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Lahey Hospital & Medical Center

Psychological Support for Healthcare Professionals During a Pandemic

Speakers

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Speakers

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PSYCHOLOGICAL SUPPORT FOR HEALTHCARE PROFESSIONALS DURING A PANDEMIC

Whose responsibility?

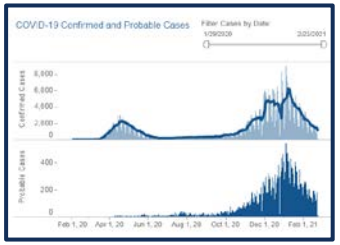
Beth Israel Lahey Health
Lahey Hospital & Medical Center

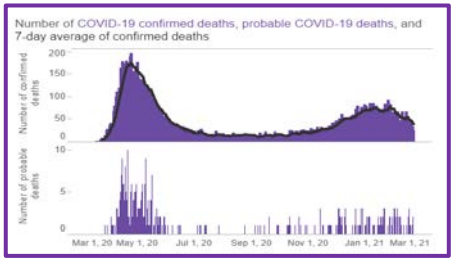
March 2020- March 2021: One year of Covid-19 pandemic.

Massachusetts had an early Covid-19 surge, March- April 2020. A time of uncertainty.

A relatively quieter period during the summer.

A second, more protracted surge in the late fall/ winter.





Reflections on psychological support initiatives for our colleagues.

Interventions

- Support & Debrief Groups.
- Skills-based Groups.
- One-to-one treatment (psychotherapy & psychotropic management).
- Participation from hospital-wide initiatives:
  - Caregiver Resilience and Wellness team.
  - Town hall meetings, including hospital leadership.
  - Peer Support program
  - Lahey Engagement Team
  - Ambassadors team.
- Warm Line.
- Advocacy & communication.
- Stress First Aid training- launched across the institution.
- Liaison with Employee Assistance Program.

Program Today

1- Online Support Groups for Frontline Caregivers.
Kendea Oliver, PhD

2- Debriefing Groups for Frontline Nursing Staff.
Erica Savino Moffatt, LHMC, RN/NP

3- Group Psychotherapy.
Jennifer Almeida, LICSW

4- Individual Psychotherapy.
Laura T. Safar, MD

5- Discussion, Questions, and Comments.

Online Group Support for Frontline Staff

Kendea Oliver, PhD
Clinical Psychologist
Lahey Hospital and Medical Center

Initial plan:
Good intentions only get you so far

- Intent was to provide support for frontline medical staff during the first surge in the form of unstructured support groups and structured skills groups
- Created several standing virtual support groups at varying days/times with two co-leaders each, and online reservation system
- Offered weekly virtual drop-in skills-based group that could be recorded and shared later
    - Topics would include sleep, relaxation exercises, stress management, self-care, managing catastrophic thinking

Initial plan: Is anyone going to log in?

- Outcome of the first set of groups: lots of dead Zoom time
- Considerations:
  - Insufficient advertising - addressed with standalone emails/announcements for the groups but no change in turnout
  - Recognized it's hard to focus on recovery when staff are still actively in an emergency
    - You can't start to rebuild if your house is still on fire
  - Given the varying demands on different units, staff found more benefit seeking support from their immediate coworkers/cohort

Time to reset:
Pause and plan

- Groups were canceled for the time-being as we waited for the first surge to subside
- Individual outreach was being done on the units, to check-in with staff
- Started to consider future options, including reoffering the groups after staff had some breathing room

Round two:
Adjust and adapt

- Based on feedback/requests from individual units, we started offering unit-specific, in-person support groups
  - Groups offered by request, word-of-mouth helped spread awareness
  - A central point person helped organize
  - In-person was strongly preferred over virtual and when available
  - Two group leaders to facilitate when available (allowed for less experienced group leaders to gain experience/competency to lead solo)
  - Having designated time during a shift was preferred: showed respect for the employees' time, value of the support groups
  - Usually one time groups, but did have the option for a secondary follow-up

Round two:
Adjust and adapt

- Therapeutic skills groups offered virtually as part of 2 Provider Wellness Series
  - Elicited group ideas/volunteer group leaders from the psychiatry department
  - Focus on coping skills, stress management, and coping with trauma
  - 12 groups were offered at varying days/times over several weeks, including:
    - Mindfulness, PMR, sleep management, music therapy, coping with trauma

