

## Background/Significance

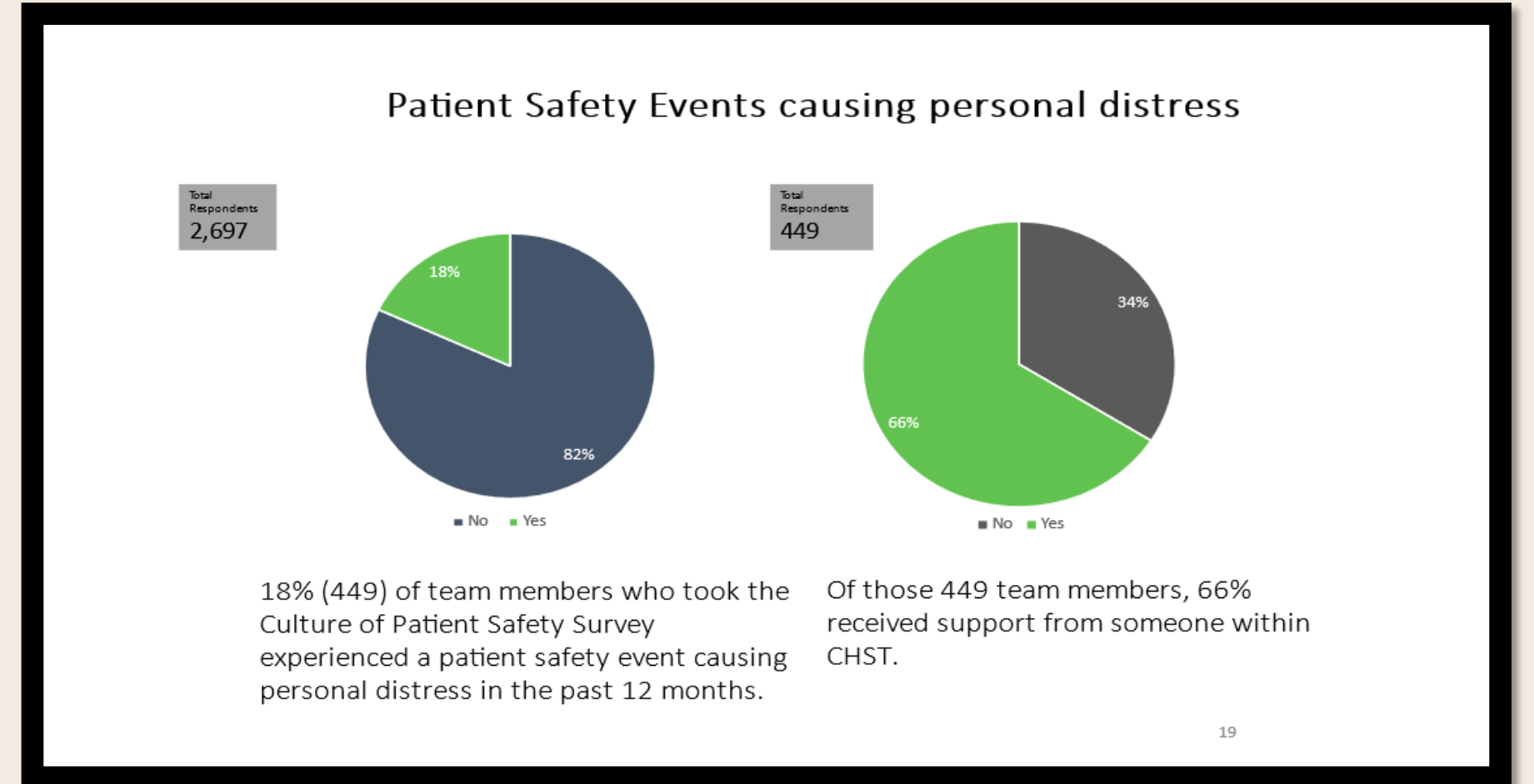
- Pediatric healthcare workers often experience emotional distress, termed "second victims," after adverse events, errors, and traumatic outcomes. Addressing this distress is crucial to prevent turnover and maintain staff well-being.

