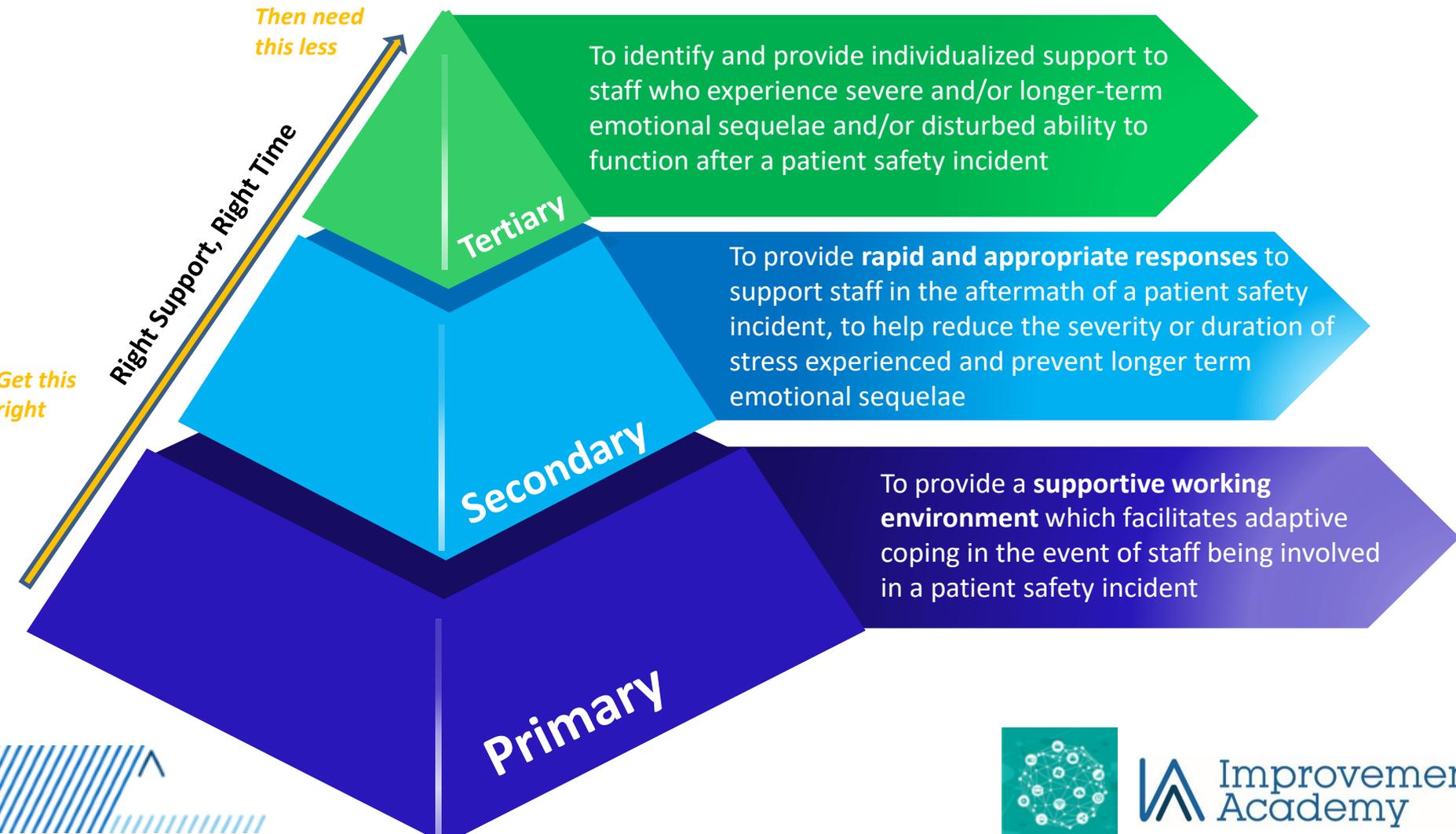






Caring for Healthcare staff before and after patient safety incidents: an organisational approach



Primary

A fair, compassionate culture is role modelled:

- Whole organisation role models an open, compassionate & learning culture e.g. move away from behaviours which perpetuate burnout, illness, risk
- Importance is placed on relationships/connectedness; civility & kindness
- Those involved in a patient safety incident are not stigmatised
- Investigations/Risk Teams build relationships & trust with staff via visibility, presentations, friendly communications, blogs, sharing learning & showing humanity/support.

