

ERNST – COST ACTION CA19113

3rd Grant Period Report - 2022/2023



ERNST
The European Researchers' Network
Working on Second Victims



cost
EUROPEAN COOPERATION
IN SCIENCE & TECHNOLOGY



COST Action 19113

What's about

This COST Action (CA) is led by the ERNST Consortium which involves 37 countries, 29 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 in stressful situations.

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.



Scan this QR code to get more info about the action or visit <https://cost-ernst.eu>

Information About our 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.

In addition, we are pleased to announce the addition of 12 new members to the Working Groups in 2023 and the change of one of them to another WG:

- **Greece:** Aikaterini Flora
- **Spain:** Carola Orrego
- **Iceland:** Marta Jóns Hjördísardóttir
- **Austria:** Brigitte Ettl
- **Turkey:** Tugba Yilmaz
- **Turkey:** Nuray Bayar Muluk
- **Turkey:** Aysegul Ilgaz
- **Croatia:** Hana Knežević
- **Turkey:** Remziye Can
- **Ireland:** Marie E. Ward
- **Estonia:** Kaja Polluste
- **Argentina:** M^aVictoria Brunelli
- **Ireland:** Peter Lachman

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!



2022 Website visits

80,071 visits

2023 Website visits

57,708 visits

It is worth noting that the data has been collected in advance compared to last year, so the total numbers may appear lower than the final figure.

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

It is worth noting that the data has been collected in advance compared to last year, so the total numbers may appear lower than the final figure.

Achievements

Performed Achievements



Growth of the website & Twitter



Promotional videos



IV Edition of the International Forum



Third Edition of the Training School



Second STSM Edition



3 Case Studies



More than 10 videos & 13 Podcasts for training



14 papers published



Networking & Action members



Training Manual

Studies in progress

Understanding patient and healthcare professionals' safety and well-being policy tools and instruments on a international level: an interview-based study.

Please select the option that is applied in your country:

LEGALLY BINDING TOOLS IN PATIENT AND HEALTHCARE SAFETY

1. My country has patient safety legally binding tools ¹ on a national level:	Yes	Move to section A1
	No	Move to section B1
	I don't know	Move to section B1

1. In this question we focus on legislative bodies (law, decrees-law)

SECTION A1
If you answered "yes" to question 1

Facilitators and barriers to incorporating patient safety and second victims in the undergraduate and postgraduate health professional curricula: an interview-based study.

APPENDIX

COST Second Victim Project

Towards building resilience among healthcare providers: Facilitators and barriers to implementing patient safety and second victim standalone training courses in undergraduate and postgraduate health professional curricula

Interview Guidelines

Thank you for agreeing to participate in research focused on facilitators and barriers to implementing patient safety and supporting second victims in undergraduate and

Metrics for evaluating healthcare workers support programmes after patient safety incidents: a consensus study (nominal group and Delphi Technique).





[Home](#)
[Delphis](#)
[Configuración](#)
[Log out](#)

Metrics for evaluating healthcare workers support programmes after patient safety incidents

Thank you for agreeing to participate in this study to define metrics (indicators) for evaluating support programs for healthcare workers after patient safety incidents.

As you know, this study based on mixed methodology has been structured in three phases for the definition of indicators suitable for the evaluation of support interventions: 1) scoping review, 2) nominal group (held in Lisbon on June 26, 2023) and 3) Delphi study.

This study's last phase aims at prioritizing a list of feasible and sensitive indicators to measure the institutional response to the second victim (SV) phenomenon.

The list of indicators presented below arises from the combined results of the scoping review and your proposals during the nominal group. For a better understanding, the metrics have been organized into the following four informative categories:

- Indicators related to the second victim program
- Indicators related to the intervention process and structure
- Indicators related to the SV experience
- Indicators related to the healthcare organization and culture

Studies in progress

Activities

- How to include SV as a further occupational safety issue.
- How to involve healthcare policymakers.
- The phenomenon of SV in other industries (non-healthcare environments).
- Set of indicators to assess SV Peer Support Interventions.
- How to face SV syndrome (Online Training).
- Legal framework 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). At the moment, 100 notifications from 64 users (students in healthcare disciplines).
- Understanding Patient & Healthcare Professionals' Safety and support policy tools in Europe.

Meetings' list

Online meetings

- Second Victims Interventions (23/11/2022)
- Core Group Meeting (13/01/2023)
- Organisational Meeting-Next Steps TS 2023 (16/01/2023)
- Organisational WG1 Meeting (20/01/2023)
- Training School Organization (31/03/2023)
- WG4 Meeting (17/04/2023)
- TS 2023 – Trainers Meeting (12/05/2023)
- Pre-conference, Training School 2023 (25/05/2023)
- WG4 Qualitative Analysis (31/05/2023)
- WG1, Network Promotion – Subcommittee on Public Health, European Parliament (18/07/2023)
- IV Forum of the ERNST Consortium (02/10/2023 - 03/10/2023)

Face-to-Face meetings

- Communication and Dissemination Plan Meeting - Coordination Plan (14/02/2023 in Frankfurt, Germany)
- WG1 Meeting & WG2 Meeting (09/05/2023 in Brussels, Belgium)
- WG3 Meeting & Core Group Meeting (26/06/2023 - 27/06/2023 in Lisbon, Portugal)
- WG4 Meeting (18/07/2023-19/07/2023 in Vienna, Austria)
- 3rd Edition of the Training School (18/09/2023-21/09/2023 in Wiesbaden, Germany)
- Management Committee Meeting (11/10/2023-13/10/2023 in Krakow, Poland)

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 Buttigieg &

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.



IV International Forum ERNST Consortium

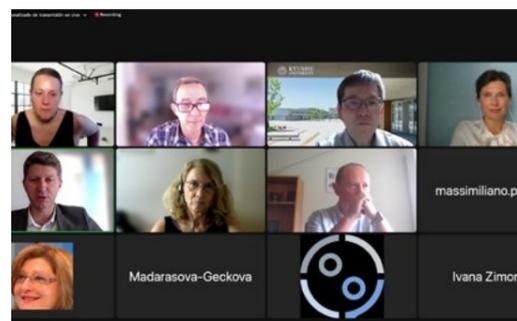
Conferences, experiences and round table discussions on how to design intervention programs and revision of the state of art. This year 2023, the Forum will be purely online, via YouTube streaming.

The IV ERNST International Forum will be an online event that brings together healthcare professionals and researchers from across Europe to share their experiences, knowledge, and ideas on how to improve healthcare in the region. The forum aims to create an openly inspiring and creative atmosphere for participants to discuss and tackle key challenges in providing optimal care in Europe.

