



Caring  
for the  
Caregiver

**HEALTHCARE PROFESSIONALS  
SUPPORTING EACH OTHER**



Foundation *for*  
Healthy Communities

# forward

As a mental health provider caring for members of the healthcare workforce, I've met with several clinicians as they recalled events from their work that invoked terror, rendered them helpless, or triggered immense feelings of sadness, guilt, or fear. In some cases, the work intrudes into their dreams and their waking thoughts outside of work. Most employees are able to reconcile the work that they do and the care that they provide with their personal values, beliefs about the world and about themselves. However, in some instances, especially in cases of medical error or unexpected outcomes, even for these well-adjusted employees, their limits may be tested.

In 2016, I was invited by our Associate Chief of Quality and Safety, Samuel Casella, MD, MSc to share this perspective with a group of inpatient leaders and providers who participate in TeamCare at Dartmouth Hitchcock Medical Center (DHMC), an institutional initiative to improve quality and safety within the hospital. My presentation was met with a warm reception and the discussion that ensued gravitated toward the role of vulnerability. Leaders questioned their role with respect to fostering an environment that would allow one to safely express their feelings and the difficulties they experience related to their work. Comments were exchanged about the culture of the institution and, by and large, all of the leaders expressed empathy for colleagues whose suffering was related to the care that they provided.

Unbeknownst to me at the time, Sam had attended several national presentations on Peer Support Programs as part of creating a culture of safety from institutions across the country. He had been entertaining the idea of launching such a program at our institution and upon observing this discussion, the enthusiasm and the care expressed by our leaders, we agreed to assemble a team to create a program at Dartmouth-Hitchcock (D-H). In July 2019, with the help of our colleagues at D-H, we launched our interdisciplinary Peer Support Program.

As we set about building a program at D-H, Anne Diefendorf, Vice President of Quality and Safety for the Foundation for Healthy Communities, learned about the work that we were doing and sought to enlist our help. From her vantage point, she could see the opportunity for hospitals across the state to benefit from a program that would provide additional supports to their workforce. Anne asked us to work with Tanya Lord, Director of Patient and Family Engagement to create a toolkit that would be made available to all member hospitals interested in creating a similar program.

The Peer Support toolkit that follows is a compilation of what we have learned from creating our own program at D-H, meeting with hospital leaders from across the state, and discussions with champions of quality and patient safety. For additional background, please review our presentation, [The Cost of Caring<sup>1</sup>](#), given at The NH Quality and



**TOOLKIT  
RESOURCES**

1. [Cost of Caring](#) slide presentation that describes the emotional sequelae of adverse events.

Safety Forum in May, 2019. Along the way, many individuals have thanked us for publicly recognizing the pain that they have witnessed colleagues enduring in silence. Their gratitude was incredibly validating and another source of encouragement, reinforcing the need for the work we are doing. In turn, we would like to thank everyone on our path who offered support and encouragement for this project.

Our hope in sharing this work is that the champions within each organization will feel better equipped to support those caring for the vulnerable patients of New Hampshire and Vermont. The more embedded supports are within the environment, the more normalized it will become to ask for and receive help.



*M. Chase Levesque, PsyD  
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# introduction





## TOOLKIT RESOURCES

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## INTRODUCTION

The goal of this toolkit is to provide tools and resources to integrate current best practices into an interdisciplinary Peer Support Program that is customizable for each organization. Through the support of The Foundation for Healthy Communities, these materials are provided free of charge to any of the 28 hospitals within our Hospital Innovation and Improvement Network.

The term “Second Victim” coined by Dr. Albert Wu refers to the emotional toll on a healthcare provider resulting from involvement in a medical error (Wu, 2000). This definition was later expanded to include involvement in adverse events or unexpected patient outcomes. It is widely recognized that within the culture of medicine there has been little institutional emotional support for healthcare workers following an error. In fact, a cloak of secrecy was invoked because of the fear of litigation and healthcare employees were specifically forbidden from discussing the events other than in settings protected by Quality Assurance or Attorney/Client privilege. Disclosure and/or apology to affected patients and their families was also prohibited because it was assumed that such admissions could incriminate the provider and/or the institution.

Fortunately, we live in enlightened times in which we recognize the moral obligation to disclose and apologize for preventable adverse events affecting our patients (for more information on this topic, please refer to the consensus statement

[“When things go wrong”<sup>2</sup>](#)). We also know that such transparency allows us to create safer institutions and actually decreases the likelihood of [litigation](#)<sup>3</sup>. More importantly, these open discussions are healing for both those harmed and the healthcare workers involved. Healthcare workers now have the opportunity to discuss the emotional impact of an adverse event with those who can best understand—their peers.

Because of the significant overlap between quality, safety, and the well-being of healthcare providers, agencies such as the Joint Commission, Institute for Healthcare Improvement, and the National Quality Forum have recognized that Care for the Caregiver must be embedded into the healthcare environment. The Agency of Healthcare Research and Quality also provides additional [resources](#)<sup>4</sup> for employers to support their workforce with the expectation that new mandates by accrediting bodies will emerge in these areas in the near future. While the literature on coping with medical error is sparse, research

over the past decade has helped to elucidate experiences commonly endorsed by healthcare providers following a significant patient event that involves harm, error, and/or is unanticipated. As we continue to learn more about typical reactions of healthcare providers and the process they often progress through following an adverse event, employers are in a better than ever position to provide support to vulnerable members of their workforce.

Peer support has emerged as a largely untapped and robust approach to providing support to the workforce. One of the earliest organized Peer Support Programs, pioneered by [Jo Shapiro, MD](#)<sup>5</sup> at Brigham and Women’s Hospital in Boston, was designed specifically to target physician providers in response to observations that they are less likely to access traditional supports. We now recognize that the reluctance to seek emotional support is not unique to physicians and that all healthcare disciplines can benefit from peer support.

organizational  
readiness





6. [AHRQ Care for the Caregiver Implementation Guide](#)
7. [Medically Induced Trauma Support Services Toolkit](#)
8. [Dartmouth-Hitchcock Program Charter Example](#)

## ORGANIZATIONAL READINESS

### **GAP ANALYSIS**

Your organization may already have many of the infrastructure components that are needed for a Peer Support Program. To make a rapid self-assessment, we recommend using the [Care for the Caregiver Implementation Guide](#)<sup>6</sup> from AHRQ or the [toolkit](#)<sup>7</sup> from Medically Induced Trauma Support Services (MITSS). The format of our tool kit follows the general outline of the MITSS gap analysis tool, so you can easily find the relevant resources once you have identified a need.

