





Management Committee

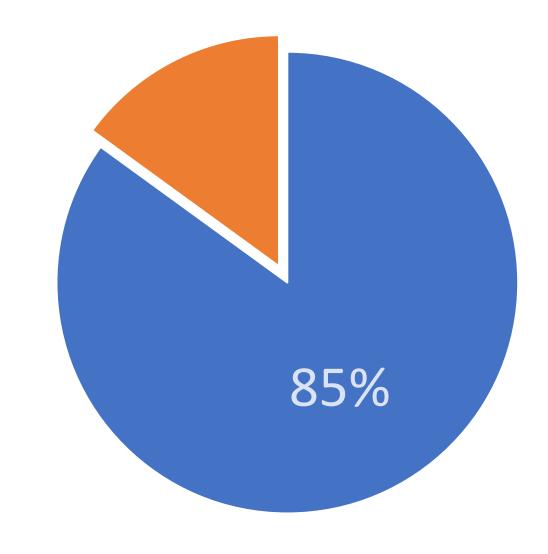
Grant Period 4th - CA19113



October 11st – 13rd, 2023 Krakow, Poland



The average compliance rate with objectives committed to by the COST **Association**





Raising general <u>awareness</u> of the impact of adverse events on healthcare professionals

To provide a platform to develop a research and implementation agenda involving <u>relevant stakeholders</u>

Further developing the theoretical conceptualisation of the second victim phenomenon and developing a common understanding of its definition

Learning to tackle with the consequences of the SV phenomenon by promoting a debate in healthcare to learn from other industries

To encourage the development of proposals to <u>support</u> second victims

Introducing new metrics

Achieving changes in rules and regulations facilitating discussion of the <u>legal</u>, <u>ethical</u>, <u>and organisational gaps</u>

Encouraging inclusion of the consequences of mistakes on care providers and the implications for health sciences in the field studies <u>curricula</u>

To lead a debate to promote a culture of transparency and legal certainty as a contribution to furthering the wellbeing of frontline medical staff











Article

An Evidence and Consensus-Based Definition of Second Victim: A Strategic Topic in Healthcare Quality, Patient Safety, Person-Centeredness and Human Resource Management

Kris Vanhaecht ^{1,2,*,†}, Deborah Seys ^{1,†}, Sophia Russotto ³, Reinhard Strametz ⁴, José Mira ^{5,6}, Sigurbjörg Sigurgeirsdóttir ⁷, Albert W. Wu ⁸, Kaja Põlluste ⁹, Daniela Georgeta Popovici ¹⁰, Raluca Sfetcu ¹⁰, Sule Kurt ^{1,11} and Massimiliano Panella ^{3,‡} on behalf of European Researchers' Network Working on Second Victims (ERNST)

SV definition has been updated involving diverse perspectives, experiences and knowledge

"Any health care worker, directly or indirectly involved in an unanticipated adverse patient event, unintentional healthcare error, or patient injury and who becomes victimized in the sense that they are also negatively impacted"

