

62 yo female for vitrectomy and laser of diabetic retinopathy of R eye under MAC



- PMH: HTN, IDDM x 30 years, HLD, CHF with preserved EF, CKD-4
 - 1 mg midazolam and 25 mcg fentanyl as premed
 - · Retrobulbar block placed after 40 mg methohexital with good block results
- About 10 minutes into procedure, surgeon having difficulty with trocar placement
- Patient sat up precipitously and complained that she couldn't breathe, coughed up copious amounts pink frothy fluid
- Oxygen sats started to drop to the 70s and decision made to intubate patient
- 100 mg propofol and 140 mg succinylcholine administered, and trachea intubated without difficulty

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- BP dropped to 60/40 after intubation
- Patient immediately administered vasopressors without response
- Chest compressions started and ACLS instituted for PEA
- After 20 minutes, ROSC on norepinephrine and epinephrine
- Patient transferred to MICU
- After 10 days in the MICU and repeated arrests, patient ultimately died
- Cause of death undetermined at the time, but ultimately believed to be due to massive VAE

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What is the "Second Victim"?



Healthcare providers who are involved in an unanticipated adverse patient event, medical error and/or a patient-related injury (first victim) and become victimized in the sense that the provider is persistently traumatized by the event.



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Statistics: Second Victim



- Incidence between 10-50% of healthcare providers
- One study reported 83% of physicians had been involved in one or more adverse events, and 76% believed that it had affected their personal or professional lives
- Trainees are on the frontlines of care and are involved in many of the mistakes that occur
 - After involvement in a medical error, residents have reported lower quality of life, burnout, de-personalization, depression, and emotional exhaustion

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Statistics cont.



- Providers develop feelings of guilt, anger, frustration, psychological distress and fear
- Females report significantly more distress than males
 - afraid of losing confidence
 - concerned about receiving blame
 - concerned about perceived lack of qualifications and/or loss of reputation

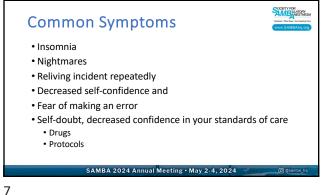
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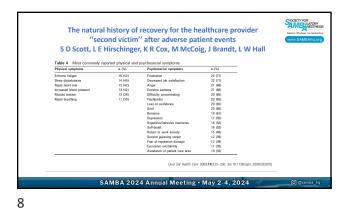
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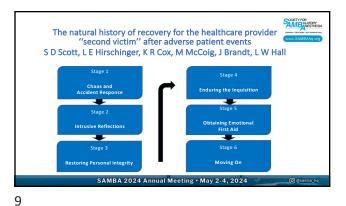
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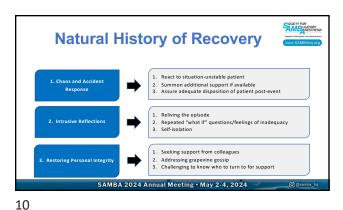
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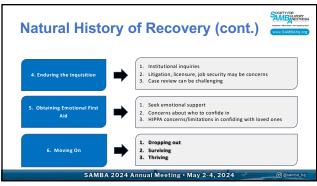
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Support for Healthcare Providers • Offer teams that preserve, restore and enhance the health and well-being of all trainees, staff, and employees involved in patient adverse events · Avoid a culture of blame and implement a "just culture"- system of shared accountability in which organizations are accountable for the systems they have designed and for responding to the behaviors of their employees in a fair and just manner SAMBA 2024 Annual Meeting • May 2-4, 2024

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