island health

Caring for Care Providers:

Co-Designing a Peer Support Model in Health Care

Public Health Association of BC Annual Conference – Nov 16, 2018

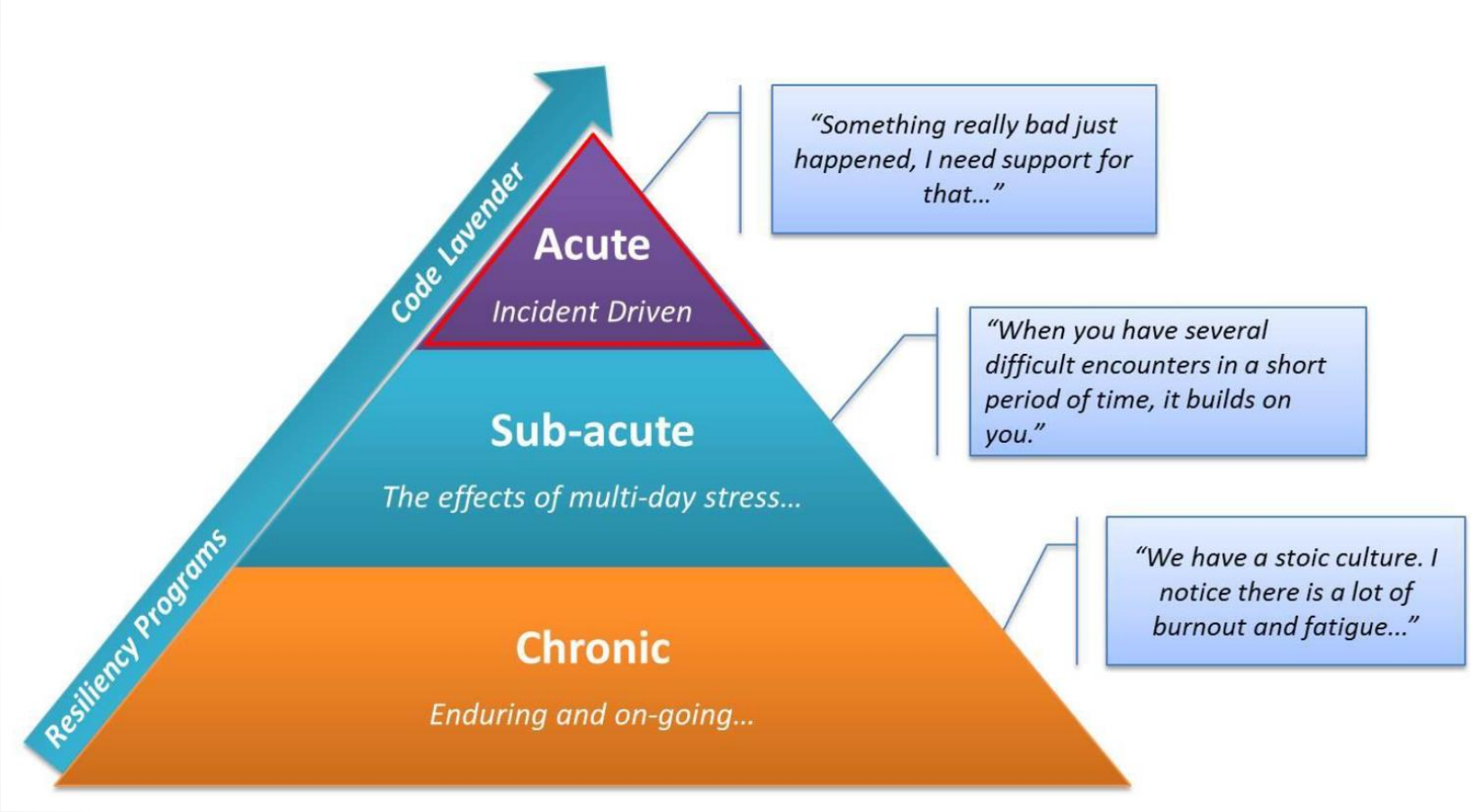
The Spark

Introductions and Perspectives

We are:

- Angela Wignall, Clinical Quality Partner & Perinatal RN
- Jana Archer, Experience Manager
- Darby Eakins, Health & Wellness Manager