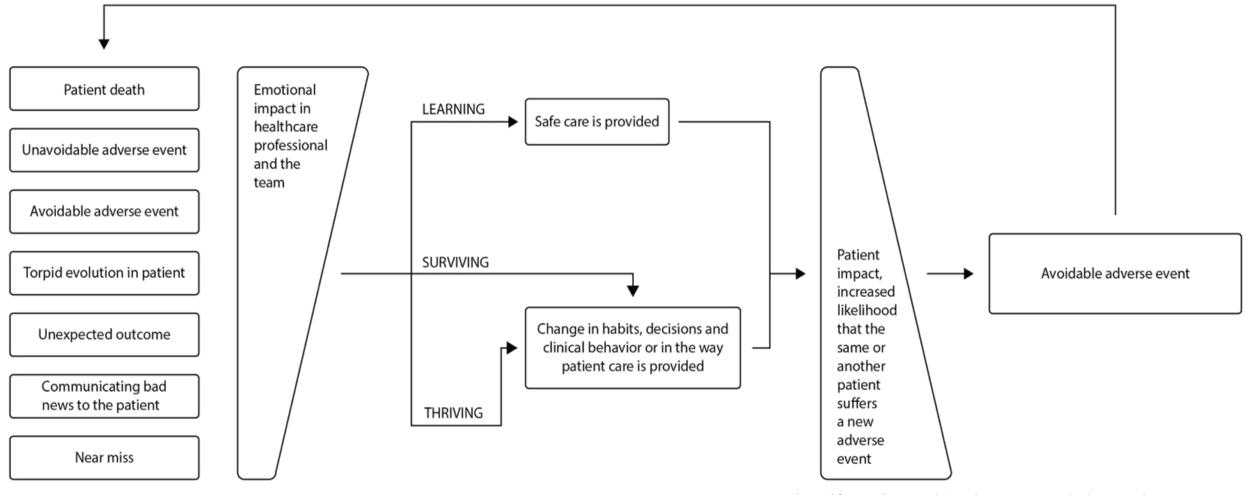








ERNST has highlighted how the Second Victim phenomenon impacts patient safety











RESEARCH Open Access

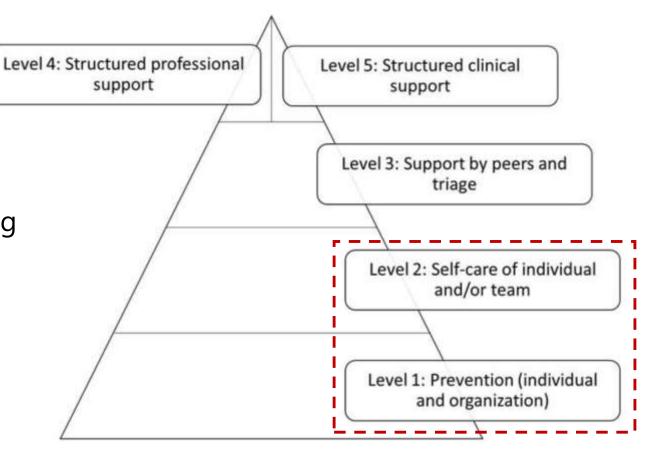
In search of an international multidimensional action plan for second victim support: a narrative review

Deborah Seys^{1,2*}, Massimiliano Panella³, Sophia Russotto³, Reinhard Strametz⁴, José Joaquín Mira^{5,6}, Astrid Van Wilder², Lode Godderis^{2,7} and Kris Vanhaecht^{2,8}

Second victims usually use these coping Strategies: being task-oriented or avoidanceoriented, to deal with the emotional impact

How can healthcare professionals be supported in the

aftermath of a patient safety incident









Policy Statement on the second victim phenomenon for increasing patient safety

The ERNST Consortium has developed this policy statement distributed into seven spokes as follows.

1. -> Ensuring patient safety is a global priority.

- 1.1. The complexity of healthcare and clinical environments requires healthcare institutions to aspire to function as a high-reliability organization in which risk is anticipated, managed and controlled, and adverse events are responded to with system wide learning [19,20].
- 1.2. Most AEs have a multifactorial and systemic origin. They result from a combination of latent conditions and system failures that can lead to patient harm, which may include clinical error.
- 1.3. Patient safety is a cross-cutting dimension of quality of care. Healthcare institutions need to have a system in place to manage healthcare risks that leads to continuous improvement and the creation of learning organizations.

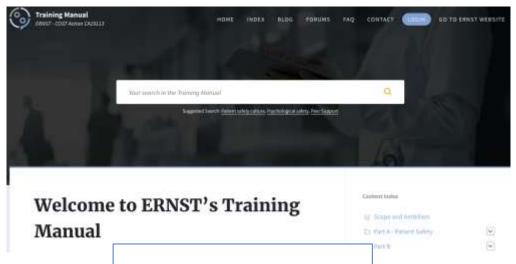
2. - Ensuring healthcare provider capacity is a co-priority.

- 2.1. Healthcare is an emotionally demanding profession. However, only a 40% of countries had established a national programme on occupational health and safety for health workers, according to WHO recommendations [2].
- 2.2. After whatever safety event or unexpected patient outcome, care of the patient is the top priority. However, the healthcare workers involved can also suffer the impact of these incidents. For this reason, they are often referred to as the second victims^{14,22}. It is a silenced reality that has been a taboo topic throughout history of medicine.
- 2.3. Between 60% and 90% of healthcare professionals have suffered as second victims at least once during their careers An estimated 60% of health science trainees (which













