

Peers Supporting Peers Team Activation



When an unanticipated clinical event occurs and second victims are identified, a team request for interventional support should be made as soon as possible.

Nursing Supervisor will receive page for Peer Support request:

- Nursing Supervisor will contact Team Champion or On-Call Peer Supporter
- Team Champion or On-Call Peer Supporter determines the nature of the incident.
- Determine the magnitude or scope of the event.
- Assess the need for and plan an intervention.
- Peer will be contacted and offered options available for supporters.
- Identify appropriate team peer to serve as supporter and contact them with basic case information including contact information for the second victim.
- Peer supporter will be contacted and requested to contact the second victim.

Peers Supporting Peers

General Information



1. Team Overview

The Peers Supporting Peers Team provides a form of “emotional first aid” specifically designed to provide crisis support and critical stress management interventions for events that are emotionally challenging and stressful.

2. Team Sponsorship and Structure

- A. The team is sponsored by the Milford Regional Medical Center. Coordination of team activities is the responsibility of the Team Champion.
- B. Team structure consists of the following:
 - Team Members – Peer Supporters
 - Team Champion

a. Team Interventions

- A. Team interventions are based on supporting second victims.
- B. Peer to peer support assignments will be matched to facilitate similar professional types working together when possible.
- C. **Confidentiality** of services is essential for all team members.
- D. Team services will be available as a staff benefit on an as needed basis 24 hours/day seven days/week via team hotline.
- E. Team interventions are voluntary and will **NOT** be required mandated or forced upon.
- F. Team provides the following interventions:
 - Critical Incident Stress Defusing – One on one peer support
 - Staff referral – Referral to additional care professionals are available on an as needed basis.
- G. For addition information or concerns regarding the team contact the Team Champion at ext. 2202.

3.) **Upon request the core team will be available for immediate debriefing for all peer supporters.**

Peers Supporting Peers Team Guidelines



1. Referral can be initiated in a variety of ways:

- Member initiation – Team members support colleagues exhibiting signs/symptoms suggestive of second victim phenomenon.
- Self referral – Individuals can initiate supportive interventions as they feel necessary.
- Management/Department referral – Supervisory personnel can activate the team on behalf of those involved.
- Patient Safety/Risk Management referral – During routine investigations, individuals identified as potential second victims will be informed of team services and referrals made as appropriate.

A. General Responsibilities for team member:

- Serve as confidential resource for those involved to discuss response to stressful clinical events.
- Confer with: Team Leader to determine appropriate referral as needed.
- Fulfill responsibilities during team de-briefings.
- Fulfill expectations of team membership.

B. Immediate Interventions for Department/Supervisor:

- Identify clinical staff involved in potentially stressful events
- Consider time away from clinical environment if indicated. Contact Nursing Supervisor or appropriate manager for staffing options.
- Reaffirm confidence in staff.
- Maintain open line of communication with individuals involved.
- Activate team members as indicated.

C. Evaluation of Activation and Intervention

- Activities will be monitored and evaluated by the Team Champion.
- Reporting aggregated data to designated committees within the Medical Center on a quarterly basis.

D. Protection of Second Victims

- Team interventions will be maintained in strict confidence.
- The focus of team interventions should be on the peer and ***NOT*** on the details of the case.
- Team members will ***NOT*** maintain any personal notes about the services offered or any information specific to the team event.

Peers Supporting Peers

High Risk Clinical Scenarios



There are many different types of clinical events which can evoke a second victim response.

Examples of high risk situations that may induce a stress response including but not limited to the following:

- Unanticipated clinical event
- Unexpected patient death
- Preventable harm to patient
- Multiple patients with bad outcomes within a short period of time within one clinical area
- Patient who “connects” to health care professional’s own family
- Long term care relationship with patient death
- Clinician experiencing his or her first patient death
- Failure to detect patient deterioration in timely manner
- Death in a young adult patient
- Notification of pending litigation plans
- Community high-profile patient/event
- Health care professional who experienced needle stick exposure with high-risk patient
- Death of a staff member or significant other or family member of a staff member

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Qualification for Team Membership



1. Employees to include: credentialed providers, employees and volunteers.
2. Personal Characteristics
 - Respect and trust of peers
 - Ability to keep confidences
 - Effective communications skills
 - Emotional Maturity
 - Empathetic
 - Non-judgmental
 - Culturally aware/sensitive
 - Embraces gossip-free work environment
3. Accessible for team activities
4. Ability to work within established guidelines
5. Ability to declare a *conflict of interest* if indicated
6. Receive manager endorsement to service as a peer supporter

Revocation/Suspension of Membership

Membership is revocable at the discretion of the Team Coordinator and Facility Team Lead based upon recommendation of an ad hoc Peer Review Board. Revocation is applicable for, but not limited, to the following:

1. Violation of confidentiality
2. Failure to follow protocols and directives regarding team activity.
3. Inability to attend at least 50% of team meetings (unless excused absence by team coordinator).
4. Failure to be present at an assigned intervention, when team member has made a commitment to do so.

Application
Peers Supporting Peers
Team Membership



Individuals interested in pursuing membership in the team will be asked to complete this application for review by the Membership/Team Structure Committee.

I. Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home/Cell): _____ Phone (Work): _____

II. Employment Information

Current Unit/Department: _____ Current Title: _____

Primary shift worked: _____ Clinical experience (years): _____

III. Clinical Experience

What experience do you have in providing any of the following? (Include specific information about those experiences that are applicable to you)

- a. Individual Counseling/Coaching
- b. Small group work
- c. Stress Management
- d. Training or education in other areas (please specify areas)

How did you hear about the Team?

Why would you like to become a member of the Team?

Comment or additional information you would like use to know about you to aid in the Team selection process. _____

I would like to be considered for the role of team peer supporter.

Applicant's Signature _____ Date: _____

I endorse this applicants request to join the team.

Manager Signature: _____ Date: _____

Peer Endorsement:

Peer Endorsement:

Agreement of Understanding

Peers Supporting Peers

Team Membership



I, _____ agree to serve as a team member for a minimum of one year. I agree to the following commitments:

Attend mandatory team initial training session as scheduled.

Participate in team interventions, meetings and education presentations.

Attend a minimum of 50% of monthly team meetings per year.

Complete report for each encounter in a timely manner.

Maintain strict confidentiality regarding delivery of crisis support services, including topics discussed and personnel involved.

Personal notes regarding case specific information is forbidden.

Any breach in confidentiality will result in immediate removal of the individual from the team.

Abide by the established team protocols and operational guidelines.

Provide at least a four week notice to the team facility lead in voluntary separation situations.

I have read and understand these commitments and agree to serve as a member of the team for a one-year period.

Team Applicant (Signature)

(Date)