IMPROVE
INSPIRE
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Second Victim
What's the Impact?

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Surveyor, HAP

"*The longer we dwell on our misfortunes, the greater their power to harm us.*"

Voltaire

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Learning Objectives

- At the conclusion of this presentation, the participant will be able to:

1. Recognizing situations that create Second Victims
2. Understand the scope of the Second Victim problem and how it affects healthcare workers
3. Recognized that strategies exist to help all victims of an adverse event

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Kim Hiatt's Story

- Primary Victim was the infant
- Second Victim was Kim
- Other Victims?

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Second Victim:

"Healthcare providers who are involved in an unanticipated adverse patient event, medical error and/or patient related injury and become victimized in the sense that the provider is traumatized by the event."

- *85% of these events DO NOT involve a medical error*

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Associated trauma and Victims of an Adverse Event

- Surviving patients
- Family members and loved ones
- The organization where the event occurred

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Effects of Adverse Events On

- Healthcare workers?
- Patients who survive?
- Families and loved ones?

- Who supports any of these individuals?
- Early disclosure to families of patients a good or bad thing?

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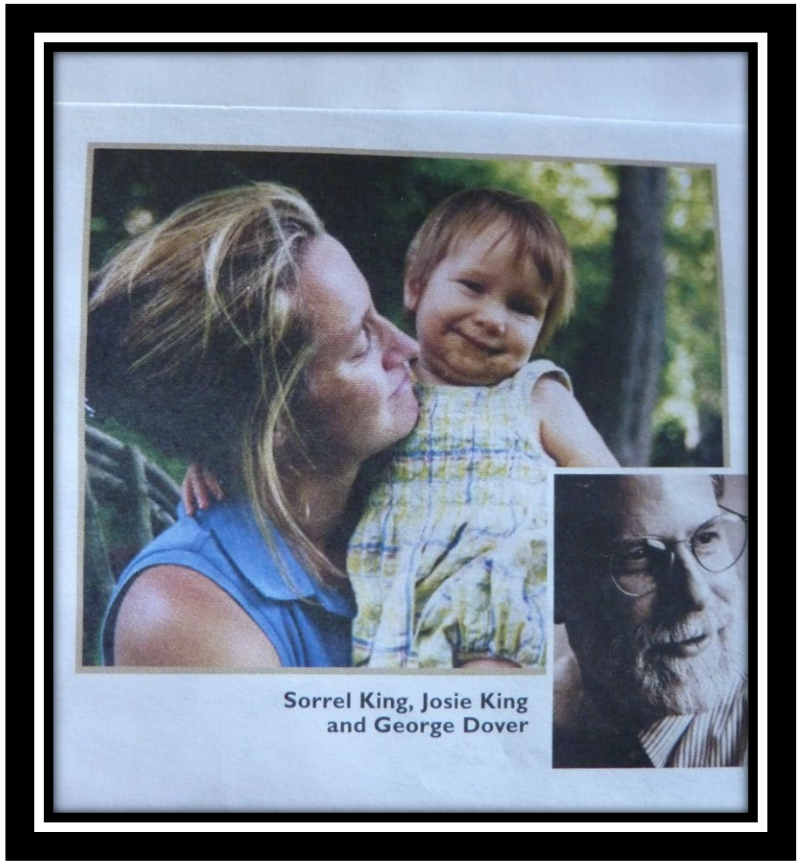
Josie King Story



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From Tragedy to Transformation: 15 Years of Patient Safety Progress

Josie King

The Johns Hopkins Hospital admitted Josie King on Jan. 30, 2001, her 18-month-old body covered in second-degree burns from a bathtub accident.

On March 4, 2001, George Dover stood outside a Baltimore County home, rang the doorbell and changed the future of Johns Hopkins Medicine.

The director of the Johns Hopkins Children's Center had come to the home of Tony and Sorrel King to apologize to the grieving parents.

