

# Caring for Our Own: Innovative Approaches

Heather Farley, MD, MHCDS, FACEP  
*Chief Wellness Officer*  
*ChristianaCare*



1



# Objectives

- Describe the impact of adverse events on the healthcare provider and highlight the importance of providing peer support for members of the healthcare team involved in or affected by patient harm or other traumatic events
- Identify how robust peer support can serve as one foundational component of a comprehensive staff wellbeing approach
- Explore other innovative trends and approaches to caregiver wellbeing



2



3

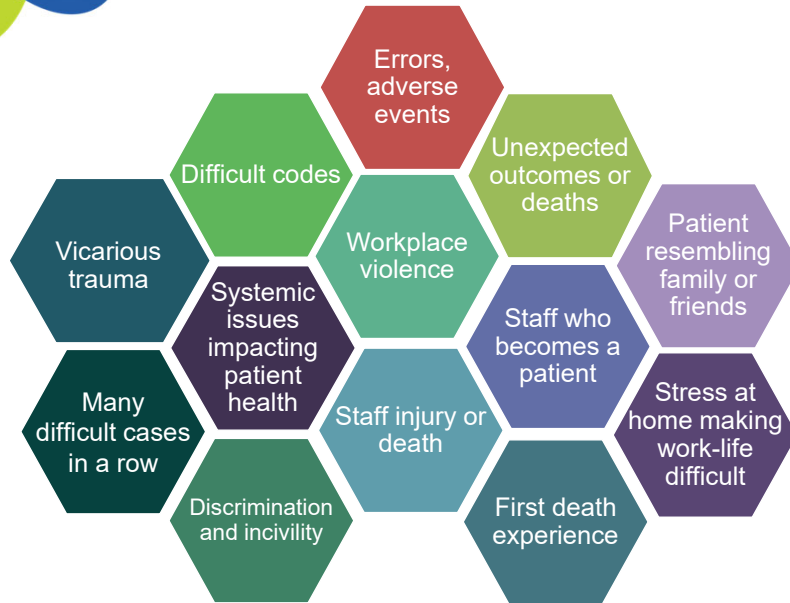
## The Second Victim

Second victims may include “individuals working within an environment offering/providing care and who are professionally/personally traumatized by exposure to a challenging clinical case or event”

(Scott et al., 2022)

4

# Being a Caregiver is challenging



ChristianaCare

5

# After stressful events we can feel...



Frustrated  
Embarrassed  
Doubtful Angry  
Isolated  
Incompetent  
Anxious  
Distressed Fearful  
Shameful  
Horrificed Guilty

(Jones & Treiber, 2017; Seyes et al., 2013)

ChristianaCare

6

## Affected caregivers may say...

This shook me to my core.

This has been a turning point in my career.

It just keeps replaying over and over in my mind.

I'm going to check out my options in retail. I can't mess that up.

I will never be the same.



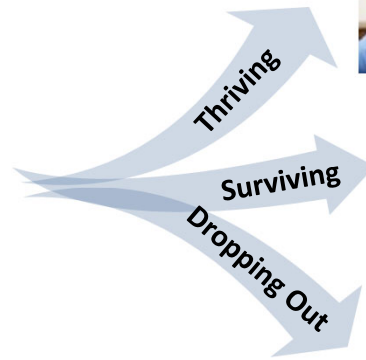
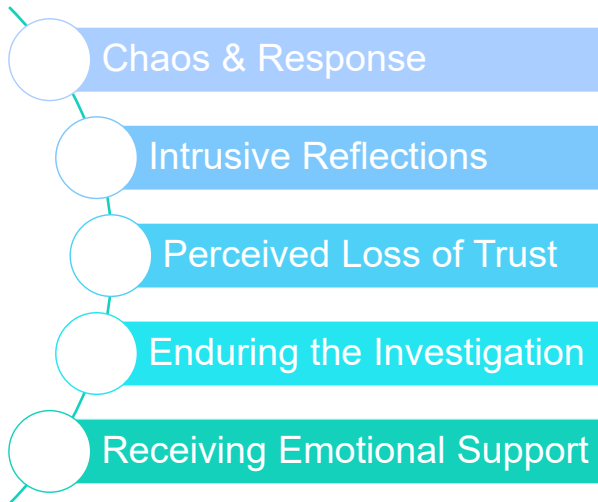
7

“Regardless of sex, professional type, or years in the profession, the second victim phenomenon can be described as a life-altering experience that leaves a permanent imprint on the individual.”



