

BESIDE

Bringing Encouragement and Support in Difficult
Events

Kit Hoffman, PsyD

May 1, 2018

Northwest Patient Safety Conference – 2018



What is Care for the Colleague?

AKA Second Victim Support or Care for the Caregiver



BESIDE PROGRAM

Bringing Encouragement &
Support In Difficult Events



What is the **BESIDE**
Program?

Who Provides Support?





The Case for Care for the Colleague

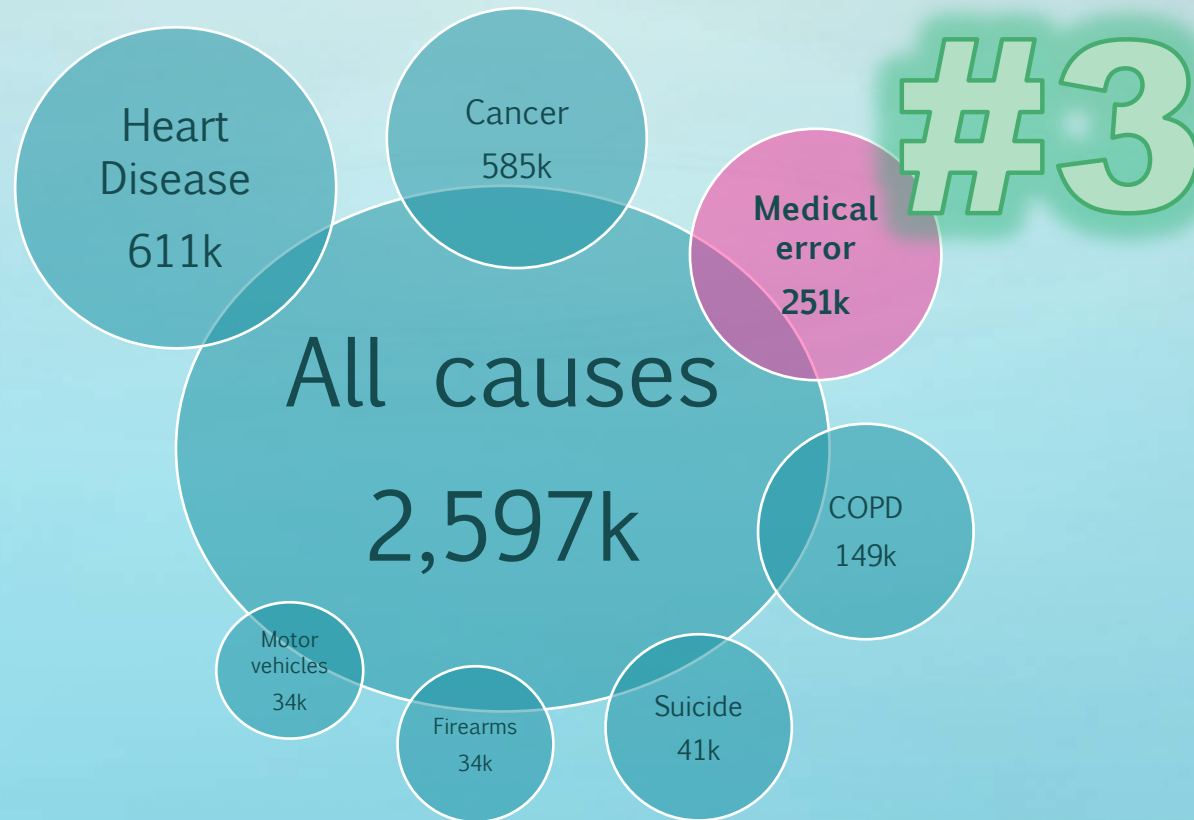
What is the Second Victim Experience?

- Potential impact
 - Disrupted sleep
 - Guilt, anger, shame, depression
 - Anxiety, worrying thoughts
 - Impaired judgment and concentration
 - Burnout
 - Decreased job satisfaction – leaving the profession
 - Increased likelihood of committing 2nd medical error
 - Other symptoms of trauma (e.g., nightmares, hypervigilance, physiological arousal, digestive upset)