### **GAINING SENIOR LEADERSHIP SUPPORT**

Like most programs, the successful development and implementation of a Peer Support Program requires the active participation of senior leadership. Gaining leadership support is an essential first step. Although hospital administrators and trustees are familiar with adverse

events, they may be unaware of the emotional ramifications for the workforce. On the other hand, virtually every senior nurse or provider will recall a personal experience in which they came to the painful realization that they had harmed the very person they were trying to heal—and they can be very effective champions for this work. Because the leadership structure varies among different institutions, the strategy will need to be modified to your hospital. This toolkit contains resources that support the financial impact as well as the impact to patient safety, provider retention and well-being (Moran, 2017). As a general approach, we suggest that the proposal be vetted with the Chief Quality Officer, Chief Nursing Officer and Chief Medical Officer. We then recommend presenting the conceptual model to your Medical Executive Committee to ensure there is broad based support within your organizations leadership. This

step also creates the opportunity for valuable feedback while the project is in the formative stages.

Once you have the greenlight, we strongly recommend that you develop a [Program Charter](#)<sup>8</sup> that outlines the problem, business case, scope, goals and metrics, timeline, project leaders, and committee members. This “one pager” can be easily shared with team members as well as executive leaders. A specific sponsor should be named in the charter, with the understanding that the sponsor holds the team responsible for meeting milestones and oversight of the project. The sponsor must have sufficient operational authority to remove obstacles that may arise. This is particularly important given the interdisciplinary nature of this project.

*Organizational Readiness continues...*

## **ORGANIZATIONAL READINESS**

# CONFIDENTIALITY = SAFETY

### **CONFIDENTIALITY AND RISK MANAGEMENT**

Developing and understanding the importance of confidentiality and its role in a peer support program is essential to the integrity of the program and the psychological safety of participants. The peer support relationship should follow the same guidelines regarding confidentiality as followed in providing patient care. In every institution there is an invisible network through which information travels good or bad. When providing support to someone, confidentiality is the equivalent of safety. In order for the affected peer to feel safe, they must be assured that what they share will remain in complete confidence. Exceptions to this are made only in instances related to safety, when the peer suspects that the employee is at imminent risk for self-harm or harming others.

The peer support relationship is not legally protected, and it is important that both parties understand that

this is not a Quality Assurance activity. Though we are not aware of any incident in which the content of a peer support discussion was requested as legal evidence, an attorney could make such a request. Therefore, part of the peer supporter role is to focus the discussion on the emotional reactions of the provider rather than specific details about the case. Peer supporters are advised not to take notes or document details of the conversation. Documentation is addressed under [record keeping](#) and is limited to collecting utilization data and outcome measures for the purposes of improving the program. Affected peers may have the need to discuss the details of the case, which is a normal reaction to experiencing an adverse event. Legal or risk management can provide them this opportunity and should be included in the program for as often as it is needed.

We are not qualified to provide legal advice, and your legal department will have to provide your specific

guidelines. As part of our research, we interviewed a malpractice attorney who participates in the [Communication, Apology and Resolution \(CARE\)](#)<sup>9</sup> program in Massachusetts—a program that promotes full disclosure to families and early resolution. He was not aware of any malpractice cases in which such testimony was used. While each individual organization will have to evaluate and determine the specifics for their program in terms of potential legal issues, this should not be a reason to prevent your organization from moving forward with a plan for peer support.

*Organizational Readiness continues...*





10. [Culture of Safety](#)
11. [Just Culture \(David Marx\)](#)
12. [Communication and Optimal Resolution \(CANDOR\)](#)
13. [CANDOR Disclosure Checklist](#)
14. [TeamSTEPPS](#)

## ORGANIZATIONAL READINESS

### **CULTURE OF SAFETY**

Peer Support Programs will thrive in organizations that have a well-established [Culture of Safety](#)<sup>10</sup>. If employees are fearful of punishment, they will be reluctant to identify errors and will not feel safe in discussing their feelings with fellow employees. Many health care institutions have incorporated the principles of a “just culture” that have been published by [David Marx](#)<sup>11</sup>. In that paradigm, the response of the institution is based on the decision of the employee rather than the outcome of an event. If the error was the result of an honest slip or lapse, employees should be consoled—even if it has resulted in patient harm. If an employee makes a conscious decision to skip a safety step, it is considered “At risk behavior” which should be addressed with coaching. Punishment is reserved for reckless behavior or repeated infractions that have not responded to coaching. It’s important that you have a well-defined policy to ensure that all employees are treated justly, and the peer supporter should have a good working knowledge of the process.

A key component to developing a peer support program is that it

aligns with the institution’s formal policy on disclosure of errors to the patient and their family. Apologizing to a patient who has been harmed during medical treatment can be very challenging, but it can also be a source of relief (and closure) both for the health care worker and for the affected patient and/or family. It is generally accepted that institutions have a moral obligation to disclose such errors to affected patients and that may be in conflict with a healthcare worker’s desire to keep that information confidential. This is a rare occurrence for any specific employee, so it is unlikely that they will feel comfortable or knowledgeable about the disclosure.

The AHRQ has provided useful guidelines that can be accessed in Module 5 of the [Communication and Optimal Resolution \(CANDOR\)](#)<sup>12</sup> toolkit. [The Disclosure Checklist](#)<sup>13</sup>, is particularly helpful. We strongly recommend that a group of individuals within the organization become skilled in executing and facilitating disclosures to patients. This person does not need to be from a specific department. Of more importance is that they have

the ability to be able to have a conversation that is compassionate and effective. The health care worker involved should always be given the option of participating in discussion, supported by the trained facilitator(s). In those occasions where the health care worker is too distraught to participate, the designated individuals can disclose the event to the patient and apologize on behalf of the institution. In our organization, we typically pair a representative from Quality and Safety with another from Risk Management for these conversations. It is helpful for Peer Supporters to be aware of the disclosure process within your organization, because this will certainly be a concern for employees in this situation.

