



**If you build it they will come:
How the roll-out of a large,
consistent second victim program
unmasked an underlying need for
broader peer support**

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Background:



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Objectives:

- Create and maintain a consistent and sustainable peer support program
- Describe lessons learned during implementation of the program



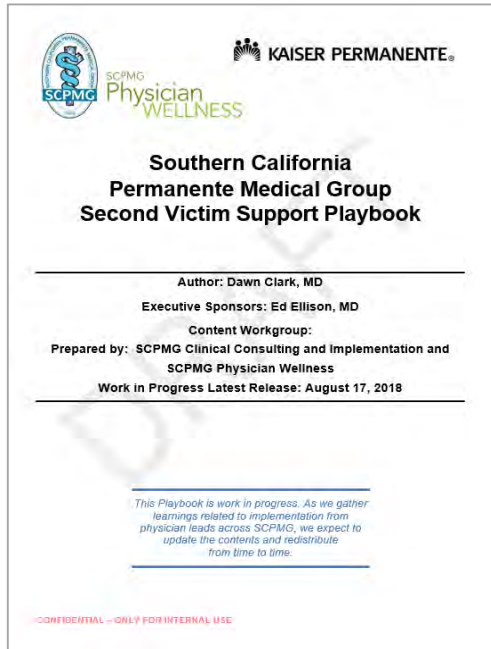


Definition:

- A Second Victim is a healthcare team member who is involved in unanticipated patient event, a medical error and/or a patient related injury and becomes victimized in the sense that they are traumatized by the event.



Creating A Solid Foundation:



- Buy-in from senior leadership
- Assignment of Leads in all 13 medical service areas
- Organization specific **PLAYBOOK**

The project was determined to be “not human subjects research” by KPSC’s IRB



Training:

- Series of online webinars
- Second Victim Supporters full day off-sites for Leads and Project Managers
- Site visits to ensure consistency and sustainability





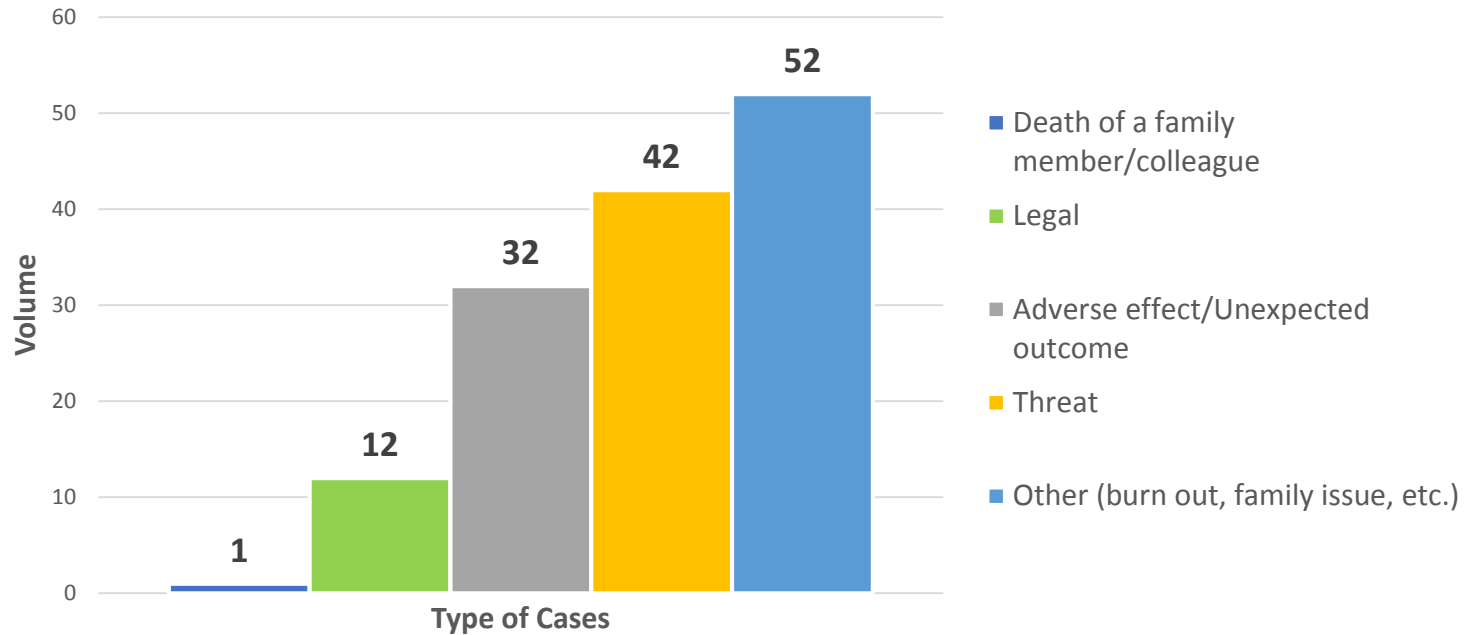
Data Collection:

