"...you can flex and bend in a challenging time of uncertainty...but also you need to recognize that you can ultimately bend so much that you can break and be lost. The Peer Support program...allowed a safe space to vent and explore my feelings where I felt less alone and was able to build armor to face the road ahead."

Timeline of significant events and milestones from 2019 to the Present

2019

November – First peer support training resulting in 60+ active peer supporters
- Primarily at UW Medical Center, Seattle Children’s Hospital, and Harborview Medical Center

2020

January - Launched program
March - Covid-19; hosted monthly supporter debriefs
June - First quarterly Community of Practice session

2021

April – Automatic referral process at Seattle Children’s
September – Peer supporter training resulted in 120 total active peer supporters
Received 500 total referrals

2022

February, June, October – Hosted 3 peer supporter trainings

2023

May – Conducted Critical Incident Response training
September – Peer supporter training
November – Added Fred Hutch and Valley Site Lead
December – Added VA Site Lead

2024

January – Hired Program Manager
February – Trained a cohort of 6 peer supporters who have faced claims/litigation
March – Peer supporter training, 180 total active peer supporters
Received 1500 total referrals
Spring 2024 Report – A Reflection on our First Four Years

Peer to Peer (P2P), UW Medicine’s peer support program, has flourished over the last 4 years and has become a part of the fabric of our culture. We are excited about increasing our institutional reach through adding new leaders at several sites and investment through the addition of new support programming to best respond to the emerging needs we have seen over this time. In 2023, we received 316 peer support requests which brings our four-year total to 1420 requests since we launched in January of 2020.

Institutional Investment and Expansion of our Supports

In January of 2024, we were thrilled to add our first Well-Being Program Manager with a significant focus on supporting P2P. Tally Teodosio has been a wonderful addition to the team and has been instrumental in our efforts to expand the suite of support programs. This new role, centrally located within the well-being team in the Office of Faculty Affairs, helps advance efforts to streamline our referral system and better support our faculty and staff site leads across the UW Medicine system. We are grateful for the previous administrative support from the Center for Scholarship in Patient Care Quality and Safety.

In 2024, we also relaunched the P2P Program at Valley Medical Center (VMC) under the leadership of Dani Dutro MC, NCC, LMHC who serves as the Director of Well-Being and will be overseeing support for both faculty and staff at VMC. At the Veterans Affairs Puget Sound Medical Center (VA), we have begun piloting P2P within General Internal Medicine under the leadership of Caitlin Harrington MD with the goal of expanding to coordinate P2P across the VA. We are excited to have recently added a dedicated staff coordinator for P2P at Fred Hutchinson Cancer Center (FHCC) with Alina Wahl MDiv serving in the
role. In the short time these new site leads have been active, we have already seen significant increases in referrals and interested peer supporters from their respective entities.

Our new site leads join our amazing P2P team with representation from our UW Medicine sites including:

- **Fred Hutch Cancer Care (FHCC)** - Laura Sandberg and Andrew Boe
- **Harborview Medical Center (HMC)** - Kelly Paananen MN, ARNP, CENP and Shelley Wiechman PhD, ABPP
- **Seattle Children’s Hospital (SCH)** - Richard Shugerman MD and Kristina Toncray MD
- **UW Medicine Primary Care (UWMP)** - Pam Yung MD and Carolyn Houk MD, MBA,
- **University of Washington Medical Center (UWMC)** - Marie Cockerham MN, RN and Andrea Kalus MD

**Trends from the last year:**

Over the last four years, we have seen fluctuation in the use of the P2P Program by site. In 2023, we saw an uptick in utilization from UWMC Northwest and Montlake campuses. However, we have seen a drop to 36 referrals from SCH after a high point of 79 referrals in 2021. The initial increase of utilization at SCH in 2021 stemmed from the implementation of our first automatic referral system, meaning that an event within the hospital would trigger a peer support referral and subsequent outreach. Some of the reduction in numbers within the last two years may stem from a more nuanced approach to the automatic referral system.

There have been emerging trends in the reasons for employees to reach out for peer support. Over the last two years, we have seen a near doubling (37 in 2022, 70 in 2023) of referrals citing “disruptive patient” as the reason for support. Along with a high number of “conflict with a colleague” referrals, we believe that our peer support requests are mirroring an overall increase in workplace tensions. We have seen significant numbers of workplace violence (WPV) events across our system and at HMC specifically. We believe some of this increase is related, at least in part, to the system encouragement to report such incidents. Currently, we are seeing an average of 80+ reported WPV events per month at HMC. As a
response to this trend, we are working to develop an “opt out” model of peer support for people who have experienced WPV events, meaning that individuals who experience WPV receive an automatic outreach from employee health with an offer to connect and help process the event. In collaboration with support structures at UWMC and HMC, we are also creating a system-wide information guide for leaders to help managers know what to do after a WPV event and what resources are available both locally and at the system-level.