The event will include a range of workshops, plenary discussions, and expert presentations designed to promote cross-fertilization and new strategies in patient safety. With a focus on promoting collaboration and innovation, the IV ERNST International Forum promises to be an exciting and engaging event for anyone interested in advancing healthcare in Europe.

 - **Speakers:** 23 healthcare professionals

 - **Attendees:** 230 online attendees



ERNST
The European Researchers' Network
Working on Second Victims

INTERNATIONAL FORUM
OF THE ERNST CONSORTIUM

Cost Action 19113

IV ERNST FORUM

ONLINE STREAMING
ON YOUTUBE

October
2nd & 3rd
2023

cost
EUROPEAN COOPERATION
IN SCIENCE & TECHNOLOGY

Funded by
the European Union

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

European Course on Second Victims

The ERNST consortium (European Researchers' Network Working on Second Victims) developed this course as a part of COST Action CA19113.

This project is supported by COST (European Cooperation in Science and Technology), a funding agency for research and innovation networks.

The course was developed by professors and researchers from several European universities, namely:

- National School of Public Health – NOVA University Lisbon – Lisbon, Portugal
- Fundación para el Fomento de la Investigación Sanitaria y Biomédica de la Comunitat Valenciana – Valencia – Spain
- Universidad Miguel Hernández – Elche – Spain
- University of Malta – Msida – Malta
- University of Haifa – Haifa – Israel
- LAB University of Applied Science – Lappeenranta – Finland
- University Hospital Centre Zagreb – Zagreb – Croatia
- College of Political, Administrative and Communication Sciences Cluj-Napoca Romania



WELCOME TO
**EUROPEAN
COURSE ON
SECOND VICTIMS**

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

[View Course](#)

Scan the code to access to the course!

Università del Piemonte Orientale UPO – Novara – Italy

- RheinMain University of Applied Sciences – Wiesbaden – Germany

- KU Leuven – University of Leuven – Leuven – Belgium

- University of Tartu – Tartu – Estonia

We also acknowledge Albert Wu (Johns Hopkins Hospital), Basia Kutryba (Polish Society for Quality Promotion in Healthcare), Irene Carrillo (Universidad Miguel Hernández de Elche), Lisa Karasik (Center for Quality and Safety at Massachusetts General Hospital), and Brigitte Ettl (Karl Landsteiner Institut).

Third Edition of the Training School

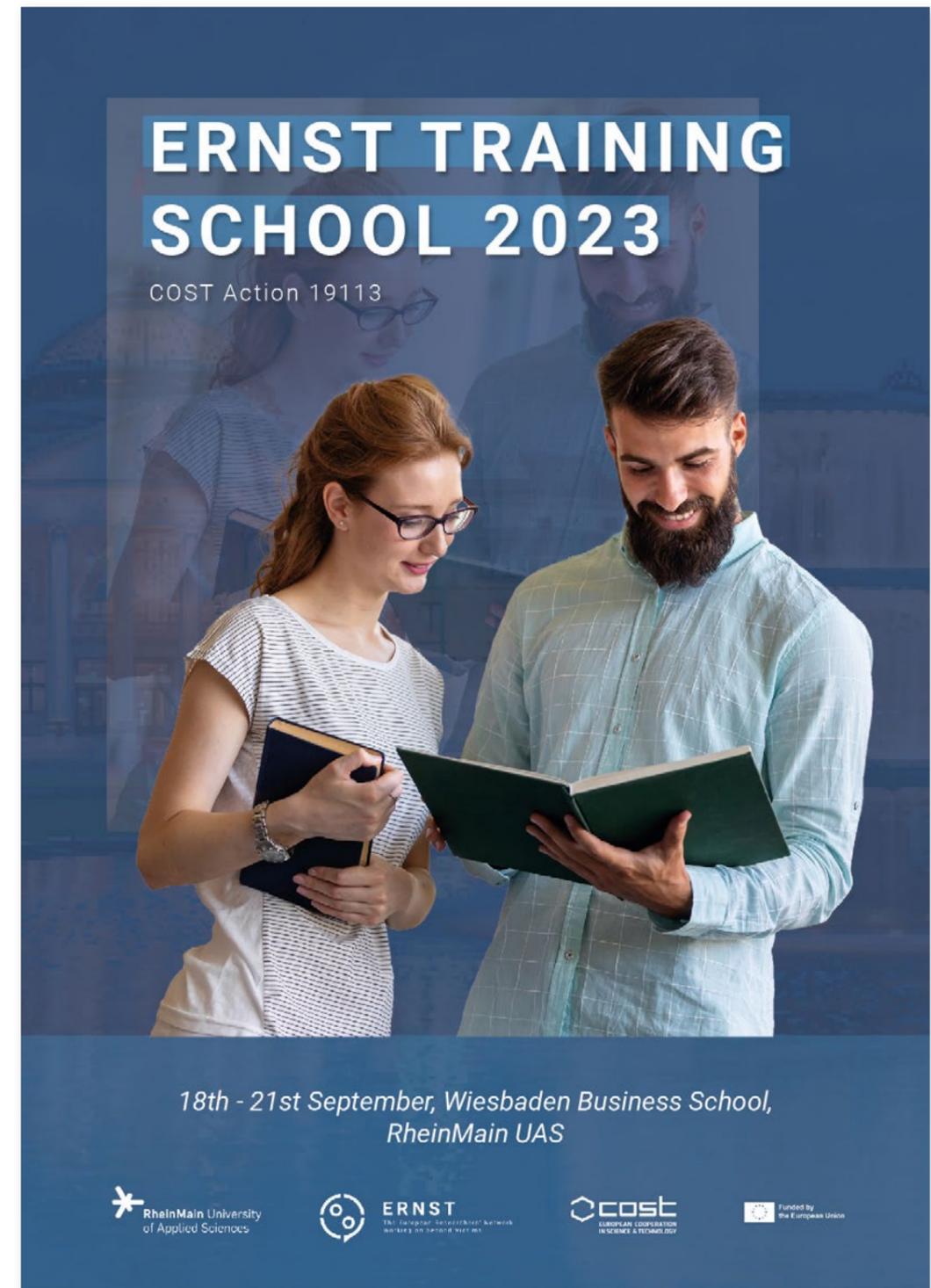
An intensive training on Second Victim Phenomenon and supporting interventions around the world.

