
Caring for the Caregiver

Implementing RISE



*Presented by Maryland Patient Safety Center in collaboration
with The Johns Hopkins Hospital RISE Program*



Objectives

- Create the urgency to implement a peer support program
- Describe the value of peer support and elements of peer support program
- Discuss the assessment, implementation and sustainment of an internal peer support program





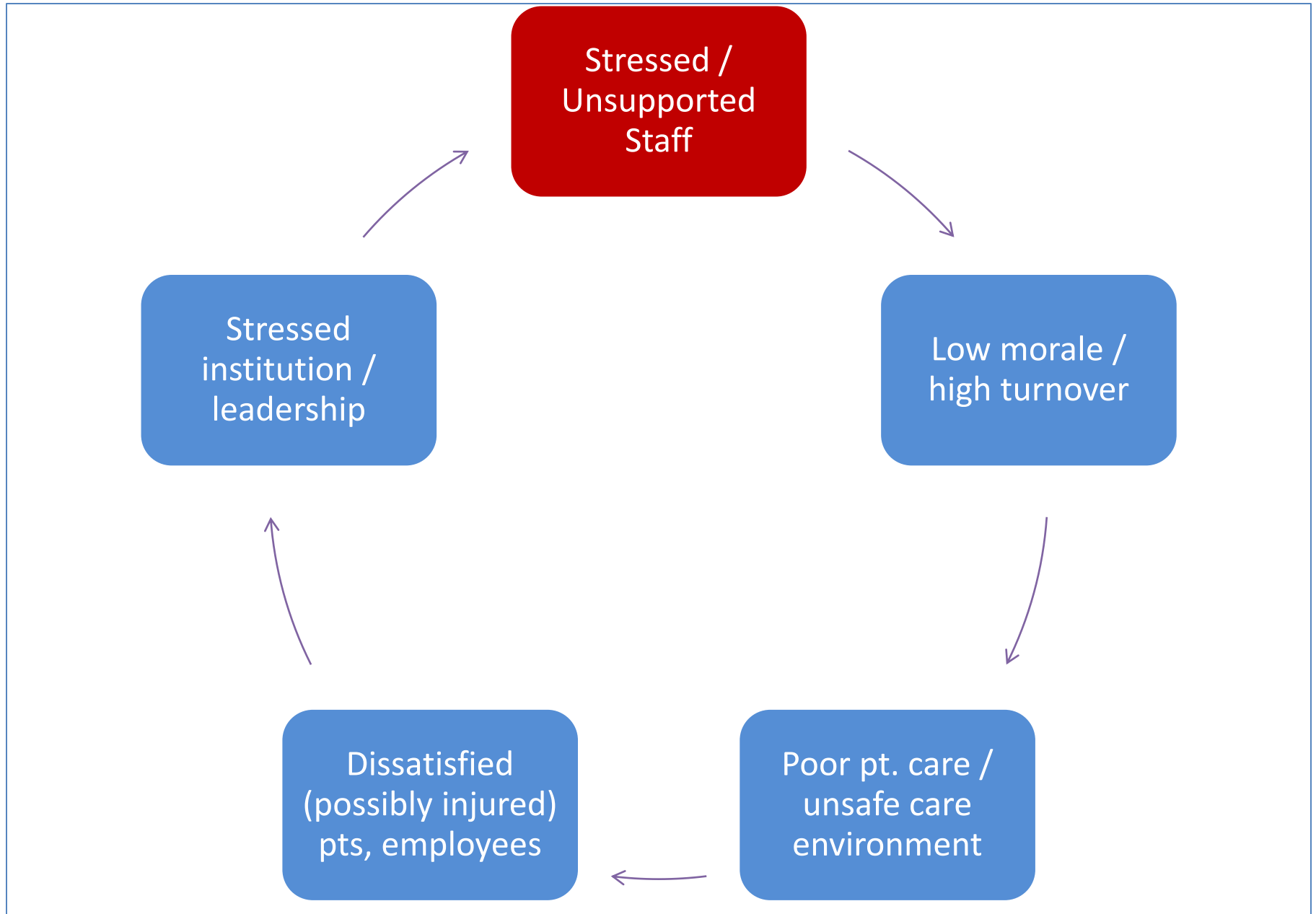
Definition

(First Victims: Patients and loved ones)

Second Victims: “Health care providers who are involved with a patient-related adverse event or medical error, and as a result, experience emotional and sometimes physical distress”

Second Victims often:

- Feel personally responsible for the outcome
- Feel as though they have failed the patient
- Question their knowledge and competence



Do you want this person taking care
of you?