8

# Phases of recovery



(Scott et al., 2009)



9



a program of

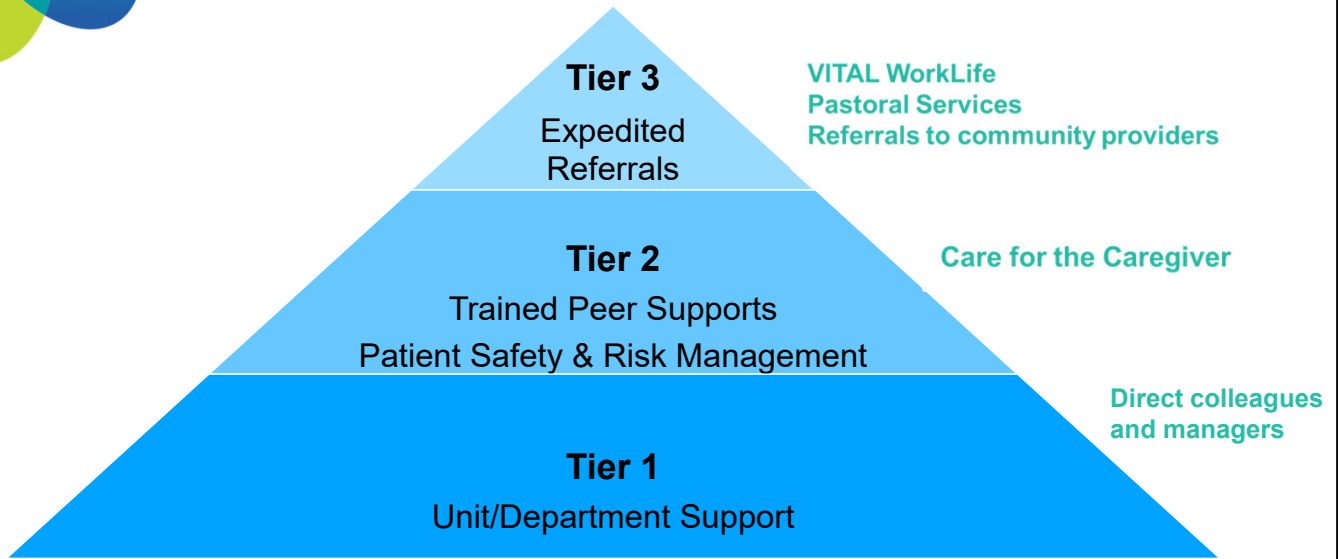
**The Center for WorkLife  
Wellbeing**



10



# Defining Peer Support



11



## Peer Support

### One-on-one support for individual caregivers



- Trained peer supporters provide non-judgmental, empathetic, confidential emotional support and promote positive coping skills
- Focus is on how you are doing, NOT the details of what happened
- Peer support can occur in-person or over the phone
- Peer support sessions are typically 1-2 times for 15-60 minutes
- Caregivers are connected with resources for on-going support (e.g., EAP), as needed



12



## Group Support

**Support for groups is available if multiple individuals are affected by the same event**



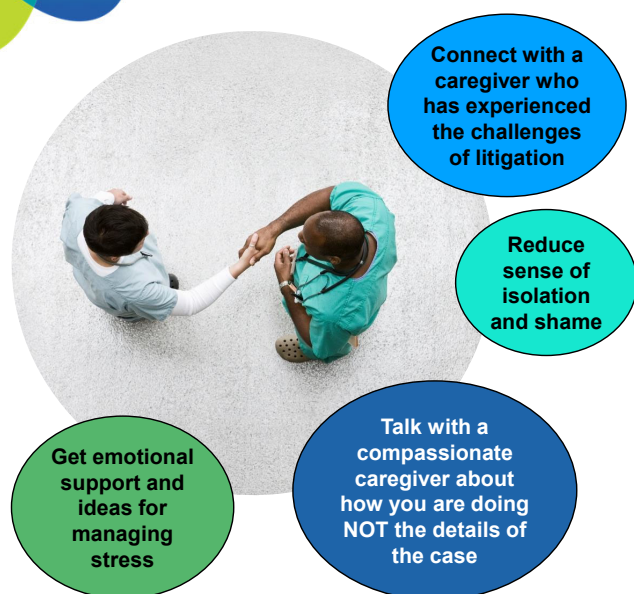
- Groups are for emotional debriefing and processing
- Non-judgmental sharing and discussion of emotions
- Assess coping and promote additional support resources
- Groups are facilitated by a member of the Center for WorkLife Wellbeing and can be coordinated with and co-facilitated by Pastoral Services
- A group session might last around 1 hour and occur 1-2 times after an event