Medical Errors



Causes of death, US, 2013



Adapted from Physician's Weekly, 2016

Malpractice Lawsuits 2017 Medscape Report

55%

Named in a lawsuit

40%

3 or more years to resolve

Mediators of Second Victim Experience



Interaction
between cultural
and individual factors



Cost-Benefit Analysis: Cost Savings

- RISE at Johns Hopkins
 - 1 year period
 - 1,000 bed hospital

**\$22,576 saved per
nurse**

\$1.81 million

projected annual savings

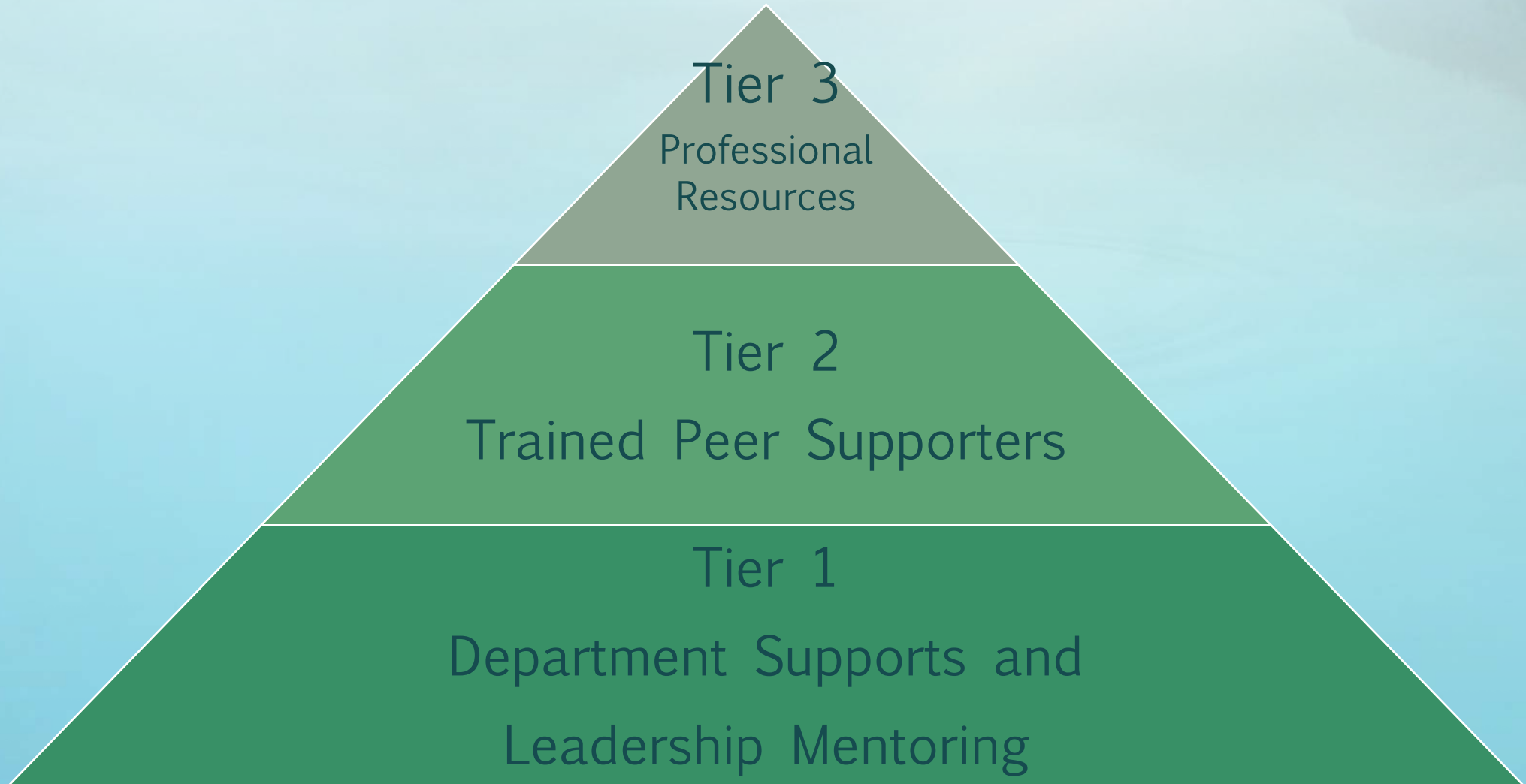




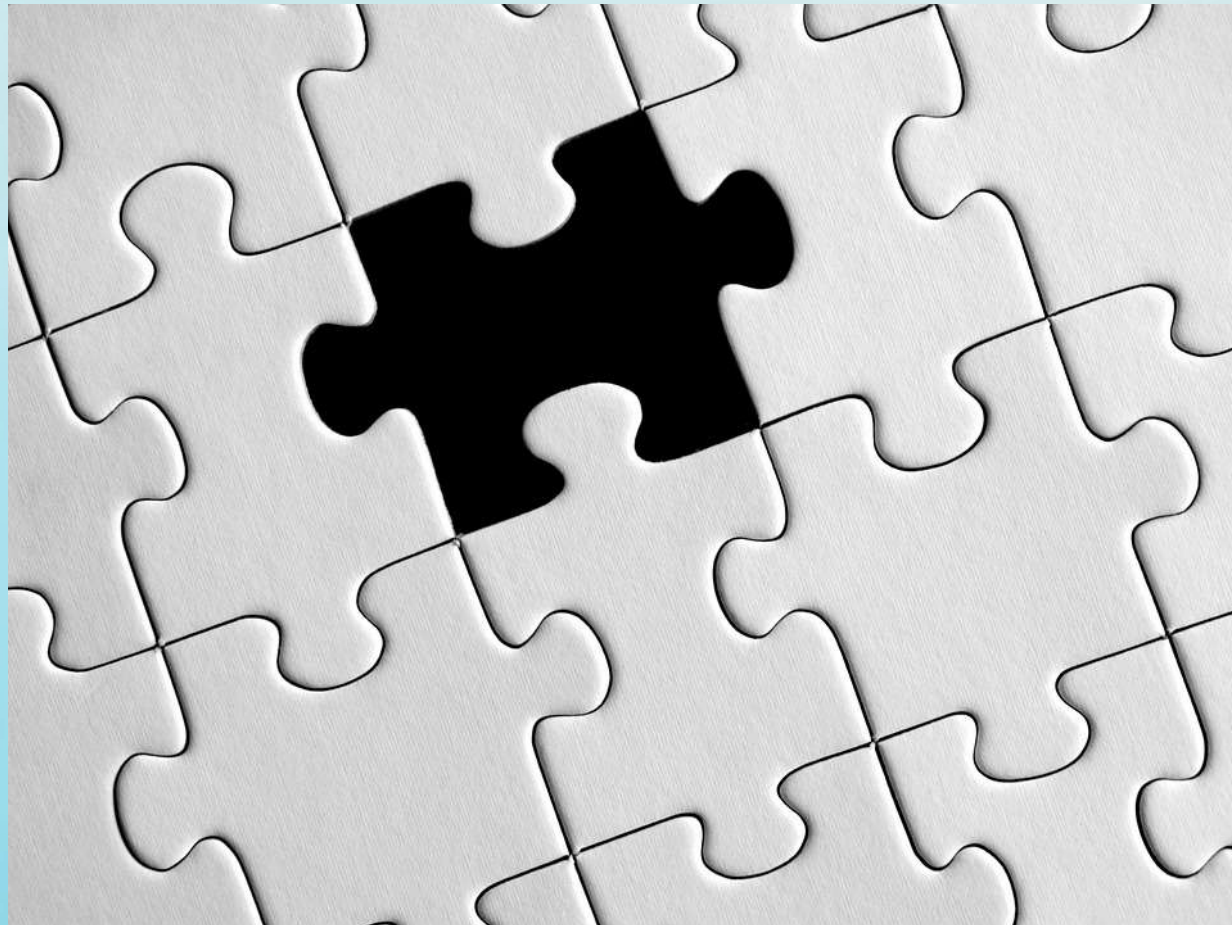
Basic Structure

Clinician Support Model

ForYOU at University of Missouri Healthy System



What is missing from the picture?