Cost

- To replace a nurse ranges from \$22,000 to more than \$64,000 (RWJF, 2009)
- To replace a physician ranges from \$500,000 to \$630,000 considering recruiting, start-up & lost revenue generation (Studer Group, 2014)
- Medical Error: third leading cause of death in the US \$19.5 Billion (NIH, 2008)

Cost Benefit Analysis

- Objective: To evaluate the impact of RISE program
 - Comparators
 - Large hospital (i.e. 1,000 bed) facility with RISE
 - Hospital without RISE
- Approach: Markov Model
- Time Horizon: 1-year
- Perspective: U.S. Provider (hospital)
- Main Outcome Measure: Costs (2015 USD) and Monetized Benefits (e.g. reduced hospital turnover or days of work missed)
- Sensitivity Analyses: Univariate and Multivariate Probabilistic
- Data Source: Johns Hopkins Human Resources and RISE data

Results

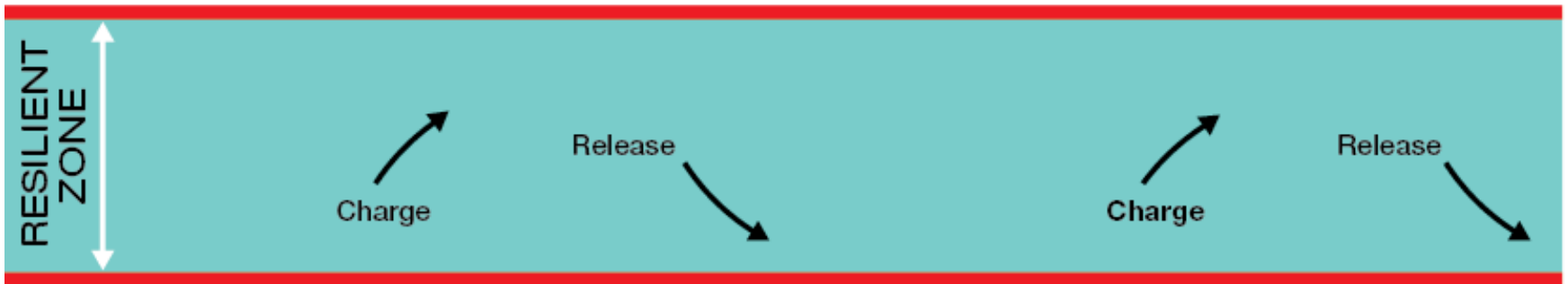
- RISE costs money up-front to implement
- Cost of Nurse
 - Time off = \$211 per day
 - Quitting = \$100,000
- The cost-benefit of RISE suggests savings within 1-year, i.e. a positive “net monetary benefit (NMB)” of \$22,576 per call

“Anecdotal reports and published literature indicate that peer support is crucial when things go wrong.”

