

Creating A Culture That “Cares” :Supporting Healthcare Workers To Facilitate Recovery And Enhance Resilience

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1

Objectives

This presentation will offer an overview of one healthcare system’s approach to supporting healthcare workers through critical incidents and periods of high distress. It will highlight key components of an urgent response program, as well as proposed resources and strategies for ongoing recovery.

- Summarize the literature regarding distress in healthcare following a critical incident
- Review evidence-based interventions and how to modify interventions to meet the immediate needs following critical incidents
- Share lessons learned for developing a similar program

I have no conflicts of interest or disclosures.



2

Understanding Critical Incidents

Incidents Due To Healthcare Practice:

- Critical Incidents are “unexpected events that may reach patients and thus **threaten patient safety**”
- Sentinel Events are **patient safety events** (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches the patient and results in death, or permanent or severe harm.
 - Medical errors
 - Maternal/Pediatric trauma/loss
 - Multiple trauma
 - Patient loss (long-term patients, complicated cases)

(Goekcimen et al, 2023; Joint Commission, 2023)



3

Frequency of Sentinel Events

Top 10 Leading Reviewed Sentinel Event Types (CY2022)

Event Types	N	% of Total
Fall	611	42%
Delay in treatment	89	6%
Unintended retention of a foreign object	88	6%
Wrong surgery*	85	6%
Suicide	73	5%
Assault/rape/sexual assault/homicide	60	4%
Fire/burns	49	3%
Perinatal event	33	2%
Self-harm	30	2%
Medication management	30	2%

*Wrong surgery includes wrong site, wrong procedure, wrong patient, and wrong implant.

(Joint Commission, 2023, p5)



4

Understanding Critical Incidents

***Not all critical incidents impact the patient.**

Other potential incidents that may cause distress:

- Team member death/suicide
- Violence or harm to staff
- Moral Distress/Injury
- Unexpected organizational changes



5

Additional Definitions To Consider

Traumatic Events (or Critical Incidents)

- Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings
- Long-lasting negative effect on attitudes, behavior, and other aspects of functioning.
- Challenges one's view of the world – perception of safety, fairness, and predictability

Trauma (or Crisis)

- Emotional response one has to the traumatic event
- Stress Response ≠ Trauma
- For some, traumatic or critical incidents can overwhelm traditional coping strategies

(American Psychiatric Association (APA), 2013; dictionary.apa.org/trauma)



6

Potential Biopsychosocial Sequela

Physical Health

- Obesity/Overweight
 - Poor nutrition
 - Inadequate exercise and strength training
- Inadequate Sleep/ Disordered Sleep
- Cardiovascular concerns
- Occupational injuries

Mental Health

- Stress
- Anxiety
- Burnout
- Depression
- Grief
- PTSD
- Suicide
- Substance Use

Social Health

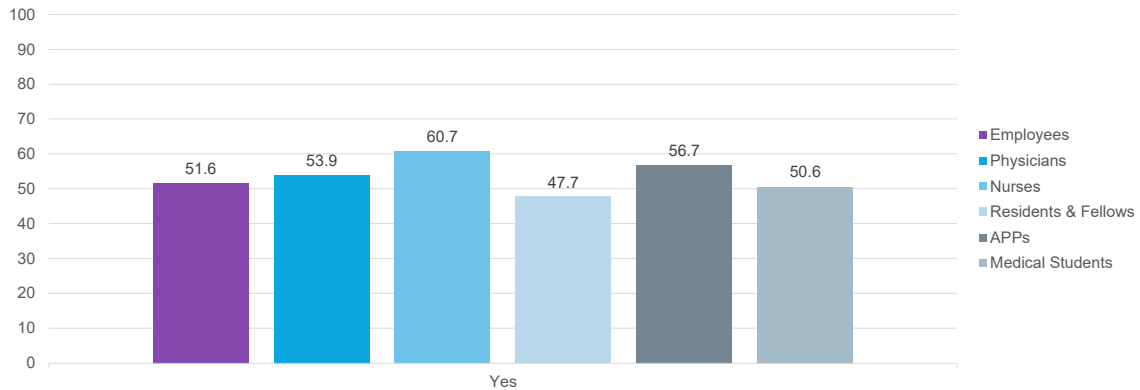
- Moral Distress/Injury
- Isolation
- Racisms & discrimination
- Bullying & Incivility
- Turnover



