# HELPING HEALERS HEAL: RESILIENCY RESOURCES FOR Now, LATER, & LONG-TERM

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**NYC HEALTH + HOSPITALS** 

FRIDAY, MAY 27<sup>TH</sup> 2022

1:30-3:00PM





#### LEARNING OBJECTIVES

- APPLY LEARNING ABOUT THE CURRENT CHALLENGES AND CLIMATE THAT IMPACTS WORKFORCE WELLNESS AND HOW TO LEVERAGE THE 8 DIMENSIONS OF WELLNESS TO FOSTER A SUPPORTIVE APPROACH AND WORK ENVIRONMENT
- DISCUSS STRATEGIC SOLUTIONS THAT INSTITUTIONS CAN USE TO CREATE A MORE RESILIENT CULTURE FOR INDIVIDUALS, TEAMS, AND THE OVERALL ORGANIZATION
- UNDERSTAND THE CRUCIAL LINK BETWEEN WORKFORCE WELLNESS, QUALITY, PATIENT SAFETY, AND SUSTAINED WELLBEING BOTH PERSONALLY AND PROFESSIONALLY
- DEPLOY THE HELPING HEALERS HEAL (H3) FRAMEWORK TO DEVELOP A HOLISTIC WORKFORCE WELLNESS CULTURE FOR YOU AND YOUR TEAM



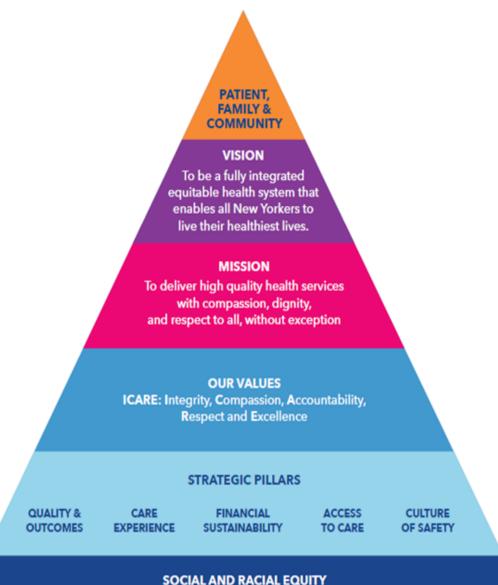


#### **DISCLOSURE**

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- NYC Health + Hospitals is the largest public health care system in the United States
- We provide essential **inpatient**, **outpatient**, **and home-based services** to more than **one million New Yorkers every year** in more than 70 locations across the city's five boroughs
- Our **11 acute care hospitals** provide top-ranked trauma care and provide up to **60% of all mental health services** in New York City making communities healthy through a robust network of hospital-based inpatient and primary care services for children and adults
- Our **five post-acute/long-term care facilities** have earned the highest five and four star ratings by the Centers for Medicaid and Medicare for their excellent long-term care, skilled nursing care, and rehabilitation services
- Gotham Health is our network of Federally Qualified Health Center clinics across the five boroughs that offers patient-centered primary and preventive care services for the entire family
- Community Care offers comprehensive care management and better access to social support services in patients' homes and communities
- Our diverse workforce is uniquely focused on empowering New Yorkers, without exception, to live their healthiest life possible





#### CHANGE IS POSSIBLE

"Don't Judge Each day by The Harvest you reap, but By the seeds you plant."

ROBERT LOUIS STEVENSON





#### CAUTION

High psychological and emotional danger ahead







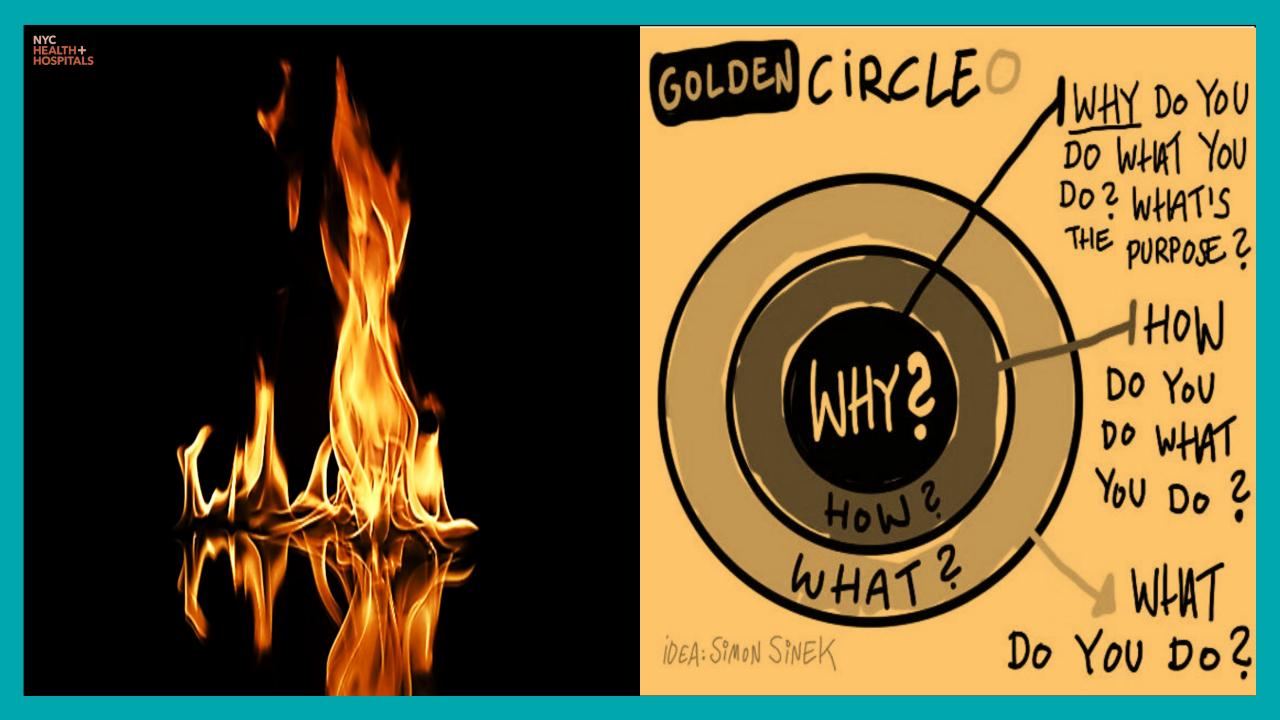
Be open – this is a safe space You know yourself best – participate to the level you are comfortable Everything you share, think, and feel during this session is confidential



## Spectrograms: I believe that...



- 1 ...my
  organization is
  healthy & coping
  well
- 2 ...my leadership team is healthy & coping well
- my
  peers/colleagues/
  workforce are
  healthy & coping
  well
- am healthy & coping well





Regulatory Agencies QAPI
Bureaucracy/Politics Evaluations
Safe Staffing Workplace Violence

## HEALTHCARE STRESSORS

Jeremy Segall, MA, RDT, LCAT

Moral Injury Inequities Divorce Micro/Macro Aggressions Rising Responsibilities Commute Shame Workplace Conflict Isolation/Loneliness Guilt Remote Learning Insecurities Elections **Physical Illness** Housing Insecurity Constant Change/New Norms Remote Work Stigma
Sadness/Depression Anxieties
Fear of Uncertainty
Grief/Loss Job Changes/Loss
Lack of Work/Life Balance
Helplessness/Hopelessness
Pet care Family/Friend Dynamics
Traumatic Stress Food Insecurity
Civil Unrest Child/Elder Care
Digitization/Technology

Natural & Person-made Disasters



# WHO defines burnout as "a disease of the 21st century".

- feelings of energy depletion or exhaustion
- reduced professional efficacy
- uncommunicative work teams
- a culture of inequity, diversity and fear





## Unique Psychosocial Stressors

**Everchanging** disease with changing guidelines



**Healthcare teams** overwhelmed with patients seeking care



Civil unrest, racial injustice, workplace violence, disasters, humanitarian crises









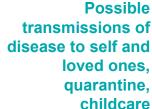
"5th Wave" where staff are called back into "battle"



This leads to new levels of:

**Anxiety Depression Burnout Compassion Fatigue** Hopelessness/Helplessness **Stress** Guilt

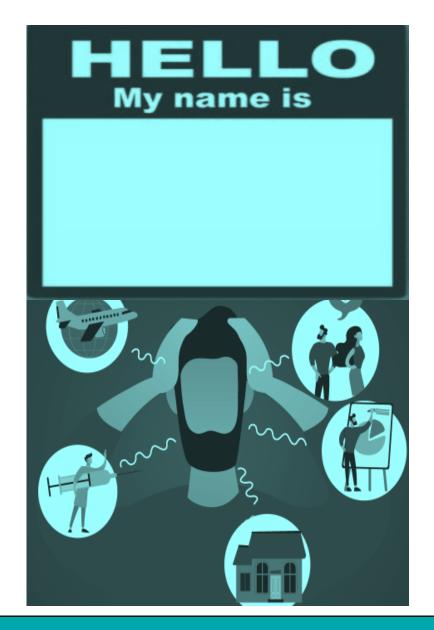






#### PEDIATRIC DENTAL STRESSORS

- TOLL OF WORKING WITH FAMILIES WHO FACE COMPLEX BARRIERS AND CHALLENGES (E.G. DISEASE RATES, LIMITED RESOURCES, DIFFICULTY MAKING BEHAVIOR CHANGE, FAMILY DYNAMICS)
- PARENTS NOT VALUING PROFESSIONAL OPINIONS DUE TO UBIQUITY,
   MISINFORMATION, AND ACCESS TO INFORMATION OF THE INTERNAL/SOCIAL MEDIA
- WORKING MORE DUE TO BURDENSOME STUDENT LOAN DEBT
- BUREAUCRACY, REGULATIONS, CHARTING, DOCUMENTATION, PRODUCTIVITY EXPECTATIONS AND DECREASED REIMBURSEMENT & TIME WITH PATIENTS AND FAMILIES
- INCREASED DEMANDS SECONDARY TO COVID-19
- MANAGING PROFESSIONAL AND FAMILY RESPONSIBILITIES WHEN PARTNERS ARE ALSO WORKING
- DEVELOPING/MAINTAINING NON-WORK LIVES/RELATIONSHIPS & TRANSITIONING TO A LIFE THAT IS NOT SOLELY FOCUSED ON WORK
- WORK SETTINGS WITH NO OR FEW COLLEAGUES LEADING TO ISOLATION OR LACK OF REGULAR COLLEGIAL SUPPORT IN NAVIGATING CHALLENGES





#### Workplace (Pandemic)

- Witnessing intense pain, isolation, and loss
- Few opportunities for rest and breaks
- Surge in care demands
- PPE (Lack of personal physical safety, emotionally/psychologically draining and disconnect from patients/barrier, not feeling seen, abandonment, physical discomfort)
- Psychological stress in care settings

#### Home

- Remote work & learning is hard
- 24-hour childcare responsibilities on top of work
- Can't unwind with friends, go to the movies, or engage with any coping strategies that typically relieve stress
- Having to be "on" all the time for family and friends
- Hard to stop thinking when my head hits the pillow

#### Quarantine

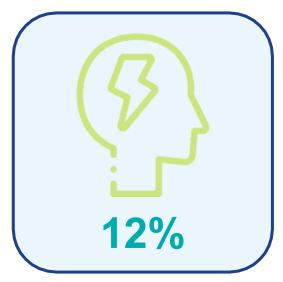
- Keeping my family safe
- Getting enough food and medication
- Fear of dying
- Going back too soon
- Emotional fallout (can happen after we recover physically)
- Constantly reading the news and social media
- Lack of answers and changes about the illness and recovery

