**Second victims – supporting staff involved in patient safety incidents**

**What is a second victim?** It’s likely that you, or someone you work with, have been involved in a patient safety incident. It is increasingly recognised that this can have a profound impact on the healthcare professional’s health and wellbeing. Although patients themselves are clearly the first and most important victims of such incidents, the trauma experienced by some healthcare professionals after a patient safety incident has resulted in a recognition that they may also be considered a “second victim”.

**What is the impact on the second victim?** For many people, being involved in a patient safety incident is an intensely emotional time. Feelings of distress, self-doubt and fear are common and may persist long after the event. There is frequently an impact on the individual’s professional life, with loss of confidence and ongoing anxiety about future errors, as well as the possibility of medico-legal implications of the original patient safety incident. Depression and burnout are more common, and there is a risk of post-traumatic stress disorder (PTSD) in some individuals.

**What can be done to help?** Reminding yourself that strong feelings are common after a patient safety incident and talking to your peers about it can be very helpful. Some people may need to spend a period of time away from work. Psychological support should be available through the organisation’s occupational health department as well as through GP surgeries. The BMA counselling service has trained counsellors available by telephone 24 hours a day, 7 days a week, and there may also be speciality specific support available, for example, through your Royal College. In addition, there are online sources of help such as the Doctor’s Support Network (www.dsn.org.uk). If there are medico-legal implications of the incident, the trust’s in-house legal team should be able to offer support in addition to external sources such as defence organisations and unions.

**Where can I find out more?** The Yorkshire and Humber Improvement Academy are working to develop an online resource to support second victims and their organisations, which should become available in a few months’ time. In the meantime, the University of Missouri, who have done a lot of research into this area, have a helpful webpage at https://www.muhealth.org/about-us/quality-care-patient-safety/office-of-clinical-effectiveness/foryou.

Juliet Reid, Clinical Leadership Fellow, Improvement Academy, Y&H Patient Safety Translational Research Centre, Bradford Institute for Health Research Bradford Teaching Hospitals NHS Foundation Trust
Warfarin prescribing on EPMA

Prescribing warfarin on admission to hospital:
1. Check INR as part of routine bloods and determine if warfarin treatment is to be continued during the admission. For example:
   a) If INR is high and the dose is just to be omitted tonight, this would need to be documented on the supplementary chart
   b) If the patient was admitted with a stroke it would need to be stopped.
2. If warfarin is to continue complete warfarin chart, where possible documenting the reason for anticoagulation, target INR range and usual dose. If all this information is not available pharmacy will clarify when the medicines reconciliation is completed. Prescribe warfarin dose on the warfarin chart in accordance with the INR result.
3. Add to EPMA that the patient has a warfarin supplementary chart
4. Additionally prescribe warfarin on EPMA, please select:
   ‘warfarin sodium - tablet - Oral - every DAY at 6pm – dose as per supplementary chart’.
   Before you can start creating a prescription for warfarin, you will be asked if you are sure you want to create it, just click ‘Yes’. You do NOT need to enter a dose.
5. When nurses administer the warfarin they will need to enter the dose that was administered onto EPMA, as per prompt. They will also have to sign the warfarin supplementary chart.
6. Ensure that the warfarin dose is prescribed daily on the supplementary warfarin chart before 5pm in order for the nurse to administer to the patient at 6pm

Prescribing warfarin on discharge:
1. Add warfarin to discharge medication – leave the dose as ‘as per supplementary chart’ in case the patient does not go home as expected.
   In additional instructions write the last INR, warfarin dose on discharge & date of next INR test (usually within 1 week of discharge)
2. Ensure the discharge section on the warfarin chart is completed
3. For established patients book an appointment for the next INR test either with the hospital anticoagulant clinic (6785/5428) or the patient’s GP practice depending on who usually monitors the INR. In York warfarin dosing is starting to be done by GP practices, though the anticoagulant clinic still monitors some patients.
4. If the patient is new to warfarin book a specific new patient appointment either with the anticoagulant clinic or the GP.

