Trinity Health

Colleague Care Team

Live Your Whole Life

Trinity Health's home for colleague health and well-being

CEO Overview

Tom Peterson, MD, Chief Safety Officer

Colleague Resilience and Behavioral Health Task Force

April 30, 2020

Our **Mission**

We, Trinity Health, serve together in the spirit of the Gospel as a **compassionate and transforming healing presence** within our communities.

Our **Core Values**

Reverence

Commitment to Those Who are Poor

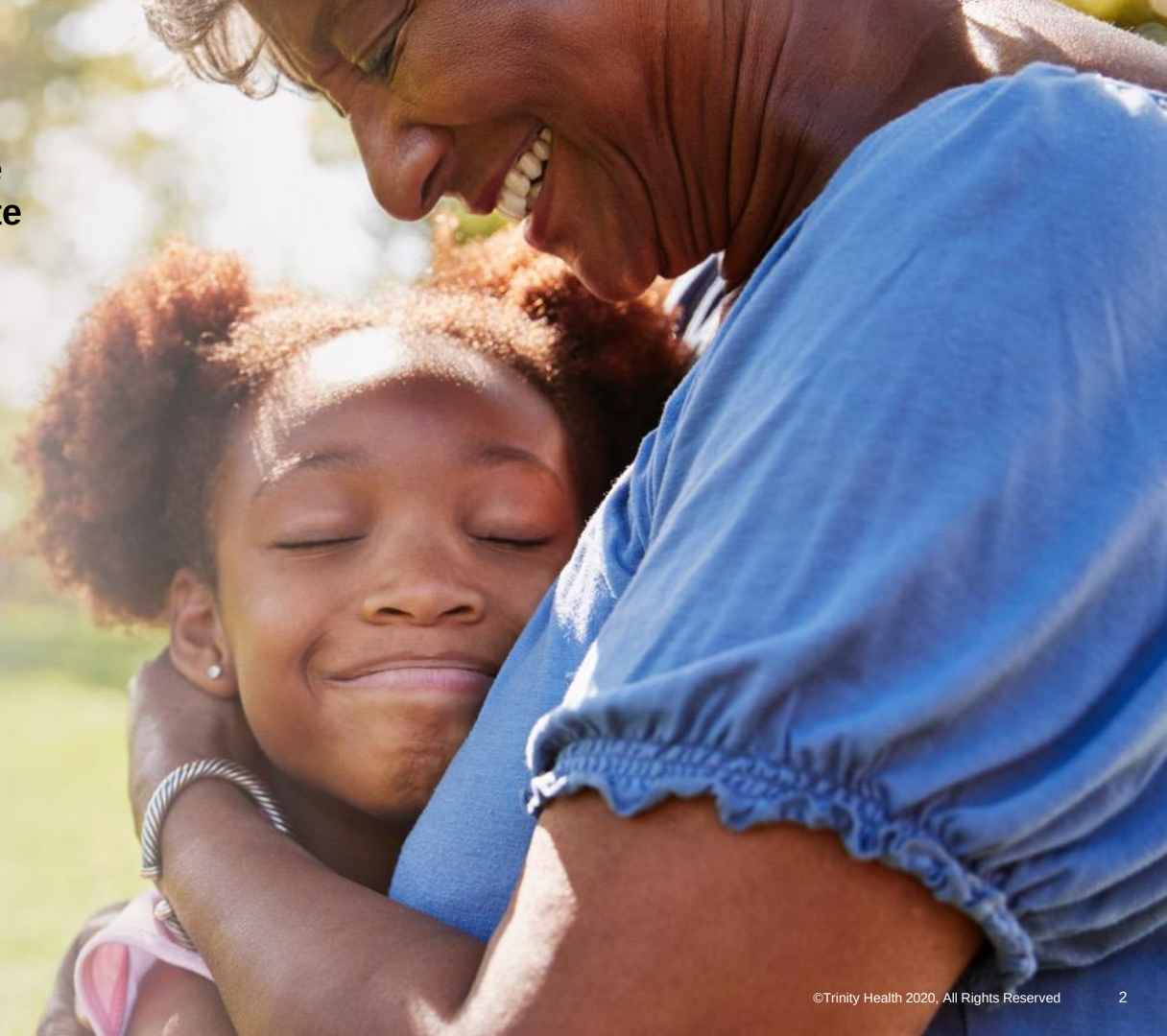
Safety

Justice

Stewardship

Integrity

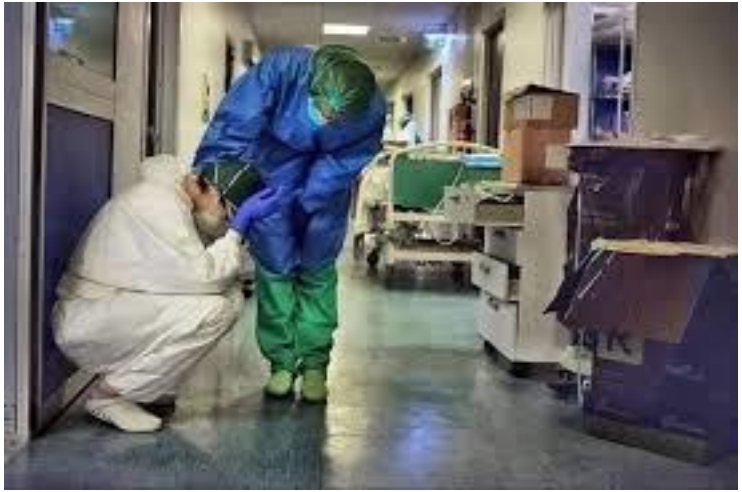
Now, more than ever, our Mission calls us to be a transforming, healing presence for those we serve and for those WHO serve.



