

COST ACTION CA19113 - ERNST Consortium

2nd Grant Period Report - 2021/2022



ERNST
The European Researchers' Network
Working on Second Victims



cost
EUROPEAN COOPERATION
IN SCIENCE & TECHNOLOGY



Funded by
the European Union

COST Action 19113

What's about

This COST Action (CA) is led by the ERNST Consortium which involves 38 countries, 30 from the European Union, and 8 from COST Observer countries from Asia, North America and Latin America. This CA started on September 15th, 2020.

ERNST pursues to enhance the resilience of the healthcare workforces, particularly when something goes wrong, e.g., when a patient has suffered a severe avoidable adverse event.

This CA seeks to **open a scientific, technical, and social debate** in order to share knowledge and experiences with the aim of **contributing to patient safety**.

We want to achieve legal, technical, and social changes to install a proactive safety culture, convinced that when professionals feel supported and capable of facing their tasks, the quality in healthcare increases.

Information About this Action



Working Groups

This CA is organized into 4 WGs

Each Working Group (WG) deals with different fields and issues of the project, to finally converge on a common point and be able to **move forward together**.

On the other hand, we are pleased to announce in 2022 the upcoming **addition of six new members** to the Working Groups:

- **Turkey:** Murat Yilmaz, Ismail Kirsbac
- **Norway:** Alma Mulac
- **Romania:** Cornelia Mairean
- **Ukraine:** Viktoriia Tkachenko
- **Greece:** Aikaterini Flora

Alone we can do so little;
together we can do so much.

WG1

Network Promotion

Networking, management, dissemination issues, assessment of work plan and sustainability.

WG2

Review and description of the State-of-the-Art

Review and disseminate conceptualization, evidence-based interventions, metrics and instruments, including the experiences from other industries.

WG3

Making it happen

Make feasible interventions, train professionals, and implement cultural, legal or educational changes.

WG4

Facilitators and barriers

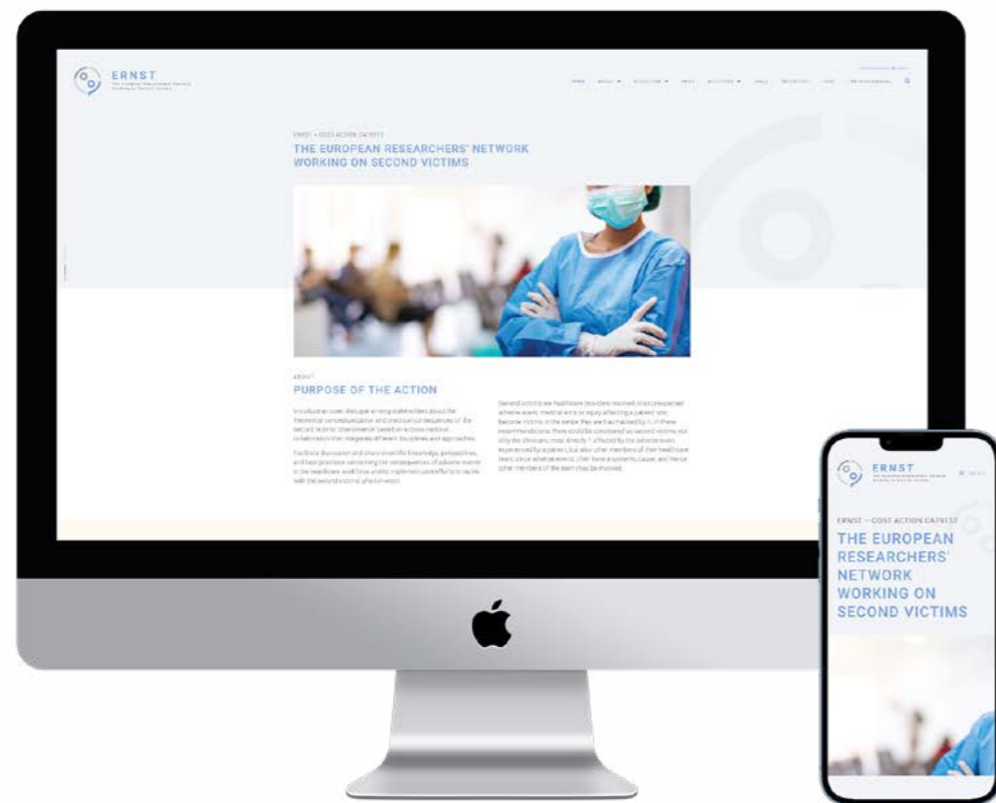
Explore and facilitate alternatives to overcome taboos, or obstacles facilitating collaboration among stakeholders.

ERNST CA 19113 Web

Talking about impact

Our digital identity par excellence. On this website you can find out about our **main proposals and actions**. You will also be able to see a lot of other information such as: **the structure of the group, updated news, activities and events**.

Of course, **reference articles on Second Victims** are also available, our **Training Manual, Case Studies and much more**. Do not forget to sign up for our Newsletter to be aware of everything that happens and is to come!



2021 Website visits

81,273 visits

2022 Website visits

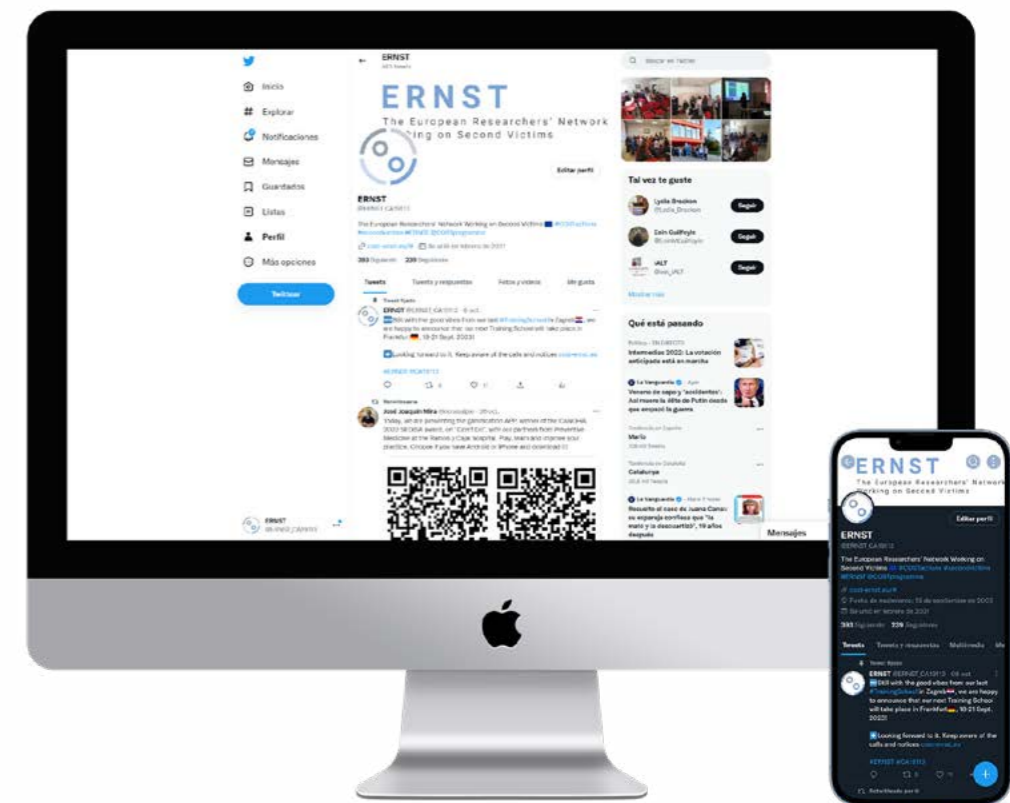
80,071 visits

Twitter account

See what's happening

Our Twitter account is not only an **extension of our online identity** and a complement to information on the website. If you follow us, you will see that it is a place where you can see **what is happening in real time** in the events.