From September 18th to 21st, 2023 and it was held at Wiesbaden Business School, RheinMain UAS, Germany. It's known for practical education in engineering, business, and computer science, with a strong focus on research and industry collaboration.

 - Professional trainers: 9

 - Assistant trainees: 24

 - Countries involved: 17 different countries involved

The poster features a woman with glasses and a man with a beard looking at a book together. The background is a dark blue gradient with faint images of people. The text is white and blue.

ERNST TRAINING SCHOOL 2023

COST Action 19113

18th - 21st September, Wiesbaden Business School,
RheinMain UAS

 RheinMain University of Applied Sciences  ERNST  COST 

Dissemination

11º Encuentro Institucional, Uniminuto. Investigación en redes internacionales: ERNST



Patient Safety 5th Global Ministerial Summit 2023



Engaging patients for patient safety: educating and reporting medication

ENGAGING PATIENTS FOR PATIENT SAFETY: EDUCATING AND REPORTING MEDICATION HARM IN HOSPITALS

Prof Dr Lasse Lehtonen, Director of diagnostic services, Helsinki University Hospital

Prof Reinhard Strametz, Chair Patient Safety Head of WiHelp

Mr Denis Herbaux, CEO of PAQS Belgium

Congreso ESSPA 2023

Junta de Andalucía | Consejería de Salud y Consumo | ESTRUCTURA PARA LA SEGURIDAD DEL PACIENTE del Sistema Sanitario Público de Andalucía

Congreso 14 y 15 de junio Seguridad del paciente 2023

“Construyendo sinergias para la seguridad del paciente”

#ESSPA23

ISQUA 2023

NEXT GENERATIONS OF HEALTHCARE PROFESSIONALS TRAINING IN PATIENT SAFETY IN EUROPE. A DESCRIPTIVE STUDY REVIEWING CURRICULA OF MEDICAL AND NURSING SCHOOLS AND FACILITIES

Introduction
Reporting patient safety is an essential component of healthcare, encompassing the development of a comprehensive culture, processes, procedures, technologies, and enabling environments to consistently reduce the risk of harm to patients (WHO, 2022). As health professionals are essential to enhance a patient safety perspective in their work, it becomes imperative to integrate patient safety reporting into healthcare education curricula from the earliest stages, allowing students to translate theory into practice and skills and apply them in their future clinical practice.

Objective
This study aims to assess the inclusion of subjects related to patient safety and quality of care in the undergraduate medical and nursing school curricula of public and private universities in Europe.

Method
A comprehensive surveying of university curricula from 20 European countries participating in the ESSPA Consortium (The European Researchers Network working on Serious Incidents, COEET Action 19113) was conducted.

Results
The presence of key topics in medical and nursing curricula (UK) is shown in the bar chart below. The chart displays the percentage of schools that include various topics in their curricula. The Y-axis represents the percentage of schools (0% to 100%), and the X-axis lists the topics: Quality of Care, Risk Management, Patient Safety, and Serious Incidents. The data shows that Quality of Care is included in 100% of schools, Risk Management in 90%, Patient Safety in 80%, and Serious Incidents in 70%.

Conclusion
Patient safety curricula in medical and nursing schools in European universities, representing a contribution between the patient safety competencies that health professionals need in clinical practice and those that clinical curricula currently provide.

International Seminar, Patient Safety in health & care complex environments



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}

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► 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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- † Collaborators ERNST Consortium: Ahmed Novo (Bosnia and Herzegovina), Andrea Madarasova Geckova (Slovakia), Miriam Ablöschner (Austria), Peter Tavel (Czech Republic), Peter Dieckmann (Denmark), Kaja Polluste (Estonia), Philippe Michel (France), Sigurbjörg Sigurgeirsdóttir (Iceland), Mary Tumelty (Ireland), Augustina Jankauskiene (Lithuania), Neda Milevska Kostova (Macedonia), Artiom Jucov (Moldova), Rianne Wennekes (Netherlands), Gunnar Tschudi Bondevik (Norway), Basia Kutryba (Poland), Nebojša Stilinović (Serbia), David Schwappach (Switzerland), Veronica Lindström (Sweden), Pinar Ayvat (Turkey).

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



ISSN: 0976-3081

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
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International Journal of
Recent Scientific
Research

DOI: 10.24327/IJRSR

Research Article

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

Žymantė Jankauskienė¹, Erika Kubilienė^{1*} and Jekaterina Peržu²

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Patient Safety; Second Victims; Adverse Events; Quality of Care; Well-Being at Work.

ABSTRACT

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.

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



Original Research Paper

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

Irene Carrillo¹ , Susanna Tella², Reinhard Strametz³, Kris Vanhaecht⁴, Massimiliano Panella⁵, Sofia Guerra-Paiva⁶ , Bojana Knezevic⁷, Marius-Ionut Ungureanu⁸, Einav Srulovici⁹, Sandra Buttigieg¹⁰, Paulo Sousa⁶ and Jose Mira^{1,11}

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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Published papers

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

Contributing factors for acute stress in healthcare workers caring for COVID-19 patients in Argentina, Chile, Colombia, and Ecuador

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RESEARCH

Open Access



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

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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 databases. The COVIDENCE systematic review management system was used for data selection and extraction by two independent reviewers. The JBI (Joanna Briggs Institute) critical appraisal tools were used to assess the quality of selected studies by two additional reviewers. Finally, data extraction and narrative analysis were conducted.

Results The search retrieved 3161 results including 1061 duplicates. After screening, a total of 19 articles were included in this review. Participants in studies were nurses, physicians, other hospital staff, and undergraduate medical students mostly working on the front-line with COVID-19 patients. Publications included RCTs ($n=4$), quasi-experimental studies ($n=2$), cross-sectional studies ($n=6$), qualitative interview studies ($n=3$), and systematic reviews ($n=4$). Most (63.4%) of the interventions used online or digital solutions. Interventions mostly showed good effectiveness (support-seeking, positive emotions, reduction of distress symptoms etc.) and acceptance and were experienced as helpful, but there were some conflicting results.