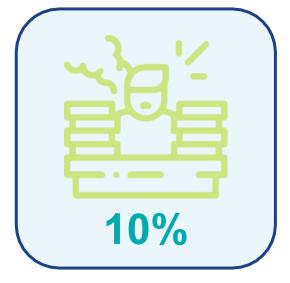


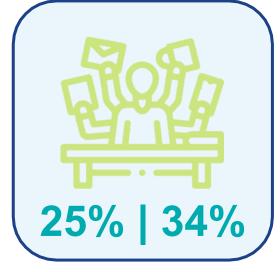










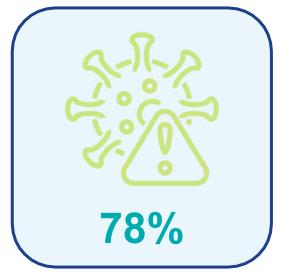


Pediatric dentists reporting high emotional exhaustion\* Pediatric dentists reporting high depersonalization\* Pediatric dentists reporting feelings of low personal accomplishment\* Combined emotional exhaustion with high depersonalization; 34% physically exhausted 1/2

Resource: \*Occupational burnout and depression among paediatric dentists in the United States; Internal Journal of Pediatric Dentistry; \*\*Stress, burnout, anxiety and depression among dentists











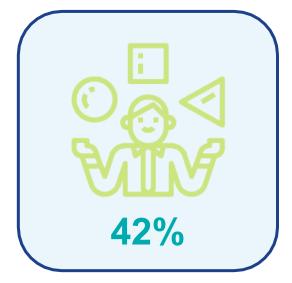
Employees saying now is the most stressful time of their lives\*

Report COVID-19 is a significant stressor\*\*

Workers suffering from work-related stress, on a daily basis\*\*\* Professionals reporting having experienced burnout at their current job\*\*\*\*

Resource: \*Whil, Rethink 2021; \*\*APA; \*\*\*Stress.org & Headspace 2021; \*\*\*\*"Workplace Burnout Survey" Deloitte











Say their stress at work is unmanageable\*

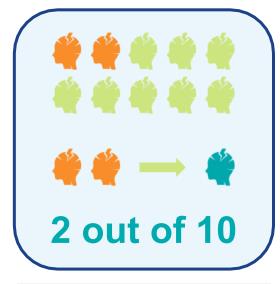
Dentists always or frequently worried or anxious; 16% Dentists diagnosed with anxiety<sup>2/5</sup>

Physicians reporting burnout while on the job\*\*\*

Working parents reporting significantly higher stress; Approx. 30% of dentists with severe stress at home<sup>4/5</sup>

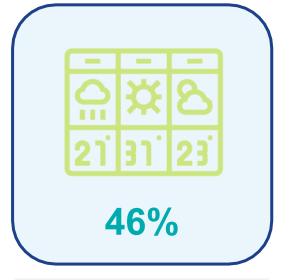
Resource: \*2020 PSJH Caregiver Experience Survey; \*\*Stress, burnout, anxiety and depression among dentists; \*\*\*US News & World Report, Sept 20; \*\*\*\*American Psychological Association; \*\*\*\*\*ADA 2021 Dentist Well-being Survey Report











Adults having a diagnosable mental illness each year; 50% go untreated\*

Americans now reporting suffering from anxiety, depression, or stress\*\*

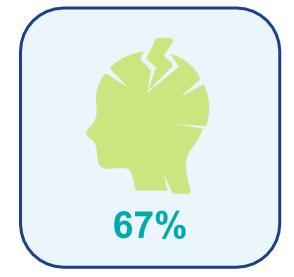
Growing incidence of mental health issues since the pandemic started\*\*

Adults within the US
that will experience
some type of mental
health disorder in their
lifetime\*\*\*

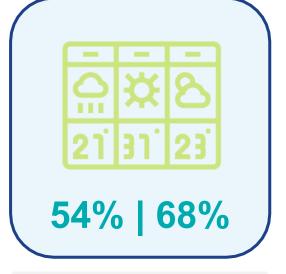
Resource: \*Headspace Health 2021; \*\*Derek Van Brunt DRPH, CredibleMind Oct 2021; \*\*\*Willis Towers Watson 2015/2017 Global Staying@Work Survey, NCHS National Vital Statistics System











Approx. 24% percent of dentists say they don't protect themselves against stress\*

Dental students experiencing possible pathological anxiety\*

Dentists reported taking a leave of absence\*\*

Dentists with medium/high total score of risk for depression; 68% under 40 yrs. old \*\*

Resource: \*Stress, burnout, anxiety and depression among dentists; \*\*ADA 2021 Dentist Well-being Survey Report



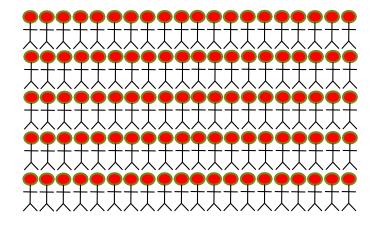
- We lose a doctor a day to death by suicide in the US
- 300-400 physicians/year
- 3-4 medical school classes a year
- Top occupation for risk of death by suicide

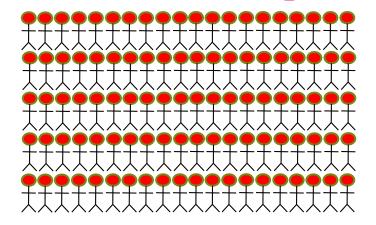


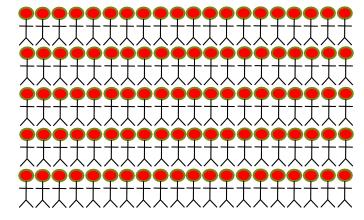
Compared to the general population

**9**2.27x









Resource: CORD; Medscape Aug 2018



## 2020 AMERICAN DEATHS

SUICIDE	DIABETES	ALZHEIMER'S
47,511	87,647	121,499

Resource: CDC.gov



### DEATH BY SUICIDE

- SUICIDE IS THE 10<sup>TH</sup> LEADING CAUSE OF DEATH IN THE UNITED STATES
- IN 2020, THERE WERE AN ESTIMATED:
  - 3.5 MILLION PEOPLE WHO PLANNED A SUICIDE
  - 1.4 MILLION DOCUMENTED SUICIDE ATTEMPTS
    - FOR EVERY COMPLETED SUICIDE IT IS REPORTED THAT THERE ARE 25 UNSUCCESSFUL ATTEMPTS
  - 47,511 DEATHS BY SUICIDE
- FIREARMS WERE INVOLVED IN HALF OF ALL SUICIDES IN 2020
- MORE THAN TWICE AS MANY DEATHS BY SUICIDE THAN BY HOMICIDE
- RISK FACTORS:
  - ENVIRONMENTAL FACTORS SUCH AS STRESSFUL LIFE EVENTS
  - MENTAL HEALTH DISORDERS AND SUBSTANCE USE DISORDERS ARE THE MOST SIGNIFICANT RISK FACTORS
  - ACCESS TO LETHAL MEANS SUCH AS FIREARMS
  - PREVIOUS SUICIDE ATTEMPTS AND A FAMILY HISTORY OF SUICIDE



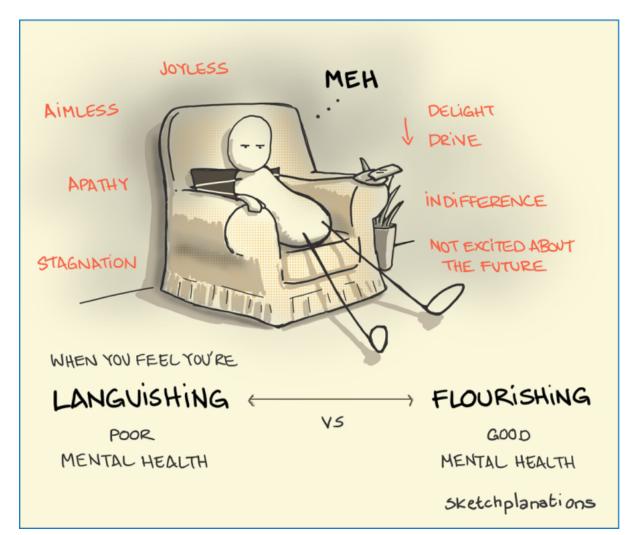
Resource: America's Health Ranking 2021 Report



### **DEATH BY SUICIDE**

- THE RATE OF SUICIDE IS HIGHEST IN MIDDLE-AGED WHITE
  MEN
- IN 2020, MEN DIED BY SUICIDE 3.88X MORE THAN WOMEN
- ON AVERAGE, THERE ARE 130 SUICIDES PER DAY
- WHITE MALES ACCOUNTED FOR 69.68% OF SUICIDE DEATHS IN 2020
- IN 2020, FIREARMS ACCOUNTED FOR 52.83% OF ALL SUICIDE DEATHS
- 93% OF ADULTS SURVEYED IN THE U.S. THINK SUICIDE CAN BE PREVENTED

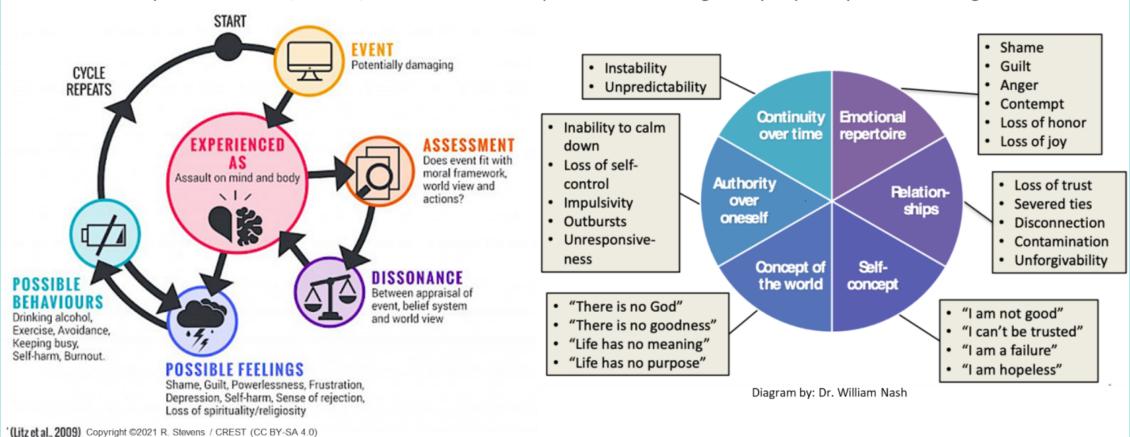








Moral Injury: the perpetrating, inability to prevent, or witnessing of events that challenge deeply held personal morals, beliefs, values or societal expectations that negatively impacts your well-being.





