: deploying a systemwide second victim rapid response team

Elements of a Recovery Program

Tier 1

• Promotes basic emotional first aid at the “local” level
• Addresses potential second victims to ensure that they are “ok” immediately following a critical clinical event
• Colleagues/peers receive basic awareness training regarding the Second Victim phenomenon

Elements of a Recovery Program

Tier 2

• Trained peers watchfully monitor colleagues for signs and symptoms suggestive of a second victim response
• Refer to other internal support resources
• Guidance and long-term assistance/support during stages of legal action
• Group debriefings when an entire team is affected.

Elements of a Recovery Program

Tier 3

• Prompt availability and access to professional counseling when the emotional response exceeds capabilities of the peer colleague
• Members may include chaplains, social workers, and psychologists

Elements of a Recovery Program

Tier 3
Recovery Programs do NOT indicate:

- incompetent
- short-coming
- failure
- weakness
- unprofessional
- character-flaw
- fault
- defective
- damaged
- frailty
- low-self-worth

Legal Protections for Second Victims and the Pharmacy

Are communications between Second Victims and professional colleagues protected from legal discovery?

Peer counselors and peer volunteers offer:

- Psychological first aid; caring and compassion; guidance and support

State laws vary, are ambiguous or untested on the protections offered


Patient Safety Organizations:

Possible Role in Protecting Second Victims and the Pharmacy

- PSO’s provide protections from discovery - legal and administrative
- PSO protections include documents and discussions that are part of the Quality Assurance program
- About 81% of Second Victims prefer to discuss details of what happened with a respected peer, as part of the stages of recovery
- Conduct Second Victim discussions about the error within the pharmacy’s PSO-QA program
- Protections are available ONLY to pharmacies who are members of a PSO and compliant with the rules of the federal Patient Safety Act

Final Thoughts

In my personal experience and in the stories I’ve heard from others, providers that are involved in serious medication errors are never described as “bad practitioners”. To the contrary, they are often highly experienced, highly caring, and top performers.

While rare cases of willful and gross negligence exist, should our approach to caring for the caregiver be limited by our reaction to these outliers?

Final Thoughts

Recognizing, protecting and caring for Second Victims is fully consistent with a Culture of Safety.

Furthermore, it is fully compatible with a Just Culture – a philosophy of management that holds individuals accountable for their actions, while also recognizing humans make mistakes, often due to the systems or workflow in which they must work.

Final Thoughts

Serious harm due to errors happens infrequently in community practice.

The challenge facing many pharmacies is to develop policies, procedures, and resources to support Second Victims in the absence of an obvious, compelling and urgent need.