A background image of a misty, mountainous landscape with a lake in the foreground. The scene is rendered in a soft, hazy light blue and green color palette. The mountains are partially obscured by fog, and the water in the foreground is calm, reflecting the surrounding environment.

400

Annual Physician Suicides

Andrew & Brenner, 2015

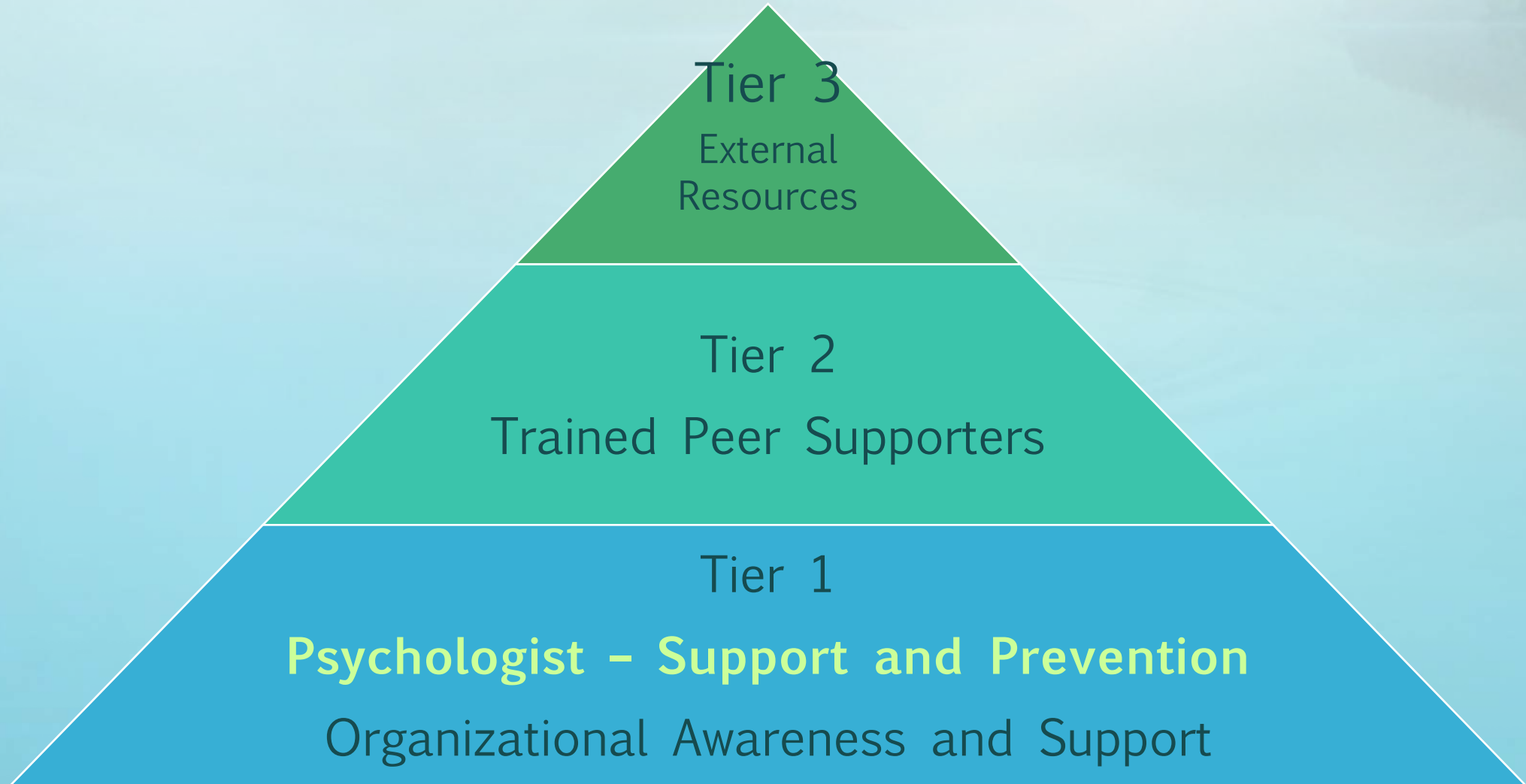
An estimated

50%

Of Physicians have 2nd Victim Experience

Seys at al., 2012

Confluence Health's Care for the Colleague Model

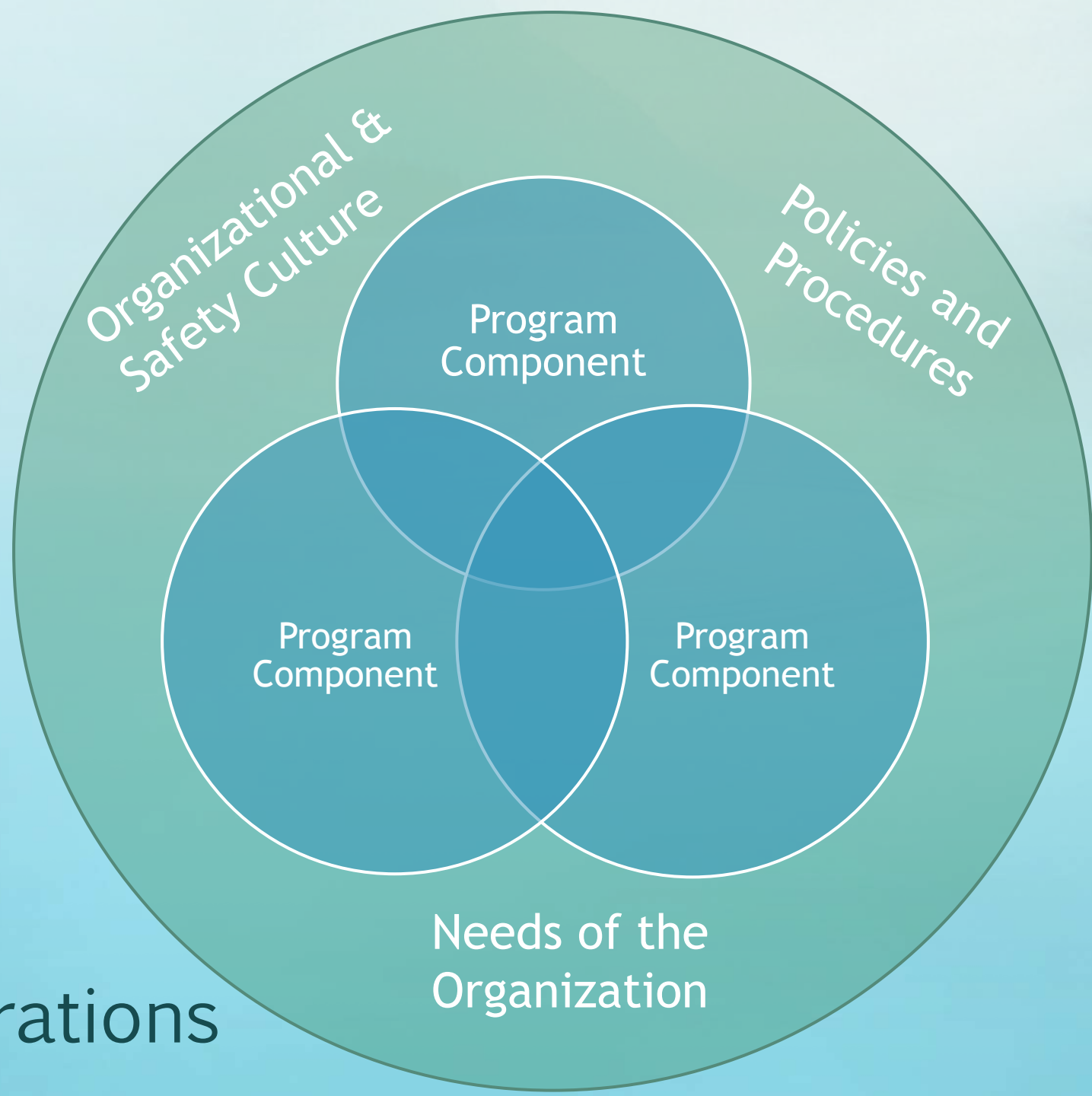


