

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/273781790>

Implementation of a "second victim" program in a pediatric hospital

Article in *American journal of health-system pharmacy: AJHP: official journal of the American Society of Health-System Pharmacists* · April 2015

DOI: 10.2146/ajhp140650 · Source: PubMed

CITATIONS

24

READS

577

4 authors:



Kara D Krzan

University of FloriHealth Shands hospital

2 PUBLICATIONS 24 CITATIONS

SEE PROFILE



Jenna Merandi

Nationwide Children's Hospital

12 PUBLICATIONS 71 CITATIONS

SEE PROFILE



Shelly Morvay

Nationwide Children's Hospital

5 PUBLICATIONS 54 CITATIONS

SEE PROFILE



Jay Mirtallo

The Ohio State University

121 PUBLICATIONS 2,341 CITATIONS

SEE PROFILE



Implementation of a “second victim” program in a pediatric hospital

KARA D. KRZAN, JENNA MERANDI, SHELLY MORVAY, AND JAY MIRTALLO

When a medical error occurs, healthcare providers use any available resources to help care for the patient and determine if other patients have been affected. Oftentimes in these situations, healthcare providers involved in the event are overlooked and left to handle the emotional repercussions on their own. The term *second victim* refers to “a healthcare provider involved in an unanticipated adverse patient event, medical error, and/or patient related injury who becomes victimized in the sense that the provider is traumatized by the event.”¹ Healthcare providers considered in this definition include physicians, nurses, pharmacists, and other members of the healthcare team susceptible to error and vulnerable to its consequences.²

While the second victim phenomenon is commonly associated with medication errors, there are various situations that can have an emotional impact on healthcare professionals. For example, an individual might become a second victim after being involved with multiple trauma cases that result in negative outcomes, after

Purpose. A formal support program for pharmacy employees involved in adverse drug events, patient-related injuries, and other traumatic work experiences is described.

Summary. Healthcare workers are sometimes referred to as the “second victims” of patient care mishaps due to the anxiety, loss of confidence, and career uncertainty they may experience. After a survey indicating that about 30% of its staff had been involved in a second-victim event, the Nationwide Children’s Hospital (NCH) pharmacy department implemented a peer-based support initiative (the YOU Matter program) based on an established three-tiered intervention model. All staff members are trained to identify second victims. The core of the program is a team of trained peer supporters who serve as first responders; if additional support is required, referrals to behavioral health, social

work, and employee assistance personnel are made as appropriate. Staff members involved in troubling work-related events can seek support via a Web-based portal for event reporting and discussion. Since the launch of the NCH second victim program, the team of trained peer supporters has been expanded from 13 to over 120. In a postimplementation survey, 85% of the NCH pharmacy department staff indicated that the YOU Matter program has been beneficial.

Conclusion. The majority of the NCH pharmacy staff reported that the department benefited from implementation of the second victim program. A survey conducted five months after implementation of the program revealed that 3 respondents had personally used the program and 11 had referred a coworker to a peer supporter.

Am J Health-Syst Pharm. 2015; 72:563-7

being assigned to care for a violent patient or family, or after caring for a patient who was a victim of abuse. Regardless of the scenario, medical professionals are forced to quickly cope with the situation and prepare for the next patient encounter.

In a study by Scott and colleagues,¹ approximately 5000 physicians, nurses, and medical students were surveyed, and 30% of the 898 survey respondents reported personal problems as a result of a clinical patient safety event in the past year.

KARA D. KRZAN, PHARM.D., M.S., is Chief of Pediatric Clinical Pharmacy Services, University of Florida Health Shands Hospital, Gainesville; at the time of the project described herein, she was Postgraduate Year 2 Resident in Health System Pharmacy Administration, Nationwide Children’s Hospital, Columbus, OH. JENNA MERANDI, PHARM.D., M.S., is Medication Safety Pharmacist; and SHELLY MORVAY, PHARM.D., is Medication Safety Pharmacist, Nationwide Children’s Hospital. JAY MIRTALLO, M.S., B.S.PHARM., BCNSP, FASHP, FASPEN, is Professor of Clinical Pharmacy and Director,

Master of Science degree program in Health System Pharmacy, Division of Pharmacy Practice and Administration, College of Pharmacy, The Ohio State University, Columbus.