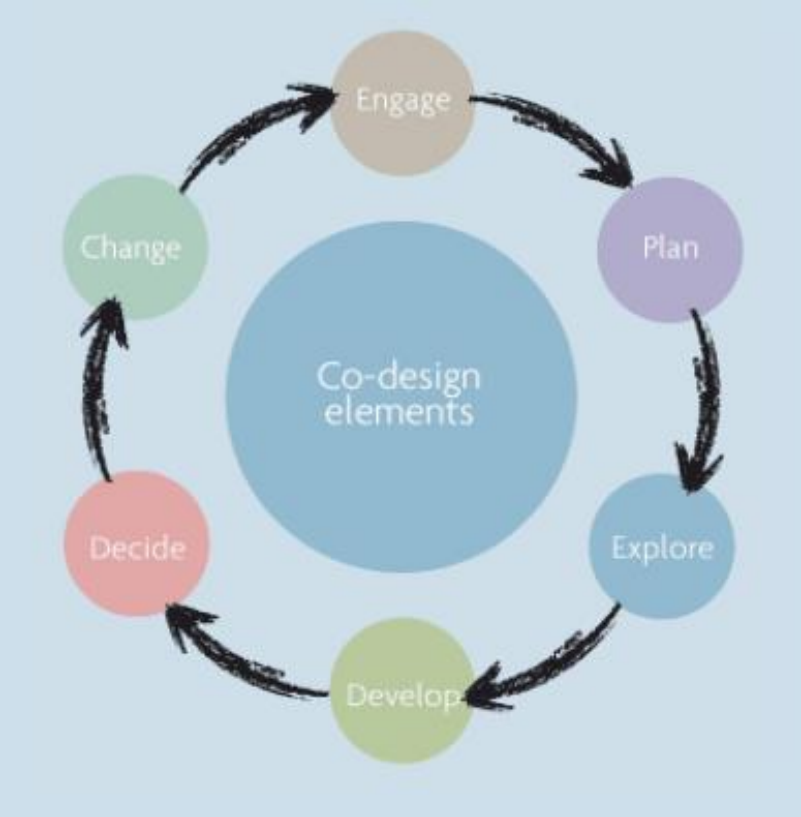
Context & History



- Spectrum of stress for clinicians and staff
- Attending to issues that arise requires a multi-pronged, multi-level approach

Image from: Vocera Communications Inc. (2015) *Solution Brief: Resiliency in Health – Supporting those who support others*

Consciously Co-Designed



Principles:

- Prioritise user experience
- Trust the process
- The *means* is as important as the *ends*
- Acknowledge partners contributions throughout

Image and Info from: Waitemata District Health Board (2010) Health Co-Design Toolkit

