Program Overview

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Care for the Caregiver

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Agenda

- Introductions
- Origin of Care for the Caregiver programs as part of a comprehensive, principled, and systematic approach to responding to harm
- Evolution of BETA-HEART® Care for the Caregiver
- What is Emotional First Aid?
- What is Empathic Communication?
- Break
- Caring For Those Who Care For Others
- Experiential Learning In The Context Of Covid-19
- More Than Empathy
- Care for the Caregiver Tools and Other Considerations
- Closing Remarks

Origin of the comprehensive, principled, and systematic approach to harm
Origin of the comprehensive, principled, and systematic approach to harm

Culture eats strategy for breakfast
The Paradigm Shift: Principled Response Triggered By Harm

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Where it all began…

Our A-ha Moment…

“You mean you really want us to tell them the truth of what we learn?”

Best Laid Plans Start on a Napkin

Survey of Clinicians

What two values are critical to an organization’s success?
Purpose
Promote organization-wide culture change and instill trust, that results in improved partnerships with patients, patients’ families and caregivers

Goal
Introduce a holistic approach to reducing harm in healthcare

Emotional Trauma

*Also known as psychological trauma is damage or injury to one’s psyche after living through an extremely frightening or distressing event. The event may overwhelm the ability to cope.*
Care for the Caregiver

- Recognizes the impact of patient harm and emotionally challenging situations on those closest to the event
- Provides training of peer supporters
- Includes a process to:
  - Identify healthcare team members in need of emotional support
  - Activate peer supporters
  - Process for referral

Comprehensive Approach to Fully Functional Care for Caregiver Program
Care for Caregiver Tools

Table of Contents

- Building Your Team Support Program Checklist
- Free Support Key Contacts
- HETF Handout
- What You Can Do Now
- Caregiver Assessments
- Care for Caregiver COVID-19 Resources
- Recommended Reading and Viewing

Care for the Caregiver Tools and Resources

Emotional First Aid

Providing comfort and emotional support during particularly challenging times when normal coping mechanisms may be overwhelmed

- Comforting a peer
- Listening, but not pressuring to talk
- Showing practical concern and support
- Assessing a teammates emotional needs
- Helping to connect a person to information, services and social supports
Empathic Communication

What is Empathy?

“Empathy is a social and emotional skill that helps us feel and understand the emotions, circumstances, intentions, thoughts, and needs of others, such that we can offer sensitive, perceptive, and appropriate communication and support”

-Karla McLaren, *The Art of Empathy*
McLaren’s Six Essential Aspects of Empathy

- Emotional Contagion
- Empathic Accuracy
- Emotional Regulation
- Perspective Taking
- Concern for Others
- Perceptive Engagement

(from Karla McLaren’s The Art of Empathy)

Empathic Responding
A Non-Empathic Response

I am completely drained, it is chaos, we don't know when this is gonna end

Sorry to hear about all of the horrible chaos in the ED!! At least you've survived to see another day. Remember your team needs you to be upbeat with a positive face... okay?

An Empathic Response

November 21, 1864. MRS. BIXBY, Boston, Massachusetts.

“DEAR MADAM:—I have been shown in the files of the War Department a statement of the Adjutant-General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle. I feel how weak and fruitless must be any words of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering to you the consolation that may be found in the thanks of the Republic they died to save. I pray that our Heavenly Father may assuage the anguish of your bereavement and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom. Yours very sincerely and respectfully, A. LINCOLN.”
How To Ease Suffering?