- Groups were directly advertised to intended audience (RNs, NPs, PAs, MAs)
- Participation was about 4-8 people/session
- The groups were offered during a time when COVID-19 transmission was low and the hospital started to resemble more typical operations
- Preparing for a second surge was addressed in most of the groups

See Me, Hear Me, Protect Me: Debriefing Groups for Frontline Nursing Staff

Erica Savino Moffatt, LMHC, RN/NP
Lahey Hospital & Medical Center

Overview

See Me

Case Vignette

Nursing Town Halls

Zoom Town Halls

Hear Me

Themes Identified

Origins

Protect Me

Lessons

Overall Assessment

Questions for Discussion

Members of Lahey Hospital's Psychiatry Division cheering on frontline healthcare workers at morning shift change

Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. JAMA 2020.

Case Vignette: Hannah Stone, Clinical Nurse Leader

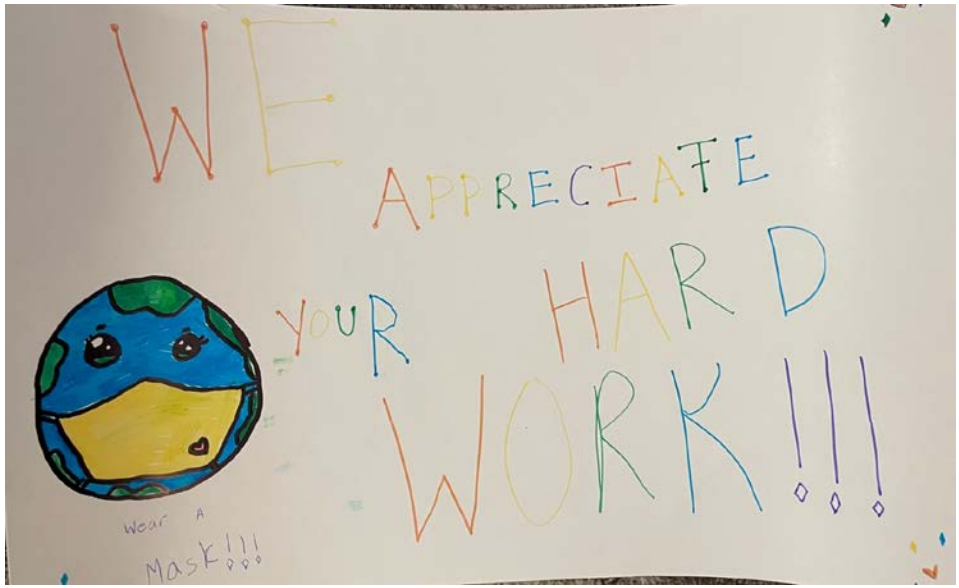
Hannah Stone is a 44yo female Clinical Nurse Leader. She oversees a staff of 45 nurses on an inpatient medical-surgical unit at our Level I trauma center. She has a husband and two middle-school aged children at home.

Hannah arrives to the nursing debrief group a few minutes late, because the floor is quite busy, and she was trying to help one of her staff find overtime to pick up after her husband lost his job suddenly yesterday. She appears somewhat frustrated, but settles into her seat in the auditorium quickly.

In the course of the debrief with the leader, Hannah notes feeling pulled in many directions: she expresses guilt for working many more hours than usual and missing time with her family, feels compelled to answer every single text message, phone call and e-mail from work in the moment, and notes a tremendous increase in the amount of administrative work due since the start of the pandemic. She wishes she could be on the floor with her nurses more often since patient acuity is higher than usual, and with her family more since her children are struggling with the loss of their social activities, and her husband with the loss of his job. She has a sense of failure in her roles as Nurse Leader, wife and mother.

Operationally, Hannah's stressors include constant worry about her staff getting enough PPE (N95 masks and gowns are hard to come by), and about how staff are coping with caring for COVID patients. She notes that there was a period in the first surge where a substantial number of the unit's patients died in a short time. She relays her staff's report of substantial moral injury from their work over the last few months.