Three Case Studies



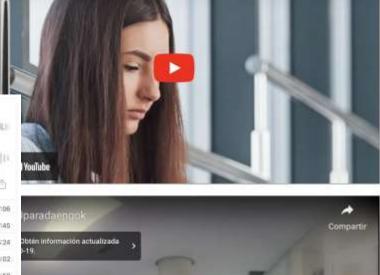






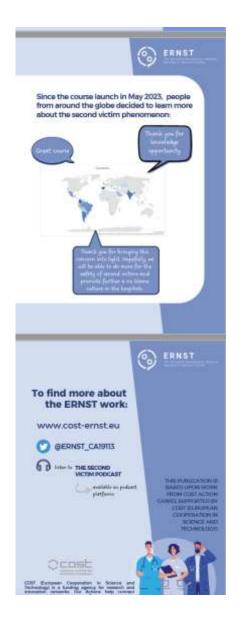
















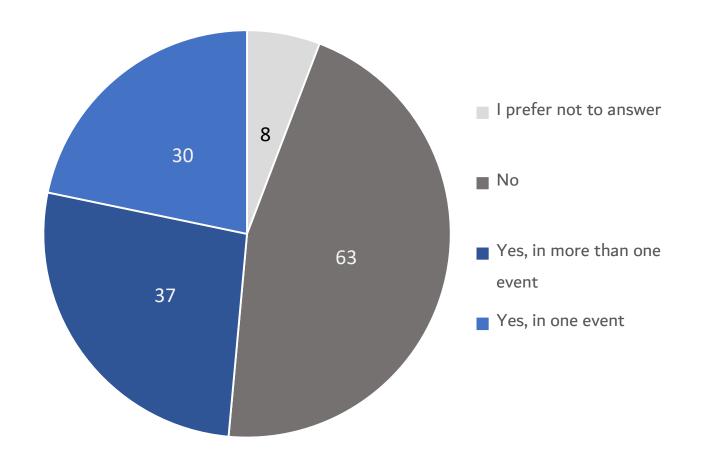




Self-paced ERNST course figures

≡ Glossary ■ Module 1 - The second victim phenomenon ■ Module 2 - Case Study: Amelia ■ Module 3 – Patient Safety Culture ■ Module 4 – Practical example: Do's and don'ts ■ Module 5 – Institutional support for the second victims **■** Module 6 – Examples of interventions ■ Module 7 - Take-home messages and suggestions to learn more

- n=138
- **Age** (average): 42 y [min:23-max:66]
- **Setting:** mostly hospital care
- Years of professional experience (average): 18 y [min:0-max:42]



Previous second victim traumatisation



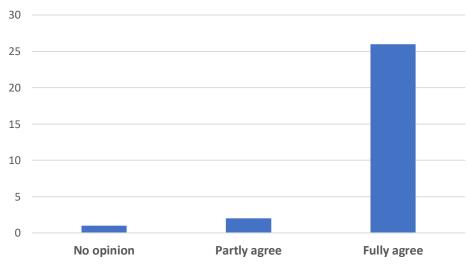




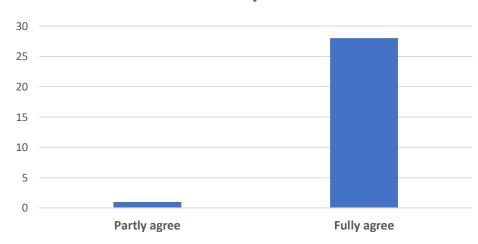
Satisfaction questionnaire

n=29





I will recommend this course to my colleagues to learn more about the second victim phenomenon







EUROPÄISCHER KURS ÜBER ZWEITE OPFER

Ein kostenloser Kurs zum Selbststudium, der sich auf die Verbesserung der Kenntnisse und Fähigkeiten im Zusammenhang mit zweiten Opfern und der von ihnen benötigten Unterstützung konzentriert.

