

Mental Health Playbook

An actionable guide to support our healthcare workers

About ICSI

The Institute for Clinical Systems Improvement has been a trusted influencer in healthcare for over 25 years. As ICSI, healthcare leaders work together to find solutions to healthcare’s toughest challenges, initiating positive change and improving health outcomes. ICSI is activated by an independent, objective non-profit organization with one clear goal – improving health together.

ICSI Faculty Authors

Jodie Dvorkin, MD, MPH
Claire Neely, MD, FAAP
Tani Hemmila, MS

Senka Hadzic, MPH
Sarah Horst, MA

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Mental Health Playbook

An actionable guide to support our healthcare workers

COVID-19 is causing our healthcare workforce to face unprecedented stress.

Some stressors are not new but rather amplified, while others are ones not previously faced. Some stressors are universal, having the potential to affect all of the workforce. Other stressors may be more specifically felt by workers, based on their role and setting. Many of these stressors also impact a worker's family.

To know how to act to support your workforce, you must first clearly understand the impact COVID-19 is having on them. It is important to understand both the overt and hidden stressors. The same change may negatively impact one individual, while energizing another. There may be different – and no less significant – stressors for those who work in patient-facing jobs compared to stressors for staff whose role is supportive. Understanding these nuances will enable you to conduct a better assessment of your workforce needs, allowing you to be better equipped to help.

In this playbook, we will walk through key steps to assess, plan and implement an organization-wide strategy to support the current and long-term mental and emotional health of your workforce. This pandemic will have long lasting effects: We expect the list of stressors to grow and evolve as we progress through phases of the pandemic. This first edition of the playbook is focused primarily on the early crisis phase, but will continue to be built to support organizational planning to address the expected increase in mental health needs of the healthcare workforce in the future.

Understanding Stress in the Healthcare Workforce

We propose a framework to help organizations develop and implement a strategy to support their workforce during COVID-19 that is based on general supports for the entire workforce and targeted interventions for specific roles and settings. Each organization is different and use of this framework should be adapted to the roles that best make up your organization, whether a large academic center, community hospital/clinic, community-based behavioral health organization or other organization that provides and/or supports healthcare.

Stressors on the Healthcare Workforce

INPATIENT (Hospital Staff)	OUTPATIENT (Clinic Staff)	EXECUTIVE & TEAM LEADERS	SUPPORT SERVICES (e.g., Lab, IT)	DISPLACED STAFF (Reassigned / Furloughed)
<ul style="list-style-type: none"> <input type="checkbox"/> Uncertainty of managing new disease <input type="checkbox"/> Staying current with evolving information <input type="checkbox"/> Stigma from higher risk of exposure <input type="checkbox"/> Basic needs during long shifts <input type="checkbox"/> Balancing professionalism with personal risk <input type="checkbox"/> Coping with death, especially with no-visitor policies <input type="checkbox"/> Managing scarce resources 	<ul style="list-style-type: none"> <input type="checkbox"/> Deploying new care modalities (telemedicine) <input type="checkbox"/> Uncertainty of effectiveness of virtual care for all conditions <input type="checkbox"/> Uncertainty of managing new disease <input type="checkbox"/> Staying current with evolving information <input type="checkbox"/> Balancing professionalism with personal risk <input type="checkbox"/> Coping with death of long-term patients <input type="checkbox"/> Loss of team connections 	<ul style="list-style-type: none"> <input type="checkbox"/> Rapid need for new strategies/policies balanced with ongoing regulatory requirements <input type="checkbox"/> Weighing ethical implications of policies <input type="checkbox"/> Making decisions without adequate information <input type="checkbox"/> Providing emotional support to staff <input type="checkbox"/> Leading effective crisis meetings <input type="checkbox"/> Financial uncertainty for organization 	<ul style="list-style-type: none"> <input type="checkbox"/> Increased workload <input type="checkbox"/> New and changing protocols <input type="checkbox"/> Increased need to limit contamination <input type="checkbox"/> Increased pressure for speed and accuracy <input type="checkbox"/> Changed decision-making structures <input type="checkbox"/> Balancing professionalism with personal risk 	<ul style="list-style-type: none"> <input type="checkbox"/> Uncertain job and/or personal financial situation <input type="checkbox"/> Being asked to learn new skills or re-learn old skills in a high-stakes situation <input type="checkbox"/> Guilt and/or frustration with not being able to help
<p>UNIVERSAL STRESSORS</p> <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Personal safety <li style="width: 50%;"><input type="checkbox"/> High volume, changing, or sparse information <li style="width: 50%;"><input type="checkbox"/> Financial concerns <li style="width: 50%;"><input type="checkbox"/> Loss of team connectedness <li style="width: 50%;"><input type="checkbox"/> Personal wellness <li style="width: 50%;"><input type="checkbox"/> Death/dying of loved one/patient/colleague <li style="width: 50%;"><input type="checkbox"/> Anticipatory grief <li style="width: 50%;"><input type="checkbox"/> Family concerns – spouses/children/relatives 				

