

A photograph of a doctor in a white coat sitting at a desk. The doctor is looking down with their hand on their face, appearing stressed or tired. On the desk in the foreground, there is a stethoscope, a laptop, and some papers. The background is blurred, showing a typical office or clinic setting.

# Update Second Victim Phänomen

Prof. Dr. Reinhard Strametz

3. Nationaler Aktionstag Second Victim  
Wien, 21.05.2024

# Mögliche Interessenkonflikte

- Vice Chair European Researchers' Network

Working on Second Victims (ERNST/CA19113)

- Autor, Berater und Dozent Patientensicherheit,

Qualitäts- und Risikomanagement

- Institutsleitung Wiesbaden Institute for Healthcare

Economics and Patient Safety (WiHeLP)

Drittmittelinwerbung Patientensicherheit und Second Victims



**ERNST**

The European Researchers' Network  
Working on Second Victims

**WiHeLP**

Wiesbaden Institute *for* Healthcare  
Economics *and* Patient Safety

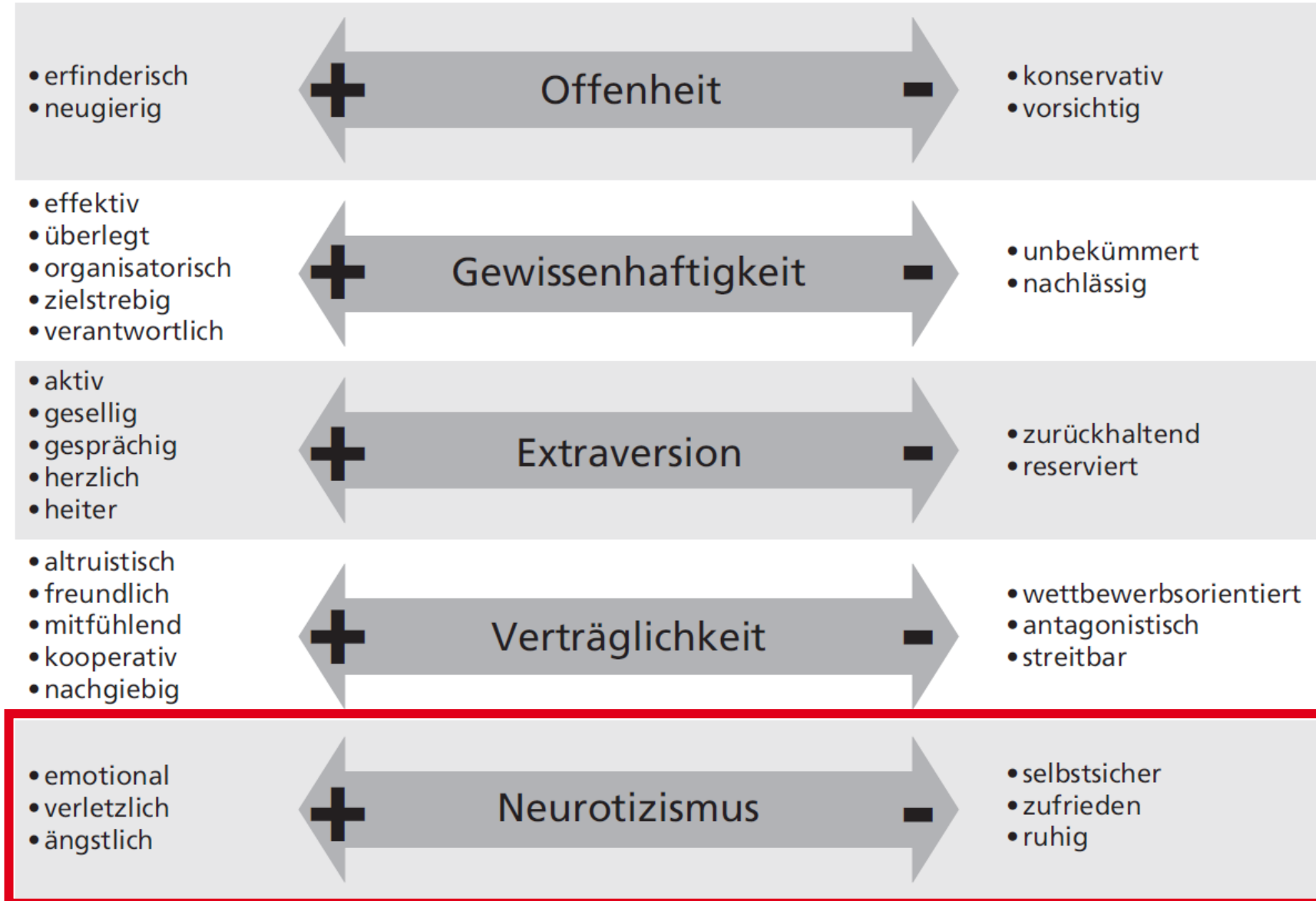
RheinMain University of Applied Sciences