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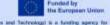
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The European Researchers' Network Working on Second Victims







What we teach to future generations

RESEARCH Open Access



Patient safety topics, especially the second victim phenomenon, are neglected in undergraduate medical and nursing curricula in Europe: an online observational study

Alicia Sánchez-García^{1†}, Pedro José Saurín-Morán¹, Irene Carrillo^{2*†}, Susanna Tella³, Kaja Põlluste⁴, Einav Srulovici⁵, Sandra C Buttigieg⁶ and José Joaquín Mira^{1,2}

Abstract

This study aims to assess the inclusion of second victims and other patient safety issues in the curricula of undergraduate medical and nursing degrees in the countries participating in the European Researchers' Network Working on Second Victims (The ERSNT Consortium, COST Action 19,113). A review of medical and nursing school curricula in 206 universities was carried out, using their websites to search for subjects addressing "patient safety", "quality of care", "risk management", "safe practices", "interprofessional communication", "adverse events", and "second victims". There was substantial variability in the extent of training for patient safety. Forty-four out of 88 nursing schools and 74 of 118 medical schools did not include any of the patient safety topics studied. The most frequent in both nursing and medicine was "interprofessional communication", followed by "quality of care" and basic aspects on "patient safety". The second victim phenomenon was present in only one curriculum of the total sample. Our study showed that patient safety, especially the second victim phenomenon, is still neglected in medical and nursing curricula in European universities, although positive initiatives were also found. Given the frequency with which adverse events occur in health centres and the need to prepare students to deal with them adequately, additional efforts are needed to introduce patient safety elements into medical and nursing education.

Keywords Adverse events, Interprofessional communication, Patient safety, Quality of care, Risk management, Safe practices, Second victims

Patient safety topics are neglected in undergraduate medical and nursing curricula in Europe

A total of 88 faculties and schools medicine and nursing in 29 European countries (July - August 2022)



Patient safety in the nursing and medical curricula of COST Action universities

	Patient safety	Quality of care	Risk management	Safe practices	Interprofessional communication	Adverse events	Second victims
Nursing							
Total, % (n)	50.0 (22)	65.9 (29)	31.8 (14)	22.7 (10)	93.2 (41)	13.6 (6)	0 (0)
Medicine							
Total, % (n)	36.4 (16)	38.6 (17)	9.1 (4)	6.8 (3)	77.3 (34)	18.2 (8)	2.3 (1)



Health worker education, skills and safety 5.1 Patient safety in professional education and training 5.2 Centres of excellence for patient safety education and training

5.3
Patient safety
competencies as
regulatory
requirements

5.4 Linking patient safety with appraisal system of health workers

5.5 Safe working environment for health workers











Open Access RESEARCH

(2023) 23:751

The impact of emotional support on healthcare workers and students coping with COVID-19, and other SARS-CoV pandemics - a mixed-methods systematic review

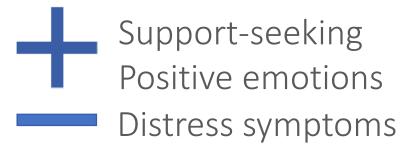
Marja Härkänen¹ , Adriana López Pineda^{2,3} , Susanna Tella⁴ , Sanu Mahat¹ , Massimiliano Panella⁵ Matteo Ratti⁵, Kris Vanhaecht^{6,7}, Reinhard Strametz⁸, Irene Carrillo⁹, Anne Marie Rafferty¹⁰ Albert W. Wu¹¹, Veli-Jukka Anttila¹² and José Joaquín Mira^{3,9*}

Abstract

Background Pandemics such as COVID-19 pose threats to the physical safety of healthcare workers and students. They can have traumatic experiences affecting their personal and professional life. Increasing rates of burnout, substance abuse, depression, and suicide among healthcare workers have already been identified, thus making mental health and psychological wellbeing of the healthcare workers a major issue. The aim of this systematic review is to synthesize the characteristics of emotional support programs and interventions targeted to healthcare workers and students since the onset of COVID-19 and other SARS-CoV pandemics and to describe the effectiveness and experiences of these programs.

Method This was a mixed method systematic review. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed, and the review was registered on PROSPERO [CRD42021262837]. Searches were conducted using Medline, CINAHL, PsycINFO, Cochrane Library, and Scopus

Good effectiveness:





How different countries respond to adverse events whilst patients' rights are protected