Pillars of Implementation

Founded in implementation science and adapted by what has been learned from across organizations since the pandemic began, the following are key pillars in implementing a strategy to support your workforce during the pandemic.



Crisis Command

It is critical to create a dedicated crisis response structure and allocate resources as a coordinated effort to support the mental health of your staff. In times of rapid change, it is typical for different parts of the system to act independently, creating the possibility of redundant or conflicting initiatives. Expertise and services will be needed from departments that may traditionally operate in silos (e.g., behavioral health departments and existing employee assistance programs), so centralized leadership is important for bringing everything together.

Where does mental health support for frontline workers during COVID fit within your crisis response structure?

Bi-Directional Communication

During times of crisis, transparent communication about organizational direction is especially critical. Actively eliciting input and feedback from staff and providing opportunities for them to ask questions, is equally important. Create a formal communications strategy that enables direct and frequent “top-down” as well as “bottom-up” engagement. As people absorb and share information differently, use multiple methods of communication. Ensure communications target different sized audiences so that there is opportunity to be both inclusive (organization-wide) and intimate (team meeting/one-on-one). Building a culture of psychological safety is important so that staff feel empowered to share any safety concerns and reach out for help when needed. Empathetic, consistent, and informational messaging creates calm that is invaluable during times of uncertainty and fear.

How to Share:

- › Share what is known, what is unknown, and how questions are being addressed.
- › Anticipate questions that will be asked.
- › Use existing trusted communication pathways, but add others.
- › Acknowledge the difficulty of the situation and that associated stressors are expected.
- › Frame the messages and choose strength-based language to support self-efficacy in staff.
- › Be transparent about what the organization is doing to address the stressors.
- › Express gratitude for their work and dedication.

How to Listen:

- › Consider unstructured conversations, which allow staff freedom to discuss whatever comes to mind.
- › Consider structured conversations which give all staff the opportunity to answer the same questions and are less dependent on the interviewer.
- › Consider using online surveys as one way to gain understanding; it should not be the only way.
- › Elicit concerns that staff may be reluctant to share.
- › Express gratitude for staff raising concerns.
- › Be diligent and systematic about documenting and addressing staff concerns.

Methods of Communication

MEDIA CHANNELS	VIRTUAL GATHERINGS	IN-PERSON GATHERINGS
Daily organization-wide email Department emails Team emails Newsletters Mailbox for questions Organization-sponsored social media	Virtual meetings Team virtual chats Phone line for questions Town Halls (organization-wide or by department) Informal meetings (coffee breaks / lunch)	Hospital rounds Team meetings Huddles Clinics Leadership meetings Informal meetings (coffee breaks / lunch)

What methods of communication has your organization used? Especially consider bi-directional communication opportunities that already exist or that need to be implemented. What else might be helpful?

Take Action

Identify Universal and Role-Specific Stressors

In crisis response it is tempting to deploy the usual tools – and they may indeed be part of the solution. However, it’s important to pause to learn if that tool, or intervention, will provide the support that your workforce most needs, as not all interventions are right for all parts of the workforce. The most effective interventions are chosen thoughtfully, with both input and feedback from those you hope to support.

See Page 2 for a framework of Stressors on the Healthcare Workforce.