7

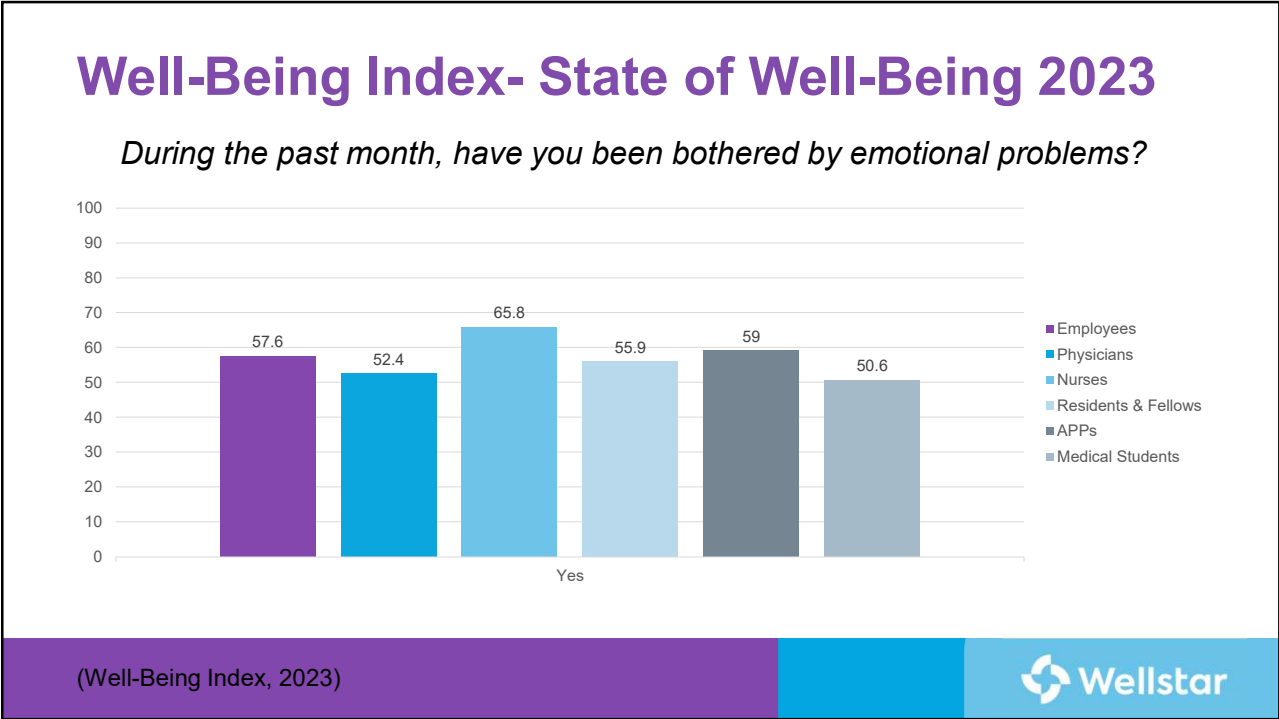
Well-Being Index- State of Well-Being 2023

During the past month, have you felt burned out from your work?



(Well-Being Index, 2023)

8



9

Our Stress Response: Fight-Flight-Freeze

Survival mechanism

- Alert to an internal or external threat
- Help get individual to safety

Stress hormones overwhelm the brain and body

- **Fight-Flight:** Epinephrine (adrenaline), Norepinephrine, Cortisol
- **Freeze:** Acetylcholine

Stress impacts us in a variety of ways

- **Physically:** Elevated heart rate, quick shallow breathing, cold extremities
- **Behaviorally:** Changes to sleep, eating, and personal hygiene habits; self-medication
- **Cognitively:** Racing thoughts, poor focus, pessimism
- **Emotionally:** Mood lability, anger, irritability, feeling overwhelmed

10

Not All Stress Responses Are Created Equal

Stress response is a common and normal reaction to stressful situations

- Fear, sadness, and anxiety/stress are natural and appropriate emotional responses