Psychologist's Role: BESIDE Coach

- Coordinate Care for the Caregiver Program
- Immediate psychological interventions—Individual and Group
- Ongoing support, especially for litigation
- Evaluate fitness for duty
 - Individual, supportive accommodations
- Design and conduct Peer Supporter Trainings—Ongoing support
- Organization-wide prevention
- Evaluate program effectiveness



Defining and Designing



Design
Considerations

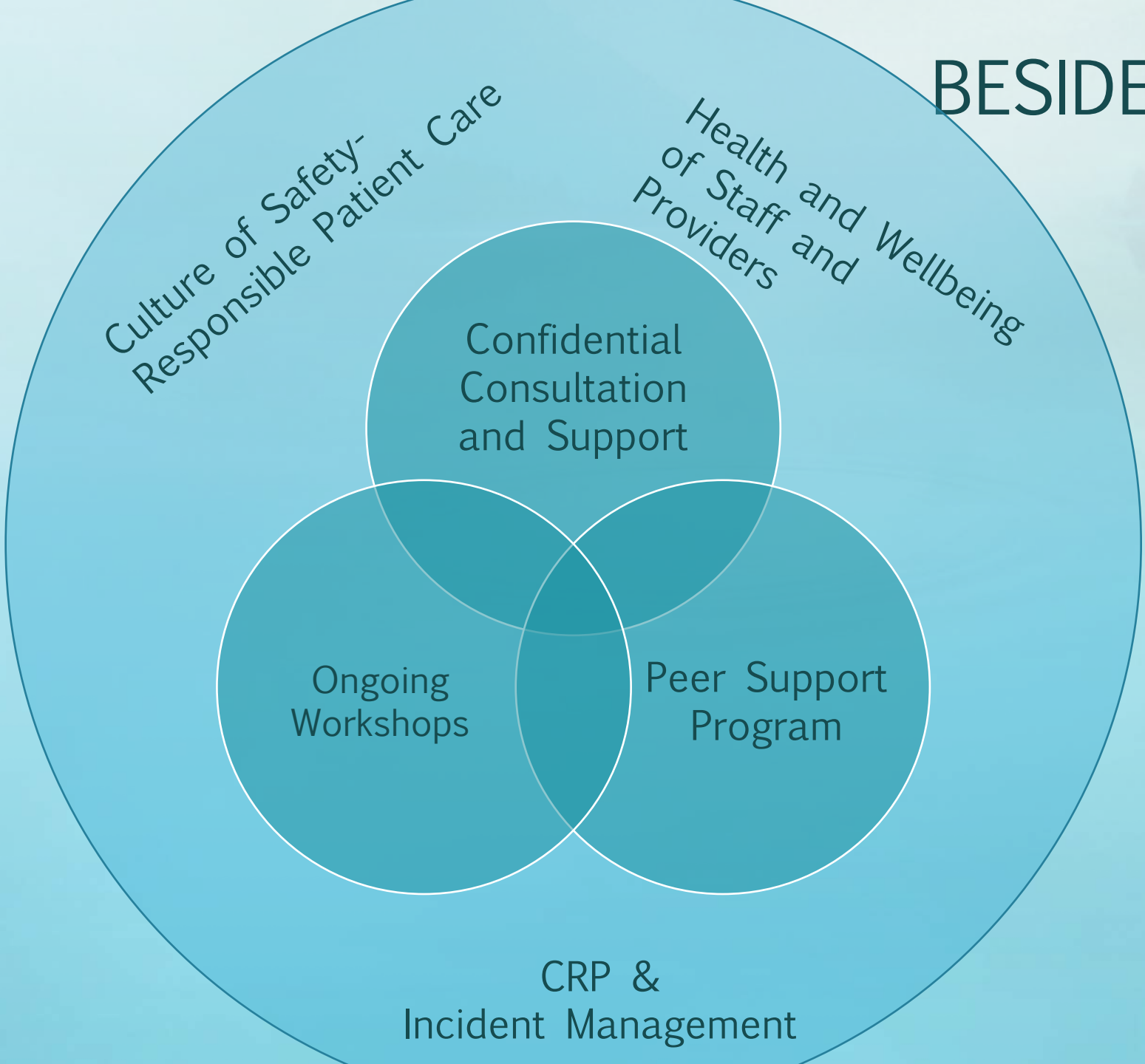
Designing a Care for the Colleague Program: Looking to Other Programs

