Section 4

Organizational Rollout
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Organizational Awareness, the Key to Success

The time to begin planning for your organization’s rollout is shortly after forming your steering committee. There is much to be done in this area; with proper delegation and referencing the tools provided through BETA HEART, you are well on your way! In this section, we will look at materials needed to address your rollout needs.

Determine a Name for Your Peer Support Team

Your team will need a name. Some organizations have found great success sparking interest and spreading the word about the upcoming program by holding a contest allowing individuals organization-wide to submit options for the team’s name. You will want to select an enticing prize for the winner and may wish to seek options already available through your marketing department. The flyer announcing the contest will need to include enough information about the program to allow for proper submissions. Please see the sample flyer for ideas.

Recruit Peer Supporter Applicants

Now that there is some level of familiarity with the terms ‘Care for the Caregiver’ and ‘Peer Supporter’, you will want to provide another layer of understanding to spark enough interest to inspire individuals to complete an application for consideration to join your peer support team and receive formal training. This information may be provided by a script that is read to staff during a team huddle or staff meeting, presentations at Town Hall meetings, leadership committees, or even by having a little fun and posting a “Wanted” poster describing the desirable qualities of a peer supporter. You may also choose to implement more than one approach to cast a broader net for eligible applicants. Sample recruitment documents are located at the end of this section.

Provide Formal Education for Staff and Physicians

Formal education for staff and physicians should be conducted shortly before the official launch. It’s a good idea to have your plan and materials at the ready but be careful to not jump the gun and conduct the education too far ahead of the program’s launch or it is likely to be forgotten. Consider coordinating the rollout date with the medical staff calendar to ensure that physicians receive the information at a time when most are gathered together such as during an annual medical staff meeting or at a Lunch & Learn. Remember to include departments that are not necessarily on the radar as having need for these services such as housekeeping, dietary, security, and biomed. Those attending the education should be provided with information they can take with them advising when and how to request peer support and the process for after-hours activation. Materials may include brochures, magnets, stickers, or even posters for staff lounges.

Develop an Education and Training Plan for Orientation

All new hires and medical staff will require initial onboarding and training that includes an introduction to the peer support program. Consider using the same materials as in the formal rollout or perhaps inviting a peer supporter to speak for a few minutes during orientation. If utilizing an on-line module such as HealthStream, think about embedding a couple of the recommended videos to help demonstrate how the program works.

Surveillance Training for Supervisors and Managers

Frontline surveillance is one of the best tools available to identify severe or cumulative stress beginning to manifest on the unit. These unit leaders are frequently able to provide peer support locally without formally activating the Care for the Caregiver program. As such, it is recommended that department leadership with around the clock presence on the unit/department receive formal peer supporter training and have ready access to referral resources.
Ongoing Training
It is our hope that with time, your peer support program will become rooted in your organization’s patient safety culture. Frontline peer supporters should be embedded within the units, responding to ongoing department stressors. Until your program has matured to this point, you will need to draw upon your experience from previous successful campaigns to determine the best approach to maintain awareness of the availability of the peer support program. Consider screen saver messages, reminders presented during shift huddles, periodically changing the color or look of phone stickers or magnets or including the program as an agenda item for staff and committee meetings. Always use stories whenever possible.

Taking Care of Yourself
One of the goals of your peer support program should be to educate employees and medical staff to recognize signs that they are under severe stress and how to manage that stress in a productive way. Consider providing information about the signs of severe or cumulative stress that can lead to burnout and the importance of taking care of oneself through brochures and at the organization’s health fairs or annual events.

Next Steps
You are nearly ready to launch! Take some time to review the Building Your Peer Support Program Checklist and verify that you have completed all recommended steps.
Sample Documents
Help us name our Care for the Caregiver Program
What is it, you ask?

When unanticipated or events resulting in patient harm occur, patients and their families aren't the only ones affected. We are initiating a program to provide support to employees and physicians after such events. Who better to provide support than those who understand exactly what we are going through? In the coming months, you will learn more about the program and what it means to all of us.

But before we can get started, we need to know what to call the program. We are asking for your help to choose a name. Something catchy, easy to remember, that you think speaks to what the program is doing and is uniquely our own. And remember, this is a contest…that means there’s a prize for the name that gets chosen! The winner will receive XXX and bragging rights. All entries must be submitted to [program lead] by [date] for consideration.
Peer Supporters!