In the Resilient Zone

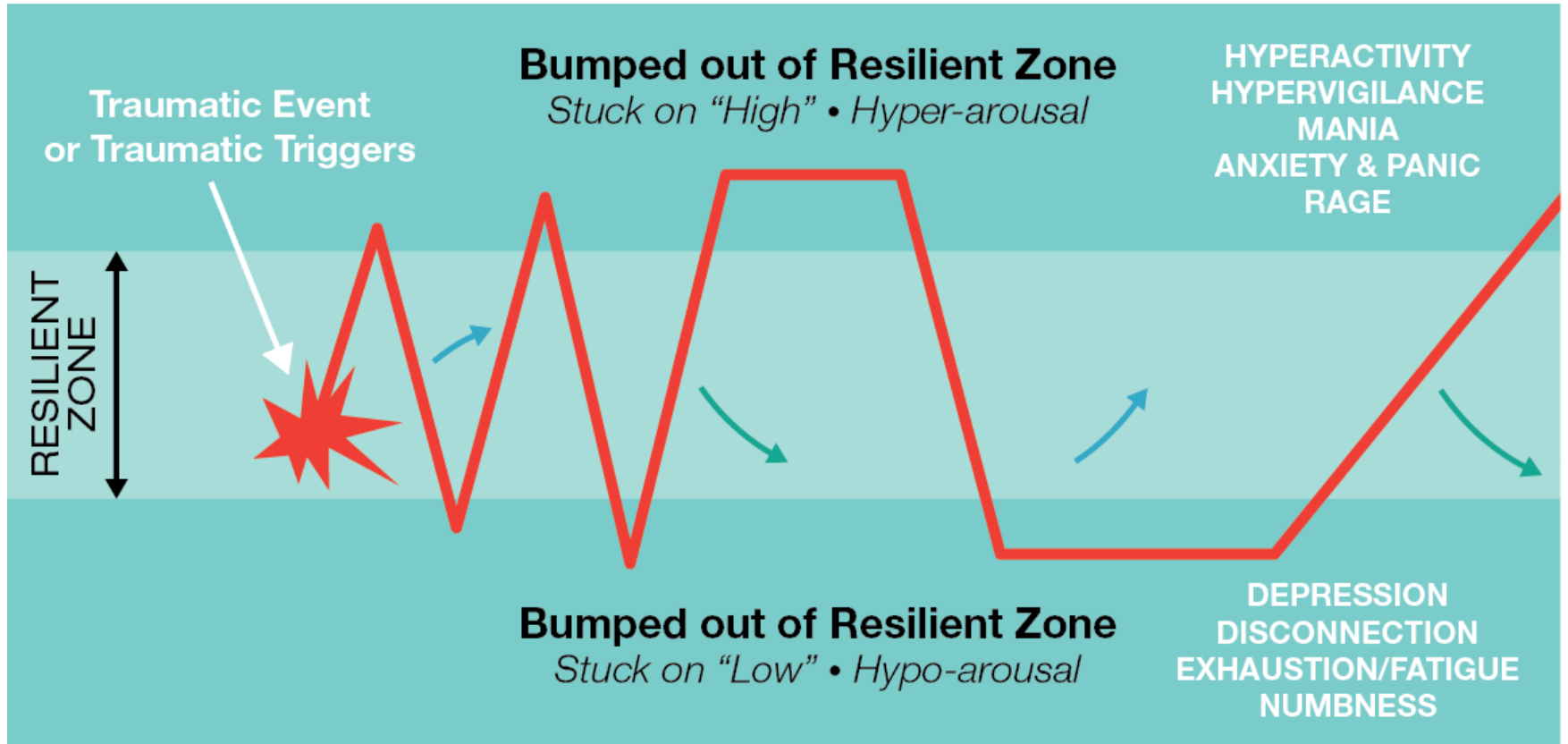
The Resilient Zone

When we are in our “Resilient Zone,” we have the best capacity for flexibility and adaptability in mind, body, and spirit.



TRM skills help deepen the Resilient Zone

The Resilient Zone Model



Adapted from Trauma Resource Model (www.traumaresourceinstitute.com)

Stages of Recovery

- Stage 1: Chaos and accident response
- Stage 2: Intrusive reflections
- Stage 3: Restoring personal integrity
- Stage 4: Enduring the inquisition
- **Stage 5: Obtaining emotional first aid**
- Stage 6: Moving on

Peer Support

"Encouragement and assistance provided by a colleague who has overcome similar difficulties to engender self-confidence and autonomy and to enable the survivor to make his or her own decisions and implement them."

