When Things Go Wrong: Lessons at the Sharp End of Care

KHC Summit on Quality
Frederick van Pelt, MD, MBA
October 16, 2015
The Impact of Adversity: A Story
Just another day of Surgery –

November 18, 1999
System Failures for the Clinician

• No event debriefing
• No guidance or advocacy during the QA, peer review or root cause analysis
• No system for emotional support
• No system to advocate or to support communication with patient or family
Transparency, Apology and Support?
How Big is the Opportunity?

Journal of Patient Safety:
September 2013 - Volume 9 - Issue 3 - p 122–128
doi: 10.1097/PTS.0b013e3182948a69
Review Article

A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care

James, John T. PhD

FREE

Article Outline
How Many are Impacted by Catastrophic Medical Events?

- Deaths attributed to preventable harm:
  - Revised Estimates (2013): 210,000 - 400,000/yr
- Impacted family members (at least 2/patient): > 196,000 - 800,000/yr
- Impacted clinicians (at least 4/patient): > 392,000 - 1.6 million/yr

Whatever number you choose, it’s BIG!
A Comparison of Industry Support Responses

• Airline Industry
  - Risk of death due to adverse event: < 1:10,000,000
  - Support response in place with immediate activation

• US Healthcare
  - Risk of death due to preventable harm: 0.89% or ~ 1:100
  - Nascent support response
So why did Captain Sully tell me they “all had PTSD for several months” thereafter? Why, if Captain Sully’s years of experience had all been a cumulative preparation for this most unlikely event, and if he did just about everything right (and quickly), could he not sleep or concentrate for three months?

I was surprised to know that after a hugely successful demonstration of teamwork and skill, and a landmark safety save, all of the parties involved were so adversely affected. And I was impressed when Captain Sully told me that a coordinated and supportive debriefing was arranged within 24 hours for their flight team and family members, with the purpose of preparing them for emotions and physical responses they might have, and normalizing the post-event experience and timeline for emotional recovery. And then I realized, this is one thing we haven’t yet learned from aviation.

No one would have considered pulling Sully or Skiles or the flight crew members out of the river and asking them to head back to La Guardia and fly another leg. Yet in medicine, physicians are generally expected to continue caring for patients, sometimes without even a brief period of time to reflect or regroup.
“Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed.....You agonize about what to do...... Later, the event replays itself over and over in your mind”
Second Victims Defined...

“Healthcare team members involved in an unanticipated patient event, a medical error and/or a patient related injury and become victimized in the sense that they are traumatized by the event.”

High Risk Scenarios

• Patient ‘connects’ staff member to family
• Pediatric cases
• Medical errors
• Failure to rescue cases
• First death experience
• Unexpected patient demise
Results: 84% of respondents involved in at least one unanticipated death or serious injury over the course of a career. >70% experienced guilt, anxiety, and reliving of the event with 88% requiring time to recover emotionally, 19% acknowledging having never fully recovered. 12% considered a career change. 67% believed that their ability to provide patient care was compromised in the first 4 hrs subsequent to the event, but only 7% were given time off.

Conclusion: A perioperative catastrophe may have a profound and lasting emotional impact on the anesthesiologist involved and may affect his or her ability to provide patient care in the aftermath of such events.
We All Have A Story...

A case from the recently released CRICO/RMF Film "Healing the Healer"
Research Consensus – The Second Victim Trajectory

Stage 1: Chaos & Accident Response
Stage 2: Intrusive Reflections
Stage 3: Restoring Personal Integrity
Stage 4: Enduring the Inquisition
Stage 5: Obtaining Emotional First Aid
Stage 6: Moving On

Impact Realization

Thriving
Surviving
Dropping Out

Supporting Healing. Restoring Hope.
Health Care Professionals as Second Victims after Adverse Events: A Systematic Review

Deborah Seys¹, Albert W. Wu², Eva Van Gerven¹, Arthur Vleugels¹, Martin Euwema³, Massimiliano Panella¹, Susan D. Scott⁵, James Conway⁶, Walter Sermeus¹, and Kris Vanhaecke¹

Reference Article: The Care Provider as Second Victim
## Where was the Support in 2004?

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Supporting the Care Providers

“Normal people having normal reactions to abnormal events”

(A. Devencenzi, Kaiser Permanente)
Needs Identified

• Individual Peer Support – emotional first aid
• Individual Organizational Support – intervention
• Group Organizational Support – team debriefing
• Independent Foundational Support
When Things Go Wrong

Responding to Adverse Events

A Consensus Statement of the Harvard Hospitals

March 2006

Supporting Healing. Restoring Hope.
Peer Support: healthcare professionals supporting each other after adverse medical events

F van Pelt

Qual. Saf. Health Care 2008;17;249-252
The Three Tiered Model of Support

Tier 1
‘Local’ (Unit/Department) Support

Tier 2
- Trained Peer Supporters
- Patient Safety & Risk Management Resources

Tier 3
Expeditied Referral Network

Established Referral Network with:
- Employee Assistance Program
- Chaplain
- Social Work
- Clinical Psychologist

Ensure availability and expedite access to prompt professional support/guidance.