We’re looking for employees and physicians to be part of our care for the caregiver peer support team. Whether you are a physician, clinician or support personnel; we need you!

Desired qualities include:

Excellent communication & active listening skills
Calm, compassionate and committed
Non-judgmental
Discreet and able to maintain confidentiality
Able to commit time to training and team meetings
Willing to be on-call and respond when needed

Does this sound like you or someone you know?

Want to learn more about the program and peer supporter role?

Give us a call

Contact [name] to apply or nominate someone as a peer supporter.
Are You the One?

- Do colleagues turn to you when they just need someone to listen and not judge?
- Are you discreet and able to maintain confidentiality?
- Are you willing to participate on an on-call roster to respond when a colleague needs emotional support?

...You may be the one we are looking for...

Contact [ ] at [ ] for more information about joining our Care for the Caregiver Peer Support Team.
Huddle Announcement

SEEKING APPLICANTS TO SERVE AS PEER SUPPORTERS

The Care for the Caregiver Peer Support program was developed to provide emotional support to individuals impacted by a traumatizing event such as an unanticipated adverse event resulting in patient harm, medical error, or ongoing exposure to emotionally charged situations. We recognize that clinicians and other personnel may experience a flood of thoughts and emotions after such an event and could benefit from having a colleague/peer to just listen and be there to provide emotional support. For this program to be effective, we need volunteers to serve as peer supporters. Desirable applicants will:

- Be excellent communicators
- Utilize active listening techniques
- Be empathetic and non-judgmental
- Able to be discreet and maintain confidence
- Willing to attend training and team meetings
- Able to participate in the on-call rotation
- Have the support of the department supervisor
- Be reliable and committed to the team and their peers

If you or someone you know is interested in completing a Peer Supporter Application, please contact [ ]
Need to talk about a case that is bothering you?

You’ve cared for our patients, now let us care for you! For confidential peer support, contact the Care for the Caregiver team pager.

(302) 884-9321
Need to talk about a case that is bothering you?

You’ve cared for our patients,
Now let us care for you!
Contact the forYOU team at 573-397-0044
The forYOU team is a peer-support team developed to address the needs of second victims at University of Missouri Health Care (UMHC).

Who is a “second victim?”
A healthcare provider involved in an adverse patient event or medical error and who is traumatized by the event.

Why is support specific for our second victims important?
- Second victims may feel personally responsible for the unexpected patient outcome.
- They often believe they have failed the patient, and second-guess their clinical skills and knowledge base.
- They may experience a professional crisis, seeking to change job assignments or career paths.

What situations are risky for evoking a second victim response?
- Pediatric or young adult patients
- Patients who have personal connections with staff members, or “connect” the second victim with his or her own experiences, co-workers or family
- High-profile community event victims
- One in a series of similar adverse patient outcomes in a short period of time on the same unit
- First death the second victim has experienced as a care provider
- Organ donors
- Chronic, long-term patients

What support is available?
- 95 clinicians (12 MDs) have been trained in crisis and critical incident stress management intervention techniques. These clinicians span “high risk” areas, and represent several health care professions.
- 24-hour pager access to a ForYOU team leader.
- Informational brochures for second victims and their loved ones.
- Additional resources for professional counseling when peer support is not sufficient.

The ultimate goal of the forYOU team is to help health care professionals at UMHC return to a high level of performance following a traumatic patient event.

forYOU team leaders
  Coordinator  Sue Scott
  WCH       Judi Massey
  MUPC      Kelly Butler
  MRC       Angela Williams

  SOM       Kristin Hahn-Cover
  UHC       Laura Hirschinger

forYOU team pager: 573-397-0044
A shoulder for “second victims”
A grassroots effort aims to bolster the resources available to Hopkins caregivers who are involved in harmful medical errors.

Several years ago, Laurie Salenik witnessed how a medical error can devastate not only families and patients, but fellow clinicians as well. After an improperly assembled medical device led to a patient death during a procedure, the Hopkins Hospital assistant director of surgical nursing tried for weeks to comfort a distressed nurse on the patient’s care team.

“I called her many times and tried to support her and say, ‘It's not your fault,’” recalls Salenik, who also suggested that the nurse speak with a counselor. “I know she heard me and I know she appreciated it, but I felt at a loss. I wasn’t sure how to help her.”