## The Second Victim Staff and Peer Support Program

- Developed in 2019, has experienced a 550% growth in the number of peer support volunteers.
- Lives within the RISE (Resilience, Integrated Ethics, Staff Support and Engagement) team at Children's Health.
- Focuses on 1:1 confidential peer support after medical errors, adverse events or traumatic codes/deaths that can contribute to second victim phenomena (Rodriquez, J. & Scott, 2017).
- The framework is adapted from the evidence-based University of Missouri 3-tiered second victim model and the Johns Hopkins RAPID psychological first aid model.
- The goal is not therapy but providing a safe space for the healthcare team member to unburden, have their emotional response normalized, and refer to other organizational resources as appropriate.
- Guiding principles that were utilized to integrate peer support into the healthcare culture were:
  - Normalizing the need for support through education and presence on units
  - Building peer support teams in critical care areas through innovative education methods
  - Evaluation of outcomes that demonstrates peer support improves engagement

## Current State

- 78 trained multidisciplinary peer supporters within the Second Victim Peer Support program. 60% are nurses.
- Led by a Program Director and three Second Victim Staff Support Specialists.
- In 2023, three Second Victim Staff Support Specialists were hired with executive nursing approval to support the stress in healthcare, pandemic residue, and system growth.
- Investing in second victim support structures should be a top priority for healthcare institutions adopting a systemic approach to safety and striving for just culture. (Busch et al., 2021).



## Impact of distressing patient safety events on team member engagement

	Did Not Experience Event That Caused Distress	Experienced, Received Support	Experienced, Did Not Receive Support
GrandMean	4.32	4.35	3.77
n Size	2,200	296	153
Q12. Learn & Grow	4.35	4.43	3.73
Q11. Progress	4.34	4.55	3.84
Q10. Best Friend	3.73	3.99	3.58
Q09. Quality	4.42	4.40	4.03
Q08. Mission	4.54	4.58	4.06
Q07. Opinions	4.06	3.94	3.21
Q06. Development	4.30	4.40	3.60
Q05. Cares	4.50	4.56	3.96
Q04. Recognition	3.98	4.02	3.18
Q03. Do Best	4.50	4.39	3.90
Q02. Materials	4.49	4.34	3.90
Q01. Expectations	4.68	4.66	4.26
Inclusion Index	4.34	4.23	3.65
Treated with Respect	4.44	4.34	3.78
Committed to Strengths	4.22	4.12	3.38
Do What Is Right	4.33	4.21	3.51

**Team member engagement was positively impacted for those who experienced a distressing patient safety event and received support.**

## Growth

- Peer supporters increased from 11 in 2019 to 78 in 2023. The number of peer support interventions have jumped from 16 in 2019 to 547 in 2023. Furthermore, critical care areas have been targeted to have peer support coverage for both day and night shift to meet the need after unanticipated pediatric codes, deaths, and medical errors.
- The Second Victim Staff Support specialists have focused on sustaining and growing the program, establishing a proactive and reactive rounding initiative, embedding eight specialties of multidisciplinary peer supporters in critical care units, increasing nightshift supporters, becoming trained facilitators for debriefs after events, conducting continuing education and assessment of the individual competencies and creating a robust and efficient data capture system.

## Highlights and Objectives

- The Culture of Patient Safety Survey in 2021 revealed that increase levels of engagement and perception of the culture of safety were correlated with support after distressing events (see table above).
- Total number of peer support interventions **2022: 382**
- Total number of peer support interventions **2023: 547**
- 2024 objectives:**
  - Revitalize second victim peer support training.
  - Develop current peer support cohort with continuing education and competency checks.
  - Increase physician support by doubling the amount of physician volunteers.