# Was ist Resilienz?

- Resilienz leitet sich vom lateinischen Wort *resilire* (abprallen bzw. zurückspringen) ab.
- Es beschreibt den Grad der psychischen Widerstandsfähigkeit im Sinne einer Belastbarkeit, inneren Stärke und stabilen Reaktionsfähigkeit auf gravierende Erlebnisse.
- Resilienz ist individuell unterschiedlich ausgeprägt, aber in gewissem Maß auch erlernbar und kann systemisch unterstützt werden.



# Fünf-Faktoren-Modell der Persönlichkeitspsychologie



## Second Victims (Offizielle Deutschsprachige Version der Definition von ERNST)



**ERNST**

The European Researchers' Network  
Working on Second Victims

„Jede Fachkraft im Gesundheitswesen, die direkt oder indirekt

- an einem unerwarteten unerwünschten Patientenergebnis,
- einem unbeabsichtigten Fehler in der Gesundheitsversorgung oder
- einer Patientenschädigung

beteiligt ist und die zur betroffenen Person wird,

indem sie ebenfalls beeinträchtigt ist.“

(Rösner et al. 2024, submitted)

## Second victims brauchen Hilfe, keine Bestrafung!

- SeViD (D/A): Bis zu 8 von 10 GFP betroffen, die meisten kennen das Phänomen nicht (Strametz 2022, Marung 2023, Potura 2023)
- Mutmaßlich jede GFP im Laufe ihres Berufslebens betroffen (von Laue 2012)
- Deutliche Anzeichen für Overconfidence im Umgang mit der Problematik (Bushuven 2022)
- Bis zu 20% der Second Victims erholen sich ohne Hilfe nicht mehr (Gazoni 2012).



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# Kosten-Nutzen-Analyse des Programms RISE (Moran 2017)

**TABLE 2. Costs**

State	Cost Type	Base case costs, US \$
Program costs per nurse seen	Fixed	656.25
Time off	Daily	211.55
Quit	Fixed	100,000

**TABLE 3. Expected Results of the Base Case Cost-Benefit Analysis**

Strategy	Cost (US \$ 2015)	NMB
No RISE	81,196.45	
RISE	58,620.40	22,576.05

ORIGINAL ARTICLE

## Cost-Benefit Analysis of a Support Program for Nursing Staff

Dane Moran, MPH,\*† Albert W. Wu, MD,\*† Cheryl Connors, MS,‡ Meera R. Chappidi, MPH,\*† Sushama K. Sreedhara, MBBS,† Jessica H. Selter, MD,\* and William V. Padula, PhD†

**Objectives:** A peer-support program called Resilience In Stressful Events (RISE) was designed to help hospital staff cope with stressful patient-related events. The aim of this study was to evaluate the impact of the RISE program by conducting an economic evaluation of its cost benefit.

**Methods:** A Markov model with a 1-year time horizon was developed to compare the cost benefit with and without the RISE program from a provider (hospital) perspective. Nursing staff who used the RISE program between 2015 and 2016 at a 1000-bed, private hospital in the United States were included in the analysis. The cost of running the RISE program, nurse turnover, and nurse time off were modeled. Data on costs were obtained from literature review and hospital data. Probabilities of quitting or taking time off with or without the RISE program were estimated using survey data. Net monetary benefit (NMB) and budget impact of having the RISE program were computed to determine cost benefit to the hospital.

