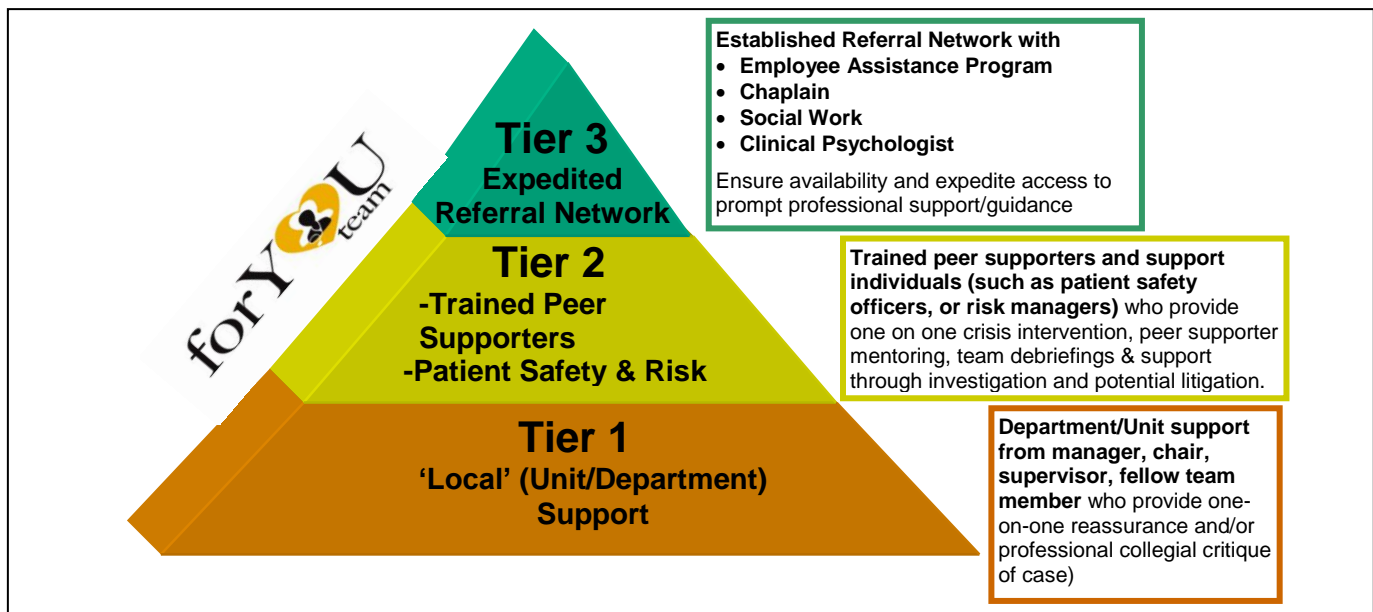


Interventional support tiers are as follows:

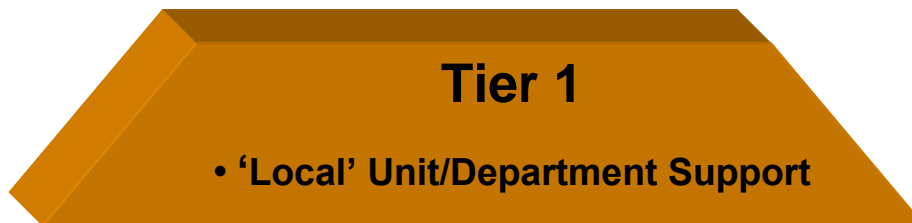


Three-Tiered Interventional Model of Second Victim Support

forYOU Team Support Tiers

Tier 1 Support – “Local” Support

The most foundational support occurs at the local level by the unit manager/supervisor and/or work colleagues. These individuals are typically aware of the events in a timely manner. This tier involves addressing the second victims to make sure that they are ‘okay’ immediately following an event.



Each unit leader is encouraged to understand their own unit specific clinical scenarios which are high risk for eliciting a second victim response. When one of the identified clinical scenarios occurs, unit/department leadership should be on a ‘heightened alert’ to monitor personnel for potential second victim responses. One on one ‘local’ peer support coupled with management support/guidance immediately following serious clinical events is estimated to provide sufficient support to as many as 60% of second victims. It is projected that the key step of acknowledging

the second victim will meet many needs of most individuals involved in the event. Using key actions to deliver critical messages will also help meet the second victim's basic needs.