13

## Litigation Support

### Litigation Support with Peer Mentors

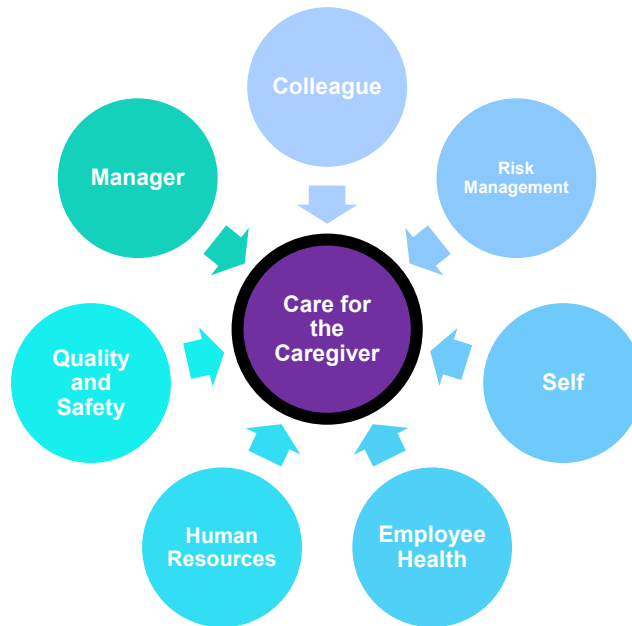


- ChristianaCare physicians and nurses who have faced litigation themselves
- Chat in-person, over the phone, or Q&A with mentors through intermediaries



