Caring for the Caregiver: RISE

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Objectives

• Identify the second victim syndrome

• Explain the relevance of the second victim to workplace violence

• Describe the benefits of peer support
Healthcare environment

- High risk environment: lives in our hands
- Complex
- Demanding
- Acute
- Variety of people
- Vulnerable
Second Victims

(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

Wu AW. Medical error: the second victim. The doctor who makes the mistake needs help too. BMJ. 2000; 320: 726-727.

JHH Multidisciplinary Team

- Team
- Baltimore, 2001
- Team communication failures
- Child 18 mo/patient dies
- Josie King Foundation
- RISE Team
Eric Cropp

- Pharmacist
- Ohio, 2009
- System failure
- Child 2 yo/patient dies
- Criminal charges: Involuntary manslaughter
- Partners with Mr. Jerry
Kimberly Hiatt

• Nurse
• Seattle, 2010
• Medication error
• Child 5 yo/patient dies
• Dismissed from job
• Commits suicide
Other Stressful Events

- Death
- Unexpected Event
- Routine Complication
- Ethical Dilemma
- Near miss
- Tragic Events
- Workplace Violence
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

Traumatic Event or Traumatic Triggers

Bumped out of Resilient Zone
Stuck on “High” • Hyper-arousal

HYPERACTIVITY
HYPERVIGILANCE
MANIA
ANXIETY & PANIC
RAGE

Bumped out of Resilient Zone
Stuck on “Low” • Hypo-arousal

DEPRESSION
DISCONNECTION
EXHAUSTION/FATIGUE
NUMBNESS

Adapted from Trauma Resource Model (www.traumaresourceinstitute.com)
## Responses to Stress

<table>
<thead>
<tr>
<th>Acute Stress Response</th>
<th>Chronic Stress Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shock</strong></td>
<td>Recurrent experience of the event</td>
</tr>
<tr>
<td>Helplessness</td>
<td>Avoidance</td>
</tr>
<tr>
<td>Worry</td>
<td>Emotional numbing</td>
</tr>
<tr>
<td>Anger</td>
<td>Physical pain</td>
</tr>
<tr>
<td>Guilt</td>
<td>Impaired social functioning</td>
</tr>
<tr>
<td>Inadequacy</td>
<td>Impaired personal and professional relationships</td>
</tr>
</tbody>
</table>

- Sleep disturbance
- Depression
- Poor concentration and memory
- Intrusive thoughts and nightmares
Common Responses to Violence

– Anger
– Fear
– Shock
– Disappointment
– Grief
Stress Cycle Diagram

- Stressed / Unsupported Staff
- Stressed institution / leadership
- Low morale / high turnover
- Dissatisfied (possibly injured) pts, employees
- Poor pt. care / unsafe care environment

Stressed / Unsupported Staff

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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 *(drop out, survive or thrive)*

Continuum of Care

Psych First Aid

Crisis Intervention

Counseling

Psychotropic Meds & Psychotherapy

Physical First Aid

Basic Life Support

Advanced Life Support

Medicine & Surgery

[Diagram showing the continuum of care with different levels of support from physical first aid to mental health services.]
What does peer support do?

"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

https://en.wikipedia.org/wiki/Peer_support#cite_note-56
R.I.S.E.

Resilience In Stressful Events

Mission

“Provide timely peer support to employees who encounter a stressful, patient related event”
Confidential, non-judgmental, safe, peer support for employees who have experienced stressful patient related event(s)
The RISE Team

Timely

Available support 24/7

One to one, group support, and leadership coaching
RISE Team Membership

• VOLUNTARY

• Peers: Currently 39 managers, nurse leaders, pastoral care, social workers, physicians, surgeons, respiratory therapists, pharmacy etc...

• Seek recruitment via organizational leaders
Cost Benefit Analysis of RISE

- **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
Expected Results

- RISE costs money up-front to implement

- Cost per 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

When HCWs become Primary/Vicarious Victims

As hospital violence grows, nurses seek reforms: 'Too many of us are being hurt'

A doctor was killed for refusing to prescribe opioids, authorities say

North St. Louis health center doctor quits after rise in violence in the area

Northwell, Long Island Jewish Health System, plans to open new hospital

 Violence in the Health Care Workplace

Survey: Violence against nurses in elder care widespread

A woman describes getting slapped and groped on the job. Another was punched in the head (repeatedly), a third was bitten by a parrot while trying to care for a resident.

 Officials say a nurse was stabbed by an emergency room patient at a Massachusetts hospital.

A knife was pulled on me for refusing a prescription: GPs want more protection from violent patients
“Provide appropriate follow-up and support to victims, witnesses and others affected by workplace violence, including psychological counseling and trauma-informed care if necessary.”
Staff Support

• Develop and organize services to support staff/faculty victims of Type 2 Workplace Violence.

• Members include: human resources, legal, RISE, Worker’s compensation, FASAP, Safe@Hopkins, government affairs
Staff Concerns

• Anonymity during legal proceedings
• Process for pressing charges
• Weak penalties
• Worker’s comp
• Lack of coordination after events
• Balance patient/family centeredness with need to protect one’s self and establish boundaries
• Managing behavioral expectations and communicating organizational tolerance
Post Violence Checklist for Managers

- Seek Medical Care
- Emotional/Psychological support
- Make appropriate notifications
  - Security, employee health, risk, HR, executives
- Documentation:
  - Medical Record
  - Adverse event, security, injury reports
Future Directions

• Evaluating effectiveness of interventions
• Engage frontline staff
• Engage Pts/Families
• Train
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.
Johns Hopkins Hospital RISE Team
References