Effective team communication is an important part of an overall Culture of Safety and can provide internal support for all clinicians and staff. [TeamSTEPPS](#)<sup>14</sup> is a method of building teams and providing the structure for continual support following an Adverse Event.

*Organizational Readiness continues...*

## ORGANIZATIONAL READINESS

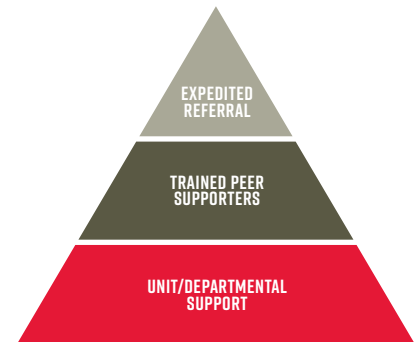
### **ADVERSE EVENT RESPONSE**

Fortunately, these events are relatively rare—particularly in smaller hospitals, but that increases the likelihood that a critical step will be overlooked. We encourage you to establish a consistent process by which your organization responds to adverse events. The plan should include steps to secure the safety of the patient, notification of leadership, an assessment of the need for immediate mitigation, steps to support the caregiver, a plan to inform the patient/family, and initiation of an investigation such as root cause analysis. In some organizations, there is a designated Adverse Event Response Team that is charged with executing the plan. The composition may vary, but many institutions include representatives of risk management, quality assurance/safety, the medical staff office, nursing leadership and the attending physician of the patient who was harmed. It is easy to understand how support to the caregiver could be overlooked in those first critical hours, so we advise that a specific team member be given the responsibility to

insure that the employee's needs are also being addressed. It is important to note that the individuals who are initially activated following an Adverse Event require a different skill set than the peer supporters. Some institutions may elect to train individuals in both critical event debriefing and peer support, but that is beyond the scope of this toolkit.

### **ORGANIZATIONAL AWARENESS**

Part of building a structure that supports a Peer Support Program is building organizational awareness. Venues such as grand rounds, patient safety week, or case conferences are opportunities to promote the importance of caring for the caregiver and the role of peer support. Though the incidents may be rare, it is important that all staff are aware that there is a program in place and understand how to access it. Access to the Peer Support Program may be of particular importance to staff and providers involved in near misses or other incidents that did not cause severe harm, but are stressful, nonetheless.



### **PEER SUPPORT MODEL**

It is important to be clear about the scope of practice of the peer supporter. Susan Scott's model of [Peer Support](#)<sup>15</sup> outlines three tiers of support. The base of the triangle, most often utilized and sufficient, is the support the employee will receive from their local unit or department. While this is often sufficient, some employees, will benefit from additional support in the form of talking to a trained peer. This second tier in Scott's model, is the avenue of intervention for Peer Support Programs. Employees meet with a trained peer supporter for additional emotional support and reassurance. In some cases, the employee may require a higher level of care such as meeting with a mental health professional. Expedited referrals to care is another important facet of any peer support model. Therefore, it will be necessary to ensure that a referral network is in place (see [Establish Pathway for Expedited Referrals](#)). If direct referral is impractical there should be a designated contact person to whom the peer supporter can make a "warm" handoff.

program  
development



## **PROGRAM DEVELOPMENT: PERSONNEL**

The Peer Support Program as outlined below is a *voluntary* program. This means that members of the Steering Committee volunteer their time to participate on the committee, peer supporters may receive salary support during training at some institutions, but they volunteer their time spent supporting their peers. Healthcare workers utilizing the program do so in a voluntary manner.

### **GOVERNANCE**

One method of establishing who will be responsible for directing and making decisions about the program is to create an interdisciplinary steering committee. Look around your organization for natural “allies” to the workforce. Often, participants in the implementation of Peer Support Programs willingly volunteer their time to work on this committee because of desire to help colleagues who may be suffering. Of course, there is flexibility in who will make up the committee depending on the internal resources within the organization. Here are some suggestions for representation on the committee: EAP, Risk Management, Quality and Safety, Chaplaincy,

Marketing/Communications, Wellness Committee or Provider support services, Nursing leader/educator, Physician leader/educator, Pharmacist leader/educator. Ideally, the group spans internal services and the clinical participants are representative of the interdisciplinary nature of the program.

### **PROGRAM COORDINATOR**

It is helpful, but not necessary, to have a designated person who will be responsible for communications to and from the program as well as provide support to the Steering Committee related to scheduling, reserving rooms, creating meeting agendas and minutes.

### **PROGRAM COORDINATOR TASKS**

- Sending invitations to nominated peer supporters
- Collecting applications and corresponding with the identified training group
- Sending invitations to identified employees to participate in the program
- Maintaining spreadsheet of invitees
- Sending follow up surveys
- Responding to inquiries about the program and possible referrals
- Maintain tracking log of peer support encounters (alternately this could be logged by peer supporter)
- Maintain/update intranet website
- Ordering of marketing materials

*Program Development continues...*



- 16. [Peer Support Outreach Invitation](#)
- 17. [Introductory Contact](#)

## **PROGRAM DEVELOPMENT: PERSONNEL**

### **CONSIDERATIONS FOR DEFINING THE SCOPE OF YOUR PROGRAM**

One of the initial tasks of the steering committee will be to define the scope of the program. Peer Support Programs initially focused exclusively on providing support to healthcare providers identified as the “second victim” in an event where the care they provided in part led to patient harm. Over time, this strict criterion has loosened to include adverse events, unanticipated patient outcomes, or near misses. Often when these events happen, employees in the clinical realm are most affected, but certainly non-clinical employees may be affected as well. Therefore, when defining the scope of the program, the types of events, who is eligible to participate, and whether peer support services will be offered to a group impacted by an event or individually or both should be outlined in the program charter and any descriptions of the program. Consideration should also be given for whether the program will be a 24/7 service or operate during typical business hours. As noted above, there is a distinction between critical incident debriefing, which should always be available, and peer support which can be scheduled at a convenient time.