Swaddle at Scott & White Healthcare in Central Texas

A hand holding a blue marker is shown writing the word "PREVENTION" in large, blue, capital letters on a white surface. A horizontal blue line is drawn below the word. The background of the entire slide is a light blue gradient with a faint image of a person in a white lab coat.

PREVENTION

BESIDE Program Structure



Designing and Implementing Care for Colleague

- Clinician Support Toolkit for Healthcare via Medically Induced Trauma Support Services (MITSS)
- Agency for Healthcare Research and Quality (AHRQ) Care for the Caregiver Program Implementation Guide found in their Communication and Optimal Resolution (CANDOR) Toolkit
- Building a Clinician Support Program, Assessment Worksheet/Planner via Susan Scott at University of Missouri Health Systems
- Second Victim Experience and Support Tool (SVEST)
 - Pre- and post-test

AHRQ Communication and Optimal Resolution Toolkit: 6 Domains

1. Internal Patient Safety Culture Preparedness.
2. Identify 'Natural' Second-Victim Supporters.
3. Establish Team Infrastructure.
4. Develop Internal Marketing Campaign for Response Team.
5. Establish Training Program for Second-Victim Supporters.
6. Ensure Team Effectiveness.

Activities: Inputs

Program Development
-Protocols for Inclusion
in BESIDE Program

Marketing/Outreach
Efforts

Recruiting and Training
Peer Supporters

Activities: Outputs (Products and Services)

Individual
Coaching/Ongoing
support

Peer Support/Crisis
Intervention

Workshops

Short-Term Outcomes (Specific to BESIDE)

Organizational support
(e.g., work
accommodations made)

Return to baseline
functioning

Increased perception of
social connection

Increased Knowledge
(e.g., self-care, burnout)

Long-Term Outcomes: Culture of Safety

Reduced rates of
burnout/increased
resilience

Decreased “culture of
shame”/increased “Just
Culture”

