

Supporting Staff following an adverse event

The “ASSIST ME” model

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Introduction

Have you been involved in an adverse event where, despite your best efforts, a patient was harmed as a result of their care/treatment?

As professionals working in health and social care services we are not infallible. Our desired outcome for patients, service users and their families is not always the final outcome. There are many variables in our work and sometimes, despite our best plans and efforts, things can go wrong.

A significant proportion of health and social care workers will experience varying degrees of traumatic stress as a result of exposure to an adverse event.

This booklet has been developed to provide practical information for health and social care managers and staff in relation to:

- (a) understanding the potential impact of adverse events on staff
- (b) recognising and managing the associated signs and symptoms
- (c) supporting staff following adverse events.

Recognised staff responses to an adverse event

Individual staff responses range from common uncomplicated stress-related reactions to the more complex post-traumatic stress disorder and will often depend on the severity of the event. It is important to be aware, however, that staff can suffer from traumatic stress which is associated with minor incidents and near misses as well as major and catastrophic incidents where a patient has died or has been left with a major disability.

The following are examples of some of the symptoms which staff may experience in the aftermath of an adverse event/critical incident:

- Feelings of incompetence and isolation
- Denial of responsibility – discounting of the importance of the event
- Emotional distancing
- Overwhelming guilt
- Symptoms of Post Traumatic Stress Disorder (PTSD).

TABLE 1: The six recognised stages associated with staff reaction in the aftermath of an adverse event

STAGE	NAME	FEATURES OF THIS STAGE
1	Chaos	<ul style="list-style-type: none"> • Error realised and recognised • Questioning how and why did it happen? • Care for the patient
2	Intrusive reflections	<ul style="list-style-type: none"> • Re-evaluation of the event • Haunted re-enactments of the event • Self isolation
3	Restoring personal integrity	<ul style="list-style-type: none"> • Managing gossip • Questioning trust • Fear
4	Enduring the inquisition	<ul style="list-style-type: none"> • Realisation of seriousness • Wonder about repercussions • Who can I talk to?
5	Obtaining emotional first aid	<ul style="list-style-type: none"> • Seeking personal and professional support • Where can I turn to for help?
6	Moving on:	
	(a) Dropping out	<ul style="list-style-type: none"> • Changing professional role • Leaving profession, or • Going to a new practice location
	(b) Surviving	<ul style="list-style-type: none"> • Coping • Continue to be plagued by the event but performing at the expected level
	(c) Thriving	<ul style="list-style-type: none"> • Gains insight and perspective into error • Learns from the event • Not focused solely on the error

TABLE 2: The stages of Post Traumatic Stress Disorder

STAGE	SYMPTOMS
Intrusive, upsetting memories of the event	<ul style="list-style-type: none"> • Flashbacks (acting or feeling like the event is happening again) • Nightmares (either of the event or of other frightening things) • Feelings of intense distress when reminded of the trauma • Intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating)
Avoidance and numbing	<ul style="list-style-type: none"> • Avoiding activities, places, thoughts, or feelings that remind you of the trauma • Inability to remember important aspects of the trauma • Loss of interest in activities and life in general • Feeling detached from others and emotionally numb • Sense of a limited future (you don't expect to live a normal life span, get married, have a career)
Increased anxiety and emotional arousal	<ul style="list-style-type: none"> • Difficulty falling or staying asleep • Irritability or outbursts of anger • Difficulty concentrating • Hypervigilance (on constant "red alert") • Feeling jumpy and easily startled
Other common symptoms of post traumatic stress disorder (PTSD)	<ul style="list-style-type: none"> • Anger and irritability • Guilt, shame, or self-blame • Substance abuse • Feelings of mistrust and betrayal • Depression and hopelessness • Suicidal thoughts and feelings • Feeling alienated and alone • Physical aches and pains

The “ASSIST ME” model of staff support

The importance of support for staff from line managers, colleagues and peers in the aftermath of an adverse event should not be underestimated. Being available for staff and knowing his/her story surrounding the event is crucial. Staff require a safe and confidential space in which to discuss the event and can find this therapeutic.

The “ASSIST ME” model of staff support has been developed to assist managers and staff during this process. This has been adapted from the Medical Protection Society’s A.S.S.I.S.T model of communicating with service users following adverse events in healthcare.

TABLE 3: The “ASSIST ME” model of staff support

A ACKNOWLEDGE with empathy the event and the impact on the member of staff.

ASSESS the impact of the event on the member of staff and on their ability to continue normal duties.