Conclusion Healthcare organizations have developed support strategies focusing on providing emotional support for these healthcare workers and students, but it is difficult to conclude whether one program offers distinct benefit

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Contributing factors for acute stress in healthcare workers caring for COVID-19 patients in Argentina, Chile, Colombia, and Ecuador

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This study analyzed the frequency and intensity of acute stress among health professionals caring for COVID-19 patients in four Latin American Spanish-speaking countries during the outbreak. A cross-sectional study involved a non-probability sample of healthcare professionals in four Latin American countries. Participants from each country were invited using a platform and mobile application designed for this study. Hospital and primary care workers from different services caring for COVID-19 patients were included. The EASE Scale (SARS-CoV-2 Emotional Overload Scale, in Spanish named Escala Auto-aplicada de Sobrecarga Emocional) was a previously validated measure of acute stress. EASE scores were described overall by age, sex, work area, and experience of being ill with COVID-19. Using the Mann-Whitney U test, the EASE scores were compared according to the most critical moments of the pandemic. Univariate and multivariate analysis was performed to investigate associations between these factors and the outcome 'acute stress'. Finally, the Kruskal-Wallis was used to compare EASE scores and the experience of being ill. A total of 1372 professionals responded to all the items in the EASE scale: 375 (27.3%) Argentines, 365 (26.6%) Colombians, 345 (25.1%) Chileans, 209 (15.2%) Ecuadorians, and 78 (5.7%) from other countries. 27% of moments suffered middle-higher acute stress due to the outbreak. Worse results were observed in periods of peak incidence of cases (14.3 ± 5.3 vs. 6.9 ± 1.7 , $p < 0.05$). Higher scores were found in professionals in COVID-19 critical care (13 ± 1.2) than those in non-COVID-19 areas (10.7 ± 1.9) ($p = 0.03$). Distress was higher among professionals who were COVID-19 patients (11.7 ± 1) or had doubts about their potential infection (12 ± 1.2) compared to those not infected (9.5 ± 0.7) ($p = 0.001$). Around one-third of the professionals experienced acute stress, increasing in intensity as the incidence of COVID-19 increased and as they became infected or in doubt whether they were infected. EASE scale could be a valuable asset for monitoring acute stress levels among health professionals in Latin America. *ClinicalTrials*: NCT04486404.

The front line of care professionals for COVID-19 patients has to experience extreme emotional overload that causes acute stress reactions, compassion fatigue, and other affective pathologies and adaptive responses¹⁻⁴. This situation may negatively affect the quality of health care received by patients. Furthermore, it may impact physicians' abandonment rate or transfer to less compromised destinations, unbalancing health care systems. Uncertainty about the most appropriate approach to the COVID-19 pandemic, the scarcity of resources (mechanical ventilators and medicines), and the breakdown of the supply chain limiting the availability of

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Published papers

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

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

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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

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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 19113). 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

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Original article

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

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Abstract

Patient safety is high on the policy agenda internationally. Learning from safety incidents is a core component in achieving the important goal of increasing patient safety. This study explores the legal frameworks in the countries to promote reporting, disclosure, and supporting healthcare professionals (HCPs) involved in safety incidents. A cross-sectional online survey was conducted to ascertain an overview of the legal frameworks at national level, as well as relevant policies. ERNST (The European Researchers' Network Working on Second Victims) group peer-reviewed data collected from countries was performed to validate information. Information from 27 countries was collected and analyzed, giving a response rate of 60%. A reporting system for patient safety incidents was in place in 85.2% (N=23) of countries surveyed, though few (37%, N=10) were focused on systems-learning. In about half of the countries (48.1%, N=13) open disclosure depends on the initiative of HCPs. The tort liability system was common in most countries. No-fault compensation schemes and alternative forms of redress were less common. Support for HCPs involved in patient safety incidents was extremely limited, with just 11.1% (N=3) of participating countries reporting that supports were available in all healthcare institutions. Despite progress in the patient safety movement worldwide, the findings suggest that there are considerable differences in the approach to the reporting and disclosure of patient safety incidents. Additionally, models of compensation vary limiting patients' access to redress. Finally, the results highlight the need for comprehensive support for HCPs involved in safety incidents.

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Published papers

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

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



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 Russotto³, Reinhard Strametz⁴, José Mira^{5,6}, Sigurbjörg Sigurgeirsdóttir⁷, Albert W. Wu⁸, Kaja Pölluste⁹, Daniela Georgeta Popovici¹⁰, Raluca Sfetcu¹⁰, Sule Kurt^{1,11} and Massimiliano Panella^{3,‡} on behalf of European Researchers' Network Working on Second Victims (ERNST)



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Abstract: The concept of second victims (SV) was introduced 20 years ago to draw attention to healthcare professionals involved in patient safety incidents. The objective of this paper is to advance the theoretical conceptualization and to develop a common definition. A literature search was performed in Medline, EMBASE and CINAHL (October 2010 to November 2020). The description of SV was extracted regarding three concepts: (1) involved persons, (2) content of action and (3) impact. Based on these concepts, a definition was proposed and discussed within the ERNST-COST consortium in 2021 and 2022. An international group of experts finalized the definition. In total, 83 publications were reviewed. Based on expert consensus, a second victim was defined as: "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". The proposed definition can be used to help to reduce the impact of incidents on both healthcare professionals and organizations, thereby indirectly improve healthcare quality, patient safety, person-centeredness and human resource management.

Keywords: patient safety; healthcare professionals; second victim; healthcare quality; person-centeredness; human resource management

1. Introduction

Medical errors due to system flaws and active failures will always occur and there is a continuous need to improve patient safety [1]. One way of improving is by attempting to mitigate the impact of a patient safety incident (PSI) on patients and their family members, who can be referred to by the term first victims. However, in the aftermath of a PSI,

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BMC Health Services Research

RESEARCH

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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}

Abstract

Background Insights around second victims (SV) and patient safety has been growing over time. An overview of the available evidence is lacking. This review aims to describe (i) the impact a patient safety incident can have and (ii) how healthcare professionals can be supported in the aftermath of a patient safety incident.

Methods A literature search in Medline, EMBASE and CINAHL was performed between 1 and 2010 and 26 November 2020 with studies on SV as inclusion criteria. To be included in this review the studies must include healthcare professionals involved in the aftermath of a patient safety incident.

Results In total 104 studies were included. SVs can suffer from both psychosocial (negative and positive), professional and physical reactions. Support can be provided at five levels. The first level is prevention (on individual and organizational level) referring to measures taken before a patient safety incident happens. The other four levels focus on providing support in the aftermath of a patient safety incident, such as self-care of individuals and/or team, support by peers and triage, structured support by an expert in the field (professional support) and structured clinical support.

Conclusion The impact of a patient safety incident on healthcare professionals is broad and diverse. Support programs should be organized at five levels, starting with preventive actions followed by self-care, support by peers, structured professional support and clinical support. This multilevel approach can now be translated in different countries, networks and organizations based on their own culture, support history, structure and legal context. Next to this, they should also include the stage of recovery in which the healthcare professional is located in.