# The Great Resignation [proper noun]: a mass, voluntary exodus from the workforce



1 out of 5 healthcare workers have left their job since the pandemic started\*

11.5M

employees quit their job April-June 2021<sup>1</sup> **65%** 

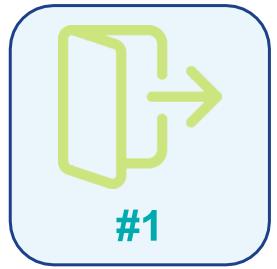
of US Workers are looking for a new job<sup>2</sup>

90%

of companies are seeing higher turnover than usual<sup>2</sup>











Say that their employer hasn't supported their mental health\*

Work stress being the reason why employees quit their jobs during the pandemic\*\*

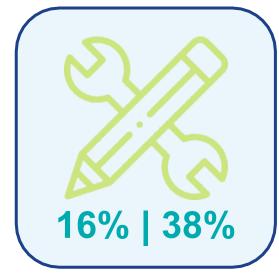
Blame their employer for failing to encourage open conversations about burnout\*\*

Of professionals have experienced burnout at their current job\*\*

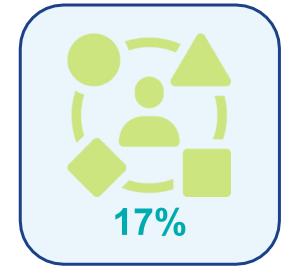
Resource: \*Mental Health America; \*\*"Workplace Stress Survey" Calm 2021











Employees cite lack of development as a reason for quitting\*

New hires reporting they possess skills they need for their current roles; 38% dentists doubting their own competence 2/5

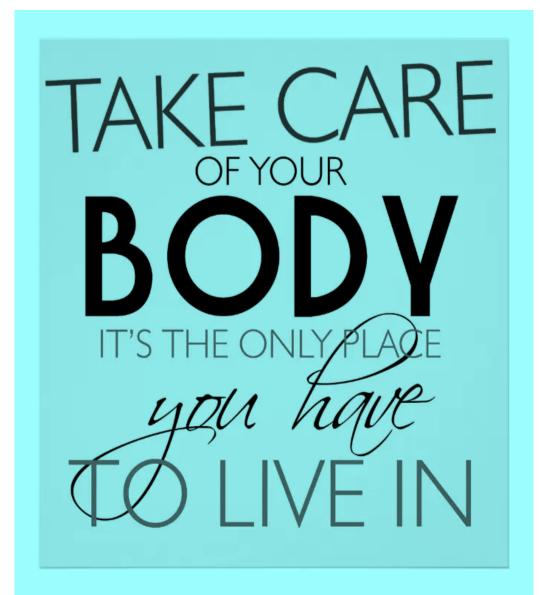
Women considering leaving the workforce or changing their careers due to the pandemic\*\*\*

Millennials that leave the workforce due to a lack of diversity, equity, and inclusion\*\*\*\*



#### WHAT ABOUT THE BODY?

- 84% OF DENTISTS REPORT PAIN OR DISCOMFORT WHILE WORKING
- 63% REPORT THAT THEY HAVE EXPERIENCED A MEDICAL CONDITION
  - TOP 5: BACK PROBLEMS (27%), ELEVATED CHOLESTEROL (16%), ANXIETY (16%), DEPRESSION (13%), & HEADACHES (12%)
- 26% REPORT ALWAYS OR FREQUENTLY HAVING HEADACHES OR BACKACHES
- DENTISTS MOST OFTEN REPORTED GETTING
  BETWEEN FOUR TO SEVEN HOURS OF SLEEP IN
  A TYPICAL NIGHT





#### BENEFIT OF EMPLOYEE RECOGNITION PROGRAMS

#### RECOGNITION = RESILIENCE



Enhances employee happiness and satisfaction levels



Improves employee retention rate



Cultivates a culture of self-improvement



Acts as an effective morale booster



Provides employees with a sense of purpose

- 78% of employees respect the abilities of the individual to whom they report.
- 78% of employees feel respected by their direct manager.
- 62% of respondents feel there is a climate of trust and feel respected by the organization.
- 56% of employees are satisfied with the recognition they receive for doing a good job.
- 2021 H+H Employee Feedback Survey (n = 13,177)
- 90% of employees believe their work is meaningful.
- 67% of employees feel valued by the organization.



### NATIONAL DRIVERS OF INTENTIONS TO STAY



The work i do makes a real difference I see every patient client as an individual person with specific needs This organization provides high quality care and service This organization conducts business in an ethical manner

This organization treats employees with respect This organization values employees from different backgrounds My job makes good use of my skills and abilities I respect the abilities of the person to whom i report

This organization demonstrates a commitment to workforce diversity Employees and management work together to ensure the safest possible working conditions

The person i report to cares about my job satisfaction

The person i report to treats me with respect

The person i report to encourages teamwork My work unit works well together

The person i report to treats all employees equally regardless of their background My coworkers value individuals with different backgrounds

This organization provides career development opportunities

The person i report to is a good communicator

This organization supports me in balancing my work life and personal life All employees have an equal opportunity for promotion regardless of their background Different work units work well together in this organization

I am satisfied with the recognition i receive for doing a good job

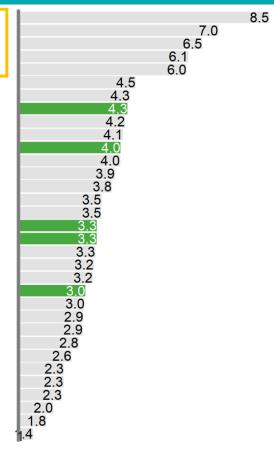
The environment at this organization makes employees in my work unit want to go above and beyond I am involved in decisions that affect my work

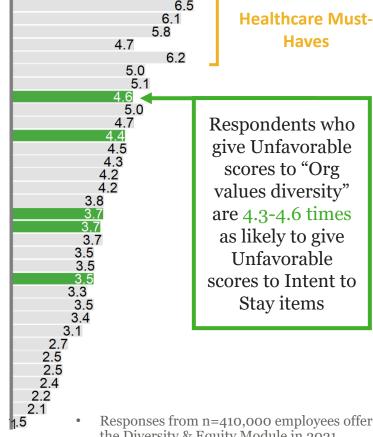
I can enjoy my personal time without focusing on work matters

The amount of job stress i feel is reasonable

I rarely lose sleep over work issues

I am able to free my mind from work when i am away from it I am able to disconnect from work communications during my free time emails phone etc My pay is fair compared to other healthcare employers in this area My work unit is adequately staffed

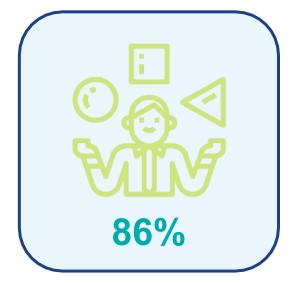




- Relative Risk, Unfavorable Scores
- Responses from n=410,000 employees offered the Diversity & Equity Module in 2021
- Last survey: completed 09-29-2021

Press Ganey Data Science, Oct. 2021c











Dentists reporting satisfaction with their practice\*

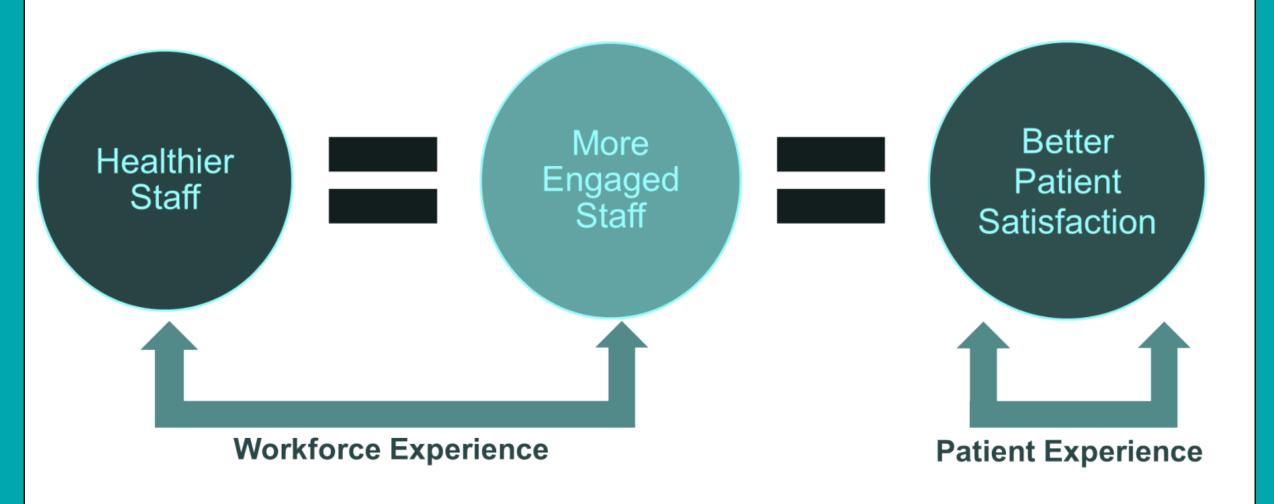
Dentists reporting feeling respected by the people they work with\*

Dentists reporting choosing pediatric dentistry again\*\*

Willing to recommend pediatric dentistry to their child as a career\*\*

Resource: \*ADA 2021 Dentist Well-being Survey Report; \*\*Pediatric Dentists' Job Satisfaction: Results of a National Survey















Estimated costs
associated with
suicide & attempts
(lifetime medical fees
& lost work costs)\*

Annual depression & anxiety costing the global economy in lost productivity\*\*

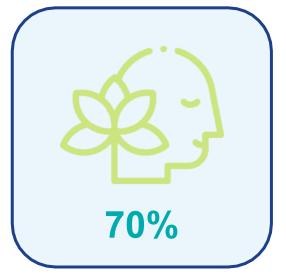
Estimated global economics of mental illness projected to grow by 2030\*\*\*

Annual national cost in US dollars based on patient deaths due to preventable medical errors\*\*\*\*

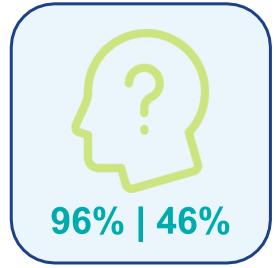
Resource: \*America's Health Ranking 2021 Report; \*\*Headspace Health 21; \*\*\*US News & World Report, Sept 20; \*\*\*\*OECD.org











More likely to feel less depressed when feeling supported by their employer\*

Stress reduction knowing that respite services exist\*

Employees saying that a more supportive workplace culture helps attract and retain employees\* Employers reporting that they have an EAP; less than half of dentists are aware of services\*\*/\*\*\*

Resource: \*Archangels 2019-2021 National Caregivers Survey, BCBS Health of America Report; \*\*Human Resource Executive; \*\*\*ADA 2021 Dentist Well-being Survey Report



#### MULTIFACTORIAL BURNOUT

"THE CURE FOR BURNOUT ISN'T AND CAN'T BE SELF CARE. IT HAS TO BE ALL OF US CARING FOR EACH OTHER."



EMILY & AMELIA NAGOSKI

## 

See synonyms for: well-being / well-beings on Thesaurus.com

#### noun

a good or satisfactory condition of existence; a state characterized by health, happiness, and prosperity; welfare: to influence the well-being of the nation and its people.

"Wellness is an active process through which people become aware of, and make choices toward, a more successful existence."

**National Wellness Institute** 



## Welcome to Wellness!

#### What is Wellness?

Wellness is defined as an active pursuit of new life skills and becoming aware of and making conscious choices toward a balanced and fulfilling lifestyle. There are eight dimensions that contribute to a more successful existence.

The goal of wellness is to reach a state where you are flourishing and able to realize your full potential in all aspects of life, despite adversity.





# Helping Healers Heal

Helping Healers Heal or H3,
is the foundational
infrastructure for enhanced
wellness programming across
all service lines of NYC
Health + Hospitals to address
emotional and psychological
needs of all staff

## **H3** Evolution

H3 holistic wellness programming has evolved over the last few years and continues to address the emotional and psychological needs of our staff through debriefs, including, but not limited to: acute reaction to unanticipated and adverse workrelated events, reaction to stress, secondary, vicarious, complex, and collective traumatization, as well as compassion fatigue, and burnout



## HELPING HEALERS HEAL (H3) FRAMEWORK





Executive, C-Suite, & Leadership buy-in



Establish
Wellness leads
& accountable
stakeholders



Consistent
Wellness
Steering Team
meetings



Peer Support Champion identification across departments



Wellness & resilience skill-building trainings



Debriefing infrastructure & peer support



Critical/crisis response protocols



Wellness website & centralized resources



Capturing of the voice of the workforce



Wellness Rounds



Wellness Areas & Wellness Events



Measurements for success & data collection



Governing body oversight & quality reporting

#### HOW TO BUILD AN

## H3 PROGRAM













## BURNING PLATFORM

Build platform to activate and engage; what info do you need to gather to build the business case and attain executive buyin?



Who are your innovators who can help you implement? Cast a broad net to include champions across disciplines, departments, etc.



Who should be on your steering committee? Executive sponsor? H3 leads?

#### IDENTIFY RISK AREAS

Where do you anticipate the program will have the greatest impact and/or easiest deployment? (e.g. ED, ICU, L&D, BH) Identify crucial conversations.

## **INVENTORY RESOURCES**

Which disciplines and departments have the human capital to support the program? What internal supports do you have for T3?









