

Supporting Second Victims: A Secondary Analysis of RISE Program Encounter Forms

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1 Background

The Resiliency in Stressful Events (RISE) program offers timely peer support to healthcare workers involved in distressing patient-related events, such as unexpected deaths or errors. Research demonstrates that many of these clinicians, also known as “second victims” (SVs), do not know where to turn for assistance.^{1,2,3} The lack of support is concerning since the unresolved emotional aftermath of a stressful event increases the likelihood of future errors.⁴ Affected healthcare professionals can also experience long-lasting effects, including burnout, desire for career change, and symptoms of post-traumatic stress disorder, all of which impact their ability to safely care for patients.³

By providing access to a team of peer responders (PRs) trained in psychological first aid and crisis response, RISE addresses this need for support at Johns Hopkins Hospital, and by extension, improves both patient safety and provider well-being. PRs are available 24/7 to meet with individuals or groups, either over the phone or in person.



RISE promotional flyer from JHH

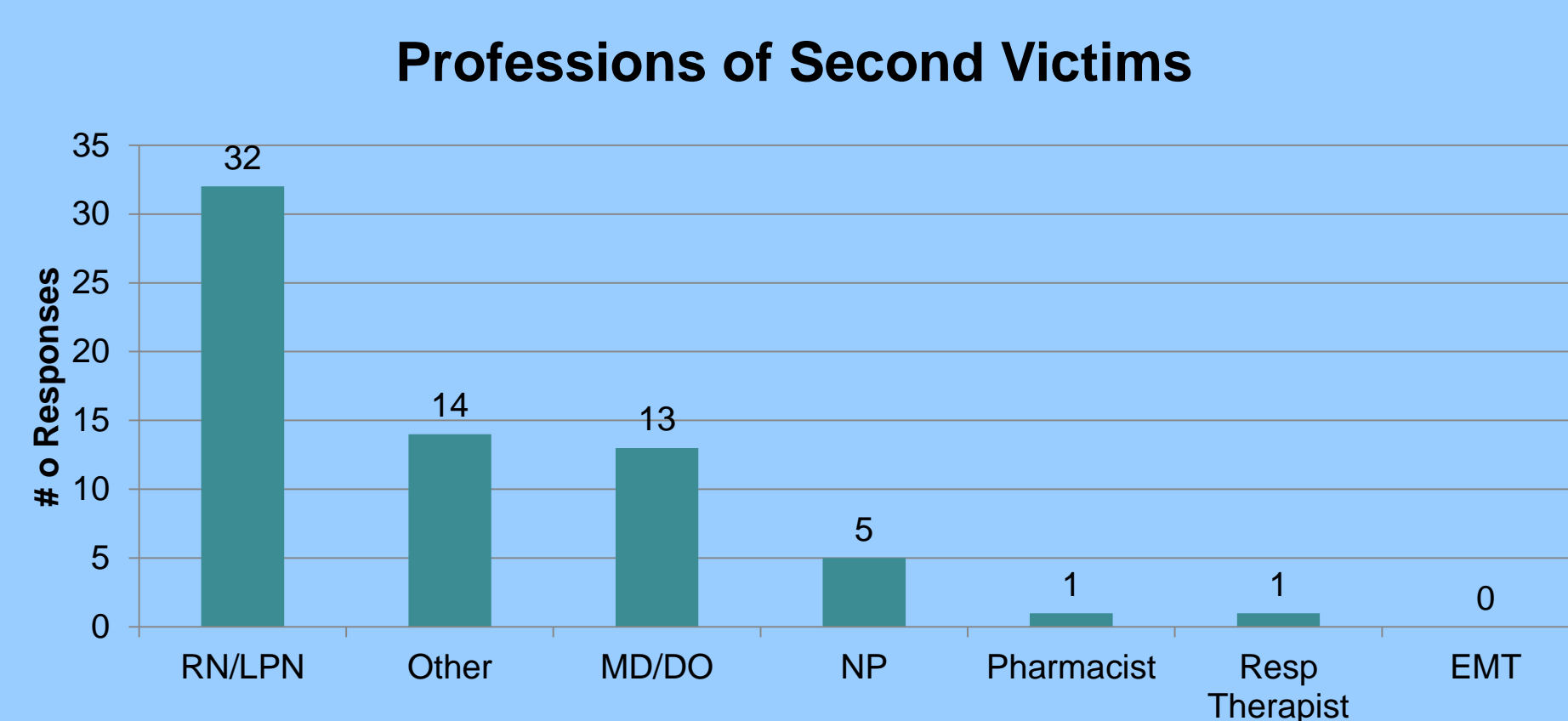
2 Project & Methods