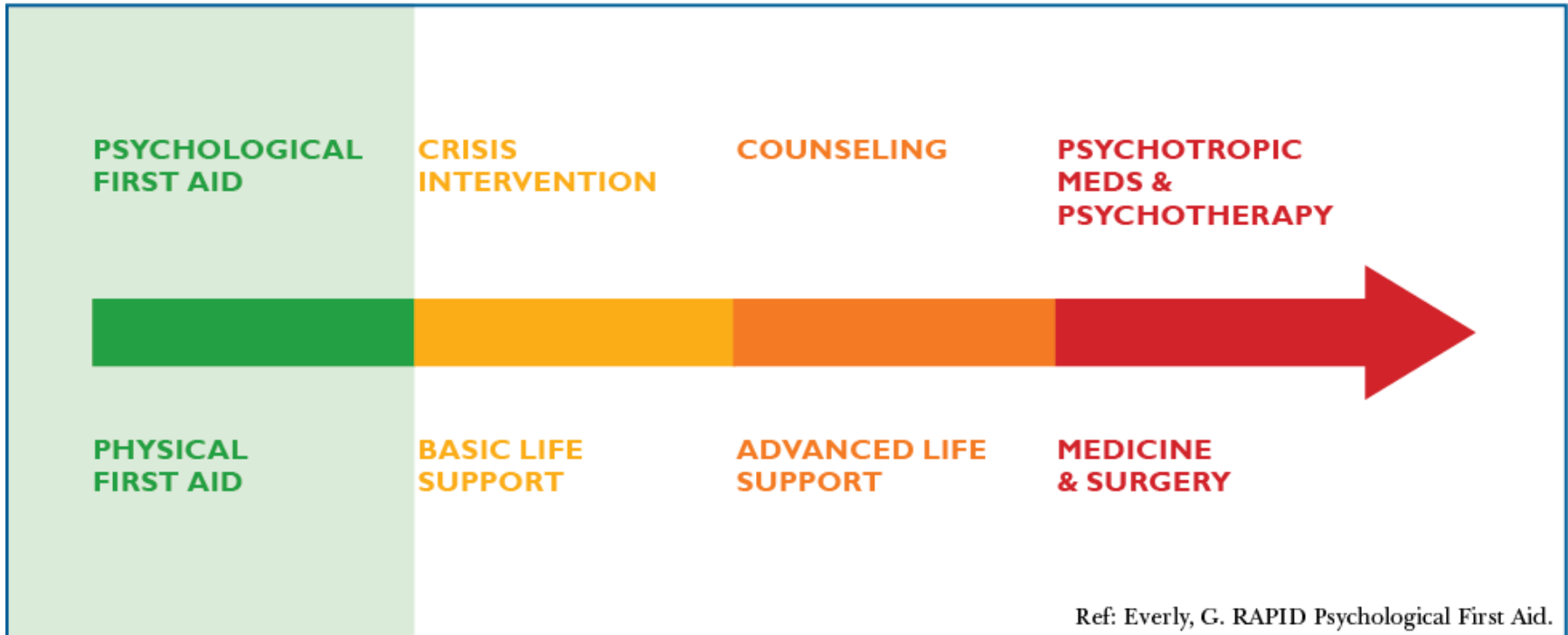
-Survivor Corps

Basic Principles for Peer Responders

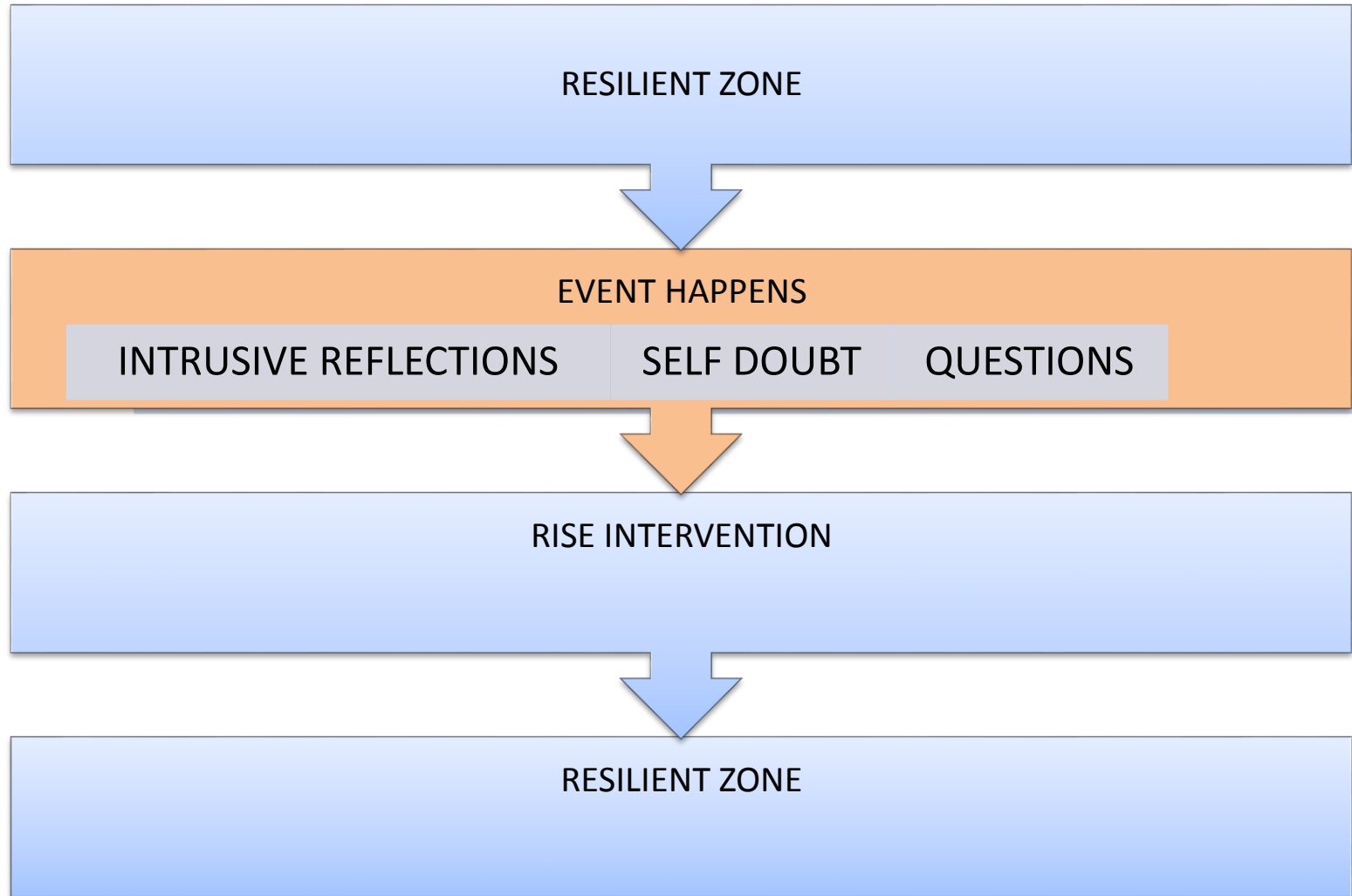
- Show up
- Stay calm
- Listen
- Empathize
- Avoid “fixing”
- Maintain confidentiality
- Activate a debrief

Continuum of Care

CONTINUUM OF CARE



The RISE Intervention and the Resilient Zone



Caring for the Caregiver

Implementing

R.I.S.E.

Resilience In Stressful Events



“Provide timely peer support to employees who encounter a stressful patient related event”



Service Details

- This is a confidential, non-judgmental, peer-to-peer support for employees who have experienced a stressful patient related event.
- No investigation related to the event.
- No authority or reporting obligation.

RISE Team Membership

- VOLUNTARY!
- Peers: Managers, nurse leaders, pastoral care, social workers, physicians, surgeons, respiratory therapists, pharmacy etc...
- Seek recruitment via organizational leaders.



