

Enhancing Caregiver Resilience The Role of Staff Support



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Bonn, 29 March 2017

Wu AW 2017



Patient Safety
Global Ministerial Summit 2017

Burnout

When passionate, committed people become deeply disillusioned with a job from which they have previously derived much of their identity and meaning. It comes at the things that inspire passion and enthusiasm are stripped away and tedious or unpleasant things crowd in.



Emotional exhaustion loss
of enthusiasm for work

Depersonalization feeling
cynicism, treating people as
objects

**Low sense of personal
accomplishment**
feeling ineffective at work

may lead to burnout

Burnout may contribute to

Eroded professionalism

Compromised
quality of care

Increased risk for medical
errors

Early retirement

Addiction &
suicidal ideation

Patient Safety, Satisfaction and Quality of Hospital Care in 12 countries & US

Nurses who regard themselves to be burnt out

PMC full text: [BMJ. 2012; 344: e1717.](https://doi.org/10.1136/bmj.e1717)
Published online 2012 Mar 20. doi: [10.1136/bmj.e1717](https://doi.org/10.1136/bmj.e1717)
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Table 4

Nurse outcomes in 12 European countries and the US. Data are number of nurses reporting outcome/total number of nurses surveyed, and percentage

Country	Reported ward to have poor or fair quality of care		Gave ward poor or failing safety grade		Regarded themselves to be burnt out		Dissatisfied with job		Intended to leave their job in the next year		Not confident that patients can manage own care after hospital discharge		Not confident that hospital management would resolve patients' problems	
Belgium	886/3167	28	199/3150	6	730/2938	25	680/3159	22	934/3164	30	1921/3153	61	2518/3134	80
England	540/2899	19	191/2895	7	1138/2699	42	1136/2904	39	1261/2896	44	981/2901	34	1856/2893	64
Finland	141/1099	13	76/1095	7	232/1047	22	300/1114	27	546/1111	49	441/1098	40	890/1094	81
Germany	526/1507	35	94/1506	6	431/1430	30	61/1505	37	539/1498	36	473/1505	31	879/1504	58
Greece	170/361	47	61/358	17	246/315	78	199/358	56	177/358	49	231/358	65	311/356	87
Ireland	152/1389	11	117/1385	8	536/1293	41	581/1383	42	612/1380	44	588/1385	42	872/1381	63
Netherlands	756/2185	35	123/2187	6	211/2061	10	240/2188	11	418/2197	19	889/2195	41	1781/2200	81
Norway	468/3732	13	199/3712	5	823/3501	24	773/3729	21	942/3712	25	2097/3710	57	2739/3698	74
Poland	683/2581	26	463/2579	18	929/2321	40	663/2584	26	1056/2387	44	1890/2571	74	2196/2571	85
Spain	897/2794	32	173/2784	6	787/2670	29	1053/2786	38	740/2774	27	1554/2779	56	2370/2767	86
Sweden	2750/10 051	27	1117/10 035	11	2788/9477	29	2251/10 027	22	3418/10 013	34	2833/9995	28	7308/9988	73
Switzerland	324/1604	20	71/1606	4	228/1563	15	338/1610	21	447/1623	28	564/1612	35	1216/1612	75
US	4196/26 316	16	1628/26 772	6	9122/27 163	34	5692/26 935	25	3767/27 232	14	11 449/25 110	46	15 240/26 717	57

Burnout in European family doctors: the EGPRN study FREE

Jean Karl Soler; Hakan Yaman; Magdalena Esteva; Frank Dobbs; Radost Spiridonova Asenova; Milica Katić; Zlata Ožvačić; Jean Pierre Desgranges; Alain Moreau; Christos Lionis; ... Show more