Of course we are also **remembering important events** and dates that we have on the calendar and are yet to come.



2022 Twitter account visits

10.260 visits

Achievements

Performed Achievements



Website



4 Promotional videos



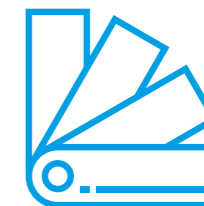
Third Edition of the International Forum



Second Edition of the Training School



First STSM



Training Manual



Three Case Studies



Videos & Podcasts for training



4 papers published



Networking & 6 new members

In progress

Activities

- Analysis of the competences of training programs to encourage a psychological safety climate and a positive patient safety culture in clinical settings.
- Conceptualization update of what SV is.
- Development statement on the SV phenomenon and how to deal with.
- Open debate about how to include SV as a further occupational safety issue.
- Collecting ideas about how to involve healthcare policymakers.
- Study about the phenomenon of SV in other industries (non-healthcare environments).
- Elaborating a set of indicators to assess SV peer support interventions.
- Identifying SV and patient safety in the curricula.
- New approaches about how to face SV syndrome (online training).
- Reviewing how legal framework is impacting on the SV phenomenon.

Studies

- Developing a framework for recognizing Healthcare Organizations that Implement a SV Peer Support Interventions.
- Safety Incident Reporting System for Students during their Clinical Internship (SAFEST).
- Understanding Patient & Healthcare Professionals' Safety and support policy tools in Europe.

Meetings' list

Online meetings

- **WG1 Networking meeting.**
(24/11/2021)
- **WG2 meeting.**
(16/02/2022)
- **Core Group meeting.**
(25/11/2021)
- **WG1 Policymakers, involvement in patient safety meeting.**
(21/02/2022)
- **Training School meeting.**
(07/12/2021)
- **WG3 Online meeting.**
(14/03/2022)
- **WG1 & WG4 meeting.**
(09/12/2021)
- **WG4 Policymakers, involvement in patient safety issues meeting.**
(14/04/2022)
- **STSM Organizers meeting.**
(13/12/2021)
- **WG4 Online meeting.**
(27/04/2022)
- **WG2 meeting.**
(13/12/2021)
- **WG1 Policymaker, involvement in patient safety issues meeting.**
(17/10/2022)
- **WG1 Online meeting.**
(18/01/2022)

Face-to-Face meetings

- **WG2 meeting.**
(11/04/2022 - 12/04/2022)
- **WG4 meeting.**
(18/07/2022 - 19/07/2022)
- **WG3 meeting.**
(27/06/2022 - 28/06/2022)
- **Management Committee meeting.** (28/09/2022 - 29/09/2022)
- **Core Group meeting.**
(18/07/2022 - 19/07/2022)

Studies examples

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Home Delphis Configuración Log out

Está viendo este formulario como administrador.

- Como usuario anónimo

Presence of ERNST members in national and international patient safety forums and associations

This form aims to collect information on the membership of ERNST Consortium members in national and international patient safety forums to communicate to COST the outreach and impact of our network.

If you respond to this survey, we understand that you consent to participate in the consultation. The data collected will only be processed for the above purpose.

Please indicate below the regional, national and international patient safety forums of which you are a member (excluding local ones such as your hospital's internal safety committee).

Surname Required

1. Membership in regional, national and international patient safety forums

cost

This study is being conducted in the framework of COST Action CA19115 - The European Researchers' Network Working on Second Victims

PARTNER INSTITUTIONS

What healthcare systems are doing after an adverse event to protect patients' rights (fair compensation and open disclosure), while enable learn from these events to assure the quality of care?

This is an international research team working on patient safety to describe what is being done in the world when a severe adverse event occurs for protecting patients' rights (compensation for losses and open disclosure) while enable learn from these events to assure the quality of care. This study aims to summarize national policies, rules, and legislation around the world that promote that healthcare professionals enable them to learn from the adverse events while those patients' rights are protected. It is expected a vast variability among countries on how they promote mechanisms to avoid recurrent adverse events, compensate patients for losses after a severe adverse event (fair compensation), and support healthcare professionals so we can learn from our own failures and mistakes. To summarize this international outlook of the rules, legislation, strategies, or approaches used currently, we are conducting this study for which we request your collaboration as an expert that has knowledge and experience in this topic. The survey consists of 25 questions. It will take you about 20 minutes to answer it. Thanks in advance. All results will be shared on <http://segundavictimas.es> and <http://www.secondvictim.be/>

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Home Delphis Configuración Log out English

Competencies in healthcare discipline trainees to promote a climate of psychological safety in clinical settings: A Delphi study

Thank you for agreeing to participate in this study on psychological safety competencies acquired by residents and students of health disciplines during their training period.

We are a team of researchers from the academic and clinical fields, part of the European ERNST Consortium focused on patient safety and second victims' studies. This study involves researchers from Croatia, Estonia, Finland, Germany, Israel, Lithuania, Malta, Portugal, Serbia, Slovakia, and Spain.

Psychological safety refers to the shared belief that a work team can face complex challenges when there is an environment of mutual respect and trust. Thus, healthcare professionals provide safer care when causes and ways to avoid clinical errors can be discussed and analyzed without fear of criticism or sanctions. A psychological safety climate can be a determinant of patient safety. In this way, this provides safer care when it is possible to discuss and analyze the causes and mechanisms to avoid clinical errors without fear of criticism or sanctions.

This Delphi study explores:

- what psychological safety competencies (knowledge, attitudes, and skills) are being acquired by future generations of healthcare professionals (students and residents hereafter referred to as "trainees") through their clinical internships,
- what actions the healthcare institutions in which the trainees do their clinical internships should implement to promote the acquisition of these competencies.

The responses to the questionnaire will be analyzed in a pseudo-anonymized and aggregated manner. There are no right or wrong answers to the questions, but the purpose is to know your perception as a trainee mentor. The questionnaire will take approximately 10 minutes to complete. Please do not forget to send your answers at the end of the questionnaire.

For any questions or comments, please send an e-mail to your national coordinator (who invited you to participate in the study) or to calite@umh.es

safest

Home Configuración

Seleccionar idioma

Con la tecnología de Google Traductor de Google

Safety Incident Reporting System for Students during their Clinical Internship

Welcome to the **Safety Incident Reporting System for Students during their Clinical Internship (SAFEST)**.

Among the recommendations to increase patient safety, Incident Report Systems have a long history to identify potential sources of risk, analyzing their causes (both direct and remote) and proposing actions for better management of the risks inherent to health care. In the WHO's *Patient safety incident reporting and learning systems: technical report and guidance* (ISBN: 9789240010338), the importance of reporting all incidents that affect patient safety is emphasized in order to reduce the risks inherent in healthcare activities and increase the quality of care.