### **GUIDELINES FOR ACTIVATING PEER SUPPORT**

The program should accept referrals from: managers/supervisors, self (employee), and other departments such as risk management or EAP who are engaged with a distressed employee. Quality and safety leaders may promote the Peer Support Program following a patient safety event, by generating a [peer support invitation](#)<sup>16</sup> to all participants in the review. Additionally, there may also be the ability to include an option for the employee to request to meet with a peer when reporting a patient safety event.

Outreach to employees who have been referred to the program may happen in two ways; the program coordinator sends an invitation to participate in the program to the employee who has been referred. If the employee responds yes to the program coordinator, the coordinator will reach out to a peer supporter with the employees contact information and the peer supporter will initiate [an introductory email](#)<sup>17</sup>. Alternately, the peer supporter may reach out directly to the employee who has been referred to the program.

### **THERE ARE PROS AND CONS FOR EACH MODEL:**

#### **PROGRAM COORDINATOR**

**PROS:**

Coordinator can help avoid awkward initial conversations

Coordinator may offer a choice alternative peer supporter to meet the preference of the employee

Less concern that a colleague has been notified about the event

**CONS:**

Too many steps may discourage getting connected to a peer supporter

People may feel this is impersonal or perfunctory

#### **DIRECT PEER CONNECTION**

**PROS:**

Peer does not have to go through steps to be able to talk

People may appreciate the personal expression of concern by a colleague

**CONS:**

Peer may feel as if their privacy has been violated (that a peer has been informed)

Difficult for the recipient to request an alternative peer supporter

*Program Development continues...*



## TOOLKIT RESOURCES

18. [Sample Email to Supervisor](#)
19. [Invitation Letter](#)
20. [Membership Application](#)
21. [Agreement to become a peer supporter](#)

## PROGRAM DEVELOPMENT: PERSONNEL

### SELECTION OF PEER SUPPORTERS

Peer support is already happening within your organization. One way to identify peers that colleagues trust is to ask employees to nominate their peers for the program. The request for nomination should include the qualities that are valuable to the peer support role such as: they have gained the trust and respect of their peers, they maintain confidences of their colleagues, they are non-judgmental, empathic, show emotional maturity, and communicate effectively. Not allowing for self-nominations provides assurance that colleagues already trust the individual and avoids the need to tell a person no.

Depending on the implementation strategy—unit specific or institution wide—the steering committee

will want to ensure that the list of nominees is interdisciplinary and includes representatives from the highest risk clinical areas within your organization. These often include the emergency department, intensive care units and pharmacy. A quick email to the supervisors of each of the nominees is a good idea to ensure that they are in good standing within the organization prior to inviting them to participate in the program ([sample email to supervisor](#)<sup>18</sup>). Once the supervisor has approved the nomination an [invitation letter](#)<sup>19</sup> should then be sent out to all nominees with an application for [membership](#)<sup>20</sup> to join the program.

Upon receipt of the nominee's application, you can plan a face to face interview. This provides an opportunity to see firsthand some

of the characteristics that would make an effective peer supporter while imparting to them the value of their service to the program. Then an invitation can be sent to the individual to attend the upcoming training. At the end of the training session, nominees can be invited to sign the [agreement to become a peer supporter](#)<sup>21</sup> and granted access to the SharePoint site or other internal shared drive with resources. The agreement is intended to share expectations while acknowledging the commitment the peer is making to participate in the program. Some organizations may find the agreement unnecessary and a less formal process more desirable. In these cases it is recommended to work with risk management to develop a strategy that works within the organization's culture.

*Program Development continues...*

## **PROGRAM DEVELOPMENT: OPERATIONS**

### **BUDGET**

Though the Peer Support Program is mostly budget neutral there are a few budget considerations to consider:

1. Employee time to design, implement and sustain the program
2. Peer Supporter training and expenses
3. Any other dedicated resources or staff
4. Coupons for coffee or lunch for peer support meetings

### **ESTABLISH CENTRAL ONLINE PORTAL**

Create SharePoint or some type of shared file system if SharePoint is unavailable in your organization. Members of the steering committee should have access to program files

which may include: training materials, additional resources, program and policy information, metrics and outcomes. A separate folder should be created for the peer supporters that may include similar information but additionally includes: a directory with contact information for members of the program and an [encounter log](#)<sup>22</sup>.

### **PROGRAM CONTACT INFORMATION**

Create contact information for the program. The program should have a dedicated phone line and email address within the institution in order to accept referrals, send invitations to affected employees, and communicate with trained supporters. If a program coordinator is in place, this person is the most likely to be responsible for answering the phone and primarily checking

the email account. In the absence of a program coordinator, the steering committee will need to decide who the most appropriate person is to assign the phone number too and have access to the email account (may be more than one person).

*Program Development continues...*

## **PROGRAM DEVELOPMENT: OPERATIONS**

### **ESTABLISH PATHWAY FOR EXPEDITED REFERRALS**

When a “warm” handoff is necessary, the committee should be thoughtful about the preferred pathway for a peer supporter to facilitate referrals to a higher level of care when necessary and this information should be easily accessible to the peer supporters. In some cases, establishing a contact person within the EAP may be the preferred process, but this may differ depending on organizational resources. An effort should also be made to create a [chart of local resources](#)<sup>23</sup> specific to your region in the state to be included in the materials for the peer supporter. This resource list should be posted on the intranet site or other areas that are accessible to all staff and clinicians. When EAP is not available, it may also be helpful to identify an individual experienced in caring for distressed employees in the course of their work, for example in risk management or safety and quality, who may serve as the point person. It is essential that the employee’s confidentiality be maintained throughout the process of referral to a mental health

provider. It is important to remember the guidelines of confidentiality governing the peer support relationship. Therefore, even in the spirit of helping connect a distressed employee to additional care, peer supporters should not reach out to their unit supervisor, nurse manager, department chair, or medical director. Their need for emotional support should remain confidential from their employer and colleagues. In very rare instances (previously discussed), confidentiality may be broken, and the employee should be informed of the steps the peer supporter is taking.