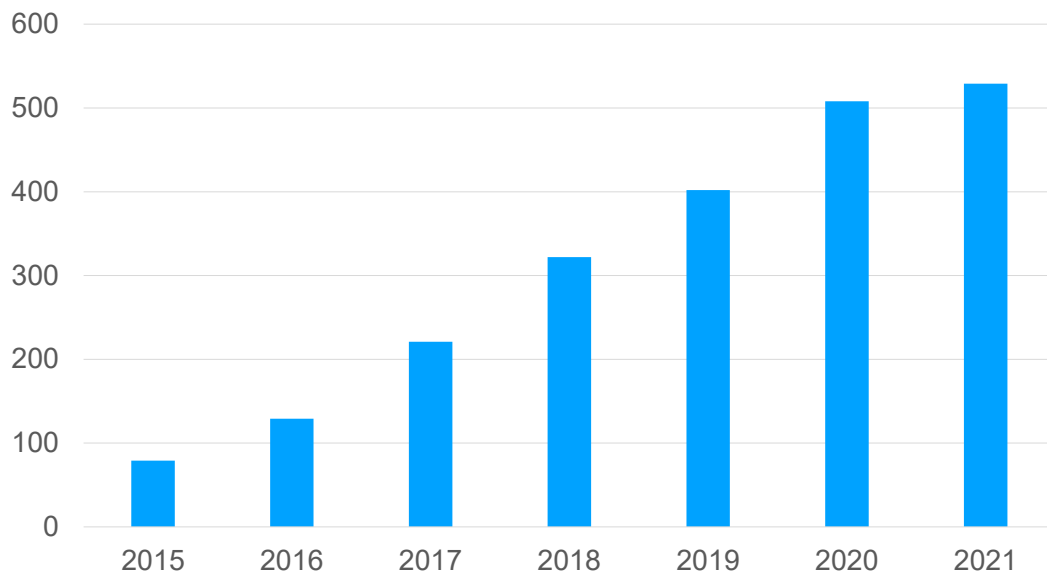
14

## Proactive, not Reactive



15

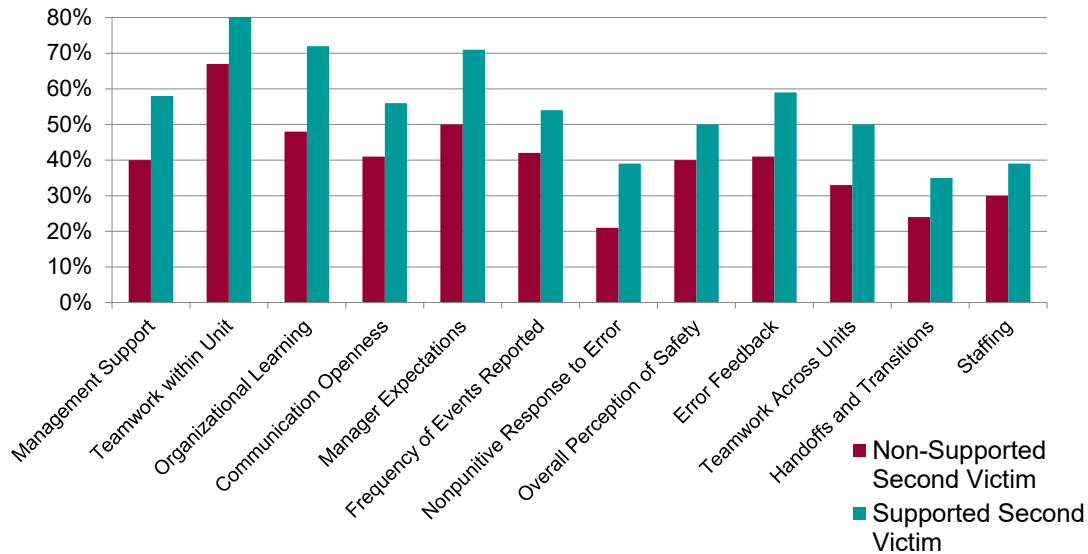
## Peer Support Encounters



16



# 2019 Culture of Safety Data



17

## We serve together guided by our values **Love & Excellence**

We anticipate the needs of others and help with compassion and generosity.

We embrace diversity and show respect to everyone.

We listen actively, seek to understand and assume good intentions.

We tell the truth with courage and empathy.

We accept responsibility for our attitudes and actions.

We commit to being exceptional today and even better tomorrow.

We use resources wisely and effectively.

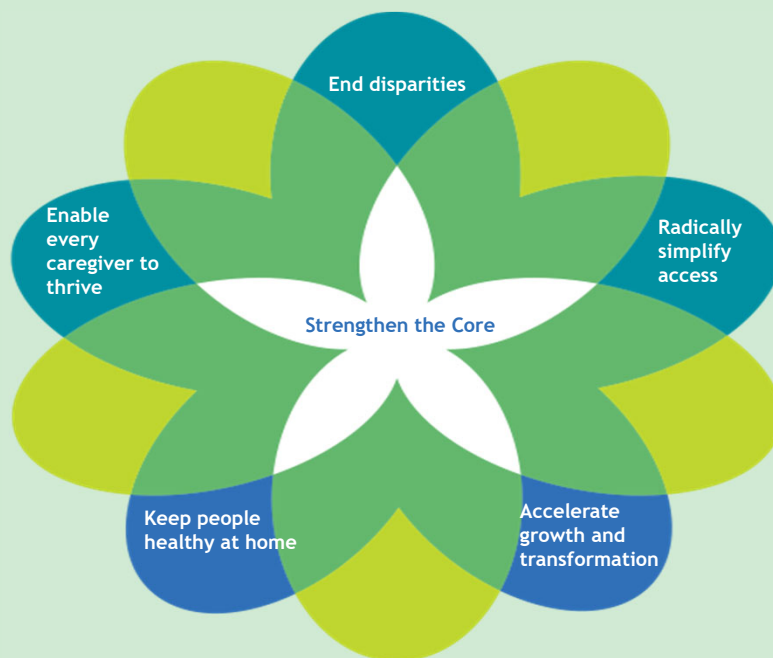
We seek new knowledge, ask for feedback, and are open to change.