In this experience, a collaborative virtual environment has been created to learn how to report, analyze incidents and propose improvements. It is possible to participate both individually and in groups of 2-3 students. In the latter case, the members of the group should be indicated in the comments section at the end of the questionnaire. The reports will be externally assessed considering the content of the report, the analysis of the remote and immediate causes and the proposed corrective or preventive plan. Depending on the number of reports sent, the scores obtained and the evolution, it will be possible to obtain direct rewards and recognition in nanocourses of the UMH.

To participate, the first step is to be registered by completing the form fields with the user data and a password of at least 6 characters. Once logged in, the **Dashboard** will appear, from where you can make a new report, relate a report already started, assess the reports of your colleagues and view your personal statistics.

The data provided will be used only for educational purposes.

It is important to note that if you do not complete those questions marked as **Required** you will not be able to continue to the next page. In addition, it is essential to click **Finish**, in the lower right corner, to submit the form definitively.

Activities

First STSMs

STSM facilitates researchers from COST countries participating in CA19113 to go to an institution or research centre in another participating COST country to foster collaboration and to perform empirical research. We particularly welcome applications from PhD students, residents, and young researchers, both from within and outside the ERNST Consortium, that explores and explains how their participation can contribute to the COST Action 19113 objectives.

Sofia Guerra Paiva

Portugal

Phd student at Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, Portugal & ERNST Training School Coordinator.



Anatoliy Goncharuk

Ukraine

Professor of the Department of Management at the International Humanitarian University (Odesa, Ukraine), where he still works, despite his new position in Norway.



Jakko Varpela

Finland

Nurse, 4th year doctoral student from the University of Turku, Department of Nursing Science. Clinical experience of nursing in inpatient and outpatient psychiatric care.





ERNST
The European Researchers' Network
Working on Second Victims
COST Action 19113

STSM

SHORT TERM SCIENTIFIC MISSION

You can register from
March
"2022"



More info

<https://cost-ernst.eu>
<https://cost-ernst.eu/calls/>
COST Action 19113

About us

Mobility Grants aimed at promoting individual mobility, strengthening ERNST networks, and fostering collaboration between PhD students, residents, and young researchers pursuing the objectives of the COST Action 19113.

Caring for those who care





EUROPEAN COOPERATION
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the European Union

Marina Odalovic & Ivana Skuomalova

Serbia & Slovakia

Ivana Skuomalova, Ph.D. is a psychologist, psychotherapist, and researcher at Pavol Jozef Safarik University in Kosice, Slovakia. She works on enhancing the resilience of healthcare professionals and on building competencies in medical students in Slovakia.



Marina Odalović, Master of Pharmacy, PhD, is currently operating as Assistant Professor at the Faculty of Pharmacy, University of Belgrade, Belgrade, Serbia. She started her academic career in 2007 as Research and Teaching Assistant at the same faculty. Her research interest includes pharmaceutical services development and implementation and pharmacoepidemiology (predominantly the use of medicines among pregnant women, antibiotics utilization and self-medication).

III International Forum ERNST Consortium


The forum has been in a hybrid format, since it has been held in person, but it has been possible to view and follow it online. Making it more accessible, so that speakers who did not have the availability to travel could give their lectures. This year 2022, it has been held in Cluj-Napoca, Romania.

“Building a European network for improving the resilience of the healthcare professionals in stressful situations”.

Intended for healthcare professionals, residents and PhD students, healthcare policymakers, academics and researchers and managers.

 - **Registered people:** 123

 - **Face to Face assistants:** 23

 - **Countries involved:** 32 (counting Latin America)

 - **Speakers:** 19 people from 17 countries



III INTERNATIONAL FORUM ERNST CONSORTIUM

CLUJ-NAPOCA, ROMANIA

“Caring for those who care”

“BUILDING A EUROPEAN NETWORK FOR IMPROVING THE RESILIENCE OF THE HEALTHCARE PROFESSIONAL IN STRESSFUL SITUATIONS”

- HEALTHCARE PROFESSIONALS
- RESIDENTS PHD STUDENTS
- HEALTHCARE POLICYMAKERS
- ACADEMIC & RESEARCHERS
- MANAGERS

CONTACT US
info@ernstforum.com

www.cost-ernst.eu / www.cost.eu



SEPTEMBER 2022

29
th

30
th



www.ernstforum.com




Second Edition of the Training School

An intensive training on Second Victim Phenomenon and supporting interventions around the world.

On this occasion, the duration was from October 3 to 5, 2022 and it was held at the University Hospital Centre Zagreb, in Croatia.

It is one of the largest hospitals in the country. It serves most of Central and Northern Croatia, and is staffed by specialists who use acute medical procedures.

Dedicated for health professionals researchers and students.

 - **Admitted trainees:** 24

- *Trainees that attended to the face to face Training* : 20

- *Trainees that attended to the online lectures part of the training* : 3

 - **Countries involved:** 13 different countries





ERNST
The European Researchers' Network
Working on Second Victims



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Funded by
the European Union

**COST Action 19113
ERNST TRAINING SCHOOL**

**ZAGREB, CROATIA
TRAINING SCHOOL
MEETING, HEALTH
PROFESSIONALS
RESEARCHERS & STUDENTS**



**03th-05th
OCTOBER
2022**

**INTENSIVE
TRAINING ON
SECOND VICTIM
PHENOMENON
AND SUPPORTING
INTERVENTIONS
AROUND THE
WORLD**

03 OCTOBER 9h30-16h30 (Central European Time)
The Second Victim Phenomenon. Introduction to the ERNST Training Manual.

04 OCTOBER 9h-18h (Central European Time)
Healthcare workforces supporting interventions around the World. Exploring Practical Cases.

05 OCTOBER 9h-14h30 (Central European Time)
Exploring Practical Cases, Lessons learned and recommendations.



MORE INFORMATION CLICK IN THE FOLLOWING LINK:
<https://cost-ernst.eu/category/webinar-registration/>
www.cost.eu / www.cost-ernst.eu

Dissemination

Conferences, experiences and round table discussions on how to design intervention programs and revision of the state of art.

There are also experiences on how health professionals have been supported during the COVID-19 pandemic will be shared and a table of young researchers who will talk about their projects.

EuroScience Open Forum 2022

ADVERSE EVENTS AS A SOURCE OF EMOTIONAL DISTURBANCE FOR HEALTHCARE PROVIDERS
EuroScience Open Forum (ESOF2022), held in Leiden / July 13-16, 2022

PATIENT SAFETY IS A PRIORITY FOR HEALTHCARE SYSTEMS ACROSS THE WORLD.
Unfortunately, around 12% of the people admitted to hospitals and 2% of those in primary care suffer from an adverse event (AE).
When AE do occur, 80% do a damage effect with professionals (second victims, SV) also suffering from the adverse effect of having harmed their patients.
Such traumatic and doubt about their competence are the most frequent reactions. In the most serious cases, the professional may develop a post-traumatic stress disorder.
This phenomenon is causing instability in the provision of healthcare, loss of care quality provided, ineffective medicine, and avoidable burden of human care.
The lack of stability and competence of the professionals, the stress, uncertainty, mistakes, and the idea of perfection are some of the barriers that make it difficult to tackle this problem.
However, caring for the well-being of the care providers as a prerequisite for patient safety and quality of care. Over the past decade, various programs have been implemented to support the care of these second victims.
Only about 10% of the AE require more specialized support to overcome this experience.
Although these interventions are needed, there are other barriers to be considered such as the high turnover rate among the professional staff, the promotion of the psychological safety as part of a proactive safety culture, and how patient safety is introduced in the curricula of the next generation of healthcare workers.