Examples

“I came to see you as soon as I heard what happened. This must be very difficult for you”

- How are you doing?*
- How are you coping?*
- How are you feeling?*

S SORRY - express regret for their experience

Examples

- “I am so sorry that this has happened”*
- “Sometimes despite our best efforts things can go wrong/errors can occur”*

S STORY – allow time and space for them to recount what happened using active listening skills.
SHARE personal experience

Examples

“Can I tell you about an experience of my own, how I felt and what I found helped me at that time”

“You may find it helpful to talk about what happened. Would you like to talk about your experience/what has happened”

I INQUIRE – encourage questions
INFORMATION – provide answers/information

Examples

- “Do you have any questions”*
- “Is there anything I can help you with at this time”*
- “Would it help if I told you what happens next and what you can expect in relation to the processes involved in the management of this event?”*

S SUPPORTS and SOLUTIONS

Examples

Provide information on the supports available.

(a) Formal emotional support:

- Provide information on debriefing and the benefits of the same. Organise, with the consent of the staff member, one to one or team debriefing within 24-48 hours of the event occurring.
- Provide information on the other supports available via the Occupational Health Department/Employee Assistance Programme/Mental Health Services/Psychology Services i.e. counselling, crisis intervention.
- Assess any immediate needs, discuss with the member of staff and arrange, with their knowledge and consent, a referral to the relevant support services, as required.
- Provide the name and contact details for their designated staff support person and arrange contact.
- Provide staff support information leaflets/brochures.

(b) Informal emotional support:

“My door is open for you at all times. I will be checking in with you regularly to see how you are doing. In the meantime if you do wish to talk about this or discuss anything with me please come and see me or give me a call at any time. Can I arrange for someone to collect you from work”.

(c) Practical Support:

- Provide an opportunity for the member of staff to take time out from their clinical duties, if required. Staff should be involved in and have input to any decision made regarding the same. Many staff find it more helpful to remain at work. Allocation to different duties may benefit initially if it is practical to do so.
- Provide practical support and information in relation to the review/ investigation process and how the staff member might assist/ contribute to this process. e.g. encourage the member of staff to write up their recollection of the event as soon as possible for their own record. Ensure that they are kept updated and involved in the review/open disclosure process.
- Provide information and support in relation to communicating with the service user following the event/preparing for open disclosure discussions.
- Ensure that they are encouraged to provide their insight into the prevention of a recurrence of the event.
- Establish the learning from the event, at individual and organisational level and support going forward.

T TRAVEL – providing continued support and reassurance going forward and throughout the investigation/review process and open disclosure process.

Examples

*“I am here to support you going forward”
I will be with you every step of the way and I will assist you in any way I can”*

M MAINTAIN contact
MONITOR progress
MOVING forward

Examples

Ensure that there is continued contact with the staff member to prevent feelings of isolation.

Continually monitor and assess the staff members response to the event and their response to any interventions.

Provide guidance and support on their return to normal duties.

E END – reaching a stage of closure from the event.
EVALUATE

Examples

Establish when the staff member has reached a stage of closure from the event as it is important at this stage not to keep re-opening the event with them.

Leave your door open to them if they should require any further assistance going forward.

Review the support provided with the staff member involved.

Consider feedback and establish any learning which may benefit other staff.

Coping with the impact of an adverse event:

Practical guidance

TABLE 4: The following table outlines some practical things which staff can do to assist their response to an adverse event.

1. Talk to a friend/colleague/line manager about your experience and your feelings

Talking to someone may help to reduce feelings of isolation and stress. Talk is the most healing mechanism.

2. Participate in staff de-briefing sessions following the event

Whereas the debriefing process should not be deemed as mandatory for staff it is recognised as a valuable tool for health care organisations to have at their disposal in relation to supporting staff in the aftermath of an adverse event.

3. Ensure that you are involved in and kept informed in relation to the open disclosure process and review/investigation of the event

Disclosure and apology can help staff to heal and recover from the event and it also helps to preserve the relationship between staff and their patients. It is important that staff involved in the adverse event can participate in the review of the event and that they are also involved in helping to bring the event to closure/resolution.

4. Take time to relax

Relaxation techniques can be helpful as stress is completely normal at a time like this. Learn some stress management strategies and use them frequently. Give yourself time to recover from the crisis.

5. Get enough sleep

Sleep is always important but especially now. Make sure you allow enough time for a full nights sleep. If you have difficulty sleeping for more than a week you should consult with your GP.

6. Get some exercise

A brisk walk is good for the body and has a calming effect on the mind as well. Mild exercises can help to combat stress. Don't over do it or push yourself beyond your limits!

7. Maintain a good diet

Foods can help tame stress in several ways. Comfort foods, like a bowl of warm oatmeal, boost levels of serotonin, a calming brain chemical. Other foods can cut levels of cortisol and adrenaline, stress hormones that take a toll on the body over time. A healthy diet can counter the impact of stress, by shoring up the immune system and lowering blood pressure.