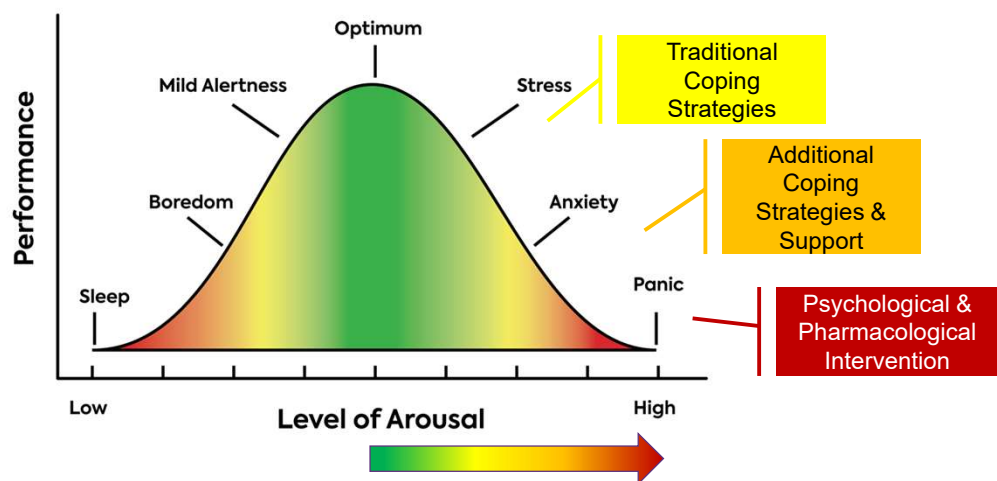
Intensity of the stress response can range from mild to the more severe and problematic, and can be impacted by a number of factors

- Situational factors: What happened, unexpected, proximity
- Personal factors: Personal resiliency, perception of the situation, level of arousal



11

Not All Stress Responses Are Created Equal



Yerkes-Dodson Law (1908)



12

Traumatic Event \neq Psychological Diagnosis (Depression, Anxiety, PTSD)

- 89.7% of Americans will experience a traumatic event during their lifetime
- 8.3% will develop PTSD; 13.5% of Healthcare Workers

(Kilpatrick et al (2013); APA (2013))

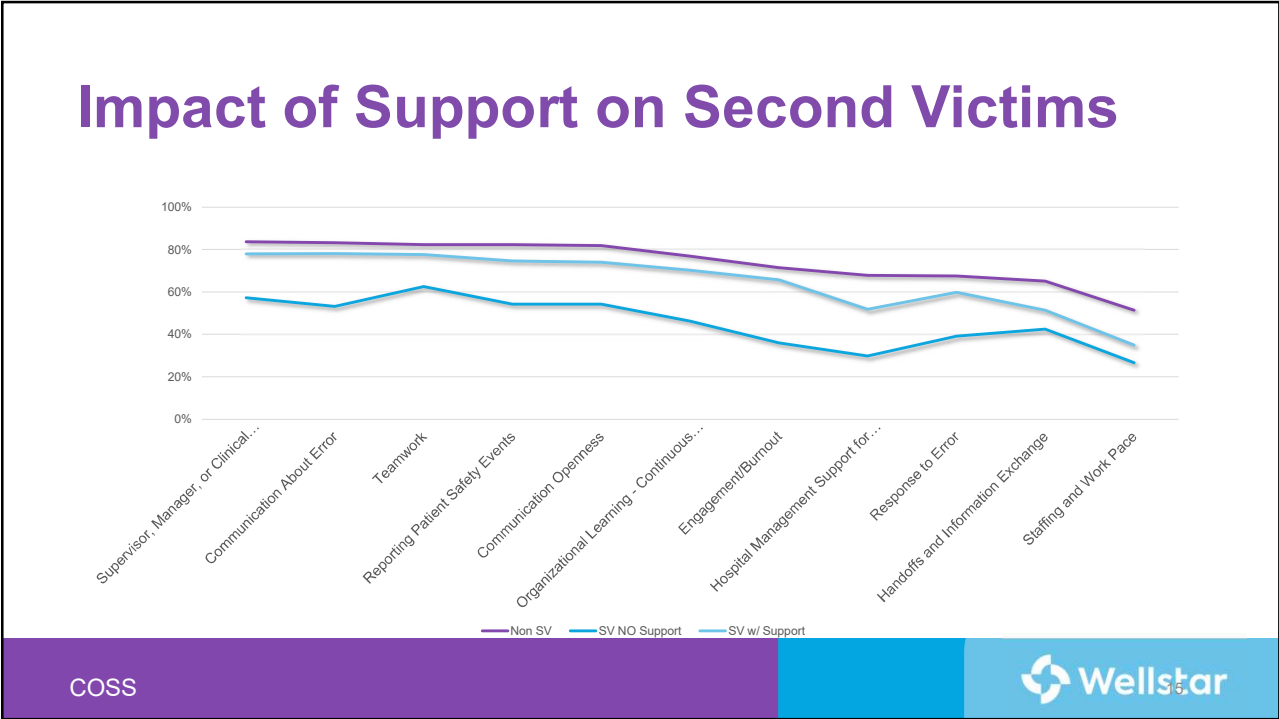
13

Minimizing the Psychological Impact of Critical Incidents?

