

# Colleague Care Teams

Live Your Whole Life

Trinity Health's Home for Colleague Health and Well-being



## Background

The COVID-19 crisis presents unprecedented potential for post-traumatic stress (PTS) and post-traumatic stress disorder (PTSD) among our colleagues. Now, more than ever, it is critical that we leverage our colleague health and well-being resources, that we model and practice resilience every day AND that we fortify our existing efforts in this space.

While it is reasonable to assume that all Trinity Health colleagues are experiencing higher stress levels than during non-crisis times, the degree, type and root causes of the distress will likely differ. The Resilience and Behavioral Health Task Force has identified five sub-groups of colleagues including those who:

1. Serve in high-volume, high-stress areas. Also called the frontline. Can include clinicians, administrative and ancillary staff.
2. Have become ill and are self-isolating, or have loved ones that are ill.
3. Serve remotely – working from home.
4. Have been redeployed to areas outside their comfort zones.
5. Have had their hours reduced or have been furloughed or are experiencing financial strain due to their family members losing their jobs.

Due to the variation in experience and stress impact for our colleagues, multiple solutions are needed now and in the New Normal to address a wide range of needs among these various sub-groups of colleagues. A quick scan/inventory of resources indicates we have a robust foundation of health and well-being services available through technology and virtual delivery. We also have a wealth of creative and innovative ministry-specific efforts. The gap right now is providing onsite support, comfort, care and counseling for our colleagues in high-volume, high-stress work environments.

This plan focuses on colleague care teams for acute-care settings; this plan will evolve to support colleagues in all settings, including home-based care and other continuing care ministries.

Multiple solutions are needed now and in the New Normal to address wide range of needs and various sub-groups of colleagues.



9

Because the safety and well-being of our caregivers is critical, we are instituting Colleague Care Teams to ensure that all colleagues, and particularly those working in highly stressful and demanding units, are supported during the COVID-19 crisis. This plan, which is based in JAMA's Five Requests (see below), includes a wide range of onsite, supportive and comfort services designed to alleviate some of the emotional and physiological stressors that could negatively impact our caregivers.

This initiative does not take the place of pre-existing resources available to Trinity Health colleagues like Carebridge EAP or behavioral health services available through the colleague health plan.

## Needs of Health Care Professionals During COVID-19 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

Shanafelt, Ripp & Trockel. *Understanding the Sources of Anxiety Among Healthcare Professionals During the Covid-19 Pandemic*. JAMA, April 7, 2020

### Overall Goals

Provide immediate and regular in-person support to Trinity Health colleagues who are likely to experience high levels of stress as a result of their dedicated care for COVID-19 patients. The support program has three components prioritized for implementation in this order:

1. **Resilience Rounding** by behavioral health professionals and others in high-volume, high-stress areas to provide high-touch comfort and support real time or telehealth outreach that provides active check-ins with colleagues.
2. **Onsite Therapeutic sessions (EAP)** where we have licensed behavioral health providers set up with Carebridge. Near site, telehealth or telephonic referrals available otherwise.
3. **Environmental interventions and support 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.

## Resiliency Rounding

### Purpose

The main purpose of Resiliency Rounding is to provide Trinity Health colleagues with a real-time human connection that delivers purposeful active listening and empathy. Any colleague who requests additional resources or support will be referred to Employee Assistance Program (Carebridge), Behavioral Health Services, Human Resources or other available resources, per his or her request.

### Alignment with the Trinity Health Leadership System

Leaders, in particular, shape an organization's culture by reinforcing values, norms, and accountability. Therefore, executives need to take the lead in modeling the importance of resilience, well-being, and joy as a component of every strategic decision and culture-shaping activity. Executives should empower frontline staff, leaders, team members to transform the work itself.

Gemba walking (rounding) is a practice with a definite tie to expected vs. actual results in the "Align" theme of the Trinity Health Leadership System (THLS). The idea of a Gemba is simple: 1. Go to the place where the work is happening; 2. Observe the area and the process; 3. Talk with the people. Never was there a more important time than now, to align the work and mission with THLS.

