

# Building a Peer Support Program at BIDMC

## The Problem

In the course of day-to-day care of patients our clinicians are put in challenging, stressful, and often upsetting situations. The death of a patient, a difficult code, an adverse event which may be viewed as a routine part of the job can leave clinicians feeling like the "Second Victims." Clinicians often do not have the support they need to be able to cope.

- The problem was recognized through observation throughout the medical center, and an analysis by Health Care Quality in which it was noted that a significant number of clinicians were not getting the support they needed and were suffering because of it.
- A Faculty Hour team validated that there was a need for additional peer support at BIDMC. The team reviewed the literature and met with national leaders in this area prior to launching this program
- The Communication, Apology, and Resolution (CARE) program at BIDMC also found the issue to be important to providers while training them to communicate empathetically with patients after adverse events.

## Aim/Goal

Our goal was to have active trained Peer Supporters in each of the pilot areas by the end of 2013. These Peer Supporters will reach out to colleagues who were part of an upsetting event, and will be available for those that reached out to them.

- The first phase of the project launched a Peer Support Program in the ORs, Labor and Delivery, the Emergency Department, and the ICUs.

## The Team

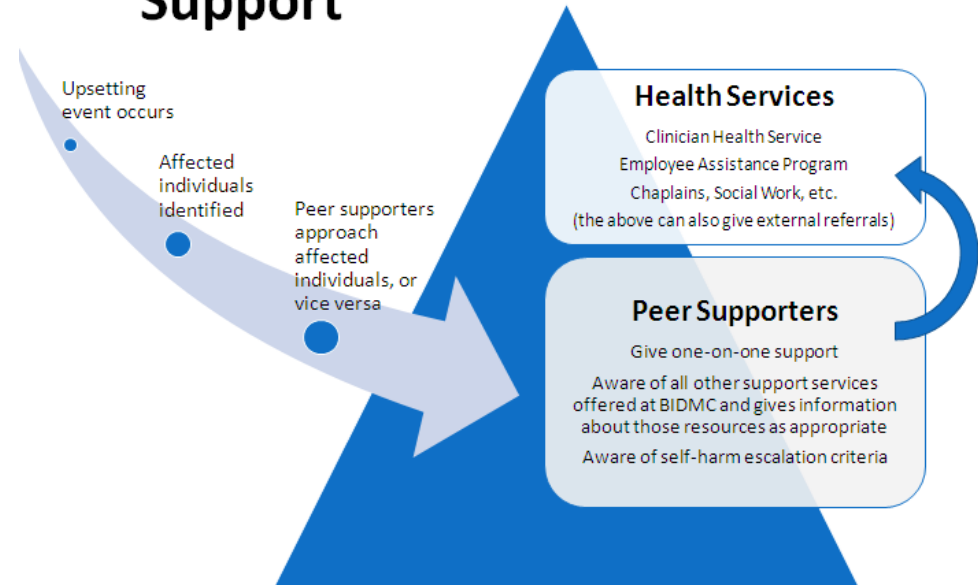
Melinda Van Niel, HCQ; Pat Folcarelli, HCQ; Steve Pratt, Anesthesia; Judi Bieber, Human Resources; Pamela Peck, Psychiatry; Leslie Ajl, Nursing; Jane Foley, Nursing; Phyllis West, Nursing; Kristen Russell, Nursing; Joanne Devine, Nursing; Mary McDonough, Social Work; Mary Fay, HCQ.

## The Interventions

- A survey was launched, sent via department chiefs/managers, asking all clinical staff members to send the name of a peer they would turn to when they had a difficult situation at work.
- We then collected those nominated the most frequently by their Peers, asked if they would be willing to fill the role of the Peer Supporter.
- Supporters were professionally trained and attending bi-monthly debriefing sessions. They are known to their departments and are listed on the portal.

## The Results/Progress to Date

### BIDMC Peer Support



We have trained 40 Peer Supporters in the pilot areas and cumulatively 35 reported supports have been given as of Feb 2014.

## Lessons Learned

Training is the most helpful when it is integrated with BIDMC's strategy for the program, and not completely external to the organization. The Peer Supporters were nervous about being named as "official" peer supporters. It was important to emphasize to the Peer Supporters that they were selected for this role by their peers because they are already doing much of the supporting naturally.

## Next Steps

- Spread the program by implementing it in the Med/Surg Units, adding non-clinical staff, and using a BIDMC training in the spring.
- Continue to collect data on the number of reach outs, and will consider collecting data on the type of situation the reach out was for (still completely de-identified).