



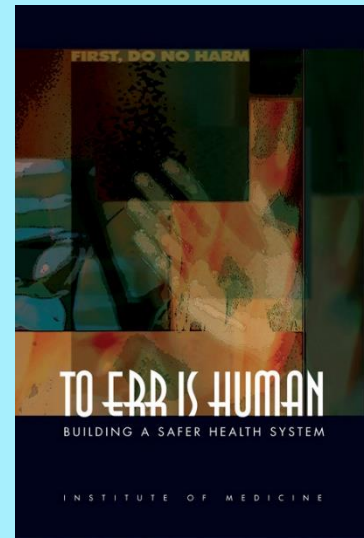
Critical Incidents & Second Victim Phenomena

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Critical Incidents

“the problem is not bad people in health care—it is that good people are working in bad systems that need to be made safer”

To Err is Human: Building a Safer Health System



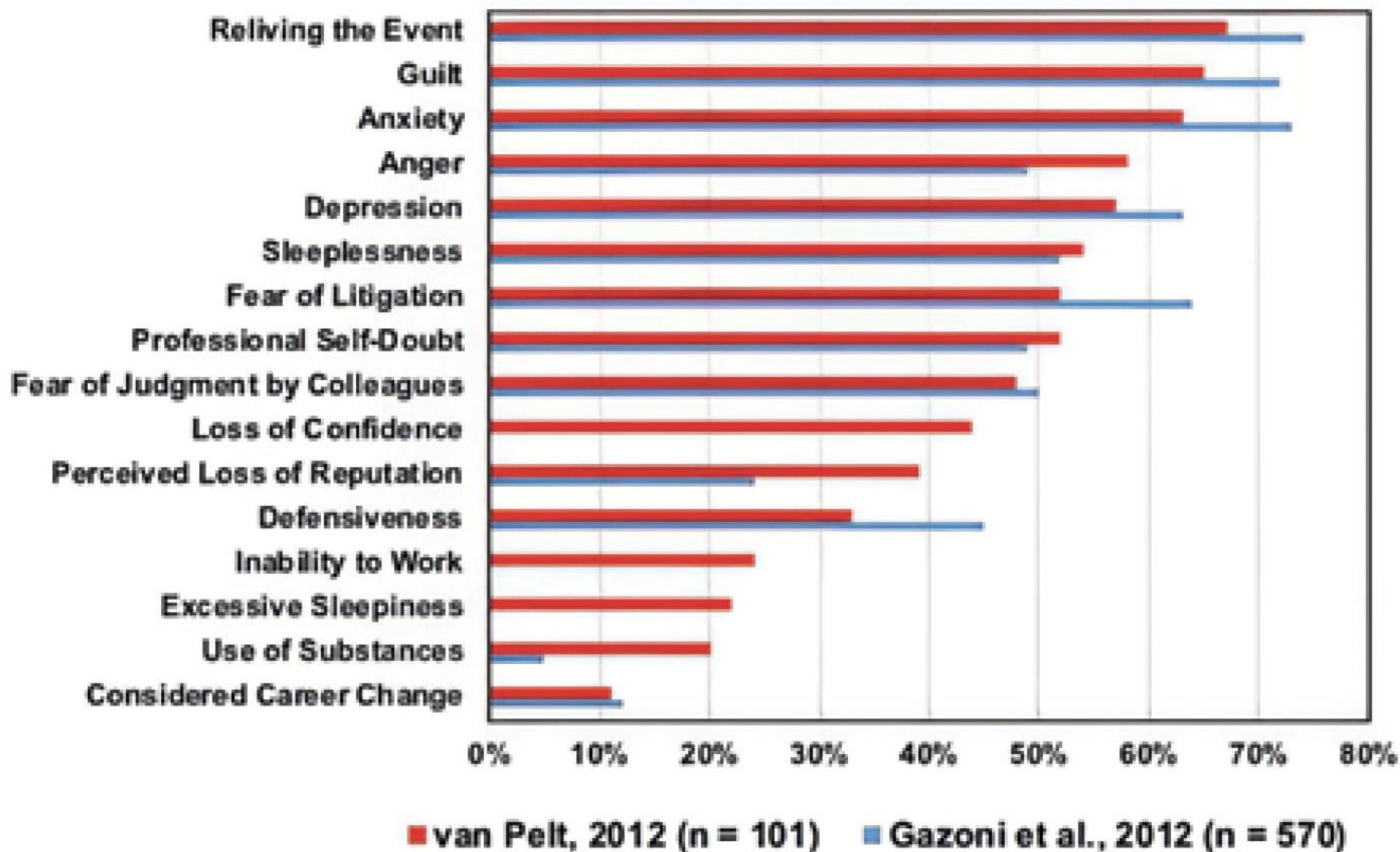
Critical Incidents



Critical Incidents^{1,2}

- Critical Incident
 - Adverse event that can result in patient harm
 - Majority of anesthesia providers will experience it
 - Critical incident stress: physical & psychological response
 - Can lead to post-traumatic stress disorder (PTSD)
 - Symptoms may also be termed as second victim phenomena

Critical Incident Symptoms: CRNAs vs Physician Anesthesiologists²



Second Victim Phenomena³⁻⁷

- What is it?
 - Emotional and physical consequences suffered by a provider following an adverse patient event
 - Can result in depression, anxiety, and self-doubt
