An Stiúrthóireacht um Ardchaighdeáin agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and Patient Safety Directorate
Office of the Chief Clinical Officer

Supporting Staff following Patient Safety Incidents

Introduction

Welcome and thank you for taking the time to attend this important webinar.

Patient Safety incidents can have a detrimental impact on those involved, in particular the patient and their relatives and friends but also the staff who care for them. Today we will consider the impact on staff.

In the HSE, staff are our biggest and most valued asset. It is important to provide supports and services at times when a patient safety incident occurs.

The HSE employs >150,000 staff all of which come to work to do a good job, however in health care sometimes things go wrong.

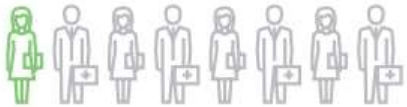
The purpose of this webinar is to recognise when things do go wrong and the impact this has on staff and what supports are available to them.

Patient Safety Incidents

PREVENTABLE HARM

17%

of all hospitalisations are affected by one or more adverse events, with 30-70% potentially preventable.[2,3]



The 2009 Irish National Adverse Event Study indicated that an **adverse event** occurred in approximately **1 in 8** acute hospital admissions[3]

PREVENTABLE DEATH

In the UK an estimated **5.2%** of adverse events resulted in Patient Death.[4]

PATIENT HARM estimated as **14th LEADING CAUSE** of global **DISEASE BURDEN**[5]

15% of **HOSPITAL EXPENDITURE** in OECD attributed to **TREATING SAFETY FAILURES**[5]

Total cost of clinical claims in **2010-2018** was **€1391.8 million**[6]

Suffering in silence: a qualitative study of second victims of adverse events

Ullstrom et al. (2014) BMJ Quality and Safety Vol 23, Issue 4

- A Dutch study showed that 2.9–16.6% of patients in acute care hospitals experienced adverse events (Zegers 2009) a further study showed that in a single year preventable adverse events may have contributed to 3000 patient fatalities and to permanent disability for 10 000 patients in Sweden (Soop et al 2009).
- In recent decades, studies have reported on the emotional distress healthcare professionals experience following adverse events (Stangierski et al 2012), insufficient organisational support (Edrees et al 2012) and insufficient support from colleagues (Gazoni et al 2012).
- In the year 2000, Wu introduced the term ‘second victim’ to describe how healthcare professionals may be traumatised by such events in a similar way as the patient—the ‘first victim’ (Wu 2000). Commonly reported reactions among professionals are fear, guilt, shame, self-doubt, anger and disappointment (Scott e at 2009). In a survey of 3171 physicians in the USA and Canada, physicians reported increased anxiety about future errors, loss of self-confidence, difficulty sleeping and reduced job satisfaction following medical errors (Waterman et al 2007). Many professionals fear disciplinary action and loss of professional reputation (Wolf 2002).
- Research has shown that the impact of adverse events on the healthcare professional can be long-lasting (West et al 2006) and in some instances the individual never fully recovers (Gazoni et al 2012). It has been suggested that the emotional reactions may be similar to those found in post-traumatic stress disorder (Rassin 2005). Studies report healthcare professionals consider changing career as a direct consequence of an adverse event (Scott et al 2009) Others have reported a decrease in quality of life and risk of burnout (West et al 2006), an increase in the use of alcohol and drugs (Gazoni et al 2012) suicidal thoughts (Shanafelt 2011) and even suicide (Aleccia 2011).
- Scott et al (2009) conclude that regardless of gender, professional type or years in the profession, the adverse event was “a life-altering experience that left a permanent imprint on the individual”

Second victims in health care: current perspectives

Ozeke et al. (2019) Adv Med Educ Pract. 2019; 10: 593–603

- After an adverse event, the prevalence of second victims varied from 10.4% up to 43.3% (Seys et al 2009)
- Almost half of healthcare professionals experience the impact as a second victim at least once in their career (Waterman et al 2007)
- There are always second victims, when there is a serious patient adverse event (Edrees 2011), but mostly silent because of the fear of litigation and absence of a well-defined reporting system (Han et al 2016)
- The effects were particularly strong among physicians specializing in surgery, anesthesiology, pediatrics, or obstetrics and gynaecology (Schroder et al 2016)
- In hospitals, most of the malpractice assertions are related to “surgical” or “infusion errors”, whereas for outpatient care, the most assertions are related to “unnoticed” or “late diagnosis” (Rodziewicz et 2018)
- Nurses, pharmacists, and other members of the healthcare team are also susceptible to error and vulnerable to unanticipated patient harm (Treiber et al 2016)
- Trainees and interns may be particularly defenseless to continuing damage to their clinical confidence and self-esteem (Kronman et al 2012)

The six recognised stages associated with staff reaction in the aftermath of an adverse event

Scott SD et al (2009)

Chaos

Error recognised

How/When

Intrusive reflections

Haunted re-enactments of event

Restoring personal integrity

Managing gossip

Fear

Enduring the inquisition

Realisation of seriousness

Who can I talk to?