Our Journey to Date – Transdisciplinary Team

Transdisciplinary

Interdisciplinary

Multidisciplinary

Disciplinary

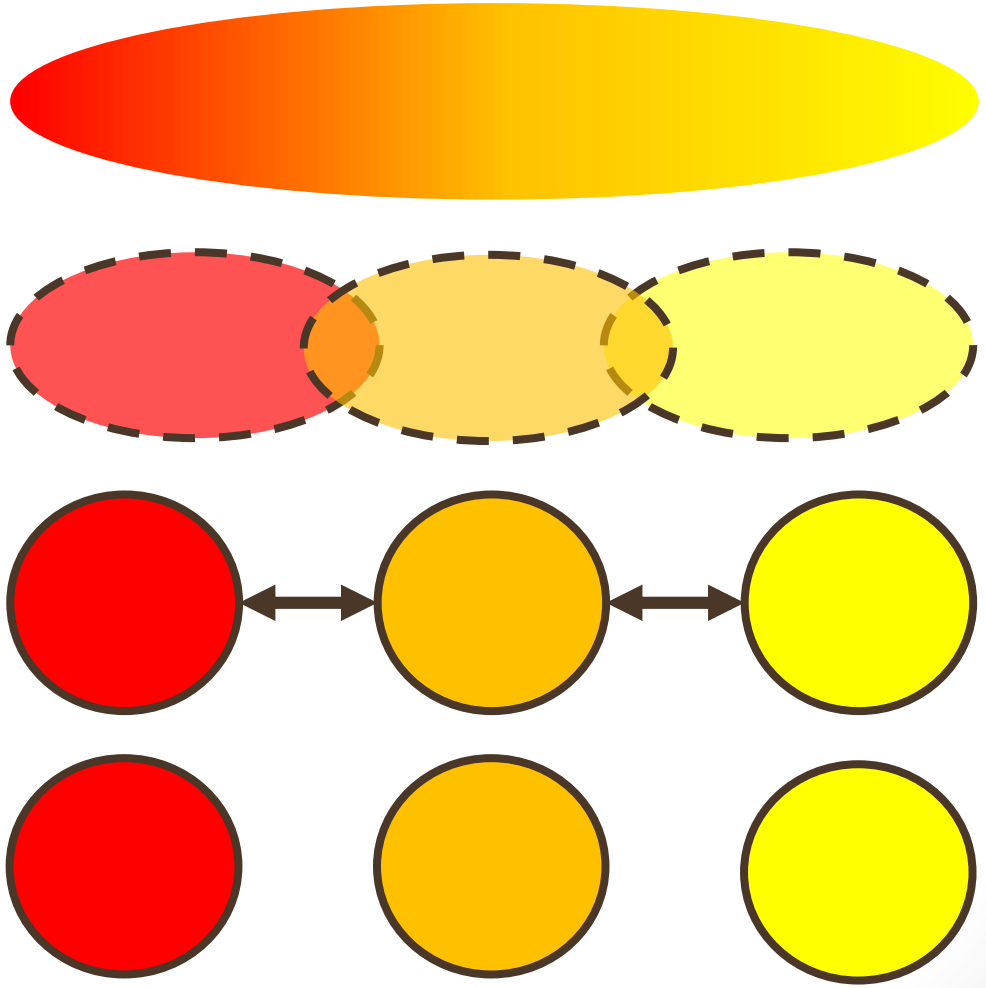


Image and Info from: Integration & Application Network (2017), Transdisciplinary literacy

Our Journey – Community Charter

Purpose	• Inspiring “why?” statement
Collective Inquiry	• Question that underscores purpose
Values	• 3 – 4 shared core values
Agreements /Norms	• How do we behave? How do we show our values?
Communication	• How do we communicate – in and out of meetings?
Path of Accountability	• How are we held accountable?

Our Journey – Community Charter

Peer Diffusing Planning Team Community Charter

Purpose

To co-create, develop and implement a peer-to-peer diffusing model that is a proactive individualized response that provides in-the-moment supports to reduce the risk of harm and violence, and promotes individual, team and organizational resilience.

Collective Inquiry

What strategies, resources and processes can be implemented to narrow the gap for sub-acute and/or cumulative trauma and acknowledge the human response to abnormal circumstances in the provision of care?

Values

- We respect each others values and experiences, and strive toward consensus
- We are trauma-informed and we use evidence as the foundation of our actions
- We are clear about who we are serving, and plan for sustainability, success, failure and readiness

Agreements / Norms

- Show a commitment to curiosity
- Value Diversity
- Listen, Inquire, Reflect, Pause, Act
- Collaborate & Make sure each voice is heard
- Self-care, include breaks

Communication

In session

- Constructive
- Person first focused
- Safety to be vulnerable
- Sidetracks are welcome, but check-in on pertinence/timeliness (e.g., "pineapple" = "Do we need to bring this back on track?")
- Meeting off-site where possible

