

# Supporting the Mental Health of Healthcare Workers\*

Our healthcare workers are more stressed than ever. With the COVID-19 pandemic extending past 17 months and no clear end in sight, we are also facing growing workforce shortages, adding to the strain on people's mental and emotional well-being. Well-being is personal, and usually framed as the responsibility of the individual. Yet the working environment - whether place, people, or processes – will have either a positive or negative effect on its workers. Leaders can make a powerful positive impact by choosing to address well-being from a systems perspective.

How do we set up our healthcare systems to better support our workers? What has the COVID-19 pandemic taught us so far about this?

Over the past year and a half ICSI has been seeking to understand how care systems are addressing these questions. Through individual interviews, a months-long webinar series and focus groups, healthcare workers and leaders in Minnesota were asked what they have been learning about supporting staff well-being during the pandemic. Presented here are the key themes, and suggestions for how lessons learned can be applied moving forward. This playbook includes a new framework for thinking about workforce well-being from a systems perspective, examples of specific efforts, and prompts to help leaders think through and apply the lessons learned in your own organization.

*\*Healthcare Workers includes all who work in the healthcare field: Hospital staff, clinic staff, executive and team leaders, support staff (e.g., lab, IT, environmental services), displaced staff.*

# Background

Literature from previous pandemics and health emergencies (SARS, MERS, H1N1) has demonstrated that people in healthcare responding to these crises have increased needs for mental and emotional well-being support, both during the event and through the months and years that follow.<sup>1</sup>

The COVID-19 pandemic is showing a similar pattern. Initially people's concerns were focused on basic safety needs, such as access to PPE to limit spread of the virus. Stressors multiplied quickly beyond physical safety as workers dealt with new clinical information, different protocols and workflows, changed schedules and more. Others were suddenly furloughed.

Meanwhile there were also immediate drastic changes in people's personal lives. Some people were suddenly caring for and schooling kids at home, many were having to social distance from family and friends, and even usually simple errands like going to the grocery store suddenly became fraught. In addition, with the murder of George Floyd, the background of political unrest, institutional racism, health disparity and implicit bias was heightened, layered amongst the stressors of COVID-19.

Though we have all adapted in various ways, all of these realities still exist, along with new stressors: vaccine hesitancy, COVID-19 variants, and further surges in cases and hospitalizations after what seemed like a promising downturn.

The healthcare workforce as a whole was already challenged prior to the pandemic. Burnout in physicians and nurses was high even before COVID.<sup>2</sup> There had not yet been sufficient changes within most healthcare systems or to the macro system (the intersections of care delivery, payment, and regulatory requirements) to address this stress.

## A Systems Framework for Supporting the Workforce

Based on findings from healthcare leaders, there are five foundational elements in implementing a strategy to support workforce well-being:

- › **Relationship-based Culture:** Foster a culture where positive relationships between staff at all levels are the cornerstone of the organization.
- › **Coordinated Infrastructure:** Coordination of expertise and services that may traditionally operate in silos with the aim of supporting staff.
- › **Bi-Directional Communication:** Develop a strong internal communications strategy that enables direct and frequent “top-down” as well as “bottom-up” engagement to support your staff.
- › **Ongoing Needs Assessment:** Continually evaluate the needs of staff, paying attention to particular stressors of different work units.
- › **Responsive Solutions:** Offer systems-driven interventions (e.g., policies, protocols, and programs) AND staff self-directed interventions (e.g., podcasts, apps) and have an ongoing plan for evaluation.