Address correspondence to Dr. Krzan (kkrgan21@gmail.com). The authors have declared no potential conflicts of interest.

Copyright © 2015, American Society of Health-System Pharmacists, Inc. All rights reserved. 1079-2082/15/0401-0563. DOI 10.2146/ajhp140650

Additionally, 15% of respondents indicated that they had contemplated leaving their profession. A similar survey of nurses, pharmacists, and physicians found that 40.8% of 402 respondents felt that a patient care error had a harmful effect on their personal lives.³

Many organizations provide some type of formal employee support, such as pastoral care or employee assistance programs. However, there is underutilization of these programs and often a reluctance of staff to use formal support services.⁴ One study found that only 1% of respondents expressed a desire to involve individuals outside of their practice environment for second victim support, while 83% desired internal support from their peers and managers or supervisors.¹ These findings suggest that peer support is often what a second victim desires when coping with a traumatic event or medical error.

Problem

Pharmacists and other healthcare professionals continue to face harsh realities every day. Caring for patients can be emotionally difficult, and in such a high-stress environment, hospital employees are at increased risk of becoming second victims. With the lack of a formal support structure, many will suffer in silence.

Nationwide Children's Hospital (NCH) is a 435-bed freestanding pediatric hospital that employs a staff of over 9000. At NCH, there is a tremendous focus on patient safety and efforts to decrease preventable harm. The "Zero Hero" program began in 2009 with the goal of reaching zero preventable harm by the year 2013.⁵ As one method of identifying adverse events, NCH utilizes a voluntary event reporting system.

In 2010, NCH implemented the "medication huddle" process in an effort to bring together staff involved in an adverse drug event at the next available shift.⁶ Through the huddle process, the patient safety team iden-

tified the presence of second victims in the organization—regardless of whether the event reached a patient and caused harm or was caught prior to reaching a patient. While patient safety continues to be the main focus, it is imperative that employee safety is considered and addressed as well.

Analysis and resolution

Program development. In July 2013, a core team was developed with the intent of creating and implementing a peer-based support system to help second victims. The core team consists of an interdisciplinary group of nurses, pharmacists, physicians, behavioral health professionals, pastoral care professionals, hospital administrators, and social workers. No funding was granted for the creation of the second victim program, so all time dedicated by the core group was in addition to their existing job responsibilities. Guidance for creating the program was sought from program directors at the University of Missouri Health Care System (MUHC), which implemented a peer-based second victim program in 2009.¹ Collaboration with MUHC allowed the implementation of the peer-based program at NCH to move forward more quickly.

The department of pharmacy was designated as the pilot testing area for the second victim program. The department comprises 181 employees, including pharmacists, pharmacy technicians, pharmacy transporters, administrators, and support staff. There is one main inpatient pharmacy as well as four inpatient pharmacy satellites, two outpatient pharmacies, and a home care pharmacy. The department has a robust administrative team consisting of 10 pharmacists, a clinical specialist group with 14 pharmacists, and 10 employees in the support services group, in addition to many pharmacists and technicians who work in a dispensing role.

A survey (i.e., the preimplementation survey) was created to assess the

need for a second victim program. Although modeled on a similar survey conducted at MUHC, the NCH survey was revised to reflect a different intended audience: the pharmacy department only (the MUHC survey had targeted employees throughout the entire organization). The survey was reviewed by a statistician prior to distribution and was considered to be validated, as it closely mirrored the MUHC survey.¹ The anonymous survey (Appendix A) was made available to the department ($n = 181$), and employees were given three weeks to respond. Of the 121 individuals who responded (a 66.8% response rate), 113 (93.3%) felt that the pharmacy department would benefit from a program to support second victims. With a positive response to the concept within the pharmacy department, the creation of the second victim program proceeded.

Pharmacy managers and supervisors were asked to identify staff members who would likely be successful as peer supporters. There were no formal criteria that had to be met when considering a staff member for this role. Managers were told to recommend a peer supporter based on the individual's attitude, positive relationships with other staff members, trustworthiness in dealing with confidential information, and ability to help a colleague in need. In order to provide 24-hour coverage seven days a week, individuals from all areas of pharmacy services were trained, including clinical, inpatient, outpatient, day-shift, evening-shift, and night-shift personnel. Recommended pharmacists and technicians were then formally asked to participate in the program and were sent an electronic application to be completed via an online platform (SharePoint, Microsoft Corporation, Redmond, WA).