Early intervention following critical incidents and crisis events can:

- Be instrumental in minimizing the impact of acute stress in the moments following the event
- Can help mitigate the development of a more chronic and detrimental level of burnout and emotional distress

14



15

Wellstar Cares Conceptual Beginnings

- **Traditional Mental Health and Well-Being Culture in Healthcare (and other first-responders)**
 - Culture of Silence
 - Needing Help is a Weakness
 - Little to no mental / emotional support for staff
 - Stigma attached to mental / emotional support
- **Previously Available Infrastructure at Wellstar**
 - Resiliency & Well-being (est. due to pandemic-related distress)
 - Spiritual Health
 - Employee Wellness
 - Employee Assistance Program (EAP)
 - (Not Attached to EP)

16



Wellstar Cares Program Goals

- Brainchild of Tim Tull, MBA, EM-PDS, *(then)* Executive Director System Emergency Preparedness
- Develop a cooperative working environment among all departments related to staff support:
 - Emergency Preparedness
 - Resiliency & Well-being (now Office of Clinician Well-Being)
 - Integrative Health
 - Spiritual Health
 - Employee Wellness
 - Employee Assistance Program
- Increase visibility and accessibility of staff support programs
- Destigmatize staff use of emotional / mental support

17

Essential Elements of Trauma Intervention

(Hobfall et al (2007))

Promote a sense of:

1. **Safety**
 - Work with facility leadership and Emergency Preparedness to establish safety
 - Permission to participate in the supportive opportunities
 - Expectations for privacy
2. **Calm**
 - Environment of calm
 - Care items
 - De-escalating the stress response
3. **Personal efficacy**
 - Review "what went well"
 - Reinforcement of adaptive personal coping strategies
 - Empower individuals to seek additional support
4. **Social connection**
 - Meeting in groups to provide sense of shared experience
 - Encourage ongoing check-ins with peers
 - Connecting to personal support systems
5. **Hope**
 - What are lessons learned to improve future critical incident response
 - What are they looking forward to

18

What Is “Cares”?

Cares Support Departments

Use this chart to guide you or your team to the right resources at the right time

	Spiritual Health	Employee Wellness	Spring Health (EAP)	OnSite Spring Health Care Navigators	Ethics	Cares Support/Activation
Individual Crisis Support	●		●	●		
Team Crisis Support			●			●
De-escalation						●
De-briefing						●
Grief Support			●	●		●
Moral Injury					●	
Morale Boosting/Team Building		●				
Mental/Emotional Mental Health Support			●	●		
Well-Being Rounding		●				


Definitions

- Individual Crisis Support:** When an individual team member needs immediate help during a crisis for personal or professional reasons.
- Team Crisis Support:** When a traumatic event occurs impacting the team.
- De-escalation:** Intended to mitigate severe distress levels that are impacting the team member's ability to function optimally, both personally and professionally, following a critical or high distress incident.
- De-briefing:** A meeting that affords team members an opportunity to come together and share their emotional reaction or thoughts about a critical or high distress incident. De-briefs can include exploring needs for supportive resources as well as opportunities to discuss how to coordinate support for future critical instances.
- Moral Distress Conversations:** Moral Distress is the experience of negative emotions that occur because of an ethical or moral issue. These conversations create a safe space for team members to share their experiences, hear the moral perspectives of others, and feel better equipped to handle moral situations in the future.
- Well-Being Rounding:** Scheduled rounding from employee wellness offering the leader and team on-going support and resources after an Initial Cares activation.
- Grief Support:** Grief is the experience one has in response to a loss, or subsequent to a traumatic event and includes strong, sometimes overwhelming emotion. Grief is a natural response and both a universal and personal experience, while there are similarities in how individuals grieve, there is no "right way" to grieve. You cannot speed up grief, and cannot fix it for others, you can support individuals through grief.
- Morale Boosting/Team Building:** Scheduled team building with employee wellness to boost morale and team cohesiveness following a crisis or traumatic event.
- Mental/Emotional Mental Health Support:** Just like exercising regularly or going to the doctor for an annual checkup, prioritizing your mental wellness supports your overall health. Activate your Spring Health account to receive up to six free therapy sessions annually and monitor your mental and emotional well-being.