Obtaining emotional first aid

Seeking personal and professional support

Moving on

- Dropping out (leaving profession)
- Surviving (coping)
- Thriving (learns from the event)

The recognised staff response to patient safety incidents

Care should be taken to ensure that those staff who may be affected by an adverse event are identified as soon as possible and every effort made to provide appropriate practical and emotional support - both immediately post incident and in the longer term.

The following are examples of some of the symptoms which staff may experience in the aftermath of an incident.

- Feelings of incompetence and isolation.
- Denial of responsibility – discounting of the importance of the event.
- Emotional distancing.
- Overwhelming guilt.
- Symptoms of post-traumatic stress
- An experience that is highly intense has the capacity to imbalance an individual at an emotional, cognitive and/or physical level.

Impact on Staff

- Being involved in an adverse event can be a stressful experience, especially after a very serious incident when someone has been seriously injured or there is loss of life, or where there is an associated investigation or legal process.

- Historically, the term ‘critical incident stress’ has been used to describe traumatic stress, combat fatigue and rapid-onset burnout. Traumatic events in healthcare can be associated with minor incidents and near misses as well as death and major disability

- Higher rate of mental ill health than other professions (Brooks et al 2011) and health professionals have among the highest suicide rates of any occupational group in England & Wales (Meltzer et al 2008)

Impact on Staff

- “It’s all my fault. I feel very bad about this to get you involved. If there was anything I could do to mend this I would do it.” The email went on: “I’m very upset and don’t know what to do. Things are all going in the wrong direction.” “Please blame me for this. I accept the fault was mine. I should have checked before I gave the call to you. I can only say sorry. Please accept my apologies.” (Jacintha Saldhana)

Impact on Staff

- 21 healthcare staff who all experienced an adverse event and showed that that emotional distress, often long-lasting, follows from adverse events. The impact on the healthcare professional was related to the organisation's response to the event. Most informants lacked organisational support or they received support that was unstructured and unsystematic. Further, the formal investigation seldom provided adequate and timely feedback to those involved. The insufficient support and lack of feedback made it more difficult to emotionally process the event and reach closure (Ulstrom et al 2014)

Impact on Staff

Emotional

- They could not believe what had happened and that they had had a part in it.
- sadness, anxiety and reliving the event (flashbacks).
- Guilt, shame, worried about criticism, self-critical

Performance

- More than half described taking extra care in performing their work afterwards so as to avoid problems
- They said they doubted their professional judgment and sometimes even their career choice

Duration of Impact

- Their descriptions ranged from ‘a few months’ to ‘1 year or more’. More than half said the event still came back to them from time to time

Ulstrom 2014

What does staff support look like?

- 25% reported they received the support they needed from the hospital management.
- Majority reported insufficient or no support from their closest manager or any hospital representative
- Most informants turned to their colleagues and/or family for support, while some were reluctant to disclose to others what had happened, leaving them isolated with their feelings.
- Lack of structures and routines for handling these events and for supporting staff
- The majority described a lack of open discussions about adverse events in the workplace
- Peer support was crucial after the adverse event. Most colleagues had been empathic and understood that the event could have happened to them. Sharing with non-judgmental colleagues was reported to ease the emotional burden (Ulstrom et al 2014)

Impact on Patients

- Harrison et al 2014 found that over 60 % of consultant physician's and medical registrars suffered adverse psychological and emotional consequences when involved in an adverse incident (stress, anxiety, nervousness, etc.)

- Patient safety may suffer after such events due to the psychological impact on staff. A high majority of physicians (67%) reported that healthcare organisations do not offer adequate support to deal with the stress associated with an adverse event (Harrison et al 2014)

- Improved patient safety where staff are engaged (Prins et al 2010, Laschinger 2006). Keogh found that sickness levels were high in 14 trust where he reviewed high mortality rates (2013)

What is a Just Culture and Psychological Safety

Organisations must develop a culture of safety where staff need to feel psychologically safe to report patient safety incidents.

The NQPSD Office of Incident Management has developed the Just Culture Guide. Just Culture is a values based supportive model of shared accountability (IMF 2020)

Proposes that:

- Individual Practitioners should not be held accountable for systems failings over which they have no control
- Does not tolerate acts of deliberate harm to patients and reckless behaviour
- Staff feel psychologically safe both to report errors and to ask for help when faced with an issue beyond their competence

Assess the support required by staff

- Some staff may need ongoing support over a period of time after an event
- Sometimes a reaction to a traumatic event may only surface weeks or months after the incident
- Managers could consider identifying a supervisor or colleague to offer support and monitoring over a period of time following a traumatic adverse event (in agreement with the staff member concerned.)
- The level of distress experienced will be personal to the individual staff member and should dictate the level of support offered
- If a staff member does experience ongoing difficulties associated with the event, further supportive actions should be considered by the line manager and staff support coordinator in consultation with the member of staff and a Human Resources (HR) Manager. This may include identifying specialist psychological support which may need to be provided externally.
- Where an employee has been absent from work Occupational Health can be used via the management referral route to ascertain a safe and supported return.