### **RECORD KEEPING**

Maintain an encounter log to provide reporting out statistics about program utilization. The encounter log should not contain any identifying information of employees utilizing the program. The content of what is discussed between an employee and peer supporter is confidential and may not be disclosed without written consent of the employee. It is preferred that peer supporters be assigned a unique number

that is used to log encounters. The Employer will not be given access to records of employee participation in the program and participation cannot be utilized for discipline. An organization may decide to log additional variables, but at a minimum, collecting the following is recommended: peer supporter identification number, date of meeting, number of meetings with individual.



# training





## TRAINING

Develop a schedule for training peer supporters or sending peer supporters to offsite trainings. The training program developed by Dartmouth Hitchcock Peer Support Program is a 4.5 hour training course and eligible for continuing education credits for MD's and RN's.

This training includes the following concepts: understanding the concept of "second victim", prevalence rates and who is typically affected by discipline; typical stages of recovery following involvement in

a medical error or adverse event; introduction to additional materials related to providing support to colleagues affected by second victim phenomenon; specific skills helpful to supporting a peer and role play. Upon completion of the training course if a [membership agreement](#)<sup>24</sup> is desired within your organization, peer supporters would be invited to sign this and given access to additional program resources.

In addition to attending the initial training, programs should consider

providing ongoing "booster" sessions to the peer support group in part to maintain engagement and in part to provide a forum for sharing of cases and ongoing learning. A calendar of upcoming training sessions and quarterly "booster" sessions should be posted to the intranet.

marketing &  
communications  
plan





## TOOLKIT RESOURCES

- 25. Sample Pocket Cards
- 26. Sample Program Brochures

## MARKETING AND COMMUNICATIONS PLAN

Develop a communication plan and marketing materials. One consideration may be to invite a member from the marketing team to participate in the steering committee at the inception of program development. Alternately, a brief standing meeting may be scheduled with an identified contact in the marketing department to discuss updates and timelines regarding the communication plan and development of marketing materials.

### **COMMUNICATION PLAN**

Use internal media to announce the program and educate employees

about program offerings. This will vary depending on the organization, but examples include:

- Feature an article about the program on the intranet or internal newsletter
- Present at Employee Benefit Fairs
- Include a description of the program with marketing materials during daily announcements or huddles on inpatient units or in outpatient clinics
- Incorporate information about the program into new employee orientation or annual e-learning
- Include an option to refer one's self or colleague to the program in the current event reporting system utilized by the organization
- Develop timeline for follow up articles featuring individual peer supporters

### **MARKETING MATERIALS**

Marketing materials, such as [pocket cards](#)<sup>25</sup> or [brochures](#)<sup>26</sup>, can be easily distributed following an event and/or placed in employee locations such as lounge areas. These materials ensure that information is readily available to appropriate staff and clinicians.

program  
evaluation





## TOOLKIT RESOURCES

27. [Sample Survey](#)

28. [Nationwide Children's Hospital Survey Examples](#)

## PROGRAM EVALUATION

In order to demonstrate accountability for the program, we recommend a brief survey to gather the following information: utilization, satisfaction, and reach. The point here is to have an idea of whether the program is being used, are employees happy with the service, and is it filling a gap, eg. is it reaching employees who otherwise would not seek out support from an existing service. In order to survey the participants, the program coordinator should maintain an excel spreadsheet of all participants invited to use the program whether or not they accepted the invitation. This may include invitations sent on behalf of the quality and safety program to employees who have been involved in a known safety event (eg. RCA participants), invitations sent on behalf of a referral from an employee's supervisor/ manager or other agent of the institution, and/or employees self-referred to the program. With a master list of all invitees, one approach may be to send a follow up survey 4-6 weeks after the invitation to use the program. Here is a link to a [sample survey](#)<sup>27</sup>.

Depending on the implementation strategy for the program, there may be additional approaches to measurement as well as additional outcomes of interest. If the decision is made to launch the program in a specific unit, a pre and post survey could be developed and sent to all employees in the unit. This would allow for collection of prevalence data regarding involvement in medical errors/adverse events, need for such a program, and specific outcomes such as changes in emotional distress related to work. This was the approach utilized by Krzan, et al. at [Nationwide Children's Hospital \(NCH\)](#)<sup>28</sup>.

### ANTICIPATED BARRIERS

- 1. Low utilization:** In the beginning there may be a reluctance to use the program. Use marketing concepts to make sure that all departments are aware of the program. Provide opportunities for individuals who are involved in or contacted by the program to weigh in as to what could be improved.
- 2. Lack of Resources** (financial and others)

**3. Program is not hardwired,** dependent on one person or group. Needs to be "fed and watered".

**4. No "safe" place to meet.**

**5. Program needs to be promoted.**

### PROMOTION IDEAS

1. Employee benefit fair
2. National Patient Safety Week Poster/Presentation
3. Provide brochures to all managers, chaplain, risk managers, safety and quality staff, EAP, Occupational medicine, Employee Wellness program
4. Announcements and brochures at Organizational Daily Safety Huddle

### REFERENCES

Wu A: *The Doctor who makes the mistake needs help too*; *BMJ* 2000;320;726

Moran D, Wu AW, Connors C, Chappidi MR, Sreedhara S, Selter JH Padula WW: *Cost-Benefit Analysis of a Support Program for Nursing Staff*; *J Patient Saf* Apr, 2017:epub

# appendices

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## APPENDICES

### I. DARTMOUTH-HITCHCOCK CHARTER SAMPLE

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# Charter – Interdisciplinary Peer Support