Six weeks earlier, the Kings' 18-month-old daughter, Josie, had wandered into an upstairs bathroom, turned on the hot water and climbed into the tub. By the time her screams brought her mother, Josie had second-degree burns on more than half of her body. The toddler was rushed by ambulance to The Johns Hopkins Hospital, where she received skin grafts and healed. Within weeks, she was acting like her old self. Then her condition deteriorated. Josie grew pale and unresponsive. She died Feb. 22 of what was ultimately identified as septic shock, just days before she was scheduled to return home.

The day Josie died, her Johns Hopkins-affiliated pediatrician, Lauren Bogue, walked into Dover's office. She encouraged him to visit the King family and accept responsibility on behalf of Johns Hopkins. The unusual proposal quickly won full support from Johns Hopkins

recognized by the Joint Comm
on Key Quality Measures prog
programs and safety metrics w
world.

But before that could happe
top priority.

Research oversight became
Institutional Review Boards

"We have a whole process
protocol like the one Ellen R
vice dean for clinical investi
after Roche's death. "We co
possible setting. Each resea
would handle an emergenc

On the clinical
to be systemically e
equipment, even the cu
Institute, founded in 2011,
a new generation of patien
receive emotional support
Family members are enco
speak up if something do

Making Safety

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- “THE DOCTORS OR NURSES OR PHARMACISTS WHO HAVE BEEN INVOLVED IN A MISTAKE ARE THE ONES WHO DESIGN THE SOLUTIONS.”

Peter Pronovost

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Johns Hopkins Response

- CUSP- Comprehensive Unit-based Safety Program
- RISE –Resilience In Stressful Events

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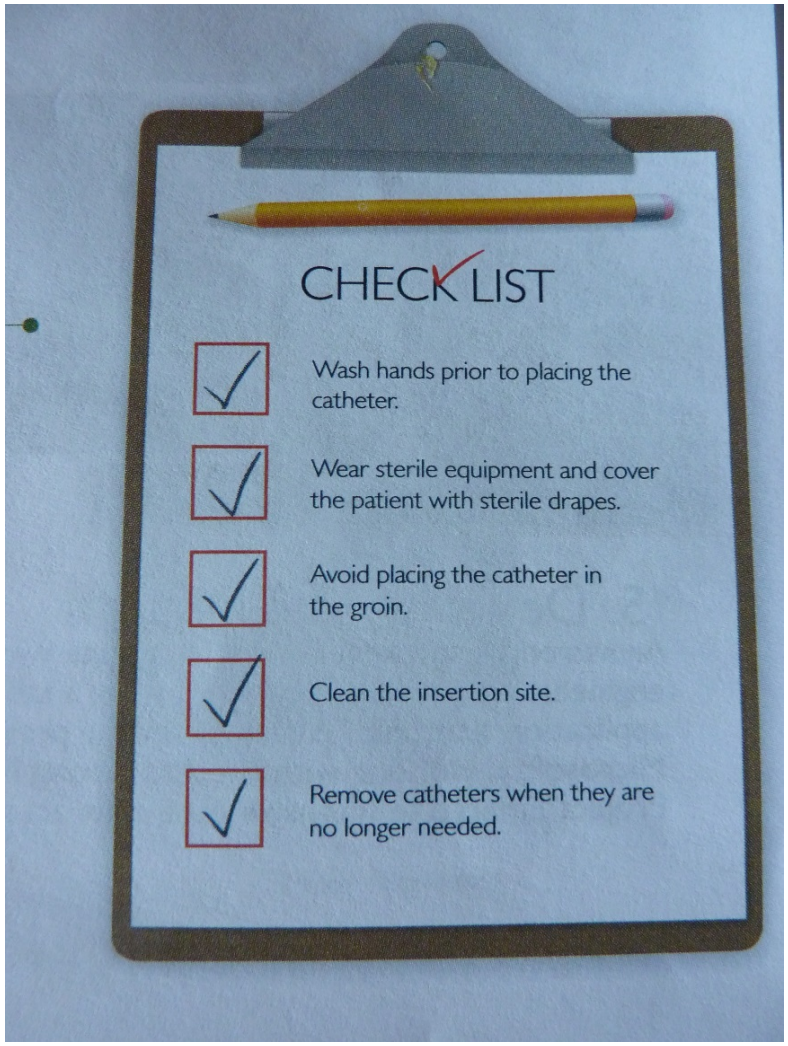