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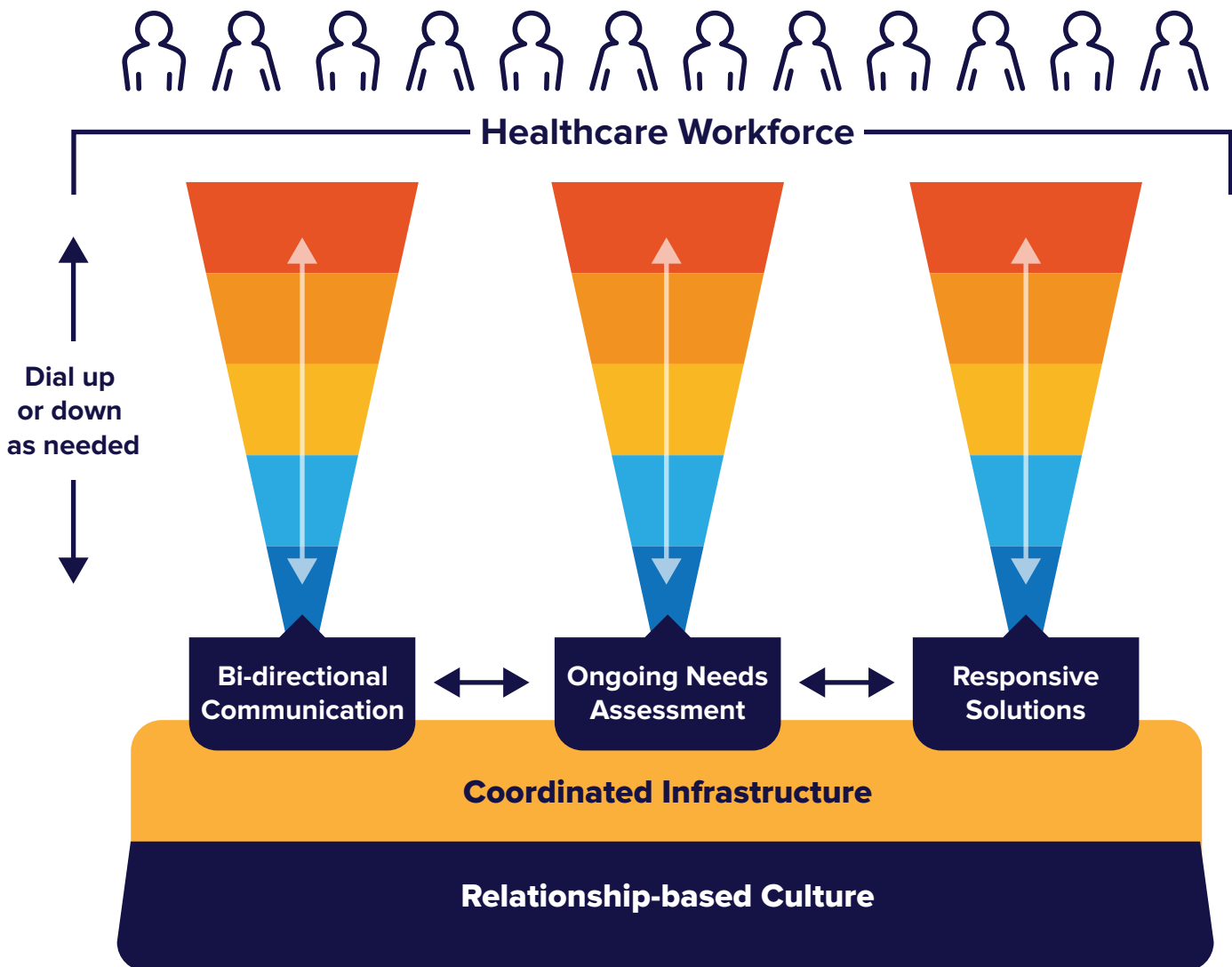
1 Preti, E, Di Mattei V, Perego G, et al. The Psychological Impact of Epidemic and Pandemic Outbreaks on Healthcare Workers: Rapid Review of the Evidence. *Curr Psychiatry Rep* 2020; 22(8):43

2 Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clin Proc* January 2017;92(1):129-146

These foundational elements are important not only in crisis but need to be embedded in routine organizational structures and processes, with the ability to be amplified, or ramped up, when needed. Organizations that had some or all of these elements in place were better equipped to support their workers when the COVID-19 pandemic hit as they were able to take advantage and build on an existing foundation.

Healthcare organizations with happier workers don't rely on small well-being projects; the systematic pursuit of well-being infuses absolutely everything they do, all the time. To quote Dr. Don Berwick, "Well-run airlines don't rely on 'safety projects'; the scientific pursuit of safety infuses absolutely everything they do, all the time." The same can be said about healthcare worker well-being.

## A Systems Framework for Supporting the Workforce



## Relationship-Based Culture

Employees who feel known and cared for not only are happier, they are more productive. They also are more likely to feel safe to express needs. Possibly the most important element in supporting health care worker well-being is ensuring a culture that encourages workers to both ask for what they need and offer what they can. This happens when relationships are central, intertwined with how work gets done, and how change is managed.