 - If not addressed → can result in PTSD

Second Victim Phenomena⁵

Symptom	Overall Prevalence Rate, %
Troubling memories	81
Anxiety/concern	76
Anger toward oneself	75
Regret/remorse	72
Distress	70
Fear of future errors	56
Embarrassment	52
Guilt	51
Frustration	49
Anger	44
Fear	43
Feelings of inadequacy	42
Reduced job satisfaction	41
Concern regarding colleagues' reactions	39
Symptoms of depression	36
Fears of repercussions/official consequences	36
Sleeping difficulties	35
Anger toward others	33
Loss of confidence	27
Concern regarding patients' reactions	8
Self-doubts	6

Second Victim Phenomena³

- Why does it occur?
 - Fallacy of maintaining perfection
 - Limited time to adequately process the event
 - Inadequate resources to manage grief
 - Professional and/or organizational expectations

Second Victim Phenomena

Disenfranchised Grief

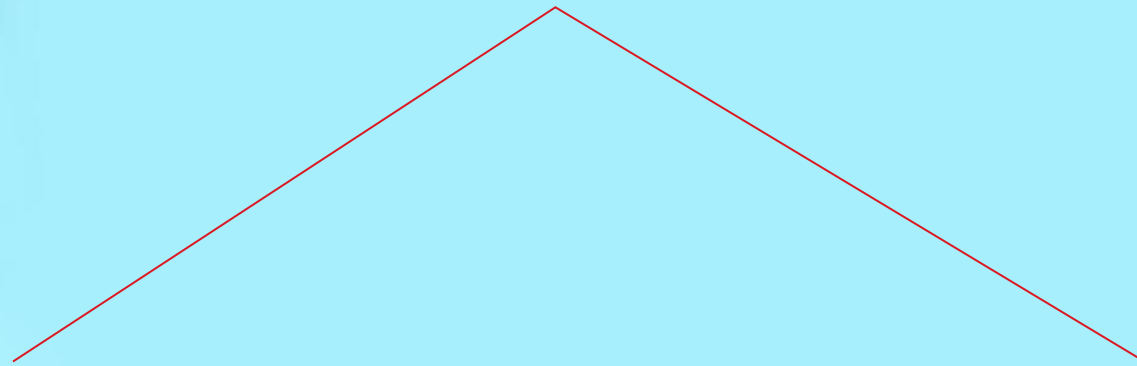
“grief that persons when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported”

Kenneth Doka (1989)