• Connect, be present and vulnerable
• Bear witness
• Invite exploration, expression and elaboration of feelings
• Acknowledge, without judgment, the full depth, complexity, and intensity of another person’s inner experience
• Praise that which has been lost
• Say “yes” to their experience
• Invite re-appraisal of experience
• Don’t try to “fix it”

It’s Not About the Nail
How To Provide Emotional Support and Reassurance

• Deal with emotions first
• Adopt stance of curiosity, solidarity, and support
• Acknowledge & name emotional states
• Express empathy and regret about bad outcome
• Paraphrase to check understanding
• Acknowledge limits of language/empathy
### The Paradigm Shift: Principled Response Triggered By Harm

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### History of the Problem

Unexpected harm events – individuals at the “sharp end” noted to be experiencing predictable behaviors post event
The Second Victim

• Definition: “a health care provider involved in an unanticipated adverse patient event, medical error and/or a patient-related injury who becomes victimized in the sense that the provider is traumatized by the event.”

Definition: A member of the care team involved in a serious harm event, medical error and/or a patient-related injury who becomes victimized in the sense that the team member is traumatized by the event.

Feelings of personal responsibility for the unexpected outcome
● Sense of having failed the patient
● Second-guessing clinical skills and knowledge base
What Traumatized Care Team Members Want

- Formal and informal emotional support
- Prompt debriefing for individual or team
- Opportunity to take time out from clinical duties
- Help communicating with patient and/or family
- Clear, timely, and truthful information
- Last but not least….Remain a trusted member of the team!
Impact of COVID-19

Trained Peer Supporters (such as patient safety officers and risk managers) who provide one-on-one crisis intervention, peer support mentoring, team debriefing and support through investigation and potential litigation.

Expedited Referral Network
- EAP
- Chaplain
- Social Work
- Clinical Psychologist
- Holistic Nursing Support
- Ensure availability and expedite access to prompt professional support/guidance

Support Strategies Interventions

Tier 3
- Trained Peer Supporters
  (such as patient safety officers and risk managers)
  Who provide one-on-one crisis intervention, peer support mentoring, team debriefing and support through investigation and potential litigation

Tier 2

Tier 1
- Department/Unit Support
  Managers, chairs, supervisors, fellow team members who provide one-on-one reassurance

Scott SD, Hirsinger LE, Cox KR, McCraig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system...
Do’s for Caregiver Support Conversations

- Provide emotional support and reassurance
  - Have a stance of curiosity, solidarity, and support
  - Acknowledge and name emotional states
  - Express empathy and regret about bad outcome
  - Acknowledge that strong emotional reaction is normal
  - Give opportunity to elaborate on thoughts, emotions, and understanding about what happened
  - Paraphrase to check understanding
- Offer assurances of follow-up and reassure they will not be abandoned
  - Provide contact information
  - Explain next steps
- Ask them questions about their current understanding
- Provide opportunity for them to ask questions

Don’ts

- Say you know how they feel
- Dwell on your own experience or emotions
- Make promises you can’t keep
- Finger-point, blame, criticize, judge
- Do all the talking
- Minimize severity of the situation or intensity of feelings
- Try to make them feel any way other than how they are feeling
The Ten Commandments of Providing Emotional First Aid

- Be nonjudgmental
- Be empathic (not a brick wall)
- Don’t give personal advice—do not opine on legal or regulatory matters, etc.
- Don’t take responsibility for other people’s problems
- Don’t interpret (when a paraphrase will do)
- Don’t try to “fix” it
- Stick with the here and now
- Deal with feelings first
- Be present, vulnerable, and courageous
- Silence is golden

See Care for Caregiver Tools p.9

Experiential Learning
Experiential Learning

- Process for discussion
- Facts of a serious COVID-19 case presented
  - Communication with loved one
  - Provision of one-on-one peer support – Tier 2
  - Provision of co-worker reassurance and support – Tier 1
- Opportunity to ponder approach
- Questions to consider
- Video of enactment of response
- Debrief

Communication With Family Scenario

- Emergency Department [ED] physician is diagnosed with COVID-19. His spouse is an Administrative Manager in the ED. The physician-patient has a 30-year history of childhood onset insulin dependent diabetes.
- The couple has been asked to quarantine themselves at home after the diagnosis is made and told to refrain from returning to the hospital unless symptoms become overwhelming.
- The physician-patient’s condition deteriorates. Together, the couple returns to the ED for evaluation and treatment of the worsening respiratory symptoms.
Communication With Family Scenario [continued]

- Upon arrival at the ED, the couple is greeted by triage personnel who have worked with both of them and become visibly distraught at seeing the severity of the respiratory symptoms of their colleague and friend.
- Clinical and non-clinical staff resist the temptation to provide physical comfort while assisting him into the ED and to one of the ED bed spaces. The spouse is asked to stay behind. Sadly, the spouse says “goodbye” as her spouse is assisted in the ED.