**Results:** Expected model results of the RISE program found a net monetary benefit savings of US \$22,576.05 per nurse who initiated a RISE call. These savings were determined to be 99.9% consistent on the basis of a probabilistic sensitivity analysis. The budget impact analysis revealed that a hospital could save US \$1.81 million each year because of the RISE program.

**Conclusions:** The RISE program resulted in substantial cost savings to the hospital. Hospitals should be encouraged by these findings to implement institution-wide support programs for medical staff, based on a high demand for this type of service and the potential for cost savings.

**Key Words:** cost benefit analysis, medical error, second victim, health personnel, nurses, adverse event

(*J Patient Saf* 2017;00: 00-00)

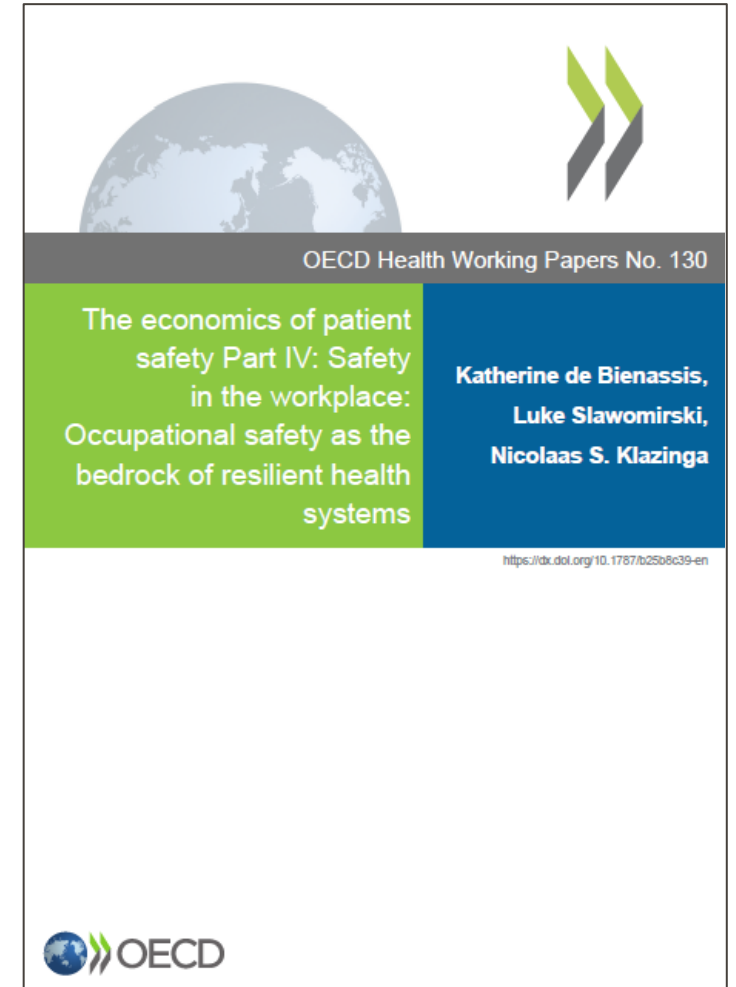
they experience a stressful event.<sup>6</sup> This program aims to provide multidisciplinary, peer-to-peer support in a nonjudgmental environment to provide timely support, help healthcare providers to employ healthy coping strategies, and to promote overall well-being. By helping providers cope more effectively after important stressful events, such as an unexpected patient death or a medical error, the program has the potential to decrease provider turnover and productivity losses associated with adverse events.