Problem Statement		Project Scope		Resource Plan	
<p>Current DH peer support programs are restricted to physicians. There is a critical need to provide these services to other health care workers who have been involved in medical harm events. All members of the health professions take on a sense of responsibility and failure when their patients suffer. When the adverse event is preventable, these feelings are much more intense and may expand to guilt, shame, loss of self-confidence and self-deprecation. We know that this occupational risk is an important contributor to staff burn out, career dissatisfaction, and employee turn-over.</p>		<p><b>In Scope:</b> Any DH employee involved in an event in which a patient was harmed.</p> <p><b>Scope Exclusions:</b> Employees who are experiencing emotional distress from other work related issues.</p>		<p><b>Project Lead(s):</b> Sam Casella</p>	
				<p><b>Project Sponsor(s):</b> George Blike Pamela Hofley</p>	
Business Case		Goal		Team Members	
<p>Medical errors may be extremely expensive, often resulting in prolonged stays or additional surgery. Legal claims may run into millions of dollars. Burnout results in a poor patient experience, reduced productivity, and additional burden on fellow workers. Staff turnover is extremely expensive due to lost productivity, recruitment and training expenses, and the cost of training new employees. We all recognize that any reduction in staff burn out or turnover will be beneficial financially and create a better, safer and more efficient work environment.</p>		<p>45 employees trained in peer support by 6/30/19</p>	<p>Number of employees completing 4 hr training</p>	<p>Frank Macht</p>	<p>M. Chase Levesque</p>
		<p>Representatives from 6 different disciplines</p>	<p>Number of unique disciplines among trained peer support employees</p>	<p>Lawrence Dacy Vicky Patric</p>	<p>Michele King Karen Boedtke Paula McCrae Art Higgins</p>
		<p>100 individual peer support sessions in Fiscal Year 2019</p>	<p>Number of requests for peer support services in FY2019</p>	<p>Steve Cole/Juliana Reed</p>	<p>Joni Spring</p>
		Milestones		<p><b>Contact Information for Project Lead:</b></p>	
		<p>Training developed</p>	<p>June 30, 2018</p>	<p><b>Timeline</b></p>	
		<p>First class enrolled</p>	<p>Aug 31, 2018</p>	<p>Start Date</p>	<p>2/1/2018</p>
		<p>Services offered</p>	<p>Sept 30, 2018</p>	<p>End Date</p>	<p>Indefinite</p>
				Signatures	
				<p>Project Sponsor</p>	
				<p>Project Leader</p>	



## APPENDICES

# II. AGREEMENT OF UNDERSTANDING PEER SUPPORT TEAM MEMBERSHIP



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Note: This is not meant to be a firm binding of a person requirement to serve but rather an agreement and mutual understanding of the importance of the role. Adapt this form to serve your needs.

## Agreement of Understanding Peer Support Team Membership

I, \_\_\_\_\_, agree to serve as a PEER Support Team Member for a minimum of one year.

I agree to the following commitments:

1. Attend mandatory Peer Support Team initial training session as scheduled. (4 hours)
2. Attend at least two training of the quarterly team meetings for Peer Support per year.
3. Complete checklist/log for each encounter in a timely manner.
4. Maintain strict confidentiality regarding delivery of crisis support services, including topics discussed and personnel involved. Refrain from taking personal notes regarding case specific information. Any breach in confidentiality may result in removal of from the team.
5. Abide by the established team protocols and operational guidelines.
6. Provide at least a four week notice to the Peer Support Steering Committee in voluntary separation situations.

I have read and understand these commitments and agree to serve as a member of the Peer Support Team for a one-year period.

\_\_\_\_\_  
*Peer Support Team Applicant (Signature)*

\_\_\_\_\_  
*(Date)*

The Peer Support Steering Committee(s) agree to the following commitments to team members:

1. Provide the initial/formal Peer Support Steering Committee training for new members.
2. Offer support to team members after Peer Support team activation as necessary.
3. Regularly evaluate team operations and membership.
4. Arrange 24 hour/7 days a week access via text pager.

\_\_\_\_\_  
*Team Facility Lead (Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*Team Coordinator (Signature)*

\_\_\_\_\_  
*(Date)*

## APPENDICES

### III. PEER SUPPORT OUTREACH EMAIL FOLLOWING AN ADVERSE EVENT

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Note: This is a letter that can be sent out to colleagues who have been impacted by a medical error. It is for your organization to determine the method of identifying and inviting people to participate in the program. This letter can be generated following a Root Cause Analysis or other method that involves reviewing and adverse event or medical error.

Hello { Name },

Almost everyone has experienced, or will experience, an unanticipated patient event causing added stress in their healthcare career. During times like this, it can be helpful to have someone to talk to for additional support. As a recent participant in a quality assurance review, you are invited to reach out to Peer Support to talk to a specially-trained colleague that will listen, share coping strategies, and offer resources for additional help if needed. This program is strictly confidential and voluntary.

If interested, you can respond to this email, or call the Peer Support line 603-653-1010 to have your questions answered and, be matched with a peer supporter at your request.

Thank you,

{ Add contact information for Peer Support Coordinator or another who is coordinating the program. Alternatively, for organizations who do not have a designated Coordinator this letter could be generated from the peer supporter or contain information for the Peer Supporter. }

# APPENDICES

## IV. APPLICATION

### TEMPLATE



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Note: Revise this template as needed for your organization. This [link](#) will provide instructions to create a fillable PDF form that allows participants to fill in their information without impacting the formatting of the form.

{ Add Institution logo }

### Application for Peer Support Membership

Individuals interested in pursuing membership in the Peer Support Team please complete this form:

#### ***I. Personal Information***

Name: \_\_\_\_\_ Phone (Home/Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Address (Street, City, State & Zip Code): \_\_\_\_\_

#### ***II. Education Information***

Highest degree of education received: \_\_\_\_\_ Degree received: \_\_\_\_\_ Year: \_\_\_\_\_

#### ***III. Employment Information***

Current unit/department: \_\_\_\_\_ Current title: \_\_\_\_\_

Primary shift worked: \_\_\_\_\_ Clinical experience (years): \_\_\_\_\_

#### ***IV. Clinical experience***

*What experience do you have in providing any of the following? Include specific information about those experiences that are applicable to you.*

a. Individual Counseling/Coaching: \_\_\_\_\_

b. Small group work: \_\_\_\_\_

c. Stress Management: \_\_\_\_\_

d. Training or education in other areas: \_\_\_\_\_

How did you hear about Peer Support? \_\_\_\_\_

Why would you like to become a member of the Peer Support Team? \_\_\_\_\_

Additional information you would like us to know about you to aid in the Peer Support Team selection process:

***I would like to be considered for the role of team peer supporter:***

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*(Date)*

***I endorse this applicant's request to join the Peer Support team:***

\_\_\_\_\_  
*Manager's Signature*

\_\_\_\_\_  
*(Date)*

# APPENDICES

## V. SAMPLE SURVEY



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Good Afternoon,

Our records show that you received an invitation to participate in Peer Support at { Institution Name }. As part of our ongoing work to develop and improve our Peer Support program at { Institution Name }, we invite you to complete a 6-item follow-up survey whether you chose to utilize the program or not.