In the book, *Together: The Healing Power of Human Connection in a Sometimes Lonely World*, current and former surgeon general Vivek Murthy argues that human connection is as important as vaccines and ventilators to our global recovery.<sup>3</sup> We know that compassion has both physiologic as well as psychologic benefits for both patients and caregivers.<sup>4</sup> It follows that a culture with care for relationships at its core will benefit healthcare workers, and through them, patients, and communities.

In a relationship-based culture leaders attend to getting to know team members and expressing care about them, including appreciation. In addition, leaders cultivate an environment where staff can do so for one another. Only when leaders know their employees and listen to them can they create work environments in which they can thrive. When leaders know staff's needs, not only at the workplace but also at home and in the community, they are able to offer help that is useful and accepted.

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**Survey and interview respondents repeatedly stated that they longed for compassion to be communicated, and for leadership in combating the stigma of asking for help.**

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In addition, leaders model self-care, authentic vulnerability and asking for help. Survey and interview respondents repeatedly stated that they longed for compassion to be communicated, and for leadership in combating the stigma of asking for help. Such modeling by leadership is a powerful way to change the culture and normalize asking for what you need and offering what you can.

We heard that team camaraderie could be leveraged and that even teams that were struggling prior to the pandemic were able to pull together and support each other through challenging times. There was also some success with the buddy system, which pairs colleagues together to support one another. Peer referrals and credible messengers were critical to utilization of well-being resources.

## Opportunities for My Organization

**How do your leaders 'make it ok' to need support? What actions have been successful during the pandemic that might be useful to continue?**

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3 Murthy, V. *Together: The Healing Power of Human Connection in a Sometimes Lonely World*. April, 2020.

4 Treciak S, Mazzarelli A. *Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference*, 2019

## Coordinated Infrastructure

Healthcare leaders interviewed during the COVID-19 pandemic highlighted the importance of a dedicated crisis response structure, with allocated resources, specifically for supporting staff’s mental and emotional well-being.

Critical incident command systems are focused on physical safety needs. When it comes to other forms of well-being, in times of crisis, it’s all too common that different parts of the system feel the need to act urgently and independently, creating redundant or conflicting activities. It’s critical that different departments are brought together quickly to leverage and coordinate their expertise including behavioral health, spiritual care, human resources, and others, such as IT and quality improvement to support the efforts.

A coordinated structure also makes it possible to evaluate changes more quickly. For instance, several organizations decided at the beginning of the pandemic to put more focus on promoting their Employee Assistance Programs (EAPs). Those with a coordinated structure were able to identify more quickly whether the programs were actually being used more consistently, and when they weren’t, quickly put in place other supports.

## Opportunities for My Organization

**How is your organization bringing together internal experts to work together in a coordinated effort? What did you learn?**

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## Bi-Directional Communication

During times of crisis, a strong internal communications strategy that enables direct and frequent “top-down” as well as “bottom-up” engagement is one of your best tools to support your staff.

Transparent, timely, and frequent communications from executive leaders about organizational direction is critical. Uncertainty is inherently stressful, and it is even greater in times of crisis. When top-level leaders communicate as much as they can about what is known, quickly and frequently, they provide clarity that reduces stress. It’s also important to communicate what isn’t known yet, which affirms and validates the ambiguity that all are experiencing.

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**People long for leaders to demonstrate authentic compassion and caring through their communications.**

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One of the themes that stood out in the information gathered, is how people long for leaders to demonstrate authentic compassion and caring through their communications. Leaders who are effective in supporting their staff acknowledge the difficulty of the situation, and also that the associated stress is normal. They recognize that health care workers are being asked to do their jobs in nearly impossible circumstances; and they express gratitude for people’s work and dedication. Empathetic, consistent, and informational messaging creates calm that is invaluable during times of uncertainty and fear.

In addition to leaders communicating effectively, it is also important to understand the situation from staff’s perspective. One of the themes heard from healthcare systems was that leadership did not always know how staff were doing. Conversely, leaders stated that there was a lack of information from frontline workers. This disconnect shows the need for systematically building feedback loops to enable strong bi-directional communication.

Providing systematic opportunities for staff to share their thoughts and concerns is not simply a way to show care and concern for staff: it provides valuable insights into needs and opportunities. Developing such channels can also be used to gain specific feedback into what supports are working, and what’s not as you implement interventions to support people’s well-being.