Over the last four years, we have seen broad use of the P2P Program across our system by faculty and staff. Our faculty physicians and nurses have been the highest utilizers of the program, with each role consistently falling within the 20-40% range each year. In 2023, there has been a noticeable increase in nurse utilization, while faculty utilization has declined.
In July of 2023, the University of Washington onboarded a new Employee Assistance Program – the Washington EAP. We have found the leadership of this program to be excellent partners and the services more effective and responsive. Peer supporters have leveraged this resource as an additional support for our faculty, staff and trainees. Of the 104 peer support encounters that resulted in a referral to additional resources, the WA EAP was utilized 33 times. We believe peer supporters have helped our employees utilize a resource they otherwise might not know about.

Next steps for P2P and complementary programs

Increased utilization: We have seen a marked increase in utilization (143 referrals) in the first quarter of 2024. We believe that this is at least in part due to new program coordination and solidifying site leadership across VMC, the VA, and FHCC. If this continues, we will nearly double our utilization as compared to previous years. In addition to relaunching the program at some sites, we are creating more systematic referral structures and better promoting the program at our initial sites (e.g., HMC) which is leading to heavier utilization.

Peer Supporter Trainings: We continue to build our cohort of peer supporters by offering at least two peer support trainings a year. In March of 2024, we added 53 new Peer Supporters with a focus on VMC (13), the VA (14), and FHCC (5). This new group of supporters will join 87 active supporters across our system. Each year, we check in with our peer supporters to assess their ability to continue as a peer supporter. This year 92% of our supporters chose to continue in their roles with a few choosing to step away and a similar number opting to pause engagement for a year.

Critical Incident Response: As the P2P program has matured, it has allowed us to focus on new emerging needs. First, we noticed a need to expand beyond traditional one on one peer support following critical incidents. In May of 2023, we brought in experts from the Crisis & Trauma Resource Institute to train 80 people across UW Medicine in Critical Incident Response Debriefing. We have taken a strategic approach to collaboratively develop and train a cohort of faculty and staff across our system. They will be able to offer critical incident group de briefs locally with some centralized coordination. This approach allows site-level autonomy and the ability to remain nimble and to leverage existing supports (e.g., local Spiritual Care teams). We continue to convene a cross-site working group to maximize implementation and to learn from each other’s efforts. In July of 2023, UWMC introduced a referral form for requesting group de briefs, and they have received roughly 15 requests per month since the launch. HMC is adopting a similar model as we move towards building support parity across the system.

Litigation Support: The second emerging need we have felt over the last four years has been focused support for clinicians who have been named in a claim or are involved in litigation. As of February of 2024, we have trained our initial cohort of 6 litigation peer supporters with a specialized understanding of how to support impacted clinicians through the litigation process. This training is a wonderful illustration of ongoing partnership with our UW Medicine Risk Management team, and it represents an important next level of tailored support for our community. In partnership with the Chief Medical Officer of UW Medicine, Anneliese Schleyer MD, and President of Children’s University Medical Group (CUMG), Jack Salerno MD, we have coordinated outreach to impacted clinicians connecting them to Anne Browning PhD who serves as the litigation support coordinator through her role as chair of the P2P site leads committee.
Overall, P2P is serving a critical role in shifting the culture of our community towards one of mutual support and communication surrounding challenging workplace events and experiences. We know that connection with others helps employees find meaning and purpose in their work while also helping to mitigate the potential for burnout. While our peer supporters generously volunteer their time, rather than feeling like offering support adds to the workload, many have shared that the chance to connect with colleagues in need energizes them and makes their “load feel a bit lighter.” We also know that the numbers of formal peer support requests in this report only capture a fraction of the support our peers provide each other informally each day within their units and teams. The true impact of the P2P Program is hard to capture in a graph. It is something that is felt by our healthcare team members when a colleague notices someone struggling and stops to check in. It is something experienced when an employee faces a difficult day after an unexpected outcome and finds some relief after debriefing collectively with their critical incident response team.

We are excited to grow the P2P Program and expand awareness across our system in 2024. We are at an inflection point of utilization and awareness that is priming our support programs to be central to the work we do across our system and ultimately, to help define UW Medicine as the employer of choice in our region.

With gratitude,

Anne Browning, Chair, Peer to Peer Steering Committee

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