

PATIENT SAFETY TOOL BOX TALKS ©

LEADERSHIP, GOVERNANCE & MANAGEMENT

MANAGING INCIDENTS

SUPPORTING STAFF

(following an adverse event)

v1.2



Health and social care colleagues are often impacted by clinical errors as ‘second victims’, and experience many of the same emotions and/or feelings that the ‘first victims’—the service user and family members experience.

Signs and symptoms

Initially, a health and social care worker can be severely affected by the adverse event itself and also by the reactions of the service user and/or family. This effect can be especially severe if the relationship between the healthcare worker and service user is a close or long-term relationship. Subsequently, a healthcare worker can either be helped by an empathetic approach from a line manager and colleagues or harmed further by unsympathetic comments.

Symptoms can be similar to those in acute post-traumatic stress disorder, including initial numbness, confusion, anxiety, grief followed by depression, withdrawal or agitation, and re-experiencing of the event. Other associated symptoms related to medical errors include shame, guilt, anger and self-doubt. Lack of concentration and poor memory are also common, and the affected person may be significantly impaired in performing their usual roles. These symptoms may last days to weeks or indeed in a small number of cases may last much longer.



Supporting Staff

Interactions with other health and social care colleagues can be critical to the coping process, and without them a health and social care professional may feel isolated. After involvement in an adverse event, health and social care professionals need both professional reaffirmation and personal reassurance. This is often best provided by peers, or by a mentor or supervisor.

Line managers can help by providing empathy and emotional support especially during the review of the incident. Remind all staff that the purpose of the review is to establish how and why the event occurred, to identify any changes that may be required so as to learn from the incident and minimize the risk of it recurring. Line managers may also be able to help meet the informational needs of the “second victim” who is struggling to understand what happened. A proportion of “second victims” can benefit from greater support from being referred to an occupational health clinician although many staff may find this more helpful at a later stage.



Three key actions for line managers in supporting staff

1. **Ask** ‘How are you doing?’
2. **Acknowledge** that this must be really difficult for them. Share a patient safety incident that happened to you. This will reduce their sense of isolation.
3. **Re-assure** them that they are still a good, competent and valued health and social care professional and that the emphasis on reviewing the incident is to establish how and why the incident occurred. This will then inform learning and facilitate measures being taken to try to reduce the risk of other service users/staff members experiencing a similar event.

Checklist for Managers' Responsibilities

Adverse Event with potential to be traumatic or stressful for staff

* Remember that staff respond differently to adverse events and may have different individual needs in terms of the amount and type of support required.

Immediate Support

- Aim to create an empathetic and supportive environment
- Consider whether staff require any immediate treatment or intervention via the Employee Assistance Programme, Occupational Health or the Emergency Department
- Consider provision of practical help, e.g. transport home
- Provide staff with information about what to expect following an adverse event
- Consider the needs of staff who are not directly involved in the event but may be affected by it.

Supporting Staff in Returning to Normal Operations

- Discuss the option of returning to duty with the staff involved
- Consider whether an employee may need a period of time away from the particular work area
- Instruct staff returning to duty in relation to the priority tasks to be achieved. If the incident has taken some time it is unrealistic to expect employees to try to catch up on hours of work.
- Provide informal peer support to staff via colleagues/line managers
- Consider the need for formal support in the form of psychological debriefing

Ongoing Support

- Consider nominating a senior member of staff as the staff support coordinator if a number of staff are affected and the support issues are particularly sensitive or complex and likely to be ongoing.
- Offer support to staff during the incident review and during lengthy or delayed processes, e.g. an inquest, court case, or independent inquiry.
- Refer employees who have been absent from work to the Employee Assistance Programme or Occupational Health to ensure a safe and supported return to duty

**Manager
should
document
the details
of support
provided
to staff**

Adapted from:

-Supporting staff involved in traumatic or stressful adverse events. Version 2. Nov. 2009. NHS South West Yorkshire Partnership available at <http://www.southwestyorkshire.nhs.uk/documents/777.doc>. Accessed 12 July, 2010

-Incident-Effective Incident Response Framework for Prevention & Management in the Health Workplace Department of Health, New South Wales. Jan 2005. Available at: http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_234.pdf

Acknowledgement: Angela Tysall, Lead for Open Disclosure, Quality Improvement Division, Donegal PCCC HQ and Ann Duffy, Clinical Indemnity Scheme. Updated 2015.