BASIC SUPPORT ACTIONS

Key actions for department leadership to support second victims

- Aware of high risk clinical events which could elicit a second victim response.
- Continued surveillance during high risk clinical events for individual second victim responses.
- Identify clinical staff involved in potentially stressful critical incident/event.
- 'Connect' with clinical staff as soon as you are aware of the event.
- Reaffirm confidence in them as a staff member.
- Consider time away from clinical environment if indicated.
- Consider calling in flex staff to cover the second victim's assignment and to allow time to compose thoughts and prepare for discussions with event investigation personnel.
- Keep the second victim informed of likely next steps in the investigation process (i.e. specific names of who may be contacting them from the institutional patient safety or risk management team.)
- Check on the second victim regularly. Let them know that you care about them personally and professionally.
- Maintain open lines of communication with staff member(s).
- Inform staff member of forYOU Team availability and activate forYOU team as indicated.
- Be visible to all staff members. Physical presence during post event times helps decrease anxiety related to investigations and provides an accessible resource for clarification of the investigation process.

Critical Messages that Second Victims Want to Hear From Their Supervisor
Supervisor still has confidence in clinical skills of the second victim.
Supervisor still trusts me as a clinician.
Staff member is still a valued member of the unit/department team.
Staff member remains a respected member of the unit/department team.

Key actions for supporting individual peer/colleagues

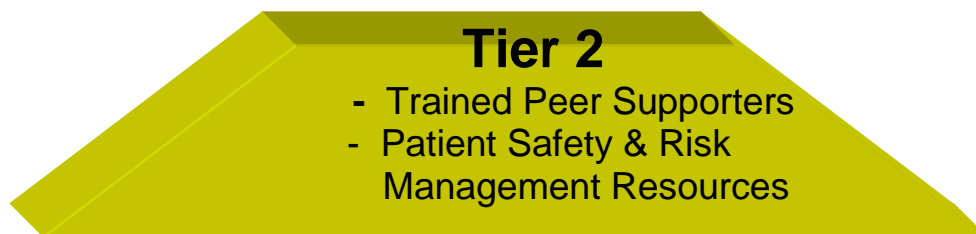
- Be 'there' – Practice active listening skills that allow the second victim to share their story. Offer support as appropriate.
- If you have experience with a bad patient outcome yourself, share it. 'War stories' are powerful healing words.
- If you don't have experience with a bad patient outcome, be supportive and predict the victim's needs.
- Avoid condemnation without knowing the story – it could have been you!
- Let your peer know that you still have faith in their abilities and that they are a trusted member of your team.

- Determine a way that the supporter can make an individual difference during ‘high risk’ clinical events. (Example: immediately following a Code Blue, find out who activated the code team and make sure that they are doing okay).

Self-care strategies that might alleviate some of the second victim’s emotional pain:

- Determine what strategies have helped them in the past and encourage them to use those tactics.
- Maintain as normal a schedule as possible.
- Eat well-balanced and regular meals (even if they don’t feel like it).
- Maintain a reasonable level of activity. Physical activity/exercise is often helpful.
- Try to rest a bit more than normal.
- Contact friends.
- Talk to people they trust.
- Express feelings as they arise.
- Recurring thoughts, dreams, or flashbacks are normal.
- Avoid alcohol and drug use.
- Time helps heal emotional pain.
- Do something nice for yourself!

Tier 2 Support – Peer to Peer



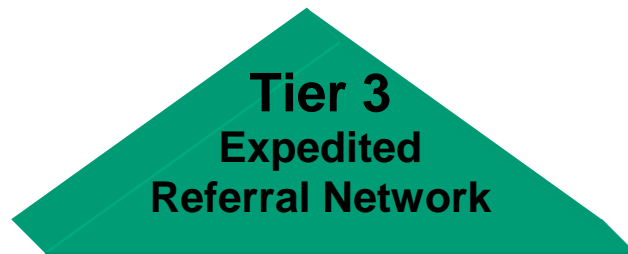
The second tier is initiated when the forYOU Team provides peer to peer support (one on one or team debriefings). It is projected that this type of support will meet the needs of an additional

~30% of second victims. In addition to having access to peer supports there is also the availability of the Patient Safety or Risk Management Staff. During this tier the techniques used include:

- One on one support provided by the forYOU Team peer member.
- Group debriefings provided by the forYOU Team Coordinator/Facility leads.
- One on one discussion with Risk Manager to discuss case and respond to issues/concerns related to the disclosure process or future litigation concerns.
- One on one discussion with Patient Safety Personnel to discuss specific details surrounding the clinical event and to inform of next steps in the investigation process.
- Individual peer supporter mentoring and case reflection.

The forYOU Team is trained to identify when additional support may be needed and can assist with making a referral to appropriate additional resources.

Tier 3 – Triage to Higher Level of Support



The third tier is initiated when there is a need to provide additional support outside of the realm of support provided by the forYOU Team. The forYOU Team relationship with its mentors helps to ensure availability and expedite access to prompt professional support/guidance. This includes but is not limited to a referral to Clinical psychologists, Chaplains, Employee Assistance Program (EAP), or an individual's personal counselor.