No second thoughts about second victims: the development of a procedure to support victims following a clinical incident in a Belgian hospital

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At least half of the healthcare workers are involved in a medical incident at least once in their career (=second victims). Appropriate support is needed to prevent and reduce second victim-related harm (e.g., post-traumatic stress disorder). In Belgium, few hospitals have a concrete plan or know how to support victims.

**Introduction**

**Aim:** Developing a customized procedure to support victims following a clinical incident in a Belgian hospital.
Methods

- A **workgroup** ‘second victim’ was founded in a **Belgian hospital** in 2015.
- Workers of **different disciplines** from both the hospital and Mensura occupational health services were included.
- A **procedure** was developed in the workgroup **based on**:
  1. An **existing directive** (dealing with serious clinical incidents)
  2. **Roadmap** for the **development** of a **crisis management plan** (described in the White Paper ‘Respectful management of serious clinical adverse events’)
- A **checklist** was developed to **evaluate** the crisis management plan.
Results

Procedure (1)

First priority = first victim care

- **<48 hours**, e.g.:
  - Provide immediate psychological support
  - Designate a contact person (24/7 availability)

- **≥48 hours**, e.g.:
  - Invite patient and relatives (cause analysis)
  - Refer to external psychotherapeutic counsellors (if necessary)
Results

Procedure (2)

Second priority = second victim care

- **<48 hours**, e.g.:
  - Offer and ensure ongoing support, empathy and visibility
  - Establish a Crisis Management Team (if necessary)

- **≥48 hours**, e.g.:
  - Contact the worker on a daily base
  - Evaluate the emotional needs
  - Invite second victims for the cause analysis
Results
Procedure (3)

Third priority = Third victim care

- **<48 hours**, e.g.:
  - Make sure the appropriate persons in the organization have been informed about the incident

- **≥48 hours**, e.g.:
  - Determine measures to control identified causes of the incident
Results

Checklist to evaluate the crisis management plan

> **Checklist** = tool to verify if all the requirements of a good policy were met

> The crisis management plan contains all the necessary elements

> A contact person for all steps was designated

> All tasks are performed within the designated period of time

> The elements communication, support, and evaluation are constantly monitored
Conclusion

This study illustrated the development of a hospital-specific procedure to support victims after a clinical incident by combining:

- Theoretical guidance
- Healthcare workers’ personal experiences
- Organizational features

Importance of:

- Making clear agreements about the roles and tasks of the contact persons
- Creating an open culture that enables the discussion about patient safety incidents so they can be learnt from
Conclusion

Need for continuous evaluation to retain workability of the procedure based on e.g. insights gained from analysis of new incidents and changes in law
Questions? Remarks?
Just contact …

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