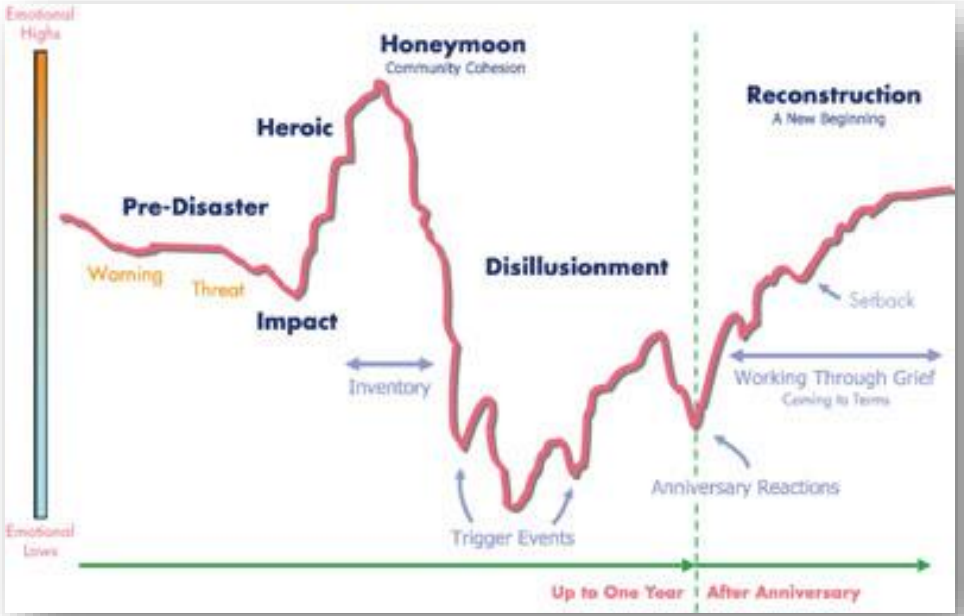
Covid-19 presents unprecedented potential for post-traumatic stress and PTSD among our colleagues

Five sub-groups of colleagues at risk.
Those who:

1. Serve in high-volume, high-stress areas. Frontline caregivers and staff, cross-continuum.
2. Have personally become ill or have family members who are ill and self-isolating.
3. Serve remotely – working from home.
4. Have been redeployed to areas outside their comfort zones; have had their work reduced or put on pause.
5. Have had their hours reduced or have been furloughed and/or have family members who have had hours reduced, been furloughed or have experienced job loss.



We need to act now *and* anticipate long-term impact.