The seasoned, well-respected nurse returned to the hospital several weeks later, but in a different role.

This past summer, the memory of that experience led Salenik to join a new Johns Hopkins Medicine committee that hopes to more effectively assist “second victims”—caregivers who are traumatized as the result of unexpected patient death or injury. The Second Victim Committee wants not only to raise awareness of these caregivers’ needs, but to leverage existing resources for coping with adverse events, such as the Faculty and Staff Assistance Program (FASAP), and to develop new resources. One of the group’s first steps, still taking shape, is training a team of faculty and staff who respond to serious events and help colleagues to heal.

The need is acute, says Albert Wu, a Hopkins internist who delivered a plenary address on second victims at this summer’s Johns Hopkins Medicine Patient Safety Summit.

These caregivers may worry that they have lost colleagues’ trust. Images from the event can replay in their minds for months. They may have trouble focusing on their clinical duties—increasing the risk of future errors—or experience symptoms of post-traumatic stress disorder, such as hyperactivity, nightmares.
and headaches.

Compounding this stress, the culture of medicine treats errors as deviant acts, Wu notes. “In health care, we don’t always handle people sensitively or kindly who we perceive as transgressors,” he says. “Caregivers internalize those reactions and beat themselves up” if they are involved in errors.

Wu, who coined the term “second victim” in a journal article a decade ago, also speaks on the topic to groups around Hopkins.

“Whenever I give a talk about this, it’s inevitable that several people come up to me afterwards and reveal cases that, sometimes, they’ve been carrying around with them for decades. They say I’ve never talked to anyone about this. And then they relate a heart-rending story.”

**Need is real**

The idea for the committee evolved from discussions with pediatric nurses who still feel pain over the death of 2-year-old Josie King at Hopkins Hospital in 2001 and the publicity that followed it. Risk Manager Jeff Natterman, Patient Safety Director Lori Paine and Director of Pediatric Nursing Shelley Baranowski, who all took part in these talks, recognized the need for a better system to support second victims.

Since they formed the group this year, more than 25 interested people—including physicians, nurses, a medication safety specialist, a chaplain and a FASAP leader—have joined.

“It’s not like we’ve been charged by anybody to do this,” Paine says. “This has been a grassroots, whoever’s-interested-comes kind of group.”

A survey of safety summit participants hinted at the extent of the second victim phenomenon. Of 140 respondents, 60 percent recalled an event in which they were second victims. Among that group, 65 percent reported that, as a result of the incident, they experienced problems such as anxiety, depression or concern about their ability to perform their jobs.

And while roughly half of them received some support—from colleagues, friends or supervisors—44 percent reported getting none at all.

“Although some individual providers do a wonderful job of handling these situations when they come up, it’s kind of ad hoc,” Wu says.

Baranowski, a Second Victim Committee member, says that when a pediatric nurse has been involved in a serious error, the nurse manager often seeks help from palliative care experts or chaplains, if available, or FASAP. While they make use of the resources at hand, more is needed, Baranowski says.

Providing support should happen “as part of our built-in processes, but that’s not the way it happens today,” she says. “Right now, it depends on who thinks about it.”

Baranowski is excited about the committee’s concept of trained peer supporters who serve as “first responders to second victims.”

“We need the ability for someone to come in—even at 2 in the morning—to meet with a clinician who was involved in a patient injury,” Baranowski says.
While few hospitals have such programs, one model exists at University of Missouri Health System, where a network of peer counselors is available around the clock to provide confidential “emotional first aid” to providers following adverse events. A call to a dedicated pager prompts the team to determine the nature of the incident and to identify appropriate peer supporters to respond.

More outreach needed

In addition to developing a similar peer-support infrastructure, Hopkins’ Second Victim Committee hopes that an outreach effort will improve knowledge of, and sensitivity to, medical errors’ effect on caregivers.

Risk manager Natterman, who often interviews distraught caregivers for his investigations of adverse events, says these clinicians sometimes have severe crises of confidence that can make them question their career paths. He has seen how the attitudes of supervisors—nurse managers or attending physicians, for instance—can profoundly affect how the caregiver reacts to the situation.

“If you have compassionate, motherly or fatherly types of supervisors or nurse managers, it can really make or break whether someone stays in the profession or makes another mistake,” he says.

Responses from the recent survey are guiding the committee on its plan of action. For instance, the survey revealed that, of those respondents who identified themselves as second victims, most sought help from colleagues on the unit and, to a slightly lesser extent, managers.

