Building a Staff Emotional Support Program

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University of Rochester Medical Center at a Glance

- 838 bed Academic Medical Center
- Quaternary care center
- Level 1 trauma center
- 17,000+ total employees
- 3,950+ nurses
- 858 residents/fellows
Background

Rare, serious occurrence in Obstetrics resulted in maternal death.

 WHY DOES EVERY HOSPITAL NEED A STAFF EMOTIONAL SUPPORT PROGRAM?
Evidence

When Disaster Strikes...

The Critical Incident Stress Debriefing Process

Many disasters over the past five years have brought attention to the fact that rescue workers themselves can become psychologically traumatized by the overwhelming experience. To meet this need, a new form of crisis intervention that is specifically designed to assist them is now under development at the Emergency Health Services Program of the University of Maryland Baltimore County. It is called "Critical Incident Stress Debriefing," and its main goal is to support those who are involved in emergency operations under conditions of extreme stress. A critical incident is defined as a life-threatening or death-causing situation. The intervention may be necessary after a shooting by a police officer or a civilian injury or death caused by a natural disaster. The intervention includes:

- The serious injury or death of an emergency team member in the line of duty.
- The serious injury or death of a civilian resulting from emergency service operations. This would include death by a police officer or a civilian injury or death caused by a natural disaster.

by Jeffrey T. Mitchell

Evidence

Wisdom in Medicine: What Helps Physicians After a Medical Error?

Margaret Plews-Ogan, MD, MS, Natalie May, PhD, Justine Owens, PhD, Monika Andelt, PhD, Jo Shapiro, MD, and Sigal K. Bell, MD

Abstract

Purpose

Confronting medical error openly is critical to organizational learning, but less is known about what helps individuals and organizations recover.

Methods

The study was conducted between 2005 and 2011. It included 12 hospitals, 143 residents, and 1,571 attending physicians. Participants were interviewed about their experiences with medical errors. The data were coded using NVivo software.

Results

The interviews were transcribed, professionally transcribed, and coded by two study team members (kappa 0.8) using principles of grounded theory and NVivo software.

Conclusion

The study found that people coping with a traumatic event move through a process of rumination and, with self-disclosure and the right social supports, are able to rework their understanding of themselves, learning training. Investigators identified eight themes reflecting what helped physicians cope positively: resilience, wisdom, secrecy, self-reflection, and professional development.

Can physicians move through the experience of making a harmful error and not just survive but, rather, learn something essential about themselves?
Evidence

“Implementing a support system...involves preventative teaching and training measures... This aims at a minimum, to educate people about the basic psychological processes that follow and accompany incidents...”

“Most importantly, the second victim should feel assured that he or she does not stand alone in the aftermath...”

Evidence: Rat Buddy Study

Buddy system eases stress, study suggests

Japanese study highlights health value of company, even in the face of literal shock.

By RACHEL ADZISON
September 2004, Vol 35, No. 8
Print version: page 24

Misery loves company for reasons science is beginning to understand. Researchers at the University of Tokyo used three different measures to confirm that the mere presence of a partner alleviates the stress response in rats, reducing their blood pressure and heart rate and enabling them to literally keep their cool and stave off high levels of anxiety. Balancing the findings to clinical work with people, Winokur hypothesizes that social buffering “may accelerate recovery from stress and change your experience of it. This has important implications for treating depression and anxiety, in which recovery from stress is impaired. Social companions seem to help with recovery, which seems to fit what clinicians think about trauma, stress and social support.”

Evidence

“Today, our survival depends on our ability to face our problems artfully rather than use our prehistoric defense resources: fight, flight, or freeze.”

“...deal with trauma, its psychological and biological effects on mind and body...and treatments plans that deal with the resulting problems and transform them into growth.”

“Demobilizing, defusing, and debriefing are the three major techniques for dealing with the victims of a critical incident...”

VIDEO
Our Journey

Original Task Force Membership

- Quality Assurance
- Nursing
- Providers
- Palliative Care
- Psychiatry
- Senior Leadership
- Employee Assistance Program
- Chaplaincy
- Human Resources
- Office of Council for Medical Center
Revised Membership

Quality Assurance  Senior Leadership  Employee Assistance Program
Nursing  Chaplaincy
Providers  Human Resources
Palliative Care  Office of Council for Medical Center
Psychiatry

Continuous Reframing

Mission Statement
When traumatic situations and difficult events occur in our environments, URMC managers shall ensure that staff has necessary emotional resources and support. URMC managers should address security, quality, safety and legal concerns that accompany these situations.

Vision Statement
The vision of the YoUR Support is that all managers are well prepared to recognize, assess and respond to staff support needs.
Focus...