Authors:
- José Joaquín Mira
- Susanna Inés
- Reinard Stamer

II Congress of the Brazilian Society for the Quality of Care and Patient Safety - SOBRASP

II Congresso da Sociedade Brasileira para a Qualidade do Cuidado e Segurança do Paciente - SOBRASP
Inovar para Garantir a Qualidade do Cuidado e Segurança do Paciente no Contexto das Iniquidades em Saúde

10 a 12 de Setembro 2022 - EVENTO ONLINE

Prezado(a) Sr(a) José Joaquín Mira, **Joazez**

A SOBRASP tem a honra de convidá-lo(a) para participar da(s) atividade(s) abaixo indicada(s) do II Congresso da Sociedade Brasileira para a Qualidade do Cuidado e Segurança do Paciente.

Mesa Redonda
- A Segunda Vílima e a Interface com a Cultura de Segurança: vivências da Europa e do Brasil - 16/09/2022 / 10:00-11:30 - Sala 1 - Tivola 1

Conviteado	Função
Vera Barreira	Modetradora
Sofia Guerra Paiva	Palestrante
Thaisa: Vílima cultural e social / 10:00 - 10:25 / Duração: 25min	
José Joaquín Mira	Palestrante
Tema: Vílima do profissional de saúde / 10:25 - 10:50 / Duração: 25min	
Osvaldo Augusto Camêlo de Oliveira	Palestrante
Tema: Vílima da organização de saúde / 10:50 - 11:15 / Duração: 25min	

Together for Patient Safety and Clinical Risk Management across all Ages

Together for Patient Safety and Clinical Risk Management across all Ages

Date: Wednesday 25th May 9:00 – 16:00
Venue: South Auditorium, Mater Dei Hospital

Chair First morning session	Dr Miriam Dalmás Consultant Public Health Medicine Resident Academic, Department of Health Systems Management and Leadership, Faculty of Health Science, University of Malta
9:00 – 9:05	Welcome address Dr Stephen Lungaro Mifsud, Dean, Faculty of Health Science, University of Malta
9:05 – 9:20	The current state-of-the-art in patient safety and clinical risk management in the Maltese health and social care systems Prof. Sandra Buttigieg, Head, Department Health Systems Management and Leadership, Faculty of Health Science, University of Malta Chairperson of the Patient Safety and Quality Improvement Team (PaSQIT) at Mater Dei Hospital
9:20 – 9:30	Address Prof. Carmen Sammut Pro-Rector, University of Malta
9:30 – 10:00	Quality of Care and Patient Safety in the WHO European Region Dr Julio Breda Head of Athens CoC Office & RD Special Adviser, Division of Country Health Policies and Systems, WHO Greece, Athens, Greece
10:00 – 10:30	Introducing the European Researchers' Network Working on Second Victims (ERNST) Prof. José Joaquín Mira Chairperson of COST Action CA 19113 The European Researchers' Network Working on Second Victims (ERNST)
10:30 – 11:00	Coffee break
Chair Second morning session	Prof. Sandra Buttigieg Consultant Public Health Medicine Head, Department Health Systems Management and Leadership, Faculty of Health Science, University of Malta Chairperson of PaSQIT at Mater Dei Hospital, Malta
11:00 – 11:30	Digitally Transforming Health: A Patient Safety Solution Mr. Francis Grech Chief Executive Officer Exley Ltd.
11:30 – 12:15	How can digitalisation give support for achieving better and more safe medical services? Prof. Dr Dr Wilfried von Eiff Academic Director Center for Health Care Management and Regulation HHL Leipzig Graduate School of Management, Leipzig, Germany Director, Center for Hospital Management, Institute at the University of Muenster, Germany

PATSAFE 2022

PATSAFE CONFERENCE 2022
Friday, June 3rd, 2022 of 09-17
Tallinn, Estonia

Call for ABSTRACTS
for scientific conference:
Patient Safety in Estonia: Linking Research, Education, Policy and Practice

Sub-topics:
* Management of patient safety
* Team working for patient safety
* Implementation of patient safety in practice
* Competencies in patient safety
* Patient safety culture
* Patient involvement in patient safety
* Incident reporting on patient safety

Instructions for abstracts:
* Scientific or developmental abstracts
* Option for oral or poster presentation
* Length of abstract 300 words
* Electronic submission
* English language
* No participation fee

Conference objectives:
* Sharing knowledge among different stakeholders
* Networking
* Creating awareness of patient safety and PATSAFE project

Start abstract submission [here](#)
Deadline for submission: 28.02.2022 23:59
More information: <https://www.conference-expert.eu/en/patsafe2022>

Launch of the Argentine Patient Safety Observatory

LANZAMIENTO
OBSERVATORIO ARGENTINO DE SEGURIDAD DEL PACIENTE
7 DE JULIO 2022

Modalidad:
+ Virtual
+ Presencial > solo con registro previo, capacidad limitada

Actividad no arancelada

Streaming
PALAIS ROUGE
J. Solguero 1441, CABA

Funded by Project Prometeu 2021/061 granted by Conselleria de Innovación, Universidades, Ciencia y Sociedad Digital, Generalitat Valenciana.

GENERALITAT VALENCIANA, Fundació Fisabio, OVERGEND PROJECT, GENERALITAT VALENCIANA

Day of Attention to Second Victims

“Las personas nos importan”

Salón de Actos del Hospital Clínico Universitario Virgen de la Arrixaca

Organizado por el Núcleo de Seguridad del Área I del SAS

30 de Mayo 2022 9:00 horas

ENDA 2022

ENDA 2022
ENVIRONMENTAL CHANGES – LEADERSHIP CHALLENGES







Published papers

Key Factors For Effective Implementation Of Healthcare Worker Support Interventions After Patient Safety incidents in health organisations: a protocol for a scoping review

Open access

Protocol

BMJ Open Key factors for effective implementation of healthcare worker support interventions after patient safety incidents in health organisations: a protocol for a scoping review

Sofia Guerra-Paiva ^{1,2,3}, Maria João Lobão ^{1,2,3}, João Diogo Simões,^{1,4} Helena Donato ⁵, Irene Carrillo ^{6,7}, José Joaquín Mira ^{6,7,8}, Paulo Sousa ^{1,2,3}

To cite: Guerra-Paiva S, Lobão MJ, Simões JD, et al. Key factors for effective implementation of healthcare worker support interventions after patient safety incidents in health organisations: a protocol for a scoping review. *BMJ Open* 2022;12:e061543. doi:10.1136/bmjopen-2022-061543

► Prepublication history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2022-061543>).

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For numbered affiliations see end of article.

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ABSTRACT

Introduction Health organisations should support healthcare workers who are physically and psychologically affected by patient safety incidents (second victims). There is a growing body of evidence which focuses on second victim support interventions. However, there is still limited research on the elements necessary to effectively implement and ensure the sustainability of these types of interventions. In this study, we propose to map and frame the key factors which underlie an effective implementation of healthcare worker support interventions in healthcare organisations when healthcare workers are physically and/or emotionally affected by patient safety incidents.