See Me: Nursing Town Halls



- In-person in hospital auditorium
- Clinical Nurse Leaders from ambulatory settings in one meeting, Clinical Nurse Leaders from inpatient settings in another meeting
- 10 sessions total, covering about 110 colleagues
- Facilitated by Nurse Educator, therapist/NP
- Management colleagues were present for some meetings

See Me: Zoom Nursing Town Halls

- 12 Zoom meetings over a 2- week period
- Meetings were at various times during the day, evening and night (some started as late as 8PM)
- Reached over 1000 nurses
- Management present
- Administrators present: CNO, CMO, HR Director, COO
- Nurse Educator, therapist/NP present to help colleagues process feelings and thoughts

Origins of the Nursing Wellness Initiative

- Nurses voiced distress
- Incident Command/CNO notified
- Incident Command reached out to Caregiver Resilience and Wellness team
- Caregiver Resilience and Wellness team mobilized Nursing Wellness Initiative subteam
- Nursing Wellness Initiative conducted in-person Town Halls with inpatient/ ambulatory nursing leadership to assess themes
- Nursing Wellness Initiative subteam reported themes back to Senior Leadership/ Incident Command
- Senior Leadership/Incident Command led Nursing Zoom Town Halls with frontline nursing staff; Nursing Wellness Initiative facilitated these meetings

Lessons Learned:
Together is the Most Radical Place to Be

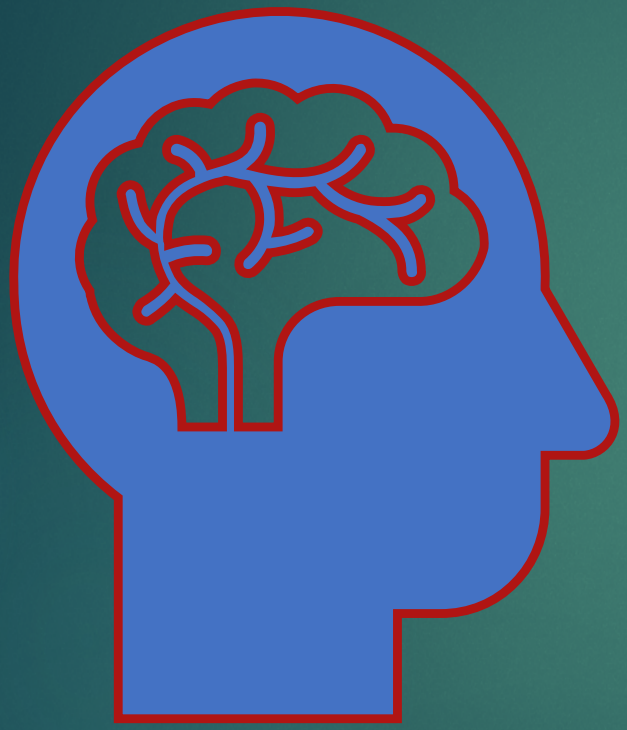
- Tremendous relief at just being in the same room together, away from clinical and administrative responsibilities
  - The act of being physically together in a room in and of itself was therapeutic
- Participants experienced an immediate benefit - relief and solidarity that others felt similarly

Overall Assessment:
Moving Forward

- In-person groups highly sought after and much preferred
- Immediate benefit provided for all participants
- Continuing requests for sessions (continues to present!)
- Hard to staff enough sessions - psychiatry providers' work increased during the pandemic, so finding extra time in their schedules was quite difficult
  - Increased psychiatry division members' own burnout
- Given that most stressors were mostly immutable, shift in focus to developing coping/ resilience skills for staff to help cope with the continuing stressors of the pandemic
  - Ultimately transitioned support groups to EAP

Questions for Discussion

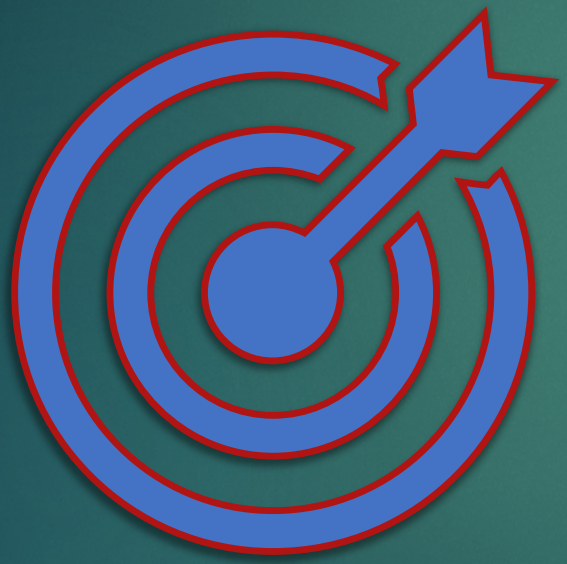
- What do you think drove the themes identified in the sessions above?
- How should the hospital respond to staff distress?
- What are the situational barriers to the hospital's response?
- How does the hospital prevent this degree of moral injury in the first place?
- How should the hospital modify its response to prevent/ lessen moral injury in the future (second surge, especially)?