After discharge, ward clerks to:
For Anticoagulant Clinic (ACC) patients – send notes including yellow warfarin chart to ACC clinic
For GP patients – fax page 3 of the warfarin chart (which includes the ward warfarin doses) to the GP practice

REMEMBER the anticoagulant clinic pharmacist (6787 or 6785) can give you advice on warfarin dosing both for ACC and GP patients.

Jayne Knights, Warfarin Pharmacist, Jayne.Knights@York.NHS.UK

The IGNAZ App – for junior doctors

The IGNAZ app provides access to the latest key clinical information from Staff Room in an easy and simple way. The app is available to download on Staff Room: http://staffroom.ydh.yha.com/Learning-Development-and-Professional-Registration/postgraduate-education/the-ignaz-app-for-junior-doctors or if you would like to suggest any clinical content please contact Jocelyn.matthews@york.nhs.uk
Test for Quality Improvement Knowledge!

ACROSS
4 The ______ guidelines provide a framework for reporting new knowledge about how to improve healthcare. They are intended for reports that describe system level work to improve the quality, safety, and value of healthcare (6)
5 You can use a ____ _____ to determine the significance and strength of a relationship between two variables before making changes in practice (7,7)
6 a framework for developing, testing and implementing changes that may lead to improvement (5,3,11)
7 A bottleneck determines the pace at which the whole process can work, whilst the ____ is the bit of kit or resource that causes the bottleneck (10)
8 when determining why a particular problem is occurring a cause and effect diagram can be useful, also known as a ____ diagram (8)
9 this tool is used to create a visual representation of the relevant steps in a patient’s journey (7,7)
10 a graph used in improvement to display a measure against time (3,5)
11 American academic who developed the Plan-Do-Study-Act cycle used to test change ideas (6)

DOWN
1 assurance mechanism to check your performance against a gold standard (5)
2 brainstorming can produce many ideas, this tool can be used to help with organising and selecting ideas (8,7)
3 Italian economist who developed the 80/20 rule (6)
4 people to involve or keep informed about an improvement project (12)

Email your solutions to PatientSafetyMatters@YORK.NHS.UK. First 3 correct set of solutions returned will win a set of Health Foundation publications related to patient safety and QI. All entries to be received by 19 March 2018.

Check out these quality improvement sources (might be some answers lurking!): The Institute for Healthcare Improvement (http://www.ihi.org), The Health Foundation (http://www.health.org.uk/), and The NHS Handbook of Quality & Service Improvement Tools (https://tinyurl.com/kwntdag).
NEW Diabetic foot infection poster

Diabetic patients are at increased risk of peripheral arterial disease and neuropathy, as well as having a higher risk of developing infections. These infections can be serious and result in gangrene and amputation. A new ‘Diabetic foot infection poster’ has been approved by the Antimicrobial Stewardship Team (AST) after collaboration with vascular, endocrinology, orthopaedic, podiatry, microbiology and pharmacy teams.

Dr Neil Todd, Consultant Microbiologist (neil.todd@york.nhs.uk) & Mr Paul Jackson, Antimicrobial Pharmacist (Paul.Jackson@york.nhs.uk)


Free online courses

What does LEADERSHIP mean to you? Is it something we are born with? Can you learn to be a better leader? The Edward Jenner Programme from the Leadership Academy will provide you with a foundation in the theories of leadership.

Visit www.leadershipacademy.nhs.uk

Spot Diagnosis - Answers


Group Representation

We are working to empower and support junior doctors to attend and contribute to Trust level meetings. Junior doctors and groups will benefit! If you would be interested in attending a meeting or joining a group while you are in the Trust get in touch.

Contact PatientSafetyMatters@york.nhs.uk for more information or if you would like to get involved.

Editorial Team

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