Keywords Healthcare professionals, Patients safety incident, Second victim, Support, Impact

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Published papers

Addressing Acute Stress among Professionals Caring for COVID-19 Patients: Lessons Learned during the First Outbreak in Spain (March–April 2020)

International Journal of
Environmental Research
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Article

Addressing Acute Stress among Professionals Caring for COVID-19 Patients: Lessons Learned during the First Outbreak in Spain (March–April 2020)

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Abstract: Objectives: To describe lessons learned during the first COVID-19 outbreak in developing urgent interventions to strengthen healthcare workers' capacity to cope with acute stress caused by health care pressure, concern about becoming infected, despair of witnessing patients' suffering, and critical decision-making requirements of the SARS-CoV-2 pandemic during the first outbreak in Spain. **Methods:** A task force integrated by healthcare professionals and academics was activated following the first observations of acute stress reactions starting to compromise the professionals' capacity for caring COVID-19 patients. Literature review and qualitative approach (consensus techniques) were applied. The target population included health professionals in primary care, hospitals, emergencies, and nursing homes. Interventions designed for addressing acute stress were agreed and disseminated. **Findings:** There are similarities in stressors to previous outbreaks, and the solutions devised then may work now. A set of issues, interventions to cope with, and their levels of evidence were defined. Issues and interventions were classified as: adequate communication initiative to strengthen work morale (avoiding information blackouts, uniformity of criteria, access to updated information, mentoring new professionals); resilience and recovery from physical and mental fatigue (briefings, protecting the family, regulated recovery time during the day, psychological first aid, humanizing care); reinforce leadership of intermediate commands (informative leadership, transparency, realism, and positive messages, the current state of emergency has not allowed for an empirical analysis of the effectiveness of proposed interventions. Sharing information to gauge expectations, listening to what professionals need, feeling protected from threats, organizational flexibility, encouraging teamwork, and leadership that promotes psychological safety have led to more positive responses. Attention to the needs of individuals must be combined with caring for the teams responsible for patient care. **Conclusions:** Although the COVID-19 pandemic has a more devastating effect than other recent outbreaks, there are common stressors and lessons learned in all of them that we must draw on to increase our capacity to respond to future healthcare crises.

Acute Stress in Health Workers in Colombia 2017–2021: A Cross-Sectional Study

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Acute Stress in Health Workers in Colombia 2017–2021: A Cross-Sectional Study

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Objectives: Analyze the presence of acute stress response after adverse events in human talent in Colombian health institutions from 2017 to 2021.

Methods: Cross-sectional study of prevalence, carried out on 838 members of the human talent in health (professionals, technicians, technologists, and auxiliaries) of Colombian health institutions in the study period with the application of the EASE instrument. Univariate analysis using descriptive statistical techniques, chi-square and Student's t-test, and bivariate analysis with a Poisson regression model using the institutional SPSS v. 26.

Results: The prevalence of adverse events in the last 5 years was 33.8%, presenting levels of acute stress qualifying as Medium-high emotional overload at 21.91%, while extreme acute stress was at 3.53%. The prevalence of risk for presenting acute stress after being involved in an adverse event was PR: 1.30 (CI: 1.24–1.36).

Conclusion: Acute stress in human talent after adverse events is limiting health and care capacity and must be efficiently addressed by health institutions. Psychosocial risk is linked within the framework of the patient safety program and the institutional occupational health and safety management systems.

Keywords: stress disorders, traumatic, acute, health personnel, psychosocial risk

INTRODUCTION

Patient safety is understood as the process by which the probability of harm to the patient during healthcare is sought to be reduced to a minimum acceptable level [1]; in this sense, in the Study of Prevalence of Adverse Effects in Latin American Hospitals (IBEAS) found a prevalence of 10% [2], and Ambulatory Care (AC) Services Across Latin America (LA) and the Caribbean (LAC) (AMBEAS/OPS) reported an adverse event prevalence of 5.2% [3, 4].

This is how the presentation of safety events related to healthcare unfolds: a patient suffers unpredictable and involuntary harm and requires support both physical and psychological; members

Published papers

Second Victim Phenomenon in an Austrian Hospital before the Implementation of the Systematic Collegial Help Program KoHi: A Descriptive Study

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Article

Second Victim Phenomenon in an Austrian Hospital before the Implementation of the Systematic Collegial Help Program KoHi: A Descriptive Study

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Abstract: (1) Background: The Second Victim Phenomenon (SVP) is widespread throughout health care institutions worldwide. Second Victims not only suffer emotional stress themselves; the SVP can also have a great financial and reputational impact on health care institutions. Therefore, we conducted a study (Kollegiale Hilfe I/KoHi I) in the Hietzing Clinic (KHI), located in Vienna, Austria, to find out how widespread the SVP was there. (2) Methods: The SeViD (Second Victims in Deutschland) questionnaire was used and given to 2800 employees of KHI, of which 966 filled it in anonymously. (3) Results: The SVP is prevalent at KHI (43% of the participants stated they at least once suffered from SVP), although less prevalent and pronounced than expected when compared to other studies conducted in German-speaking countries. There is still a need for action, however, to ensure a psychologically safer workspace and to further prevent health care workers at KHI from becoming psychologically traumatized.

Keywords: Second Victim; medical error; traumatization

1. Introduction

This article reports on the prevalence and symptoms of Second Victims in Clinic Hietzing (KHI), located in Vienna, Austria. This study was conducted using the SeViD (Second Victim in Deutschland) questionnaire published in March of 2021 [1] and also used in a modified version published in September of 2021 [2].

The term “Second Victim” was first described in the year 2000 by Albert Wu [3]. It refers to health care professionals who committed an error and are traumatized by it. This traumatization can lead to the manifestation of psychological and cognitive as well as physical reactions impacting the Second Victim negatively [3–5]. In 2009, the SVP was theoretically conceptualized by Susan Scott and was expanded to also include health care professionals who experienced an “unanticipated adverse event” and are traumatized by it [6]. This theoretical concept was further expanded in 2022 when an evidence- and consensus-based definition of Second Victim was published [7]: we refer to Second Victim as “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”. Second Victims can develop dysfunctional coping strategies [3], possibly resulting in reduced quality of care for their future patients (possibly due to anxiety and fear of future errors increasing the future error rate) [8], them leaving their professions [9], or even committing suicide [10].

