

**Organization:** The Johns Hopkins Hospital  
**Solution Title:** Implementation of the "Second Victim" Support Program: RISE

**Program/Project Description:** *What was the problem to be solved? How was it identified? What baseline data existed? What were the goals—how would you know if you were successful?*

The healthcare environment is a vulnerable place for any care provider to work. Many patients suffer from unexpected outcomes, errors, and other events that cause distress to the care providers. These care providers are more recently known as "Second Victims." Recent nationwide news events have demonstrated the lack of support systems in healthcare settings. It has been validated via survey that a support program is needed at the Johns Hopkins Hospital.

**Process:** *What methodology or process was used to develop the Solution?*

A collaborative group from the Safety Institute and the Department of Pediatrics developed a vested team to implement a program that will pilot in pediatrics, and is expected to expand into the entire organization post pilot. A "second victim" awareness campaign has been launched. The mission of the program is "To provide timely support to employees who encounter a stressful, patient-related event." A peer responder team has been identified: The RISE (Resiliency In Stressful Events) Team. Training is established and underway for all peer responders. Our plan has been guided by a "second victim" expert, resiliency expert, literature review and established model program at the University of Missouri.

**Solution:** *What Solution was developed? How was it implemented?*

A team of peer responders has been trained in "Psychological First Aid" and peer crisis response. The RISE team will take calls from employees that feel distressed and respond immediately to support their needs. The program will first pilot in the Department of Pediatrics.

**Measurable Outcomes:** *What are the results of implementing the Solution? Provide qualitative and/or quantitative results to data. (Please include graphs, charts, or tools as attachments.)*

Expected outcomes include: enhanced resiliency, retention, and satisfaction within employee roles; and a shift in culture throughout the organization. A post-survey evaluation will be conducted at the end of the pilot period to include the comparison of department metrics.

**Sustainability:** *What measures are being taken to ensure that results can be sustained and spread?*

Continued training and support for peer responders, repeat surveys, metric comparison, training evaluation, and program evaluation.

**Role of Collaboration and Leadership:** *What role did teamwork and collaboration play in the Solution?*

*What partners and participants were involved? Was the organization's leadership engaged and did they share the vision for success? How was leadership support demonstrated?*

Our core workgroup that developed this initiative is composed of multidisciplinary members including managers, physicians, bedside nurses, social work and child life. We partnered with risk management/the legal department and the Patient Safety Committee. We also collaborated with the University of Missouri, which has an established program. All leaders, including the Director of Pediatrics, the Director of Patient Safety and Vice President for

Medical Affairs, Associate Vice-Chair, Clinical Operations demonstrated support by participating in initiative development, adopting our team as a subcommittee and providing resources to implement our initiative.

**Innovation:** *What makes this Solution innovative? What are its unique attributes?*

Our initiative will make Johns Hopkins one of the very few organizations to have an established "Second Victim" program to support employees, which will ultimately enhance the quality of patient care.

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