Strategies to Strengthen Team Resilience

Presented by NETEC
We have no actual or potential conflict of interest in relation to this presentation.
Objectives

- Increase awareness of the emotional stressors in the caregiver role
- Inform healthcare workers about tools and strategies for addressing emotional stressors during the phases of the team preparedness
- Prepare health care workers for various responses based upon level of media coverage and social media exchanges
- Identify work related stressors and develop a plan for transitioning back to home units and/or standard work routine
Resilience

Resilience is the ability to prepare and plan for, absorb, recover from, and more successfully adapt to adverse events.

Characteristics of a Disaster Resilient Community. On behalf of the Interagency Group December 2009

- Resilient communities
- Assess risks and have a plan
- Anticipate change
- Work together
- Engage stakeholders
- Have clear goals
- Have leaders who commit to improvement and accountability

<table>
<thead>
<tr>
<th>Thematic Areas</th>
<th>Components of Resilience</th>
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<tbody>
<tr>
<td>1. Governance</td>
<td>• Policy, planning, priorities and political commitment</td>
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<td>• Legal and regulatory systems</td>
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<td>• Integration with development policies and planning</td>
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<td>• Integration with emergency response and recovery</td>
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<td>• Institutional mechanisms, capacities and structures; allocation of responsibilities</td>
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<td>• Partnerships</td>
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<td>• Accountability and community participation</td>
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<td>2. Risk Assessment</td>
<td>• Hazards/risk data and assessment</td>
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<td>• Vulnerability/capacity and impact data and assessment</td>
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<td>• Scientific and technical capacities and innovation</td>
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<td>3. Knowledge and Education</td>
<td>• Public awareness, knowledge and skills</td>
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<td>• Information management and sharing</td>
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<td>• Education and training</td>
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<td>• Cultures, attitudes, motivation</td>
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<td>• Learning and research</td>
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<td>4. Risk Management and Vulnerability Reduction</td>
<td>• Environmental and natural resource management</td>
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<td>• Health and well being</td>
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<td>• Sustainable livelihoods</td>
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<td>• Social protection</td>
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<td>• Financial instruments</td>
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<td>• Physical protection; structural and technical measures</td>
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<td>• Planning régimes</td>
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<tr>
<td>5. Disaster Preparedness and Response</td>
<td>• Organizational capacities and coordination</td>
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<td>• Early warning systems</td>
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<td>• Preparedness and contingency planning</td>
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<td>• Emergency resources and infrastructure</td>
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<td>• Emergency response and recovery</td>
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<td>• Participation, voluntarism, accountability</td>
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<td>Stressors</td>
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<td>Fears about communicable diseases</td>
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<td>Concerns about self infection</td>
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<td>Concerns about infecting family members</td>
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<td>Intensity of the work – public scrutiny, PPE, unique protocols, different equipment</td>
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<td>Letting down team members</td>
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<td>Potential burnout depending upon length of stay</td>
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Team Emotional Stressors

Stressors
- Unique team dynamics
- Anxiety about care of patient(s)
- Intensity of the work – management of specific tasks
- Worrying about doing something wrong
- Letting down team members
Pre-Activation:
Recruiting, Training and Sustaining Preparedness
Integrating New Team Members

1:1 information sessions with potential team members prior to the formal interview process
- Discuss roles, expectations, responsibilities, challenges and rewards
- Discuss motivating factors that contribute to their pursuit of these high risk assignments

Implement a mentoring program
- Pair newer staff with more experienced staff if available
- If all staff are new create a “buddy” system
Preparing Leadership

- Recruit senior leaders to meet with HCWs to communicate the organizational commitment to the biocontainment unit team.
- Offer leadership training to supervisors to ensure that they have the skills needed to build and maintain a healthy work culture.
Preparing Self

- Create a family/work solution plan in advance
- Examine feelings about providing care to a healthcare professional
  - Consider they may have a strong commitment to a developing country with differing cultural values from you
- Plan for needs and considerations related to treatment of a pediatric patient
- Identify team outliers that will be involved in an activation (i.e., leadership, site managers, lab personnel, EVS, supporting departments) and their roles with unit.
Preparing Team Families

Host a family day
- Tour the care area
- “Show and tell” specialized equipment e.g. PPE

Encourage families to develop a “family plan”
- Carpooling, grocery shopping and meal preparation

Coordinate an annual team family outing or picnic
- Provides family members an opportunity to develop relationships
- May help to reduce the isolation they may feel during an activation
Creating a team culture of safety

Incorporate resiliency strategies into required training

- Invite Behavioral Health to be present for exercises & drills
  - Example: “mindfulness meditation, relaxation strategies, deep breathing techniques, cognitive restructuring”

Encourage staff to ask difficult questions

Be transparent with information
Team Bonding

Include team building activities into team training

- Survivor games
- Lego building SOP activity

Create opportunities for team bonding and educational delivery

- Staff meetings with guest speakers
- Movie nights
- Journal club
Team

Activation
Receiving the call

- Facing the reality of the assignment
- Responses of experienced staff
- Responses of new staff
- Recognition of team dynamics that will emerge with activation

Examine potential negative responses from impacted home unit team members:

- Anxious
- Angry
- Fearful
- Surprise
- Sad
- Overwhelmed
- Doubtful
- Concerned
## Potential Staff Challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Isolation from family</th>
<th>Challenges</th>
<th>Sense of loss of control</th>
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<td>Challenges</td>
<td>Fatigue-limited rest time</td>
<td>Challenges</td>
<td>Feeling misunderstood</td>
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<td>Challenges</td>
<td>Self-doubt</td>
<td>Challenges</td>
<td>Re-entry stress at home</td>
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<td>Challenges</td>
<td>Concerns for safety of family and friends</td>
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<td>Challenges</td>
<td>Stigmatization or lack of appreciation</td>
<td>Challenges</td>
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<td>Challenges</td>
<td>Fear of contracting illness-ongoing monitoring during the activation period</td>
<td>Challenges</td>
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Similar feelings emerge for the patient and the healthcare worker during the hospital stay.