Thank you for your feedback!

### Peer Support Follow-up Survey

{ Include link to SurveyMonkey }

#### I. Demographics

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Years of practice: \_\_\_\_\_

1. Did you participate in the Peer Support Program? { Yes } { No }

***If yes, please rate:***

A. How satisfied were you with the program? { Not at all } { A little } { Moderately } { A lot }

B. Do you feel you benefited from speaking with a peer supporter? { Not at all } { A little } { Moderately } { A lot }

C. Would you recommend this program to your peers? { Yes } { No }

2. Have you used employer services (e.g. EAP, Chaplaincy) in the past related to a work/safety event? { Yes } { No }

3. Have you been involved in a legal claim related to an adverse work event? { Yes } { No }

4. If you chose not to participate in this program, can you tell us why? \_\_\_\_\_

\_\_\_\_\_

5. Suggestions for our improvement: \_\_\_\_\_

\_\_\_\_\_

6. Shout outs to share with our peer supporters: \_\_\_\_\_

\_\_\_\_\_



## APPENDICES

### VI. RECRUITING

#### LETTER

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Dear { Name },

We are excited to announce the launching of our Peer Support program at { Institution Name }.

As we continue to learn more about typical reactions of healthcare providers and the process of recovery following an adverse event, employers are well positioned to provide support to vulnerable members of their workforce. Peer support has emerged as a largely untapped and robust form of employee assistance. We now recognize that all disciplines can benefit from supportive interaction with their peers. We have developed a confidential Peer Support program that is interdisciplinary and will connect trained colleagues with their peers following an adverse event.

We have begun the process of selecting peers nominated by their colleagues to participate in our training program. We would like to ensure that the { Department Name } group is represented in our program so that you will have peers available to offer support to { Department Name } if/when needed. Therefore, we invite you to nominate 2-3 employees from your group who employees turn to for support and who are in good standing within the department/unit.

In order for this program to be successful, it's important that we select candidates who are respected and trusted by their peers. Thank you for your thoughtful consideration and support.

Sincerely,

{ Contact Information }

# APPENDICES

## VII. ENCOUNTER LOG

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**Encounter Log**

	Administrative			Peer Supporter				
	Date of Initial Peer Request	Peer ID #	Source of Referral	Did the Peer/Staff Member Meet?	Date of First Encounter	Number of Connections	Staff Role	Location/Campus
1	Tuesday, 8/27/19	49	email	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
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## APPENDICES

### VIII. SAMPLE POCKET CARDS FOR SUPERVISORS/MANAGERS

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PEER SUPPORT  
**Dartmouth-Hitchcock**

Healing & Wellness  
**Peer Support**  
Emotional Support Coping Strategies

**D-H Peer Support**  
Assistance and support for any member of the health care team following an unanticipated patient event.

For assistance, please email [peersupport@hitchcock.org](mailto:peersupport@hitchcock.org) or call (603) 653-1010.

The D-H Peer Support Program offers members of the health care team the opportunity to talk with a specially-trained colleague about stresses at work and the emotional impact of caring for others. Whether dealing with an unexpected patient loss, malpractice claim or any other stressful event related to caring for patients, the peer supporter will listen, share coping strategies, and help find additional resources if necessary. Participation in the program is voluntary and confidential.

**Individuals can be referred through:  
Self-referral • Colleague • Risk Management**

**Following an unexpected patient event,  
supervisors and program directors can:**

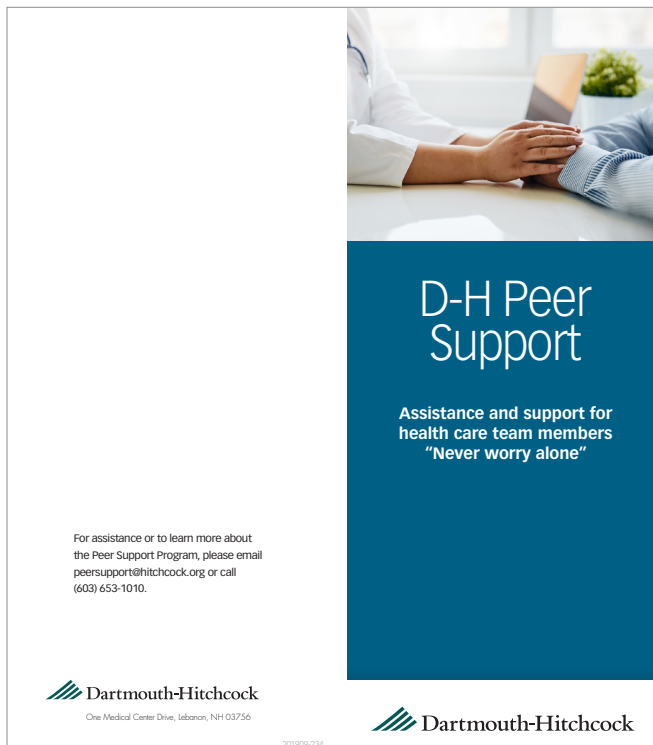
1. Connect with your team members.
2. Reaffirm confidence in your team.
3. Consider a brief break or calling in the flex team.
4. Keep your team informed of next steps.
5. Regularly check on members of your team.
6. Make a referral to Peer Support if needed.

