

Background

- Second victims are healthcare providers who suffer emotionally when the care they give leads to harm
- United States Hospitalized
 - 1/3 of patients will experience harm
 - Approximately, 400,000 die due to preventable harm
- Almost half of clinicians will experience the second victim phenomenon within their careers
- Those impacted manifest an array of symptoms, including, but not limited to, difficulty sleeping, depression, PTSD, reliving the experience, doubting one's clinical judgement, and suicide

Methods

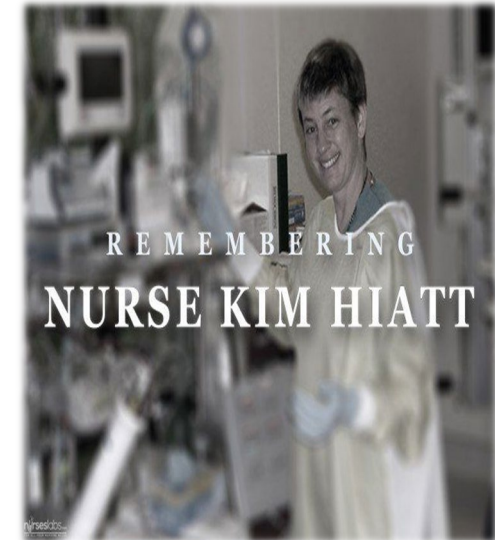
- Quality Improvement Project
 - Administration of the Second Victim Experience Support Tool (SVEST) to staff in perioperative services via RedCaps, a HIPPA protected online platform
- Sample
 - 150 teammates – Physicians (surgeons and anesthesiologists), advanced practice providers (nurse anesthetists, nurse practitioners, and physician assistant), registered nurses, surgical technicians, anesthesia technicians, and ancillary staff

Results

- 85% desired peer support 

Desired Support Options Chosen by Participants

Support Option	Desired %	Not Desired %	Mean	SD
1. The ability to immediately take time away from my unit for a little while	68	18	3.81	1.33
2. A specified peaceful location that is available to recover and recompose after one of these types of events	72	9	4.01	1.06
3. A respected peer to discuss the details of what happened	85	1	4.38	0.77
4. An employee assistance program that can provide free counseling of employees outside of work	71	7	4.01	1.13
5. A discussion with my manager or supervisor about the incident	32	1	3.87	1.05
6. The opportunity to schedule a time with a counselor at my hospital to discuss the event	60	19	3.66	1.32
7. A confidential way to get in touch with someone 24 hours a day to discuss how my experience may be affecting me	71	12	3.91	1.16



Purpose

- Early implementation of a peer support program for second victims.
 - Educate perioperative services staff on the second victim phenomenon
 - Assess desired support services for second victims in perioperative services
 - Assess need for peer support program within organization

Results

- Final sample – N=68 /49% participation

Descriptive Statistics for Dimensions and Outcome Variables

Variable	Agreement %	Mean	SD	Cronbach Alpha	No. Items
1. Psychological Distress	30.1	2.83	1.08	0.87	4
2. Physical Distress	17.3	2.28	0.96	0.88	4
3. Colleague Support	13.2	2.30	0.63	0.34	4
4. Supervisor Support	4.4	1.92	0.78	0.85	4
5. Institutional Support	30.0	2.76	1.02	0.78	3
6. Non-Work-Related Support	12.5	2.10	1.08	0.93	2
7. Professional Self-efficacy	32.7	2.84	1.07	0.91	4
8. Turnover Intentions	18.4	2.13	1.08	0.75	2
9. Absenteeism	9.6	1.90	1.02	0.91	2

Discussion

- Diminished professional self-efficacy was reported by nearly a third of survey participants (inadequacy regarding patient care, lack of self confidence in job performance, fear associated with procedures)
- SVEST findings within perioperative services conclude a high prevalence of the SVP.
- Results support continued implementation of peer support program in perioperative services and within the organization

References