Methods and analysis This scoping review will be guided by the established methodological Arksey and O'Malley framework, Levac and Joanna Briggs Institute (JBI) recommendations. We will follow the JBI three-step process: (1) a preliminary search conducted on two databases; (2) the definition of clear inclusion criteria and the creation of a list of search terms to be used in the subsequent running of the search on a larger number of databases; and (3) additional searches (cross-checking/cross-referencing of reference lists of eligible studies, hand-searching in target journals relevant to the topic, conference proceedings, institutional/organisational websites and networks repositories). We will undertake a comprehensive search strategy in relevant bibliographic databases (PubMed/MEDLINE, Embase, CINAHL, Web of Science, Scopus, PsycInfo, Epistemonikos, Scielo, Cochrane Library and Open Grey). We will use the Mixed Methods Appraisal Tool V.2018 for quality assessment of the eligible studies. Our scoping review will be guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews.

Ethics and dissemination This study will not require ethical approval. Results of the scoping review will be published in a peer-review journal, and findings will be presented in scientific conferences as well as in international forums and other relevant dissemination channels.

Trial registration number 10.17605/OSF.IO/RQAT6.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ To our knowledge, this is the first scoping review to map and frame the different organisational, operational and contextual factors which underlie the implementation of health worker support programmes after the occurrence of a patient safety incident.
- ⇒ Given the broad focus of this scoping review, we do not expect that eligible studies will show a direct relation between the key factors and the effectiveness of the implementation of the support interventions.
- ⇒ For better interpretation of the results, we will provide a quality assessment of the included studies, although quality assessment is not mandatory to include in scoping reviews.
- ⇒ We will involve key stakeholders as an additional source of information to complement the literature search.
- ⇒ Our results and findings are limited to the five main domains that guide our data extraction.

Preprint from medRxiv available: doi: <https://doi.org/10.1101/2022.01.25.22269846>.

INTRODUCTION

Patient safety incidents affect patients' lives at different levels and globally impact health organisations and their healthcare workers.^{1,2} A patient safety incident is an unintended or unexpected healthcare event that either causes harm to one or more patients (adverse event) or that does not reach a patient but poses a risk of harm (near miss).^{1,3}

Patients suffering direct harm caused by a healthcare incident are the 'first victims' of an adverse event. Approximately 1 in 10 patients admitted to a hospital will suffer an adverse event, which represents 4%–17% of hospital admissions,^{4,5} as will 4 in 10 patients in primary and outpatient healthcare.⁶

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Strategies for the Psychological Support of the Healthcare Workforce during the COVID-19 Pandemic: The ERNST Study
















International Journal of
Environmental Research
and Public Health



Article

Strategies for the Psychological Support of the Healthcare Workforce during the COVID-19 Pandemic: The ERNST Study

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Abstract: The COVID-19 pandemic led to the implementation of interventions to provide emotional and psychological support to healthcare workers in many countries. This ecological study aims to describe the strategies implemented in different countries to support healthcare professionals during the outbreak. Data were collected through an online survey about the measures to address the impact of the pandemic on the mental health of healthcare workers. Healthcare professionals, researchers, and academics were invited to respond to the survey. Fifty-six professionals from 35 countries contributed data to this study. Ten countries (28.6%) reported that they did not launch any national interventions. Both developed and developing countries launched similar initiatives. There was no relationship between the existence of any type of initiative in a country with the incidence, lethality, and mortality rates of the country due to COVID-19, and per capita income in 2020. The 24 h hotline for psychological support was the most frequent intervention. Tools for self-rescue by using apps or websites were extensively used, too. Other common interventions were the development of action protocols, availability of regular and updated information, implantation of distance learning systems,

Published papers

Nurses' Attitude Towards The Management Of Adverse Events - Consequences Of The "Second Victim" Phenomenon - In Healthcare Institutions

Studies On The Second Victim Phenomenon And Other Related Topics In The Pan-european Environment: The Experience Of Ernst Consortium Members



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DOI: 10.24327/IJRSR

Research Article

NURSES' ATTITUDE TOWARDS THE MANAGEMENT OF ADVERSE EVENTS - CONSEQUENCES OF THE "SECOND VICTIM" PHENOMENON - IN HEALTHCARE INSTITUTIONS

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ARTICLE INFO	ABSTRACT
<p>Article History: Received 12th April, 2021 Received in revised form 23rd May, 2021 Accepted 7th May, 2021 Published online 28th July, 2021</p> <p>Key Words: Patient Safety; Second Victims; Adverse Events; Quality of Care; Well-Being at Work.</p>	<p>The object of the research is the conceptualization of adverse events and the phenomenon of "second victim" and the management of consequences in health care institutions. This study aimed to analyze the attitude of nurses towards the management of adverse events and the consequences of the "second victim" phenomenon in health care institutions. The following methods are used in the work: analysis of scientific literature and legal documents, questionnaire survey, statistical analysis of survey results using the program of mathematical-statistical analysis SPSS Statistics. The study included 148 respondents- practicing nurses. The results of the study revealed that the aspects of adverse events' management in healthcare institutions are insufficiently visible and known to professional nurses. The ratings of all aspects of the statements presented in the study are average, close to the middle (3 points), evaluating the statements on a Likert-typescale, where 1 - strongly disagree, 5 - strongly agree. The study found that too little attention is paid to managing the consequences of the "second victim" phenomenon, as even the understanding of the phenomenon concept itself is almost undeveloped. Assessing the attitude of nurses from different age groups, a statistically significant difference was found between the age of the respondents and the assessment of certain aspects: how the experience gained by nurses in the workplace is used to justify the "second victim" phenomenon; implementation of a plan for mutual support, creation of a network for the integration of initiatives related to the "second victim" phenomenon; promotion of proposals, the inclusion of experience in professional training and development programs/ curricula; creating a culture of legal certainty and transparency.</p>

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INTRODUCTION

Patients in health care facilities undoubtedly always like to receive a service that is high quality and safe. However, sometimes, providing health care services, adverse events can occur for a variety of reasons. Such events can harm the patients and even cause serious health problems. Recurring such events can cause significant financial losses to states. Over the last decades, the Lithuanian health care system has been moving towards better management of adverse events, which fact once again emphasizes the importance of researching this phenomenon. Healthcare providers are sensitive to adverse or traumatic clinical events. In recent years, the phenomenon of the "second victim" and its consequences have been observed quite frequently.

According to A. Conklin *et al.* (2008), about 8–12% of patients in the European Union experienced adverse events. According

to data in 2016, this number has increased and ranges from 4 to 17 percent. Almost half of the cases (44–50%) could be avoided (Zsifkovits *et al.*, 2016). Therefore, proper management of adverse events is a relevant and important goal of health care activities, which must be ensured at all levels, from the health care institution to the state level.

In Lithuania, the policy of managing adverse events is constantly changing and improving, although this movement started relatively recently (at the end of the 20th century). Only in 2004, the Health Care Quality Assurance Program for 2005-2010 was prepared in Lithuania. The program was focused on ensuring patient safety. Adverse event registration and management system have been developed, focusing on the prevention of these events. Already in 2019, an important change in the adverse event management policy came into force in Lithuania: the management structure itself has changed

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Original Research Paper

Studies on the second victim phenomenon and other related topics in the pan-European environment: The experience of ERNST Consortium members

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Abstract
Background: Patient safety is a priority worldwide. When things go wrong in the provision of patient care, the healthcare professionals involved can be psychologically affected (second victims, SVs). Recently, different initiatives have been launched to address this phenomenon.
Aim: To identify through the ERNST Pan-European Consortium the current study lines in Europe on SVs and other topics related to how the lack of well-being of healthcare professionals can affect the quality of care.
Methods: A cross-sectional study was conducted based on an ad hoc online survey. All 82 academics and clinicians who had formalized their membership to the COST Action 19113 by September 2020 and represented 27 European and one neighboring country were invited to participate. The survey consisted of 19 questions that explored the participants' scientific profile, their interests, and previous experiences in the SVs' topic, and related areas of work in Europe.
Results: Seventy (85.4%) COST Action members responded to the survey. Thirty-seven (37.1%) had conducted SV studies in the past or were doing so at the moment of the survey. Seventeen participants were involved in implementing interventions to support SVs. Future lines of study included legal issues, open disclosure, training programs, and patient safety curricula.
Conclusions: Studies have been conducted in Europe on the magnitude of the SV phenomenon and the usefulness of some techniques to promote resilience among healthcare professionals. New gaps have been identified. The COST Action 19113 aims to foster European collaboration to reinforce the healthcare professionals' well-being and thus contribute to patient safety.