# APPENDICES

## IX. SAMPLE PROGRAM BROCHURES

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{ Outside }




**D-H Peer Support**

Assistance and support for health care team members  
"Never worry alone"

For assistance or to learn more about the Peer Support Program, please email [peersupport@hitchcock.org](mailto:peersupport@hitchcock.org) or call (603) 653-1010.

 Dartmouth-Hitchcock  
One Medical Center Drive, Lebanon, NH 03756

 Dartmouth-Hitchcock

201909-234

{ Inside }

**What is Peer Support?**

When an unanticipated patient event or medical error occurs, it can be devastating to members of the health care team. The D-H Peer Support Program offers employees the opportunity to speak with a specially-trained colleague about the emotional impact they may experience following an adverse event. All conversations are confidential and participation in the program is voluntary.

**How does the Peer Support Program work?**


Employees are matched with a peer supporter that shares their profession, such as a nurse with another nurse. Whether dealing with an unexpected patient loss, malpractice claim or other stressful event related to caring for patients, the peer supporter will listen, share coping strategies and help find additional resources or a higher level of care, if necessary. No notes will be taken and the event will not be reviewed or analyzed.

**Individuals can be referred through:**

- Self-referral
- A colleague
- Risk management

**To help employees who are involved in an unexpected patient event, supervisors and program directors can:**

1. Connect with your team members.
2. Reaffirm confidence in your team.
3. Consider a brief break or calling in the flex team.
4. Keep your team informed of next steps.
5. Regularly check on members of your team.
6. Make a referral to Peer Support if needed.





## **APPENDICES**

### **X. SAMPLE RESOURCE LIST**

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Many individuals exposed to a traumatic event will not need any formal intervention. But resources should be offered to all (whether they pursue them or not).

#### **Resources/Referrals**

You may begin to feel better slowly with time. But if you feel you are having trouble coping with this, there are resources available.

{ Fill in with organization and/or community support services }

***Employee Assistance Program:***

***NH Professionals Health Program:***

*(for NH MDs, PAs, Pharmacists, Dentists, Veterinarians and as of 7/1/19 all NH nursing licenses)*

Phone: 603-491-5036

Email: [sgarhart@nhphp.org](mailto:sgarhart@nhphp.org)

***Chaplaincy:***

***Risk Management:***

***Therapists in the community:***

[www.psychologytoday.com/us/therapists/nh/lebanon](http://www.psychologytoday.com/us/therapists/nh/lebanon)

## **APPENDICES**

### **XI. SAMPLE LETTER TO SUPERVISOR**

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Dear { Unit Manager },

We are excited to announce the launching of our Peer Support program at { Institution Name }.

As we continue to learn more about typical reactions of healthcare providers and the process of recovery following an adverse event, employers are well positioned to provide support to vulnerable members of their workforce. Peer support has emerged as a largely untapped and robust form of employee assistance. We now recognize that all disciplines can benefit from supportive interaction with their peers.

We have developed a confidential Peer Support program at { Institution Name } that is interdisciplinary and will connect trained colleagues with their peers following an adverse event. One of your employees, { Employee Name }, is seen as offering support to colleagues and has been nominated to complete the training and participate in this program. Our first training is scheduled for { Date } from { Time }. Prior to contacting them, we would like to ensure that you support { Employee Name } candidacy to participate in this program and that they are in good standing within the department/unit.

If so, you can share your support of this employee by simply replying to this email. If there are concerns you may have about this employee's participation in this program, a member of the Steering Committee can arrange for a time to meet with you and hear your concerns. In order for this program to be successful, it's important that we select candidates who are respected and trusted by their peers.

Sincerely,

{ Name Here }

## APPENDICES

### XII. SAMPLE LETTER OF INITIAL CONTACT

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{ Institution Logo Here }

Dear { Employee Name },

I'm { Name Here }, a { Job role/title } who is part of { Institution Name } Peer Support Program. I got your name from { Referral source } who asked me to contact you and offer my help. My only role is to offer you support right now, and any information you choose to share will remain confidential. Your participation will not be shared with Risk Management, the Medical Staff office, or Human resources.

Let me know if you'd like to meet and what dates and times work for you. We can meet where you work or elsewhere—some people prefer the hospital cafeteria or even off campus. We can also talk by phone at { Phone number }.

If you're not sure you want to meet, but just want some more information about the Peer Support Program and my role within it, call or email me. The program is voluntary and confidential.

With regards,  
{ Name Here }

# APPENDICES

## XIII. SAMPLE LETTER OF INVITATION



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Dear { Employee Name },

Congratulations! You have been recognized by your peers as a highly respected colleague to whom members of your unit might approach in a time of need. Though this may not be part of your job description, we understand and deeply appreciate that you provide peer support within { Institution Name }.

Our goal is to create a group of individuals who would be willing to provide emotional support for fellow employees when they are involved in a medical error or adverse event. We know that it can be devastating when you come to the realization that you made an error that harmed a patient. Yet the reality is that humans do make errors, and that virtually everyone in healthcare will make a significant medical error at some point in their career. In those circumstances, it can be very helpful to confide in a colleague who really understands your role in healthcare.

Our vision is that anyone involved in a medical error would have access to a peer supporter within their discipline.

We ask that all peer supporters:

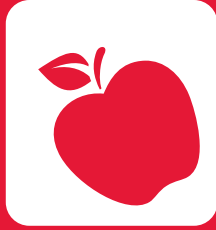
{ Add details of the existing program including: training dates, times and location; additional expectations (suggest quarterly meetings that review specific cases, solicit feedback and optimize the program )

The actual sessions as a peer supporter with colleagues can be arranged for your mutual convenience, but we are suggesting a 30 minute meeting over lunch or other time that is convenient. It's difficult to know how often you might be called, but you would always have the option to decline.

We hope that you are interested in learning more about this program, and would welcome your participation. If you are interested, please fill out and return the application to { Contact email }. Even if you are unable to participate in the formal program, we recognize that you are already providing peer support and we thank you for your efforts to assist your fellow employees.

Sincerely,

{ Name Here }



Foundation *for*  
Healthy Communities