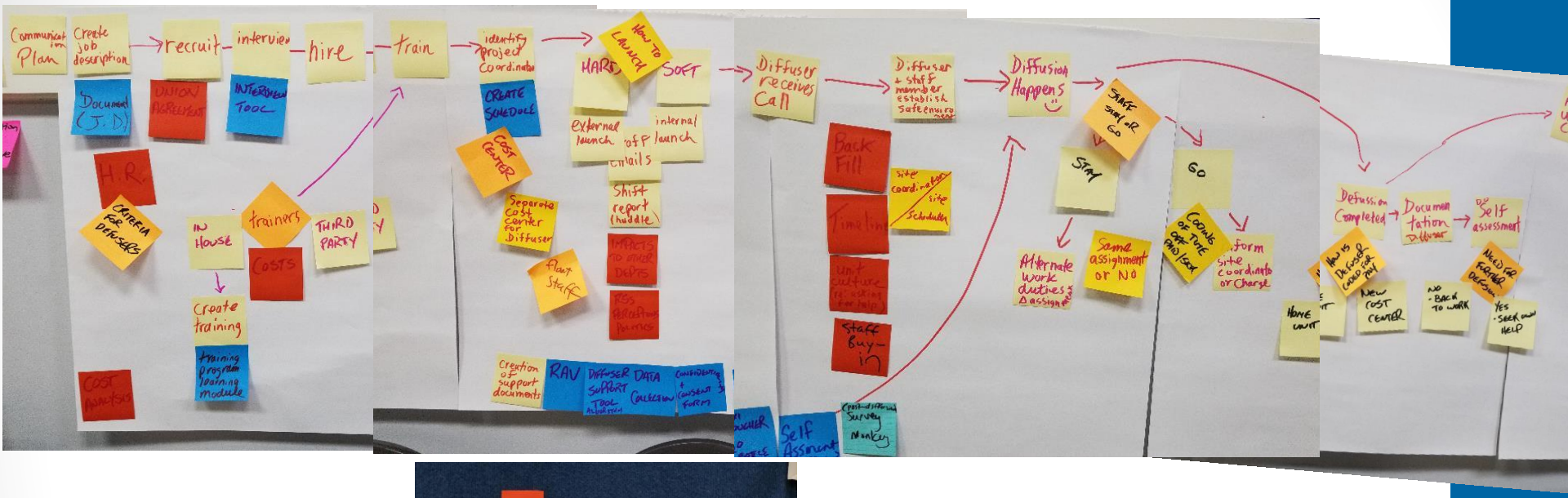
Beyond Session

- In-person = IDEAL
- Use technology to support sparingly
- Consider: sharepoint, yammer, lync group
- Keep group in loop

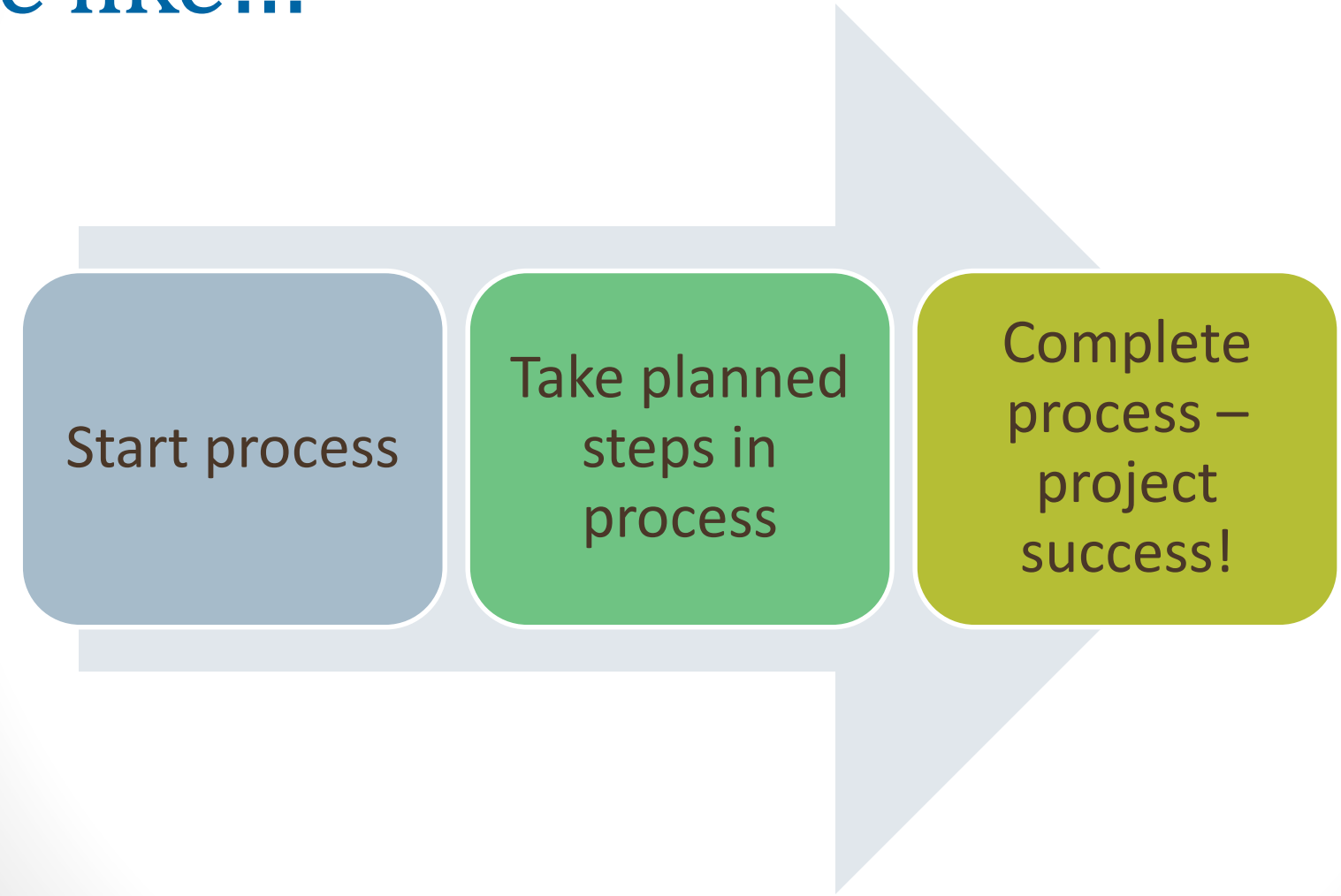
Path of Accountability

- We are transparent about our process and we follow through on what we say we will do
- We agree on a method of conflict resolution within the group
- We use identified measures to validate and assess quality, benefit and opportunities