#### **IT INFRASTRUCTURE**

Establish necessary IT support (e.g. intranet, public internet page, electronic tools for tracking and monitoring, feedback loop, referral resource links)

## FIRST T2 TRAINING COHORT

Identify participants, seeking wide representation of departments, disciplines, service lines, shifts, etc. (including both clinical and non-clinical)

## COMMUNICATION PLAN

Determine multi-tiered plan to communicate awareness of program and culture change to leadership, general workforce, and managers/supervisors, as well as to internal and external partners

#### **GAP ANALYSIS**

What is needed to build out all three tiers of the program; what needs to be created from scratch that's not already there?











#### **GROW T2**

Establish a consistent facility-based communication and training plan, recruitment strategy, and crowdsourcing mechanism

#### **GROW T3**

Ensure equity and accessibility of internal and external resources, utilize feedback to fill gaps as they emerge, expand anonymous outside supports and internal expedited referrals

## SUSTAINABILITY PLAN

Establish goals for all departments, disciplines, shifts, etc.

## SUPPORT THE SUPPORTERS

Refresher courses, supervision groups, wellness events, recognition and celebration

## QUALITY IMPROVEMENT PLAN

Collect and utilize data to grow and improve the program. Leverage data to identify trends of risks, clinical outcomes, etc. to enable proactive address



#### **EXPEDITED REFERRAL NETWORK**

NYC HEALTH + HOSPITALS

TIER 3

- Employee Assistance Program
  - Chaplain, Social Work
    - Clinical Psychiatry, Psychology
      - Domestic Violence Support
        - The Wellness Center

TIER 2

#### TRAINED PEER SUPPORTERS

Provide 1:1 crisis intervention, group debriefing, support, and referral to Tier 3 as needed.

TIER 1

#### LOCAL (UNIT/DEPARTMENT) SUPPORT

Everyone having knowledge of second victimization, normalization of discussing difficult cases, and supporting each other.



75 in 100

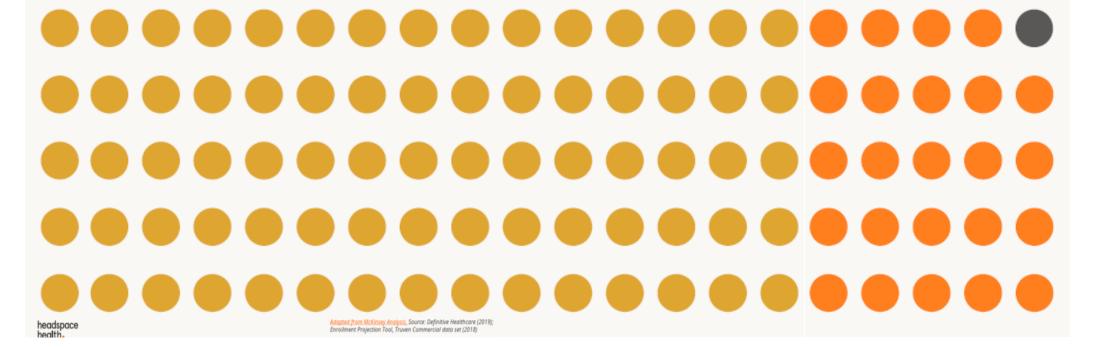
employees only require support to nurture mental health & wellbeing

24 in 100

employees require moderate mental health needs such as psychotherapy 1 in 100

employees require mental health support and have more acute needs requiring higher levels of services or treatment

### THE TRUTH: EVERYONE NEEDS SUPPORT, NOT EVERYONE NEEDS THERAPY





## ANATOMY OF A HELPING HEALERS HEAL DEBRIEF

#### 1. Introduction

- Establish contact and introduce the goal of H3
- Provide practical assistance to address immediate needs with the understanding this is not therapy and voluntary
- Do not critique the reason for response
- Set the stage for confidentiality & safety
- Level-set and ask if inquiry is comfortable with them

#### 2. Exploration

- Ask open ended questions
- Actively listen and provide empathy
- Reflect back what you heard
- Provide containment, safety and comfort
- Stabilization and orientation to move forward
- Ask if there is more they want to say



#### 3. Information "normalizing"

- Information gathering to support needs
- Validate normal reactions to abnormal events
- Provide information (brochures, contact info, self-care ideas, etc.)

#### 4. Follow-up (referral, next discussion)

- Determine if an additional touchpoint is requested or needed; ask them if they or the team need further support
- Refer and escalate to Tier III if requested/required
- Connection to immediate support and internal resources
- Guidance on how to cope and adaptively function
- Provide external services / Promotion of social engagement outside of work
- Documentation complete a post-encounter debrief form in the H3 portal for quality assurance purposes

Therapeutic / Comforting	Therapy / Counseling	
Closeness characterized by intimacy	Caring and support with a one-way focus	
Mutual sharing	One member's emotional needs are central	
Interpersonal sharing and connection	Strict boundaries	
Equitable power	Inherent power differential with responsibility	
Partnership / Reciprocal	Providing service	

- You do not have to have all of the right answers, in fact, the answers are within the individual that you are supporting
- Showing up and being consistently authentic is the best thing that you can do to comfort another
- Challenge your habits of needing to fix and start listening



## RISK IMPLICATIONS FAQ

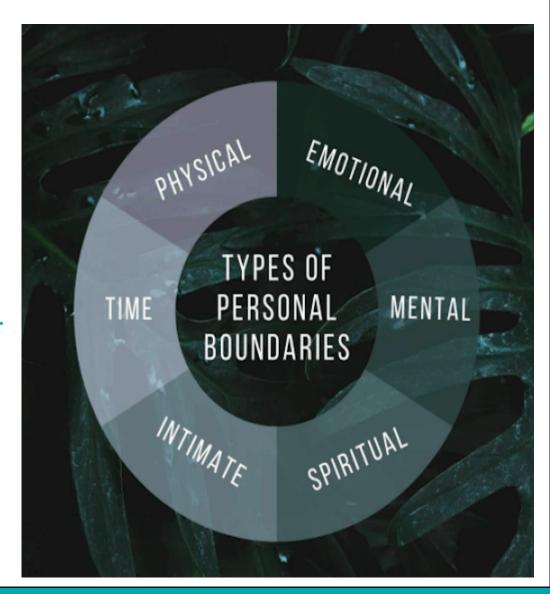
- IS THERE A POSSIBILITY THAT I MAY BE ENTANGLED IN A CLAIM/LAW SUIT?
- IS THE PEER SUPPORT DEBRIEF SUBJECT TO DISCOVERY?
- CAN I GET CALLED FOR A DEPOSITION OR CALLED TO TRIAL?
- AM I SUBJECT TO PERSONAL LIABILITY FOR MY ROLE AS A PEER SUPPORT CHAMPION?





## RISK MANAGEMENT TIPS

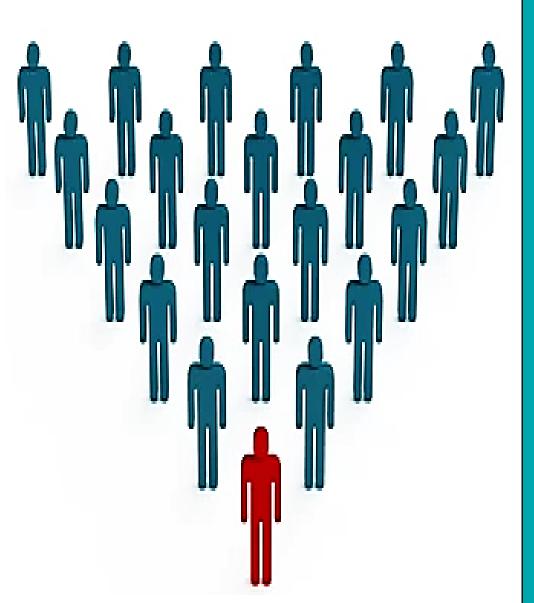
- EMPLOYEES MAY SHARE CONCERNS ABOUT
  LIABILITY/LITIGATION WITH YOU. APPROPRIATE TO MAKE
  A REFERRAL TO EITHER RISK MANAGEMENT, HR, OR
  LEGAL AID AS NECESSARY
- DO NOT REVIEW THE MEDICAL RECORD!
- FIND A QUIET, PRIVATE PLACE FOR AN ENCOUNTER/DEBRIEF
- You are not investigating or getting to the root cause
- Make efforts to focus an encounter on PROVIDING EMOTIONAL SUPPORT AND APPROPRIATE RESOURCES
- WHEN COMPLETING A POST-DEBRIEF FORM, KEEP IT GENERIC





## **DEBRIEFING FAQ**

- WHAT IF I DON'T KNOW WHAT TO SAY OR HOW TO RESPOND?
- WHAT IF THE PERSON I'M SUPPORTING SHARES SUICIDAL IDEATION?
- What if the person admits to causing harm to a patient?
- WHAT IF THE SUPPORTER BECOMES TRAUMATIZED BY THE ENCOUNTER(S)?
- WHAT IF THE NEW PEER SUPPORT CHAMPIONS DON'T FEEL COMFORTABLE PROVIDING DEBRIEFS AFTER TRAINING?
- How do we prevent the burden from falling onto one or a few people's shoulders?





## **H3 DEBRIEF TIPS**

- Establish safety & trust
- Know your role
- Meet the individual where they are at
- Provide practical assistance
- Normalize when appropriate
- Reflect strength
- Illuminate stress reactions and appropriate coping
- Remind them to express and explore what is healthy and productive for them
- Empower the individual
- Follow through and check back in

- Our stories stay with us, they can transform when we share them with others
- Our feelings and thoughts are all valid, even when painful; they are information
- There is nothing to fix
- You are there to listen
- You are there to validate (reactions, thoughts, and feelings)
- You are there to share resources
  - You are there to **accompany** the individual so they do not feel alone



- Use names, appropriate pronouns, and identifiers
- Clarify needs and meet them where they are at
- Reassure the individual(s) that what they are experiencing is understandable and expected
- Let them know that they will most likely continue to experience periods of a variety of mixed emotions, thoughts, etc.
- Encourage the individual(s) that if their experiences affect daily functioning to talk to a support staff member, family member, peer/colleague, or professional counselor
- Help them see that they are not alone and that they have a shared story or experience with others
- Remind them that they are strong enough to deal with the situation
- Be a guide and supporter without feeling pressure to be all-knowing

- Clarify reactions; help them understand that avoidance, retreating, intrusive thoughts/feelings, guilt/shame, overwhelm, and trying to undo/redo the experience, anger, and alarming reactions are normal
- Help them build understanding and acceptance through questioning
- Help the individual to establish or return to rituals, regimens, and routines
- Give it time and come back when appropriate; check back in
- Remind them to express and create because when you are creating you are not destroying
- Close up the encounter properly; closure and "termination" are important for the individual to transition to the next step
- + Get help if you (the champion) needs it
  - Trust that human beings are resilient and that the weight of their health and wellness are not completely on your shoulders



- Tell the individual how they feel or how they "should" feel
- Try to tie a red bow on it and make it pretty and nice, sometimes it is best to sit with and honor the experience as it is
- Try to talk about something else unless it is necessary (avoidance due to discomfort of the champion)
- + Say, "Get over it."
- Minimize emotions or the experience by telling them they will feel better soon; time will do this on its own
- Say, "You did everything you could," until you know the facts
- Impart "wisdom" as to what you would have done differently - the teaching will come later in the right time and place
- Say, "It could be worse" or "Everything happens for a reason."