A key element of the RISE program is peer support provided by colleagues who work in the clinical environment, understand the stressors that are present, and have a great deal of compassion for their peers. These individuals volunteer to serve as RISE responders and are trained using a specific curriculum to provide support primarily psychological first aid, rather than mental health care or human resource counseling. The peers are generally not known to the callers who use the service; if they are personally acquainted, the peer responder can defer the call to another responder. The goal is to provide timely support, which is offered 24 hours per day and 7 days per week. The peer responder is expected to contact the caller within a maximum of 30 minutes of receiving a page. Timely support is usually provided in person but may also be provided by phone, if desired by the caller.

Regardless of their primary clinical role at Johns Hopkins Hospital, peer responders are expected to respond strictly as a trained RISE responders. They do not ask interrogative questions related to the event. The support provided is focused on the caller's feeling rather than the details of the event. All interactions and information are confidential. The only exception is any indication imminent of harm to self or others. The RISE program is housed

# Was kostet uns die fehlende psychosoziale Unterstützung im Gesundheitswesen?

- Gesundheitswesen von Natur aus gefährlich
- Fluktuation, Ausstiegsquoten und Absentismus hoch
- wichtige Ursachen: zwischenmenschliche Gewalt und psychische Belastungen
- gefährdet insbesondere die Patientensicherheit
- Verbesserung des Wohlbefindens der Arbeitnehmer **senkt die Kosten** für berufsbedingte Schäden in Höhe von **bis zu 2 % der Gesamtgesundheitsausgaben**





# Was wirkt nun gegen das Second Victim Phänomen?



Seys et al. BMC Health Services Research (2023) 23:816  
<https://doi.org/10.1186/s12913-023-09637-8> BMC Health Services Research

RESEARCH Open Access

In search of an international multidimensional action plan for second victim support: a narrative review

Deborah Seys<sup>1,2\*</sup>, Massimiliano Panella<sup>3</sup>, Sophia Russotto<sup>3</sup>, Reinhard Strametz<sup>4</sup>, José Joaquín Mira<sup>5,6</sup>, Astrid Van Wilder<sup>2</sup>, Lode Godderis<sup>2,7</sup> and Kris Vanhaecht<sup>2,8</sup>

**Abstract**  
**Background** Insights around second victims (SV) and patient safety has been growing over time. An overview of the available evidence is lacking. This review aims to describe (i) the impact a patient safety incident can have and (ii) how healthcare professionals can be supported in the aftermath of a patient safety incident.  
**Methods** A literature search in Medline, EMBASE and CINAHL was performed between 1 and 2010 and 26 November 2020 with studies on SV as inclusion criteria. To be included in this review the studies must include healthcare professionals involved in the aftermath of a patient safety incident.  
**Results** In total 104 studies were included. SVs can suffer from both psychosocial (negative and positive), professional and physical reactions. Support can be provided at five levels. The first level is prevention (on individual and organizational level) referring to measures taken before a patient safety incident happens. The other four levels focus on providing support in the aftermath of a patient safety incident, such as self-care of individuals and/or team, support by peers and triage, structured support by an expert in the field (professional support) and structured clinical support.  
**Conclusion** The impact of a patient safety incident on healthcare professionals is broad and diverse. Support programs should be organized at five levels, starting with preventive actions followed by self-care, support by peers, structured professional support and clinical support. This multilevel approach can now be translated in different countries, networks and organizations based on their own culture, support history, structure and legal context. Next to this, they should also include the stage of recovery in which the healthcare professional is located in.  
**Keywords** Healthcare professionals, Patients safety incident, Second victim, Support, Impact

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Seys (2023) BMC Health Serv Res 23, 816

## Genfer Ärztegelöbnis (2017)

Als Mitglied der ärztlichen Profession

gelobe ich feierlich, mein Leben in den Dienst der Menschlichkeit zu stellen.

Die Gesundheit und das Wohlergehen meiner Patientin oder meines Patienten werden mein oberstes Anliegen sein.

(...)

**Ich werde auf meine eigene Gesundheit, mein Wohlergehen und meine Fähigkeiten achten, um eine Behandlung auf höchstem Niveau leisten zu können.**

(...)

Ich gelobe dies feierlich, aus freien Stücken und bei meiner Ehre.