Improved work/life
balance

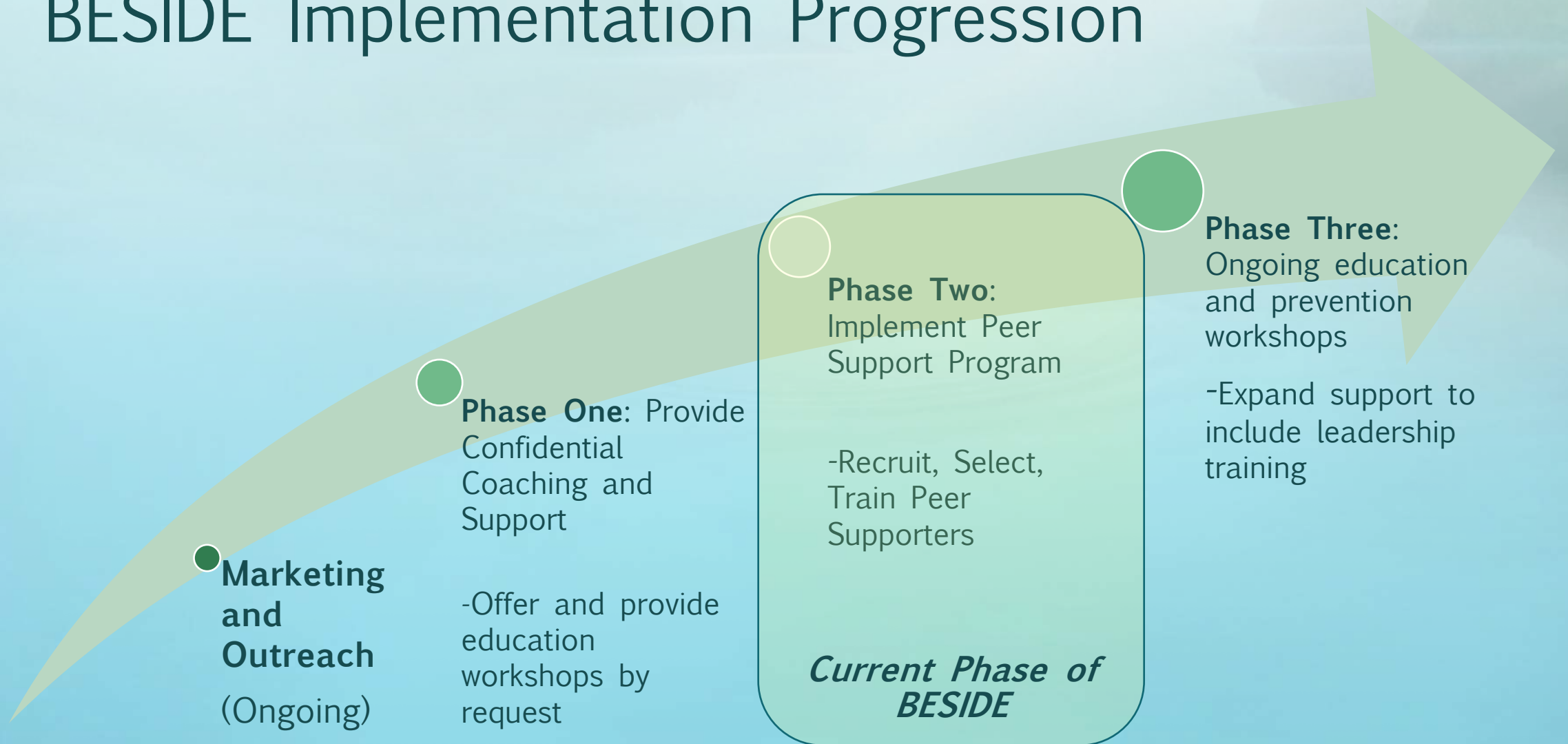
Feels valued as an
employee

Effective Teamwork



Implementation

BESIDE Implementation Progression



Implementing a Care for the Colleague Program

- A Lesson Learned from:

RISE at Johns Hopkins

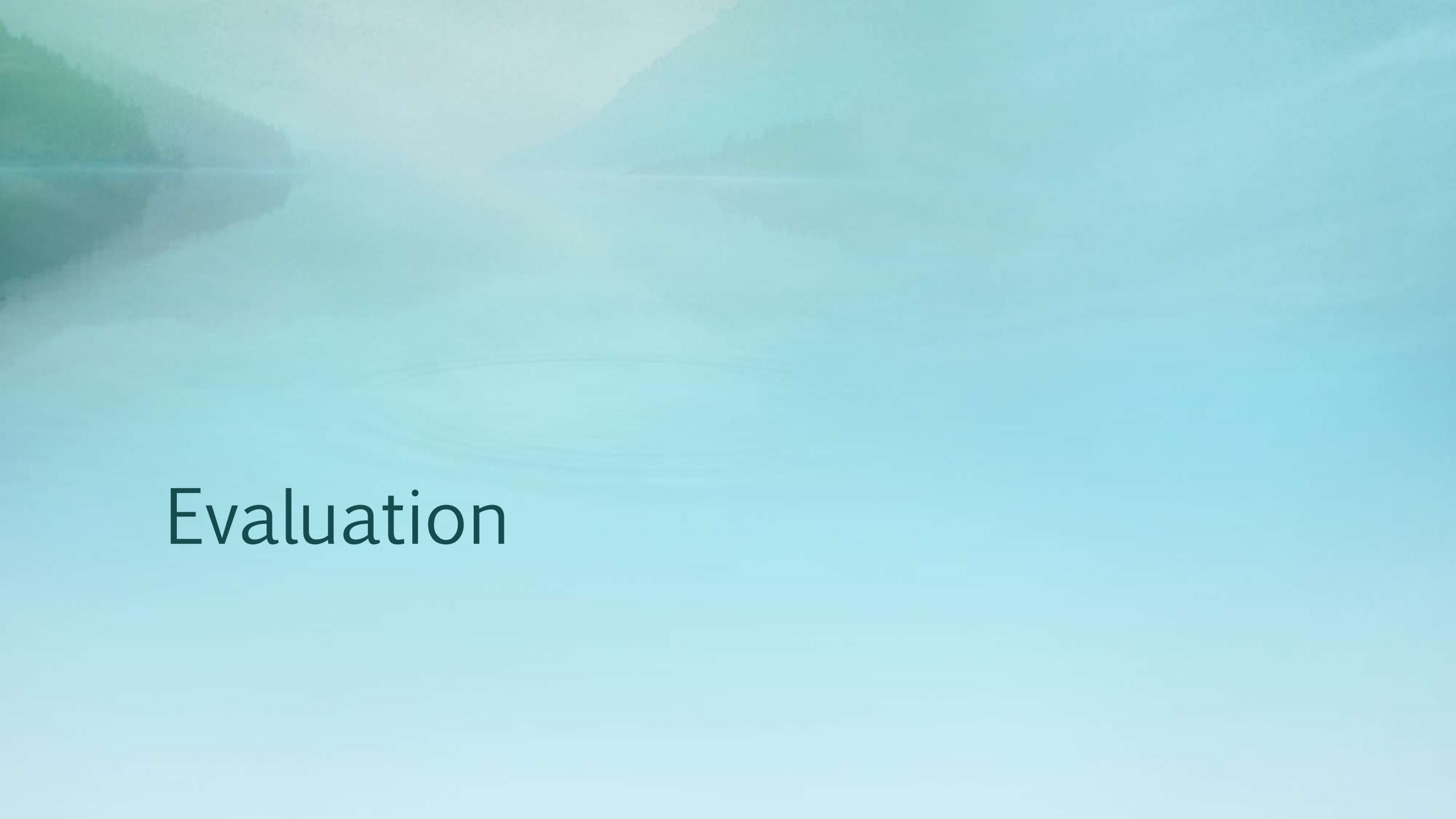
119 calls in first 52 months

Edrees et al., 2016



Implementing a Care for the Colleague Program

Unidentified Needs



Evaluation

Activities: Inputs

Program Development
-Protocols for Inclusion
in BESIDE Program

Marketing/Outreach
Efforts

Recruiting and Training
Peer Supporters

Activities: Outputs (Products and Services)