- "Open a can of worms" or push for more information than is necessary due to your own interest in the outcome
- Try to fix them or the situation the individual is not broken
- Be the savior or superhero, that is not your role
- Try to assign guilt or blame
- + Rush
- Overwhelm yourself due to an unnecessary and heightened sense of responsibility







# 8 Dimensions of H3 Wellness



**Emotional** 

Environmental

**Financial** 

Intellectual

Occupational

Physical

Social

Spiritual

#### **Emotional Wellness**

NYC HEALTH+ HOSPITALS

Coping effectively with life and creating satisfying well-being for one's self

#### **Environmental Wellness**

Understanding how your social, natural and built environments affect your health and well-being

#### **Financial Wellness**

Feeling informed with current and future financial well-being including preparing for short/long term goals and emergencies

#### Intellectual Wellness

Recognizing creative abilities and finding ways to expand knowledge and skills



#### **Occupational Wellness**

Finding personal satisfaction and feeling valued in one's work

#### **Physical Wellness**

Acknowledging the importance of physical activity, nutrition, and sleep

#### Social Wellness

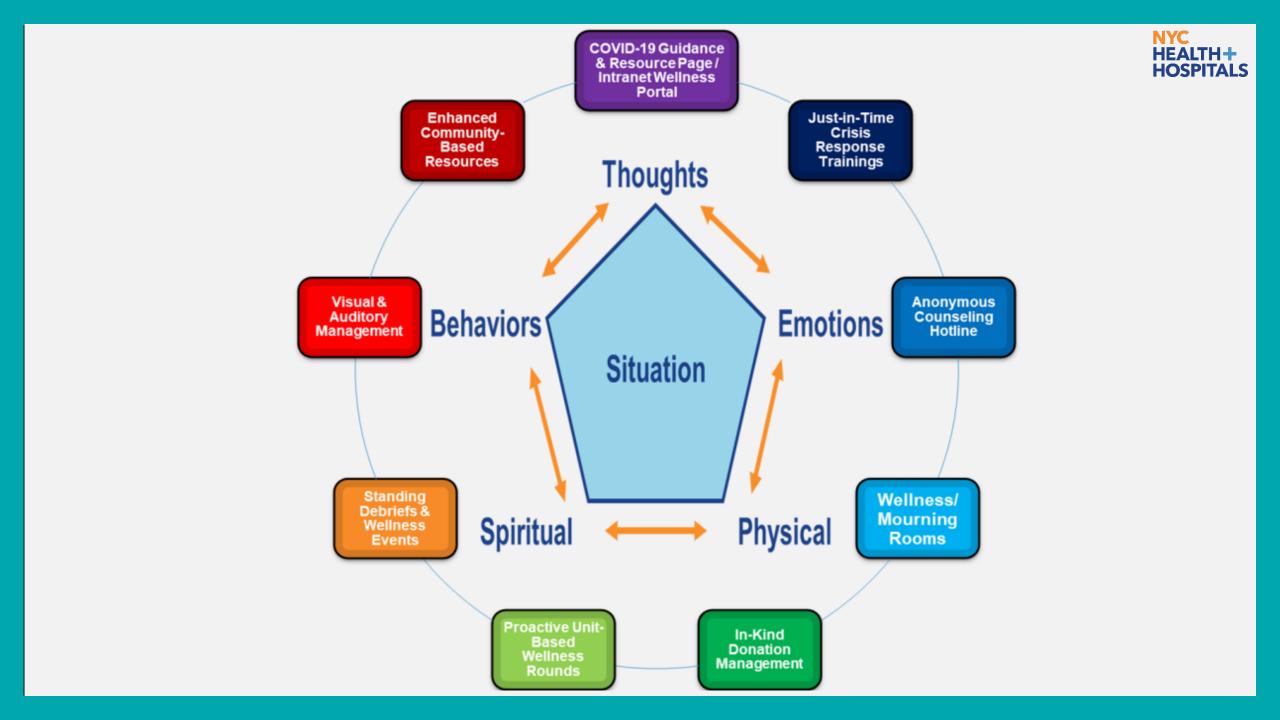
Developing a sense of connection, belonging and support with others

Spiritual Wellness

Discovering a sense of greater purpose and individual meaning

#### Resources **Financial** Intellectual Occupational **Physical Spiritual** Emotional Environmental Social Employee Resource Workforce Workwell Battle Buddy Chaplains Helping Healers Heal ICARE Wellness Rooms Diversity & Inclusion Staff Appreciation Spiritual Council Workwell Center development Transcendental NYC EAP Anonymous Hotline JIT Information Meditation Events COVID-19 Resource strategies for student Professional Page loans, medical bills, improvement training Mental Health spending. investments, & Awareness Month savings









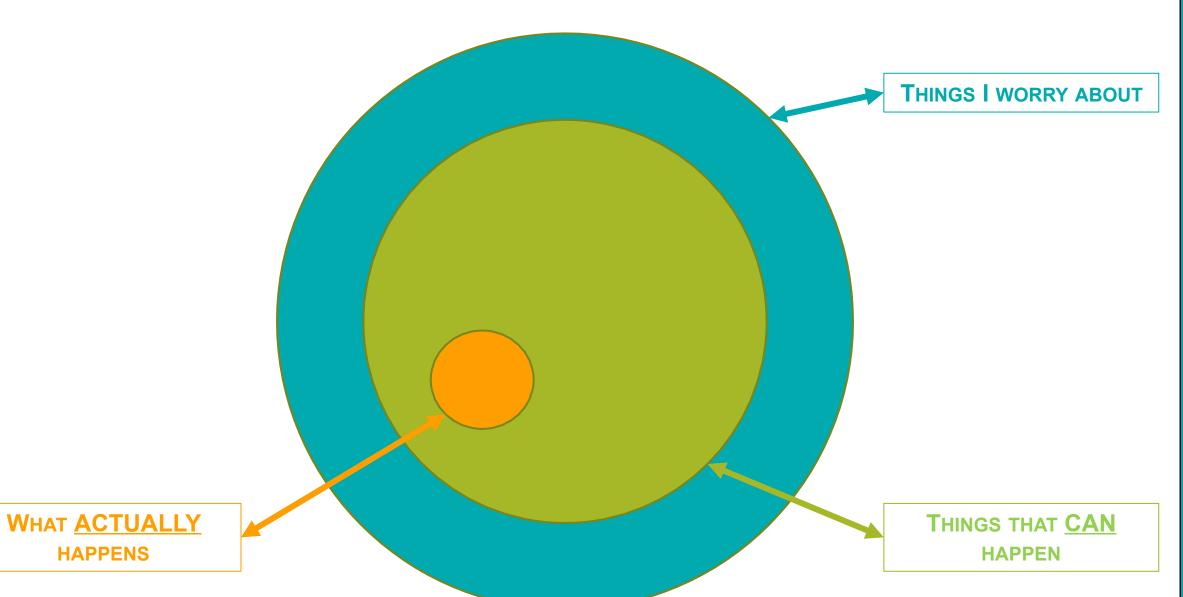


Coping effectively with life and creating satisfying well-being for one's self



- FOCUS ON REFRESHING, RENEWING, & RECONNECTING
- ADDRESS STIGMA (SOCIAL/INDIVIDUAL)
- FOSTER CONNECTIONS WITH OTHERS
- PROVIDE OPPORTUNITIES TO LEARN









## **Stress**

- Happens to everyone, every day
- General response to stressful situations (tough commute, work problems, moving, etc.)
- Most people develop coping mechanisms (tools to get us through the experience)



## **Distress**

- Sometimes life is harder than we expected
- We experience deep loss (death of a parent or friend) or a life change (divorce, health)
- Requires additional support (some people seek counseling or spiritual guidance to learn additional coping skills, or medication



## **Disorder**

- Mental disorders are also known as mental illness or psychiatric disorders: PTSD, Depression, Substance Use Disorder
- Mental disorders are brain disorders
- Assessed and treated by behavioral health clinicians with a variety of medications as needed

#### Continuum of Stress Model and Support Options



The stress continuum model highlights the fact that people react to trauma is different ways. The color codes are analogous to a traffic light, with green as good to go, yellow and orange as warning lights, and red as stop and remove from the source of trauma. By intervening with progressive levels of support during the yellow and orange zones, it may be possible to prevent illness.

STAFF RESPONSE	READY	REACTING	INJURY	ILL
CONTRIBUTING FACTORS	Health maintenance and energy management	Any stress	Life threat, major loss, exhaustion	moral distress, severe
DESCRIPTION	Well-being and optimal functioning	Mild and transient stress or loss of function	More severe & persistent distress or loss of function	Clinical mental disorders (e.g., posttraumatic stress disorder, depression) or unhealed stress injuries
FEATURES	Physically, mentally, and spiritually fit	Feeling irritable, anxious, down; loss of focus or motivation, trouble sleeping	Excessive guilt, shame, blame; panic; loss of control over emotions; misconduct	Persistent symptoms that worsen over time; severe distress or social/occupational impairment
SUPPORT OPTIONS	Prevention: maintain self-care and resiliency practices	Peer support, psychological first aid or brief counseling	Brief professional mental health treatment and time off for recovery	Extended professional mental health treatment and time off for recovery

Source: The authors. Adapted from the U.S. Navy. Navy Leader's Guide for Managing Sailors in Distress: The Stress Continuum Model. 2012. Accessed March 5, 2021. https://www.med.navy.mil/sites/nmcphc/Documents/LGuide/op\_stress.aspx.<sup>11</sup>

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

## My Mental Health: Do I Need Help?

First, determine how much your symptoms interfere with your daily life.



#### Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do job, schoolwork, or housework
- · Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others



#### If so, here are some self-care activities that can help:

- Exercising (e.g., aerobics, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Eating healthy
- Talking to a trusted friend or family member
- Practicing meditation, relaxation, and mindfulness

If the symptoms above do not improve or seem to be worsening despite self-care efforts, talk to your health care provider.



#### Do I have severe symptoms that have lasted 2 weeks or more?

- · Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- · Difficulty concentrating
- · Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- · Thoughts of death or self-harm



#### Seek professional help:

- Psychotherapy (talk therapy)—virtual or in person; individual, group, or family
- Medications
- · Brain stimulation therapies

For help finding treatment, visit www.nimh.nih.gov/findhelp.

If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or text the Crisis Text Line (text HELLO to 741741).



www.nimh.nih.gov Follow NIMH on Social Media @NIMHgov







"It sounds really hard . . . "

"It is such a tough thing to go through something like this."

"You have been through a lot, it is normal to feel..."

"From what you're saying, I can see how you would be . . ."

"People can be very different in what helps them to feel better. When things get difficult, for me, it has helped me to . . .

"It seems that you are . . . "

"Who are supporters that you have here or at home?"

"It sounds like you're being hard on yourself."

"I have an information sheet with some ideas about how to deal with difficult situations. Maybe there is an idea or two here that might be helpful for you."

Do you think something like that would work for you?"

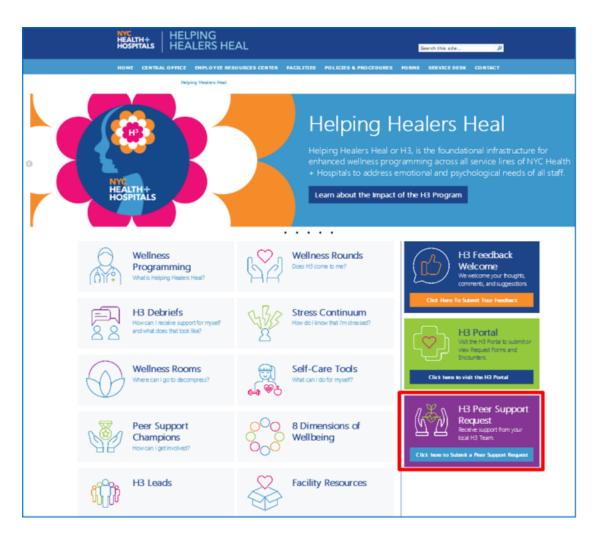
"No wonder you feel . . ."