Keywords
patient safety, second victims, europe, resilience, stressful events, adverse events

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Objectives

MoU objectives

MoU Objective	Encouraging discussion of the meaning of the fourth criterion (Quadruple Aim) and its implications for healthcare organisations, taking into consideration that the SV phenomenon is one of the major focuses of this Action. This debate will be enriched by international collaboration.
Type of objective	1.a Development of a common understanding/ definition of the subject matter.
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	At this moment we are in contact with healthcare organisations, and implications so this is in working also with the activities planned in the new period.

MoU Objective	Developing the conceptualization of the sv phenomenon and a common understanding of its definition. There has been emphasis mainly on the emotional reactions and very little debate about the underlying factors with respect to the conceptualization of this phenomenon and the impact of its consequences on patients' rights.
Type of objective	2.a Building a community around a topic of scientific and/or socio-economic relevance, allowing for knowledge exchange and the development of a joint research agenda.
Level of progress	76 - 100%
Description of progress with achieving the MoU objective	At that moment WG2 is developing the concept of the terminology second victim and has a common understanding of the process. Some researchers around the world including USA and Latin America are also involved in this activity. Wg2 leaders are expecting to submit a paper with the results.

Objectives

MoU objectives

MoU Objective	Raising general awareness of the impact of adverse events on healthcare professionals(-considering gender differences). This objective seeks to establish a more in-depth understanding of the complexities of these issues and facilitate discussion for the subsequent development of proposals to reduce their impact, considering the characteristics of the countries.
Type of objective	1.a Development of a common understanding/ definition of the subject matter
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	The project developed is almost complete, WG4 is developing some bases on legal understanding and WG3 has developed some training regarding the procedures in order to cope with adverse events. Also in training schools some of the activities were concerning about the procedures taken when healthcare professionals face these situations.

MoU Objective	Achieving changes in rules and regulations facilitating discussion of the legal, ethical, and organizational gaps while promoting a common understanding of factors underlying the interventions designed to support SVs. A multidisciplinary approach is needed to capture the multi-dimensionality of the factors linked to the second victim's experience.
Type of objective	1.g Input to stakeholders (e.g. standardization body, policy-makers, regulators, users), excluding commercial applications.
Level of progress	26 - 50%
Description of progress with achieving the MoU objective	This part is at the beginning of the development. WG4 started with some formualars regarding this and since last september we are trying to involve more policymakers and legal workers. It is spected that also politicians in european organisations will engage soon.

Objectives

MoU objectives

MoU Objective	Understanding of the causes of errors to stakeholders and the general public advances are only possible with the involvement of all stakeholders in a debate at the national and international levels, sharing the state of the art and proposing goals and steps to change the current reality.
Type of objective	1.e Development of knowledge needing international coordination, pertaining to a new or improved theory, model, methodology, technology or technique.
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	This part of the process has been worked through WG3 and WG4. With WG3 and training schools the development of adverse events and analysis root-cause is developed. WG4 in his educational part is expecting to include the analysis of adverse events regarding how to implement in high level educational parts.

MoU Objective	Introducing new metrics on the system level that should be used to improve health workforce policy. Hese new indicators should respond to the new requirements for international accreditation, and may be designed in light of the contributions of multiple disciplines, not only clinical and medical staff perspectives.
Type of objective	1.f Achievement of a specific tangible output that cannot be achieved without international coordination (e.g. due to practical issues such as database availability, language barriers, availability of infrastructure or know-how, etc.)
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	The involvement of policymakers is done regarding next period in collaboration with WG1 and WG3. At the moment several countries including USA and Canada have agreed on join us in meetings to study the subject. Besides some policymakers from Spain, Romania, France and Portugal have participated in last meeting.

Objectives

MoU objectives

MoU Objective	Encouraging inclusion of the consequences of mistakes on care providers and their implications for the curricula. There are fragmented initiatives to re-think the medical curricula in Europe, but they are in the early stages. Proposals for new directives for training healthcare professionals and requirements for curricula are needed.
Type of objective	2.b Building a community around a new or emerging field of research.
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	The mistakes and the consequences have been studied by the WG in order to have a broad view of legal point and see what are the major points in different european countries. This is at the middle stage, regarding that WG4 in its meetings have this point.

MoU Objective	Agreeing what to do after occurring adverse events, sharing knowledge and methods to tackle with the second victims' phenomenon. Although interventions have been developed, their implementation is scarce. There is a need to expand and promote interventions that can advance our capacity to address this phenomenon.
Type of objective	1.j Dissemination of research results to stakeholders (excluding specific input in view of knowledge application).
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	In the Training Schools with the work developed by WG3, some of the adverse events chain including how to react and which help could be offered to the professionals. There are some videos explaining like the following attached: https://www.youtube.com/watch?v=VvA-CEpWup4s

Objectives

MoU objectives

MoU Objective	Learning to tackle with the consequences of the second victims' phenomenon by promoting a debate in healthcare to learn from other industries such as police and fire departments, militaries, transport companies. These fields have long histories of working to cope with the consequences of traumatic experiences to their professionals.
Type of objective	1.b Coordination of information seeking, identification, collection and/or data curation.
Level of progress	76 - 100%
Description of progress with achieving the MoU objective	At that moment several meetings with healthcare providers have taken place. As an example in May 2022 we have an interview in Hospital Virgen de la Arrixaca in Murcia, Spain and ER-NST consortium was represented and introduced their activities as guideline to improve the Second Victim Strategies in the Institution.

MoU Objective	To lead a debate to promote a culture of transparency and legal certainty as a contribution to furthering the wellbeing of frontline medical staff as part of its commitment to quality assurance. This debate encourages changes in regulations considering the Quadruple Aim and its implications for healthcare organisations.
Type of objective	1.j Dissemination of research results to stakeholders (excluding specific input in view of knowledge application).
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	Regarding the not blame culture, which is very important when regarding the not do. In first webinars of Training School the open debate was introduced by Slovakia and Croatia. https://www.youtube.com/watch?v=qBCAzYZc8AI&list=PLdS4vcAl8qb0bxek5fQ24tKxexyb9mpnz&index=2 https://www.youtube.com/watch?v=jDgYC24oiLU&list=PLdS4vcAl8qb0bxek5fQ24tKxexyb9mpnz&index=4 https://www.youtube.com/watch?v=6Ne6M8St3vg&list=PLdS4vcAl8qb0bxek5fQ24tKxexyb9mpnz&index=5

Objectives

MoU objectives

MoU Objective	To bridge management, social, legal, educational, and clinical expertise to further develop the conceptualization of the SV phenomenon. Further efforts sharing knowledge, perspectives, and proposals can contribute to the conceptualization of this phenomenon. There is a need to encourage inclusion of the consequences of safety incidents in the curricula.
Type of objective	2.c Bridging separate fields of science/disciplines to achieve breakthroughs that require an interdisciplinary approach.
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	Second Victim terminology is still in process. Some experts from different COST countries and Third countries are being engaged during this period, albeit the idea is to introduce them inside the WG2 and the WG4.