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Comprehensive Unit-based Safety Program (CUSP)

Today, there are more than 170 CUSP teams across the health system—and hundreds more outside of Johns Hopkins. Critical to the program are five steps:

1. Train staff members in the science of safety.
2. Engage staff members to identify defects.
3. Partner a senior executive with each unit CUSP team.
4. Learn from defects.
5. Implement validated tools for improvement.

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Tony's Story

- The University of Missouri Experience
- The forYOU team

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- “THE MOST BASIC OF ALL HUMAN NEEDS IS THE NEED TO UNDERSTAND AND BE UNDERSTOOD. THE BEST WAY TO UNDERSTAND PEOPLE IS TO LISTEN TO THEM.”

Ralph Nichols

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Linda Kenney Story

- Helpless feeling and lack of support
- Dr. Rick van Pelt's support
- The MITSS (Medically Induced Trauma Support Services) program
- Support for clinicians, patients and families

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MITSS ANNUAL MEETING NOV 2016

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Scope of Second Victim Issue

- 7,000,000+ Healthcare workers in US
- UM study suggests 1 in 7 healthcare workers are involved in an adverse event each year
- Up to 1,000,000 Second Victim healthcare workers each year in the US

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- In 4 years UM volunteers identified 1360 Second Victims
- UM has about 6,000 healthcare workers
- About 400,000 Second Victims may be recognized and need support each year

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Second Victim Response

- Isolation
- Extreme isolation
- Sleep disturbance
- Physiological stress response
- Loss of Self confidence
- Grief, remorse, feelings of shame, feelings of inadequacy, anxiety

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Anxiety and Concerns

- How is the patient doing?
- Will I lose my license?
  Will I lose my job?
- What will colleagues think?
- What happens next?

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Phases of Response

- Impact realization
- Enduring the inquisition
- Obtaining interventional support
- Trajectories in moving on

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Second Victim Coping

- Dropping out: Transfer to another department, leave profession, suicide
- Surviving: Persistent negative feelings, intrusive thoughts and anxiety
- Thriving: Insight and perspective on the event, improving professional practice, life and work balance

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Resilience: Organizational Support

- Resilience – ability to recover from misfortune or change
- Resilience is a characteristic of a highly reliable organization (HRO)
- HRO must be able to recover and learn from an adverse event; support victims

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Promoting Resilience

- Organization gives 24/7 immediate support
- Process for response is hardwired
- Ongoing support post-immediate period
- PSO manages addressing the clinical details a discoverability

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Organization Response

- Support all victims of an adverse event
- Identify and correct systems failures – over 90% of medical error's root cause
- Create a culture of transparency and systems thinking that doesn't stigmatize individuals – Just Culture

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Review and Conclusion

- The Second Victim problems is much larger than generally realized.
- Most Victims go unrecognized and unsupported
- The natural course of a Victim exposed to an adverse event is to 1) Cope and move on 2) Partially deal with it and return to the workplace somewhat handicapped 3) Move to another work area or leave healthcare altogether

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Final Observation

- Second victims who go unrecognized and unsupported will in the many of cases go on to develop a syndrome that is a form of PTSD – Post Traumatic Stress Disorder
- Early recognition and support are the best way to resolve the situation and allow the healthcare worker to effectively return to the workplace.

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Support Models & Tools

- forYou team - University of Missouri Health, Columbia Missouri
- RISE program - Johns Hopkins Hospital, Baltimore
- MITSS – (Medically Induced Trauma support Services) www.mitts.org
- MACRMI- http:/www.macrmi.info#sthash.eglCwXsE.dpbs
- Just Culture – https://www.justculture.org/

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Questions?

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