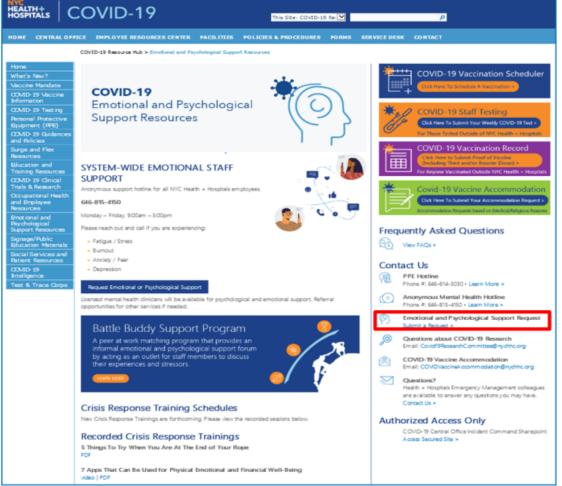
"Are there any things that you think would help you to feel better?"

"I'm really sorry this is such a tough time for you."

"What have you done in the past to make yourself feel better when things got difficult?"

"We can talk more tomorrow if you'd like."













House Staff Wellness

2021 Managing the Return

to the Office



Program

\*\*.\* Work**Well** 

STATUS, Rape MYC Healthy Workleys, Healthy City

WorkWell NYC

Emergency

Preparedness

Coordinators Contacts

SH-900 Summary

.

Right To Know Poster



#### House Staff Safety & Wellness

This House Staff Wellness webpage is dedicated to all house staff across NYC Health and Hospitals regardless of their academic affiliation or payline. It contains referral information, selected online resources and apps, local and national hotlines, as well as information on peer to peer support.

As a reminder, ACGME requires that residents must be given the opportunity to attend medical, mental health, and dental care appointments. including those scheduled during their working hours.

For any questions regarding the content of this webpage, please contact Omar Fattal. MD at the Office of Behavioral Health: Phone 646-815-4146 or email: omar.fattal@nychhc.org









Peer to Peer Program

## H3 Wellness Resources



Helping Healers Heal Webpage



Battle Buddy Support Program





COVID-19
Resource Hub
Wellness &
Resilience
Resources



Physician Support Line

All QR codes must be used using devices on Corporate WIFI



Resident/House Staff Wellness Resource Page (Intranet)





#### or email us at CO-BHESS@NYCHHC.ORG

Anonymous support hotline for all NYC Health + Hospitals employees

Please reach out if you are experiencing:

- + Fatigue / Stress
- + Burnout
- + Anxiety / Fear
- + Depression

Leave a message/email and a licensed mental health clinician will respond to you within 72 hours

Provide your contact number and preferred contact name

Referral opportunities for other services if needed

For any other general COVID-19 questions,
please visit the COVID-19 Guidance and Resources intranet
site: hhcinsider.nychhc.org/sites/COVID-19/Pages/
Index.aspx





Employee Assistance Program
<a href="https://www1.nyc.gov/site/olr/eap/eaphome.page">https://www1.nyc.gov/site/olr/eap/eaphome.page</a>
A free anonymous service for All
NYC Health + Hospitals Employees
Make an appointment by phone or email
(212) 306-7660
eap@olr.nyc.gov



https://nycwell.cityofnewyork.us/en/
A free anonymous service for NYC residents
Available 24/7/365
Call or Text anytime.

English: 1-888-NYC-WELL (1-888-692-9355), Press 2 Call 711 (Relay Service for Deaf/Hard of Hearing) Español: 1-888-692-9355, Press 3

Text WELL to 65173



https://suicidepreventionlifeline.org/ Confidential. Available 24 hours everyday For English Call: 1-800-273-8255

For Spanish Call: 1-888-628-9454

For Deaf & Hard of Hearing Call: 1-800-799-4889

"Sometimes there's comfort in anonymity...Though no one should ever feel ashamed to take care of their mental health, seeking totally anonymous help can be an easy start for those who prefer to keep things private." Yohana Desta





The NYC Employee Assistance Program (EAP) continues to be here for you. We continue to offer services that address mental health, traumatic loss, stress management, substance misuse, self-care, education, referrals and resources to assist you and your family members. All our services are free and confidential.

Contact us by email at <a href="mailto:eap@olr.nyc.gov">eap@olr.nyc.gov</a> to schedule a phone, video or text appointment.

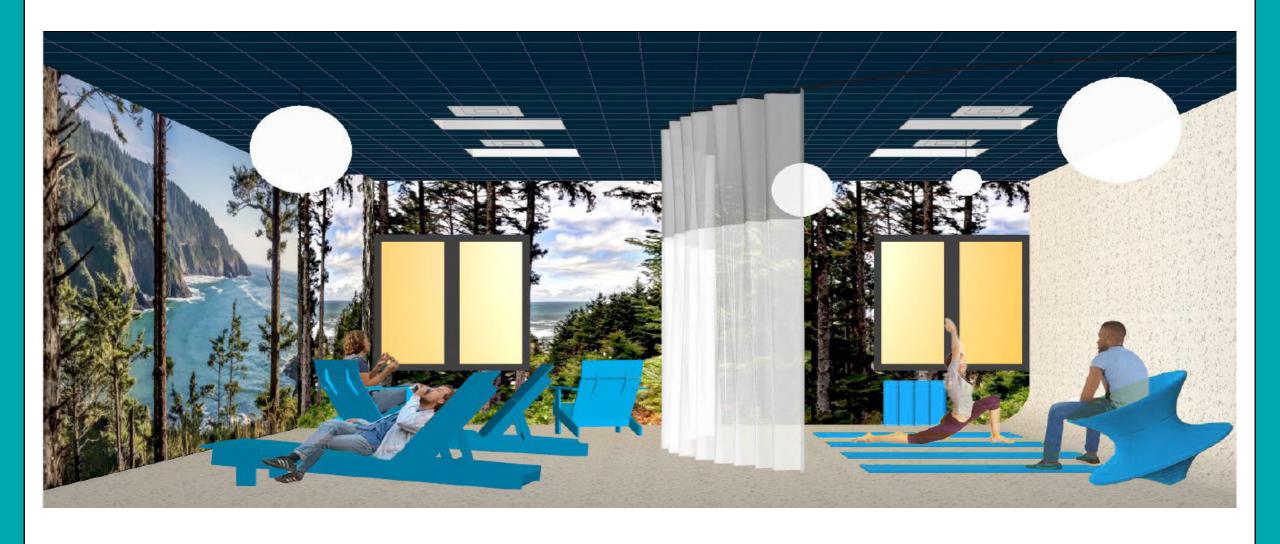
Monday through Thursday, 8am - 7pm, Friday 8am - 5pm visit our website at <a href="mailto:nyc.gov/eap">nyc.gov/eap</a>. Or call and leave a message at: 212-306-7660





Understanding how your social, natural, and built environments affect your health and well-being









We invite you all to take the time to help realign you with your meaning and purpose in working at NYC Health + Hospitals. Strong alignment with the ICARE model can help us navigate through another challenging year, continue to provide a favorable care experience to our patients and support one another. We will be reminded of how our work ultimately impacts our patients, no matter how we touch their lives.

#### **ICARE Refresher E-Learning Course**

Log into <u>PeopleSoft ELM</u> and click on "My Learning" to access the ICARE Refresher e-learning course.

OR

Self-enroll into the course by searching for "ICARE Refresher" in PeopleSoft ELM.

#### **Bi-Weekly ICARE Tips**

Receive an email from <a href="ICARECorp@nychhc.org">ICARECorp@nychhc.org</a> including novel tips to embody ICARE values in our day-to-day tasks as we interact with care providers and caregivers.

OR

Email <u>CentralCareExperience@nychhc.org</u> to join the email distribution list to receive bi-weekly ICARE tips.







Click <u>here</u> to register for any of these sessions using the *new* training scheduler. Click <u>here</u> to access the flyer for these trainings, and <u>here</u> to download a flyer of the Office's ELM trainings.

diversity@nychhc.org

#### Be Part of the Change. Join a Workplace Inclusion Group.

NYC Health + Hospitals is committed to advancing racial and social equity and creating an inclusive and diverse workplace where all staff feel welcomed and accepted. With this goal in mind, the Equity & Access Council created the Workplace Inclusion groups designed to empower staff to participate in the positive changes that are transforming our System and helping to advance our mission of promoting equity for all.

The more we collaborate and value our differences, the closer we get to living in a truly inclusive community. Each of us has a role to play in advancing this mission. Take the bold steps and come join us in creating an environment that makes people feel a sense of belonging and be their authentic selves. We welcome the unique contributions that you can bring with your diverse backgrounds, cultures, perspectives and experiences, to support our mission.

Please click here to sign up to participate.

Below are the inclusion groups we are seeking more participation.

- Hispanic/Latinx Female Physician Inclusion Group
- Jewish American Inclusion Group
- Veterans/Disabilities Inclusion Group
- Generational Inclusion Group

You are also welcome to join the following inclusion groups that have been established and running:

- Women Mentorship Inclusion Group
- Asian American Pacific Islander Inclusion Group
- Diversity and Inclusion Group (Heritage and History)
- LGBTQ+ Inclusion Group
- African American and Caribbean American Inclusion Group
- Anti-Racism Advocates and Allies Inclusion Group
- African American Female Physicians Inclusion Group
- Hispanic/Latinx Inclusion Group





Developing a sense of connection, belonging and support with others



# HEALTH + BATTLE BUDDY SUPPORT PROGRAM

SIGN UP HERE: https://battlebuddy.nychhc.org

ONGOING MATCHING TAKES PLACE THE FIRST WEEK OF EVERY MONTH!



Largely developed by the US Armed Forces Can positively affect personal coping, morale, and workplace engagement



#### A peer at work

Can provide informal emotional and psychological support by acting as an outlet for a staff member to discuss their experiences and stressors

What is a Battle **Buddy** (BB)?



Ideally will be matched based on Individual preferences such as work setting. discipline, and demographics to help the BBs relate to each other

Who can join the program?

#### **ALL EMPLOYEES!**

#### **How It Works**

Once matched, BBs connect to check-in with each other quickly and informally, as convenient for them.

BBs support and validate without judgement or criticism during check-ins.

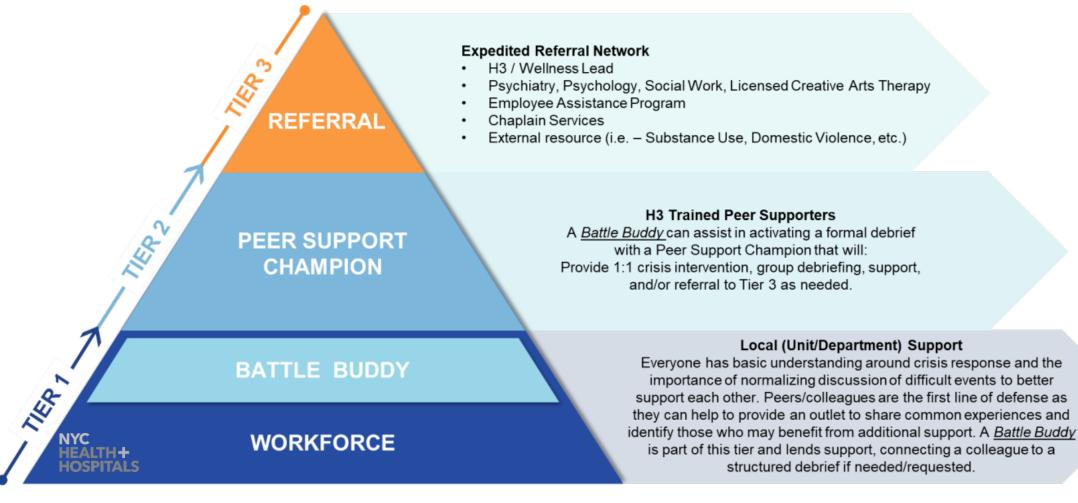
BBs help each other to build resilience and collaborate to work through similar challenges together.

BBs help identify anxiety, stress responses, and can build connections for additional support if requested.

BBs provide camaraderie to help with coping.

If you have any questions about the program contact: BattleBuddy@nychhc.org









Bright Horizons **enrollment is open now through April 14**<sup>th</sup> for all NYC Health + Hospitals employees who need childcare support during the pandemic surge.

Staff who apply and are verified will receive access to the program, and will have the option to receive care within the next thirty (30) days.