What was important?
- A formalized approach to staff support throughout URMC
- 24/7 response
- A system that we could sustain over time
- Education for staff and front line leaders

Medical Center Dissemination

Presentations at:
- Patient Safety Grand Rounds
- Department Heads & Supervisors
- Leadership Development Series
- Chief Nursing Officer/Nursing Leadership Meeting
- Magnet® Council
- Professional Nursing Council (self-governance)
- Primary Care Resident Quality Council
- Department Specific Presentations

Consider your organizational structure (i.e. labor relations)
## YoUR Critical Incident Response Plan

<table>
<thead>
<tr>
<th>Response:</th>
<th>Timing:</th>
<th>Description:</th>
<th>Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL 1</td>
<td>Demobilizing</td>
<td>Immediately after event 5-10 min</td>
<td>Regroup and tend to physical safety and security needs to finish shift or care episode professionally</td>
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<tr>
<td></td>
<td></td>
<td>“Standing meeting” very quickly after incident to acknowledge, normalize, regroup and get the work done</td>
<td></td>
</tr>
<tr>
<td>LEVEL 1</td>
<td>Defusing</td>
<td>At end of shift 15-20 min</td>
<td>Reinforce individual and team healthy coping strategies to get personnel off duty safely</td>
</tr>
<tr>
<td>LEVEL 2</td>
<td>Debriefing</td>
<td>48-72 hours after incident 30-60 min</td>
<td>Restore personnel to “usual state of health” and accelerate normal recovery process</td>
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<td>Formal sit down meeting facilitated by a trained Responder to support recovery after a critical incident.</td>
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</tbody>
</table>

### VIDEO
Training Plan

Experienced Responders Overview Sessions - validate & support work they are already doing in their roles, orient to program, standardize language and use of terms, mentor level 2 Responders

Level 1 Responders - train local unit level leadership personnel to demobilize and diffuse situations in real time

Level 2 Responders - train and mentor Critical Incident Responders to provides formalized debriefing sessions

Experienced Responders Support Sessions - bi-annual informal peer support for Level 2 and Experienced Responders to review tough debriefings and receive personal support

*Debriefing Closure*

Acknowledge the engagement of the team in the process.

Remind them that normal high level stress reactions were activated in each of them, and they need to attend to their self-care needs.

Review self-care activities they plan to engage in to care for self and support the team.

Acknowledge that they are special people for choosing to work ‘in the trenches’ and we are committed to supporting them.
Responder Training Results

Level 1 Responders:  
Initial training: 34 employees  
Additional training sessions: 88 employees

Level 2 Responders:  
Initial training: for experienced facilitators, to standardize: 18  
Additional training: 5 employees

VIDEO
Results - Demonstrating Cultural Shift

“Can we do that thing we usually do...you know...Talk about what just happened?”
- Public Safety Officer after restraining patient in Psych ED

“While they aren't directly caring for the patient, my staff have some real sadness from cleaning up the trauma bay after difficult cases.”
- Environmental Services Supervisor

“We had a serious event...and a nurse was injured. Has anyone called YoUR Support yet?”
- Quality Officer, at morning safety briefing after discussion of a serious event

“YoUR Support came up in Resident Wellness Committee today...”
- Attending Physician

Results

<table>
<thead>
<tr>
<th>September 2015 - February 2017</th>
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</thead>
<tbody>
<tr>
<td>Coworker tragedy</td>
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<tr>
<td>Debriefing CISM</td>
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<tr>
<td>Grief Counseling</td>
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<tr>
<td>Ongoing support sessions</td>
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<tr>
<td>Stress Management Support</td>
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<tr>
<td>Staff Retreats</td>
</tr>
<tr>
<td>Other</td>
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<tr>
<td>Total</td>
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</table>
VIDEO

LESSONS LEARNED/CHALLENGES

- Identifying gaps: Residents, department leadership turnover
- Capturing “curbside” sessions in data collection
- Managing overutilization
- Keeping the focus emotions-based, not clinically-based
- Avoid offering things that cannot be delivered
- Making sure support sessions are multidisciplinary
- System dependent rather than person dependent
  - Avoids transitions with staff turnover
Sustaining the efforts

The Value Today

Quarterly YoUR Support Task Force meetings
Ongoing education- frequent requests for additional classes
Engrained in the culture (Daily Safety Briefing with accountability)
Able to provide rapid mobilization of resources
  - Distribution Lists for Facilitators
  - Weekend Calendar
Tools for sustainability

Cue Cards

Tools for sustainability

Screensavers
More tools for sustainability

Newsletters and Updates

Annual Competency Update

Nuts & Bolts of Debriefing
We frequently use the word “debriefing” as a catch phrase which means to talk about and process after a critical incident. It is too often “just” another check off on a flowsheet, making sure you have completed everything. Let’s review the steps and importance of debriefing which is actually a 3 step process that can be utilized with patients, family members, and colleagues.

#1 Demobilization....immediately post event 5-10 min
Huddle—remain standing—charge nurse or designee will check in with staff. Is everyone is ok? Anyone injured? Is someone rounding on patients? What hap-

Future Directions

Medicine Grand Rounds
Level 1 training for Chief Residents, Chaplaincy residents
New advertising campaign
Pamphlet as educational handout
Enterprise wide- ambulatory, outlying hospitals with less resources
Anecdotal Measures

- Teamwork
- Safer Care
- Retention
- Satisfaction
- Burnout
- Compassion Fatigue

VIDEO
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Thank you!