- › Determine universal stressors that affect your entire workforce and are not specific to role or job title. It is okay to target the whole workforce, but recognize that universal approaches alone are helpful but not sufficient.
- › Determine within your organization the different groups of staff that would benefit from targeted interventions (modify your framework of Inpatient, Outpatient, Executive & Team Leaders, Support Services, and Displaced Workers as needed).
 - Determine the key stressors for each group of staff.
 - Consider which staff may be at higher risk and warrant more urgent interventions.
- › Consider ways to monitor for increasing or changing stressors in various settings.

Look for Assets

Once you have assessed the main stressors and staff who are or will be affected, it’s time to consider your assets. What are the existing programs and channels of communication that could be further leveraged or adapted at this time? Some examples include:

- › Team huddles
- › Department meetings
- › Employee Assistance Programs
 - Physician resiliency programs
- › Wellness programs offering exercise groups, mindfulness-based stress reduction, etc.

Caution – if a program isn’t being utilized well by your target population prior to COVID-19, it may not be the best choice for delivering an intervention now.

It's also helpful to identify psychological strengths present in individuals and teams. Humans are resilient. Remember, that what may be a stressor for some staff may be an asset for others. For example, while the challenge of telemedicine might be daunting to some, the excitement of new technology may be exciting to others.

Other strengths that you might recognize and intentionally foster include:

- › Innovation
- › Flexibility
- › Determination
- › Professionalism
- › Bonding – feeling of being part of a crisis team
- › Gratitude
- › Creating new knowledge/practice to support others

Which staff have you targeted for an intervention? Which specific stressors need attention? What assets can be strengthened?

Intervene

The COVID-19 pandemic has put many leaders in an innovation and adaptation mindset. In this unique time, we all have been given permission and encouragement to be flexible and to think and act in new ways. Consider the following as you develop interventions to test:

- › Offer systems-driven interventions (e.g., policies, protocols, etc.) AND staff self-directed interventions (e.g., podcasts, apps, etc.).
- › Consider expanding already available resources, or using existing resources in a new way.
- › Create new resources when needed, being mindful not to put too much time/energy into an intervention until you evaluate effectiveness.
- › Seek good ideas from the community and nationally – no need to reinvent the wheel if someone has tested a great idea. As part of this work, ICSI is sharing promising practices to enable you to learn from others locally and nationally.

What novel interventions have been tried? What have you learned?

Evaluation

While it may not seem to be the time to create a formal measurement plan to evaluate your interventions, it is still important to take time to ask yourself not only the questions, “What are we trying to accomplish?” and “What changes can we make that will result in improvement?”, but also “How will I know that the intervention is an improvement?” Keep it simple.

- › Continuous feedback from staff is essential.
- › Don't be afraid to abandon what isn't working or modify something that has potential if done differently.
- › Continuously reflect – stressors for the staff and the populations themselves may change over time.

How are you monitoring effectiveness? How are you regularly seeking feedback from staff on an intervention?

Promising Practices

Inpatient Support

HealthPartners: Regions Hospital Grocery 2Go Program

Brief Synopsis:

Regions Hospital is offering essential grocery items (milk, eggs, rice, butter, bread, fruits and vegetables, toilet paper) to employees. In creative repurposing of an existing structure, staff can order items online through the hospital's existing catering ordering system. Items are ready within 1-2 days for pick-up. The purpose is to alleviate stress for employees so they can easily pick up items and go home, rather than face the prospect of finding stores that are open (especially hard for shift workers with stores reducing hours), finding supplies that are often sold out (e.g., toilet paper and eggs), and worrying about additional exposure to coronavirus, both for themselves by going into stores and for others. This program not only benefits the workers who shop for these items, but provides work for the catering and nutrition services staff which helps them avoid furlough. The program is gaining traction and additional communication is being developed to ensure all employees are aware of this helpful service.

What resources are needed (e.g., staff, time)?

This was an expansion of existing catering and dining retail operations and a key to the success was the ability to partner with existing vendors to meet this specific need; special boxes of fruits and vegetables were created, as well as procuring "retail sized" quantities of packaged items, like eggs, were important (rather than the industrial sized orders for a restaurant kitchen).

Contact info to learn more:

Valerie Longfellow, Retail Manager, 651-254-2258 (Valerie.J.Longfellow@healthpartners.com)

Children's Minnesota: Resiliency Rooms and Peer Support

Brief Synopsis:

Resiliency rooms were created to help staff have a place of reprieve during a clinical shift. Resiliency Rooms, also known as Serenity Rooms, provide a quiet, private space for employees to: Decrease stress, replenish energy, fuel productivity, increase focus and retention, enhance creativity, and improve decision making. These resiliency rooms are located at both hospital campuses and since COVID-19 started, the resiliency rooms have up to 100+ visits a day and over 13,000 visits this year.

