

---

FACILITY  
Provider Support Program  
Leadership Talking Points

**Intro:**

The FACILITY desires to establish a provider support program to offer clinicians support after adverse events and other practice stressors. Evidence suggests that distressed physicians have the following attributes that impact patient care:

- Increase in medical errors (1)
- Riskier prescription profiles (2)
- Less empathic (3)
- Change specialties(4)+/- practices (5)
- Reduced work hours (6)
- Leave patient care (7)
- Patients less satisfied (8)
- Patients less compliant (9)
- Patients more litigious (10)\*

\*See citations on page 2-3.

A Provider Support Program can be adopted by the FACILITY Board as part of its Quality Improvement activities. The program promotes clinician resilience and patient safety and as part of the FACILITY peer review body, all program activities are confidential.

Content of a proposed resolution is provided as follows:

*Establishing a Provider Support Program to support [Site] providers and staff in coping with critical incidents and the effects of adverse events, trained provider support staff will be available to provide coaching and emotional support to providers and staff following such events. Providing such support following a critical event or adverse event will help providers and staff manage work-related stress, and thereby improve quality of patient care at [SITE]. These activities are part of [SITE's] Quality Improvement Plan and must be kept confidential. The trained provider support staff and providers and staff participants are bound by the terms of [Insert state QI law], and shall not be permitted or required to testify in any civil action as to information learned in any Provider Support activity.*

The following is an outline of a proposed peer support process that can be tailored to FACILITY:

**Purpose of Peer Support Program:**

- Clinician-to-clinician, confidential support following an adverse event or other practice stressor.
- Provide information regarding the impact of adverse events or other practice stressor on the health care team and how to access available resources.
- The Peer Support Program relies on volunteer physician members of FACILITY, who are trained to provide onsite, short-term, confidential, emotional support and resources following report of an adverse event (peer supporters).

**Participants:**

- Peer Supporters are volunteer clinicians trained to provide support to colleagues. They are good communicators who are compassionate, thoughtful, and discreet. They agree to complete training on peer

support (provided by Physicians Insurance), commit to a limited number of contacts per year, to participate in quarterly phone debriefing sessions (facilitated by Physicians Insurance), contribute to evaluation process, and maintain confidentiality as members of the Provider Support Program team.

**Process:**

- When a physician contacts FACILITY Risk Management [or other relevant department] to report an adverse event, the FACILITY staff obtains the relevant information for referral to a Peer Supporter.
- Inclusion criteria for offer of services:
  - Contemporaneous report of an unanticipated outcome of care that involves or may involve level of harm to the patient such that a precautionary reserve would be set;
  - Adverse event known to impact the involved clinician such that support from a colleague would be of benefit;
  - Practice stressor; or
  - Physician request for services.
- Assignment of Peer Supporter is based on specialty, practice type, geographic location, and other characteristics.
- Once assignment has been accepted, the Peer Supporter contacts the FACILITY clinician. Ideally, contact will be initiated within 24 hours of the referral.
- Peer Supporters do not review medical records or provide clinical feedback or opinions. No documentation is maintained regarding the content of discussion.
- The Peer Support Program is voluntary and FACILITY physicians may independently request or decline services.

**Metrics:**

- To evaluate the program process and participants' satisfaction, Peer Supporters will identify the number of times contact was attempted, the successful mode of contact, and number of conversations with each TOC physician. Peer Supporters will be surveyed regarding their satisfaction with the program, their training, and the process. FACILITY physicians will be surveyed regarding the value of the program.

**Publications supporting the impact of distressed clinicians on patient care:**

1. Amy Fahrenkopf, Theodore Sectish, Laura Barger, Paul Sharek, Daniel Lewin, Vincent Chiang, Sarah Edwards, Bernhard Wiedermann, and Christopher Landrigan, "Rates of Medication Errors among Depressed and Burnt Out Residents: Prospective Cohort Study," *BMJ* 336 (2008): 488-491.
2. Arabella Melville, "Job Satisfaction in General Practice: Implications for Prescribing," *Social Science and Medicine: Medical Psychology and Medical Sociology* 14 (1980): 495-499.
3. Tait Shanafelt, Colin West, Xing Zhao, Paul Novotny, Joseph Kolars, Thomas Habermann, and Jeff Sloan, "Relationship between Increased Personal Well-being and Enhanced Empathy among Internal Medicine Residents," *Journal of General Internal Medicine* 20 (2005): 559-564.
4. Darrell Campbell, Seema Sonnad, Frederic Eckhauser, Kyle Campbell, and Lazar Greenfield, "Burnout among American Surgeons," *Surgery* 130 (2001): 696-705.
5. Tait Shanafelt, Colin West, Jeff Sloan, Paul Novotny, Greg Poland, Ron Menaker, Teresa Rummans, and Lotte Dyrbye, "Career Fit and Burnout among Academic Faculty," *Archives of Internal Medicine* 169 (2009): 990-995.
6. Bruce Landon, James D. Reschovsky, Hoangmai H. Pham, and David Blumenthal, "Leaving Medicine: The Consequences of Physician Dissatisfaction," *Medical Care* 44 (2006): 234-242.
7. Darrell Campbell, Seema Sonnad, Frederic Eckhauser, Kyle Campbell, and Lazar Greenfield, "Burnout among American Surgeons," *Surgery* 130 (2001): 696-705.
8. Jennifer Haas, E. Francis Cook, Ann Louise Puopolo, Helen Burstin, Paul Cleary, and Troyen Brennan, "Is the Professional Satisfaction of General Internists Associated with Patient Satisfaction?" *Journal of General Internal Medicine* 15 (2000): 122-128.
9. Lisa Bellini, Michael Baime, and Judy Shea, "Variation of Mood and Empathy during Internship," *Journal of the American Medical Association* 287 (2002): 3143-3146.
10. Mark Crane, "Why Burned-out Doctors Get Sued More Often," *Medical Economics* 10 (1998): 210-212, 215-218.