There have been studies within Europe [1,2,11], including Western Austria [12], discussing the prevalence and symptoms of the Second Victim Phenomenon (SVP). However, these studies have not investigated the prevalence and symptoms of Second Victims in



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Understanding Honest Mistakes, Second Victims and Just Culture for Patient Safety

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EDITORIAL

Understanding Honest Mistakes, Second Victims and Just Culture for Patient Safety

Errores Honestos y Segundas Víctimas: Hacia una Cultura Justa para la Seguridad del Paciente

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After the Chernobyl nuclear disaster in 1986, the relationship between safety culture and the risk of adverse outcomes came to the forefront.¹ Since then, industries requiring high reliability, such as energy, chemical or petrochemical industries, transportation, and healthcare, have understood the impact of their members’ attitudes on operational safety.^{2–4}

Safety culture refers to the set of norms, beliefs, values, attitudes, and assumptions inherent in the daily functioning of individuals, teams, or organizations. It reflects whether safety is considered a core value in their activities, how they identify and implement safe practices, and how they respond to safety incidents.^{5–8} Creating an environment of transparency and trust (psychological safety⁹) involving all staff, along with promoting the principles of a just culture (supporting professionals after incidents), have been identified as critical elements of a safety-generating culture.^{10,11} Conversely, complacency, taking things for granted, fear of speaking openly about occurrences, ignoring professionals’ fatigue or mental and physical overload, contribute to safety incidents.

Following a significant event in these industries, detailed analysis is conducted, and recommendations for procedures, behaviors, and equipment are generated, ultimately becoming guidelines.^{12,13} However, changing attitudes is not as straightforward. To advance from a reactive (or, at best,

proactive) culture to one that generates safety,¹⁴ there are essential issues to consider.

I. Safe practices have been implemented and expanded, but intra and extramural attitudes within healthcare institutions have not undergone the expected changes. The widespread belief that removing the rotten apple from the basket will solve everything is unrealistic and poses a risk to patient safety. The view of errors as “deviations from the norm” needs to change because it hinders the implementation of safe practices, risk management, and victimizes professionals.^{15–17}

A **broad social commitment** is necessary to consolidate progress and promote a safety-generating culture from all angles.¹⁸ While intramural activities have been diverse and effective, extramural efforts are still lacking and should be addressed. This commitment could begin in higher education, by reviewing the current deficiencies¹⁹ in the training of future generations of healthcare professionals regarding patient care quality and safety.

II. To foster a safety-generating culture, leaders must strike a balance between the system’s responsibilities, individual responsibilities, and the environment. This involves ensuring accountability and empowering professionals to learn from their mistakes.²⁰ An open and honest environment is crucial, where **professionals feel evaluated and treated in a consistent, constructive, and fair manner**, particularly when directly impacted (second victims²¹). For professionals, it means implementing the “duty of care”

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Objectives

MoU objectives, deliverables and additional outputs/achievements

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	100%
Description of progress with achieving the MoU objective	<p>The second victim definition has been updated following an enriching debate.</p> <p>Vanhaecht K, Seys D, Russotto S, Strametz R, Mira J, Sigurgeirsdóttir S, Wu AW, Pölluste K, Popovici DG, Sfetcu R, Kurt S, Panella M; European Researchers' Network Working on Second Victims (ERNST). An Evidence and Consensus-Based Definition of Second Victim: A Strategic Topic in Healthcare Quality, Patient Safety, Person-Centeredness and Human Resource Management. <i>Int J Environ Res Public Health</i>. 2022;19(24):16869. doi: 10.3390/ijerph192416869.</p>

MoU Objective	Developing the conceptualisation 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 conceptualisation 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	100%
Description of progress with achieving the MoU objective	<p>A review of the approaches and interventions carried out or plausible has been conducted, and new suggestions for addressing the issue of second victims based on indisputable evidence have been provided.</p> <p>Seys D, Panella M, Russotto S, Strametz R, Joaquín Mira J, Van Wilder A, Godderis L, Vanhaecht K. In search of an international multidimensional action plan for second victim support: a narrative review. <i>BMC Health Serv Res</i>. 2023;23(1):816. doi: 10.1186/s12913-023-09637-8</p>

Objectives

MoU objectives, deliverables and additional outputs/achievements

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	100%
Description of progress with achieving the MoU objective	<p>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. Training Manual, ERNST Course & in Training Schools, some of the activities were concerning about the procedures taken when healthcare professionals face these situations.</p> <p>Review articles on the types of interventions carried out in Europe and other participating countries in the Consortium, including during the pandemic period, have been published. A training manual has been edited, a set of case studies has been developed, and an online course has been created, which has already been completed by more than 300 professionals.</p> <p>Carrillo I, Tella S, Strametz R, et al. Studies on the second victim phenomenon and other related topics in the pan-European environment: The experience of ERNST Consortium members. <i>Journal of Patient Safety and Risk Management</i>. 2022;27:59–65</p>

MoU Objective	Achieving changes in rules and regulations facilitating discussion of the legal, ethical, and organisational 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	75%
Description of progress with achieving the MoU objective	<p>This part is at the beginning of the development. WG4 started with some formulators regarding this and since last september we are trying to involve more policymakers and legal workers. It is expected that also politicians in european organisations will engage soon.</p> <p>A review of the regulatory frameworks in Europe on key issues affecting second victims has been developed and published.</p> <p>Gil-Hernández E, Carrillo I, Tumelty ME, Srulovici E, Vanhaecht K, Wallis KA, Giraldo P, Astier-Peña MP, Panella M, Guerra-Paiva S, Buttigieg S, Seys D, Strametz R, Mora AU, Mira JJ. How different countries respond to adverse events whilst patients' rights are protected. <i>Med Sci Law</i>. 2023 Jun 27:258024231182369. doi: 10.1177/00258024231182369. Epub ahead of print. PMID: 37365924</p>

Objectives

MoU objectives, deliverables and additional outputs/achievements

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	85%
Description of progress with achieving the MoU objective	<p>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.</p> <p>During the last years, in the three Training Schools held, there have been about 280 participants.</p> <p>Colombia reference: Gonzalez Delgado M, Cortes Gil JD, Rodriguez Araujo DL, Mira Solves JJ, Rodriguez Gallo EB, Salcedo Monsalve A, Arrieta Arreta LA, Villalba Toquica CDP, Morales Ruiz JC. Acute Stress in Health Workers in Colombia 2017-2021: A Cross-Sectional Study. Int J Public Health. 2023;68:1606274. doi: 10.3389/ijph.2023.1606274</p>