The Children's Minnesota employee health and well-being program, Be Well, offers an online health assessment for employees to see which areas of their health they can improve on. After taking the health assessment, employees are given a list of healthy activities to engage in which helps them maintain healthy behaviors such as walking 10,000 steps per day, tracking sleep or stress, talking to a health coach over the phone and doing yoga, breathing exercises and other workouts through Wellbeats. The Be Well program also provides an employee assistance program called Solutions to Thrive which offers 24/7 support for employees to get counseling services, legal and financial advice, parenting, child care and elder care resources plus on-demand mindfulness based stress reduction resources. S.E.L.F care plans were introduced as a useful tool to write down triggers and coping strategies, and the Going

Home Checklist is another tool intended to help all staff reflect and re-center before changing gears for life at home.

What resources are needed (e.g., staff, time)?

Each resiliency room benefits from a point of contact that is located at the site. Also, determine if the site is needed short term or long-term and if the latter, what location is sustainable.

Contact info to learn more:

BeWell@childrensmn.org

M-Health Fairview: Minnesota Resilience Action Plan (MinnRAP),

Providing Peer and Emotional Support to Frontline Workers

Brief Synopsis:

This program was developed to address the effects of COVID-19 on members of our community. We are all having different reactions, and there are strategies we can use to increase resiliency. There are two components of this program: 1) The 1-on-1 Battle Buddy system, adopted from the U.S. Army and 2) Access to a mental health consultant. Having a buddy helps validate experiences, identify and address stressors early, keep work at work, and develop and maintain resilience.

What resources are needed (e.g., staff, time)?

Click on the following resource for implementation guide that includes tools to help roll out this type of program: <https://med.umn.edu/covid19/minnrap>

Contact info to learn more:

Annie Walsh (awalsh10@umphysicians.umn.edu) or Dawn England (dengland10@umphysicians.umn.edu)

Executive & Team Leader Support

CentraCare: Frontline COVID Leader Touchbase and Leadership Support Page

Brief synopsis:

Frontline Leader Touchbase: Leadership Development and Spiritual Care Chaplains are reaching out to leaders within identified teams (both clinical and support teams) that are experiencing increased stress due to the treatment of COVID-19 patients. This allows the leader to get support and have an avenue to discuss the challenges they are facing, as well as determining needs they may have to support their staff. Based on needs, leaders may be referred to EAP, leadership coaching, mindfulness Huddle moments information, spiritual guidance, community resources, or emotional coaching by a CentraCare Behavioral Health clinician. Examples of teams identified: Units treating COVID + patients, Emergency Departments, EMS, Supply Chain & Logistics, Long-Term Care, Respiratory Therapy, Laboratory, Nursing Supervisors, Environmental Services, Information Services, Facilities, Clinical Engineering.

Leadership Support Resource Page: CentraCare developed a resource page on the organization's COVID-19 SharePoint site that has a variety of resources and material available for leaders to support their leadership needs during the pandemic. Examples include: recorded presentations on self-care &

resiliency, psychological first aid tips sheets, Leading with the SCARF model (understanding motivation), and Leading through Change (building trust, compassion stability and hope within your team).

What resources are needed (e.g. staff, time)?

Utilizing leadership development team members and Chaplains to make outreach calls. Behavioral Health clinicians are available for appropriate referrals. All calls and ongoing coaching (leadership, spiritual, and emotional) will be scheduled around other work duties and scheduled appointments. The resource page required support from the Communications team to build the page and update as needed. It also involves collaboration between Human Resources and COVID Staff Support Response Team to curate materials.

Contact info to learn more:

Stephanie Lang, Program Director Organizational Culture, 320-251-2700 ext 58173
(LangS@centracare.com)

HealthPartners: Employee Assistance Program (EAP) Leaders Support

Brief Synopsis:

HealthPartners EAP is using a resource already existing pre-COVID to help leaders get help for teams. This includes rapid response critical incident, which is on-site support to help a team following a traumatic event, dealing with employee sickness/death, managing change. The goal is to promote the offer of practical and emotional support to those affected and direct our efforts towards fostering natural resilience and coping. In addition, they offer Leading through Crisis, which is four learning events to prepare managers as first responders.