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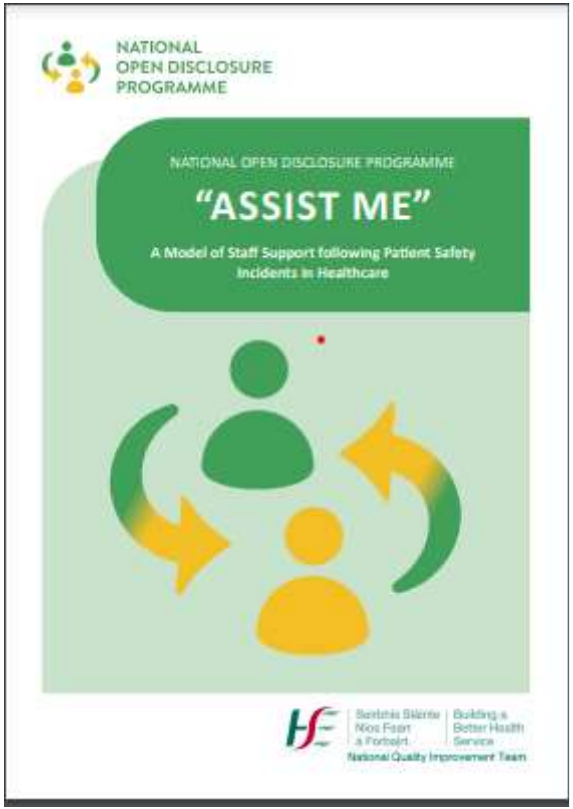
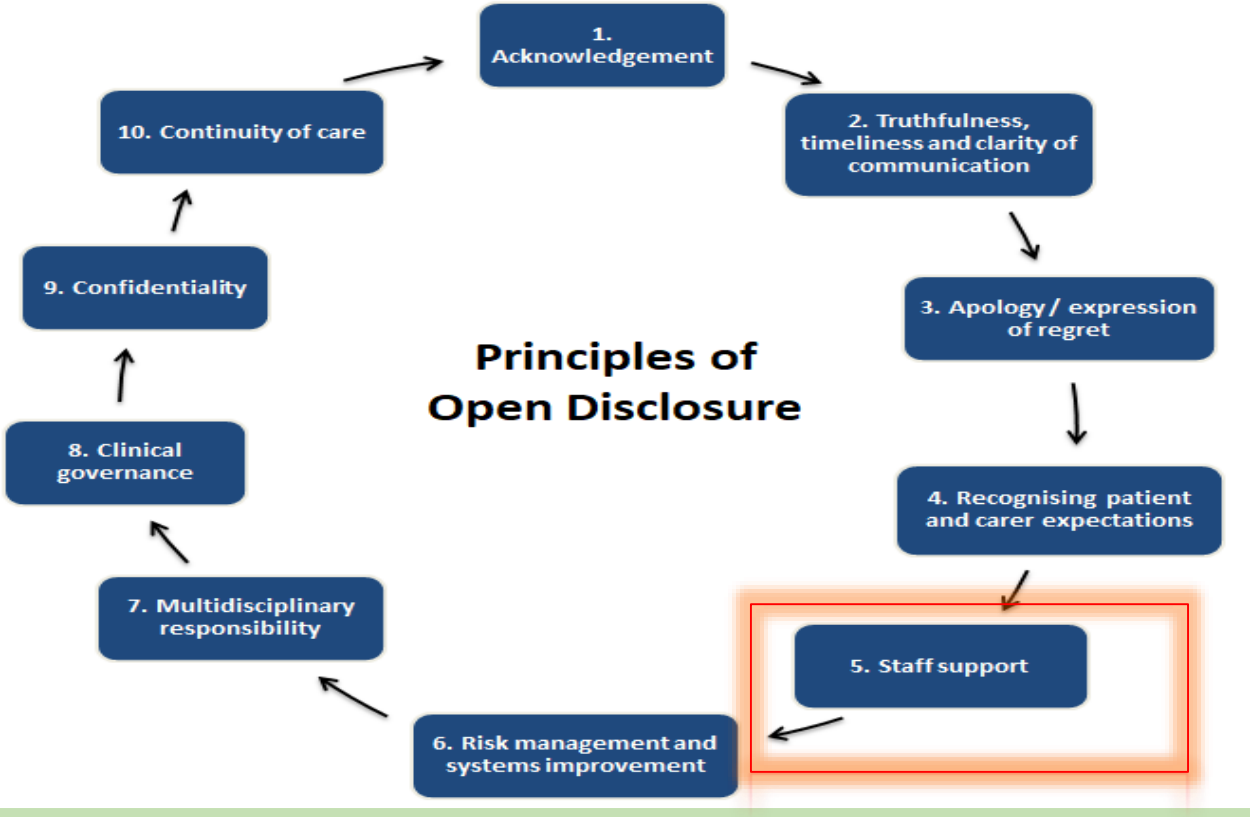
PATIENT SAFETY INCIDENTS