Fam Pract (2008) 25 (4): 245-265. DOI: <https://doi.org/10.1093/fampra/cmn038>

Published: 11 July 2008 Article history ▼

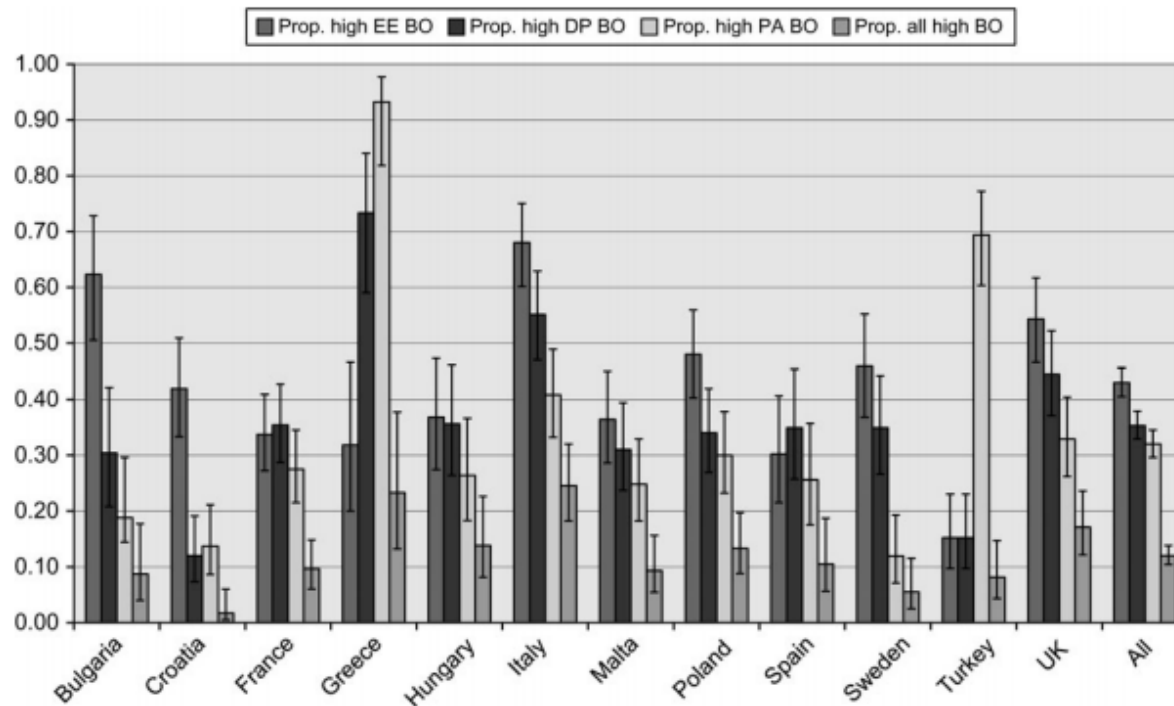


FIGURE 2 Distribution of the proportions of respondents by high burnout score in each of the three dimensions and in all three dimensions in one respondent, by country and for all countries together (with error bars representing 95% CIs for proportions)

Burnout associated with: Job satisfaction // Intention to change job // (Ab)use of alcohol, tobacco, psychotropic medication // European region // younger age // male sex

Kimberly Hiatt

Nurse

Seattle, 2010

Medication error

5 yr old patient dies

Dismissed from job

Commits suicide



<http://www.vox.com/2016/3/15/11157552/medical-errors-stories-mistakes>

Medical error: the second victim

The doctor who makes the mistake needs help too

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could have made the same mistake—and, like the hapless resident, become the second victim of the error.

improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.

Virtually every practitioner knows the sickening realisation of making a bad mistake. You feel singled out and exposed—seized by the instinct to see if anyone has noticed. You agonise about what to do, whether to

Second Victim

A health care provider involved in an unanticipated adverse patient event and/or medical error who is **traumatized by the event**

Short Term Symptom (Days-Weeks)

Numbness, Confusion

Detachment / Depersonalization

Grief, depression, anxiety

Withdrawal, agitation, sleep disturbance

Re-experiencing of the event

Physical symptoms

Shame / guilt / self doubt

Impairment in functioning

Can lead to Post Traumatic Stress Disorder (PTSD)



75% wanted prompt debriefing
for individual or group/team)

The second victims

Helping caregivers through the
trauma of medical errors



R.I.S.E. Resilience In Stressful Events

“Provide timely support to employees who encounter stressful, patient-related events”

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RISE

“Safe” and Confidential – no report back,
notification, investigation

24/7 on call support (online or page)

Call back within 30 minutes

One to one or group support by peers

Psychological First Aid



Cost Benefit Analysis of RISE

- **Objective:** To evaluate the impact of RISE program
 - Comparators
 - Large hospital (i.e. 1,000 bed) facility with RISE
 - Hospital without RISE
- **Approach:** Markov Model
- **Time Horizon:** 1-year
- **Perspective:** U.S. Provider (hospital)
- **Main Outcome Measure:** Costs (2015 USD) and Monetized Benefits (e.g. reduced hospital turnover or days of work missed)
- **Sensitivity Analyses:** Univariate and Multivariate Probabilistic
- **Data Source:** Johns Hopkins Human Resources and RISE data

Expected Results

- RISE costs money up-front to implement
- Cost of Nurse
 - Time off = \$211 per day
 - Quitting = \$100,000
- The cost-benefit of RISE suggests savings within 1-year
- i.e. a positive “net monetary benefit (NMB)” of
- **\$22,576 per call**

Caring for the Caregiver

Implementing RISE



*Presented by Maryland Patient Safety Center in collaboration
with The Johns Hopkins Hospital RISE Program*



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Things to Say to a Colleague after an Incident

Things to say

emotional support

Are you ok?

You've had a tough break.

Thank you for sharing with me.

What are you doing to cope?

Are you going to be ok?

informational support

These things happen to all of us.

You did everything you could.

Let me tell you about something that happened to me.

“If I told you we had a system issue that affected quality of care, limited access to care, and eroded patient satisfaction, that affected up to half of patient encounters,

you would immediately assign a team of systems engineers, physicians, administrators at your center to fix that problem rapidly.”

- Tait Shanfelt MD, Mayo Clinic

The Fourth Aim?

- Enhance patient experience of **care**
- Improve the **health** of populations
- Reducing the per capita **cost** of health care
- **Well being** of the health care team

Berwick et al. Health Aff (Millwood). 2008;27:759

Bodenheimer & Sinsky. Ann Fam Med. 2014;15:573

**Health care depends on
healthy doctors and nurses**

**Care of the patient requires
care of the provider**



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creating a culture of patient safety, together



www.josieking.org

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