

Care of the Caregiver

STARTS and **ENDS** with full leadership support and involvement!

Care of the caregiver following an unintentional error or near miss should ideally incorporate:

- Just Culture principles – Sydney Dekker
- The concepts, principles and guidelines outlined in Dr. Charles Denham's article, "T.R.U.S.T. The Five Rights of the Second Victim", published in the Journal of patient Safety, June 2007.
- ISMP'S October 5, 2006 newsletter article "Harmful errors: How will your hospital react?" (Which provides a set of guidelines for leaders to follow as they develop a preparedness plan and policy)
- Full adoption and implementation of the NQF endorsed, Safe Practice#4, Disclosure, and new, 2009 safe practice, Care of the Caregiver involved in medical error.
- Formation and training of a 24/7 peer support, Rapid Response Team with clearly defined roles and responsibilities.
- A communication component to all staff in which leadership's **commitment** to provide a safe, secure and transparent just culture is shared.

Leadership's commitment statement and communication to all staff should include and provide the following:

- An understanding of human factors and the nature and scope of human errors.
- The reassurance of safety and security in the disclosure and sharing of error and near miss information, along with the importance and value of this information.
- The absence of shaming.
- Disclosure and care of the second patient policy clearly defined and interpreted.
- Clearly defined expectations of what will happen following an unintentional error for all staff, including the organization's commitment to transparency and open disclosure, the role of the rapid Response Team, available support resources.
- Leadership should share their commitment to publicly communicate the organizations united stand, with both the family and the caregiver involved, along with the collective resolve of the entire organization to work together and transparently with these individuals to make any needed changes and improvements to ensure this would not happen again.

Priority should be placed on staff education and preparedness training PRIOR to an error occurring.

- It will do no good to have a perfectly written, ideal policy that states we are going to care for and support the caregiver after an unintentional error or near miss if this policy lives in an organization that does not nurture a just culture and has an entire staff that does not understand the needs of this care giver.

Ideally, staff education and preparedness training PRIOR to an error occurring should include:

- 1. How to create a just culture. (subject matter expert: Sydney Dekker)
- 2. Human factors
- 3. Nature and scope of human error.
- 4. Why humans err
- 5. The myth of human infallibility.
- 6. Attitudes, feelings, beliefs and biases all dictate our behaviors and in turn create our culture. In order to create a just culture of safety, we must first provide the education and training necessary to change the MIND SET, attitudes, feelings and beliefs that tend to believe that good and competent people are capable of never making a mistake, and that anyone who does is incompetent and should be ashamed of themselves and “weeded out” from the organization in order to make it safer.

(continued..) Staff education and preparedness training PRIOR to an error occurring should include:

- 7. How this type of “blame & shame “culture discourages disclosure and reporting of errors and near misses.
- 8. How difficult it is to make safety and process improvement changes without the valuable information from error and near miss reports.
- 9. Every employee should be encouraged to safely disclose their errors and near misses.
- 10. Possible emotional reactions and needs of the second patient – how do we meet those needs and provide support. (It is important to recognize that following an error or near miss, a caregiver immediately becomes a patient in need of at the very least, a quiet moment away from the scene where a team member can make an assessment of the emotional condition and needs of the caregiver. Some caregivers may need very little support; others may have a delayed reaction of despair, guilt, fear or shame, and may need time off work, counseling services, or co workers who are willing to stay with them as time passes. Others may have an immediate and profound reaction of despair, including thoughts of suicide and a need for emergency intervention.

(continued..) Staff education and preparedness training PRIOR to an error occurring should include:

- 11. Every employee should understand that they are never immune from being involved in an error.

- 12. Every employee should fully understand what it may be like to be involved, and the importance of knowing who and what your support systems are.

- 13. Every employee should fully understand what the hospitals policy's are regarding disclosure and the care of the second patient.

Creation of Rapid Response Teams:

- Rapid Response teams should include individuals from several different disciplines (physician, nurse, pastoral care, psychiatry, social service etc.) who are specially trained, and available 24hrs a day, 7 days a week.
- Conduct training and drills to develop an organized response for actual events. Train enough staff members to have in-house response capability 24 hours a day, seven days a week. Have a backup group of additional responders in case the people involved in the event are on the regular response team. Following an actual adverse event or near miss, meet with the response team and all those involved in the event to discuss ways to improve the response team's process.
- Consider taking several real events and combining them into one fictional event that can be used for simulation training to teach people to recognize problems and understand the effects of their responses in a safe environment. The technique is particularly helpful in preparing people for error-prone, high-risk, or unusual situations.

Rapid response team individuals should be specially trained in:

- Crisis intervention
- Emotional needs assessment and supportive care
- Disclosure practice
- The hospitals policy for the just treatment and care of the second patient.
- The understanding of the stages and process of grief. (Understanding that the immediate response of both the family and the caregiver involved may be that of shock and disbelief. It is difficult to display the full scope of motions felt at that time, know or express your needs, or to even hear what is being said. Understanding this will guide the Team member with ongoing assessment communication and support.)

Continuation...Rapid response team individuals should be specially trained in:

- The necessity of making the needs assessment, support and disclosure an ongoing, sequential process.
- The importance of coordinating the care of the family with the care of the second patient, and providing as much transparency and opportunity for face to face communication, disclosure and apology if the family is agreeable.
- The importance of including the caregiver, family members and patient, in the Root Cause Analysis process. (No one knows why and how, or understands the dynamics and thoughts occurring during the error better than the one who committed the error. Why not really listen and study and hear what the one who made the error thinks may reduce the chance of this type error happening again?)
- After any adverse event, members of the response team take prompt action: they keep the atmosphere in the unit calm, they do whatever is possible to mitigate harm to the patient and prevent further harm, they curtail any undue punitive action, they review what happened, and they support the family, staff and physicians. A trained response team for adverse events demonstrates commitment to a culture of support rather than a culture of blame.