Communication With Family Scenario [continued]

- Once the physician-patient is brought into the bed space, others in the ED try to rapidly put on the Personal Protective Equipment but struggle to do it properly yet quickly at the same time.
- Environmental services personnel in the ED recognize the patient and they become visibly shaken.
- The ED nurse and physician note the patient is in need of intubation. Oxygen saturation is in the mid 80s and the respiratory rate is rapid and shallow. Skin and lips are visibly blue.
- Just prior to intubation, the patient calmly whispers to the nurse and physician that he has decided he does not want to be on a ventilator more than 2 days and he does not to consume valuable resources.
- The sedation and subsequent intubation proceed without complication.
Communication With Family Scenario

Setting: A quiet room next to the ED triage area
Scenario: There is a need to meet with the spouse:

• Explain to the spouse of the need to intubate their loved one
• Share the final words before the patient was intubated
• Communicate the need for the spouse to leave the hospital and that visiting her loved one is not an option at this time

The nurse and physician who have been treating the patient have come out to speak to the spouse of the patient. All three of them are in the quiet room. All three know each other well and are friends.
Questions to Consider in Preparation For The Conversation

- Are there any special personal or family dynamics, disabilities, language, ethnic, racial, or cultural sensitivities to consider?
- What are the goals of this conversation?
- Who should be present for this conversation with the family?
- What are you going to say to the family? See goals above.
- Would a prop, diagram or x-ray be helpful?
- Do you need to provide shot[s] across the bow or some warning statement?
  - Example: What I have to tell you may be very unsettling…
- After brief explanation, deal with feelings first
- What emotions do you anticipate, how will you name and validate them?
- What questions do you anticipate getting from family?
  - Questions will include “should I have brought him/her earlier?”
  - How likely am I to get this sick soon?
- Who continues to respond to the patient/family as more information is learned?
- Who will support the clinicians?

See Care for Caregiver Tools p. 9

Video of Conversation

BETA*HEART®
Healing • Empathy • Accountability • Resolution • Trust
Support Strategies Interventions

Department/Unit Support
Manager, chair, supervisor, or fellow team member who
- Provide one-on-one support
- May be organic or organized
- No formal training needed

Tier One Peer Support

Setting:
- This scenario involves Tier 1 support that is NOT the formal Tier 2 peer support but the kind of reassurance that colleagues who work side by side need to provide.
- This setting is in the break room in the ED the day after the physician-patient needed intubation. The nurse has finally gotten an opportunity to take a break and is sipping a cup of coffee reflecting silently on all of the chaos.
- The chaplain works in the ED and knows the nurse extremely well. He sees the nurse sitting there, clearly sad about the events.

Tier One Peer Support

Scenario:
• The chaplain sits down and “checks in” on the nurse and asks how the nurse is feeling. The power of this encounter is to demonstrate the need for active listening, emotion naming, support, and love in the workplace amongst close colleagues.