What resources are needed (e.g., staff, time)?

This utilizes resources already available prior to COVID-19 pandemic.

Contact info to learn more:

Dawn Mansergh, HealthPartners, Account Management Team Lead
(Dawn.F.Mansergh@healthpartners.com)

Support Services Support

Sanford: Supporting the Support Staff (IT, Lab, and Patient Access)

Brief Synopsis:

Sanford Health identified three areas of support staff at increased risk of stress and burnout: IT, Lab, and Patient Access. All three of these areas have had to quickly adapt their processes to the changing needs for COVID-19. The behavioral health team created a slide deck presentation on mental health wellness. The presentation is 30-60 minutes and delivered during team huddles by behavioral health and/or other clinical staff. Presentations ordinarily are done by two facilitators. After the presentation, there is an open discussion where staff share feelings and/or ask technical questions. The goal is to raise awareness about wellness, create a safe environment to share, and demonstrate the organization's commitment to supporting staff. The next step for the team has been to expand to primary care and nursing staff in Sanford's long-term care facilities, another area of high stress and burnout.

What resources are needed (e.g., staff, time)?

Twelve people were trained to do the presentation (psychologists, therapists, physicians, organizational development consultants, administrators), although this number is best determined by each organization's available resources. As of 5/15/20, 67 presentations have been made to over 3,700 employees. Sanford Human Resources assigned two full-time employees to coordinate scheduling via an internal phone number that managers/supervisors could call to arrange a presentation. A shared spreadsheet among the 12 available presenters allowed the HR assistants to schedule presentations as requests came in using each presenter's Outlook calendar as a guide to available times. The time to reach out and schedule interventions takes less than three minutes as the HR assistant simply asks the manager what date/time they desire and then cross references availability by the presenter spreadsheet. The time to lead presentations varies depending on the "version" that is requested. The presentation can be delivered in 30, 45, or 60 minute formats which offers slightly more or less depth on topics and time for facilitated dialogue and/or Q/A.

Contact info to learn more:

Jeffrey Leichter, Lead Administrator, Behavioral Health Integration, Sanford Health
(jeffrey.leichter@sanfordhealth.org)

Mental Health Minnesota: Supporting Peer Specialists**Brief Synopsis:**

Mental Health Minnesota (an affiliate of Mental Health America) offers peer-to-peer support for mental health wellness and recovery. With COVID-19, Mental Health Minnesota's Certified Peer Specialists have shifted to working remotely, rather than being together to field calls coming into the organization's Minnesota Warmline service. During shifts, staff utilize Google Chat to stay connected and support one another. Supervisors check-in with staff members individually during each shift. A volunteer mental health professional has been added to help staff with processing calls, and Warmline staff meetings have increased in frequency from once a month to every other week. Mental Health Minnesota has also contracted with the Sibly app to provide staff with text-based mental health coaching on an as-needed basis. Additionally, weekly online support groups are available to peer specialists working in the community (including but not restricted to staff at Mental Health Minnesota).

What resources are needed (e.g., staff, time)?

Initially, additional staff time was needed as staff moved to working remotely. Keeping the Warmline staff connected during their evening shifts was of key importance to the organization in its effort to not only support community members, but its own staff as well. As a non-profit, the organization was able to attain a free six-month trial of the Sibly app to use during this time, with the potential of contracting in the future. The organization has been able to utilize volunteers to help provide support to staff as well, through the assistance of mental health professionals as well as support group leaders.

Contact info to learn more:

Shannah Mulvihill, Executive Director, Mental Health Minnesota (shannahm@mentalhealthmn.org)

Displaced Staff Support

CentraCare: Outreach to Furloughed Workers

Brief synopsis:

CentraCare's external EAP Program is making outreach calls to all furloughed workers. As positions change, an updated report of furloughed staff is given to the EAP team for updated outreach. The EAP clinicians indicate to the employee that they understand job duties may have recently changed due to COVID and want to ensure they are aware of the free services available for employees and their family members. The main goal is to support these employees while away from work so they don't feel disconnected and know they have a support system available.

