

# Empowering Peer Support

Grassroots peer support programs are sprouting up around the country.

By Anne Geske



**“When people are routinely offered help and support—and they feel safe to accept the service—you normalize it.”**

Along with the joy of practicing medicine comes the inherent responsibility of caring for patients from birth to death and everything in between, including the possibility of adverse and even tragic events. Sarah Freitas, MD, an OB/Gyn physician at Ridgeview Medical Center in Minnesota, knows this firsthand. Experiencing an unexpected outcome like the death of a baby during labor and delivery is one example. “The physician is in the middle of it,” she says, “and you’re having to emotionally support the family, and it’s very exhausting.”

Clinicians and care team members have always functioned in an environment with a baseline level of stress, notes Laurie Drill-Mellum, MD, chief medical officer at Constellation, but burnout and depression have increased dramatically in recent years. “It takes remarkable dedication and hard work to practice medicine,” she says. “Practicing medicine is hard—and the practice of medicine is even harder than it used to be for a number of reasons. When a traumatic or adverse outcome happens, we know clinicians need an advocate, and we need to take care of them.”

### **An idea gaining traction**

In decades past, clinicians could connect and decompress in the “doctor’s lounge,” but now, these kinds of spaces rarely exist, and downtime has been replaced by long hours at the computer documenting patient notes in the EHR. In recent years, grassroots and organization-sponsored peer support programs have begun to address the gap in health care systems large and small. These programs offer clinicians an opportunity to process adverse events with colleagues. A study published in the *Journal of Patient Safety* concluded that an unmet need exists to provide support to clinicians after adverse events and medical errors<sup>1</sup> and found that Johns Hopkins Medicine saved \$1.8 million annually after implementing a peer counseling program compared to costs without the program?

Peer support programs are so effective in part because they’re accessible to all, unlike employee assistance programs (EAPs), which are available only to employees. And, says Dr. Drill-Mellum, people are much more likely to access informal support programs and talk to someone they know. But physicians and care team members may not be aware of how they might benefit from a peer support program, she explains, “Which is why organizations need to help facilitate the development of these programs at a local level. Peer support should be an essential component in any health care organization’s mission to care for the caregiver.”

### **Peer support at Ridgeview**

The administrative procedure following adverse events at Ridgeview includes a team debriefing, a root cause analysis meeting and a peer review process—all formal processes where protocol demands that clinicians not talk about the clinical details of the event outside of these meetings, says Dr. Freitas. The experience can be very isolating, she says: “There

was no process supporting the physician, or just checking in with, ‘Hey, how are you doing? This is hard.’”

A few years ago, Dr. Freitas wondered if she might be struggling with professional burnout. An online survey confirmed her suspicions but offered her little direction. “I didn’t know what to do about it, or who to ask for help,” she says, “so I was doing online searches and reading books, just trying to help myself through it.”

Seeing the need to provide physicians with emotional support, Dr. Freitas worked with Sara Urtel, vice president at Ridgeview, to create Connect the Docs. Implemented in 2018, the peer support program is set in motion like other formal processes after an adverse event. “It just automatically happens,” Dr. Freitas says, “so it doesn’t stigmatize us.” Dr. Drill-Mellum, who formerly worked at Ridgeview as an emergency medicine

### **Ridgeview Medical Center’s Connect the Docs program**

<b>Program name and description</b>	Connect the Docs is a physician-led peer support program that has become a standard part of the process after an adverse event.
<b>Program goals</b>	To provide a confidential source of support and other resources in times of professional and personal challenge
<b>Roles supported</b>	Physicians; may eventually expand to other roles
<b>Support team members</b>	Physician volunteers
<b>Outreach</b>	The support network reaches out following adverse outcomes or patient harm events; physicians may also self-refer or refer a colleague they think might benefit.
<b>Training for peer volunteers</b>	Listening skills training in conjunction with a community pastor and with help from Laurie Drill-Mellum, MD

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physician, agrees: “When people are routinely offered help and support—and they feel safe to accept the service—you normalize it.”

Because the program is informal and physician-led, it lends credibility with physicians and increases accessibility. Urtel explains, “As opposed to an administrative team saying, ‘This is what should be done,’ our providers have voice and influence and leadership into what they believe should be done to support each other and to ultimately impact patient care.”

## Peer support at Intermountain Medical Center

As with many hospitals, depression and professional burnout had already been an issue at Utah-based Intermountain

Medical Center emergency department (ED) that leaders were looking to address. But the tragedy of a beloved ED tech who took his own life in March 2018 prompted urgent action. Adam Balls, MD, emergency department chairman, and Gary Brunson, RN, BSN, CEN, assistant emergency department manager, co-led the launch of a grassroots peer support program called OASIS to confront the mental health issues and trauma ED caregivers experience. Designed for all ED staff, the program includes support both for traumatic events at work and for life events outside of work.

While programs like EAP are good for some, Dr. Balls says, “Some people in the ED may not feel comfortable discussing traumatic cases—things they’ve seen that are difficult for them to process and work through—with a counselor who may not understand the level of trauma and death we deal with on a regular basis,” he explains. “The peer support piece augments other support programs by allowing a colleague or coworker rather than an official support professional to be trained to recognize concerning behaviors and to support one another.”