Victim Triangle⁶

1st Victim: Patient



2nd Victim: Provider

3rd Victim: Organization

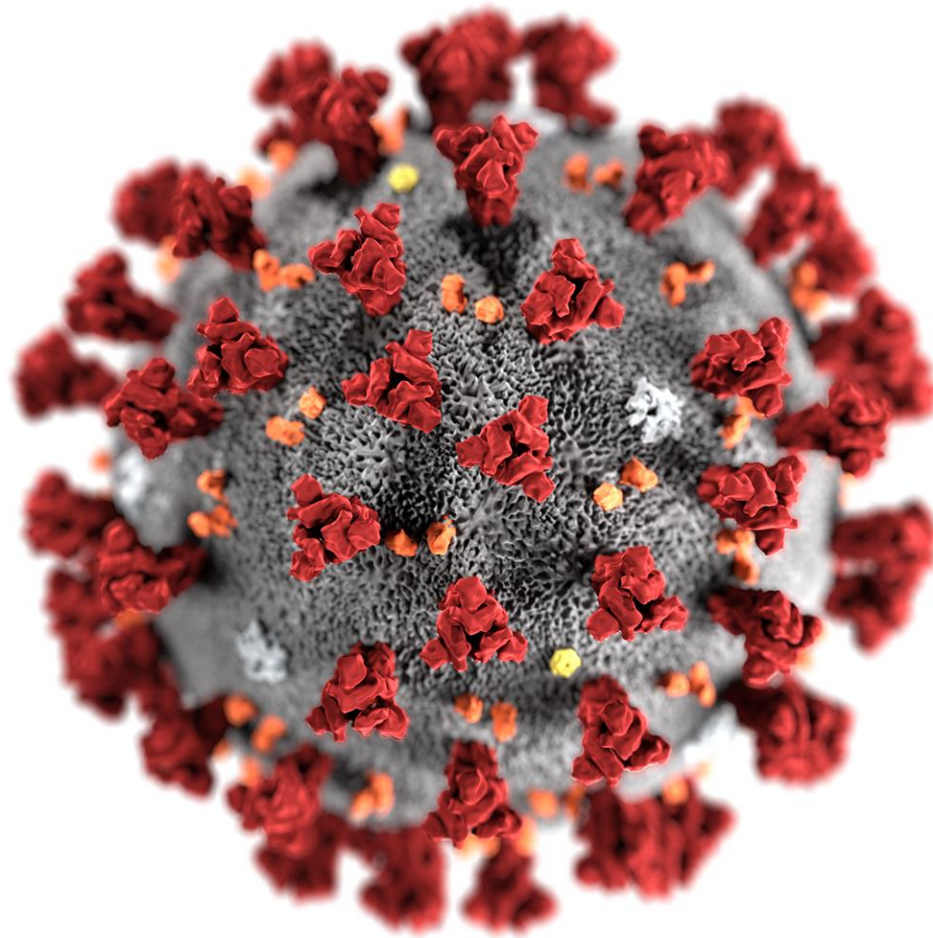


Second Victim Phenomena³

- Adverse Event Characteristics
 - Death or near death of a patient
 - M&M resulting from organizational issues
 - Event impacting a patient known to the provider



COVID-19



Second Victim Phenomena



Second Victim Phenomena



Second Victim Phenomena⁸

- Specialties of Practice: Obstetrics
 - Typically, a joyous day in the patient's life
 - Expectations of healthy mom and healthy baby
 - Planning and providing care for multiple patients
 - Adverse events can happen quickly

Second Victim Phenomena⁹

- Polarizing Terminology
 - “Victimhood” may be seen as avoiding accountability
 - Perceived as a threat to quality improvement
 - Remains little support & research for harmed families

“We know who the actual victims of medical errors are because we arranged their funerals and buried them”

Second Victim Phenomena¹

- Critical Incident Stress Management
 - Goal: maintain or restore well-being after an incident
 - Elements:
 - Precrisis intervention
 - On-scene support services
 - Defusing via debriefing
 - Community outreach
 - Support for significant others
 - Individual and group follow-up services

Second Victim Phenomena¹

- Critical Incident Protocol Development
 - Debriefing team
 - Formal notification team
 - Staff education program
 - If possible, relieve CRNA involved in an incident

Second Victim Phenomena^{1,8}

- Critical Incident Debriefing
 - Provides a safe environment to discuss the event
 - Aimed to mitigate PTSD symptoms
 - Limited department guidelines to assist in the process
 - Many CRNAs grieve alone without adequate support

Second Victim Phenomena⁸

- Critical Incident Debriefing: M&Ms
 - Aimed to learn from the adverse event
 - Often focuses on the negatives
 - May worsen the shame and guilt by the provider
 - Consider adding time to discuss any positive aspects