MoU Objective	To provide a platform to develop a research and implementation agenda involving relevant stakeholders to promote effective solutions and facilitate discussion of the legal, ethical, social, and organizational issues. It is necessary to put together experiences and perspectives to replace barriers to facilitate an open debate about potential alternatives.
Type of objective	1.e Development of knowledge needing international coordination, pertaining to a new or improved theory, model, methodology, technology or technique.
Level of progress	51 - 75%
Description of progress with achieving the MoU objective	The platform is in process, we are developing the Drive platform, Training Manual section, besides the Newsletter is implemented to connect people that participate in ERNST activities and put them in contact.

Objectives

MoU objectives

MoU Objective	To create a network for the integration of fragmented initiatives, applying lessons learned and to foster knowledge exchange and dissemination of results. We can provide more systematic and coordinated work between teams (experienced and less experienced) and should focus attention on its development for future collaboration once the Action ends.
Type of objective	2.a Building a community around a topic of scientific and/or socio-economic relevance, allowing for knowledge exchange and the development of a joint research agenda.
Level of progress	76 - 100%
Description of progress with achieving the MoU objective	In the webpage we provide the opportunity of make contact between the different participants and his/hers institutions. Besides through the Dissemination of the Forums and Working Groups the coordinated work is facilitated, due to they are in contact and they provide emails.

MoU Objective	To encourage the development of proposals to support second victims by overcoming the current fragmentation of rules, approaches, and policies, including experiences from other industries.
Type of objective	1.e Development of knowledge needing international coordination, pertaining to a new or improved theory, model, methodology, technology or technique.
Level of progress	76 - 100%
Description of progress with achieving the MoU objective	This is almost complete, the techniques and developments of working have been developed through the Zoom platform. In ERNST Zoom platform some of the meetings between the WG participants regarding some points of their work or their developments are debated.

Deliverables

Deliverables and additional outputs/achievements

Deliverable	Website including: general and scientific information, agenda of activities, recent scientific developments, electronic repository of best practices and proved interventions, documents and reports resulting from this Action.
Progress with achieving deliverable	Delivered.
Proof of progress with achieving the deliverable	https://www.cost-ernst.eu/
Month deliverable due	6

Deliverable	A research article on the second victims' phenomenon studies. A systematic review of reviews and meta-analysis.
Progress with achieving deliverable	Not delivered, but expected before end of Action.
Explanation	This article is still in process, WG2 has enlarged his debate in order to obtain a major vision. During next WG2 meeting in October, 28th 2022 this discussion to close the article will be performed.
Month deliverable due	12

Deliverables

Deliverables and additional outputs/achievements

Deliverable	Case Study (detailed examination of a case considering its clinical, professional, organizational, legal, ethical, cultural, and economic issues and the patients' perspectives), which will be available for all interested parties and also used as material during the workshops and the Training School of this Action.
Progress with achieving deliverable	Not delivered, but expected before end of Action.
Proof of progress with achieving the deliverable	https://tinyurl.com/2m3f62r9
Month deliverable due	15
Explanation	<p>This Case Study is almost ready, but still not delivered because it is not published as a unique case study. Three Case Studies have been developed, and they are still in process of verification.</p> <p>Here are the links: 1-https://tinyurl.com/c6bsn2tc 2-https://tinyurl.com/5xdbaxvn 3-https://docs.google.com/document/d/15zkHAWWDXARAZcA-3IONp4Du3yywo8OnREzAGsLF_IE/edit</p>

Deliverable	Training Manual. This manual will provide a set of knowledge to be shared, skills, examples, and exercises that will continue to be used once this Action is completed.
Progress with achieving deliverable	Delivered.
Explanation	https://www.trainingmanual.cost-ernst.eu/
Month deliverable due	18

Deliverables

Deliverables and additional outputs/achievements

Deliverable	Scientific publication focusing on a review of interventions conducted in other industries, which can serve as examples or a source of new ideas. A depository for useful state-of-the-art interventions.
Progress with achieving deliverable	Delivered.
Proof of progress with achieving the deliverable	doi.org/10.1177/25160435221076985
Month deliverable due	24

Deliverable	Scientific publication focusing on scientific and technological advances for addressing the second victims' phenomenon.
Progress with achieving deliverable	Delivered.
Proof of progress with achieving the deliverable	doi.org/10.1101/2022.01.25.22269846
Month deliverable due	33

Deliverables

Deliverables and additional outputs/achievements

Deliverable	Technical Report (White Paper) and Scientific publication on gaps in the health professions curriculum and recommendations for incorporating patient safety into training requirements.
Progress with achieving deliverable	Not delivered, but expected before end of Action.
Explanation	This paper is still in process, it is being developed by WG4.
Month deliverable due	36

Deliverable	Technical Report focusing on proven interventions to address the second victims' phenomenon and its implications, as well as on persistent gaps and important issues for future research.
Progress with achieving deliverable	Not delivered, but expected before end of Action.
Explanation	Still in process, because it is the intention to obtain it by the end of 2023.
Month deliverable due	45

Deliverables

Deliverables and additional outputs/achievements

Deliverable	Scientific publication focusing on advances from several perspectives and disciplines on the second victims' phenomenon.
Progress with achieving deliverable	Not delivered, but expected before end of Action.
Explanation	It is expected to produce a final paper in which we could include all the activities and measures obtained during the whole action. It is expected to be prepared by the end of the period and approved by the end of 2024.
Month deliverable due	46

Deliverable	Annual (final) Report including general and scientific information, agenda of activities done, scientific developments, best practices and proved interventions, documents and reports resulting from this Action.
Progress with achieving deliverable	Not delivered, but expected before end of Action.
Explanation	As it is the final report, still is not in the process. This will be developed by the end of GP3.
Month deliverable due	48

Additional outputs / achievements

Deliverables and additional outputs/achievements

Output / achievement description	<p>Some podcast have been developed during these 2 years. Attached is the link where are all posted.</p> <p>https://cost-ernst.eu/podcast/</p> <p>After the Training School 2022, the idea of develop more Podcast, like a short session where some case studies could be explained and giving the listeneres the oportunity of solve the questions proposed by the end of the episode.</p>
Dependence of achievement on the Action networking	High.