Trained peer supporters and support individuals such as patient safety officers, or risk managers who provide one on one crisis intervention, peer supporter mentoring, team debriefings & support through investigation and potential litigation.

Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of cases.
Reference Article: Supporting the Care Provider

Review

Supporting involved health care professionals (second victims) following an adverse health event: A literature review

Deborah Seys\textsuperscript{a}, Susan Scott\textsuperscript{c}, Albert Wu\textsuperscript{b}, Eva Van Gerven\textsuperscript{a}, Arthur Vleugels\textsuperscript{a}, Martin Euwema\textsuperscript{c}, Massimiliano Panella\textsuperscript{d}, James Conway\textsuperscript{f}, Walter Sermeus\textsuperscript{a}, Kris Vanhaeckt\textsuperscript{a,*}

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\textsuperscript{f}Institute for Healthcare Improvement, Cambridge, MA, USA
Today

• Joint Commission
  ➢ Hospital Leadership Chapter 7/1/2012
  
  The Leaders make support systems available for staff who have been involved in an adverse or sentinel event...

• NQF Safe Practices
  ➢ Practice 7: Disclosure
  ➢ Practice 8: Care of the Caregivers
MITSS  Medically Induced Trauma Support Services

www.mitss.org

Supporting Healing. Restoring Hope.
Mission:
To Support Healing and Restore Hope to Patients, Families and Clinicians following adverse medical events/medical harm

How MITSS achieves its mission:
- Awareness and Education
- Direct Support Services to Patients, Families, and Clinicians
- Advocacy for Action
- Coaching and Consulting
How we achieve our mission...

ON A GLOBAL LEVEL

EDUCATING AND RAISING AWARENESS
Keynote Speeches
Presentations and Facilitating Workshops
Hosting Educational Forums
Articles and Publications

CREATING INNOVATIVE TOOLS AND RESOURCES
Clinician Support Tool Kit for Healthcare
Tools for Patients and Families
Tools for Healthcare Administrators

PROVIDING THE “VOICE OF THE PATIENT”
Massachusetts Alliance for Communication and Resolution following Medical Injury (MACRMI)
Masspro Partnership for Patients

Supporting Healing. Restoring Hope.
How we achieve our mission...

ON AN ORGANIZATIONAL LEVEL

- Consultation on Best Practices for Support
- Organizational Assessments
- Grand Rounds
- Just in Time Coaching
- In Service Training

Supporting Healing. Restoring Hope.
MITSS
Medically Induced Trauma Support Services

How we achieve our mission...

ON AN INDIVIDUAL LEVEL

TOLL FREE SUPPORT LINE
(1-888-366-4877)

NAVIGATIONAL ASSISTANCE

☑️ SHORT TERM, ONE ON ONE COUNSELING FOR PATIENTS, FAMILIES, AND CLINICIANS

☑️ TEN WEEK THERAPEUTIC EDUCATIONAL SUPPORT GROUPS™

Supporting Healing, Restoring Hope.
Is your institution culturally ready for a program to support clinicians after something goes wrong?
What can you do tomorrow?

- Get Information out to staff about impact of these event – help normalize
- Create a Multi-disciplinary Group that can developing a plan to implement Clinician and Staff Support
- Environmental Scan of current support services available
  - Internal
  - External
  - Start a list of supports
Clinic Support Tool Kit for Healthcare

- Released December 2010
- [http://www.mitsstools.org/tool-kit-for-staff-support-for-healthcare-organizations1.html](http://www.mitsstools.org/tool-kit-for-staff-support-for-healthcare-organizations1.html)
  - Over **34,790** unique visitors
  - Over **3,560** requests for downloadable copies

[www.mitsstools.org](http://www.mitsstools.org) Tools for Clinicians, Patients and Families and Healthcare Organizations

*Accessed by every state – over 100 countries*
Trust: Feeling Safe When You Are Most Vulnerable

Supporting Healing. Restoring Hope.
Trust is built on Vulnerability and Relationship

Vulnerability, trust and relationship interact as a reinforcing loop: the greater one’s willingness expose oneself*, the deeper the relationship, and the greater the level of trust.

*and to be recipient to that level of exposure by another
Trust is essential for enabling transparent problem-solving and resilient response following unanticipated catastrophic events. As trust increases, vulnerability to isolation and silence decreases, which further increases the ability to problem solve, take corrective action and offer support to those impacted.
The full service capability of a healthcare organization is dependent on its willingness and ability to build trust among its leadership, staff, and its consumers.

Trust & The Service Triangle: Relationships & Dependencies

- **Advocacy**: (asking, listening, partnership)
- **Care Experience**: (transparency, access, integration, personalization)
- **Quality, Safety and Delivery**: (standardized systems, efficiency, process improvement)
- **Trust Vulnerability (Transparency)**: Support

**Supporting Healing, Restoring Hope**
Have we lost sight of a healthcare fundamental?

Science and Art: The Quantitative and Qualitative
Patient Care: “Thou” vs. “It”
Clinical Care Today: “It” or “Thou”?

Supporting Healing. Restoring Hope.
They didn’t know it was impossible so they went ahead and did it
- M. Twain

“Be the change you want to see in the world”
- M. Gandhi

Just Do It
- Nike