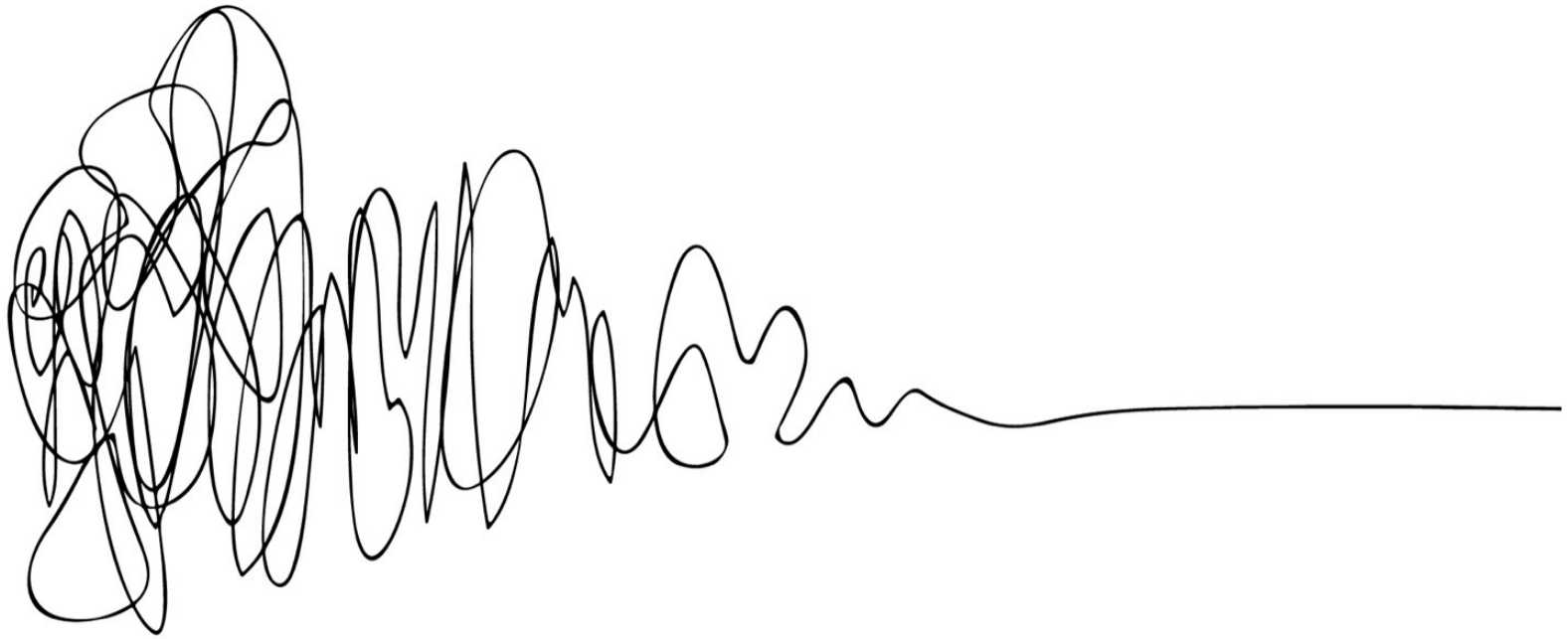
Our Journey – Process Maps



What we think co-design