For this project, a secondary analysis of the RISE Encounter Forms was conducted. These are surveys completed by PRs following each meeting with a SV. These forms capture basic facts – such as meeting length/location, SV’s profession, type of stressful event – and ask PRs to reflect on the interaction. Collected since the program’s 2011 implementation, this information had never been organized or analyzed. The aim was to:

- Design a data management spreadsheet in MS Excel and enter data from handwritten forms (n=42)
- Identify process evaluation measures (response, time, encounter length, PR rating of own distress, referral source, encounter setting)
- Analyze quantitative data using MS Excel and SPSS (frequencies, measures of central tendency); create tables and charts for RISE team’s future use

3 Results

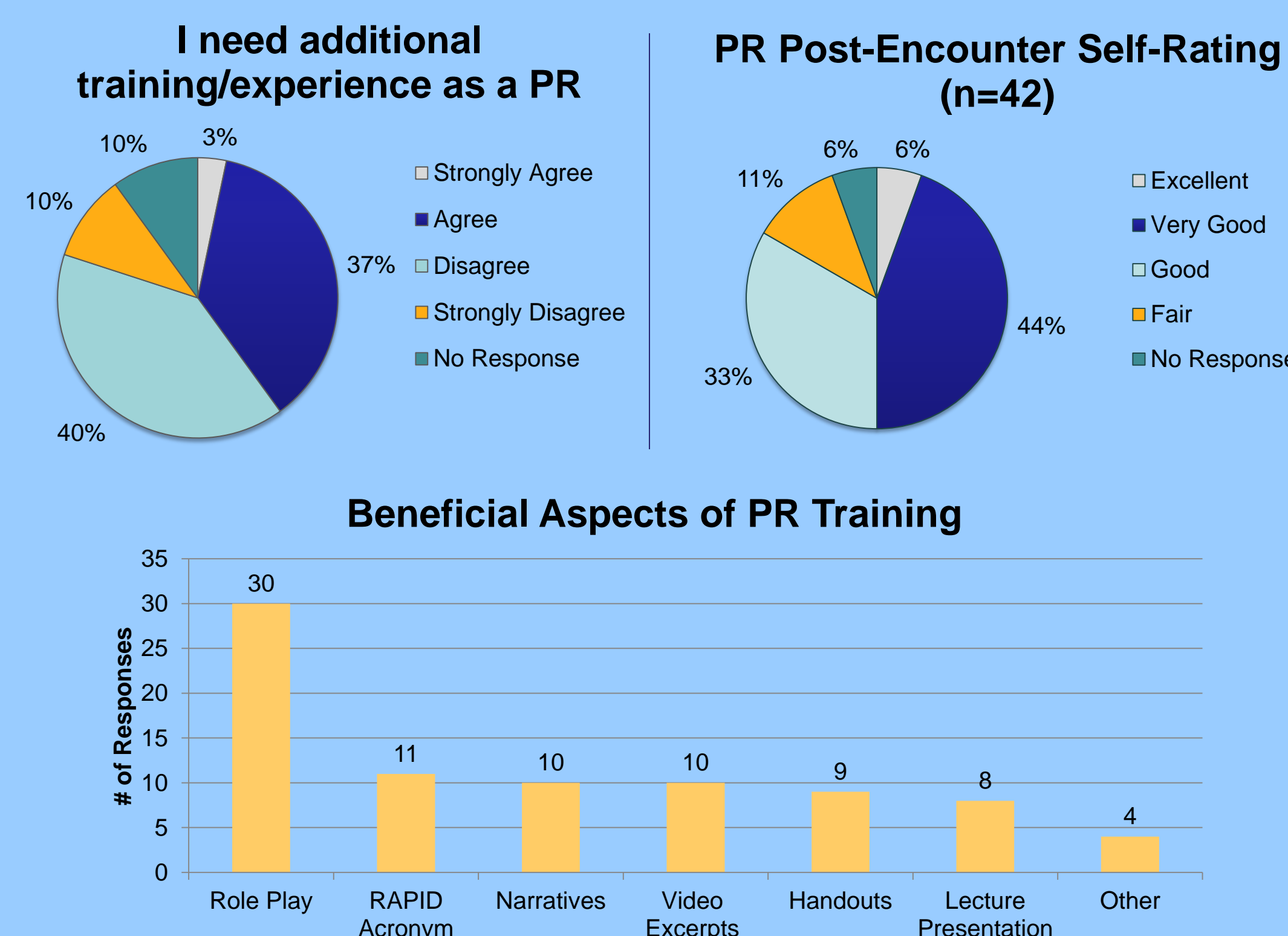
Results demonstrated how the program has been implemented so far, from the encounter setting (72% face-to-face vs. 26% phone) to referral source (26 from supervisors vs. 8 self-referrals). Nearly half of the encounters were related to patient deaths, particularly those that were unexpected, of a long-term or pediatric patient, or a staff member’s first patient loss. As shown in the following chart, data also indicated that most SVs have been nurses.