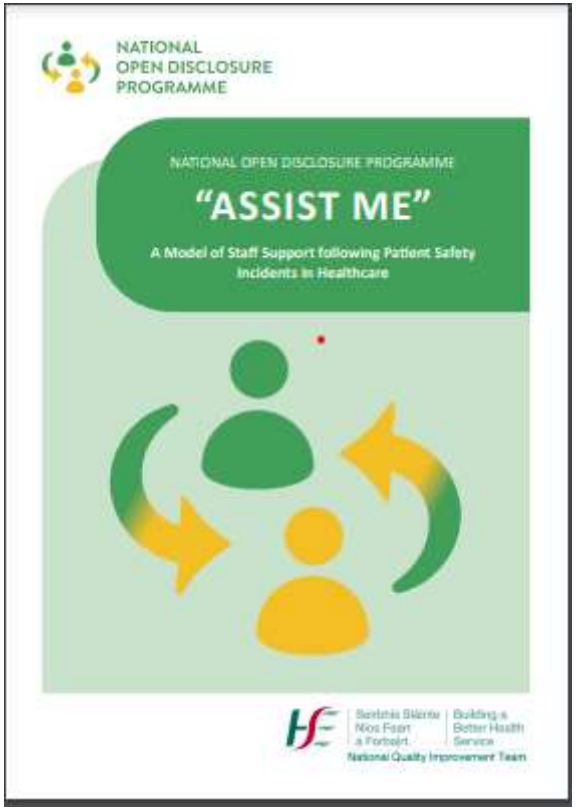
NATIONAL OPEN DISCLOSURE PROGRAMME
"ASSIST ME"
A Model of Staff Support following Patient Safety Incidents in Healthcare

Background


NATIONAL
OPEN DISCLOSURE
PROGRAMME
NATIONAL OPEN DISCLOSURE PROGRAMME
"ASSIST ME"
A Model of Staff Support following Patient Safety Incidents in Healthcare
Building a Better Health Service
National Quality Improvement Team


Principles of Open Disclosure
1. Acknowledgement
2. Truthfulness, timeliness and clarity of communication
3. Apology / expression of regret
4. Recognising patient and carer expectations
5. Staff support
6. Risk management and systems improvement
7. Multidisciplinary responsibility
8. Clinical governance
9. Confidentiality
10. Continuity of care

Overview



- Developed by Open Disclosure Programme in the HSE in consultation with HSE support services.
- Published in November 2013 – updated in January 2021
- Based on an extension of the MPS ASSIST Model of communication
- Developed to provide practical information and guidance for health and social care managers and staff in relation to:

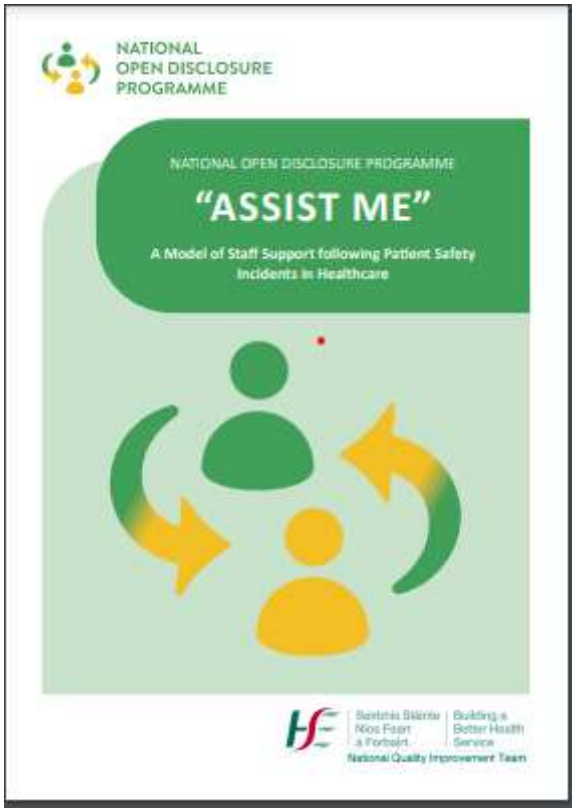
(a) Understanding the potential impact of patient safety incidents on staff