Individual
Coaching/Ongoing
support

Peer Support/Crisis
Intervention

Workshops

Short-Term Outcomes (Specific to BESIDE)

Organizational support
(e.g., work
accommodations made)

Return to baseline
functioning

Increased perception of
social connection

Increased Knowledge
(e.g., self-care, burnout)

Long-Term Outcomes: Culture of Safety

Reduced rates of
burnout/increased
resilience

Decreased “culture of
shame”/increased “Just
Culture”

Improved work/life
balance

Feels valued as an
employee

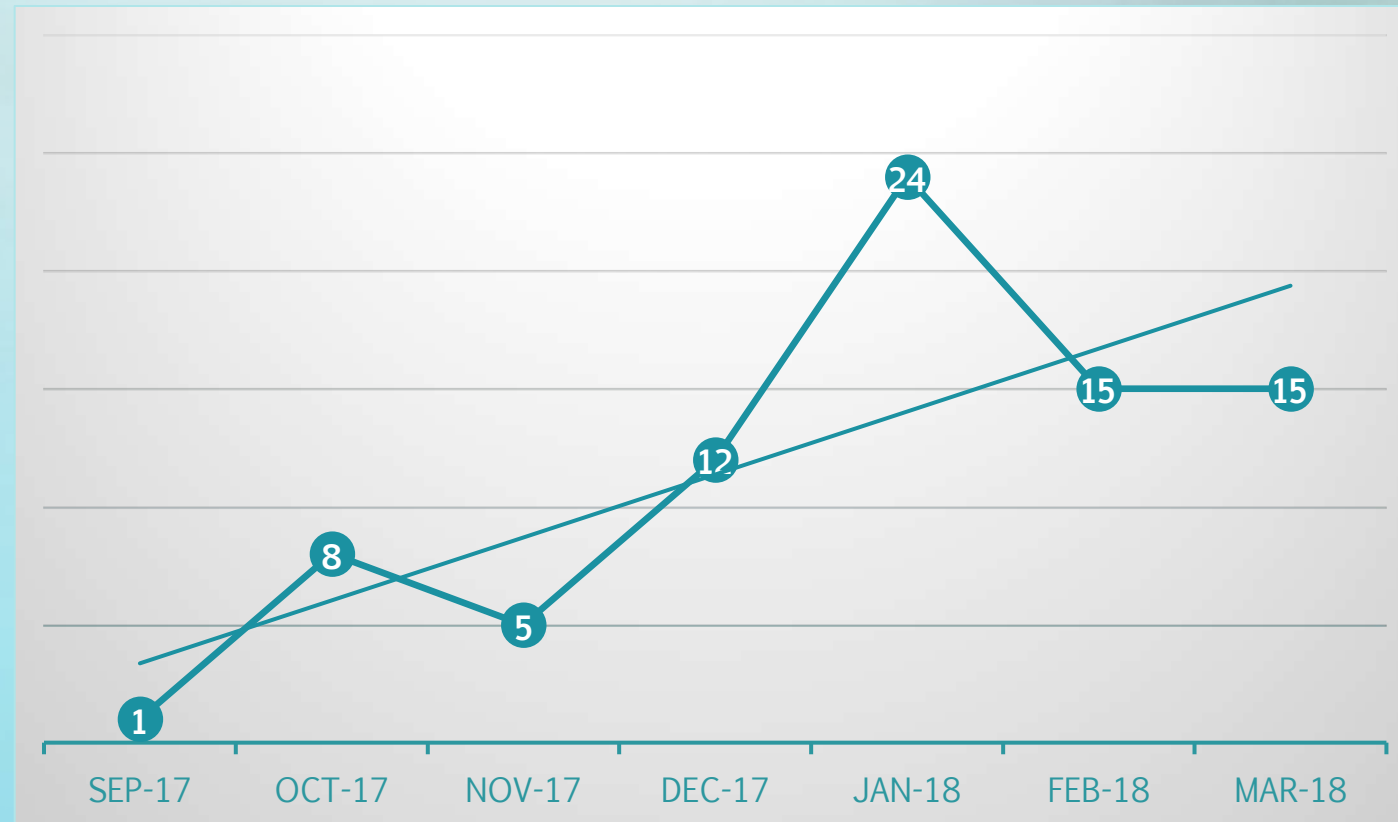
Effective Teamwork

Input: Program Development and Processes

- Informal feedback about process of getting support and ease of access
- Continuous self-evaluation: What can we improve?