The "Second Victim" SharePoint site was created as a central electronic portal for sharing information and managing the program. Peer

encounter forms were built into the site in order for peer supporters to document details of interactions with second victims. The encounter forms capture only nonidentifiable data; encounter reports contain no information relative to the second victim's name and no patient information. Security and permission preferences were set to ensure the privacy of the second victim program, and only persons involved in the program have access to the site. The site also includes contact information for key individuals involved in the program, published literature on the second victim phenomenon, a schedule of recruitment activities to promote the program, marketing materials, meeting agendas, and meeting minutes.

The second victim support program was titled "YOU Matter," and the NCH peer supporter team is referred to as the YOU Matter team. Initial peer supporter training consisted of 8 hours of didactic lectures, small-group work, and group discussions. Based on feedback from evaluations, the decision was made to shorten the 8-hour training session for peer supporters to 4.5 hours in order to better accommodate staff. Topics covered in training included a thorough explanation of the second victim phenomenon, an overview of second victim literature, the Scott Three-Tiered Interventional Model of second victim support, the recovery trajectory of second victims, personal stories from core group members, the NCH intervention-escalation structure, SharePoint site orientation, self-care tips, how to approach a second victim, how to make referrals to the support program, legal considerations for peer supporters, and the importance of confidentiality relative to second victims.^{1,7} Speakers for the training included representatives from the pharmacy department, quality-improvement services, and legal services; a clinical psychologist from NCH's employee

assistance program; and the team's executive sponsor, the vice president of patient care services. The session included didactic training and case studies completed in small groups at the end of the training session. A total of 13 peer supporters from the pharmacy department were trained.

NCH implemented the Scott Three-Tiered Interventional Model of support in order to facilitate a rapid response to second victims.¹ This model, outlined in Table 1, identifies the three tiers of support for second victims depending on the type of support needed. In order to train all staff in providing tier 1 support, a 10-minute presentation was given at inpatient and outpatient pharmacist and pharmacy technician meetings. The purpose of this presentation was to ensure that the entire department knew how to identify and provide initial support to a second victim. Training all staff helped to ensure that second victims are identified at the peer level and provided the type of support necessary for healing. It is estimated that 60% of second victims receive sufficient support at the tier 1 level.¹ If tier 1 support is not sufficient, the response can be escalated to a tier 2 intervention, which entails the involvement of YOU

Matter-trained peer supporters, who are educated in conducting one-on-one and group debriefings. The peer supporters are able to give further assistance to a second victim by asking appropriate questions and providing a listening ear. An estimated 30% of second victims are adequately supported by trained peer supporters.¹ However, if a trained peer supporter feels that the needs of the second victim surpass his or her ability to help, the second victim is referred for tier 3 support provided by trained professionals outside of the pharmacy department, such as pastoral care, employee assistance program, social work, or behavioral health personnel. While a relatively low percentage of second victims need tier 3-level intervention, it is important to recognize when care needs to be escalated and professional support is required.

Program assessment. The preimplementation survey was distributed to 181 pharmacy employees in July 2013; a second (i.e., postimplementation) survey to assess the pilot program's effectiveness was distributed in March 2014 (Appendix B). Both surveys were made available online and completed anonymously. The survey results were used to compare staff perceptions before and after the

Table 1.

Scott Three-Tiered Interventional Model of Second Victim Support, as Applied at Nationwide Children's Hospital¹

Tier	Definition
1: Local (unit/department) support	All employees are trained to know how to identify a second victim and how to provide initial support to a second victim.
2: Trained peer supporters	Trained peer supporters, individuals who have been further educated on conducting one-on-one and group debriefings, give further assistance to a second victim by asking appropriate questions and providing a listening ear.
3: Expedited referral network	Trained professionals outside of the pharmacy department (e.g., pastoral care, employee assistance program, social work, and behavioral health staff) are contacted when care needs to be escalated and professional support is required.

implementation of the second victim program. As with the preimplementation survey, there were 121 responses to the postimplementation survey. In both surveys, employees were not required to answer every question; therefore, some questions elicited less than 121 responses. In both surveys, the majority of respondents were inpatient pharmacists who had been practicing for five years or less at the hospital and in the pharmacy profession.