(b) Recognising and managing the associated signs and symptoms

(c) Supporting staff following patient safety incidents and

(d) Providing information on the support services available to staff

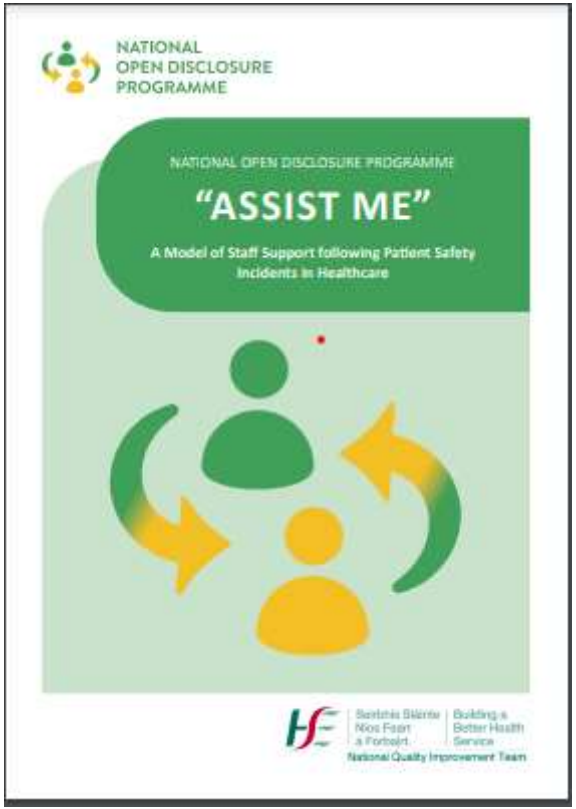
Overview



The resource provides information and practical guidance on:

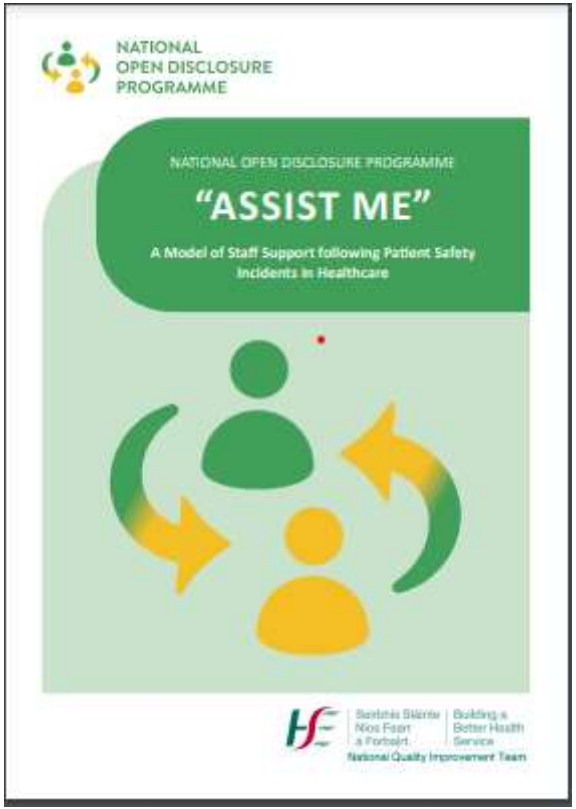
- The recognised staff responses to a patient safety incident
- Stages of staff reaction after a patient safety incident
- The "ASSIST ME" model of staff support
- How to cope with the impact of a patient safety incident
- The Critical Incident Stress Management (CISM) Response
- When to seek medical assistance
- Resources that are available for Staff

The ASSIST ME approach



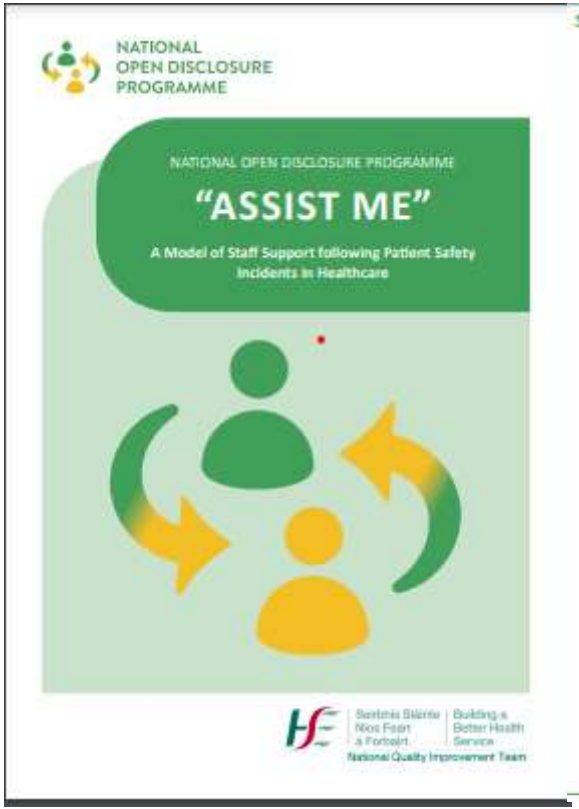
	Action	Example
A	**A**cknowledge with empathy the incident that has occurred and the impact on the member of staff. **A**ssess the impact of the incident on the member of staff and on their ability to continue normal work .	*"I came to see you as soon as I heard what happened. This must be very difficult for you"* *"How are you doing?"* *"How are you coping?"* *"How are you feeling right now"* *"Are you ok to be here?"*
S	**S**orry - express regret for their experience	*"I am so sorry that this has happened. Sometimes despite our best efforts things can go wrong".* *"I am so sorry that you have had this experience and for the distress this is causing you".*