Workforce Psychological Health During a Pandemic

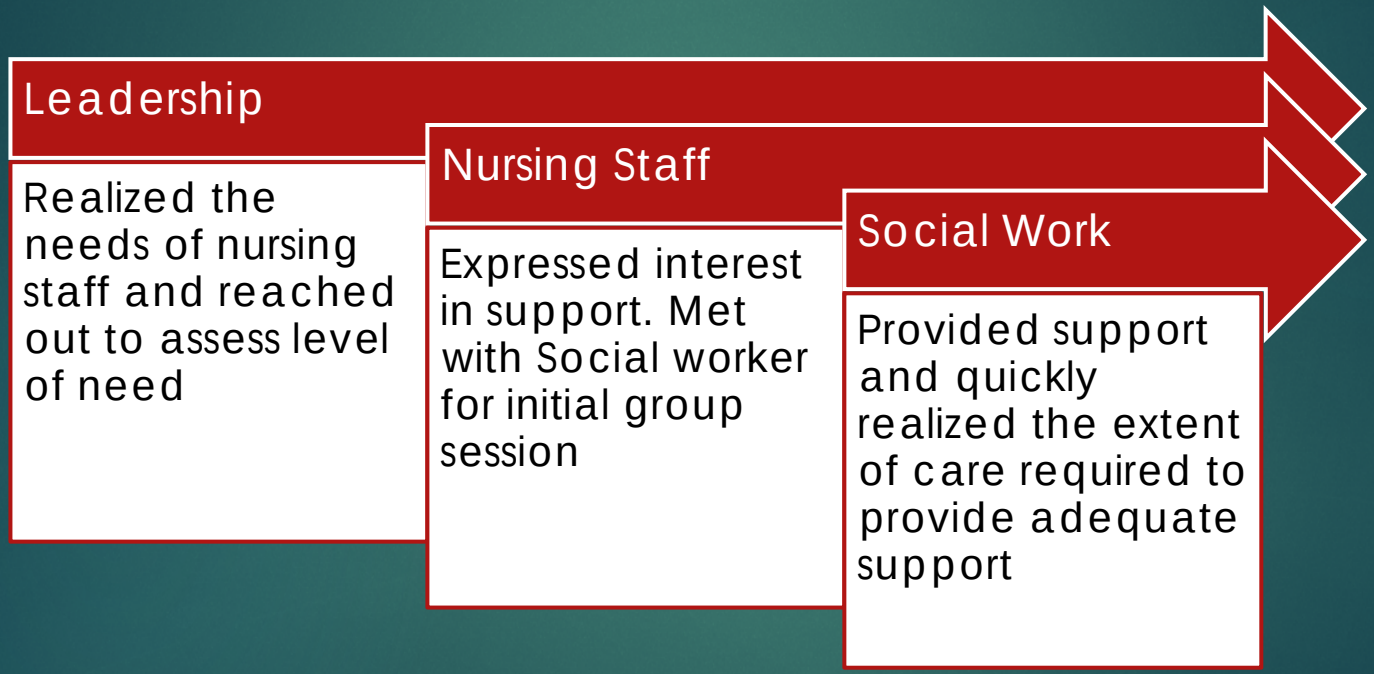
JENNIFER ALMEIDA, LCSW, LADC1

Group psychotherapy process: How to go from raw feelings to personal wellness and agency in the workplace



- Aims
- Goals
- Session Design

How Did It Come to Happen?



How Did It Come to Happen?

- Initial meeting held with six nurses who were deployed from the ambulatory setting to various ICU's
- SW felt that the level of care that these folks needed was greater than she could manage individually
- At the request of group members, a follow up group was scheduled to be held with an additional social worker

Participants and Duration

- 6 nurses
- Met weekly for 4 weeks
- 45 minutes to 1 hour

Group Topics and Intervention

Group 1

- Topic: Process Group
- Interventions: Motivational Interviewing, Trauma Informed Care

Group 2

- Topics: Mindfulness, Self-talk, Gratitude
- Interventions: Psychoeducation, Motivational Interviewing, Mindfulness Based Cognitive Behavioral Therapy

Group 3

- Topics: Self-Compassion, Harnessing Anger
- Interventions: Motivational Interviewing, Strengths Based Perspective, Empowerment, Psychoeducation

Group 4:

- Topics: Utilizing Supports, Individual Therapy, Wrap Up
- Interventions: Motivational Interviewing, Psychoeducation

Management Feedback

Email from Wellness Manager RN after first group:

"The feedback from your support group has been phenomenal. 'It was a 10/10', 'That was AWESOME', 'I could do that everyday' were just a few of the comments heard. As I watched the colleagues enter the unit after the group, you could see the healing that occurred. They arrived to the units a bit lighter, more upbeat, and grateful! Shout out to you for the great work and support provided. On behalf of our team, thank you!"