19

How Does It Work?

1. RESPOND TO REQUEST
2. ASSESS NEED
3. TRIAGE TO DETERMINE APPROPRIATE RESPONSE
4. DEPLOY INDIVIDUAL OR TEAM
5. COMMUNICATE RESPONSE TO LEADERSHIP
6. SUPPORT THOSE REQUESTING CARE
7. DOCUMENT AND REFLECT ON LEARNING FROM ENCOUNTER



20

Steps For Developing A Program & Lessons Learned

- Leadership and Organizational Support And Engagement Is Vital
 - Organization and Local Level Support
 - Make it a business case
 - Determine whether team will be internal or external
 - Department of Public Health
 - International Critical Incident Stress Foundation (ICISF.org)
- Make the Process Simple and Streamlined
 - Work with Support team and stakeholders to determine most effective and efficient process flows
 - Embed support into current processes
- Marketing Service
 - Make sure people know how to reach out to request support



21

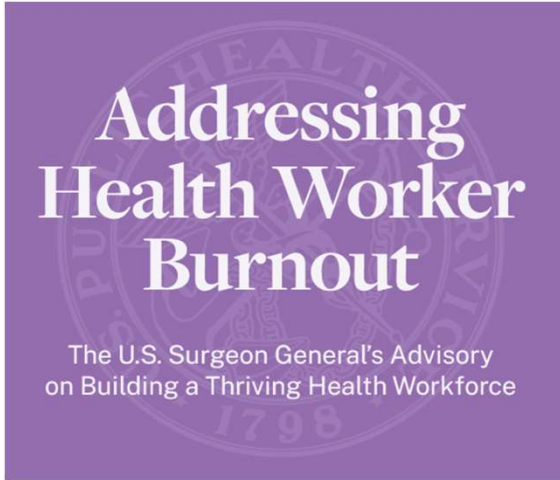
Steps For Developing A Program & Lessons Learned

- Tracking
 - Make it meaningful
 - Make it count
- Recruit, Recruit, Recruit
 - Who are the key individuals or groups in your organization that can respond/support a response or make meaningful contributions?
- Get Trained
 - Identify which crisis support model you want to use
 - Critical Incident Stress Management, Stress First Aid, Psychological First Aid, Cognitive Behavioral Strategies (Need Mental Health clinicians)
 - The training never stops: initial training, booster trainings, annual updates, role play
- Evolve



22

U.S. Surgeon General’s Report



Even before the COVID-19 pandemic, the National Academy of Medicine found that **burnout** had reached “crisis levels” among the U.S. health workforce, with 35-54% of nurses and physicians and 45-60% of medical students and residents reporting symptoms of burnout.⁴ **Burnout** is an occupational syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism), and a low sense of personal accomplishment at work. People in any profession can experience burnout, yet it is especially worrisome among health workers given the potential impacts on our health care system and therefore, our collective health and well-being. Burnout is associated with risk of mental health challenges, such as anxiety and depression—however, burnout is not an individual mental health diagnosis. While addressing burnout may include individual-level support, burnout is a distinct workplace phenomenon that primarily calls for a prioritization of systems-oriented, organizational-level solutions.

23

The Organizational Consequences of Trauma

- ↓ Productivity
- ↑ Absenteeism
- ↑ Stress-related disability
- ↓ Job-satisfaction
- ↑ Medical Error
- ↑ Burnout
- ↑ Turnover

(Caine & Ter-Bagdasarian, 2003)



24

Cost of Turnover

AMA

- Cost of turnover for a physician:
 - 2-3x annual salary per physician
 - \$500K-\$1 million

Sullivan Cotter- 2023 APP Compensation and Productivity Survey

- Cost of turnover of APP
 - \$94,000-\$132,000
 - 2022 turnover rate: CRNA- 12%, NP- 12.4%, PA- 18.5%

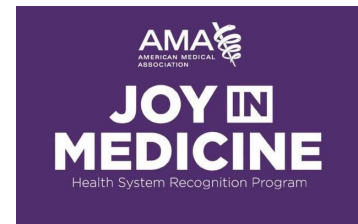
2022 National Health Care Retention & RN Staffing Report (NSI)

- Cost of turnover for a bedside RN:
 - range: \$33,900 - \$58,300 (average: \$46,100)
- RN Turnover Rate: 27.1%



25

Hospital Recognition Programs



26

Questions & Discussion

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27

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28