The ASSIST ME approach



S	Story – allow time and space for the member of staff to talk about what happened and how they are feeling - using active listening skills. Demonstrate your understanding of their story through the feedback process Share personal experience, as appropriate	*"You may find it helpful to talk about how you are feeling right now"* *"Would you like go for a cup of coffee and we can have a chat about what happened?"* *"What I'm hearing from you is..... Is that correct? Is there anything else you want to tell me or talk about?"* *"Can I tell you about an experience of my own, how I felt and what I found helped me at that time?"*
I	Inquire – encourage questions Information – provide answers/information	*"What questions do you have that I can perhaps help you with?"* *"Is there anything I can help you with at this time?"* *"Would it help if I told you what happens next and what you can expect in relation to the management of this incident?"*

The ASSIST ME approach



S

Supports
Solutions

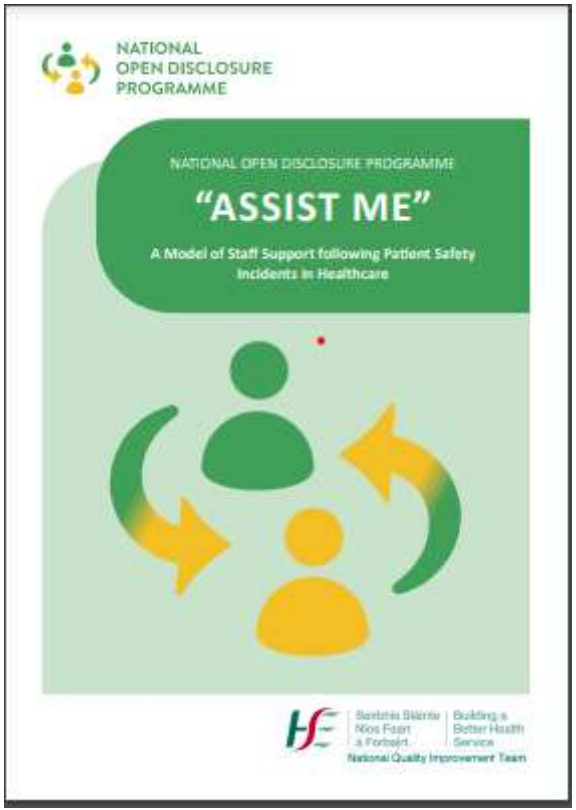
(a) Informal emotional support:

"My door is open for you. I will be checking in with you regularly to see how you are doing if that is okay with you. In the meantime if you do wish to talk about this or discuss anything with me please come and see me or give me a call. Can I arrange for someone to collect you from work?"

(b) Formal emotional support:

- Assess any immediate needs, discuss with the member of staff and arrange, with their knowledge and consent, a referral to the relevant support services, as required.
- Provide information on the supports provided by the HSE Employee Assistance Programme (EAP) which can be accessed by managers and staff e.g. counselling, crisis intervention and Critical Incident Stress Management (CISM) response.
- Discuss the benefits of CISM and organise, with the consent of the staff member, one to one or team CISM response as soon as is practical. Click here to access further information on CISM.
- Consider referral to the HSE Occupational Health Department for additional support, as required.
- Provide staff support information leaflets/ brochures, and signpost to the HSE Workplace Health and Wellbeing Unit website here. Contact the EAP national phone number on **0818 327 327** to speak to someone who can help. This service includes access to internal EAP services and external 24/7 counselling support.

The ASSIST ME approach

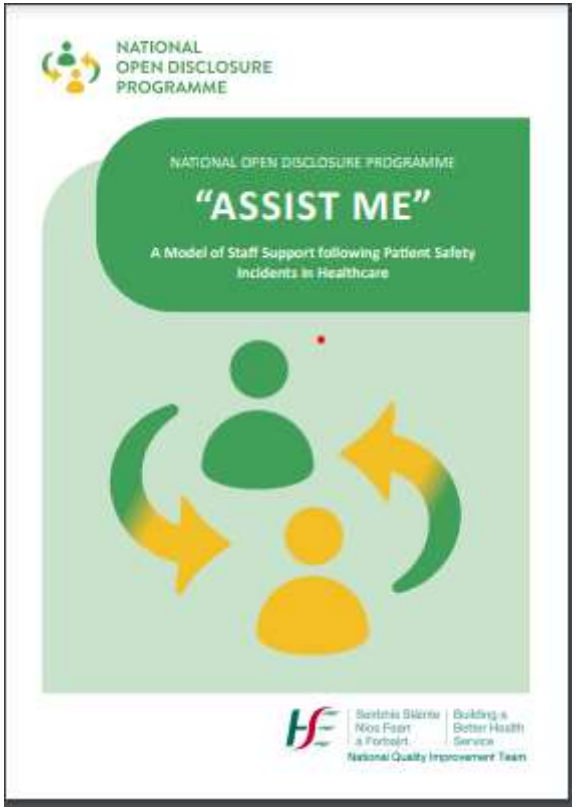


Supports
Solutions

(c) Practical Support:

