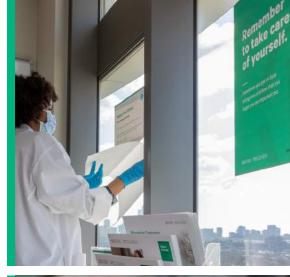
# **ORUSH** | WELLNESS

# Creating Wellness in a Pandemic:

A Practical Toolkit for Health Systems Responding to COVID-19







#### Creating Wellness in a Pandemic:

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#### Developed by:

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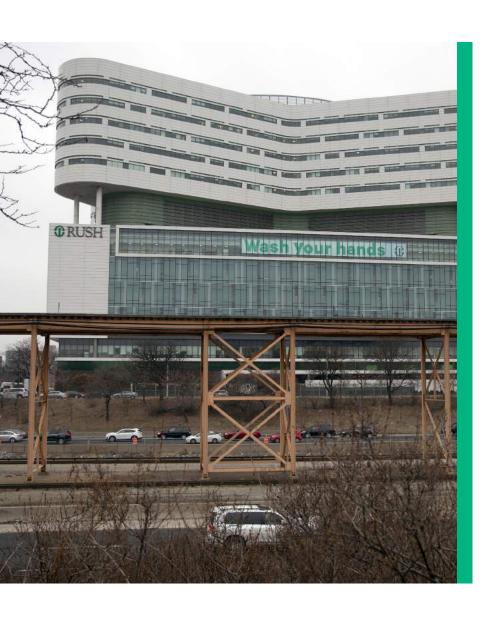
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#### Step

# 1 Why



# **Background**

Rush University System for Health is an academic health system in Chicago; comprised of Rush University Medical Center (RUMC), Rush

University, Rush Copley Medical Center and Rush Oak Park Hospital, as well as numerous outpatient care facilities. As a leader in the Illinois COVID-19 response, during the first eight weeks of the pandemic we treated more than 20 percent of vented patients COVID-19 patients in the state.

Rush has been uniquely organized during the COVID-19 pandemic, recognized locally as the "bellwether hospital" of Chicago¹. Suzet McKinney, chief executive officer and executive director, of the Illinois Medical District recognized Rush's unique role, "If Rush becomes overwhelmed, it's a bad sign. If Rush is overwhelmed, so are many, many other places not just in the city, but in the state." A critical element to Rush's organized response and early success has been an innovative and proactive approach to problem solving; including as the first major academic medical center in the area to stand up a devoted, 24/7 COVID-19 command center, early innovation in adapting advanced forward triage of suspected patients through the emergency department ambulance bay, and the novel use of widespread, contactless thermal temperature scanners at all major points of entry. This level of innovation extended to the early mobilization of wellness mitigation strategies. The formation and description of these strategies are described in the following pages.

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<sup>1 &</sup>quot;Coronavirus in Chicago: Go inside Rush hospital, built for a pandemic." Chicago Tribune. 2020.

#### Step

# 2 How

### **Development**

pandemic, the Office of the Chief Wellness Officer commissioned a special Wellness Task Force devoted to coordinating the institution's efforts, as part of the overarching command center structure. Initial task force meetings sought to ensure that the appropriate departmental representation had been established, prior to forming programmatic aims. Representation on the Wellness Task Force included the Office of the Chief Wellness Officer; Department of Religion, Health and Human Values; Social Work and Community Health; Division of Nursing; and the Department of Psychiatry and Behavioral Sciences.

The task force utilized its collective expertise to set up four key mitigation tactics to reinforce staff wellness throughout the crisis: Wellness Rounds; Wellness Consult Service; Wellness Plus, an advanced mental health intervention program; and a central Wellness Resource Hub with wellness rooms on frontline floors. These interventions are in addition to an existing, comprehensive wellness initiative that includes free counseling support available to all employees and students 24/7, with mobile-accessible, video-conferencing capabilities.

A primary outcome of the Wellness Task Force was the creation of an advanced, interdisciplinary Wellness Response Team to serve as the primary workforce supporting the COVID-19 response efforts. Volunteers and redeployed staff from each of the task force departments were recruited for participation; yielding some 20 to 30 individuals with consistent availability in total, and the availability to scale this number up by as much as 50 percent or more, if necessary.