- Connecting to purpose is important, but falls short if workflows, care models, and care team structures continue to lead to burnout.
- The backbone of transformative change is redesigning the work in ways that distinctly ease the burden for all people involved. It's not enough to reshuffle the work.
- Cultivate a team mindset. Care is team based. So, approaches to resilience, well-being, and joy should be also.
- While unique roles come with unique stresses, the fundamental principles of connecting to purpose, building the skills of resilience and well-being, and redesigning work to minimize hassles and amplify joys cross traditional boundaries.
- Integrating burnout and well-being strategies with all other organizational priorities; changes aimed at quality, safety, process, or patient experience improvements can have ramifications for the well-being of team members.
- Even seemingly smart financial decisions can backfire when leaders don't account for the human cost.
- Every leader should be held accountable for well-being since progress on well-being is linked to progress in other areas critical to organizational performance.

### Team Composition

The most important characteristics of the colleague care team members are that they be empathetic, supportive and self-resilient professionals that are able to serve in helping their counterparts.

- *Behavioral health clinician colleague from local RHM* (LMSW, LMFT, Counselor or other like professional)
  - Preferred, a masters prepared 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, Chaplain, or other support colleague)
  - Skilled in active, empathetic listening

Ideally, a member of the Resiliency Rounding Team would be knowledgeable about additional resources available through Carebridge EAP, and familiar with behavioral health providers in the region, particularly those enrolled to provide services through the colleague health plan in case a referral is requested.

### Goals of Resiliency Rounding

1. Touch base with colleagues in high stress environments and provide active listening and empathy around any concerns
  - a. Identify early warning signs of post-traumatic stress
2. Provide brief supportive messaging and identify emerging issues within department units or amongst colleagues
3. Connect colleagues with available resources

### Potential Issues/Concerns Likely to Come up During Rounding

- Managing a surge in patient care areas
- Ongoing risk of infection
- Equipment/PPE challenges
- Providing emotional support as well as medical care
- Increased psychological stress in the work setting
- Adjusting to and managing changes personally and professionally
- Social Isolation
- Potential healthcare risks/concerns for family and friends
- Financial stressors
- Spiritual purpose and meaning
- Lack of peace
- Physical fatigue and sleep deprivation

**\*The Colleague Care Team members will not provide onsite therapy or therapeutic interventions.**

**\*Any identified issues of concern should be directed to HR.**

### Priority Focus Areas Within the Hospital

Every ministry is different, and there could be a number of departments or units disproportionately affected by stress during this critical time. It is also acknowledged that all colleagues, both those supporting our acute settings, and those in the ambulatory space, will be affected by the COVID-19 pandemic. RHMs need to identify local priority areas as they arise and find ways to eventually support all colleagues.

Proposed potential priority areas:

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

### Cadence of Rounding

Resiliency Rounding should occur frequently, to include day, evening and night shifts. RHMs should identify appropriate times, spaces, as well as considerations of times that align with daily safety, unit huddles or down time.

### Considerations for Selecting and Training Resiliency Rounding Colleagues

The Resiliency Rounding function is unlike traditional healthcare, behavioral health care or other supportive services. Given the unique position and role of this function, colleagues need to be trained on the appropriate guidelines and boundaries of this supportive role. For example, behavioral health professionals are accustomed to providing therapeutic interventions when they identify need in their patients. However, during Resiliency Rounding, these behavioral health professionals need to be counseled not to provide therapeutic intervention and instead act more similarly to *Warmlines*. *Warmlines* are peer-run support networks that provide listening and linkage to services, but no actual direct intervention.

### Maintaining the Safety and Resiliency of the Resiliency Colleagues

It is understood that often times colleagues put in supportive roles are also likely to experience distress and second-hand trauma related to their supportive services. Thoughtful consideration should be put into the selection, scheduling and debriefing of colleagues selected for this role.