We are curious and continuously look for ways to innovate.

We are true to our word and follow through on our commitments.

18

# ChristianaCare Strategic Aspirations



19

19

**The New York Times**

**Why U.S. Arms Take Grim Toll In Yemen War**

**Trump Focus Is Jobs, Not Civilian Deaths**

**'I Can't Turn My Brain Off'**

**As Medical Workers Bear the Unbearable, the Burnout Is Smoldering**

**NEW CASES IN U.S. SLOW, POSING RISK OF COMPLACENCY**

**TRAJECTORY UNCHANGING**

**Spikes Traced as the Very Signs That Calmed the Virus Are Lifted**

**There is a wave of depression, loneliness, even PTSD and a feeling of not caring anymore that is coming.**

**DR. MARK BUCHHEIT, the chairman of the emergency department at St. Joseph's Hospital in Paterson, N.J.**

**Months after the virus began spreading, a health care worker is feeling the true state and pain of burnout.**

**'I Can't Turn My Brain Off': PTSD and Burnout Threaten Medical Workers**

**Before Covid-19, health care workers were already vulnerable to depression and suicide. Mental health experts now fear even more will be prone to trauma-related disorders.**

**The New York Times**

**'I Can't Turn My Brain Off': PTSD and Burnout Threaten Medical Workers**

**Before Covid-19, health care workers were already vulnerable to depression and suicide. Mental health experts now fear even more will be prone to trauma-related disorders.**

20

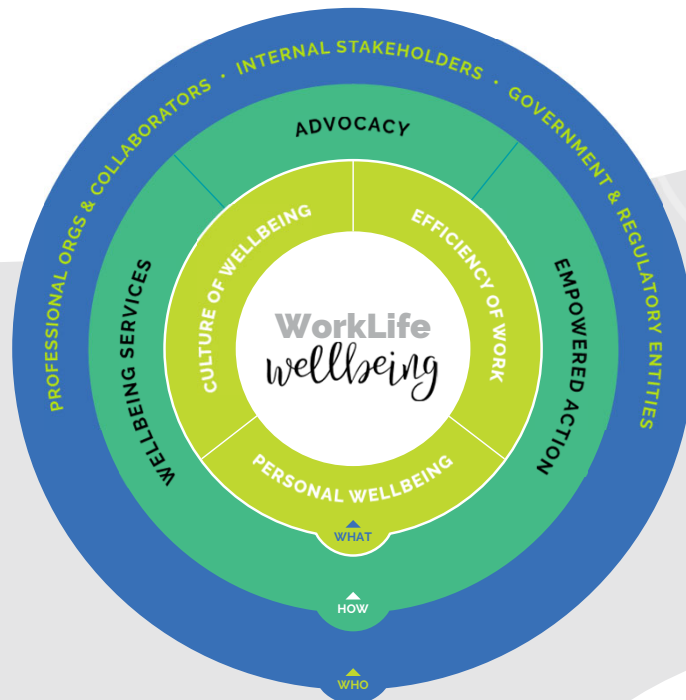


21



22

Center for  
WorkLife  
Wellbeing



**ChristianaCare**  
Center for WorkLife Wellbeing

23

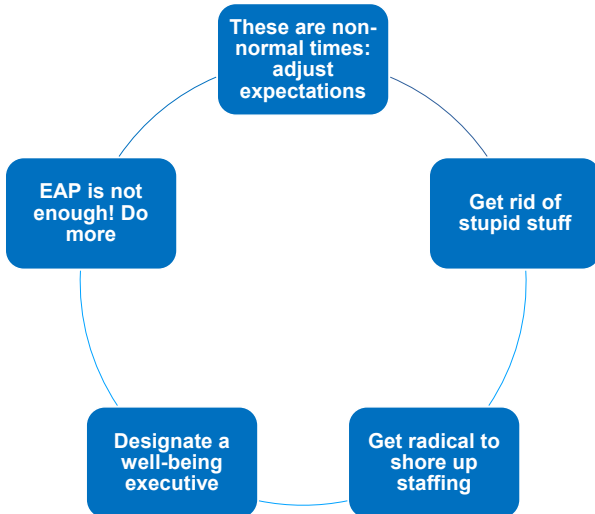
WorkLife  
wellbeing



**ChristianaCare**  
Center for WorkLife Wellbeing

24

# Healthcare Workforce Rescue Package



**2022 Healthcare Workforce Rescue Package**

Two years into a global pandemic, healthcare team members are in crisis. Leaders are bombarded with competing messages about how to support them and address workforce shortages. A group of experts in collaboration with the National Academy of Medicine identified the top five actions leaders should take to support team members now. These evidence-based actions can be initiated within 3 months and build a foundation for a long-term system well-being strategy.