Two operational leads were designated to develop consistent staffing ratios and schedules, as well as to ensure quality control for the training and on-boarding of new Wellness Response Team members. Each team member was given a resource toolkit that included an algorithm for triage and assessment of employees in need; an escalation pathway for rare, but serious scenarios; as well as a list of all available institutional wellness resources for encouraging staff use. To ensure ease of communication among the group and to provide rapid responses to emerging issues, all Wellness Response Team members were given access to the Webex Teams platform. This portal functions as the primary tool for quick group discussions, notifications and regular updates following Wellness Rounds.

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#### Step

# 3 What



# **Implementation**

The resources outlined below were created to promote mental health and wellness for staff during the COVID-19 pandemic.

- Wellness Rounds
- Wellness Consult Service
- Wellness Plus
- Wellness Resource Hub / Wellness Rooms

#### **Wellness Rounds**



Wellness Rounds represent a unique and proactive approach to staff engagement and well-being, at a time of heightened levels of anxiety and concern.

While many institutions have initiated some method of increased rounding from administrative leadership or mental health providers, the distinction with this approach is its formal structure, its consistency, its interdisciplinary composition, and its empowerment of the group to address immediate issues through a real-time feedback loop with the highest levels of organizational leadership. These characteristics, the final point in particular, create a dynamic and agile framework for organizational decision making during an unprecedented period in healthcare, where rapid insights from the front lines are paramount.

Members of the Wellness Response Team were divided into unit-specific teams targeting areas of the medical center with the heaviest COVID-19 clinical burden, including the emergency department, the existing medical and cardiac intensive care units, and novel ICU floors that were launched in response to the pandemic. Five standing teams exist, with an additional flex team that covers general medical floors and emerging hot spots previously unidentified. Additionally, a night team covers all floors on the wellness census three times a week, from 10 p.m. to midnight.

physician leader psychologist nurse chaplain social worker

Wellness Response Team

Each team is composed of five primary roles: a physician leader (typically a psychiatrist), a psychologist, a nurse (often a psychiatric nurse liaison), a chaplain and a social worker. These teams are devoted to their units and round exclusively on those locations each day, at the same time of day. This level of consistency was intentional in order to create familiarity and a sense of rapport with the clinical teams. Wellness Response Team members are preferentially assigned to floors where they have preexisting relationships, promoting rapid assimilation into the units and thereby taking advantage of existing institutional knowledge and connections.

While the staffing structure is heavily weighted with mental health professionals, the focus is on wellness – articulated through an emphasis on self-care, encouragement and reflection ("How are you today? How is your wellness?") – and not on the identification of mental health pathology. The teams are trained to triage their experiences with frontline staff and escalate circumstances, where merited, through our Wellness Plus initiative.

In addition to directly supporting and encouraging staff, these teams provide immediate, critical feedback from Wellness Rounds to hospital leadership regarding emerging issues that staff are facing,

including recent leadership decisions, personal protective equipment (PPE) changes, clinical operations and administrative challenges. This central connection between hospital leadership and the Wellness Response Team provide these groups with additional legitimacy; particularly as the frontline staff see previously expressed concerns rapidly addressed. Finally, Wellness Rounds provide an infrastructure where executive leaders (vice president and above) can join an existing structure devoted entirely to staff well-being, facilitating immediate feedback, improved communication and demonstrating a significant showing of support.



**Best Practice:** 

Identify an Executive Sponsor

Above: K. Ranga Krishnan, MB, ChB, chief executive officer, Rush University System for Health; Bryant Adibe, MD, chief wellness officer and Eve Poczatek, director of strategic initiatives, Office of the Chief Wellness Officer huddle before Wellness Rounds.

# Identifying an executive sponsor early can accelerate wellness initiatives and their cultural adoption.

This sponsor should be someone at the senior leadership level who can serve as an intermediary communicator between executive leadership and the wellness response team. Having this direct line of communication is imperative to ensure an agile organizational response along with empowering the wellness response team to directly address ongoing issues as they emerge. The executive sponsor also plays a key role in supporting team cohesion, motivation and purpose in line with organizational directives.

#### **Wellness Rounds**

### Case Study Vignette:

#### **Daily Huddles**

Each weekday at 2:30 p.m., the Rush Wellness Response Team meets for a huddle to discuss the state of their assigned units. Led by the Chief Wellness Officer, the huddle begins with an update from the Rush Command Center, highlighting leadership response to issues like PPE, supplies or safety. Following, team members have an opportunity to voice staff concerns, questions and "wins" shared while on rounds. When the huddle breaks, the Wellness Response Team rounds on their assigned units, usually for one to two hours. Rush leadership, ranging from leaders of clinical departments to Community Health Equity and Engagement to the System CEO, join the huddle and rounds. After rounds are completed, the Chief Wellness Officer will share appropriate communication heard during the huddle or rounds with hospital leadership.

