Caring for the Caregiver:
Achieving the Quadruple Aim Through a Peer Support Program

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This article describes how nurse leaders in one organization will transition from the Institute for Healthcare Improvement Triple Aim to inclusion of the 4th Aim, which focuses on care of our clinicians as an essential part of a healthy organization. Acknowledging that each day, nurses are faced with tragic and traumatic situations as they interact with patient and families that could put their mental health at risk without a meaningful intervention was a critical step. This article describes the concept of a peer support program as an intervention designed to create a cadre of specially trained peers that can provide real-time support. This effort also focuses on shifting the culture such that it becomes okay to say, you're not okay, and having access to resources that provide support.

The landscape in health care continues to change rapidly as the shift to a pay-for-performance model occurs, with an increased emphasis on innovative care delivery models and improving population health. Nurses practicing in this often volatile environment are faced with increasing levels of patient acuity, as well as rising reports of workplace violence. In addition, nurses involved in patient care errors often experience second victim syndrome, leading to long-term physical and psychological impact, such as difficulty sleeping, depression and grief, and consideration of or leaving the profession.[1,2] All of these factors lead to an increasing trend of burnout among clinicians. Regardless of the input of the stressor, there is often a lack of organizational resources to address these concerns, and without immediate intervention, these stressors can compound for the clinicians, and ultimately, impact the inability to achieve the initial strategic Triple Aim of providing high quality, patient-centered care at low cost.[3]

In recent years, recognition of these trends has led to the recommendation to include a fourth aim, focusing on caregiver wellness and resilience and a shift to the Quadruple Aim.[4-6] The strategies to address joy and resilience must be inclusive of both resources for the individual and the organization as a whole. The Institute for Healthcare Improvement (IHI) published a white paper with a framework for joy in the work setting, with 4 steps for leaders identified.[7] Foundational to this framework is understanding what matters to individuals, and then using the framework to identify and remove barriers.[7] The purpose of this article is to describe one organization's journey to achieving the Quadruple Aim through the implementation of a peer support program.

SETTING

Southwestern Vermont Medical Center (SVMC) is a 99-bed community hospital in rural Vermont and is a 4-time Magnet®-designated organization. SVMC is on the journey to becoming a high reliability organization (HRO). High reliability organizations function in highly complex and high-risk environments and have few accidents or errors, such as the nuclear power and airline industries.[8] These organizations create what is known as collective mindfulness, where everyone is aware of subtle changes in the environment, and importantly, report them through various channels, to prevent harm or decrease the severity of harm events. The 5 domains that create this HRO environment include preoccupation with failure, reluctance to simplify, sensitivity to operations, commitment to resilience, and deference to expertise. These domains together include a focus on problem detection and problem management. Organizations that are able to detect these subtle changes and shifts earlier are able to quickly mitigate escalation. As maturity and capacity develops, the organizations becomes more resilient in addressing errors and creating a safer environment. The severity of events and number of serious safety events may decrease over time using the initiatives and strategies associated with these domains.

Even with improvements over the past decade, there are still an unacceptable number of errors occurring in health care across the country. In addition, for every error that occurs that impacts a patient, there are also nurses and other clinicians impacted by these errors. To assist health care organizations in the attempt to apply the HRO concepts to the health care arena, The Joint Commission worked with health care leaders across the country to develop a maturity model to provide a framework for health care organizations to complete a self-assessment and determine priorities and strategies.[9] The maturity model includes 3 domains to guide assessment, including leadership, safety culture, and robust process improvement. Leadership sets the stage and expectations, and prioritizes safety across the organization, committing resources and making visible contributions. The safety culture includes strategies for trust and accountability, and investigations of events. The robust process improvement component is intended to develop and spread capacity for addressing opportunities once they are identified through the mechanisms of the safety culture. This also includes the use of standardized tools for improvement, as well as implementation of change management tactics, to ensure implementation and sustainability.