Responses to the preimplementation survey revealed that 36 staff members (30% of the 120 individuals who responded to that survey item) had been involved in an event that resulted in their feeling like a second victim, and 30 individuals (25% of 119 item respondents) had received support from within the pharmacy department. Notably, 25 individuals reported receiving support from a peer or colleague after a second victim event; 42 indicated that they were able to “work it out emotionally” on their own. Unfortunately, 6 survey respondents

contemplated leaving the institution after the incident, and 2 considered leaving the profession of pharmacy. Additionally, 113 survey respondents (93%) felt the pharmacy department would benefit from a second victim peer support program. As a result of the survey findings, the YOU Matter team was created.

The postimplementation survey was disseminated five months after the launch of the YOU Matter program, and staff had three weeks to respond. After implementation of the program, 85% of pharmacy staff members (95 of 112 individuals who responded to the applicable survey item) felt that the department had benefited from the YOU Matter program (Table 2). In a free-text response area, several individuals noted that they felt that it was too early to truly realize the benefit of the program. There were 3 individuals who reported speaking with a peer supporter after an event and 11 individuals who had referred a coworker to a peer supporter. All 3 individuals who spoke to a peer supporter re-

sponded that they benefited from the experience.

Multiple peer encounters with second victims have been documented on the Second Victim SharePoint site. These range from medication errors to employees who attended difficult trauma responses in the emergency department and needed support after the event. One employee required a tier 3 intervention and was referred to a clinical psychologist for additional help.

Discussion

Subsequent to the successful pilot in the pharmacy department, NCH decided to expand the YOU Matter program hospitalwide. The program has been expanded to the perioperative areas, emergency department, and intensive care units. The goal is to expand the program to all inpatient and outpatient areas by the end of 2015. There are over 120 trained peer supporters in the institution, including but not limited to pharmacists, technicians, physicians, nurses, social workers, respiratory therapists, paramedics, unit clerks, and medical residents. The SharePoint site has allowed this program to be managed efficiently, as it provides an excellent way to store information and improve accessibility and communication across departments and disciplines.

In the future, it will be important to continue to collect data and determine if implementing a second victim support program helps employees feel supported during difficult times and able to have the help they need to perform their difficult jobs effectively. It will be necessary to ensure that all new employees receive tier 1 training when they begin employment.

Conclusion

The majority of the NCH pharmacy staff reported that the department benefited from implementation of the second victim program.

Table 2.
Selected Data From Pharmacy Staff Surveys Before and After Implementation of Second Victim Program at Nationwide Children’s Hospital

Survey Topic/Question (No. Respondents)	No. (%) Affirmative Responses
<i>Preimplementation survey</i>	
Involvement in an adverse event resulting in emotional issues that affected job performance (n = 120)	36 (30.0)
Received support from a member of the pharmacy department after an adverse event ^a (n = 119)	30 (25.0)
<i>Postimplementation survey</i>	
Personal use of peer support services provided by YOU Matter ^b program (n = 121)	3 (2.5)
Referral of a coworker for peer support through YOU Matter ^b program (n = 100)	11 (11.0)
Has the pharmacy department benefited from the YOU Matter ^b program? (n = 112)	95 (85.0)

^aSurvey participants were instructed to choose all applicable items from a list of potential support sources. Respondents indicated receiving support from one or more of the following: medication safety pharmacist (27%), direct supervisor or manager (22%), peer or colleague (37%), family member (18%), significant other (13%), and close friend (15%); 34% indicated that they received no support.

^bThe YOU Matter program is the second victim program at Nationwide Children’s Hospital.

Results of a survey conducted five months after implementation of the program revealed that 3 respondents had personally used the program and 11 had referred a coworker to a peer supporter.