What resources are needed (e.g., staff, time)?

This is an expansion of existing programs via EAP.

Contact info to learn more:

Tanya Lindquist-Fleegel, Wellness Specialist, 320-251-2700 ext 53625
(Lindquist-FleegelT@centracare.com)

Universal Support

Carris Health/CentraCare: Resiliency Building and Staff Survey

Brief Synopsis:

Resiliency Building: The well-being team at Redwood, a local health system within Carris Health/CentraCare, created a bite-sized resiliency presentation (based on the Duke University WISER program). Local leadership was engaged and encouraged to use in calls/huddles. Then, local staff was engaged by making the presentation available on-demand. It is currently being offered as an on-demand tool throughout CentraCare statewide with the local well-being team available to support leaders. The presentation is 10-12 minutes and covers coping strategies, self-goals, colleague support, self-care tips, and mindfulness tips.

Staff Survey: A survey was distributed to all Redwood Carris Health employees to better understand staff needs/concerns. The survey averaged 10 minutes to complete and had a 40% completion rate. Some difficult responses (e.g., how do I receive help coping with too much drinking by a spouse or self; "my anxiety is just too much to bear") are addressed globally by EAP and Behavioral Health support within the greater Carris Health/CentraCare organization. In addition, responses helped shape overall programming to add: one-to-one phone call by the wellbeing team (to address some of the more difficult/personal issues), one page handouts/emails for resiliency tips, virtual lunch and learn programming. A second round of surveys is scheduled for late June. The goal is to study effectiveness of the programming to-date, identify ongoing care needs, and learn needed programming changes/updates.

What resources are needed (e.g., staff, time)?

For larger organizations, it may be helpful to engage leadership to have one-to-one contact with direct reports. It may be useful to supply leadership with a script and list of resources. Otherwise, a group of volunteers or employees with Wellbeing (e.g., Behavioral Health, Spiritual Care) may also support

one-to-one phone calls to each staff member. Surveying may use common web-based survey tool taking about 30-minutes to create and distribute/advertise; 10-minutes to complete on the user side, open for 14 days. Employee Wellbeing staff would need to engage weekly for about 1-2 hours to help with programming and follow-up to surveying, reviewing ongoing plans, then re-survey to determine programming efficacy.

Contact info to learn more:

Ryan Pope, Carris Health Redwood Employee Wellbeing (Ryan.Pope@carrishealth.com)

CentraCare: Well-Being Tips at Huddles

Brief synopsis:

Brief well-being tips and messages are being incorporated into daily huddles for teams. These tips are two minutes or less. Huddles have already been utilized across CentraCare as a part of Performance Excellence initiatives, and the materials were created for the huddle leaders to easily incorporate into the structure of their huddles. Information is published weekly in the form of a PowerPoint where the slide for the day can be printed and taken to the huddle or displayed virtually for remote workers. The information is disseminated on our Leadership Support page on the COVID- 19 SharePoint CentraCare is utilizing to communicate organizationally during the pandemic. Examples of Well-being tip categories include: How our brain works, Physical self-care and habit changes, Humor and connection and Reflection.

What resources are needed (e.g. staff, time)?

A team of Behavioral Health clinicians, Resilience and Engagement staff, and Chaplains created the material. The Communications team will update the resource page once a week with submitted Power Points.

Contact info to learn more:

Dawn Ellison, MD, Clinical Partner Engagement Officer, 320-251-2700 ext 54877
(Dawn.Ellison@centracare.com)

Essentia Health: Grief Support Services

Brief Synopsis:

Essentia Health has a long-standing grief support services team offering support groups, peer emotional first aid during crisis, educational library, and a remembrance service honoring employee(s) who have died. During COVID-19, grief support services has offered virtual visits to staff and on-site support from chaplains.

What resources are needed (e.g., staff, time)?

These services utilize the existing program centered on grief support services.