will be like…



Reality…



Acknowledging Discomfort

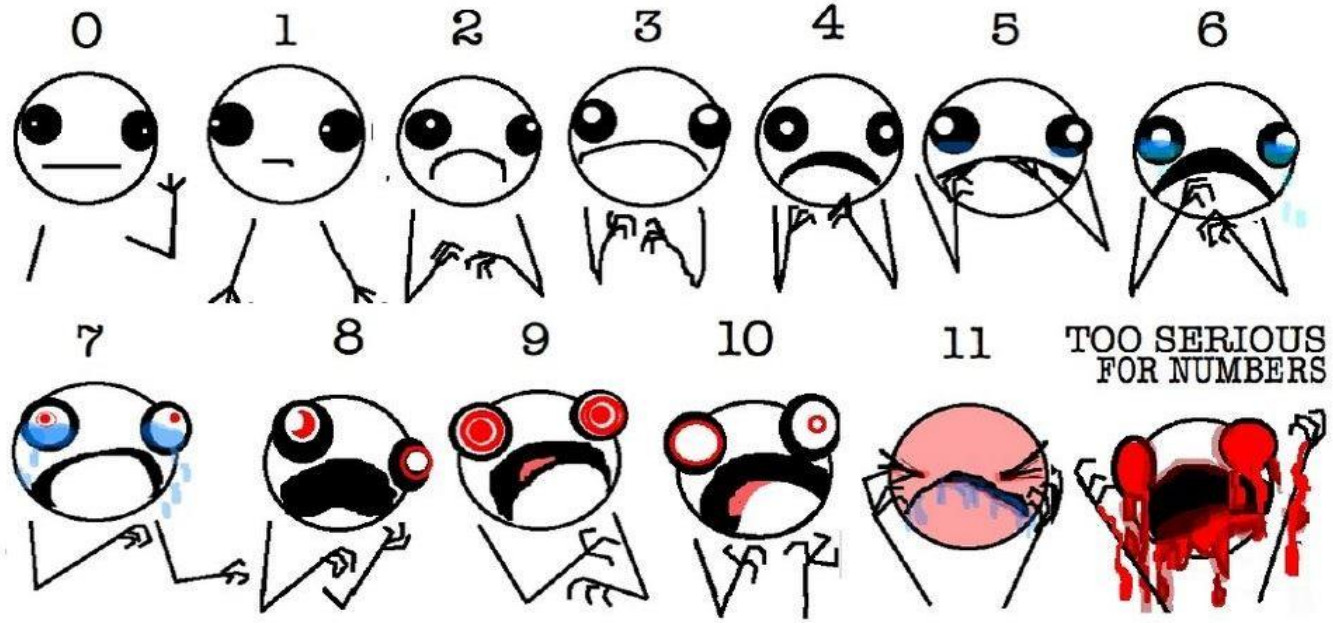