Acknowledge individual values and their impact on your role as a caregiver.
• Utilizing skills previously only practiced in simulation
• Shift from high volume acute care cases to dedicated service for 1 – 2 patients
• Connecting to the very ill patient(s)
• Patient’s mixture of emotions will impact the caregivers and vice versa
• Patient will experience reality of their health status and circumstances
• Adjustment to the pace of the work
• Patient’s recognition of mortality
• Patient’s survivor guilt
• Caregiver’s guilt feelings due to access to preventive resources to stay exposure-free which was not available to the patient.
Supporting the Team

- Implement daily Team Huddles
  - In person
  - Via secure email
  - Keep record of minutes on unit for team review
- Arrange for nutrition and hydration
  - Meals & Snacks
- Arrange debriefing sessions when critical incidents occur
  - Engage behavioral health to help facilitate
- Alert staff family members to the possibility of media interest in unit activations
  - Discuss potential consequences of sharing information with friends, employers, colleagues and community contacts
- Integrate behavioral health team members into daily shifts
  - Available at staff rotation times
  - Available in Incident Command Center
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<th>Team/Organizational Dynamics</th>
<th>Relational/Familial</th>
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<td>• Host regular stress breaks and team building sessions</td>
<td>• Don't isolate yourself</td>
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<td>• Control rumors</td>
<td>• Empower family members with information</td>
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<td>• Create opportunities for safe, open discussions</td>
<td>• Share emotional concerns with peers</td>
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<td>• Create quiet space to reenergize</td>
<td>• Access Behavioral health professional</td>
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<tr>
<td>• Promote a “spirit of caring”</td>
<td>• Resources for family members</td>
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Management of Emotional Stressors: Tools and Strategies (continued...)

**Affective and Cognitive**
- Knowledge is Power
- Attend regular trainings
- Ask questions
- Avoid excessive media reports
- Compassion fatigue

**Behavioral**
- Healthy eating and sleeping
- Physical activity
- Take breaks
- Treat yourself
- Self-care & Wellness activities
- Journal and affirmations
- Stress Management
Supporting the Patient's Family

Responding to the mixture of feelings they display:

- Based upon restricted access and contact with patient on the unit – fear, anxiety, sadness, etc.
- Loss of control

Information Sharing

- Explaining the situation
- Supporting family members who may not be able to visit
- Consider tele-health capabilities
- Help them deal with other family members, the media and social media exchanges
End of Activation
Patient Discharge or Death

Unexpected reactions and responses:

- Increased intimacy with 1 – 2 patients can impact emotional pulls to comfort the patient(s)
- Patient may have varied reactions to the emotional intimacy with caregivers
- Getting ready for discharge: fear of the unknown symptom, anticipatory anxiety, hypervigilant of getting sick again, etc
- Other symptoms and maladies may be life-long
- Patient gets worse and expires
Provide opportunities for facilitated team debriefing sessions
  • Discharge
  • Death

Schedule family debriefing sessions
  • Enhance knowledge
  • Respond to inquiries and promote family resilience

Debrief
1. What went well?
2. What could’ve gone better?
3. What new knowledge or skills do we need to develop?
Patient and Family Support

Discharge

- Follow up care
- Ongoing contact
- Research opportunities
- Academic collaborations
Death

- Religious belief accommodations
- Memorial service
- Ashes
- Belongings
Media Coverage

- Manage the exposure to the mainstream media coverage
- Remember the impact of social media
- Rely on the power and information from institution including leadership and team
Recovery Phase
Returning to Standby

Managing the reactions of staff members who were not activated

Managing the reactions of family members as the family returns to normalcy

Managing one’s own reactions

THE

NEW NORMAL
Occupational Health: Team Screening and Monitoring
Employee Screening

Pre-Hire Physical

- Comprehensive Health Screening
- Comprehensive health history and brief physical
- Identify potential health risks
- Evaluate tolerance to work conditions while wearing a PAPR and/or N-95 mask
  - Consider PFT
- Work clearance notification sent to Highly Infectious Disease unit manager for review
Implement an employee monitoring process which provides:

- Twice daily temperature and symptom reviews are completed with 100% compliance.
- An electronic reporting system to make compliance easier for the HCW’s and the case management more manageable.
- Methods to reach and communicate with Occupational Health Services at all times.
- Creation of a culture of trust so that HCW’s are forthcoming with any possible breach in PPE or hazard experienced, no matter how minor the incident.

Management may differ by institution.

Local Health Departments may perform the HCW monitoring for you but there should be an escalation process that is clearly defined for non-compliant HCWs.
Direct Health Care Provider (including Lab Personnel and Anyone Managing the Waste Stream) Symptom Questionnaire (EVD)

Name__________________________________________________________

Employee ID #____________________________________________________

Date___________________ Time ____________

Cell phone number (best contact #) ________________________________

Temperature: ____________° C/F   If yes, onset and duration

Nausea/Vomiting:

Diarrhea:

Headache:

Joint or Muscle Aches, or both:

Stomach Pain:

Lack of Appetite:

Weakness:
Leveraging Technology
EVD Monitoring Tool Best Practices

- **Electronic**
- **Confidential**

- Ease of Use - Access from Smart Phone
- Queries to pull data quickly
- Email Alerts for any “yes” symptom or temperature recording of 100 F or higher
“We can fear, or we can care.”

Susan Mitchell Grant, RN, chief nurse for Emory Healthcare, Washington Post, August 6, 2014
Questions ?