Budget

Second Grant Period Spent Budget

Meetings	52.902,00€
Training Schools	30.150,00€
(STSM) + (VN Grant)	13.500,00€
STSM	6.000,00€
VN Grant	7.500,00€
COST Action Dissemination	6.520,00€
Papers Revision	2.820,00€
Report Second Victim Situation	3.700,00€
Other Expenses Related to Scientific Activities	290,00€
TOTAL	103.362,00€
FSAC EXPENDITURE	15.504,30€
FINAL BUDGET	118.866,30€

Members

Actual COST CA19113 Members

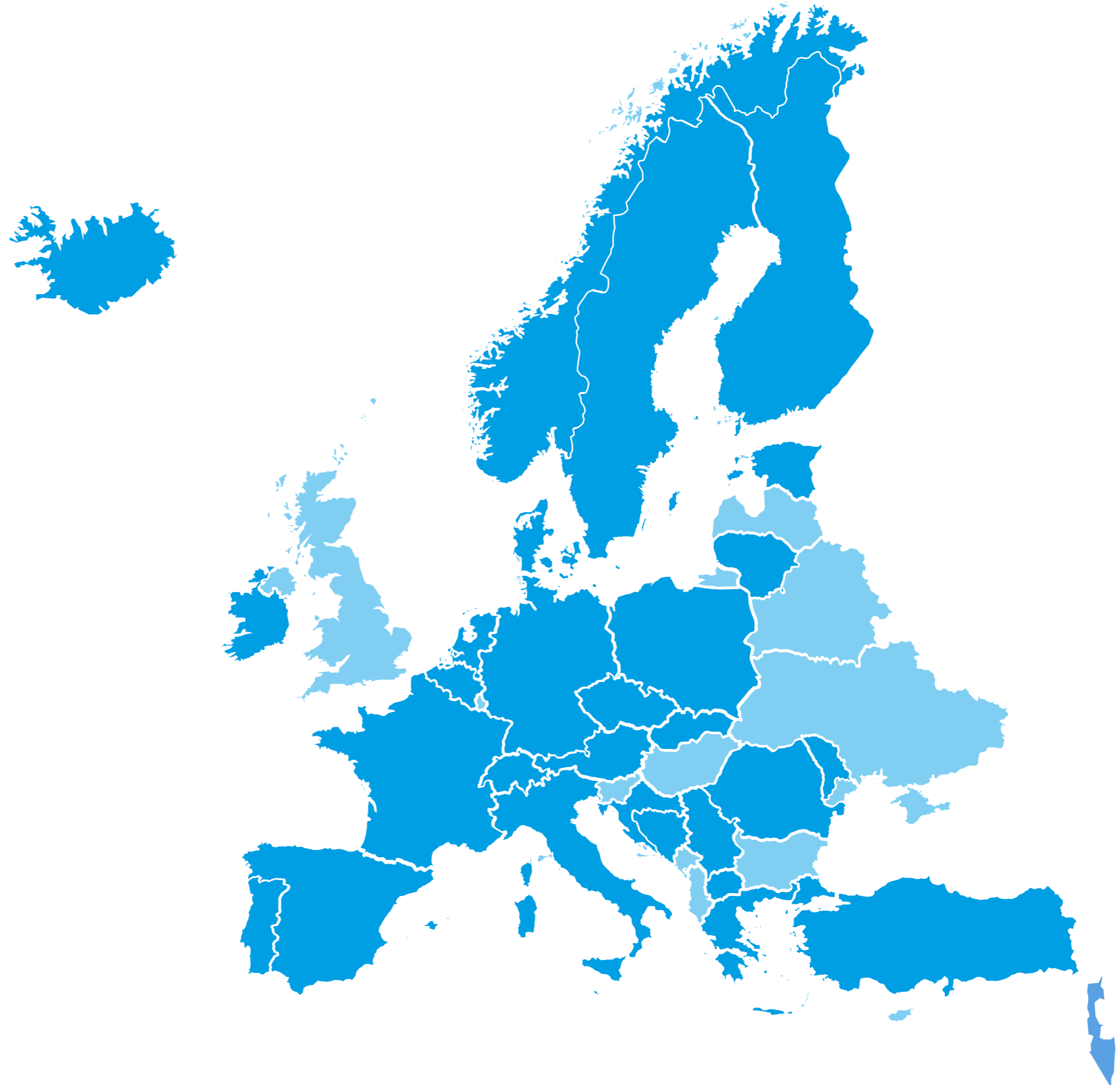
As a novelty, **we are pleased to announce that in this period the incorporation of Ukraine and Greece** has been approved by the current members of CA19113. It is an honor to have them with us and we hope that **the project continues to grow as it has done so far.**

Currently, **the list of countries** would be as follows:

- Austria
- Belgium
- Bosnia and Herzegovina
- Croatia
- Czechia
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Iceland
- Ireland
- Israel
- Italy
- Lithuania
- Malta
- Moldova
- Netherlands
- North Macedonia
- Norway
- Portugal
- Poland
- Romania
- Serbia
- Slovakia
- Spain
- Sweden
- Switzerland
- Turkey
- Ukraine

Of course, from here, **we would like to thank the countries** that belong to the **Cost Action Third Party** for their collaboration:

- Argentina
- Brasil
- Canada
- Chile
- Colombia
- Ecuador
- EEUU
- Japan



Summary video

2nd Grant Period Report Video

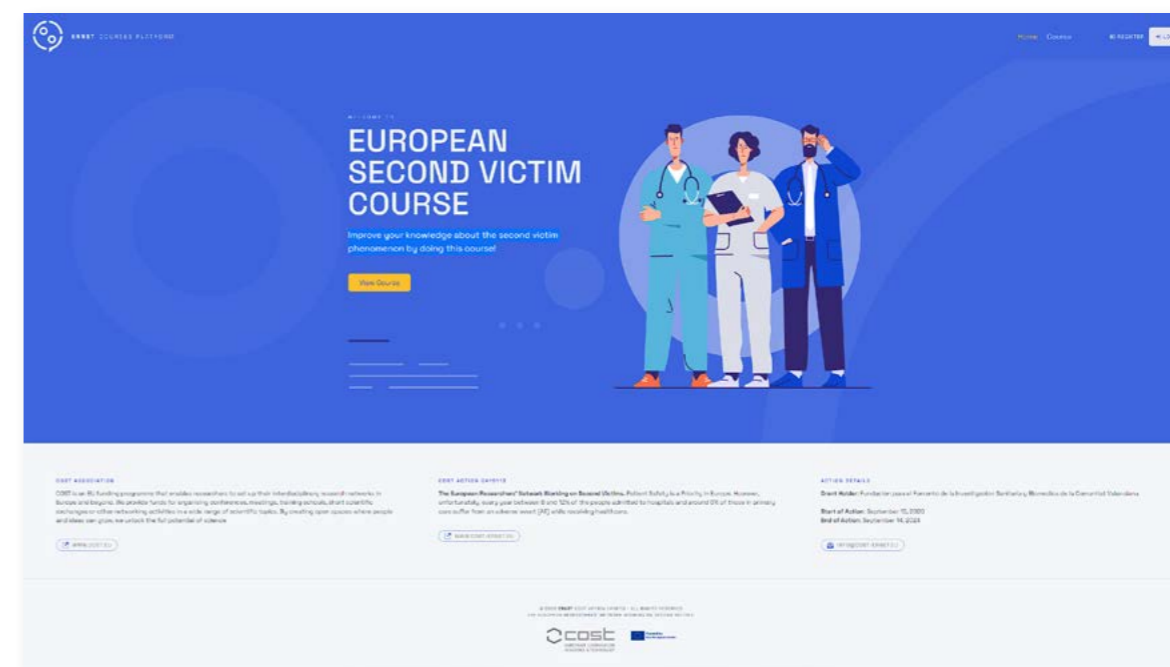


You can view a summary video with the most notable achievements of this Grant Period at the following link:

<https://youtu.be/DW6V2IJFIZk>

European SV course

By ERNST Consortium



Improve your knowledge about the second victim phenomenon by doing this course!

<https://course.cost-ernst.eu>

Acknowledge

COST Action 19113

This report is based upon work from COST Action CA19113 supported by COST (European Cooperation in Science and Technology).

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This boosts their research, career and innovation.

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