Colleagues are likely in the Heroic Stage of the disaster timeline. During this time, most are tending to basic needs and may even be voicing stress; but are not thinking about their behavioral health needs.

Crisis Recovery Graph
Substance Abuse and Mental Health Services Administration (SAMHSA)

Our response has short and long-term employer brand implications

- Our recovery as a local and national system begins internally.
- Our proactive work to help colleagues recover will shape the future story about national and ministry brands after we emerge from the crisis.
  - **Employer brand:** We must protect and retain our employer of choice brand image to attract new talent and retain top talent in the short and long term.
  - **Consumer brand:** Our 125,000 active and in-transition colleagues are brand ambassadors in the communities. To their network of family, friends and acquaintances, our colleagues' words shared directly and on social media about how we care for them are more powerful in swaying consumer opinion than our paid advertising.

Resilience and Behavioral Health Task Force Goals

- While we cannot eradicate all the stress and suffering brought on by this crisis, we are committed to doing all we can to:
  - Promote and model resilient behaviors/practices as part of TH culture
  - Create person to person contact
  - Provide and relentlessly communicate tools/resources that support the natural recovery process that occurs with time for the majority of the affected population
  - Mitigate the development of serious behavioral health disorders

The Task Force views this work as a doubling-down of Trinity Health's commitment to the health and well-being of our colleagues that will be sustained in the new normal, not just in crisis, ramp down and recovery.

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Multiple solutions are needed to address wide range of needs and different sub-groups of colleagues. Right now, the gap is providing high-touch, real-time support, comfort, care and counseling for our colleagues in high-volume, high-stress work environments.

Technology-enabled

EXAMPLES
Live Your Whole Life
Web-based links, videos, articles, communications

Virtual

EXAMPLES
Carebridge EAP
Webinars
Webex sessions
Leadership Development

Ministry-specific efforts

EXAMPLES
Comfort rooms, nap rooms, healthy food/snacks, meals-to-go, high-demand grocery items onsite, emergency funds, etc.

High-touch, real time

GAP

Colleague Care Teams providing support, comfort, care and counseling for colleagues in high-volume, high-stress areas.

Colleague Care Team

Live Your Whole Life, Trinity Health's home for colleague health and well-being

Each ministry forms a Colleague Care Team to provide oversight, coordination and implementation of the following three components:

- **Resiliency Rounding** by behavioral health professionals and others in high-volume, high-stress areas to provide high-touch comfort and support real time. We are beginning with this strategy and will proceed with other strategies as the program evolves, including the following:
- **Expanded on-site, near-site, telephonic or virtual therapeutic sessions (EAP)***
- **Ongoing environmental interventions and onsite services** – ideas, suggestions from across ministries for comfort rooms, meals to go, high-demand grocery items on site, etc. to promote body, mind and spirit well-being.

*All ministries have access to telephonic Carebridge EAP sessions.

Additional delivery options may vary by location.

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Recommended Colleague Care Team Composition

In order to effectively implement the Colleague Care Team initiative, we strongly encourage the below RHM roles:

- **Accountable Executive:**
  - Major responsibilities: System Office entry point, identifies and oversees coordinator, RHM escalation point for coordinator, oversees wellness of rounders
  - Suggested RHM Role: VP or above in HR, Mission, or Behavioral Health
- **Coordinator:**
  - Major responsibilities: schedules/facilitates weekly huddle with AE and rounders, develops weekly schedule, tracks any required metrics, supports the AE with any ad hoc requests
  - Suggested RHM Role: a colleague in the HR, Mission, or Behavioral Health department
- **Resiliency Rounders:**
  - Major responsibilities: perform rounding in high impact areas
  - Suggested RHM Role (detailed guidance located in the playbook):
    - Behavioral health clinician colleague
    - Non-clinician colleague (hospital leader / influencer)

Leverage existing FTEs to fill these roles

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Resiliency Rounding Roles*

- Behavioral health clinician colleague from local RHM (LMSW, LMFT, Counselor or other like professional)
  - Masters prepared (preferred) behavioral health professional able to identify early warning signs of distress, depression, anxiety, and post-traumatic stress
- Non-clinician colleague from local RHM (hospital leader/influencer, HR, Mission leaders, chaplains or other support colleague)
  - Skilled in active, empathic listening

**Ideally, in-person rounding would occur in teams of two, but this is not likely to always be possible.*

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Goal of Resiliency Rounding*

- Touch base with colleagues working all shifts in high-volume, high-stress environments to provide active listening and empathy around any concerns.
- Provide brief supportive messaging and identify emerging issues within department units or amongst colleagues.
- Connect colleagues with available resources.
- Continuous connection.