Action Item	Description
These are non-normal times: adjust expectations.	Give clinicians more flexibility and autonomy, for example: <ul style="list-style-type: none"> <li>Use crisis documentation protocols.</li> <li>Partner with legal, compliance, and IT to identify documentation that can be paused or eliminated.</li> <li>Adjust quality and patient experience goals.</li> </ul>
Get rid of stupid stuff.	Partner with clinicians to identify and remove low-value work through a rapid improvement process, for example: <ul style="list-style-type: none"> <li>Reduce EHR clicks for common workflows.</li> <li>Minimize inbox notifications.</li> <li>Eliminate unnecessary mandatory training requirements.</li> </ul>
Get radical to shore up staffing.	Get frontline teams the help they need, for example: <ul style="list-style-type: none"> <li>Send executives to the bedside.</li> <li>Consider voluntary redeployment for non-clinical staff to the frontlines.</li> <li>Create new types of shifts to fit care needs.</li> <li>Train and upskill RNs, LPNs, and MAs.</li> </ul>
Designate a well-being executive.	Appoint one person with operational authority to oversee and align all clinician well-being efforts, for example: <ul style="list-style-type: none"> <li>Appoint a system chief wellness officer.</li> <li>Assign a senior leader on a short-term basis until long-term resources are identified.</li> <li>Align well-being work with diversity, equity, and inclusion efforts.</li> </ul>
EAP is not enough! Do more.	Ensure adequate mental healthcare by implementing the foundational THREE: <ul style="list-style-type: none"> <li>Provide quality mental health counseling.</li> <li>Stand-up a peer-support program.</li> <li>Offer psychological first aid training for all people leaders.</li> </ul>



25

**EAP is not enough! Do more.**

26



# Advocacy in Action



 ChristianaCare<sup>®</sup>

27



together with



**Professionally-moderated live  
groups and wellbeing tools for  
healthcare workers**



Peer group support.  
Every day



Open. Honest.  
Camera off.



