Poll Question #1

According to the National Center for Health Statistics, medical error is now the ___ leading cause of death.

a. Primary
b. 3rd
c. 5th
d. 10th

Poll Question #2

According to a survey conducted by the University of Missouri, ____ % of faculty and staff experienced personal problems within the past 12 months as a result of a clinical patient safety event.

a. 5
b. 10
c. 30
d. 90

Poll Question #3

The Institute of Safe Medication Practices recommends that both barcode verification and gravimetric technology be used for:

a. Pediatric preparations
b. Chemotherapy preparations
c. General dispensing of oral tablets
d. Both ‘a’ and ‘b’ are correct
440,000
US deaths PER YEAR from PREVENTABLE medical errors
1,000
PEOPLE
EVERY DAY
= 2 747 JUMBO JETS

The Inherent Human Error Component of Medicine

We must accept human error as inevitable – and design around that fact.

Modification of Internal Systems, Processes, and Protocols in Medicine

- Clinicians/Caregivers fearful of the intrinsic risk of being human
  - The “human error” component
- Lowering the Probability
  - Implementation of new clinically proven technologies
  - Constantly improving best practices
- Ingrowing proven processes
  - ISO Standards
  - Six Sigma principles
  - Lean Manufacturing, etc.
Raising the bar for IV Compounding Technology

Integrated barcode verification (right drug) AND gravimetric technology (right dose)

Ability to detect errors in real time

Why are IV compounding solutions with barcode scanning + gravimetry + bar steps needed?

We want to eliminate the possibility of "human error" during the sterile IV compounding process.

Ability to support the preparation of nearly ALL compounded IVs

If an Error Occurs

- Take care of the patient!
- Use any available resources to help care for the patient.
- Are any other patients affected?
- Follow policy/procedure for notifying the patient, family, and prescriber.
- Take care of the second victim!

Second Victim

Healthcare team members involved in an unanticipated patient event, a medical error can feel personally responsible for the patient outcome. Many feel as though they have "failed" the patient, second-guessing their clinical skills and knowledge base.

Suffering of Second Victims

- Second victims suffer “a medical emergency equivalent to post-traumatic stress disorder (PTSD)”
- “The instant patient harm occurs, the involved practitioner also becomes a patient of the organization – a patient who will often be neglected.”
Statistics from University of Missouri Health Care

- Survey sent to ~5,300 faculty and staff
- Out of 898 surveys returned
  - 30% heard of the term second victim
  - 30% experienced personal problems within the past 12 months as a result of a clinical patient safety event (anxiety, depression, concerns about ability to perform job)
  - 15% contemplated leaving their profession

Statistics from NCH Pharmacy

- Survey sent to ~180 pharmacy staff
- Out of 120 surveys returned
  - 81.9% heard of the term second victim
  - 30% experienced personal problems within the past 12 months as a result of a clinical patient safety event (anxiety, depression, concerns about ability to perform job)
  - 13.3% contemplated leaving NCH and/or their profession

Statistics

- Suicidal ideation associated with a medical error
  - 501 (6.3%) of 7,905 surgeons
  - Twice the rate of general population

- Significant impact on personal life
  - 306 (20%) of 1,594 physicians involved in an ADE
  - 17% impacted personal life

- Need for emotional support after patient's death
  - 100% of 74 pediatricians

Who Are Some of Our Second Victims?

- Julie Thao, RN, a 13 year veteran in nursing, gave wrong drug to a pregnant mother.
- Kim Hatt, RN, 27 years in CICU, gave 10x the dose of calcium chloride to a baby. Committed suicide following event.

Are we the criminals or victims?

Glenn Chinn, ex pharmacist  Eric Cropp, ex pharmacist

Second Victim Program Development

- University of Missouri Health Care (UMHC)
- Research Aim
  - Understanding second victim experience to define effective support structures in a rapid response system (RNS)
- 31 health care providers were interviewed
- Goal of interviews
  - to understand suffering experience & elicit specific healing interventions
- 6 distinct recovery stages were determined (initial chaos through moving on)
Impact on Hospital

- Error affected the entire hospital
- 10 years later, many still in disbelief
- Fear of reporting errors
- Multiple staff left the hospital

Defining Support Needs

Missouri Recommendations
- Remove individual right after event before resuming patient care
- Formal support provided by institution (preferably at department unit level)
- Support network readily accessible and easy access to trained counselors

Second Victim Interventions

Tier 3
- Expedited Referral Network
  - Local (Unit/Department) Support

Tier 2
- Risk Management
  - Patient Safety Team
  - Trained Peer Supporters

Tier 1
- Develop a system with structured and measurable goals for the promotion and support of patient safety culture...
Second Victim
commonly reported symptoms

- Extreme fatigue
- Difficulty concentrating
- Sleep disturbances
- Rapid heart rate
- Loss of confidence
- Decreased job satisfaction

How I felt ...

- What was my initial response
- How my coworkers reacted
- How my family and friends reacted
- What support would I have wanted
- What support was received
- Importance of having a plan in place
- How did you interact with the media?

Training

- Reflective Listening
- Assessment of Needs
- Prioritization
- Intervention
- Disposition

What should I say?

- Are you OK?
- What do you need?
- How do you feel about what has happened?
- Thank you for sharing with me

What should I not say?

- Everything will be OK
- Don’t worry about it
- Didn’t you realize what could have happened?
- What were you thinking?

Second Victim
T.R.U.S.T — the five rights

- Just Treatment
- Transparency & Opportunity
- Supportive Care
- Understanding & Compassion
- Respect
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