Stages of Recovery

- Stage 1: Chaos and accident response
- Stage 2: Intrusive reflections
- Stage 3: Restoring personal integrity
- Stage 4: Enduring the inquisition
- **Stage 5: Obtaining emotional first aid**
- **Stage 6: Moving on**

Success Story

- Ingrid considered dropping out...until she met with RISE



Success Story

- Michelle was a survivor...until she met with **RISE**



Caring for the Caregiver: Implementing RISE

ABOUT THE RISE TOOLKIT

RISE Toolkit Overview

The “Peer Support for Caregivers in Distress: Implementing RISE” toolkit was designed to help health care organizations integrate peer support into their own unique environments. This toolkit is based on the RISE (Resilience In Stressful Events) program that was developed and implemented successfully at The Johns Hopkins Hospital. The RISE program offers free, confidential, and timely peer support to any employee who may have encountered a stressful, patient-related event.

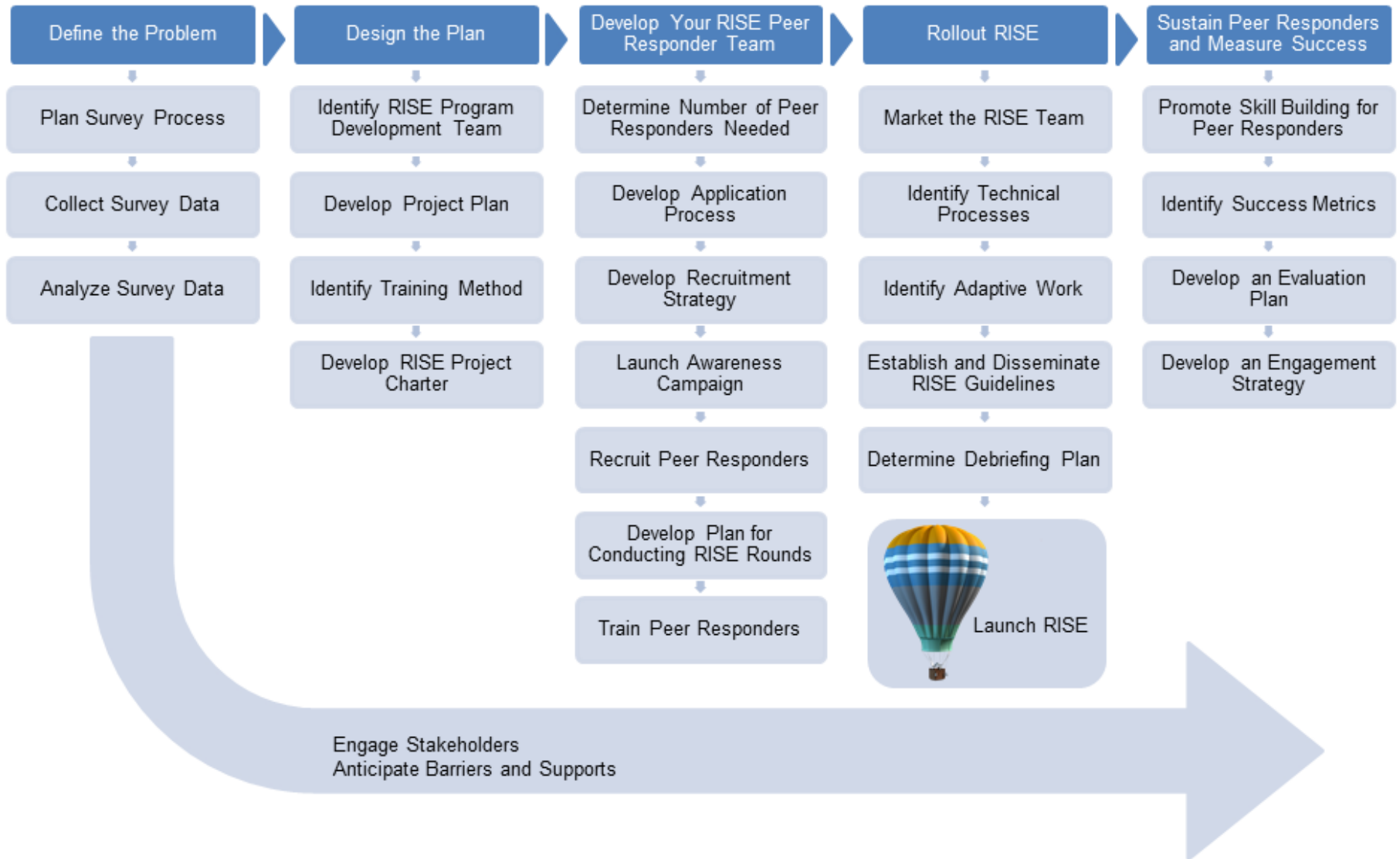
Prior to receiving the RISE toolkit, you may have reviewed the RISE Toolkit Preview. The preview offered a free introduction and was designed to provide an overview of the process for implementing a RISE program.