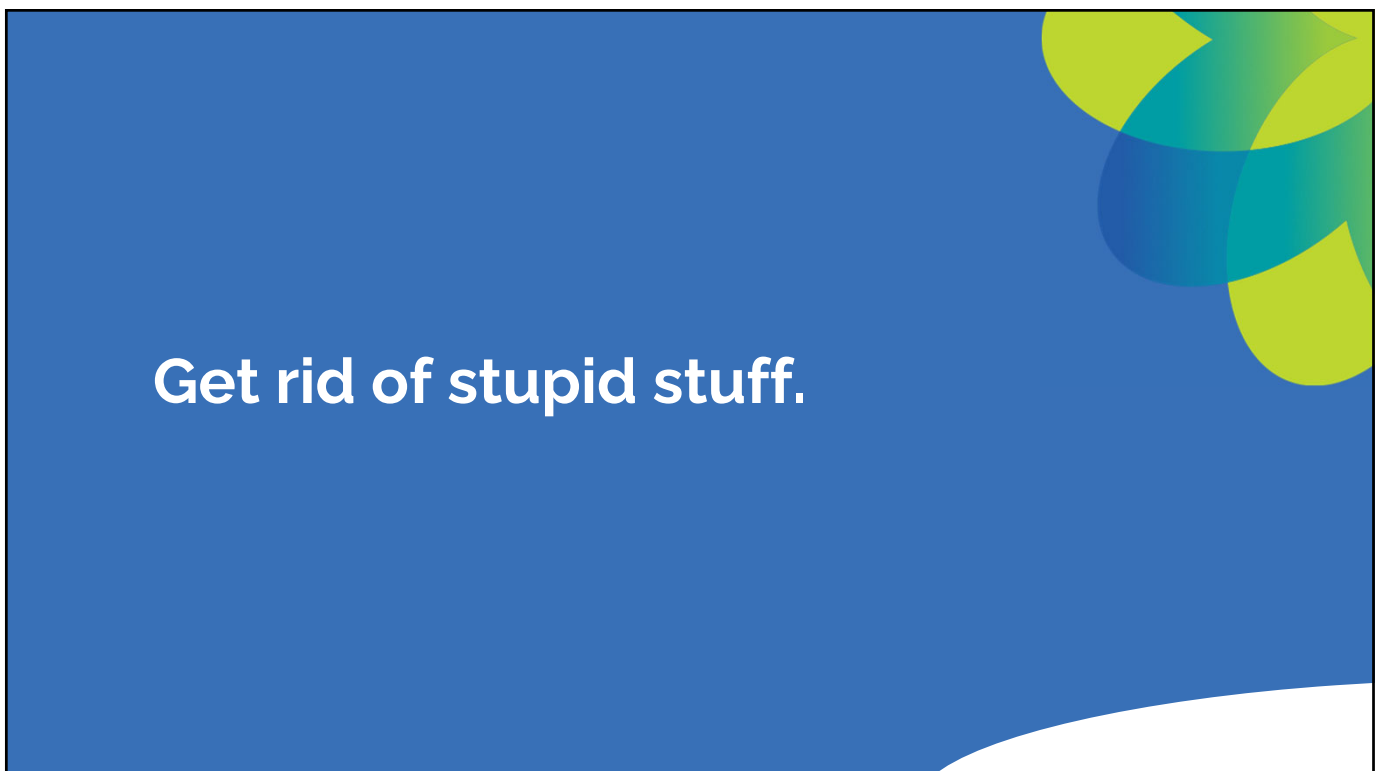
Science-backed  
programming

 ChristianaCare<sup>®</sup>

28



29



30

# The “Manageable Cockpit”

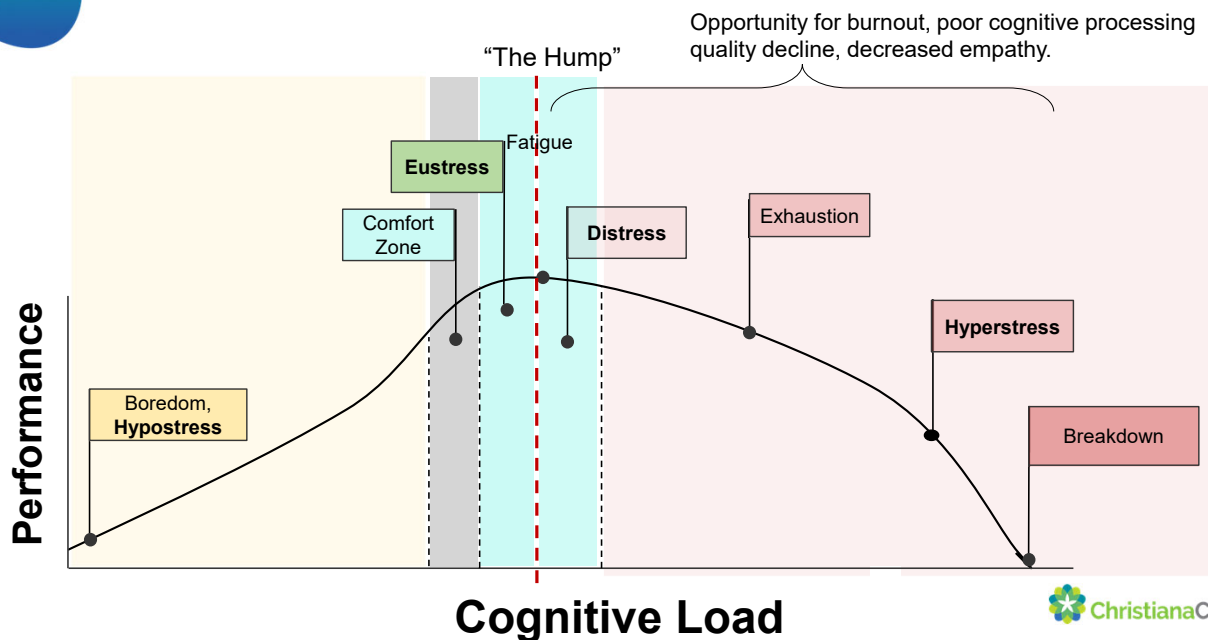


VS

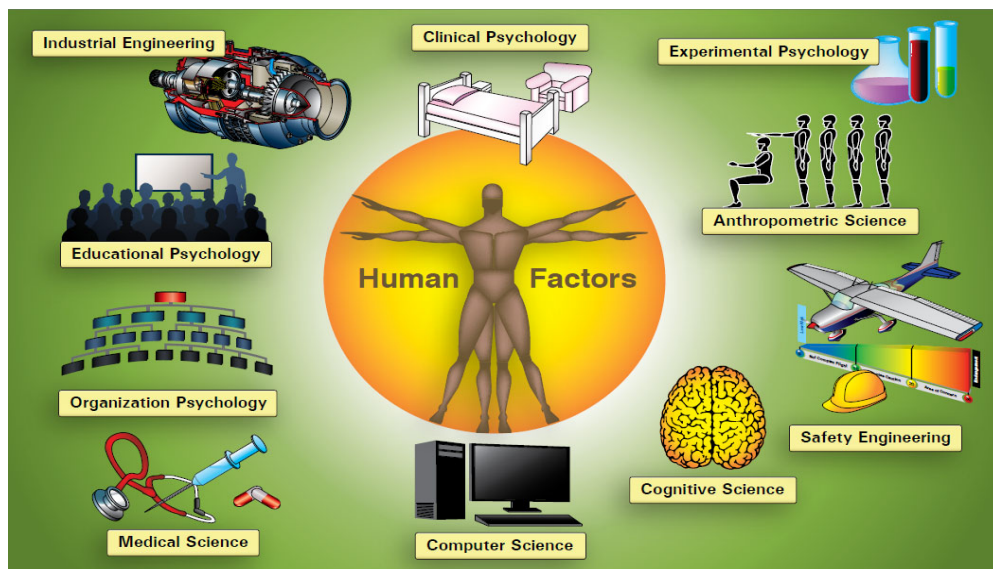


31

# Human Function Curve



32



[https://www.faa.gov/air\\_traffic\\_safety/accident\\_prevention/AMT\\_Handbook\\_Addendum\\_Human\\_Factors.pdf](https://www.faa.gov/air_traffic_safety/accident_prevention/AMT_Handbook_Addendum_Human_Factors.pdf)



33

## The Next Frontier



34





35



36



# What Does Success Look Like?

*"Well done! The Center for WorkLife Wellbeing has done so much to bring light to the quiet stress so many health care workers experience, but internalize, and have provided a creative and compassionate series of solutions that are genuine." --- Physician*



*"THANK YOU for all you do for us. Sometimes that wellness cart is my only piece of sanity, the only snack I'll get in hours, the only human connection as it rolls through the cores. You are appreciated and I wanted to tell you that." --- Nurse*

*"I was able to explore my feelings and the circumstances surrounding this difficult surgery. Being able to talk through a traumatic event like this with a peer who is neutral and empathetic helped me put the event into perspective."*

*"Care for the Caregiver gave me a chance to heal after this event as well." --- Surgeon after receiving peer support*

37




37

## Summary and Next Steps

- Raised awareness of the impact of adverse events on the healthcare provider and the importance of:
  - Creating "safe spaces" to talk about emotional fallout of delivering care
  - Deploying a robust peer support system as part of a comprehensive organizational wellbeing infrastructure
- Highlighted innovative trends and approaches to caregiver wellbeing




38



“A large portion of the health care workforce has been suffering in relative silence unsupported during career-related anxiety, stress, and sometimes even shame or guilt...it is our moral imperative to design and deploy a readily accessible and effective support infrastructure for all health care providers.”



39

- 
- Flourishing framework?
  - Metrics that matter?



40

## Questions



41

## Thank you

Heather Farley, MD, MHCDS, FACEP  
Chief Wellness Officer  
ChristianaCare  
[Hfarley@Christianacare.org](mailto:Hfarley@Christianacare.org)



42