A main feature of OASIS is that charge nurses are trained to recognize when peer support might be beneficial to their coworkers after an incident, and are empowered to page or email trained peer supporters to reach out to them. Getting the word out is crucial for the program, which is still in its early stages. Leaders promote OASIS by speaking with different groups about mental health and burnout—about how to recognize symptoms and how to address them.

Intermountain’s program gets family members involved, too. Evening workshops help care team members’ spouses and significant others learn how to better support their loved ones after a workplace tragedy. Now, Brunson says, workmates have come to feel like family. A little more than a year after the program began, the change is palpable. “There’s the feeling of a general safety net at work,” he shares. “People are looking out not only for your physical wellbeing but for your mental wellbeing—you have a second family support system that didn’t exist in a very robust way in the past.”

## References

1. Lane MA, Newman BM, Taylor MZ, et al. **Supporting clinicians after adverse events: development of a clinician peer support program.** *J Patient Saf.* 2018;14(3):e56-60.
2. Becker’s Hospital Review. **How a clinician peer-support program saved Johns Hopkins \$1.8M annually.** [bit.ly/2Yq1AOP](https://www.beckershospitalreview.com/story/news/2017/05/11/how-a-clinician-peer-support-program-saved-johns-hopkins-1-8m-annually/417177001/) Published May 11, 2017. Accessed July 1, 2019.

## Resource

Medically Induced Trauma Support Services (MITSS). **Clinician support toolkit.** [bit.ly/2MG4P31](https://www.mitss.org/resources/clinician-support-toolkit/) Published 2017. Accessed July 1, 2019.

### Intermountain Medical Center ED OASIS program

<b>Program name and description</b>	OASIS takes its name from the services it offers: Outreach education, Administrative support, Staff support, Internal/Incident support and Social support
<b>Program goals</b>	To confront PTSD-type symptoms, burnout and mental trauma caregivers can experience at work and to support peers during stressful personal and family situations
<b>Roles supported</b>	All ED staff
<b>Support team members</b>	A diverse group across all ED jobs, including physicians, RNs, techs, social workers and security
<b>Outreach and education</b>	Periodic workshops for family members and occasional small-group social outreach to assist coworkers for personal and family life events
<b>Training for peer volunteers</b>	QPR (question, persuade and refer) training regarding the signs of suicidal ideation and how to address it, as well as education for all staff and their significant others on how to provide support



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## Five steps

### Get started creating a peer support program

Laurie Drill-Mellum, MD, offers this advice for starting a grassroots peer support program:

- 1. Decide whom your program will support.** Will your program support one group of practitioners or a broader group?
- 2. Brainstorm how to support staff.** List possible elements of your program. Will support be provided only after adverse events, or might it also include support for coworkers with personal/family life stressors?
- 3. Select volunteers mindfully.** Peer support colleagues need to step out of the mindset of fixing and prescribing and be able to listen and just be with their peer through their journey.
- 4. Train volunteers thoughtfully.** Training may include how to listen in times of grief, loss, shame and guilt—and how to be helpful, not harmful, in a support role.
- 5. Get the word out.** In-person presentations, posters and workplace intranet sites are all places to start.

## Seven success factors

### for a peer support program

- 1. Make accessibility easy** to ensure people know who to ask or where to go.
- 2. Normalize peer support** by routinely reaching out after adverse events.
- 3. Provide one-on-one informal, confidential support.**
- 4. Utilize peers** who are familiar coworkers.
- 5. Organize informal social events** outside of work.
- 6. Engage leaders** to provide backing and needed resources.
- 7. Create a way for clinicians** to refer others for peer support.

## BETA Healthcare Group's HEART® program

BETA Healthcare Group based in Alamo, CA, is a health care entity comprehensive liability insurance provider that has developed a holistic program for helping patients, their families and their clinicians through adverse events. The program, BETA HEART®, is a comprehensive, multi-year effort that encompasses organizational culture change with a five-domain approach including a peer support domain called Care for the Caregiver. Deanna Tarnow, BA, RN, CPHRM, senior director of risk management and patient safety at BETA, has this to say of the program:

The initial effort of HEART is to address those situations where there's a patient harm event. When a patient is harmed, we look for our organizations to have a rapid response where someone responds to the patient's family with open and empathic dialog early on, to acknowledge something occurred. Because we know health care

providers are also traumatized when a patient is harmed, we're also looking for organizations to develop a peer support program to reach out to the involved clinician with emotional support.

With organizations that begin the HEART program by working on individual domains, Care for the Caregiver is the one that elicits the highest response from organizations because they recognize the impact of these events on their staff—they need a way to provide support to their front line. In California, for the most part, physicians are independent contractors, not employees. A few hospitals were on the fence about opting in to participate in HEART because it's such a significant effort, and it was their medical staff who said they need to participate because of the Care for the Caregiver program.

For more information about BETA HEART, visit [bit.ly/2KaNwoC](https://bit.ly/2KaNwoC)

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