**Tips for effectively sharing information:**

- › Share what is known and what is unknown
- › Be transparent about what the organization is doing to answer questions and address stressors
- › Anticipate questions that will be asked
- › Use existing trusted communication pathways, but add others and increase frequency
- › Choose strength-based language to support self-efficacy
- › Be both inclusive (organization-wide) and intimate (team meeting/one-on-one).
- › Incorporate communications into the workday (e.g., during rounds)
- › Brief messages delivered by credible messengers are effective (e.g., physicians hearing from physicians)

**Tips for actively listening and gaining information:**

- › Consider unstructured conversations, giving staff freedom to discuss what is of current concern, including the emotional stresses
- › Consider structured conversations, giving all staff the opportunity to hear the same information and answer the same questions.
- › Start meetings with a personal check-in
- › Paraphrase people’s concerns to check your understanding and express gratitude for staff raising concerns
- › Be diligent about follow-up, systematically documenting and addressing staff concerns

## Methods of Communication

MEDIA CHANNELS	VIRTUAL GATHERINGS	IN-PERSON GATHERINGS
Daily organization-wide email Department emails Team emails Newsletters Organization intranet 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)

### Other Considerations:

- › As leaders, connect with staff directly more than usual
- › Leaders should share their own stories of struggle that resonate with frontline workers
- › Give guidance, but also space for work-unit leaders to figure out how to best communicate with their teams
- › Remember that leaders have also been overwhelmed; they need simple messages too
- › Mental health teams have valuable knowledge and tips for staff; integrate this with the communications team
- › Provide variety in communication methods; different people learn differently or tune in to different channels

### Opportunities for My Organization

**What methods of communication has your organization used during COVID-19 that were effective? What wasn't effective? How do you know?**

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**As we enter different phases of the pandemic, what communications need to be ramped up and what ramped down?**

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### Ongoing Needs Assessment

Understanding the varying stressors for different staff will enable you to conduct a more accurate assessment of your workforce needs and, most importantly, ensure that interventions are more likely to be helpful. Some stressors are not new but rather amplified, while others are ones not previously faced. The same change may negatively impact one individual, while energizing another. There may be different – and no less significant – stressors for people who work in patient-facing jobs compared to stressors for staff whose role is supportive. **As this pandemic evolves, so too will the stressors that each worker feels.** The following table provides potential stressors staff may have or continue to experience during the different phases of COVID-19.

## Stressors on the Healthcare Workforce

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

### UNIVERSAL STRESSORS

- Personal safety
- Financial concerns
- Personal wellness
- Anticipatory grief
- Health disparities/racism
- Compassion fatigue
- High volume and/or changing and/or sparse information
- Loss of team connectedness
- Death/dying of loved one/patient/colleague
- Family concerns (related to partners, children, relatives)
- Frustration with vaccine hesitancy

The framework above can be modified as needed to represent your staff's situation, then used to determine the different groups of staff that would benefit from targeted interventions.

In assessing needs, some healthcare leaders reported that incorporating this into the workday was helpful (e.g., chaplains assessing needs during rounds). Early on, targeted assessments on a work unit level are also useful in identifying specific needs. As you assess your staff's needs, consider which populations may be at higher risk and warrant more urgent or intense interventions. Also consider ways to monitor for increasing or changing stressors in various settings.



## Opportunities for My Organization

How is your organization assessing the needs of your staff? How often?

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## Responsive Solutions

Once you have determined the main stressors affecting your workforce and which staff will be affected (and how), choose potential supports to implement. As you are considering various interventions, consider the assets you already have in your organization and/or community as a way to maximize resources and more speedily make changes. Also, consider how you will monitor and make changes ongoing.

The most effective interventions for supporting the workforce are chosen thoughtfully, and modified, based on your understanding of the problem with input and feedback from the people you hope to support.

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**Not all first interventions are going to be successful. We need to frequently study how it's working.**

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However, in the real world, it may be that you need to provide some supports urgently, and without much planning, as many healthcare systems reported. It's not surprising, then, that not all first interventions are going to be successful. In fact, in any quality improvement effort, we know that the first small test of change is only a hypothesis, and thus we need to frequently study how it's working and either adopt, adapt, or abandon the change.<sup>5</sup>

As you are identifying potential solutions, this effort as well, it is necessary to evaluate **both** your staff's needs **and** your interventions ongoing, then modify the interventions based on how they work (or don't).