“We need to do more education of people on the front lines to make sure that when they’re counseling folks, they know what to say and what to look for,” Paine says. “Everyone’s afraid of saying something wrong in these situations, so we need to educate people on the right things to say.”

– Jamie Manfuso

To comment on this article, e-mail change@hmi.edu.
Common reactions to a stressful event

Physical symptoms:
- Sleep disturbance.
- Difficulty concentrating.
- Eating disturbance.
- Headache.
- Fatigue.
- Diarrhea.
- Nausea or vomiting.
- Rapid heart rate.
- Rapid breathing.
- Muscle tension.

Psychological symptoms:
- Isolation.
- Frustration.
- Fear.
- Grief and remorse.
- Uncomfortable returning to work.
- Anger and irritability.
- Depression.
- Extreme sadness.
- Self-doubt.
- Flashbacks.

Ways to cope with stress:
- Physical exercise, along with relaxation, will help alleviate some physical reactions to stress.
- Remind yourself that it is OK that you are experiencing expected reactions to a stressful event.
- Keep your life as routine as possible.
- Avoid alcohol and drug use.

Help is only a call away!
The Care for the Caregiver team is free, confidential and available 24-7 whenever you want or need it! If you or a colleague need assistance, Vocera web page “Care for the Caregiver” (page ID #1239).

Providing care and support to our staff

Christiana Care is a private, not-for-profit regional health care system and relies in part on the generosity of individuals, foundations and corporations to fulfill its mission. To learn more about how you can support our mission, please visit christianacare.org/donors.

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We are here for you

Among the hallmark behaviors of The Christiana Care Way are respect and compassionate care for every person. This holds true when it is one of our own colleagues who is grieving due to the experience of a traumatic or unanticipated event. In these moments, Christiana Care responds with outreach and compassion when a colleague becomes a “wounded healer” or “second victim.” The Care for the Caregiver team responds 24/7. If you are experiencing stress following an adverse patient event, we can help. Our goal is to help our health care team members understand what is known about the wounded healer phenomenon and help employees quickly return to their satisfying professional practice. The program is open to any Christiana Care employee or medical dental staff member working at any of our facilities.

What is a second victim?

A second victim is a health care team member who is involved in an unanticipated patient event, stressful situation or patient-related injury and who becomes hurt in the sense that he or she is traumatized by the event. Second victims often:

• Feel personally responsible for the patient outcome.
• Feel as though they have failed the patient.
• Second-guess their clinical skills and knowledge base.

The Care for the Caregiver team

The Care for the Caregiver team is comprised of volunteers from a variety of disciplines. The team includes attending physicians, resident physicians, nurses, social workers and chaplains. The Care for the Caregiver team members have been trained in second victim support techniques and were selected because of their high level of competence in helping second victims.

The Care for the Caregiver team has been created to help:

• Increase institutional awareness of the second victim phenomenon.
• Provide consistent and targeted system-wide guidance and support of the second victim.

The Care for the Caregiver team will:

• Provide additional resources for the management team to effectively support second victims.
• Provide the second victim with a “safe zone” to express thoughts and reactions to enhance coping.
• Ensure that information shared is strictly confidential.
• Provide one-on-one peer support and explore the staff member’s normal reactions and feelings that often occur after a stressful or traumatic event.
Common reactions to a stressful event

Physical symptoms:
• sleep disturbance
• difficulty concentrating
• eating disturbance
• headache
• fatigue
• diarrhea
• nausea or vomiting
• rapid heart rate
• rapid breathing
• muscle tension

Psychological symptoms:
• isolation
• frustration
• fear
• grief and remorse
• uncomfortable returning to work
• anger and irritability
• depression
• extreme sadness
• self-doubt
• flashbacks

Ways to cope with stress:
• Physical exercise, along with relaxation, will help alleviate some physical reactions to stress.
• Remind yourself that it is OK that you are experiencing expected reactions to a stressful event.
• Keep your life as routine as possible.
• Avoid alcohol and drug use.
• Give yourself permission to react; don’t try to hide your feelings.
• Eat regularly. Minimize the use of sugar and caffeine.
• Do something nice for yourself!

Help is only a call away!

The forYOU team is free, confidential and available 24-7 whenever you want or need it! Page (573) 397-0044.