Enrollees are responsible for the copayments associated with care.

Center-Based \$20 co-pay per day for the first child, and \$35 co-pay

**Care:** per day for two or more children attending the same

center.

**In-Home Care:** \$8 co-pay hour for up to 10 hours of use. Per-hour

rate is up to three children in the child care provider's

care.

Space is limited and available on a first come, first served basis. Program is subject to change based on availability.

Email: <a href="mailto:childcareservices@nychhc.org">childcareservices@nychhc.org</a>

https://covid19.nychealthandhospitals.org/ChildCareEnroll

Click here for: FAQ





Acknowledging the importance of physical activity, nutrition, and sleep





# WorkWell DIGITAL January - March CALENDAR



Yoga

6:30am-7:15am

INSTRUCTOR: Katrin

REGISTER HERE →

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

# Vinyasa Yoga

10:30am-11:15am INSTRUCTOR: Carmen REGISTER HERE →

## Yoga

6:30am-7:15am INSTRUCTOR: Katrin REGISTER HERE →

## Chair Yoga

12:00pm-12:20pm INSTRUCTOR: Michelle REGISTER HERE →

## Zumba

6:00pm-6:45pm INSTRUCTOR: Ilana REGISTER HERE →

# Evening Meditation

6:45pm-7:05pm INSTRUCTOR: Shalvni REGISTER HERE →

## Boxing

7:15pm-8:00pm INSTRUCTOR: Rachael REGISTER HERE →

# Pilates

6:30am-7:15am INSTRUCTOR: Katrin REGISTER HERE →

## Afternoon Meditation

12:00pm-12:20pm INSTRUCTOR: Shalyni REGISTER HERE →

# "Take It Back

Tuesday" Dance Fitness 5:15pm-6:00pm INSTRUCTOR: Julia

# REGISTER HERE →

Pilates 6:15pm-7:00pm INSTRUCTOR: Tara REGISTER HERE →

# Qi Gong

6:30pm-6:50pm INSTRUCTOR: Tasha REGISTER HERE →

# Yoga

6:30am-7:15am INSTRUCTOR: Katrin REGISTER HERE →

## Toning & Conditioning

12:00pm-12:30pm INSTRUCTOR: Michelle REGISTER HERE →

## Afternoon Meditation

1:00pm-1:20pm INSTRUCTOR: Kristin REGISTER HERE →

## Soca

6:00pm-6:45pm INSTRUCTOR: Amina REGISTER HERE →

# HIIT

7:15pm-8:00pm INSTRUCTOR: Melissa REGISTER HERE →

Meditation 12:00pm-12:20pm INSTRUCTOR: Kristin REGISTER HERE →

## DESKercise

Afternoon

12:00pm-12:25pm INSTRUCTOR: Melissa REGISTER HERE →

## Dance Cardio

6:00pm-6:45pm INSTRUCTOR: Julia REGISTER HERE →

# Evening Yoga

6:30pm-7:15pm INSTRUCTOR: Carmen REGISTER HERE →

# Kickboxing

7:15pm-8:00pm INSTRUCTOR: Victor REGISTER HERE →

# https://www1.nyc.gov/assets/olr/downloads/ pdf/wellness/workwell-fitnesscalendar.pdf

# **CLASS DESCRIPTIONS**

A gentle form of yoga practiced seated on a chair or standing on the ground using a chair for support.

Utilizing breath work and awareness building, participants learn how to use meditation as part of their mindfulness practice to release stress, tension, and find feelings of emotional calm.

of disord of the distribution of the distribut movements combined with the flow of one's breath to achieve a meditative state.

Yoga is a mind-body practice that links movement to breath with poses that promote strength and flexibility.

### BOXING

A combat-inspired exercise incorporating a routine of different punches to help build endurance and upper-body strength.

Aerobic activity featuring combinations of dance moves set to music. Have fun while building strength and endurance.

A combination of seated cardio movements, as well as body strength movements, to help tone and sculpt your body.

HIIT stands for "high intensity interval training". A workout that features short periods of intense cardio activity followed by periods of rest.

A standing combat sport based on kicking and punching for total body fitness.

A low-impact exercise designed to improve core strength, postural alignment, and flexibility.

### "TAKE IT BACK TUESDAY" DANCE FITNESS

Aerobic routines featuring combinations of dance moves set to music from the 90s and 2000s.

Exercises designed to build definition, shape and strength in the muscles.

A Caribbean Carnival-style dance workout for the whole body, to build stamina and strength.

An aerobic fitness program inspired by Latin and international music and dance moves. Routines incorporate combinations of fast and slow rhythms to improve cardiovascular health.

## KEY:

Classes begin on January 3rd. Classes will not be held on 01/17 and 02/21.

### Move More Zoom password: workwell

Be Well

Visit on.nyc.gov/upcomingevents for more information about upcoming classes and programs.







Feeling informed with current and future financial well-being including preparing for short/long term goals and emergencies



# NYC HEALTH HOSPITALS

# LEARNING ACADEMY CALENDAR OFFICE OF HR WORKFORCE DEVELOPMENT

12:00 PM - 1:00 PM &	TDA Overview - Presented by TDA Retirement Counselors	Employees will learn about the TDA (403b) plan highlights and benefits, the importance of saving, why start saving now, along with the tools and resources available to them.
6:00 PM - 7:00 PM		
12:00 PM - 1:00 PM & 6:00 PM - 7:00 PM	Five Steps to Retirement Readiness - Presented by TDA Retirement Counselors	Retirement planning has five steps: knowing when to start, calculating how much money you'll need, setting priorities, choosing accounts and choosing investments. Our aim with this retirement planning guide is to help you achieve that goal.

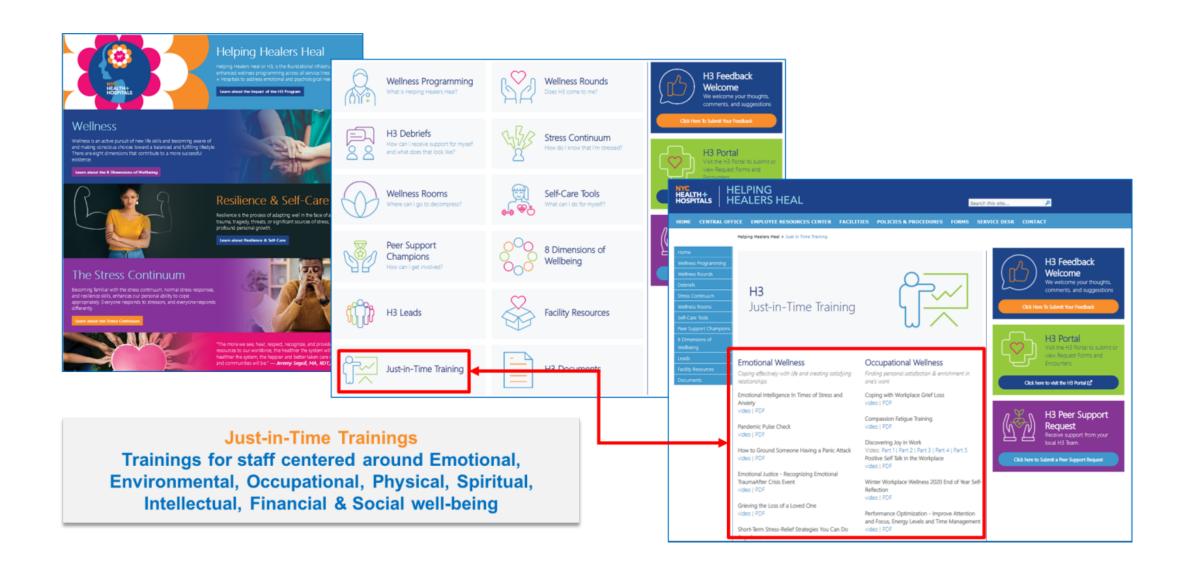
Check out the <u>Learning Academy</u> on the Insider to see other courses.

Contact: MyLearning@nychhc.org Website: hhlearning.nychhc.org





Recognizing creative abilities and finding ways to expand knowledge and skills

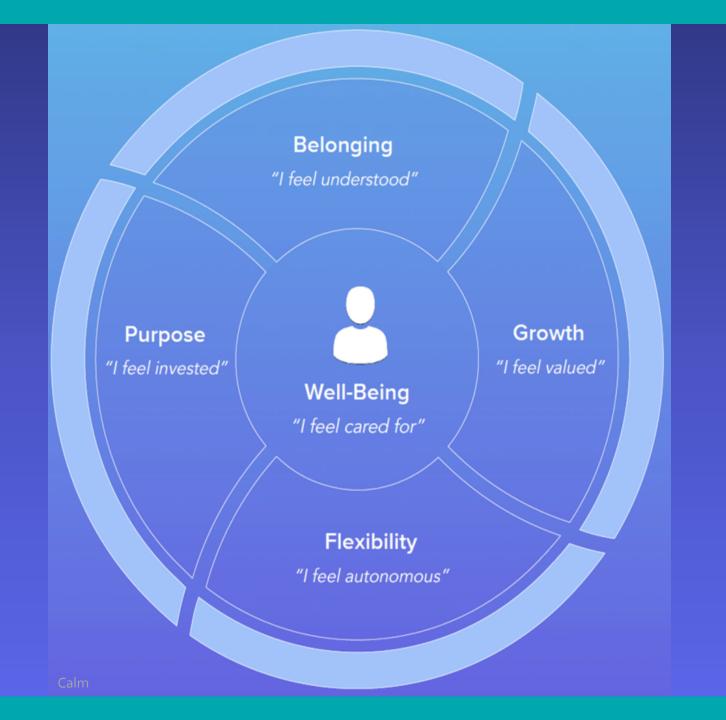






Finding personal satisfaction and feeling valued in one's work







# We Value YOU YOU Value Yourself Reflect Back Value of Others

PURPOSE + POSITIVITY + PEOPLE = RESILIENCE













Discovering a sense of greater purpose and individual meaning



# Contact your local Spiritual Care department or Chaplain

The experience of responding to adversity can alter religious and spiritual beliefs

Change in relationship with or belief about God/Higher Power

Abandonment of spiritual practice

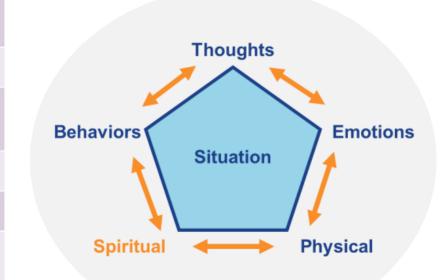
Inability to practice due to workload issues or social distancing

Questioning beliefs or loss of faith

Rejection of spiritual care providers

Struggle with questions about the meaning of life, justice, fairness, afterlife

Loss of familiar spiritual supports



Sources: Disaster Mental Health Standards and Procedures, The National American Red Cross, December, 2016





# **BEGIN & GET STARTED**

- Don't wait for "formal" approval or permission, this is part of all of our work
- Start small, scale up and spread when/if you can
- Failure is only a mindset, what is the worst thing that can happen?
- Accept the mess, it won't be perfect, there is no right or wrong with good intention
- You cannot please everyone remember the mission & purpose
- Resistance to change is part of the process, don't get caught up on it, and start with those that you do not need to convince
- Once a few see the positive affects, impact, and reward others will join
- Focus on the small successes each day, one person that utilizes services could be a life saved
- It is okay to feel overwhelmed, that is par for the course of responsibility







# TIME & SPACE

- There will never be enough time, we will always be too busy and stretched thin
- Create the time and space, or no one will
- Rome wasn't built in a day, transformation takes years
- If you cannot take five minutes in your day, what is the real problem or root cause?
- Ask what kind of culture are you trying to establish; break the narrative
- Intentional small steps make big differences over time
- Roll well-being into day-to-day operations and preexisting forums





# INFRASTRUCTURE & COMMUNICATION

- Consistent cadence of meetings for alignment is needed
- The success of a wellness program cannot be contingent on the shoulders of only a few
- Champions and stakeholders should be identified across services, departments, disciplines, and specialties at multiple levels of the institution/organization
- A Steering Team should be established for communication, transparency, and accountability; it takes a village
- All levels of the organization can be engaged and we want to capture the voice of the "customer"; you don't have to have all the answers
- Wellness program offerings are for <u>all</u>
- Establish a feedback loop for checks and balances (e.g. workgroups, committees, etc.)