Second Victim Phenomena¹⁰

- The 5 Rights of the Second Victim
 - Treatment that is just
 - Respect
 - Understanding and compassion
 - Supportive care
 - Transparency and opportunity to learn

Second Victim Phenomena⁴

- Stages of Recovery
 1. Chaos and accident response
 2. Intrusive reflections
 3. Fear of rejection vs seeking confirmation
 4. Enduring the inquisition
 5. Obtaining emotional first aid
 6. Moving on

Second Victim Phenomena⁴

1. Chaos and Accident Response

- Recognition of the adverse event
- Rapid self-reflection about what led to the event
- Provider may be distracted while patient is unstable
- Criticize oneself for not thinking clearly

Second Victim Phenomena⁴

2. Intrusive Reflections

- Described as experiencing “haunted re-enactments”
- Feeling inadequate and possible self-isolation
- Revisits the event frequently with “what if” questions
- Hindsight is 20/20

Second Victim Phenomena⁴

3. Fear of Rejection vs Seeking Confirmation

- Seeking support from a trusted relationship
- Difficult time finding someone to relate with
- Consuming doubt regarding professional future
- “What will others think of me?”

Second Victim Phenomena⁴

4. Enduring the Inquisition

- HIPAA requirements
- Physical and psychosocial symptoms
- Concerned about repercussions
 - e.g. Job security, licensure, and legal

Second Victim Phenomena⁴

5. Obtaining Emotional First Aid

- Emotional support by trusted colleague
- Support by mental health professionals
- Feeling that loved ones cannot comprehend or shielding them from the nature of the event

Second Victim Phenomena⁷

Support Option	Desired, %	Not Desired, %
1. A respected peer to discuss the details of what happened	80.5	4
2. A discussion with my manager or supervisor about the incident	73.8	9
3. A specified peaceful location that is available to recover and recompose after one of these types of events	67.1	10.5
4. The ability to immediately take time away from my unit for a little while	64	15.9
5. An employee assistance program that can provide free counseling to employees outside of work	62.4	12.4
6. The opportunity to schedule a time with a counselor at my hospital to discuss the event	48	20.7
7. A confidential way to get in touch with someone 24 hours a day to discuss how my experience may be affecting me	47.5	20.5

Second Victim Phenomena⁸



Second Victim Phenomena³

- What to say when you are the peer support
 - How are you feeling?
 - Do you want to talk about it?
 - Ask if you can call them later
- What not to say when you are the peer support
 - Tell me what happened
 - Everything will be ok
 - Don't worry about it

