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Helping clinicians through traumatic events also helps the bottom line, analysis shows

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A peer-support program launched six years ago at Johns Hopkins Medicine to help doctors and nurses recover after traumatic patient-care events such as a patient's death probably saves the institution close to $2 million annually, according to a recent cost-benefit analysis.

The findings, published online in the *Journal of Patient Safety*, could provide impetus for other medical centers to offer similar programs—whose benefits go far beyond the financial, the Johns Hopkins Bloomberg School of Public Health researchers say.

Clinicians who aren't able to cope with the stress or don't feel supported following these events, often suffer a decrease in their work productivity, take time off or quit their jobs, they say.

"We often refer to medical providers who are part of these stressful events as 'second victims,'" says study leader William V. Padula, PhD, an assistant professor in the Department of Health Policy and Management at the Bloomberg School, using a term coined by Johns Hopkins professor Albert Wu, MD. "Although providers often aren't considered to be personally affected, the impact of these events can last through their entire career."

In 2011, Johns Hopkins Medicine started the Resilience In Stressful Events (RISE) program. The program relies on a multidisciplinary network of peer counselors—nurses, physicians, social workers, chaplains and other professionals—who arrive or call a fellow clinician

in need within 30 minutes after they request help following an emotionally difficult care-related event, such as a patient in extreme pain, dealing with an overwhelmed family, or a patient being harmed through a medical error.

At large, academic medical centers such as Johns Hopkins, with a complicated and often very sick patient population, such events happen on a daily basis, Padula says.

Although Padula says that he and others involved in the RISE program believe in its importance regardless of cost, the program does require Johns Hopkins to redirect some resources. For example, he says, although the peer counselors all volunteer their time, that's time taken away from other billable work, such as patient care. For Johns Hopkins to continue to invest in the program, he explains, showing a financial benefit is key.

To explore whether such a benefit exists, Padula and his colleagues developed a model focused just on the nursing population to investigate the likely financial outcomes of a year with or without the RISE program in place. The model used data from a survey delivered to nurses familiar with the RISE program on their probability of quitting or taking a day off after a stressful event with or without the program in place. It also used Johns Hopkins human resources data as well as the average cost of replacing a lost nursing employee available in published literature, among other data.

After inputting this information into the model, the researchers found that the annual cost of the RISE program per nurse was about $656. However, they found that the expected annual cost of not having the program in place was $23,232. Thus, the RISE program results in a net cost savings of $22,576 per nurse. Expanding that out to all users of the system—including doctors, who have a much higher cost per billable

hour and dramatically higher replacement costs—the total savings to the entire institution in one year was expected to be about $1.81 million.

The savings alone is an attractive reason to implement a program like RISE at other large, academic medical centers, Padula says. However, he says, helping clinicians get through a stressful event is the right thing to do, regardless of cost.

"It's hard to put a true price on the emotional support and coping mechanisms this program provides for clinicians after tragic events," he says.

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