# START WITH THE HARD

- Short-term pain for long-term gain
- Find what will have the greatest impact and don't start with the surface
- You don't have to reinvent the wheel, use models that are already out there
- Defining and understanding thoughts and feelings will help staff to realize what they are experiencing and what services can support them
- Dimensions of wellness can be used as coping strategies and resources tied to thoughts, feelings, and experiences
- Grant permission and approval that wellness does not have to act or look one specific way
- Emotional and psychological safety will pave the way for everything else (e.g. culture change, programming, etc.)

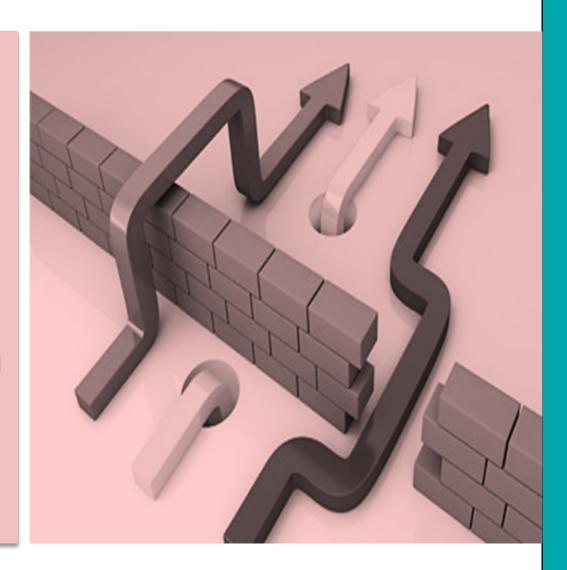






# STRATEGY, GOALS, & DATA

- If we don't measure how will we know where we are, where we need to go, and how we are doing along the way?
- Data collection is important and doesn't have to sink the boat;
   think smarter not harder and prioritize what you can
- Only measure what you can be responsible for; make sure it is meaningful and manageable
- Continuous improvement is necessary as wellness is fluid with the times
- Workforce wellness is a blank canvas, whatever you have will always be enough and not enough at the same time
- Create a roadmap and self-direction plan for yourself, and stick to it with timelines while stretching if necessary
- Think big and celebrate when you get close to the target





# SATISFACTION VS. WELL-BEING

- Wellness ≠ Satisfaction
- Working conditions have an impact on well-being and satisfaction, but cannot always be linked
- Wellness is not an ideal state, it is a journey
- We have to be able to work with the staff to identify and differentiate 'wants' versus 'needs'
- We do not have ultimate control over everything, and part of well-being is communicating limits and restrictions
- Recognition, kindness, and valuing others goes a long way and can assist with well-being and satisfaction at the same time
- Collaborate closely with HR, Labor, Legal, and various Councils







- Ensure that workforce wellness is part of your institution's strategic goals and align reporting in various governing body forums
- Measure for success (process, outcome, and balance)
- Have a sustainment plan in mind and continuously improve
- Meet people where they are a "medicalized" approach is not always necessary
- "Micro-interventions" go a long way examples include selfmanagement tools, informal check-ins, recognition, music, meals, etc.
- Wellness is for everyone, be sure it is equitable across shifts, departments, levels, and disciplines
- Wellness is not the "flavor of the month" and "business as usual" is no longer the norm
- Self and social stigma to mental health issues must be addressed by the organization
- Dedicate time for staff to participate in wellness programming





- Start talking about crisis response, traumatic stress, and spread the word that we are all human and are not invincible
- Monitor colleagues on an ongoing basis and continue to advocate for wellness and resilience programming
- Determine a way that you can make an individual difference
- If you have a personal story, share it with a colleague in need
- Begin to assess your own comfort level and ability to open up more emotionbased conversations in various settings
- Promote resources that are in place and vocalize the importance of building resiliency via training and empathy skill-building
- Evidence the impact wellness programming can have on individuals and healthcare systems
- Champion traumatic growth via emotional support debriefs and peer support programming
- Support the supporters and ensure management and leadership know their role
- Have one debriefer in every tour and department; roll it into operations
- Identify cheerleaders and supporters who you can collaborate with that will help you champion wellness

# PROMOTING WELLNESS



Second Victim Story: <a href="https://youtu.be/aazkTgsBXRw">https://youtu.be/aazkTgsBXRw</a>



Mock Group Debrief: <a href="https://youtu.be/TkUAUSTXmvc">https://youtu.be/TkUAUSTXmvc</a>



Helping Heal Healthcare Heroes: <a href="https://www.nychealthheroes.com/video\_helpingHealers.htm">https://www.nychealthheroes.com/video\_helpingHealers.htm</a>

# RESOURCES

# Combat Stress Management and Resilience: Adapting Department of Defense Combat Lessons Learned to Civilian Healthcare during the COVID-19 Pandemic

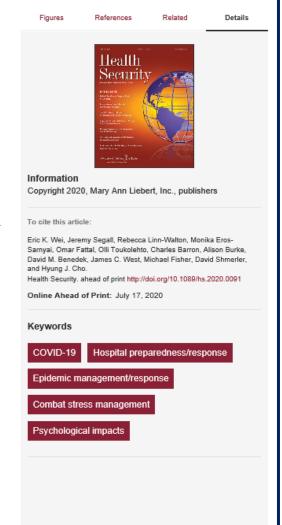
Eric K. Wei, Jeremy Segall, Rebecca Linn-Walton, Monika Eros-Sarnyai, Omar Fattal, Olli Toukolehto, Charles Barron, Alison Burke,
David M. Benedek, James C. West, Michael Fisher, David Shmerler, and Hyung J. Cho

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At the time of this writing, severe acute respiratory syndrome coronavirus 2 has caused over 7.6 million cases and over 423,000 deaths worldwide.¹ New York City confirmed its first positive case on March 1, 2020, and quickly became the center of the pandemic, with over 214,000 confirmed cases to date.² To provide support to overwhelmed New York City hospitals, the Department of Defense (DOD) was deployed to provide medical care for patients at the Javits Center Field Hospital (Javits) and United States Naval Ship Comfort (USNS Comfort) in April 2020. Due to low patient populations at Javits and USNS Comfort, many DOD personnel redeployed to the city's public healthcare system, New York City Health and Hospitals (NYC H+H), to provide frontline care within emergency departments, intensive care units, and medical/surgical wards.² Additionally, Javits changed its admission criteria to include patients who tested positive for COVID-19, which ultimately led to the acceptance and treatment of over 1,000 patients with COVID-19. From this experience, DOD healthcare workers reported to their leadership that what they witnessed was the closest approximation to mass-casualty events during combat operations that they have experienced in a civilian setting.

The United States military has deployed in combat operations in Afghanistan, Iraq, and Syria almost continuously since 2001. Sustained combat deployments taught many hard lessons about the effects of prolonged combat stress on the emotional and psychological wellbeing of service members. In response, the DOD created comprehensive combat stress management and resilience programs that include recurring interactive trainings, unit and service member needs assessments, periodic mental health evaluations, and treatment before, during, and after operational deployments. The stigma associated with obtaining behavioral health care continues to be addressed at all levels of the military. For instance, service members can often obtain combat and operational stress control support during deployments without receiving annotations or notes in their medical records. Furthermore, behavioral health care for deployment-related symptoms does not have to be reported during security clearance evaluations.



https://www.liebertpub.com/doi/10.1089/hs.2020.0091

# RESOURCES

https://www.gnyha.org/program/hero-ny

# HERO-NY TRAIN THE TRAINER SERIES

The HERO-NY train the trainer series was developed to assist efforts to expand existing wellness initiatives that can be tailored to meet the mental health and wellness needs of frontline healthcare workers as they respond to COVID-19.

The series begins with exploring the challenges unique to COVID-19 and highlights the importance of resilience and effective coping strategies. The impact of disasters on the well-being of frontline workers and strategies to address these are further explored. It will then culminate with guidance on developing and implementing enhanced and sustainable resilience programming. The series is comprised of five individual modules. Each module builds upon principles that will provide actionable knowledge to support wellness and resilience programming in healthcare organizations.

Participants are strongly encouraged to participate in all the five modules as each module builds on principles that will provide actionable knowledge to support wellness and resilience program development at their organizations.

Training presentations, videos, and relevant and general resources can be viewed and downloaded via the links below.

# Background

The five-part HERO-NY "train the trainer" series is based on military expertise in addressing trauma, stress, resilience, and wellness.

This training series was adapted for a civilian audience to support the mental health and wellbeing of frontline workers affected by the COVID-19 pandemic. HERO-NY was developed in partnership with the US Department of Defense, Uniformed Services University of Health Sciences, US Department of Veterans Affairs, NYC Health + Hospitals, New York City Department of Health and Mental Hygiene, and the Fire Department of the City of New York.

https://www.gnyha.org/event/hero-ny-module-5-resilience-wellness-program-development/

# HERO-NY MODULE 5: RESILIENCE AND WELLNESS PROGRAM DEVELOPMENT

Module Five expands our understanding of the value of post-traumatic resilience training, its impact on individuals and systems, and opportunities to support workforce resilience. With a focus on peer to peer training, this presentation looks at both short-term solutions to help distressed colleagues immediately and long-term solutions like creating a robust, system-wide wellness program.

Presentation: https://www.gnyha.org/wp-content/uploads/2020/05/HERO-NY Module5.pptx

Video Recording: https://vimeo.com/434451585

## Module 5 Resources

- Article: Proposal for Action Staff Mental Health Strategy for NYC OCME (DOHMH)
- Building a Healthy Worksite (Utah DOH)
- COVID-19 Leadership Checklist: Mitigating Team Stress (WRAIR)
- <u>Evaluating Your Workplace Wellness Program</u> (HealthyHoward Workplaces)
- Evidence-Based Approaches for Supporting Healthcare Staff During the COVID-19 Crisis (HERO-NY)
- Expectations for Providing Training and Support (HERO-NY)
- . Five Ways to Wellbeing at Work (Mental Health Foundation and Health Promotion Agency)
- Helping Healers Heal Action Planning Tool (NYC Health+Hospitals)
- How to Build a Wellness Program (HERO-NY)
- . Leader's Guide for Managing Mental Health Matters (Great-West Life Centre for Mental Health in the Workplace)
- . One-on-One and Group Debrief Conversation Guide (NYC Health+Hospitals)
- Social Stigma Associated with COVID-19 (WHO)
- Staff Support Model: The Approach (HERO-NY)
- Supporting the Psychosocial Well-being of Health Care Providers During the COVID-19 Pandemic (BC Ministry of Health)
- The Top Ten Messages for Supporting Healthcare Staff During the COVID-19 Pandemic (Williams, Murray, Neal, Kemp)

# Additional Resources Applicable to Module 5

- Book: <u>A Ready and Resilient Workforce for the Department of Homeland Security</u> (Institute of Medicine of the National Academies)
- Sample: The Resilience Questionnaire Example Feedback Report (a&dc)
- Sample: Worksite Wellness Employee Interest Survey (hap)
- Building Resilience (UCD)
- Psychological Health & Safety: An Action Guide for Employers (Mental Health Commission of Canada)
- Resilience in the Workplace: An Evidence Review and Implications for Practice (American Heart Association)
- Supporting Caregivers in the Workplace: A Practical Guide for Employers (NEBGH and AARP)
- Worksite Wellness Policy and Program Assessment (County of San Diego HHSA)
- . Worksite Wellness Toolkit: A guide to implementing wellness programs at work (Knox County Health Department)



# **THANK YOU**

LIVE YOUR HEALTHIEST LIFE





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