The RISE toolkit will guide you through all of the steps necessary to ensure a successful development and launch. There are five modules in the toolkit that walk you through essential phases of implementation:

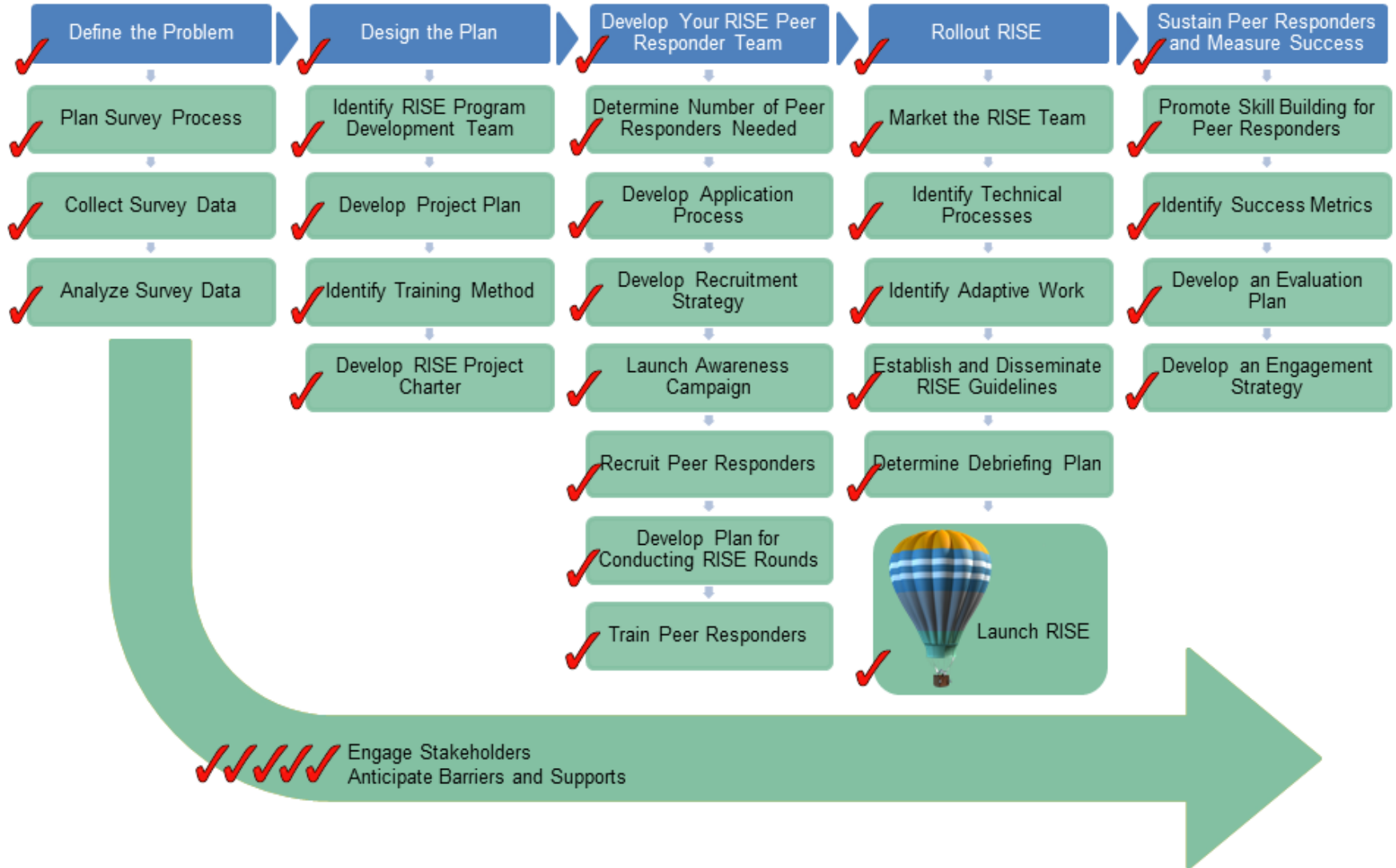
- *Module 1: Define the Problem, page 7*
- *Module 2: Design the Plan, page 27*
- *Module 3: Develop Your RISE Peer Responder Team, page 58*
- *Module 4: Rollout RISE, page 83*
- *Module 5: Sustain Peer Responders and Measure Success, page 106*