Ministries can leverage existing unit-based and safety/Tier 3 huddles to support this program.

**Colleague Care Team members will not provide onsite therapy or therapeutic interventions while rounding.*

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Priority Areas for Resiliency Rounding

Every ministry is different; focus should be in high-volume, high-stress areas like:

- Emergency Departments
- Intensive Care Units
- Med/Surg Units
- FURI Clinics
- Other hospital units of high stress identified locally (e.g. respiratory, lab, facilities management, food services, etc.)
- Outpatient units also exposed to COVID-19 (e.g. radiology, retail pharmacy, primary care and specialist offices, etc.)
- Other departments facing particularly high levels of stress (e.g. coding, billing, etc.)
- Long-term care

Alternatives for In-person Resiliency Rounding

There is no substitute for in-person care and comfort. However, it may not always be feasible to provide this service in-person during the COVID-19 crisis due to staffing or other logistical issues.

Local leadership is encouraged to explore virtual rounding, or targeted outreach that maintains the spirit of Resiliency Rounding, which is to actively reach out to colleagues and not wait for them to seek help if they are struggling.

- **Virtual Rounding –** Video technology brought into priority areas to touch base with colleagues during identified times. This process would need to be facilitated and encouraged by unit leaders.
- **Post-shift Check-in** – Video or audio calls to colleagues after they complete shifts in high stress units. Like the Resiliency Rounding process, these calls are not meant to be assessments or evaluations, they are brief calls expressing gratitude, empathy and linking colleagues to additional supportive resources if requested.

IC identified the following as first adopters; these teams are accelerating ramp-up to implementation

- Trinity Health of New England
- Holy Cross – Maryland
- Trenton, New Jersey
- SE Michigan
- Long-term Care
- FURI clinics

Onboarding Sequence of Events for the Rest of TH

Project Introduction

- RHM AE receives project introduction email from Tom Peterson which includes a role request (RHM coordinator)
- RHM AE sends Orientation Lead the name of the RHM coordinator

Conduct Orientation

- Orientation Lead confirms orientation date with RHM coordinator and RHM AE
- Orientation Lead sends orientation appointment along with meeting materials

RHM Begins Rounding

- AE and RHM coordinator attend orientation
- Following orientation, rounding to begin within 10 days

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Task Force Next Steps

- Continue to support First Adopters with accelerated implementation
- Activate communication plan – April 30
- Conduct Orientation for the rest of TH; support implementation over next 30 days.
- Finalize metric/measurement plan

CEO Action Needed

- Health Ministries identify Accountable Exec (AE) and Coordinator for Colleague Care Team
- Email names to Grant Rice by 5 PM ET on Monday, May 4

Questions

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Team Members
Resilience and Behavioral Health

- **Communications**
  - Jody Lamb
- **Community Health and Well-being and Behavioral Health**
  - Mouhanad Hammami, Julia Kyle
- **HR – Total Rewards**
  - Tammie Hansen, LaTasha Frye, Tiana Samuels
- **HR – Organization Effectiveness, Culture, Change and Engagement**

  Kelly (kp) Putnam, Grant Rice
- **Mission Services**
  - Mario Brunetta
- **Innovation**
  - Jim Purvis, Alicia Roth
- **Performance Excellence/THLS**
  - Peter Karadjoff, Faisal Kahn, Josh Stack
- **Safety**
  - Tom Peterson, MD (Lead)
- **Trinity Health of New England**
  - Tom King

JAMA's "Five Requests" guide us in for caring for our colleagues now and in the new normal.

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Source: Understanding the Sources of Anxiety Among Healthcare Professionals During the Covid-19 Pandemic, JAMA, April 7, 2020

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