Input: Marketing and Outreach Efforts

- Tracking outreach
 - Departments
- Overall calls requesting services
- Routinely asking,
 - “How did you hear about BESIDE?”
- Interest in Peer Support



**Calls for all BESIDE Services Requests
September 2017 through March 2018**

Products and Services: Number of Services Provided

Individual Coaching

- 53 sessions
- 26 individuals

Group Crisis Debriefing

- 7 debriefings
- 64 individuals

Workshops

- 15 workshops
- 167 attendees

Tracking Peer Support Services

BESIDE Program

Peer Supporter Encounter Form

Peer Supporter: _____

Date of Encounter: _____

Peer: _____

Peer's Department: _____

Peer's Position: _____

- Topics Discussed:**
- Informed about confidentiality and its limits
 - Normalized trauma response
 - Coping skills/relaxation
 - Social support/Community Resources
 - Set goals (specify below)
 - CRISIS:** Instructed to go to ER for suicidal expressions and provided crisis number **509-662-7105** for Chelan/Douglas Counties, **509-826-6191** for Okanogan County, or **509-765-1717** for Grant County
 - Other: _____

- Referrals made to:**
- Not Needed
 - BESIDE Program Coach, for consultation
 - Employee Assistance Program
 - Different Peer Supporter
 - Outside referral requested

Actions taken for suicidal or homicidal expression, reports of abuse, patient safety concerns, or severely unethical behavior:

- Called:
Ki
Ju
Kc
Te
- Called 911 (Call 911 when there is **imminent** suicidal or homicidal threat)
- Called CPS or APS

Immediate needs or requests: _____

Goals set: _____

Follow up: Not needed
 Scheduled for: _____

Short-Term Outcomes: Workshop Survey

1) Overall, I would rate my satisfaction with the BESIDE Program Presentation as:

Very satisfied Somewhat satisfied Neutral Somewhat dissatisfied Very dissatisfied

2) I would rate the presenter's ability to maintain my interest as:

Excellent Very Good Good Fair Poor

3) I learned at least one thing that I plan to use in my life.

Strongly agree Somewhat Agree Neutral Disagree Strongly Disagree

4) The presenter was able to answer questions effectively.

Strongly agree Somewhat Agree Neutral Disagree Strongly Disagree

5) How likely are you to recommend BESIDE Program Presentation to a colleague?

Very likely Somewhat likely Neutral Somewhat unlikely Very unlikely

We welcome additional comments about the BESIDE Program.

6) Please tell us what we did well _____

7) What we can do better? _____

Lesson Learned: Balancing Act



Author: Leandro Inocencio

Activities: Inputs

Program Development
-Protocols for Inclusion
in BESIDE Program

Marketing/Outreach
Efforts

Recruiting and Training
Peer Supporters

Activities: Outputs (Products and Services)

Individual
Coaching/Ongoing
support

Peer Support/Crisis
Intervention

Workshops

Short-Term Outcomes (Specific to BESIDE)

Organizational support
(e.g., work
accommodations made)

Return to baseline
functioning

Increased perception of
social connection

Increased Knowledge
(e.g., self-care, burnout)

Long-Term Outcomes: Culture of Safety

Reduced rates of
burnout/Increased
resilience

Decreased culture of
shame/Increased
“Just Culture”

Improved work/life
balance

Feels valued as an
employee

Effective Teamwork



Long Term Outcomes



Questions?

Kit Hoffman, PsyD

760-622-9674

Katharine.Hoffman@confluencehealth.org

- Andrew, L. B., & Brenner, B. E. (2015). Physician suicide. *Medscape Drugs & Diseases*.
- Burlison, J.D., Scott, S.D., Browne, E.K., Thompson, S.G. & Hoffman, J.M. (2014). The second victim experience and support tool: Validation of an organizational resource for assessing second victim effects and the quality of support resources. *Journal of Patient Safety*.
- Christensen, J. F., Levinson, W., & Dunn, P. M. (2006). The Heart of Darkness: The Impact of Perceived Mistakes on Physicians. *Neonatal Intensive Care*, 19(7), 48.
- Edrees, H., Connors, C., Paine, L., Norvell, M., Taylor, H., & Wu, A. W. (2016). Implementing the RISE second victim support programme at the Johns Hopkins Hospital: a case study. *BMJ open*, 6(9), e011708.
- Gold, K. J., Sen, A., & Schwenk, T. L. (2013). Details on suicide among US physicians: data from the National Violent Death Reporting System. *General hospital psychiatry*, 35(1), 45-49.
- Headley, M. (2017, October 4). Creating a Culture of Caregiver Support . *Patient Safety & Quality Healthcare*.
- Hirschinger, L. E., Scott, S. D., & Hahn-Cover, K. (2015). Clinician support: five years of lessons learned. *Patient Saf Qual Healthc*, 12(2), 26-31.

References

- Levy, S. & Kane, L. (2017). Medscape Malpractice Report 2017. *Medscape*. Retrieved from <https://www.medscape.com/slideshow/2017-malpractice-report-6009206>
- Makary, M. A., & Daniel, M. (2016). Medical error—the third leading cause of death in the U.S. *BMJ: British Medical Journal (Online)*, 353.
- Moran, D., Wu, A. W., Connors, C., Chappidi, M. R., Sreedhara, S. K., Selter, J. H., & Padula, W. V. (2017). Cost-benefit analysis of a support program for nursing staff. *Journal of patient safety*.
- Physician's Weekly. (2016). Medical errors officially the third leading cause of death in U.S. *Physician's Weekly*. Retrieved from <https://www.physiciansweekly.com/medical-errors-officially-the-third-leading-cause-of-death-in-u-s-study-finds>
- Prins, J., van der Heijden, F., Hoekstra-Weebers, J., Bakker, A., van de Wiel, H., Jacobs, B., & Gazendam-Donofrio, S. (2009). Burnout, engagement and resident physicians' self-reported errors. *Psychology, Health & Medicine*, 14(6), 654-666. doi:10.1080/13548500903311554
- Scott, S. D. (2015). Second victim support: Implications for patient safety attitudes and perceptions. *Patient Saf Qual Healthc*, 12(5), 26-31.
- Wu, A. (2000). Medical error: the second victim: the doctor who makes the mistake needs help too. *BMJ: British Medical Journal*, 320(7237), 726.

References

Continued