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## ORIGINAL ARTICLE

# Serious reportable events within the inpatient mental health care: Impact on physicians and nurses



J. Martens<sup>a</sup>, E. Van Gerven<sup>a</sup>, K. Lannoy<sup>a</sup>, M. Panella<sup>a,b</sup>, M. Euwema<sup>c</sup>, W. Sermeus<sup>a</sup>,  
M. De Hert<sup>d</sup>, K. Vanhaecht<sup>a,e,\*</sup>

<sup>a</sup> Department of Public Health & Primary Care, KU Leuven – University of Leuven, Leuven, Belgium

<sup>b</sup> Faculty of Medicine, Amedeo Avogadro University of Eastern Piedmont, Italy

<sup>c</sup> Department of Psychology, KU Leuven – University of Leuven, Leuven, Belgium

<sup>d</sup> Department of Neurosciences, KU Leuven – University of Leuven, UPC KU Z.org Leuven, Leuven, Belgium

<sup>e</sup> Department of Quality Management, University Hospitals Leuven, Leuven, Belgium

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### KEYWORDS

Adverse events;  
Mental health;  
Patient safety;  
Second victim;  
Health care provider

### Abstract

**Objectives:** To investigate the prevalence of physicians and nurses involved in an adverse event within mental health.

**Materials and methods:** A quantitative, cross-sectional study was performed. Six Flemish psychiatric hospitals (Belgium) participated in this exploratory cross-sectional study. All psychiatrists and nurses working in these hospitals were invited to complete an online questionnaire in March 2013.

**Results:** 28 psychiatrists and 252 nurses completed the survey. 205 (73%) of the 280 respondents were personally involved at least once in an adverse event within their entire career. Respondents reported that the adverse event with the greatest impact was related to suicide in almost 64% of the cases. About one in eight respondents considered quitting their job because of it. Almost 18% declared that due to the impact of the event, they believed that the quality of the administered care was affected for longer than one month. Respondents stated that they received much support of colleagues (95%), the chief nurse (86%) and the partner (71%). Colleagues seemed to be most supportive in the recovery process.

**Conclusions:** Physicians and nurses working in inpatient mental health care may be at high risk to being confronted with an adverse event at some point in their career. The influence on health professionals involved in an adverse event on their work is particularly important in the first 4–24 h. Professionals at those moments had higher likelihood to be involved in another adverse event. Institutions should seriously consider giving support almost at that time.

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\* Corresponding author.

E-mail address: [kris.vanhaecht@med.kuleuven.be](mailto:kris.vanhaecht@med.kuleuven.be) (K. Vanhaecht).

**PALABRAS CLAVE**

Episodios adversos;  
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paciente;  
Segunda víctima;  
Médico

## Episodios graves notificables en atención hospitalaria de salud mental: repercusiones en médicos y enfermeras

### Resumen

**Objetivos:** Investigar la prevalencia de médicos y enfermeras implicados en un episodio adverso en salud mental.

**Materiales y métodos:** Se llevó a cabo un estudio cuantitativo y transversal. Seis hospitales psiquiátricos de Flandes (Bélgica) participaron en este estudio transversal de exploración. Se solicitó a todos los psiquiatras y enfermeras que trabajan en estos hospitales que completaran un cuestionario en línea en marzo de 2013.

**Resultados:** Veintiocho psiquiatras y 252 enfermeras respondieron la encuesta. Doscientos cinco (73%) de los 280 encuestados participaron personalmente, al menos una vez, en un episodio adverso en toda su carrera. Los encuestados informaron de que el episodio adverso con mayores repercusiones estuvo relacionado con el suicidio en casi el 64% de los casos. Aproximadamente, uno de cada 8 encuestados consideró dejar el trabajo a causa de ello. Casi el 18% declaró que, debido a las repercusiones del episodio, creían que la calidad de la atención administrada se vio afectada durante más de un mes. Los encuestados declararon que recibieron mucho apoyo por parte de sus colegas (95%), la enfermera jefe (86%) y la pareja (71%). Al parecer, los compañeros fueron los más comprensivos en el proceso de recuperación.

**Conclusiones:** Los médicos y enfermeras que trabajan en atención hospitalaria de salud mental pueden correr un gran riesgo de enfrentarse a un episodio adverso en algún momento de su carrera. La influencia de los profesionales sanitarios implicados en un episodio adverso en su trabajo es especialmente importante en las primeras 4-24 h. Los profesionales en esos momentos tenían mayor probabilidad de verse implicados en otro episodio adverso. Las instituciones deberían considerar seriamente el hecho de prestar apoyo casi en el mismo momento.

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The focus on errors began with the Institute of Medicine report "To err is human: building a safer health system", published in 1999.<sup>1</sup> In 2002, a Patient Safety Committee was formed as part of the Council on Quality Care. This was a component of the American Psychiatric Association. Despite more than a decade of focus on improving patient safety, recent studies found that the current state of serious adverse events is still high.<sup>2</sup> Although making errors is human, it must be avoided as much as possible.<sup>1</sup> Therefore, one of the major focuses of the health care organizations for the past years was the prevention of medical mistakes. An important goal of quality improvement measures should be to institute a reduction of 'adverse events' to zero.

Recent studies estimate that approximately 10% of hospital admissions are associated with an adverse event.<sup>3</sup> An adverse event is defined as *an undesirable, although not necessarily unexpected, outcome resulting in prolonged hospitalization, disability or death, caused by healthcare management*.<sup>1</sup> Adverse events have a significant impact on patient morbidity and mortality. They also result in increased healthcare costs due to longer hospital stays. A substantial proportion of adverse events are preventable.<sup>2,4,5</sup> Adverse events occur within a complex socio-technical system in healthcare, it is not necessarily the result of one person making a mistake at the frontline of healthcare. Conditions in the system often enable the adverse event to occur.<sup>1,3</sup> A systems approach assumes healthcare workers are fallible and errors are inevitable.<sup>3</sup>

In 2002, the National Quality Forum (United States of America) published a first report, which defined 28 so-called "serious reportable events" in healthcare. This report encompasses serious adverse events occurring in hospitals that are largely preventable and of concern to both the public and to healthcare workers. Some of these incidents, such as patient suicide, attempted suicide, or self-harm resulting in serious disability, while being cared for in a health care facility, occur in inpatient mental health care.

When an adverse event occurs, there can be more than one victim.<sup>6</sup> Dr. Albert Wu stated that patients are the first and most important victims of adverse events. However, health care providers can also be traumatized by these events, they are second victims of adverse events.<sup>7</sup> A second victim is defined as: "A health care provider involved in an unanticipated adverse patient event, medical error, and/or a patient related injury who becomes victimized in the sense that the provider is traumatized by the event. Frequently second victims feel personally responsible for the unexpected outcomes and feel as though they have failed their patient, second guessing their clinical skills and knowledge base".<sup>8</sup> A review of Seys et al. reported that the second victim phenomenon will often lead to an emotional, professional and personal impact on the caregiver.<sup>8</sup> Feelings often become worse over time and the emotional trauma can be long-lasting.<sup>8,9</sup> When second victims use coping strategies that may be harmful in the long or short term, they are at risk of burnout, depression and posttraumatic disorder.<sup>8</sup> Coming to terms with an adverse event can be extremely distressing for front-line professionals. Research

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