To engage Rush staff working from home and the student body, the Chief Wellness Officer hosts virtual wellness rounds or an interactive online town hall. This forum is an opportunity for staff members to engage leadership on topics top-of-mind to the remote worker, such as best practices working from home or promoting well-being in quarantine. During virtual wellness rounds, the Chief Wellness Officer encourages staff participation by hosting an interactive Q&A session as well as soliciting staff for their feedback on wellness topics.



View part of a Rush
Wellness Response Team
daily huddle.



### **Action Steps:**

- Recruit appropriate specialties to join your Wellness Response Team.
- **Establish** a consistent huddle and rounding schedule.
- **Align** team members on how to best offer support and encouragement to staff.
- Prepare responses to common questions related to major concerns (PPE, supplies, safety, etc.).
- **Launch** digital forums or "virtual wellness rounds" to promote well-being among staff and students working from home.

#### **Wellness Consult Service**



A consult service where any clinical unit or individual can connect directly with a member of the Wellness Response Team to perform an evaluation, triage and recommend resources for improving their mental health and well-being.

By establishing a wellness consult service – in line with the existing hospital consult apparatus (i.e., cardiology consult, GI consult) – organizations can normalize the concept of wellness by incorporating it more formally into the clinical environment; not as a distinct and separate adjunct, but as a primary and principal tool. Group sessions are available for entire units, departments or clinical teams in need. All consults are anonymous and never incorporated into a staff member's medical record.

The first step in launching this service was to identify a limited number of Wellness Response Team members, primarily physicians and advanced practice providers with expertise in rapid triage and assessment, who would hold the wellness pager. A consistent schedule, including nights and weekends, was established. Finally, an easy to remember pager number was established (2323) and promoted broadly to all employees.

### Case Study Vignette:

#### **Wellness Consult Service / Wellness Plus**

At Rush, the Wellness Consult Service provides both staff members and their managers the opportunity to immediately engage with the Wellness Response Team as issues escalate. Pages range from individuals seeking immediate counseling to managers looking for support to manage burnout or anxiety among their staff. One unit manager utilized the consult service to escalate her growing concern about a staff member struggling to maintain her professionalism. As the unit worked to adjust to the changing reality of the COVID-19 crisis, this staff member increasingly became antagonistic, and at times, belligerent with the unit manager and other employees. A member of the Wellness Response Team triaged the situation and recognized the need for an immediate evaluation through the Wellness Plus pathway (see next page). A psychiatrist was immediately deployed who identified an interruption in the individual's medication; this was promptly addressed, resulting in a significant improvement in well-being and morale for the unit leadership, the individual staff member and other members of the clinical team.





**Incorporate** a Wellness Consult Service into a framework that clinicians understand.



**Ask** charge nurses to add the wellness consult pager to the unit board available for a given shift.



**Familiarize** units with the service, using Wellness Rounds as a modality to promote its availability.



**Promote** anonymity to preemptively reassure staff members who may otherwise be reluctant to use the service.

#### **Wellness Plus**



In the course of engaging staff about their well-being, a limited number of cases will require additional, advanced support; this is referred to as Wellness Plus.

This is an immediate, targeted response to individual employees in a mental health crisis. Through a predetermined escalation algorithm, any member of the Wellness Response Team can trigger the Wellness Plus pathway. When triggered, the individual is escorted to one of the unit-level Wellness Rooms or the central Wellness Resource Hub (see next page) where an experienced clinician (typically a physician or other prescriber) completes a thorough mental health assessment, including identifying an immediate therapeutic intervention. To ensure appropriate follow up, these cases are then referred to the on-site social worker staffing the Wellness Resource Hub. To protect employee confidentiality, all consults are anonymous and never incorporated into an electronic health record without expressed consent, and only after referral to an outside institution has been made available.

Case Study Vignette: Wellness Plus (see previous page)

### **Action Steps:**

- Identify members of the Wellness
  Response Team trained to respond to
  a mental health crisis.
- **Develop** a robust escalation pathway and ensure standardization of training across all members of the team.
- Consider leveraging a limited number of Wellness Plus providers as principals responsible for covering the Wellness Consult Service.
- Promote anonymity to preemptively reassure staff members who may express concerns.