For additional assistance, you may also call University of Missouri Employee Assistance at (573) 882-6701.
We are here for you

The forYOU team provides 24-hour care to you, the staff and physicians at University of Missouri Health System. If you are experiencing a normal reaction to a stressful event or outcome (also called “second victim”), we can help.

Our goal is to help our health care team members understand what is known about this phenomenon and help employees quickly return to their satisfying professional practice. The program is open to any University of Missouri Health Care employee or University of Missouri Health Sciences faculty member working at a hospital or clinic.

What is a second victim?

A second victim is a health care team member who is involved in an unanticipated patient event, stressful situation or patient-related injury and who became hurt in the sense that he or she is traumatized by the event.

Second victims often:
- feel personally responsible for the patient outcome.
- feel as though they have failed the patient.
- second-guess their clinical skills and knowledge base.

The forYOU team

The forYOU team is comprised of volunteers from a variety of disciplines. The team includes physicians, nurses, respiratory therapists, social workers and chaplains. The forYOU team members have been trained in critical incident stress management and were selected because of their high level of competence in helping second victims.

The forYOU team has been created to help:
- increase institutional awareness of the second victim phenomenon.
- provide consistent and targeted system-wide guidance and support of the second victim.
- provide additional resources for the management team to effectively support second victims.

The forYOU team will:
- provide the second victim with a “safe zone” to express thoughts and reactions to enhance coping.
- ensure that information shared is strictly confidential.
- provide one-on-one peer support and explore the staff member’s normal reactions and feelings that often occur after a stressful or traumatic event.
- provide the employee assurance that he or she is experiencing a normal reaction.
What are common reactions people may experience after an unanticipated event?

**Physical symptoms**
- sleep disturbance
- difficulty concentrating
- eating disturbance
- headache
- fatigue
- diarrhea
- nausea or vomiting
- rapid heart rate
- rapid breathing
- muscle tension
- weight loss or weight gain
- isolation
- frustration
- fear
- grief and remorse
- uncomfortable returning to work
- anger and irritability
- depression
- extreme sadness
- self-doubt
- flashbacks
- poor attention span

Who is helping my loved one?
The forYOU team is comprised of volunteers from a variety of disciplines. The team includes physicians, nurses, respiratory therapists, social workers and chaplains. The forYOU team members have been trained in critical incident stress management and were selected because of their high level of competence supporting second victims.

Help is only a call away!
The forYOU team is free, confidential and available 24-7 by paging (573) 397-0044.

For additional assistance, you may also call University of Missouri Employee Assistance at (573) 882-6701.
The forYOU team

This program was created to help University of Missouri Health Care staff members who may be considered “second victims.” A second victim is a health care team member who is involved in a unanticipated event or stressful event who becomes victimized in the sense that he or she is traumatized by the event.

Our goal is to educate and offer assistance to providers who are experiencing the second victim phenomenon. Recognizing that family members and friends may also be affected by what happens to a loved one at work, we want to provide you information about second victims. This information is to help you understand the situation and allow you to provide support to your loved one. This brochure contains tips and frequently asked questions. If you have concerns or would like more assistance, please contact the forYOU team by pager at (573) 397-0044.

What are second victims feeling and experiencing?
Second victims may:
- feel personally responsible for a stressful event
- feel as though they have failed the patient
- second-guess their clinical skills and knowledge base
- experience a wide variety of symptoms related to stress
- feel numbness or an absence of response
- not want to discuss the case for fear of breaking confidentiality requirements
- become less tolerant of normal interactions that occur outside of work

How can family members help loved ones who have experienced a traumatic event at work?
- Listen carefully; this can be more meaningful than talking.
- Do not say things like “everything will be OK” or “this is fate” or “just quit.” These expressions will not fix or improve the situation.
- Do not take their anger or frustration personally.
- Give them time to work through their feelings.
- Understand their reactions are normal.
- Encourage plenty of rest and a well-balanced diet.
- Offer your sincere sorrow.
- Give them space and time to be alone.
- Understand that their stress reaction may last days or weeks.
- Become more familiar with their symptoms (refer to the back of this brochure).
- Help with everyday tasks like cleaning, cooking and caring for the family.
- Call the forYOU team if you feel your loved one is not coping well within a few weeks following the event.
- Consider encouraging your loved one to speak with a professional counselor if his or her symptoms do not lessen within a few weeks.