Flächendeckendes Angebot in Bayern,  
hilft aber bei Bedarf auch außerhalb der Landesgrenzen

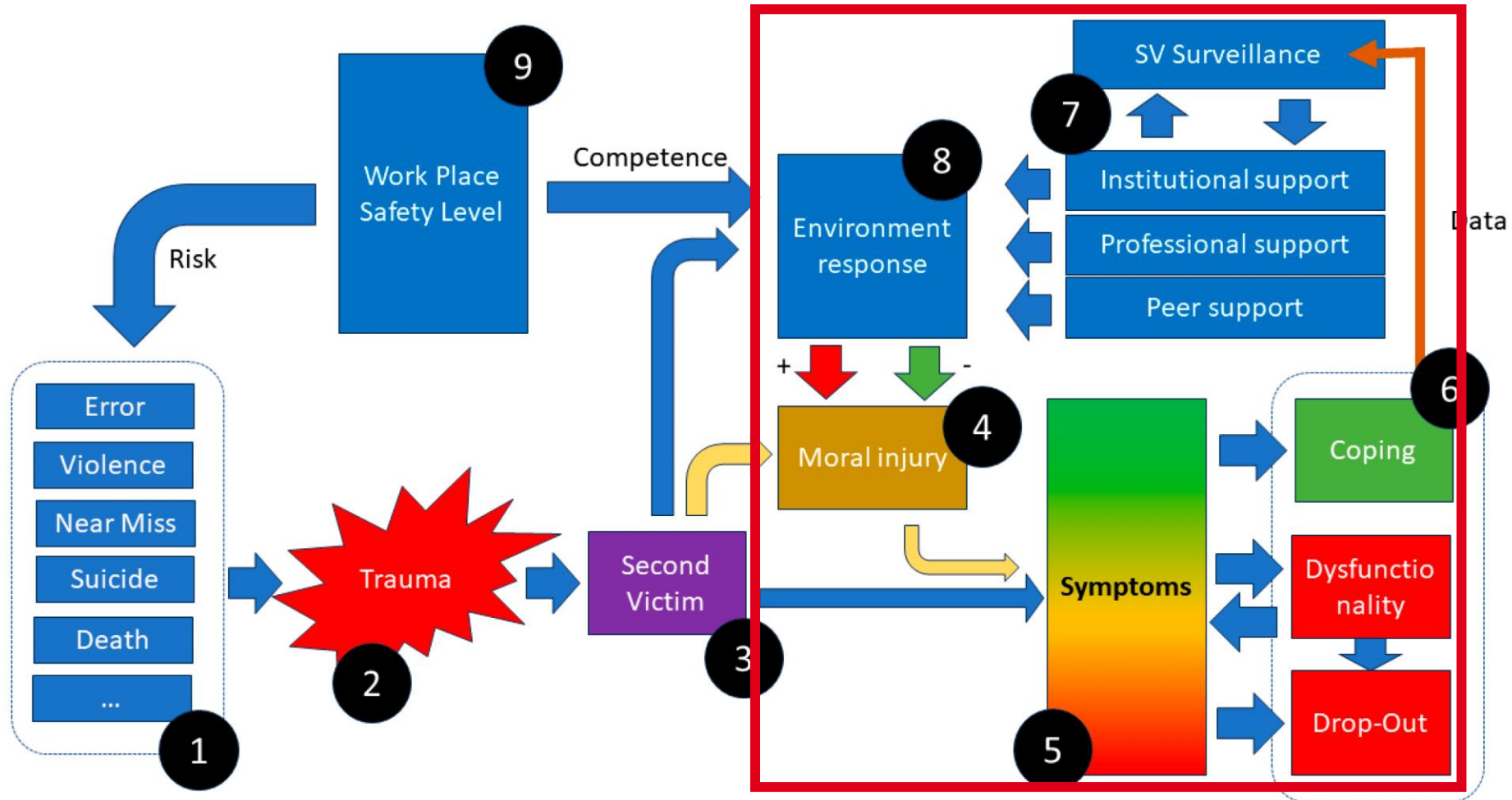
## HILFSANGEBOT

### **Benötigen Sie psychosoziale Unterstützung nach einem unvorhergesehenen Zwischenfall?**

Der gemeinnützige Verein PSU Akut bietet über die PSU Helpline (0800 091 1912) eine telefonische Beratung bei besonderen Belastungssituationen und schwerwiegenden Ereignissen für Mitarbeiterinnen und Mitarbeiter sowie Verantwortliche im Gesundheitswesen.