# Wellness Resource Hub / Wellness Rooms



Location(s) where any staff member can receive confidential, on-site counseling support, escape busy clinical areas, process their emotions and relax.

Managed by psychiatrists, psychologists and licensed social workers, staff members can initiate therapy and receive support. A 14-foot video projection of a waterfall along with soothing music and healthy snacks greet employees as they enter. The Wellness Resource Hub is available for dropins anytime from 8 a.m. to 8 p.m., Monday through Friday.

For frontline staff unable to leave the unit, a network of Wellness Rooms was launched throughout the medical center, with a special focus on high-volume COVID-19 intensive care units. Wellness Rooms include handwritten thank you cards from the community and supportive messaging encouraging healthcare heroes.

#### **Best Practice:**

# Providing Healthy Snacks

A simple yet powerful gesture to reinforce staff effort is to deliver free, healthy snacks and beverages during Wellness Rounds. Having fresh food and beverages on hand allows frontline staff to quickly recharge without compromising their nutritional health. Additionally, the consistent, brief pause provided by the delivery of healthy snacks and beverages is a daily moment staff can look forward to in their otherwise demanding workday.







# Wellness Resource Hub / Wellness Rooms

### Case Study Vignette:

#### **Wellness Resource Hub**

At Rush, a hub and spoke model was created to promote maximum impact across our main campus and broader hospital system. A central, easy-to-find location was critical to successful utilization of this room. The Rush Wellness Resource Hub (the hub) is located in the same building as many of our COVID units and is on the same level as the bridges connecting buildings, promoting easy wayfinding. Wellness Rooms (the spokes) are located in areas quickly accessible to frontline staff, particularly intensive care units with a high clinical load. Both the hub and spokes are regularly stocked with healthy snacks and water as well as materials encouraging staff to check-in with their mental state (self-care guides, reflective exercises) and outlining the wellness resources available at Rush.



## **Action Steps:**

- **Establish** a central, special location that any staff member can access.
- Open wellness rooms in any area with frontline staff, including ICUs and the emergency department, to promote respite for those who cannot easily leave the unit.
- Stock central location and rooms
  with healthy snacks and water,
  encouraging quotes, wellness
  resources and poster boards for
  venting difficult emotions and
  learning to cope more appropriately.

#### **Future Considerations**

To identify acute and chronic stress disorders (including post traumatic stress disorder), an advanced emotional well-being screening tool was developed. Originally designed for military personnel returning from deployment<sup>2</sup>, this tool has been adapted for health care workers on the frontlines of the COVID-19 pandemic. Future consideration includes exploring broad dissemination of the tool, with a special focus on clinical areas most directly impacted by the pandemic.

2 For more information, see the Rush Road Home Program (RoadHomeProgram.org)

# Appendix

# Wellness Response Team Onboarding

This appendix is an example of resources shared when onboarding Wellness Response Team (WRT) members. While this structure is intended to serve as a guide, new members are always advised to default to their professional judgment, particularly when evaluations for safety are indicated.

Staffing Ratios and Schedules

Triage Algorithms

Escalation Pathway



#### **Staffing Ratios and Schedules**

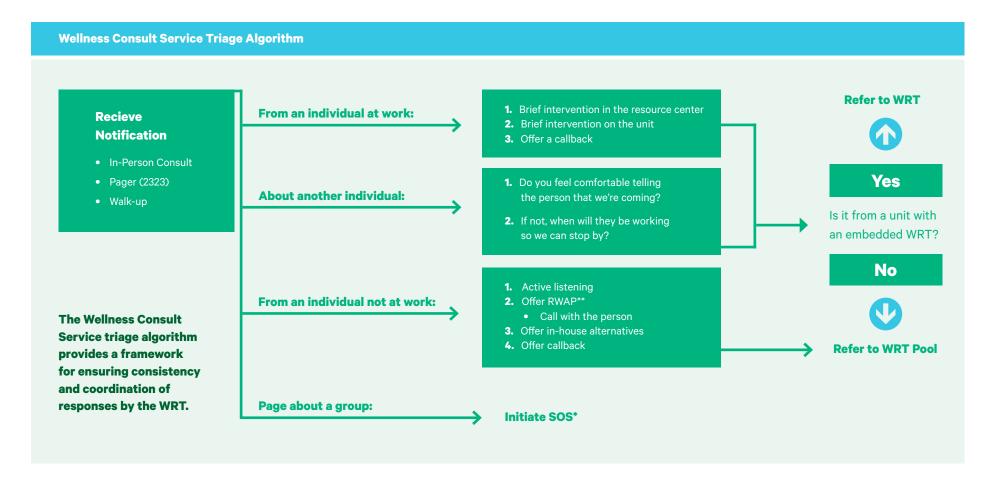
By developing staffing ratios and schedules, WRT set expectations for individual work flows and ensured consistent coverage of the Wellness Resource Hub (8 a.m. to 8 p.m.) and Wellness Rounds (2:30 p.m. weekdays; 10 p.m. nights).