Contact info to learn more:

Regina Dixon, Essentia Grief Support Services Program Manager, 218-786-4402
(griefcenter@essentiahealth.org)

M Health Fairview: EAP and other services

Brief Synopsis:

M Health Fairview is honing its long-standing Employee Assistance Program (EAP) and the Provider Resiliency Program (PRP). The program includes a dedicated lead counselor for the EAP who is embedded into the organization, attending clinic leadership meetings, advisory council, provider wellbeing committee, and peer support programming. In this way physicians and other providers gain familiarity with her, which is a key way for providers to feel more comfortable when reaching out for support. Through this service, the counselor provides assessment and sometimes referral to a higher level resource such as psychiatry. During the COVID-19 crisis, the service is provided virtually, however, one site that is dedicated to COVID-19 patients has two counselors who are on-site to deliver services face-to-face. The EAP program overall has been expanded with resources with tips on working from home, distance learning, issues with domestic violence, and other needs.

What resources are needed (e.g., staff, time)?

Extension of a long-standing program utilizing the same resources delivered virtually instead of in-person.

Contact info to learn more:

Jennifer Encinger, Molly Beckstrom, 612-672-2195 (eap@fairview.org)

Mayo Clinic: EAP and other services

Brief Synopsis:

Mayo Clinic is utilizing their long-term internal Employee Assistance Program (EAP) to support employees with additional program services during COVID-19. The EAP continues to provide counsel services during this time for family, mental health and work related issues, with distance sessions appreciated. Some additional COVID-19 specific EAP activities have been very popular with a lot of good feedback. These include creation of a supervisor and employee video regarding tips for managing employee behaviors and individual emotional health; articles for Mayo employees on emotional health and self-care, as well as management articles on ways to manage the workforce during COVID-19; and a phone model for quarantined workers for emotional and practical life management. One of the most beneficial activities of the EAP team has been supporting many Mayo administrative groups in planning ways to support employees and leaders during challenging workplace changes. In addition to the EAP, Mayo is offering a few other resources: Wellness information specific for those who are quarantined, chaplain services, training for psychological first aid, peer support and a warm phone line.

What resources are needed (e.g., staff, time)?

EAP services existed prior to COVID and were delivered 80% face-to-face. With COVID-19, they were changed to virtual services, utilizing the same personnel. A move to virtual delivery seems to have increased the volume of interactions.

Contact info to learn more:

Mark Hyde, EAP Program Manager Mayo Clinic Rochester (Hyde.Mark@mayo.edu)

Vail Place: Theme Days for Staff

Brief Synopsis:

Vail Place has 39 years of experience providing community-based services for adults with serious and persistent mental illness in the Twin Cities metro area. Much of Vail Place's staff has shifted to working virtually, using Microsoft Teams as the organization's central internal communication platform. In addition to increased check-ins and staff chats, one creative way to lift morale has been implementing weekly theme days (e.g., 80s day, hat day, superhero day, etc.) for staff to dress up during a team meeting. People have been posting snapshots in our Staff Teams feed, which keeps people interacting about more than just work. It has become a fun way for people to bond across teams and gives people a reason to smile!

What resources are needed (e.g., staff, time)?

No additional resources are needed except for a team lead to spearhead the weekly themes. Vail Place's HR Coordinator took a poll to generate ideas, then sent out weekly calendar invites with the theme, so people can plan ahead!

Contact info to learn more:

Jenn Boulton, Operations Director, Vail Place, 952-945-4231 (jboulton@vailplace.org)

Johns Hopkins: Integrated Continuum of Support, including the RISE Program

Brief Synopsis:

Johns Hopkins' has taken an integrated approach to supporting the well-being of their workers, bringing together multiple programs to serve all staff, including: RISE (Resilience in Stressful Events) Peer Support Program, Office of Well-Being, Healthy at Hopkins, Spiritual Care, Employee Assistance Program, and the Department of Psychiatry. The Office of Well-Being has been the central place where leaders can point to one place for COVID worker support. The RISE peer support rose to over 2,000 calls/sessions in 100 days over the peak of COVID; more than they served since RISE started in 2011. This included workers who haven't previously sought emotional support through RISE (janitorial, food service, laundry, and other staff). Peer responders (71) are trained in Rapid Psychological First Aid, developed by Dr. George Everly. Healthy at Hopkins has expanded basic support to include child care and food for staff. Spiritual care has supported staff by regularly rounding on the wards. The Employee Assistance Program has offered phone assistance, short-term counseling, and referral to staff and staff families. The Psychiatry Department has provided care for frontline health care workers, individual psychiatric assessments, and follow-up treatment.