Participant Feedback

Group member comment after second group:

"After coming to this group, I have noticed a drastic improvement in my overall mood and a decrease in my anxiety. The mindfulness, self-talk, and gratitude practices that we learned about have been very helpful in reducing my anger and increasing my patience for others as well. I have incorporated 5 minutes of meditation, a short daily gratitude and affirmation list into my morning routine."

Participant Feedback

Feedback from a new group member during group 3:

"I came to this group today because of the improvements I have noticed in my colleagues who have been in this group previously. They seem less angry and more well-adjusted than I feel and than I see in other nurses. I have observed my colleagues who have been apart of this group to be better leaders and role models on our unit."

Participant Feedback

Email from group participant after the last group session:

"I want to let you know how much this group has meant to me. You are the reason I am doing so well at this point. I have had a few down days which are directly related to administration talking about redeployment. The tools you have shared help to keep me grounded and help me maintain my strong woman status. You have chosen careers you were meant for and I wish you all the best in the future. The world is lucky to have people like you in it. "

Reflection

- Seemed like a massive undertaking
- Compassion and a desire to support others can be the greatest catalyst for change
- Folks just wanted to feel heard, validated, and supported
- Amount of support offered was not sufficient for the magnitude of folks who were affected
- Need for extended frequency and duration

Individual Psychotherapy

Laura T. Safar, MD
Vice Chair of Psychiatry
Lahey Hospital & Medical Center

Our colleague is a 45 year-old critical care Physician Assistant who reached out to our Psychiatry Division in March 2020 for help. (*)

She was working at the front line, and was experiencing marked anxiety related to the Covid-19 surge.

She had a panic attack the morning she called, after a difficult shift the day before.

She engaged in psychotherapy treatment in our Division, with significant benefit.

* Details significantly modified to preserve confidentiality

Sources of anxiety:

Uncertainty:
-Units shut down; others open: Working in unfamiliar settings.
-Teams are reorganized often. She does not know her team members, their skills.
-A new illness.

Safety Concerns: Inadequate PPE. Fear of illness, for herself and family members.

Workload & Difficult working conditions: Acuity and ratio patients : provider increased. Long shifts wearing the same N95 respirator & PPE. Feeling dehydrated, unwell.

Limited information/ communication ~ about the plan for each day/ week.

Emotional Intensity - Patients dying alone; sadness, fear, anger, loss.

Work during treatment:

- Validation of the extraordinary difficulties she was facing; empathy.
- Behavioral and cognitive tools to manage anxiety.
- Emotion identification (anxiety, sadness, anger) and triggers.
- Supportive therapy, use of strengths and supports.
- Reflection on values (professionalism, work ethic).
- Reflection on work-life balance. Life goals. Reconnecting with life goals post- surge.
- Advocacy: Communication to leadership of system issues, de-identifying information.
- Agency: Explored her interest and comfort in expressing her concerns & ideas

Some Reflection/ Discussion Points:

Treatment and advocacy functions of the mental health provider during the pandemic.

Dual role: Hospital colleague/ leader and treatment provider.

Ethical decisions of healthcare professionals: Self-care VS. Patient-care

Psychological Support for Healthcare Colleagues - Reflection and discussion:

What is the right dose, of the right treatment, and at the right time?

How should the hospital respond to staff distress?

- What are the barriers to the hospital's response?
- How does the hospital prevent moral injury?
- How should the hospital modify its response to prevent/ lessen moral injury in the future?

Group & Individual psychotherapy process:

- How to go from raw feelings to personal wellness and agency in the workplace.
- Dual role of mental health worker, as hospital colleague and treatment provider. Not the traditional mental health boundaries.
- Treatment VS. Advocacy: Whose agency? Whose duty to report?

Psychological health: Shared responsibility: Individual; mental health provider; institutional leadership, culture, and policies.

Beth Israel Lahey Health
Lahey Hospital & Medical Center

Thank you ~

Discussion, Questions, and Comments.