MoU Objective	Introducing new metrics on the system level that should be used to improve healthworkforce policy. These 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	75%
Description of progress with achieving the MoU objective	<p>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.</p> <p>A Delphi study is currently being conducted to assess the feasibility and sensitivity of 35 indicators based on metrics agreed upon by a nominal group in Lisbon on June 26th. Seventy-eight experts are involved in the metrics' assessment.</p>

Objectives

MoU objectives, deliverables and additional outputs/achievements

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	<p>WG1 and WG4 are working on identifying the competencies that peer supporters need to acquire in order to perform their duties.</p> <p>A study on deficiencies in training programs has been published.</p> <p><small>Sánchez-García A, Saurín-Morán PJ, Carrillo I, Tella S, Pölluste K, Srulovici E, Buttigieg SC, Mira JJ. Patient safety topics, especially the second victim phenomenon, are neglected in undergraduate medical and nursing curricula in Europe: an online observational study. BMC Nurs. 2023;22(1):283. doi: 10.1186/s12912-023-01448-w</small></p>

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	<p>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.</p> <p>A joint consortium study on key elements of trained peer support interventions is in progress.</p> <p>https://www.youtube.com/watch?v=VvACEpWup4s</p>

Objectives

MoU objectives, deliverables and additional outputs/achievements

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	85%
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 ERNST consortium was represented and introduced their activities as guideline to improve the Second Victim Strategies in the Institution. WG2 is leading a study on actions in other industries that will be completed shortly.

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	100%
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=PLdS4vcAl8qb0bxek-5fQ24tKxe_xyb9mpnz&index=2 https://www.youtube.com/watch?v=jDgYC24oiLU&list=PLdS4vcAl8qb0bxek-5fQ24tKxex_yb9mpnz&index=4 https://www.youtube.com/watch?v=6Ne6M8St3vg&list=PLdS4vcAl8qb0bxek-5fQ24tKxe_xyb9mpnz&index=5 Carrillo I, Tella S, Strametz R, et al. Studies on the second victim phenomenon and other related topics in the pan-European environment: The experience of ERNST Consortium members. <i>J Patient Saf Risk Manag.</i> 2022;27(2):59-65. doi:10.1177/25160435221076985 Härkänen M, Pineda AL, Tella S, Mahat S, Panella M, Ratti M, Vanhaecht K, Strametz R, Carrillo I, Rafferty AM, Wu AW, Anttila VJ, Mira JJ. The impact of emotional support on healthcare workers and students coping with COVID-19, and other SARS-CoV pandemics - a mixed-methods systematic review. <i>BMC Health Serv Res.</i> 2023 ;23(1):751. doi: 10.1186/s12913-023-09744-6 Guerra-Paiva S, Lobão MJ, Simões JD, Donato H, Carrillo I, Mira JJ, Sousa P. Key factors for effective implementation of healthcare worker support interventions after patient safety incidents in health organisations: a protocol for a scoping review. <i>BMJ Open.</i> 2022;12(8):e061543. doi: 10.1136/bmjopen-2022-061543. Erratum in: <i>BMJ Open.</i> 2023;13(6):e061543corr1 Seys D, Panella M, Russotto S, Strametz R, Joaquín Mira J, Van Wilder A, Gorderis L, Vanhaecht K. In search of an international multidimensional action plan for second victim support: a narrative review. <i>BMC Health Serv Res.</i> 2023;23(1):816. doi: 10.1186/s12913-023-09637-8

Objectives

MoU objectives, deliverables and additional outputs/achievements

MoU Objective	To bridge management, social, legal, educational, and clinical expertise to further develop the conceptualisation of the SV phenomenon. Further efforts sharing knowledge, perspectives, and proposals can contribute to the conceptualisation 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	75%
Description of progress with achieving the MoU objective	<p>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.</p> <p>WG2 meetings held in Brussels and Frankfurt. WG4 meetings held in Paris and Vienna.</p>

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 organisational 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	100%
Description of progress with achieving the MoU objective	In the last two periods, the website has had a total of above 110,000 visits, and our Twitter has increased its impressions in the last year compared to the previous period.

Objectives

MoU objectives, deliverables and additional outputs/achievements

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	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	100%
Description of progress with achieving the MoU objective	Completed. The techniques and developments of working have been developed throught 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

MoU objectives, 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://ww.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	Delivered.
Explanation	<p>Based on expert consensus, a second victim was defined as: "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"</p> <p>Vanhaecht K, Seys D, Russotto S, Strametz R, Mira J, Sigurgeirsdóttir S, Wu AW, Pölluste K, Popovici DG, Sfetcu R, Kurt S, Panella M; European Researchers' Network Working on Second Victims (ERNST). An Evidence and Consensus-Based Definition of Second Victim: A Strategic Topic in Healthcare Quality, Patient Safety, Person-Centeredness and Human Resource Management. <i>Int J Environ Res Public Health</i>. 2022;19(24):16869. doi: 10.3390/ijerph192416869</p>
Month deliverable due	12

Deliverables

MoU objectives, 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	Delivered.
Proof of progress with achieving the deliverable	https://tinyurl.com/2m3f62r9
Month deliverable due	15
Explanation	<p>Three Case Studies have been developed.</p> <p>Here are the links:</p> <p>1-https://tinyurl.com/c6bsn2tc 2-https://tinyurl.com/5xdbaxvn 3-https://docs.google.com/document/d/15zkHAWWDXA-RAzCA-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

MoU objectives, 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	In progress.
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	<p>doi.org/10.1101/2022.01.25.22269846</p> <p>Seys D, Panella M, Russotto S, Strametz R, Joaquín Mira J, Van Wilder A, Godderis L, Vanhaecht K. In search of an international multi-dimensional action plan for second victim support: a narrative review. BMC Health Serv Res. 2023;23(1):816. doi: 10.1186/s12913-023-09637-8</p> <p>Härkänen M, Pineda AL, Tella S, Mahat S, Panella M, Ratti M, Vanhaecht K, Strametz R, Carrillo I, Rafferty AM, Wu AW, Anttila VJ, Mira JJ. The impact of emotional support on healthcare workers and students coping with COVID-19, and other SARS-CoV pandemics - a mixed-methods systematic review. BMC Health Serv Res. 2023;23(1):751. doi: 10.1186/s12913-023-09744-6</p>
Month deliverable due	33