Individual & team relations are valued & prioritised:

- Individuals & teams encouraged to build connections with their peers which are non-hierarchical & based on shared experiences of service/role
- Support offered through social support, role modelling social norms, self-efficacy & advocacy.

Tangible symbols of caring & consistent messaging:

- Regular Schwartz rounds take place
- Visibility & access to peer support & clinical psychology teams
- Symbols of caring (e.g. quiet areas; wobble rooms)
- Clear consistent values echoed in messages everywhere
- Support, reassurance & normalisation via Executive Champions with communicated through e.g. Vlogs/Staff Stories from Exec.

Policies & practices reflect fair, transparent learning-focused investigations:

- Penalties (financial, reputational, professional, disciplinary) are avoided
- Procedures are in place to actively support staff to disclose an incident to the patient & family
- A clear strategy exists for debriefing staff involved in a patient safety incident (*see Secondary Level for implementation of specific strategies*)
- There are clear processes for involving staff in investigations following a PSI, with guidelines for participation & enlisting their help in developing recommendations.

Proactive psychoeducation regarding impact of involvement in Patient Safety Incidents (PSIs):

For PSI teams, HR teams, risk mx teams, line managers:

- Sensitising training/awareness raising to understand:
 - (1) 'normal' responses to PSIs &
 - (2) interpersonal treatment which supports, or further harms staff involved.

For staff working directly with patients and their families/carers:

- Prophylactic interventions to help prepare staff psychologically for involvement in a PSI & aid coping and recovery e.g. Targeted Acceptance and Commitment Therapy, Psychological Resilience training.

Secondary

Responsive & person-centered support from line manager:

- Line management support throughout the subsequent investigation e.g. regular check-ins
- Line management recognises potential for distress/impact & takes action e.g. signposting to resources for staff including self help
- Immediate actions for staff/teams where indicated such as prompt time out, immediate release/time off work

Support from others/wider team:

- Post-incident debriefing e.g. 1:1, 'Time Out', critical incident stress debriefing for teams
- Psychological/emotional first aid for whole team/for all involved
- Rapid response teams
- Self selected peer support systems which provide (& receive) non judgemental social, emotional, and instrumental support in response to a PSI with both parties sharing their experiences and benefitting from this.

Wellbeing resources are proactively identified/developed/made available for staff:

- Self help resources e.g. Second Victim Website
- Resources to aid self management of health & wellbeing e.g. employee health/occupational health
- Signposting: local/regional/national staff support & advocacy groups (offer tailored to need)

Tertiary

Supporting individuals in their role:

- Adjustment of duties
- Leave of absence
- General or targeted mentoring for specific clinical aspects of or tasks associated with role to build confidence

Ongoing support/check-in to empower individuals to define, lead and own their recovery:

- Line manager support through regular check-ins, keep-in-touch meetings
- Access to team/peer support and informal counselling (non prescribed) which helps the person find solutions that work for them, supports healing and builds autonomy.

Targeted mental health support:

- Referral/access to psychological therapies &/or mental health practitioners e.g. ccounselling, CBT
- Potentially more specific trauma-focused therapy, such as EMDR

Support to mobilise wider support to help healing & recovery:

- Support from faith leaders e.g. chaplaincy
- Mediation, mindfulness
- Reflection & rediscovery

Provide opportunity to gain & share wisdom from the event:

- Implement the recommendations or make a change following an investigation
- Lead an improvement project/campaign
- Contribute to a Schwartz round
- Share feedback on experience of being involved in a incident and subsequent investigation/learning review
- Become a fellow peer supporter.