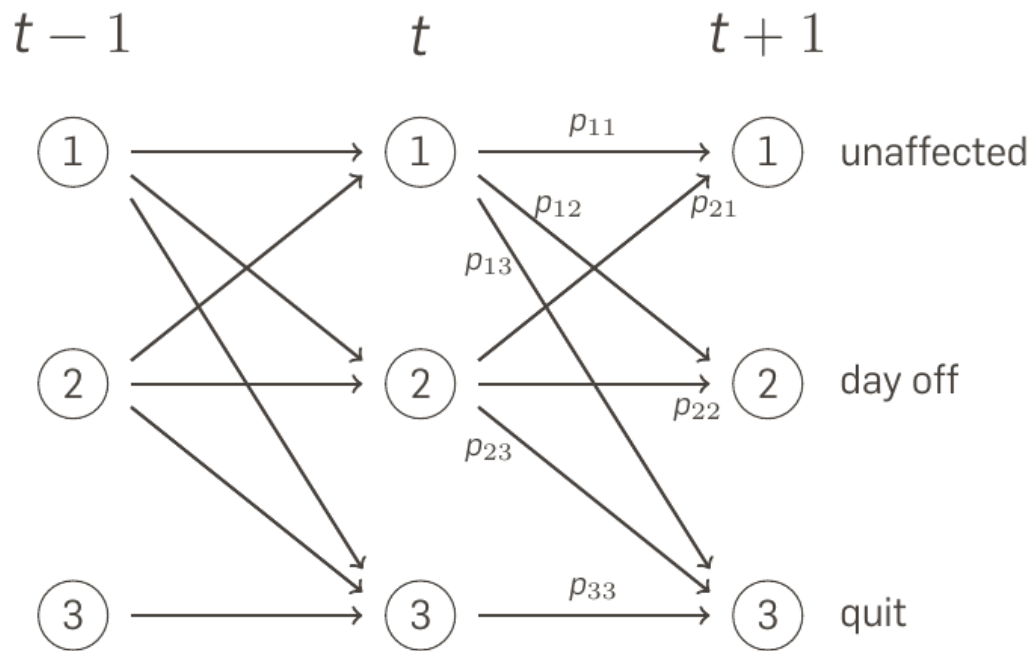
Weitere Informationen finden Sie unter [www.psu-helpline.de](http://www.psu-helpline.de).

# Resilienz bei Second Victim Belastungen kommt im Wesentlichen aus dem Team



Bushuven S, Trifunovic-Koenig M, Bunz M, Weinmann-Linne P, Klemm V, Strametz R, Müller BS. Applicability and Validity of Second Victim Assessment Instruments among General Practitioners and Healthcare Assistants (SEVID-IX Study). *Healthcare*. 2024; 12(3):351

# Direkter monetärer Nutzen von psychosozialen Unterstützungsprogrammen (Rösner 2024, submitted)



Annual numbers	No PSP	With PSP
sick days	6766	6141
dropouts	142	58
cost sick days	3,383,230 €	3,070,470 €
cost dropouts	10,694,785 €	4,335,666 €
total costs	14,078,015 €	7,406,136 €
cost p.p.	14,078 €	7,406 €

**Kostensparnis  
pro Pflegekraft p.a**

**~6.600 €**

木を植えるのに一番良かった時期は 20  
年前だった。二番目に良い時期は今だ。

Die beste Zeit, einen Baum zu pflanzen,  
war vor 20 Jahren.

**Die zweitbeste Zeit ist jetzt!**



Vielen Dank für Ihre Aufmerksamkeit



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