Human Resources and Medical Leadership Should Consider the Following:

- Rotating the Resiliency Rounding Teams to occur only once per week or during a portion of their scheduled hospital shift
- Scheduling regular supervision or de-briefing sessions with colleagues performing Resiliency Rounding services.
- Identifying an RHM site Coordinator for this team. The site Coordinator is not a new position, but an expanded role for a current colleague. The members of the Resiliency Rounding Teams need a contact

person to help provide oversight of the operational components of the program but also be able to escalate any system needs

- The Colleague Care Team Coordinator would coordinate an introduction of this initiative to the members of each Tier 3.

### Coaching tips

This is about our connection with our colleagues, supporting their wellbeing and emotional resilience. Therefore, before any care team rounds in an area occurs, whenever possible, a face-to-face, meeting with the leader of the program should be scheduled. This conversation should include an overview of the initiative, role clarification of the rounder, expectations for the leader of the program and the development of a schedule when you will be in their program. It is recommended that before any unit rounding occurs, that this is brought to the unit huddles also. Although this rounding is meant to be thoughtful and personal, it needs to be planful so as not to surprise staff. Colleague Care Teams should allow our colleagues a chance to reflect upon the work they are doing and the support we look to provide; helping them understand our operational mechanisms takes the unknown out of the process. We are to foster a spirit of patience and hope. As the rounding occurs while they are working, our interactions are meant to be brief, so it complements their day, however, you will find a conversation that does require some additional time. Remember this is not therapy.

- The connection with the colleague begins with a smile and then ask them if they have a moment and how they are doing
- Have your badge visible and identify yourself as a member of the Resiliency Rounding Team. As this initiative is being rolled out, clarifying your role and intent provides the platform for connecting with colleagues
- Respect differences: some people may want to talk while others need to be alone; recognize and honor these differences
- We are creating a process to engage with our colleagues on a very personal and emotional level, this often does not occur the first time we round
- Help them identify their self-care and stressing the importance of this
- Validate their contributions
- Help them support their colleagues
- Not everyone is going to want to talk or have the time to talk. That's okay because this is not the last time we will be reaching out to them
- Validate our acceptance of situations they cannot change
- Avoid overgeneralizing fears
- Know when you may need to redirect or hand a conversation off; use your resources
- Honor your role: despite obstacles you may face in the clinical areas and colleague frustrations, you are fulfilling a role to support our colleague, either directly or indirectly for their service to care for our patients.

### Potential topics for engagement

- Ask if they are familiar with this team, if not, take a moment to talk about it. Keep it brief.
- Keep it simple, ask them how their day is going. Remember the key to active listening hearing what they are saying and what they are not saying
- Be comfortable to speak about stress management and psychosocial support needed to be successful in their role
- Ask about their professional and social support
- Options to use their time off to enhance and balance their life
- Explore what may be options for them while they are working: clearing their head in the break room, a refreshment break, etc.
- Ask what is going well and if appropriate ask what is not going well
- Ask about their spiritual support

## Rounding tools

You may find a folder or clipboard to be helpful that includes hospital-based or HR facilitated resources including:

- Information on how colleagues can access the Employee Assistance Program (Carebridge)
- The contact number/s for behavioral health providers, including substance use providers that are in network for the colleague health plan
- Information on how to access needed community resources through the Trinity Health Resource Hub
- A sheet with any follow up conversations that you may want to communicate, concerning a specific colleague, program or issue
- Comments and/or recommendations for your Colleague Care Teams Coordinator

## Using Telehealth for 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. There are several important considerations for scheduling check-ins, including:

- Ensuring as much as possible that colleagues are not called when they are trying to get much needed sleep
- Development of streamlined communication pathways for the Resiliency Rounding colleague back to clinical management and/human resources if issues are identified