A component of the safety culture and of HROs in general is the critical nature of speaking up and the role of every individual in the organization having a role in creating the culture of safety. Both The Joint Commission and the HRO framework highlight the role and expectation of leaders in creating the culture of safety. As SVMC explored strategies in this domain, the concept of psychological safety became a key part of the dialogue. The concept of psychological safety is best known through the work of Amy Edmonson of Harvard Business School, and in recent years, has been identified by the IHI for its application to health care quality and safety. Psychological safety is posed as a critical component of an organization's culture and for improving teamwork and generating creative ideas through safety in taking a personal risk and speaking up.[10] The leader is essential in creating a culture and environment which proactively encourages speaking up: both for patient safety and innovative ideas, but also for self-efficacy and personal safety and well-being. Following an error, not only will the clinicians involved experience a level of guilt and personal impact, they may also be concerned about their perceived competence and the risk in speaking up to a leader with authority and power in the hierarchy who may view it as a performance management concern. Leadership behaviors that demonstrate a level of openness and interest, as well as a commitment to act on the feedback provided, are key determinants to creating a culture of psychological safety.[11,12] The concept of leader inclusiveness is critical; it is a proactive approach that simply means actively seeking out feedback or concerns and being appreciative of that information.[12] The consistency of these approaches by leaders begin to develop a culture of safety, and ultimately both the patient and the nurses are safe, and care needs are addressed.

THE ROLE OF NURSING IN ACHIEVING THE QUADRUPLE AIM

Nurse leaders have long been instrumental in creating professional practice environments that are supportive of nursing practice, as well as leading to outcomes in patient safety and quality. Much of the focus in moving toward achievement of the Quadruple Aim to date focuses on improving the work environment, either with specific focus areas or the development of overarching strategies. The Joint Commission reports that breakdown in communication and teamwork is the leading cause of most sentinel events.[13] Improving communication and relationships between team members can, therefore, have impacts on the number of sentinel events, but recent studies show the impact of relational coordination on assisting in creating a supportive work environment by improving job satisfaction and engagement, as well as addressing burnout.[14] In addition to targeted strategies, some organizations have developed system-wide resources, focusing on several elements of well-being. These well-being categories are broad in scope and include a focus on purpose in the workplace, social connections, financial comfort, physical wellness, and community connections.[15] The Model of Interrelationship of Leadership, Environments and Outcomes for Nurse Executives (MILE ONE), assists with making the role of nursing executives in creating a positive professional practice/work environment and the resulting outcomes for both patients and organizations explicit.[16] This framework was used in 2016 by the American Academy of Nursing Expert Panel on Building Health System Excellence to engage 16 nursing leaders from across the country in a dialogue to explore the role of nursing leaders in achieving the Quadruple Aim. The session identified key themes, not simply for nursing executives, but for all nurses. These themes included the necessity of nurses to influence, advocate, and innovate, and to apply these themes to begin to move toward achievement of the Quadruple Aim.[17]

ORGANIZATIONAL APPROACH

To address the need for achievement of the quadruple aim, SVMC assessed current resources and developed a 3-tiered plan to improve and enhance the employee assistance and volunteer chaplaincy programs, and to develop a peer support program. Following adverse events and during root cause analysis investigation, we routinely ask about clinician well-being. However, what often occurs is that clinicians are not always willing to verbalize their struggle, and although an employee assistance program exists, like many organizations, mental health resources

are limited, and timely access can be a barrier. Although there were often times that the clinicians are visibly upset, the leaders conducting the interviews also struggle with a level of moral distress in knowing that they may not be able to offer the clinician the necessary support needed, while desperately wanting to do so. Although understanding the critical nature of the level of support provided by an employee assistance program, the organization determined that the priority focus would be the development of a peer support program. Some studies have identified that nurses involved in adverse events prefer the support of peers and developed peer support programs as part of this feedback, particularly if the peers have experienced similar events.[18] Part of the strategy in becoming a highly reliable organization is to spread capacity across the system, to enable and activate many employees in the development of a robust safety culture. Developing a peer support model seemed like the ideal solution and fit within these overarching strategies.