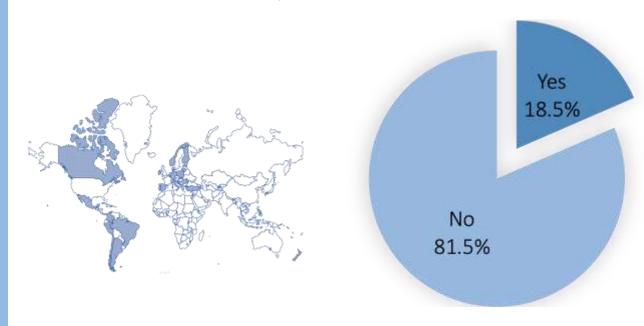
Medicine, Science and the Law I–17
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Eva Gil-Hernández^{1,*}, Irene Carrillo^{2,*},
Mary-Elizabeth Tumelty³, Einav Srulovici⁴, Kris Vanhaecht⁵,
Katharine Ann Wallis⁶, Priscila Giraldo^{7,8}, María Pilar Astier-Peña^{9,10},
Massimiliano Panella¹¹, Sofia Guerra-Paiva¹², Sandra Buttigieg¹³,
Deborah Seys⁵, Reinhard Strametz¹⁴, Asier Urruela Mora¹⁵
and José Joaquín Mira^{1,2,16}

Legal framework

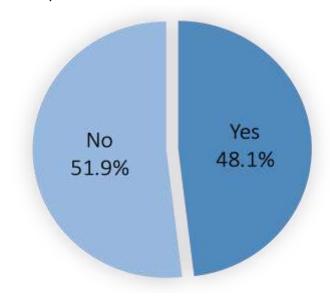
Is there no-fault compensation legislation or policy for patients harmed after an adverse event?



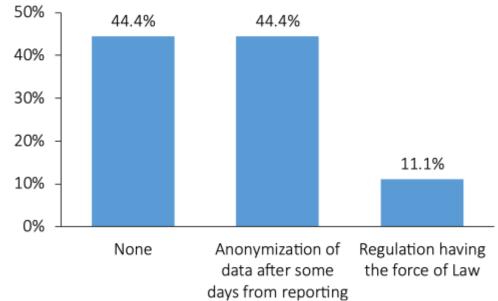
How different countries respond to adverse events whilst patients' rights are protected



Is there a National Patient Safety Agency or similar institution leading a national strategy on patient safety in your country?



Is there any regulation to protect professionals who report to the system?



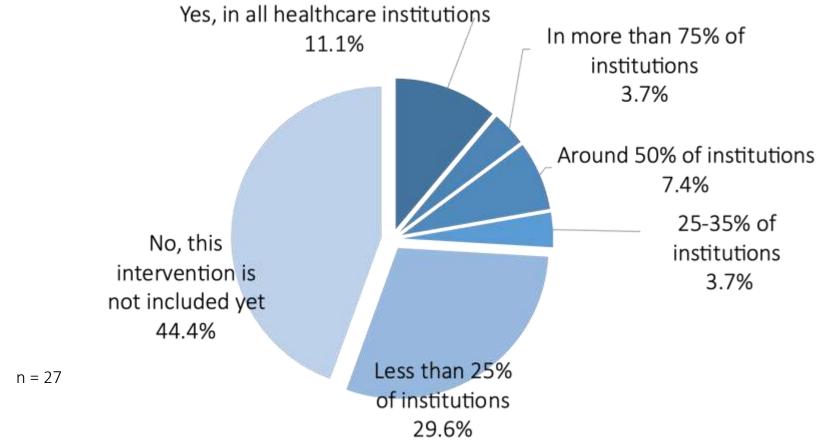


n = 27





In case of an adverse event, are healthcare professionals involved in an adverse event <u>receiving</u> support to cope with the emotional impact that supposed the safety incident occurred?











Studies in progress

To encourage the development of proposals to <u>support</u> second victims

Introducing new metrics

Achieving changes in rules and regulations facilitating discussion of the <u>legal</u>, <u>ethical</u>, <u>and organisational gaps</u>

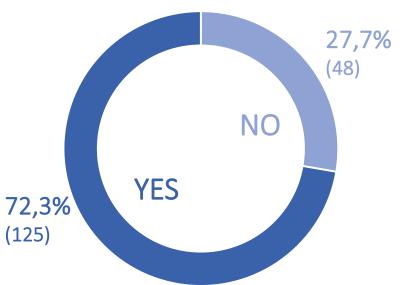
Encouraging inclusion of the consequences of mistakes on care providers and the implications for health sciences in the field studies <u>curricula</u>

Learning to tackle with the consequences of the SV phenomenon by promoting a debate in healthcare to learn from other industries



Competencies in healthcare discipline trainees to promote a climate of psychological safety in clinical settings

Is there a specific training program in patient safety at your center?