Staffing models varied based on the anticipated needs of that service. For example, the Wellness Consult Service required mental health professionals trained in rapid triage and assessment in order to facilitate immediate responses to crises encountered by unit leaders and/or individual staff members. In contrast, walk-in assessments, follow-up/callback appointments and connecting community members to appropriate, available resources are largely managed by social workers.

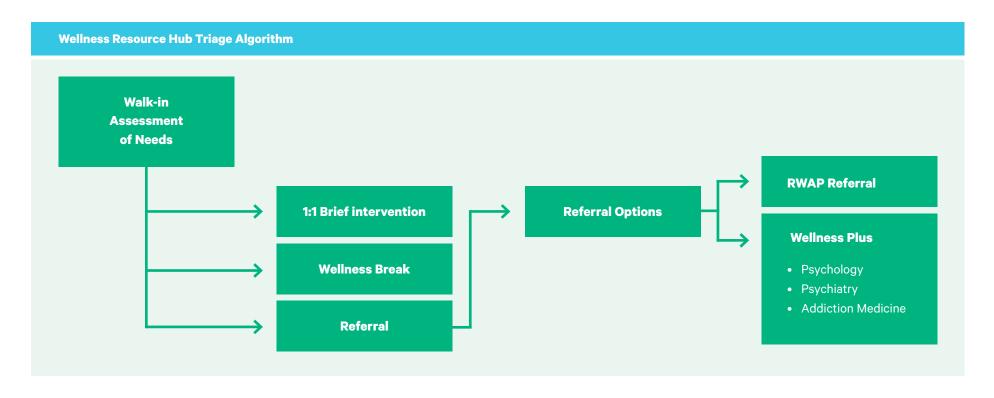
Wellness Resource Hub	Wellness Consult Service	Inpatient	Outpatient
Employee Walk-in Assessment of Need (8 a.m. to 8 p.m.)	Employee Referrals from Wellness Center or Consult Service	Wellness Rounds on Front-Line Employees Staffing:	Callbacks, Virtual Wellness Rounds for Furloughed or Work-from-home Employees and Students
Staffing:  • Licensed Clinical Social Worker  • Psychologist	<ul><li>Staffing:</li><li>Psychiatrists</li><li>Psychologists</li><li>Advanced Practice Provider</li></ul>	<ul> <li>Psychiatry</li> <li>Psychology</li> <li>Psychiatric Nurse Liason</li> <li>Mental Health Worker</li> <li>Chaplain</li> </ul>	Staffing:  • Licensed Clinical Social Worker  • Psychologist

The table above outlines the different scheduling and staffing models by service.

#### **Triage Algorithms**



<sup>\*</sup>Support Our Staff: a facilitated small group session, following a traumatic event. \*\*Rush Wellness Assistance Program: a 24/7 employee assistance program offering free short-term counseling support.



# The algorithms above demonstrate how this response varies depending on:

- 1. Nature of Interaction
- 2. Work Location
- 3. Urgency Conveyed

The Wellness Resource Hub triage algorithm provides a range of responses with which to engage staff members, considering not all walk-ins will necessarily want/need formal intervention. During onboarding, WRT members review how to approach walk-ins and to assess the nature of their visit. Should a visitor want a referral, but not require a brief intervention, WRT members refer them to the **Rush Wellness Assistance Program**, an employee assistance program which provides 24/7 counseling services. WRT members are provided a standard intake form to track visitor traffic as well as ensure appropriate follow-up as requested.