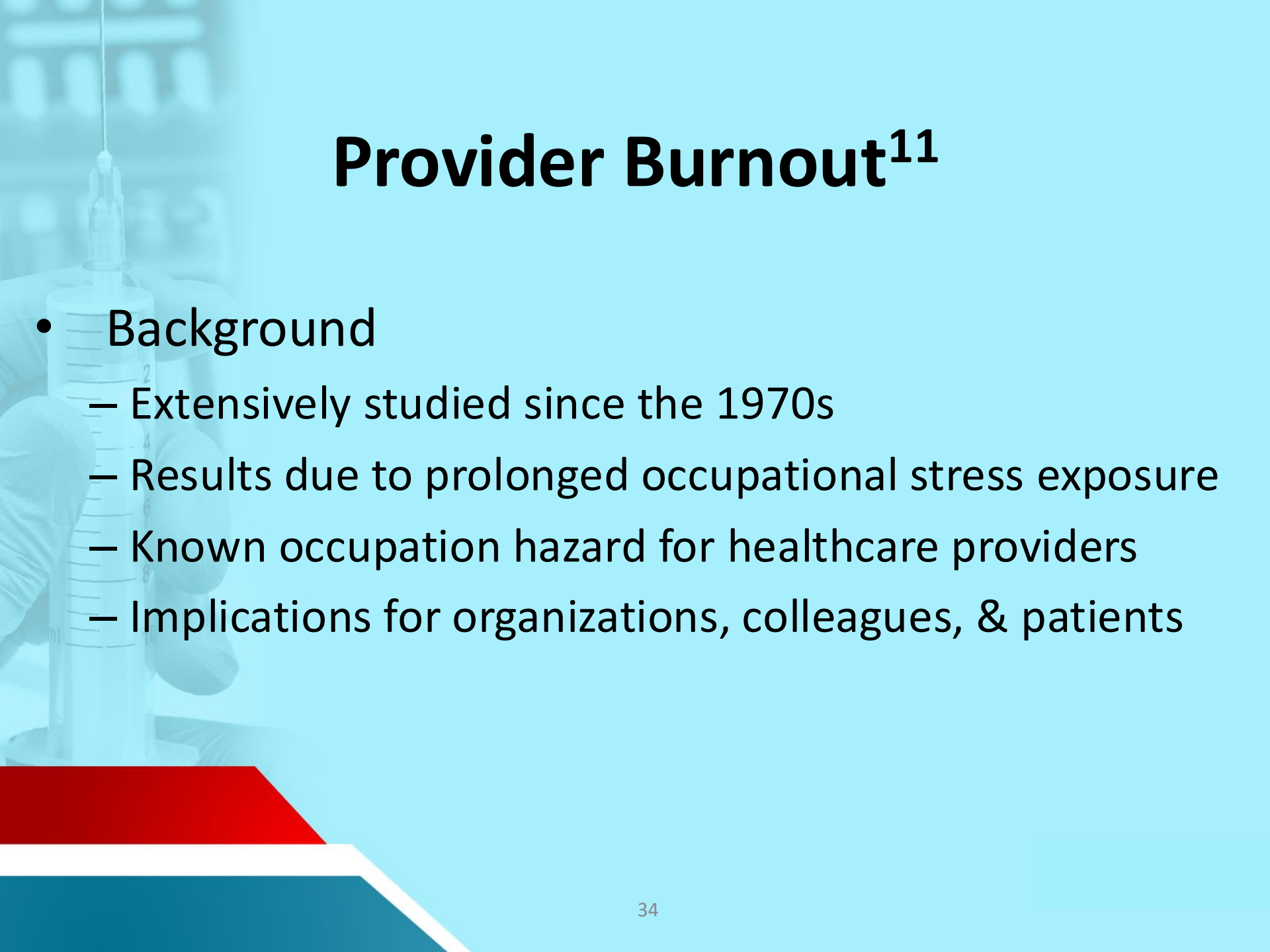
Second Victim Phenomena⁴

6. Moving On

- Internal and external push to “move on”
- 3 potential paths:
 - Dropping out: altering one’s professional role
 - Surviving: functions adequately but plagued by the event
 - Thriving: making a positive impact from the adverse event

Second Victim Phenomena⁴

- Differential Diagnosis
 - Burnout
 - Depression
 - Prolonged grief disorder
 - Job stress/fatigue
 - Substance use disorder
 - Physical health impairment and illness



Provider Burnout¹¹

- Background
 - Extensively studied since the 1970s
 - Results due to prolonged occupational stress exposure
 - Known occupation hazard for healthcare providers
 - Implications for organizations, colleagues, & patients

Provider Burnout^{11,12}

- Physical & Mental Health
 - Disengagement
 - Decreased professional worth
 - Emotional exhaustion
 - Personal relationship issues
 - Substance use disorder

Burnout Predictors¹²



**DECREASE IN JOB
FEEDBACK**



**LOW CRNA-
ADMINISTRATION
RELATIONS SCORES**



**PRIORITIZING WORK
OVER PERSONAL
RESPONSIBILITIES**

Provider Burnout¹¹

- Organizations Consequences
 - Increased staff turnover
 - Decreased job satisfaction
 - Absenteeism
 - Decreased quality of patient care
 - Decreased patient satisfaction

Provider Burnout^{11,12}

- Risk Factors for Anesthesia Providers
 - Time constraints
 - Work overload
 - Clinical complexity
 - Fear of adverse events
 - Workplace environment
 - Family stressors
 - Lack of job control (e.g. COVID-19)

Provider Burnout^{11,12}

- Organizational Strategies
 - Increased control over scheduling
 - Opportunity for reduced workload
 - Assess and address staff stressors
 - Improve staff satisfaction → ↑ retention & ↓ turnover

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