- Evolution of tracking method:
 - Beginning: inconsistent tracking method
 - Current: peer supporter survey (effective April 2018)



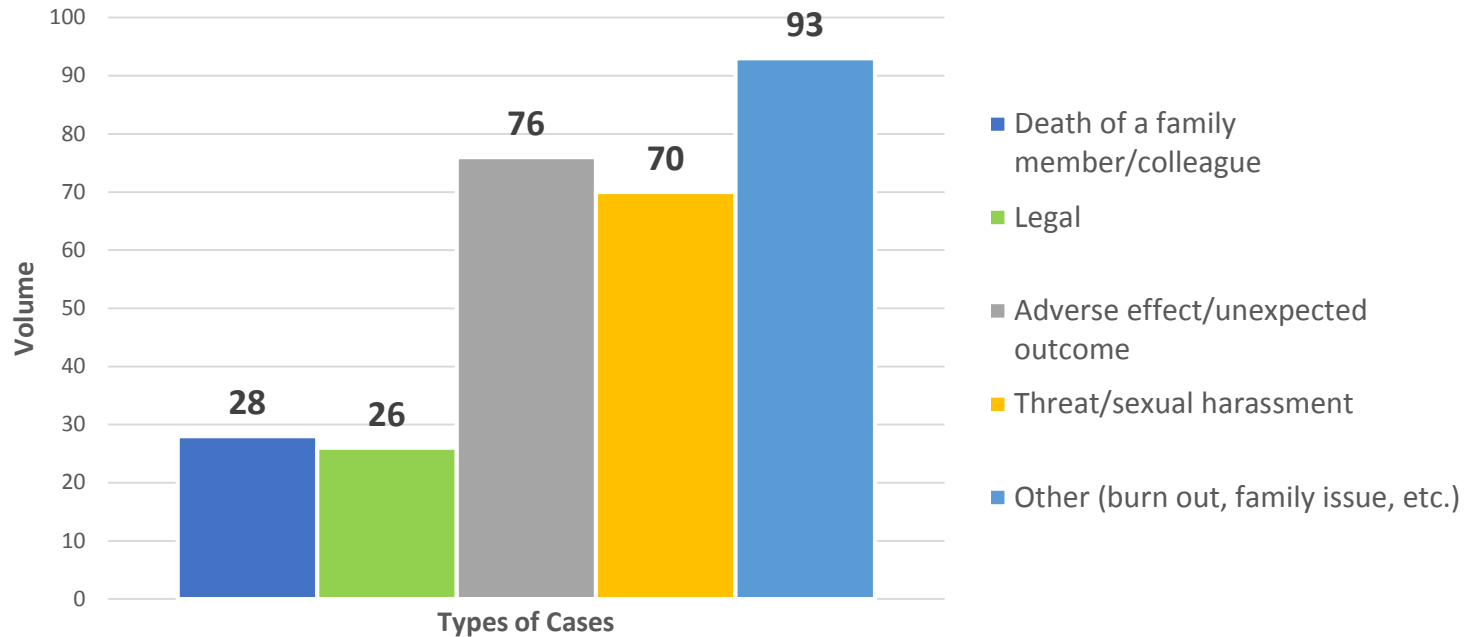
Results:

Volume of Second Victim Cases from 2016 - March 2018



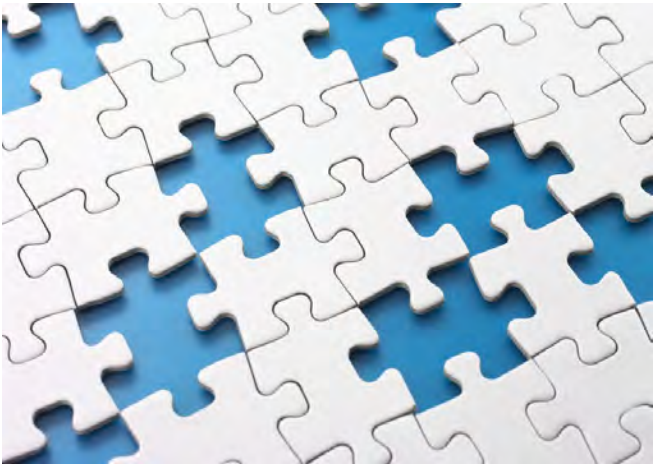
Results:

Volume of Second Victim Cases from 2016 - August 2018





Limitations:



- Incomplete data
- Not fully acculturated



Next Steps:

- Fully enculturate and adequately resource
- Consistent use of survey
- Flexibility in trainings
- Continued support
- SPREAD!





Conclusion:

- Physicians may have an unmet need for peer support beyond classic second victim support
- Medical Groups that implement a program should be prepared to address this unmet need





Thank You!

Questions?

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