Implementing RISE:
A Second Victim Support Structure at Johns Hopkins

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Introduction & Background:

Medical errors are inevitable in healthcare. Even though system errors are evaluated following an unanticipated patient-related event, little to no attention has been given to the caregivers that have been involved in these tragic events. These caregivers can experience feelings of anxiety, doubt, restlessness, fear, etc. Most importantly, some healthcare providers question their ability to take care of patients, some quit their jobs, and others leave the profession. In extreme case, some providers commit suicide. Not only does this have significant implications for patients, who are the first victims, but it has considerable and negative effects on the healthcare providers, who are the second victims.

Aim(s):

1. Increase awareness of the "second victim" phenomenon
2. Provide multi-disciplinary peer support in a non-judgmental environment
3. Equip managers & employees with healthy coping strategies to promote well-being
4. Reassure & guide employees to continue thriving in their role

Intervention, Setting, & Context:

Implementing RISE:

RISE Team: Resilience In Stressful Events

RISE, an emotional peer support structure, was developed to support second victims who were emotionally impacted by a stressful patient related event or unanticipated adverse event. This team is composed of a multidisciplinary peer responder team who has volunteered to support second victims when an unanticipated patient-related event occurs. Representation from the various disciplines includes and is not limited to: physicians, nurse managers, social workers, pharmacists, risk management, patient safety, administration, child life, etc. Johns Hopkins is one of the very few organizations to have an established a second victim program to support employees.

Mission:

"To provide timely support to employees who encounter stressful, patient-related events"

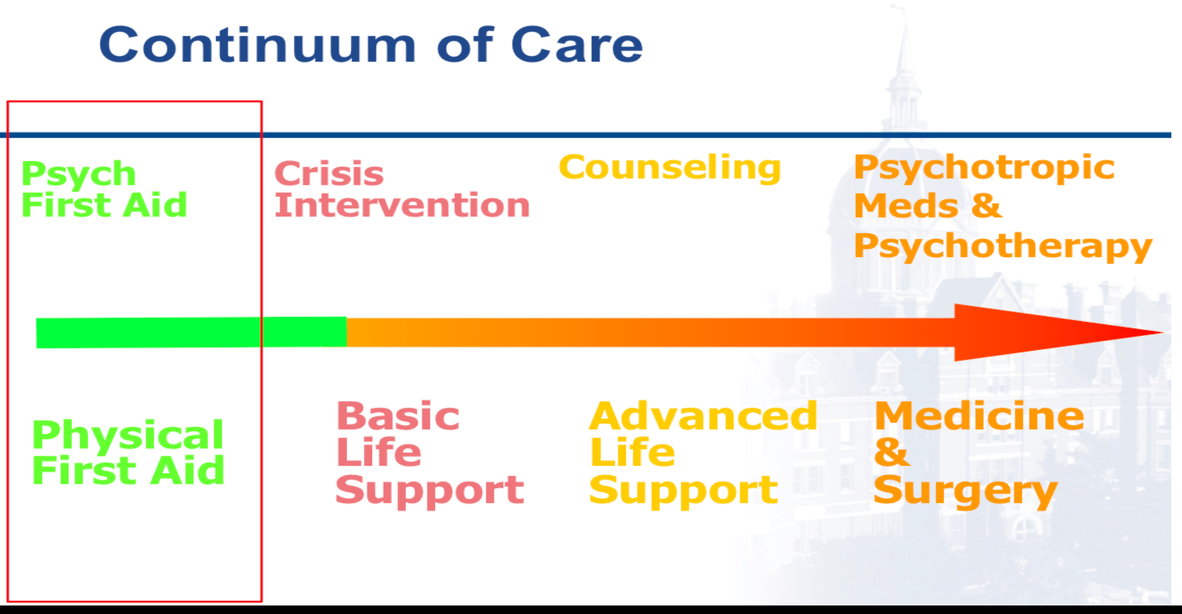
Measures:

1. A pediatrics pilot was launched and results were monitored throughout the pilot process during a 3 month and 6 month timeframe.
2. Data collection and monitoring for the RISE program include pre and post-surveys, focus groups, and monthly meetings.

Results:

Detailed results will be presented in peer reviewed publications.

Conclusion:



Lessons Learned: Peer support is critical after an adverse event happens.

Next Steps: Since there lacks to be a standard on how peer support systems are structured and managed, additional research on this topic is required. Future studies will include obtaining perceptions of patient safety officers on the structure and importance of peer support programs in hospital settings.