This toolkit includes content, tools, resources, and information about follow-up support that can be customized to meet your specific organizational needs.

RISE Implementation Roadmap:



RISE Implementation Roadmap:



Publications

- 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*.
- 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*.
- Durkhanin, V., Edrees, H.H., Connors, C.A., Kang, E., Norvell, M., Wu, A.W. (2018). Case: A Second Victim Support Program in Pediatrics: Successes and Challenges to Implementation. *Journal of Pediatric Nursing*.

Summary & discussion

- Understanding the need for peer support at your organization will help to build a strong case for implementing RISE.
- Collecting data will demonstrate your unique organizational needs and will help to customize program plans to best suit you and your staff.
- Peer support has a positive impact on the individual, the team and the organization.

Questions and Feedback

Thank you!

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References

- Wu, AW. (2000). Medical Error: The Second Victim. The Doctor Who Makes the Mistake Needs Help Too. *BMJ*, 320:726-727.
- Edrees, H.H.; Paine, L.A.; Feroli, E.R.; Wu, A.W. (March 2011). "Health Care Workers as Second Victims of Medical Errors." *Polish Archives of Internal Medicine*.
- Piotrow, P.T., Kincaid, D.L., Rimon II, J.G., and Rinehart, W.E., (1997). *Health Communication: Lessons from Family Planning and Reproductive Health*. CT: Praeger. 1997.
- Editors: Arvind Singhal, Michael J. Cody, Everett M. Rogers, Miguel Sabido (2004). *Entertainment-Education and Social Change: History, Research, and Practice*. Lawrence Erlbaum Associates.
- Wu AW, Sexton J, Pham JC. Health care providers: the second victims of medical error. In: Croskerry P, Cosby KS, Schenkel SM, Wears RL, eds. *Patient Safety in Emergency Medicine*. Lippincott Williams & Wilkins. 2008; 338-406.
- Kenney LK, van Pelt RA. To err is human: the need for trauma support is too. A story of the power of patient/physician partnership after a sentinel event. *Patient Safety Quality Healthcare*. 2005. <http://www.psqh.com/janfeb05/consumers.html>. Accessed March 1, 2011.
- 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*, doi:10.1097/PTS.0000000000000376
- Edrees, H., Connors, C., Paine, L., Norvell, M., Taylor, H., & Wu, A.W. Implementing the RISE Second Victim Support Programme at the Johns Hopkins Hospital: A Case Study

References

Statistics retrieved on October 27, 2015 from <http://www.rwjf.org/en/research-publications/find-rwjf-research/2009/07/wisdom-at-work-retaining-experienced-nurses/business-case-cost-of-nurse-turnover.html>

<http://thepetroglyph.com/the-cost-of-replacing-a-physician/>

<http://www.ncbi.nlm.nih.gov/pubmed/23155743>