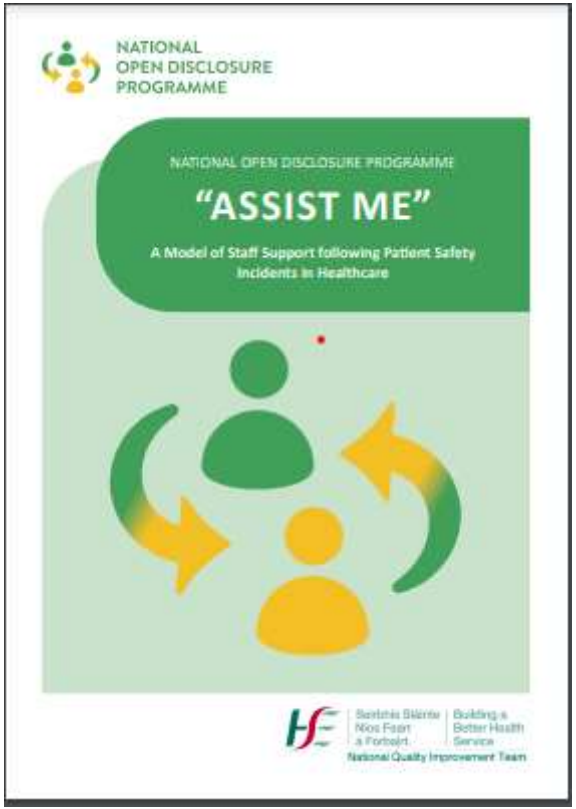
- Provide an opportunity for the member of staff to take time out from their normal work, if required. Staff should be involved in and have input to any decision made regarding the same. Many staff find it more helpful to remain at work. Allocation to different duties may benefit initially if it is practical to do so.
- Provide practical support and information in relation to the incident review process and how the staff member might assist/ contribute to this process. e.g. encourage the member of staff to write up their recollection of the incident as soon as possible for their own record. Ensure that they are kept updated and involved in the incident review/open disclosure process.
- Provide information and support in relation to communicating with the patient/service user following the incident and preparing for open disclosure discussions.
- Ensure that they are encouraged to provide their insight into the steps being taken to try to reduce the risk of a recurrence of the incident.
- Establish the learning from the incident, at individual and organisational level and provide on-going support.

The ASSIST ME approach



T	Travel – providing continued support and reassurance going forward and throughout the incident review/open disclosure process.	*"I am here to support you."* *"I will assist you in any way I can".*
M	**M**aintain contact	Ensure that there is continued contact with the staff member to prevent feelings of isolation.
	Monitor progress	Continually monitor and assess the staff member's response to the incident and their response to any interventions.
	Moving forward	Provide guidance and support on their return to normal work.
E	**E**nd – reaching a stage of closure from the event.	Establish when the staff member has reached a stage of closure from the incident as it is important at this stage not to keep re-opening the incident with them. Leave your door open to them if they should require any further assistance.
	Evaluate	Review the support provided with the staff member involved. Consider feedback and establish any learning which may benefit other staff.

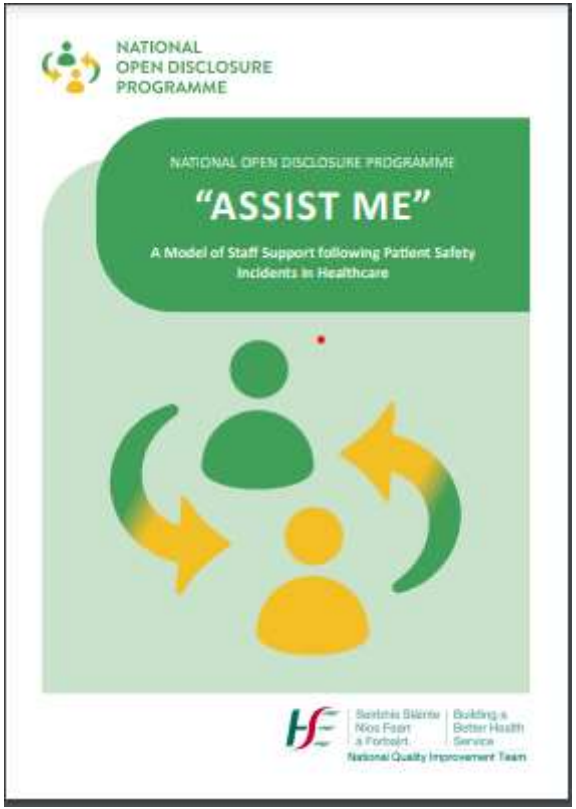
The ASSIST ME approach: Practical Guidance on how to cope with the impact of a patient safety incident – The Do's



Following a patient safety incident <u>DO</u>

1. Talk to a friend/ colleague/line manager about your experience and your feelings.
2. Participate in Critical Incident Stress Management (CISM) Response - available via EAP.
3. Ensure that you are involved in and kept informed in relation to the incident review/ open disclosure process.
4. Take time to relax.
5. Get enough sleep.
6. Get some exercise
7. Maintain a good diet.