8. Follow a structured schedule

Learn to accept that you are not capable of doing all things all the time. Allow some flexibility in case you are unable to follow through on everything. Remember that you are healing. Keep your life as normal as possible. Prioritize your time – write down the things you have to do in the order that they have to be done.

9. Spend time with family and friends

Don't isolate yourself. It is important to have people around you or available to you at this time.

10. Take time for leisure activities

Do not withdraw from others or from normal leisure/social activities. Do something you find enjoyable.

11. Recognise that healthcare is complex and mistakes/errors happen.

As professionals working in health and social care services we are not infallible. Despite our best plans and efforts things can go wrong.

12. Expect the incident to bother you

Remember that your response is a temporary and normal reaction to an abnormal event. You are having a normal response to an abnormal experience. Making a conscious effort to work through it will ultimately help you to overcome the stress and pain.

13. Realise that others around you may be under stress also

If others are involved help them as much as possible by sharing your feelings and checking out how they are doing.

14. Learn about post traumatic stress

This will assist you in recognising the symptoms and feelings you are experiencing which are a normal reaction to the event and to also recognise those feelings and symptoms which you are experiencing which may be

worrying in nature and which may require additional intervention from your GP, Employee Assistance Programme (EAP) and/or Occupational Health Department (OH).

15. Contact your GP/EAP/OH department if you are concerned that your response to the event is too intense or lasting too long

Talk to your line manager who can assist you in this matter and who can organise a referral to EAP/OH for you. Remember that you can self refer to EAP/OH if you prefer. It is also important to talk to your GP about how you are feeling.

TABLE 5: Things to avoid

1. Do not drink alcohol excessively
2. Do not stay away from work unnecessarily
3. Do not withdraw from significant others
4. Do not use legal or illegal substances to numb consequences
5. Do not have unrealistic expectations for recovery
6. Do not reduce the amount of leisure activities
7. Do not look for easy answers
8. Do not be hard on yourself or others
9. Do not make any major life changes or decisions at this time.

Remember:

You are normal and your reactions are the normal reactions of one who has experienced an abnormal event.

Staff debriefing?

The purpose of staff debriefing is to:

- Evaluate the emotional and physical impact on all individuals involved.
- Provide support to reduce the isolation of staff.
- Relieve stress at an early stage.
- Reinforce team spirit.
- Decrease isolation at a time when staff may want to withdraw from social contact.
- Reduce dysfunctional reactions or health consequences over time.
- Identify the need for and provide counselling or support for all individuals, in relation to any trauma which may have resulted or emerged from the incident.

Available resources:

Support is available from:

- your line manager
- senior management staff
- staff support person(s)
- Occupational Health Department/Employee Assistance Programme
- Mental Health Services and Psychology Services
- GP.

Do not underestimate the importance of discussing your feelings/symptoms with your line manager and work colleagues and also with your GP

Refer to:

- The HSE Policy for Preventing and Managing Critical Incident Stress 2012.
- The HSE Open Disclosure Policy 2013.
- The HSE and SCA National Guidelines on Open Disclosure 2013 – Communicating with Service Users and their Families following adverse events in healthcare.
- The HSE Incident Management Policy.

Seeking medical assistance

You should seek medical advice and assistance if:

- (a) you are experiencing difficulty with sleeping for more than 1 week.
- (b) your response to the event is too intense or lasting too long.
- (c) you are experiencing intense physical reactions to reminders of the event e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating.
- (d) you are experiencing suicidal feelings or symptoms associated with depression/despair.
- (e) you feel unable to return to work because of the event.
- (f) your response to the event is impacting on your private life outside work and your ability to cope generally with normal day to day activities.



Bibliography

APS Healthcare, 2010: Managing the Impact of a Critical Incident: A Guide for Managers and Supervisors at the University of Washington.

Canadian disclosure guidelines: Being Open with patients and Families, Canadian Patient Safety Institute, 2011.

HSE Policy for the Prevention and Management of Stress in the Workplace 2012.

HSE and State Claims Agency 2013, Open Disclosure: Communicating with Patients and their families following Adverse Events in Healthcare, National Guidelines.

Kentucky Community Crisis Response, Community Response Team. Normal Reactions to an Abnormal Event, Staff Information Leaflet.

Perry, Giles and Firkins, Gary, 2010, "South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Critical Incident Debriefing Policy," Document Reference: R/GRE/hs/04

Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall LW. The natural history of recovery for the healthcare provider "second victim" after adverse patients. Qual Saf Health Care. 2009; 18(5):325-330.

Wu, Dr Albert, John Hopkins University, Adverse Events and the Second Victim, On-line Power Point Presentation.

Van Pelf, F., 2008, Quality and Safety in Health Care, Peer Support: healthcare professionals supporting each other after adverse medical events.