References

1. Scott SD, Hirschinger LE, Cox KR et al. Caring for our own: deploying a system-wide second victim rapid response team. *Jt Comm J Qual Patient Saf.* 2010; 36:233-40.
2. Wu A. Medical error: the second victim. The doctor who makes mistakes needs help too. *BMJ.* 2000; 320:726-7.
3. Wolf ZR, Serembus JF, Smetzer J et al. Responses and concerns of healthcare providers to medication errors. *Clin Nurse Spec.* 2000; 14:278-87.
4. Edrees HH, Paine LA, Feroli ER et al. Health care workers as second victims of medical errors. *Pol Arch Med Wewn.* 2011; 121:101-8.
5. Brilli R, McClead R, Davis T et al. The Preventable Harm Index: an effective motivator to facilitate the drive to zero. *J Pediatr.* 2010; 157:681-3.
6. Merandi J, Morvay S, Lewe D et al. Improvement of medication event interventions through use of an electronic database. *Am J Health-Syst Pharm.* 2013; 70:1708.
7. Scott SD, Hirschinger LE, Cox KR et al. The natural history of recovery for the healthcare provider “second victim” after adverse patient events. *Qual Saf Health Care.* 2009; 18:325-30.
3. How many years have you worked in your current profession? (Choose one: 0–2, 3–5, 6–10, 11–20, 21 or more)
4. How many years have you worked at Nationwide Children’s Hospital? (Choose one: 0–2, 3–5, 6–10, 11–20, 21 or more)
5. Are you familiar with the term “second victim,” referring to members of the healthcare team who are emotionally harmed, traumatized, or affected after an adverse event? (yes or no)
6. While at Nationwide Children’s Hospital, have you been involved in any adverse events that caused you anxiety, depression, insomnia, anger, or concern that you were unable to adequately perform your job? (yes or no)
7. If you were involved in an adverse event, did you receive support from anyone within the pharmacy department? (If yes to #6, answer yes or no)
8. Who supported you following the event? (Check all that apply: medication safety pharmacist, direct supervisor/manager, peer/colleague, family member, significant other, close friend, no one)
9. Following the adverse event . . . (check all that apply: I was able to work it out emotionally on my own, I was able to work it out emotionally after confiding in another individual, I had anxiety and/or insomnia as a result of the event, I had to take unscheduled time off of work due to the emotional impact the event had on me, I contemplated leaving the organization, I contemplated leaving my current profession altogether).
10. Do you feel the department of pharmacy would benefit from a program to support second victims? (yes or no)
11. If a program to support second victims were in place, the likelihood of me reporting an adverse event would . . . (choose one: increase, decrease, remain the same).
12. Please describe your recommendations for supportive strategies if you or a colleague were involved in an adverse event.

Appendix B—Postimplementation survey

1. What is your current position at the hospital (as of January 1st 2014)? (Choose

one: technician, transporter, intern, staff pharmacist, clinical pharmacist, administration, information systems pharmacist, other pharmacist)

2. In which area of pharmacy do you work? (Choose one: inpatient, outpatient, home care)
3. How many years have you worked in your current role? (Choose one: 0–2, 3–5, 6–10, 11–20, 21 or more)
4. How many years have you worked at Nationwide Children’s Hospital? (Choose one: 0–2, 3–5, 6–10, 11–20, 21 or more)
5. Are you familiar with the term “second victim,” referring to members of the healthcare team who are involved in an unanticipated patient event, stressful situation, or patient care–related injury and suffer emotionally as a result of the incident? (yes or no)
6. Since the implementation of the YOU Matter program, have you spoken to a peer supporter following an unanticipated patient event, stressful situation, or patient-related injury? (yes or no)
7. After talking to the peer supporter, you . . . (if yes to #6, choose one: felt you benefitted from speaking with the peer supporter, felt there was no benefit to speaking with the peer supporter, required additional help and was referred to someone outside of the department).
8. Since the implementation of the YOU Matter program, have you referred a coworker to a peer supporter following an unanticipated patient event, stressful situation, or patient-related injury? (yes or no)
9. Do you feel the department of pharmacy has benefitted from the YOU Matter peer support program to support second victims? (yes or no)
10. Since the implementation of the YOU Matter peer support program, my event reporting frequency has . . . (choose one: increased, decreased, remained the same).
11. Please describe your feedback regarding the YOU Matter program and any recommendations for improving our supportive strategies to the department. (free-text response)

Appendix A—Preimplementation survey

1. What is your current position at the hospital as of July 1, 2013? (Choose one: technician, transporter, intern, staff pharmacist, clinical pharmacist, administration, information systems pharmacist, other pharmacist)
2. In what area of pharmacy do you work? (Choose one: inpatient, outpatient, home care)