N=173 mentors



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 , 8,7 José Joaquín Mira , 8,7,8 Paulo Sousa , 12,3











ERNST impact

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!



2022 Website visits

80,071 visits

2023 Website visits 57,708 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 Impressions

10.260 impressions

2023 Twitter Impressions

13.676 impressions

IV International ERNST Forum



• Attendees: 230

• Speakers: 23 from xx countries









in - Professional trainers: 8

- Assistant trainees: 22

- Countries involved: 17 different countries involved









Work into small groups

Target 1 Metrics

Target 2 Legal + Educational issues impacting on SVs













Decisions about budget

Meetings

- 12 meeting online
- 8 face-to-face meetings
- Total Budget used 57,804.74 €

Core Group: 2 Meetings

WGs: 10 Meetings

MC: 4 Meeting

Forum: 1 Meeting

TS: 3 Meetings

(0)	ERNST
(9)	The European Researchers' Network Working on Second Victims

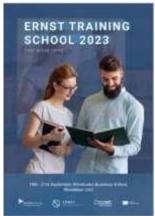
	Networking Tools	Date	Location	Participants	Budget spent
	Second Victims Interventions (WG1)	23/11/2022	Online (Spain)	5	0,00€
	Core Group Meeting	13/01/2023	Online (Spain)	10	350,00€
	Organizational Meeting Training School 2023	16/01/2023	Onine (Spain)	5	0,00€
S	Organizational WG1 Meeting	20/01/2023	Online (Romania)	2	0,00€
Online Meetings	Training School Organization	31/03/2023	Online (Spain))	5	0,00€
eel	WG4 Meeting	17/04/2023	Online (Israel)	9	0,00€
Σ	TS 2023 Trainers Meeting	12/05/2023	Online (Spain)	7	0,00€
line	Preconference Training School 2023	25/05/2023	Online (Spain)	32	0,00€
O	WG4 Qualitative Analysis	31/05/2023	Online (Israel)	5	0,00€
_	WG1 Network Promotion Subcommitte on Public Health, European Parliament	18/07/2023	Online (Spain)	3	0,00€
	Organizational Meeting Subcommitte on Public Health	25/07/2023	Online (Spain	4	0,00€
	IV Forum Ernst	02/10/2023 - 03/10/2023	Online (Spain)	140	1,500,00€
	Communication and Dissemination Plan Meeting	14/02/2023	Frankfurt (Germany)	3	
	WG1 Meeting	09/05/2023	Brussels (Belgium)	3	2,466,55€
Face to Face	WG2 Meeting	09/05/2023	Brussels (Belgium)	9	
O.	WG3 Meeting	26/06/2023 – 27/06/2023	Lisbon (Portugal)	15	10,509,26€
ce t	Core Group Meeting	27/06/2023	Lisbon (Portugal)	9	0,00€
Б	WG4 Meeting	18/07/2023 – 19/07/2023	Vienna (Austria)	12	13,177,14€
	Organizational Meeting Management Committe	05/10/2023	Alicante (Spain)	2	0,00€
	Management Committe	11/10/2023 – 13/10/2023	Krakovia (Poland)	28	25,896,65€
	Meetings TOTAL				57,804.74 €





Training School

- Trainers 9
- Trainees 24
- Wiesbaden, Germany
- Budget: 44,319.19 €



ERNST The European Researchers' Network Working on Second Victims

STSM and VN Grants

9 STSM (15,000 €)

Turkey (2), Germany, Norway,
 Spain, Malta (2), Italy, Croatia

- 6 VM (9,000 €)
 - Italy, Portugal (2), Iceland, Israel, Spain





STSMs

Second 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 explore and explain how their participation can contribute to the COST Action 19113 objectives.

Alicia Sánchez García

Spain

Psychologist and PhD student at the Miguel Hernández University of Elche, She is actively engaged in studying 'do not do' recommendations in primary care from a gender perspective, patient safety education and second victim support programs for healthcare organizations".



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



Hana Knežević

Croatia

Hana Knezevic Krajina is currently affiliated with Healthcare Centre Zagreb Centre, Zagreb, Croatia and brings extensive expertise in Occupational health and healthcare workers wellbeing, Her STSM in the CA 19113 project significantly contributed to our team, providing valuable insights.