Peer support programs provide the opportunity to deliver "emotional first aid" in the immediate aftermath of an event or particularly stressful situation. Often, nurses compartmentalize the feelings that may arise following these events, making it increasingly difficult to draw back out and address adequately at a later date through the more traditional routes of an employee assistance program. In fact, nurses and other clinicians are often trained to be caring and empathetic, but that care of the patient is paramount, and can therefore be hesitant to acknowledge their own need for support. In addition, when specific events or stressors occur, there is often a need to step into the next patient room to care for another patient, and the need to pause and acknowledge the impact on the clinician becomes delayed. A few organizations across the country have also implemented peer support programs as part of a multitiered process that includes employee assistance program and chaplaincy support, and acknowledge the strength in accessing peers with a level of training to provide immediate support. These programs are similar in that they provide specialized training to individuals within the organization and then broadly publicize and find ways to make these resources visible and accessible to staff when needed.[19-21]

Building on SVMC's long history of successful community collaboration that led to the American Nurses Credentialing Center Magnet prize award in 2017, it made sense that when approaching the need for development of a peer support program, Southwestern Vermont Health Care would again look to collaborate with a community partner who is well versed in creating peer support programs for first responders. The peer support model has been in place with first responders for many years, and serves as a strong model for application to the health care setting. Bill Elwell is the owner and chief chaplain for First Responder Core Wellness, in Vermont, and is an approved instructor for the International Critical Incident Stress Foundation (ICISF) to instruct critical incident debriefing (https://www.unbrokencord.com).

The organization plans to move forward with this initiative by offering a 3-day training session to an initial cohort of 15 individuals from across the health care system. The cohort will include members of the quality team who routinely conduct investigations as part of root cause analyses, as well as members of a task force that has expressed interest in the work and has been meeting to determine the most appropriate approach for SVMC. This team will also determine the selection criteria and application process for future peer support team members. The training includes the assisting individuals and groups training through the IICISF, which can only be delivered by individuals approved by the ICISF. Fundamentals of critical incident stress management will be delivered and participants will gain knowledge and tools to provide several group crisis interventions, specifically demobilizations, defusings, and the critical incident stress debriefing. In addition to these skills, the need for appropriate follow up and referrals as necessary will be outlined. Training highlights include:

- Psychological crisis and psychological crisis intervention
- Resistance, resiliency, recovery continuum
- Critical incident stress management
- Evidence-based practice
- Basic crisis intervention techniques
- Common psychological and behavioral crisis reactions
- SAFER-R model for one-on-one crisis intervention
- Suicide intervention
- Relevant research findings
- Large- and small-group crisis interventions

Upon completion of this 3-day training, participants will be eligible to sit for the online Certification in Critical Incident Stress Management through the University of Maryland at Baltimore. This approach will develop a cadre of trained and certified individuals to continue to grow and develop the peer support program at SVHC. Local volunteer chaplains will also be invited to participate in the training, and will be instrumental in the overall program at SVHC, as well as to assist in expanding the chaplaincy program. In addition, the organization will be exploring ways to enhance access to employee assistance programs, including the exploration of Tele-EAP services in partnership with larger health care systems.

Through partnership with the internal marketing department, materials will be developed to launch the program, including brochures, introduction of the program in orientation programs, information on the internal intranet, and other ways to increase visibility of the peer support program to individuals to ensure efficient and effective access. Evaluation of the program will occur

with a pre- and post implementation survey process. In addition, the organization has a new nursing leadership model, with the chief nursing officer also serving as the chair of the nursing department at Southern Vermont College. This new affiliation provides the opportunity to integrate knowledge of second victim phenomenon and the necessity in self-advocacy in seeking help into the curriculum for nursing students.

CONCLUSION

As leaders at SVMC explored the concepts of becoming a highly reliable organization in order to improve patient safety, it became apparent that it was equally important to identify strategies to care for the caregiver. The role of the leader in creating an environment of high psychological safety to encourage speaking up on behalf of patient care will also lend itself to clinicians speaking up on their own behalf. Implementation of this program will provide just in time and longer term support for clinicians. Program evaluation will include the use of validated survey tools to assess effectiveness, as well as examination of nursing workforce data trends.

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