Deliverables

MoU objectives, 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	Delivered.
Explanation	<p>A review of medical and nursing school curricula in 206 universities was carried out and published: Sánchez-García A, Saurín-Morán PJ, Carrillo I, Tella S, Pölluste K, Srulovici E, Buttigieg SC, Mira JJ. Patient safety topics, especially the second victim phenomenon, are neglected in undergraduate medical and nursing curricula in Europe: an online observational study. BMC Nurs. 2023;22(1):283. doi: 10.1186/s12912-023-01448-w</p> <p>The WG4 is conducting an interview-based study on facilitators and barriers to incorporating patient safety and second victims in the undergraduate and postgraduate health professional curricula.</p>
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	In progress.
Explanation	Still in process, because it is the intention to obtain it by the end of 2023.
Month deliverable due	45

Deliverables

MoU objectives, 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	In progress.
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 process. This will be developed by the end of GP4.
Month deliverable due	48

Additional outputs / achievements

MoU objectives, deliverables and additional outputs/achievements

Output / achievement description	<p>Completed.</p> <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	<p>High.</p>

Budget

Third Grant Period Budget

Activities planned Budget, 93% of expected

		APPROVED	EXPENDED
Meetings		74.620,65 €	74.620,65 €
Training Schools		41.246,00 €	44.319,19 €
(STSM) + (VN Grant)		22.500,00 €	24.000,00 €
STSM (9)			15.000,00 €
VN Grant (6)			9.000,00 €
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 SV Situation	31/10/2023		600,00 €
TOTAL		147.235,65 €	137.450,94 €
FSAC EXPENDITURE	15% Expenses	22.085,35 €	20.617,64 €
FINAL BUDGET		169.321,00 €	158.068,58 €

Fourth Grant Period Budget

Activities planned Budget:

Meetings		43.542,00 €
Training School		66.300,00 €
(STSM) + (VN Grant)		13.500,00 €
STSM (7)		7.500,00 €
VN Grant (5)		6.000,00 €
Dissemination & Communication		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 €

Members

Actual COST CA19113 Members

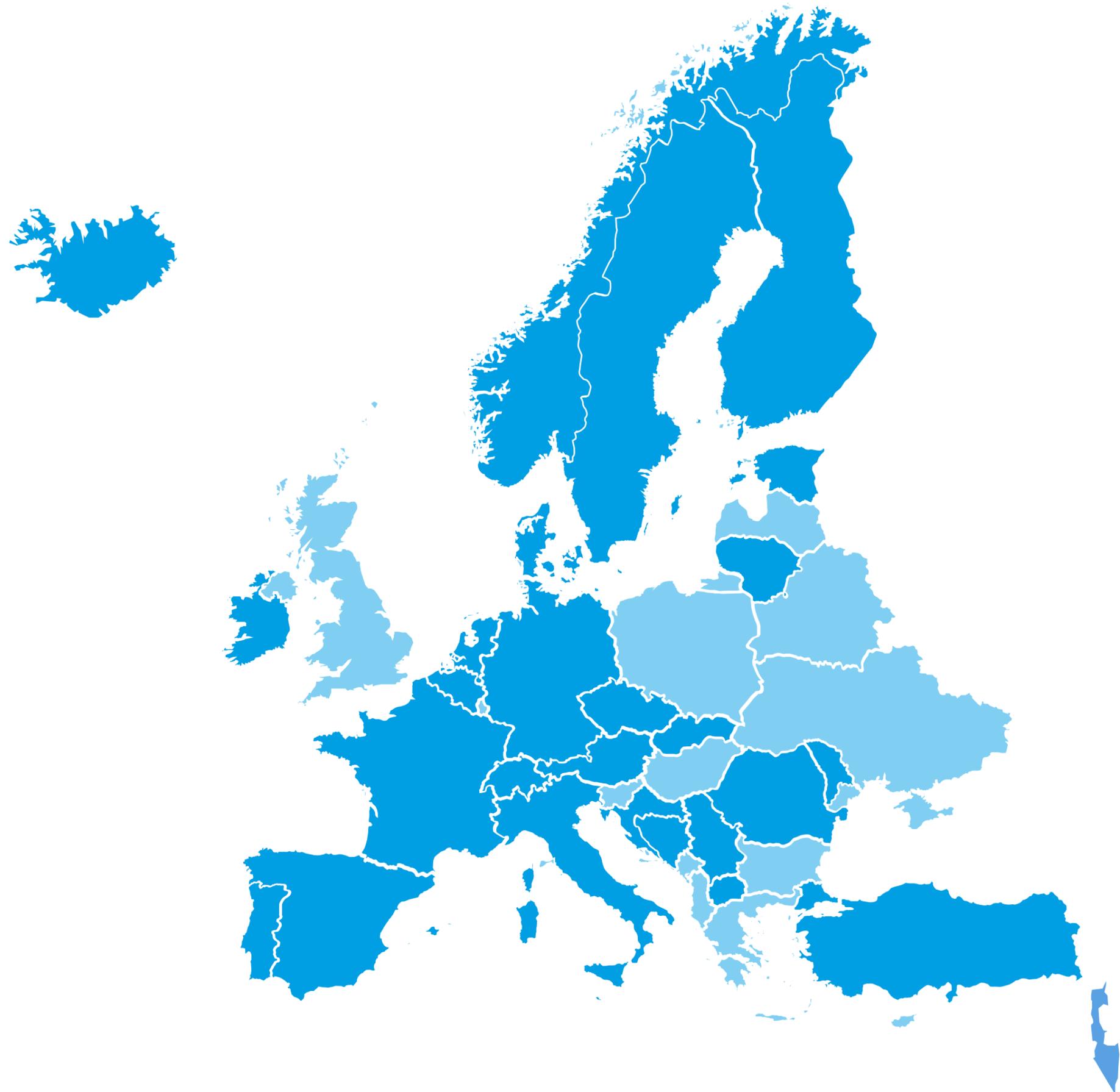
As a novelty, **we are pleased to announce that in this period the incorporation of Ukraine** has been approved by the current members of CA19113. It is an honor to have them with us and we hope that **the project continues to grow as it has done so far.**

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

- Austria
- Belgium
- Bosnia and Herzegovina
- Croatia
- Czechia
- Denmark
- Estonia
- Finland
- France
- Germany
- Iceland
- Ireland
- Israel
- Italy
- Lithuania
- Malta
- Moldova
- Netherlands
- North Macedonia
- Norway
- Portugal
- 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
- USA
- Japan



Acknowledge

COST Action 19113

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COST (European Cooperation in Science and Technology) is a funding agency for research and innovation networks. Our Actions help connect research initiatives across Europe and enable scientists to grow their ideas by sharing them with their peers.

This boosts their research, career and innovation.

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3rd Grant Period Report - 2022/2023