C

#### **Escalation Pathway**

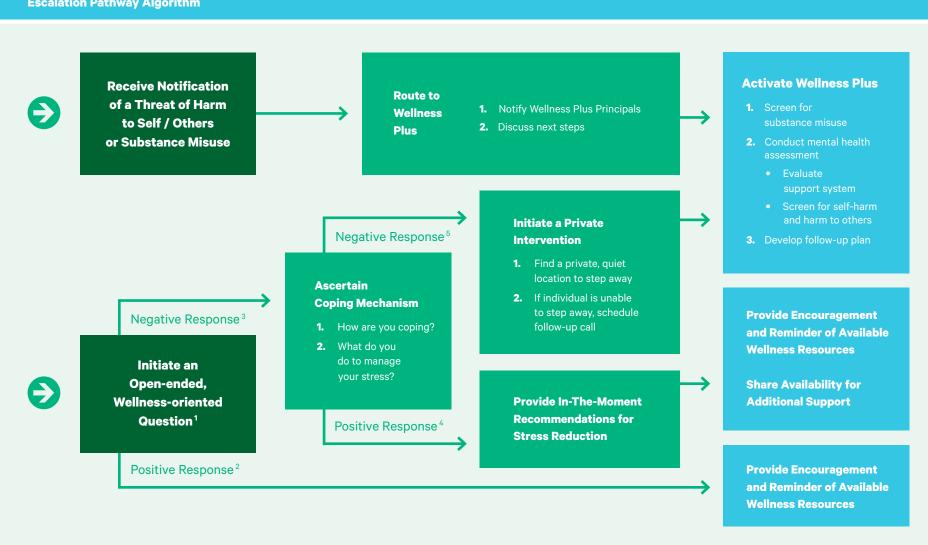
As mental health professionals, Wellness Response Team members are professionally trained to identify signs of personal crisis. Formal orientation on the Escalation Pathway algorithm both reinforces this training and ensures that all team members utilize identified referral pathways for fellow employees.

The algorithm on the next page is a scheme to ensure interactions are wellness oriented, while also providing an opportunity to quickly escalate mental health and substance use concerns.





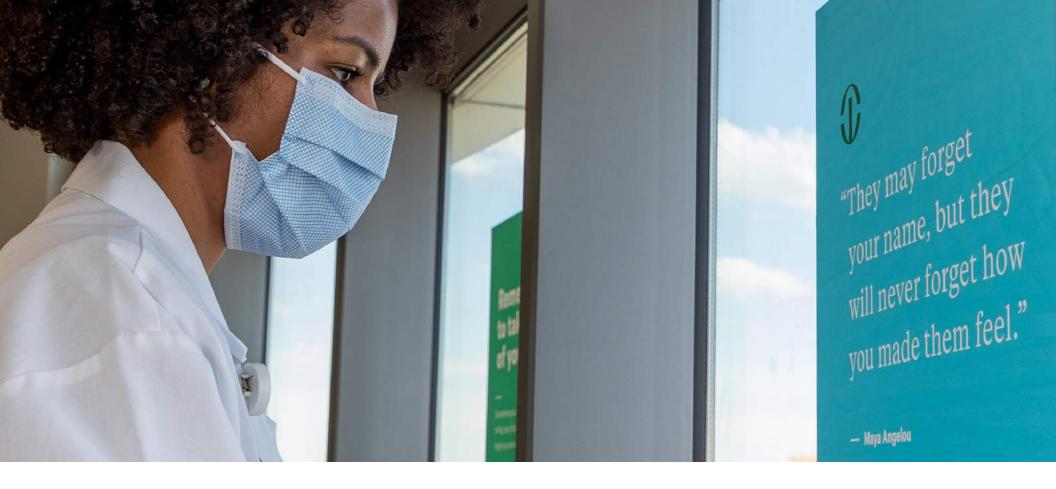
#### **Escalation Pathway Algorithm**



- Examples of open-ended, wellness-oriented question: How are you feeling today?
- 2. Examples of Positive Response:
- 3. Examples of Negative Response:
- 4. Examples of Positive Response:
  - a. Identification of a healthy coping mechanism -I've started exercising more regularly.
  - b. Support system in place -When I'm stressed, I speak to my spouse, friend, etc.
- 5. Examples of Negative Response:
  - a. Identification of an unhealthy coping mechanism -I'm fine as long as I get my martini. (Substance Use)
  - b. No support system in place -
  - c. No evidence of coping mechanism -I don't know what to do anymore.

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