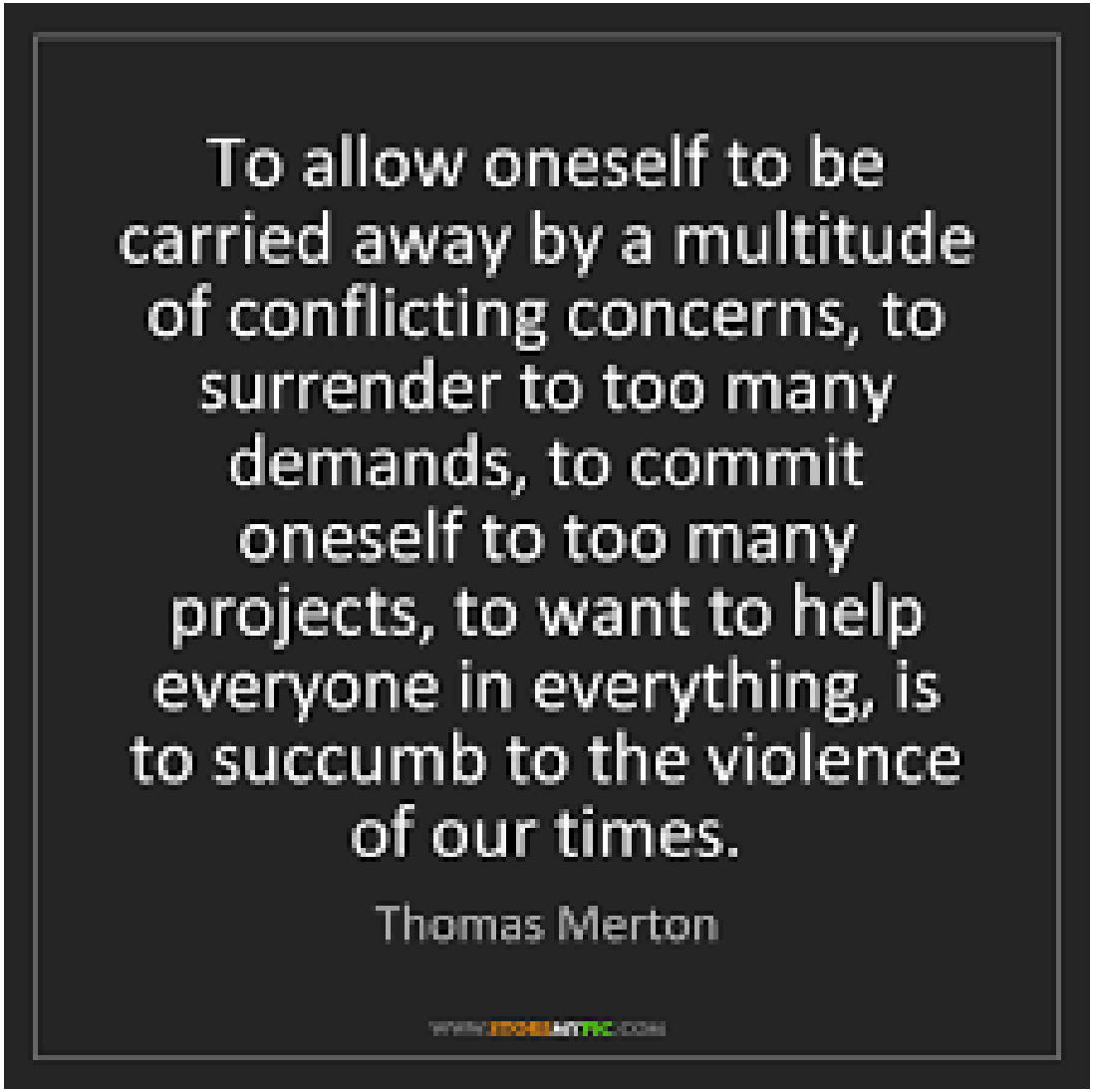
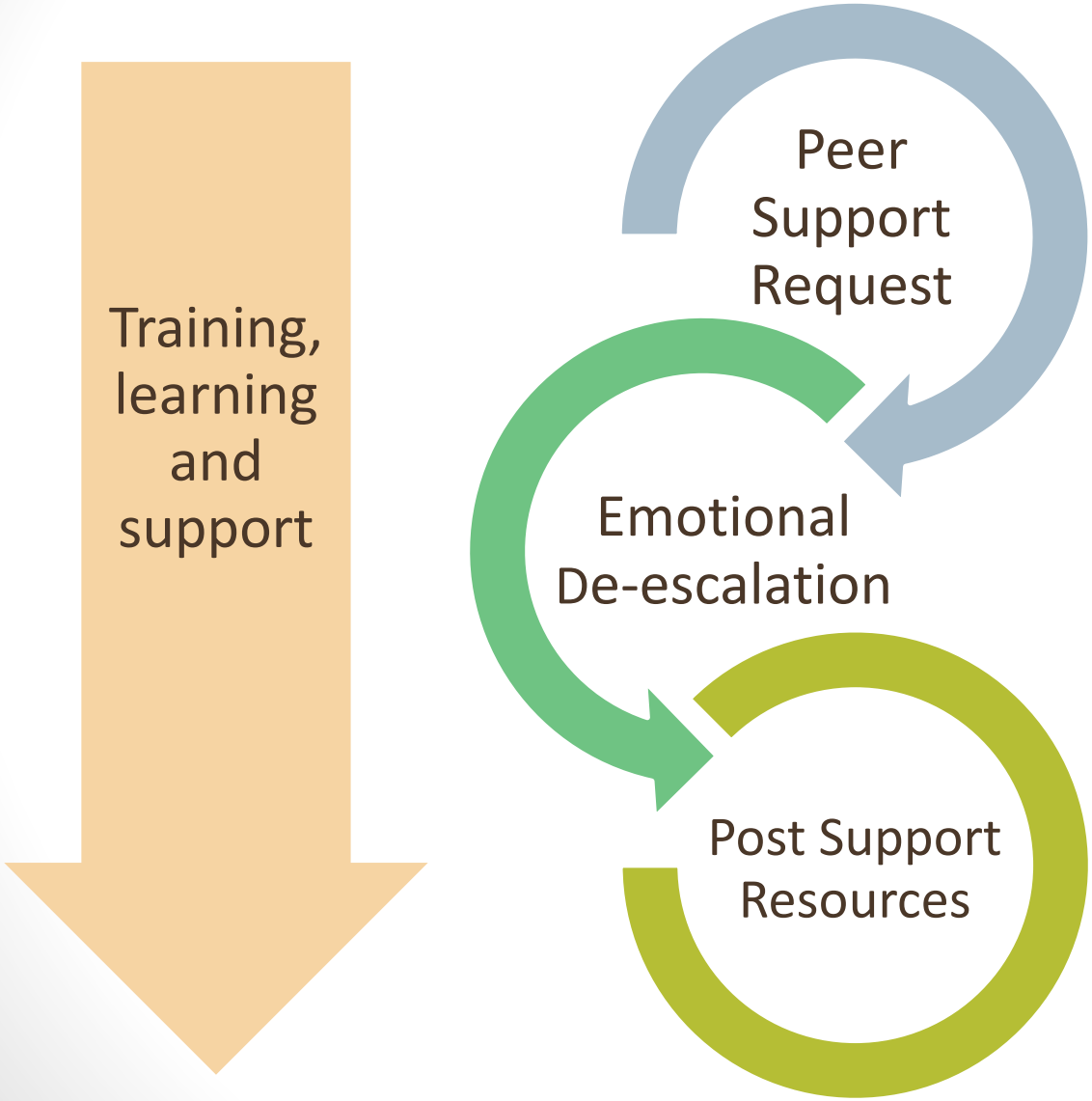