### Look for Assets

What are the existing programs, relationships and channels of communication in your organization and/or community that could be further leveraged or adapted to support well-being? Some examples include:

- › Existing team huddles and/or department meetings
- › Employee Assistance Programs
- › Integrated behavioral health
- › Wellness programs
- › Community partners, e.g., local public health, park associations, community mental health

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. Organizations with poor utilization of Employee Assistance Program coaching/counseling prior to the pandemic found that this resource was not well utilized during the pandemic, either.

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<sup>5</sup> Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

It's also helpful to identify psychological strengths present in individuals and teams. Humans are resilient.

Strengths you might recognize and intentionally foster include:

- › Bonding – Feeling of being part of a crisis team
- › Universal concepts such as gratitude, compassion, acceptance and meaning
- › Creating new knowledge/practice to support others
- › Get interested clinicians involved to teach self-care practices to staff, simultaneously encouraging them to practice self-care.

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 implementation of new technology may be exciting to others. You may be able to engage those who are thriving in new environments to support their colleagues.

### **Take Action**

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, and programs) AND staff self-directed interventions (e.g., podcasts, apps)
  - » Solutions integrated into workflow gave recipients tools without requiring much effort
  - » Targeted work assessments and plans were important because of the variation of stressors between work units.
- › Consider expanding already available resources or using existing resources in a new way.
- › Consider circumstances outside of the workplace that may be increasing stress. If basic needs are not met, it may be too difficult to start a gratitude practice.
- › Look for solutions that enhance connections and shared experiences
- › 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 a tested great idea.
- › As the circumstances (external and/or internal) evolve, so too will the needs of staff and the interventions that are useful. For example, early on in COVID-19, a healthcare organization provided on-site groceries to overworked staff. As the pandemic has evolved, this service became less needed.

**For more on interventions, see the Appendix for promising practices instituted by local organizations.**

## Evaluate & Adapt

While it may not seem to be the time to create a formal plan to evaluate your interventions, it's critically important to know if what you are doing is actually helping people. Nearly all the healthcare systems interviewed expressed regret that they were not yet doing enough to evaluate the effectiveness of their interventions and were now working to do so.

Using the elegantly simple framework of the Model for Improvement, ask yourself these questions, "What are we trying to accomplish?" and "What changes can we make that will result in improvement?", and "How will I know that the intervention is an improvement? Keep it simple.

- › Regular, qualitative feedback from staff is essential. Use the feedback loops you identified in the communications section above.
- › Don't be afraid to abandon what isn't working or modify something that has potential if done differently.
- › Remember to continuously monitor stressors for the work units as they may change over time, as may the work units themselves

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## Opportunities for My Organization

**What assets can be strengthened or sustained?**

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

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**How are you monitoring effectiveness of interventions? How are you regularly seeking feedback from staff?**

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## Conclusion

With the COVID-19 pandemic continuing and disruptions in healthcare seemingly never-ending, the need to take the mental health of our workforce seriously is more important than ever. Collectively we have learned a lot about what is helpful to healthcare workers' mental and emotional well-being during crisis, yet it's still a young science - and implementation is tricky.

The framework developed and offered here is based on what healthcare leaders in mental health, quality improvement, and incident command have generously and honestly shared about their own efforts, both what worked, and what didn't.

Supporting workers' mental health needs to be a priority moving forward, not just in times of crisis but at all times. We know that mental health and well-being has a direct correlation with the quality of work and care staff can in turn provide. It's time it was considered, resourced, and evaluated systematically, as we do other aspects of organizational functioning.

# Appendix: Examples of 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. Items are ordered 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, realizing that hospital workers may be vectors. 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 operation and a key to the success was the ability to partner with existing vendors to meet this specific need; special boxes are fruits and vegetables were created, as well as procuring "retails sized" quantities of packaged items, like eggs, were important (rather than the industrial sized orders for a restaurant kitchen)

## 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.

## **HealthPartners: 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.

## **Support Services Support**

### **Sanford Health: Supporting the Support Staff (IT, Patient Access, Lab)**

#### **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)?**

12 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 3 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.

## **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.

## **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.

## **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 well-being 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 contact 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 Well-being (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 Well-being 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.

## **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 2 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.

## **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 honor employee(s) who died in the past last year. 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.

## **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 well-being 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 then 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.

## **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 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.

## **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!