Ali Galip Ayvat & Dr. Pinar Ayvat Turkey

Ali Galip Ayvat, PMP, MBA, PhD, currently serves as the Secretary General at Özyeğin University in Istanbul, Turkey. He has a background in business administration.



with a BS degree from Middle East Technical University and an MBA from Koç University. He has held various positions in marketing and education, including roles at L'Oréal, SOKTAS Inc., Plato College of Higher Education, Istanbul Topkapi University, and Yaşar University. He also teaches management, entrepreneurship, and marketing courses.

Dr. Pinar Ayvat, MD, is an Associate Professor of Anesthesiology and Reanimation at Izmir Democracy University's School of Medicine. She has extensive experience as an anesthesiologist and holds a master's degree in Health Management. Dr. Ayvat has a significant research portfolio with over 30 publications in international and national academic journals and has authored 7 books and book sections. She is also a founding member of the Izmir Project Agency, focusing on innovation and international projects.

Sandra Buttigleg & Patricia Vella Bonano

Malta

Sandra C. Buttigieg is Professor and Head of Department of Health Services Management (HSM), Faculty of Health Sciences, UOM. She is Consultant Public Health Medicine, Head-Clinical Performance.



She is the outgoing Global-Representative-at-large of the American Academy of Management-HCM Division. She is Board Member-at-large and member of the Scientific Advisory Committee of the European Health Management Association. She lectures in HSM, Public Health, Family Medicine, Research Methodology and Evidence-based Health Research (EVBRES).

Patricia Vella Bonano, is member of the COST Action CA19113 ERNST European Researchers' Network Networking on Second Victims https://cost-ernst.eu/ Member of WG 4 on Facilitators and Barriers. Expert in the area of pharmaceutical regulation, pricing and reimbursement: participation in European fora & with WHO, Publication as part of the Piperska Group. Qualitative analysis of interviews as part of a PhD student's project on patient lived experience for patients taking cancer chemotherapy and their significant others.

Dissemination

- Scientific Publication in Open Acces (3) 8,077.01 €
- Action Website 2,250,00 €
- Report Second Victims (Case Studies formulars) 600 €
- Annual Report 400 €







Changes in the Budget pending to be approved

- From the 400,00 € authorised in WBP initial, use 1,300 € to spend in editing and dissemination of Annual Report
- ➤ Move 8,884,71 € from the unspent budget from previous meetings for increasing the Budget of Dissemination







Budget spent Third Period

		Approved		Expended
Meetings		74,620.65 €		74,620,65 €
Training Schools		41,246.00 €		44,319.19 €
Short Term Scientific Missions (STSM) + VN Grant		22,500.00 €		24,000.00 €
STSM			9	15,000 €
Grants			6	9,000 €
COST Action Dissemination		8,869,00 €		11,327.01 €
Scientific Publication in Open Access				8,077,01€
Action Website				2,250.00€
Annual Report	31/10/2023			400,00€
Report Second Victims Situation	31/10/2023			600,00€
TOTAL		147,235,65 €		137,450,94 €
FSAC Expenditure	15%	22,085,35 €		20,617.64 €
FINAL BUDGET		169,321,00 €		158,068.58 €

93% of expected







Next Fourth Grant Period

• Budget pre-approved by COST Association: 153,893.00 €

Activities planned

- Face-to Face Meetings
 - Training School (Vienna)
 - WG1 Meeting (Belgium)
 - WG4 Meeting (?????)
 - Management Committee (?????)
- 5 STSM
- 4 VN Grants
- Dissemination (publications, reports, ...)







WBP GP4

			Budget
Meetings			43,542,00 €
Training School			66,300.00 €
STSM		5	7,500.00 €
VN Grant		4	6,000.00 €
COST Action Dissemination	10,478.00 €		
Other Expenses Related to Scientific			
Activities (OERSA)		Zoom licence	250.00 €
TOTAL			133,820.00 €
FSAC Expenditure	15% Expenses		20,073.00 €
FINAL BUDGET			153,893.00 €







Many thanks!

Muchas Gracias

Tak, Ďakujem, Gracias, Hvala, Tänan teid, Kiitos, Merci, Grazie, Obrigado, Teşekkür ederim, Dankeschön



Dziękuję