Photo credit: Hyperbole and a Half

What We've Learned



Program Components



- Call-out, intake and triage
- Support coordination
- For all

Principles of Diffusion

Power

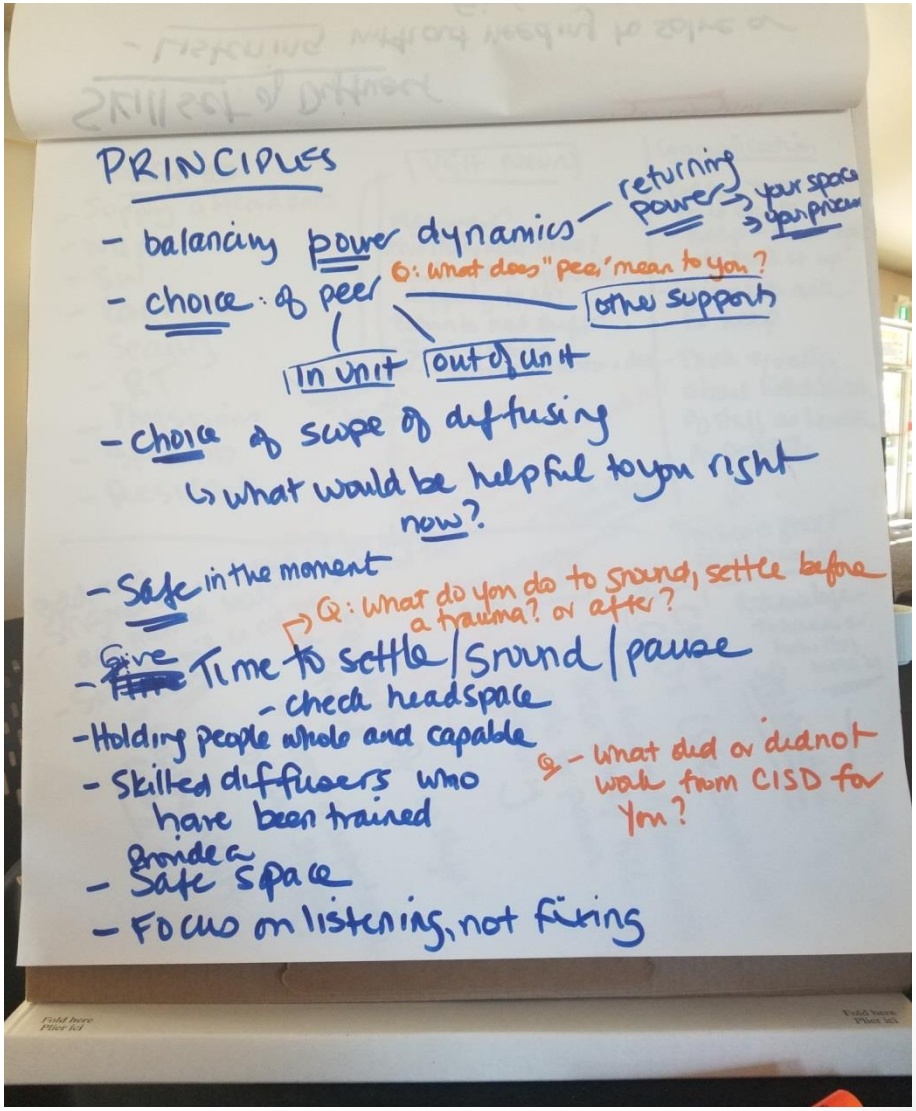
Choice

“First telling”

Safety

Time

Hold whole & capable



Future State Story