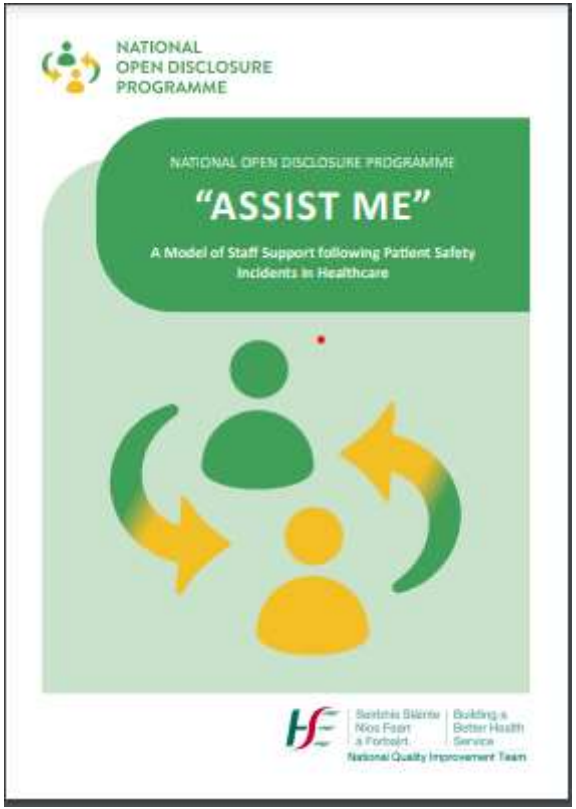
The ASSIST ME approach: Practical Guidance on how to cope with the impact of a patient safety incident – The Do's



Following a patient safety incident <u>DO</u>

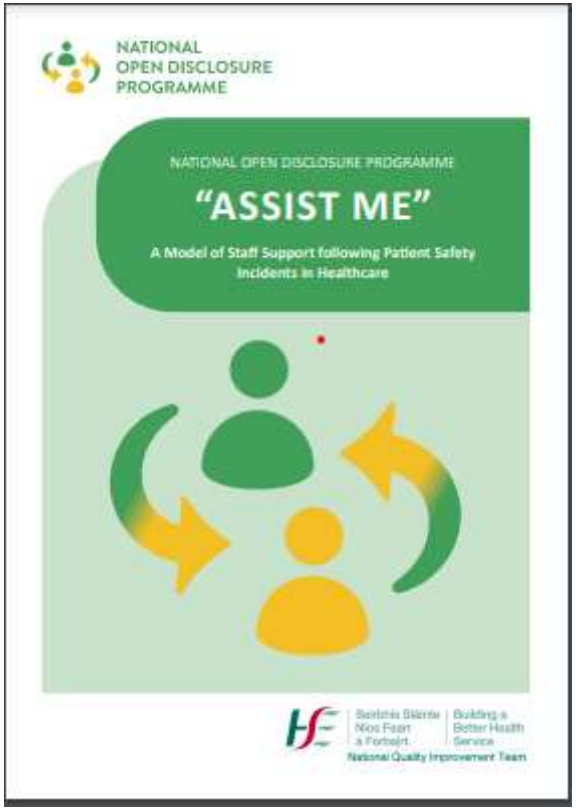
8. Follow a structured schedule.
9. Spend time with family and friends.
10. Take time for leisure activities.
11. Recognise that healthcare is complex and mistakes/incidents happen.
12. Expect the incident to bother you.
13. Realise that others around you may be under stress also.
14. Learn about post traumatic stress.
15. Contact your GP/EAP/OH department if you are concerned that your response to the event is too intense or lasting too long.

The ASSIST ME approach: Practical Guidance on assisting your response to the incident – The Don'ts



1. Do not drink alcohol excessively
2. Do not stay away from work unnecessarily
3. Do not withdraw from significant others
4. Do not use legal or illegal substances to numb consequences
5. Do not have unrealistic expectations for recovery
6. Do not reduce the amount of leisure activities
7. Do not look for easy answers
8. Do not be hard on yourself or others
9. Do not make any major life changes or decisions at this time

The ASSIST ME approach: Seeking Medical Assistance



You should seek medical advice and assistance if:

(a) you are experiencing difficulty with sleeping for more than 1 week.

(b) your response to the event is too intense or lasting too long.

(c) you are experiencing intense physical reactions to reminders of the event e.g.pounding heart, rapid breathing, nausea, muscle tension, sweating.

(d) you are experiencing suicidal feelings or symptoms associated with depression/despair.

(e) you feel unable to return to work because of the event.

(f) your response to the event is impacting on your private life outside work and your ability to cope generally with normal day to day activities.

The ASSIST ME approach: Seeking Medical Assistance

Also included in the ASSIST Me resource

- Information on Critical Incident Stress Management

  Links to staff support resources available at the time of print.

"ASSIST ME" Booklet available on
https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/open-disclosure/assist-me-a-model-of-staff-support-following-patient-safety-incidents-in-healthcare-january-2021-.pdf

"ASSIST ME" Poster available on

https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/open-disclosure/assist-me-staff-support-poster-june-2021-.pdf

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