What resources are needed (e.g., staff, time)?

This continuum involves a multi-disciplinary approach with staff from multiple areas within the institution.

Contact info to learn more:

Dr. Albert Wu, Director, Center for Health Services and Outcomes Research, Johns Hopkins (awu@jhu.edu)

Mayo: Targeted Well-Being Interventions, Including a Bereavement Policy

Brief Synopsis:

Mayo sought to support workers from a system perspective, recognizing the need to think about different groups of workers. For frontline workers, new programs included SOS Care Packages (chocolate, thank you items, list of resources), a Going Home Check List (decompress your day), Quiet Rooms, and remote expeditors (clinical assistants who round with hospitalists via iPad doing clerical tasks). In addition, the peer support program HELP (Healing the Emotional Lives of Peers) was expanded to additional departments with the goal of minimizing event phenomenon. Mayo also expanded ways for people quarantine and displaced workers to connect by creating new connections (e.g., a Facebook page, Well-Being Newsletter), improving access (website for Mayo employees accessible to those without intranet), and moving existing content/groups online.

A new Bereavement Response Plan was developed to support the death of an employee. A Bereavement Response Support Team can be accessed by the Mayo operator, with the team leader being given the authority on whether to activate the bereavement plan. This process includes a notification plan (who, when, how), reaching out to family/emergency contact, sharing the news (who, when, how), memorialization, social media, and sample scripts.

What resources are needed (e.g., staff, time)?

This was an extensive system-wide effort that involved multiple programs.

Contact info to learn more:

Dr. Liselotte Dyrbye, Co-Director of Physician Well-Being Program, Mayo Clinic
(dyrbye.liselotte@mayo.edu)

University of Missouri: forYOU Peer Support

Brief Synopsis:

The University of Missouri forYOU peer support model was started in 2007 to support the “second victim” experience of physicians and other healthcare providers. More than 2/3 providers in adverse events experience vicarious trauma as a ‘second victim.’ With support after an adverse event, providers move to feeling improved as caregivers; if not, they feel haunted, get re-traumatized. Over the years, the team has expanded beyond adverse events to support unexpected patient outcomes, tragic clinician events, workplace violence, and now COVID. The forYOU team is based on a three-tier model:

- Tier 1: Local (unit/departmental support),
- Tier 2 Trained peer supporters and patient safety and risk management resources
- Tier 3: Expedited Referral Network

Tips from the forYOU peer support model include: 1) assess internal resources and how can you harness them 2) assess community resources and harness those as well 3) make asking for help easier – build it into the work so it’s opt out rather than opt in.

What resources are needed (e.g., staff, time)?

Most of the staffing resources that are needed are already on board at your facility. It is recommended to add a small percentage of an FTE (perhaps 4-8 hours a week) for a coordinator to help promote the team as well as assist with marketing/advertising and coordinating training sessions.

Contact info to learn more:

Dr. Susan Scott, Nurse Scientist/Adjunct Associate Professor, Founder, forYOU Team
(scotts@health.missouri.edu)

For more information, go to:

www.muhealth.org/about-us/quality-care-patient-safety/office-of-clinical-effectiveness/foryou

Mount Sinai: Healthcare Workforce Well-Being in the Wake of COVID-19**Brief Synopsis:**

The approach to clinician well-being almost certainly requires a pivot in the midst of crisis. Mount Sinai Healthcare in New York City identified shifting priorities as well as consideration of societal level factors, while still also relying on pre-COVID supports already in place. The pre-existing well-being infrastructure was important in helping to quickly add, change, and expand resources. Regular, authentic, transparent and supportive communications was critical.

The following Pandemic Workforce Well-Being toolkit outlines specific steps taken by Mount Sinai Healthcare to support their workers during COVID-19. Efforts were focused on basic needs and self-care, mental health and psychosocial support, frontline relief, and resiliency.

https://icahn.mssm.edu/files/ISMMS/Assets/About%20the%20School/Office-well-being/MSHS_COVID-19_Toolkit.pdf

What resources are needed (e.g., staff, time)?

These services were a collaboration of a vast number of departments and programs within the Mount Sinai Health System. See above toolkit for more information.

Contact info to learn more:

owbr@mssm.edu

