

Tips for Supporting Staff Involved in Clinically Serious Adverse Events

- The mental wellness of our staff and physicians is a big component of the safety of our environment and it is prudent for the sake of both the staff involved and patients to assess whether staff might need to be replaced on a short term basis to ensure safety while they have a chance to recover.
- Consider the need to bring functional teams together (e.g., lab staff who work together in one area) to open the lines of communication. During the meeting general information is shared (e.g., a clinically serious adverse event has occurred and a process is underway to understand what happened and how we can make care safer). This information is provided by the local leader and is intended to open dialogue, avoid secrecy, isolation, and shame. Recounting details of the event during this type of meeting is not recommended and may, in some cases, be harmful.
- During a general information session or one to one interactions with staff and physicians send clear messages of support to all staff involved: “We’ll figure this out together.”
- Provide information about how the organization is going to respond to prevent future harm to patients and better support staff to do their work. Include any relevant policies, procedures or guidance documents.
- Help staff and physicians understand that it may be helpful to seek support from family, friends and peers and that this is encouraged however, individuals should not provide patient identifying information or specific details about the event. This type of detail is provided within approved organizational processes for learning such as a quality assurance review or a patient safety review.
- Remind staff that if they need additional support they are encouraged to obtain assistance through Employee Assistance Programs (EAP) and other professionals. Managers can also call for advice on the best way to support their teams.
 - 24 hour contact number for confidential EAP help for AHS employees is 1-877-273-3134
 - 24 hour contact number for confidential support for physicians and residents is the Physician and Family Support Program of the AMA 1-877-SOS-4MDs (767-4637).
- Occasionally staff want to speak with an individual who has experience with clinically serious adverse events but are not administratively involved in their particular event. There are two such informed and objective individuals willing to be available to staff on an as needed basis:
 - Dr. Bruce MacLeod can be contacted at Bruce.macleod@albertahealthservices.ca
 - Dr. Mike Trew can be contacted at Michael.trew@albertahealthservices.ca

Please contact Michael.sidra@albertahealthservices.ca for additional information regarding the development of program materials for the support of individuals involved in clinically serious adverse events in AHS.

The Second Victim

Fatal errors and those that cause harm are known to haunt health-care practitioners throughout their lives. The impact of the errors is felt in their private lives, in interactions with professional colleagues, and in the context of their social lives.

Immediately after the error is recognized, practitioners typically experience stress-related psychological and physical reactions related to sadness, fear, anger, and shame.

They are immediately panicked, horrified, and apprehensive, which is manifested by disbelief, shock, an increased blood pressure and heart rate, muscle tension, rapid breathing, extreme sadness, appetite disturbances, and difficulty concentrating.

While awaiting investigation of the error, the second victim is often plagued with fears of losing a job and the financial consequences of unemployment and levied fines; being labeled as incompetent or careless by colleagues, their family, and the patient’s family; loss of coworkers’ respect; involvement in a civil or criminal court proceeding; and loss of a professional license.

(Grissinger, M. (2014). Too Many Abandon the “Second Victims” Of Medical Errors. Pharmacy and Therapeutics, 39(9), 591–592.)