The Ten Commandments of Providing Emotional First Aid

• Be nonjudgmental
• Be empathic (not a brick wall)
• Don’t give personal advice—do not opine on legal and regulatory matters
• Don’t take responsibility for other people’s problems
• Don’t interpret (when a paraphrase will do)
• Don’t try to “fix” it
• Stick with the here and now
• Deal with feelings first
• Be present, vulnerable, and courageous
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See Care for Caregiver Tools p. 9
Video of Conversation

Debrief
Trained Peer Supporters and Support Individuals (such as patient safety officers and risk managers)
Who provide one-on-one crisis intervention, peer support mentoring, team debriefing and support through investigation and litigation


Tier Two Peer Support Training

- Communication Assessment
  - Individualized feedback
- Identification and selection of peer supporters
- Skill development
  - Large group exercises
  - Tabletop exercises with role play and debrief
  - Recognizing need for escalation to higher level
  - Taking care of yourself
Tier Two Peer Support

Background – based upon the scenario, there is the need for Tier 2 peer-to-peer support for the physician who intubated their colleague and was part of the team who communicated to the spouse.

The physician is distraught on many levels and feels intensely grief-stricken, vulnerable, afraid, frustrated, powerless, exhausted, lacking in trust, and angry.

Setting:

- Because of the need for as much social distancing as possible, Tier 2 Peer-to-Peer support is being offered via Zoom with the Peer Supporter and the recipient of the emotional first aid connected via their personal laptops through Zoom technology.
 Tier Two Peer Support

Scenario:
• One day has passed since the need for the ED physician-patient to be intubated.
• The peer supporter sent the offer to meet via Zoom through an email and the recipient accepted and then received the Zoom link. The recipient knows the peer supporter but not extremely well and is very appreciate of the offer of support.

Questions to Ponder Prior to Care for Caregiver Conversation

• What are the goals of the interaction?
• When should you respond to the affected care giver?
• Who should respond to the care giver?
• What questions do you anticipate?
• What emotions do you anticipate, how will you name and validate them?
• What are you going to say?
• What will you recommend for follow-up or what resources will you provide?
More than Empathy –
Caring for Those Who Care for Others

• Be there for colleagues
• Importance of social interaction when physical distancing
• Lend an ear to listen or a (virtual) shoulder to cry on
• Maintain their confidence
• Help them receive professional help when needed
• Be a partner through their journey toward recovery

Just-In-Time Peer Support Program

• Identify organizational lead
• What resources do you need to provide support
• Who will coordinate resources
• Communicate availability of care for the caregiver resources to the organization
• Reach out to potential peer supporters; provide just-in-time tools and training
Preparing for the Encounter

Refer to Care for Caregiver Tools
- Questions to ponder
- Ten Commandments of Peer Support
- Availability

What Can You Do Now?

Refer to BETA HEART Care for Caregiver Tools – p. 9

Pages 14-15 of handouts
Most Importantly

Remember, each of you are just as important as your patients

Comprehensive Approach to Fully Functional Care for Caregiver Program
Caregiver COVID Resources

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<tr>
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<td>Tips for emergency responders on taking care of yourself during disasters, Centers for Disease Control and Prevention</td>
<td><a href="https://emergency.cdc.gov/coping/responders.asp">https://emergency.cdc.gov/coping/responders.asp</a></td>
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<td>Mental health and psychosocial considerations during COVID-19 outbreak, World Health Organization</td>
<td>[<a href="https://www.google.com/search?q=WHO+Mental+Health+considerations&amp;sourceid=chrome&amp;ie=utf-8&amp;sa=q&amp;ved=2ahUKEwj006aiirSTAhW60qAkHgK0D9cQ_AUoAXoECAQ%5D%5C">https://www.google.com/search?q=WHO+Mental+Health+considerations&amp;sourceid=chrome&amp;ie=utf-8&amp;sa=q&amp;ved=2ahUKEwj006aiirSTAhW60qAkHgK0D9cQ_AUoAXoECAQ]\</a>)</td>
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Additional reading and videos pp. 25-27

Special Thanks

Marika Engelhardt  Patrick Mulvey  Kate Romond  Andrew Ramsay
Closing Remarks

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Education

Caring for the Caregiver Final Program

April 21 – 9 a.m. – noon

Available on-demand – email to follow

Thank You & Evaluation

Thank you for participating in today’s webinar.

An online evaluation will be sent to you shortly.