## Onsite/Near Site/Telephonic EAP Counseling

### Onsite EAP Counseling (where available)

**To initiate on-site/walk-in counseling process through Carebridge EAP** to be completed by each clinic separately:

- ☐ Confirm that the clinic is a Carebridge credentialed Behavioral Health Clinic
- ☐ Contact: Therese Saello at [tsaello@carebridge.com](mailto:tsaello@carebridge.com) (Carebridge) prior to initiating and promoting any on-site (in clinic) counseling services for Trinity Health colleagues through Carebridge EAP. *Preferably, the clinic's Program Director will be the person to reach out to Carebridge for this conversation.*
  - This conversation will provide an opportunity for:
    - The Behavioral Health Program Director to review the key areas that are included in their existing Carebridge affiliate contract
    - The Behavioral Health Program Directors to share the relevant specifics of the Carebridge affiliate contract with the clinic's scheduling department
    - Carebridge to prepare their team for the telephonic authorization requests

### Prior to each walk-in counseling session:

- ☐ Colleague to complete a (telephonic) assessment with Carebridge prior to any services being provided.
  - If the colleague prefers, the assessment can be done over the phone from the clinic office.
  - All applicable resources will be offered to the colleague
- ☐ Referral authorization will be provided during this call if colleague chooses to seek services with the clinic

### Near Site/Telephonic Counseling

To refer to near site/telephonic counseling process through Carebridge EAP direct or assist the colleague to call Carebridge 24 hours a day, seven days per week:

- ☐ Contact Call (800) 437-0911

or

- ☐ Contact Visit [www.myliferesource.com](http://www.myliferesource.com) to access online resources. Please enter the Trinity Health access code: BKKR5 to create a personal account the first time you log in

### Important Notes:

- Only Carebridge credentialed Behavioral Health Clinics can provide services through Carebridge EAP. Credentialing information can be found here. [www.CBbenefits.com](http://www.CBbenefits.com)
- The Carebridge referral process cannot be bypassed. A (telephonic) Carebridge assessment is necessary for any colleague seeking individual counseling services from Carebridge.
- CISD services are excluded from the above process. Requests will only be serviced through Carebridge.
- Carebridge is unable to provide any feedback about colleagues without their written permission. Carebridge cannot confirm that contact has been made.
- It is wise to remember that not all colleagues may be open to engaging in counseling nor will they want to seek onsite EAP services at their place of employment. Rounding personnel and Clinical staff should be aware of this and not ask the colleague if they have made an appointment or have connected to services after they have suggested the use of the EAP.

## Comfort Rooms

### Purpose

During stressful times, it is critical that we create safe spaces that encourage colleagues to care for their bodies, minds and spirits. Taking breaks allows colleagues to talk to loved ones, rest, and eat meals they have been skipping.

### Location Recommendations

- Since there are currently no visitors there is potential to utilize waiting rooms near ICU and MedSurg
- One example of usage: At St. Mary Livonia, it is called the Zen Den and has low lighting, meditation type music playing on the TV there, and is generally set up as a depressurize space. (Of course, the waiting room could be repurposed in a variety of ways to provide comfort).

### Potential Components for the Comfort Room

- Phone chargers
- Music
- Snacks
- Laptop for staff to video conference with family
- Link to the Live Your Whole Life Mindful 101 site
- Links to APPs they could download and use during breaks as well as anytime
  - Headspace – Online APP offering short guided mindfulness exercises to help destress, help with sleep and enhance your resilience.
    - Is offering free Premium service to Providers with NPI numbers and RNs (via license verification) through the end of 2020 (<https://www.headspace.com/health-covid-19> )
    - Offers FREE SERVICE to anyone in community (<https://www.headspace.com/register> )
- Comfy furniture – many companies are donating items to support local hospitals
- Gratitude Activities
  - For example: Gratitude Prompts Board –
    - Use a White Board and have someone on the Colleague Care Team write a new prompt on top of the board every day in the break room and allow staff to add to it throughout the day
      - Provides ability to write your own thoughts of gratitude
      - Provides passive ability for others to just read the comments