Other measures (see chart below) showed that the RISE team is quick to respond to calls from SVs, and that meetings typically last around 50 minutes. In addition, PR self-ratings of personal distress post-encounter indicated that they are emotionally impacted by the work, though not to an excessive degree.

Process Evaluation Measure	Value
Median Length of Encounter (minutes)	50
Median PR Rating of Own Emotional Distress Post-Encounter (1-Low to 10-High)	3
Median Time Between Call and Response (minutes)	7

Encounter forms also contained questions asking PRs to reflect on their training and how effectively it prepared them for their work with SVs. As shown in the graphics below, many PRs found role play activities helpful. While 40% felt they needed more training or experience, it is also worth noting that 50% rated their performance as excellent or very good, and over 75% rated the overall success of the encounter as excellent.



4 Conclusions

Results of the secondary analysis were very encouraging and suggested that RISE has succeeded in providing essential peer support to staff members in need. Lessons learned include the following:

- The majority of SVs have been nurses, so RISE may need more outreach to other types of healthcare professionals.
- Since many referrals are from supervisors, they are a possible group to target when educating new units about RISE.
- Response time is quick, suggesting that the process in place is working well.
- Role play activities have been well received during PR training and should continue.
- PRs feel encounters are going well, but may still benefit from additional training.

5 Future Directions

While analysis of the Encounter Forms provided initial insight into the program, the next step is a more formal outcome evaluation that will likely involve implementation of RISE on experimental and control group units. This approach will help to:

- Measure the program’s impact on staff well-being and patient safety
- Identify additional opportunities for improvement
- Produce evidence that will convince other hospitals to implement similar peer support programs

In addition, this project served as the basis for a follow-up qualitative study of PR experiences conducted in summer 2014.

6 References

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PROJECT PURPOSES

Analysis of the RISE Peer Encounter forms served several purposes:

- (1) To document services provided
- (2) To identify ways to improve the program
- (3) To build evidence of RISE’s effect on the hospital community



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