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The COVID-19 Aftermath: Team Building and Responding to Trauma

Dr. Robert Figlerski

Director of Behavioral Health Services, Mid-Atlantic Region

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Practice
made
perfect™



Our philosophy is as simple as our goal is singular:
We believe better experiences for our physicians lead to better outcomes –
for patients, hospital and post-acute facility partners, and physicians alike.

We believe that if we have the best, brightest, and most engaged clinicians on our
team, hospitals, and post-acute facilities will continue to choose TeamHealth because
they too want the highest quality clinicians on their team.

TEAMHealth®



Leadership and the Challenge

Conceptualizing the Challenge for Staff

- Marathon versus Sprint
- Adjusting to new routine and challenges
- The heroic nature of their work and that it has meaning



Sustainable Leadership

- Identify challenges (immediate, mid-term, and long term)
- Delegate - don't dump
- Be visible - rally your staff
- Monitor and set the direction, let your staff deal with details
- Avoid complicated responses. Keep things as simple and direct as possible
- Be Present
- Be Engaged
- Communicate
- Appreciate

Cultivating Calm and Focus

- Are the expectations you put on your staff achievable?
- Set goals and ask what staff need to be successful
- Create manageable challenges; small batches as opposed to flooding. The sheer volume of work can become demoralizing
- Work to help staff feel successful
- Guide staff to be present and focused on the person in front of them; Multiple responsibilities versus multitasking



Practical Suggestions

- Don't over rely on just a few key people. Develop a talent pool
- Teach / encourage your team to delegate
- Schedule relief periods
- Establish a new definition of a "Good Job"
- Do regular appreciation tours of your facility to acknowledge the work of direct care staff. Bring them positive news.
- People can lose perspective; Help them keep it



Best Practices to Foster Among Staff

- Kindness and compassion toward residents, staff, and families
- Present challenges and responsibilities with confidence and optimism
- Recognize your own strengths and weaknesses
- Recognize what you can and can't control; Help other do the same
- Focus on consistency of best practices
- Develop a Mission Statement with your team to help guide your current efforts



Burnout and Consequences for the Individual and Workforce

Experience

- Feeling detached / Numb
- Overwhelmed / Inadequate
- Isolated / Alone
- Angry / Cynical
- Exhausted

Unraveling Workforce

- Depression / Anxiety
- Absenteeism / Resignations
- Anger / Conflict
- Errors
- State of despair
- Substance abuse
- Suicide

'I feel defeated': A nurse details the unrelenting pressures of the frontlines

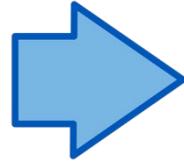
As coronavirus cases in Maryland increase, photographer and nurse Rosem Morton shares her frustrations, fears, and coping strategies.

Read in National Geographic: <https://apple.news/ALQCTsuHIRs-JJWnqiLA5Uw>

Addressing Anger

Factors Contributing to Anger

- Feeling powerless
- Perceiving you are under appreciated and taken for granted
- Fatigue
- Poorly supported



Your Response

- Be aware of your demeanor and tone
- Validate concerns
- Accurate feedback
- Avoid defensiveness
- Remember listening is not agreeing



Trauma and Death

Practical Definition of PTSD

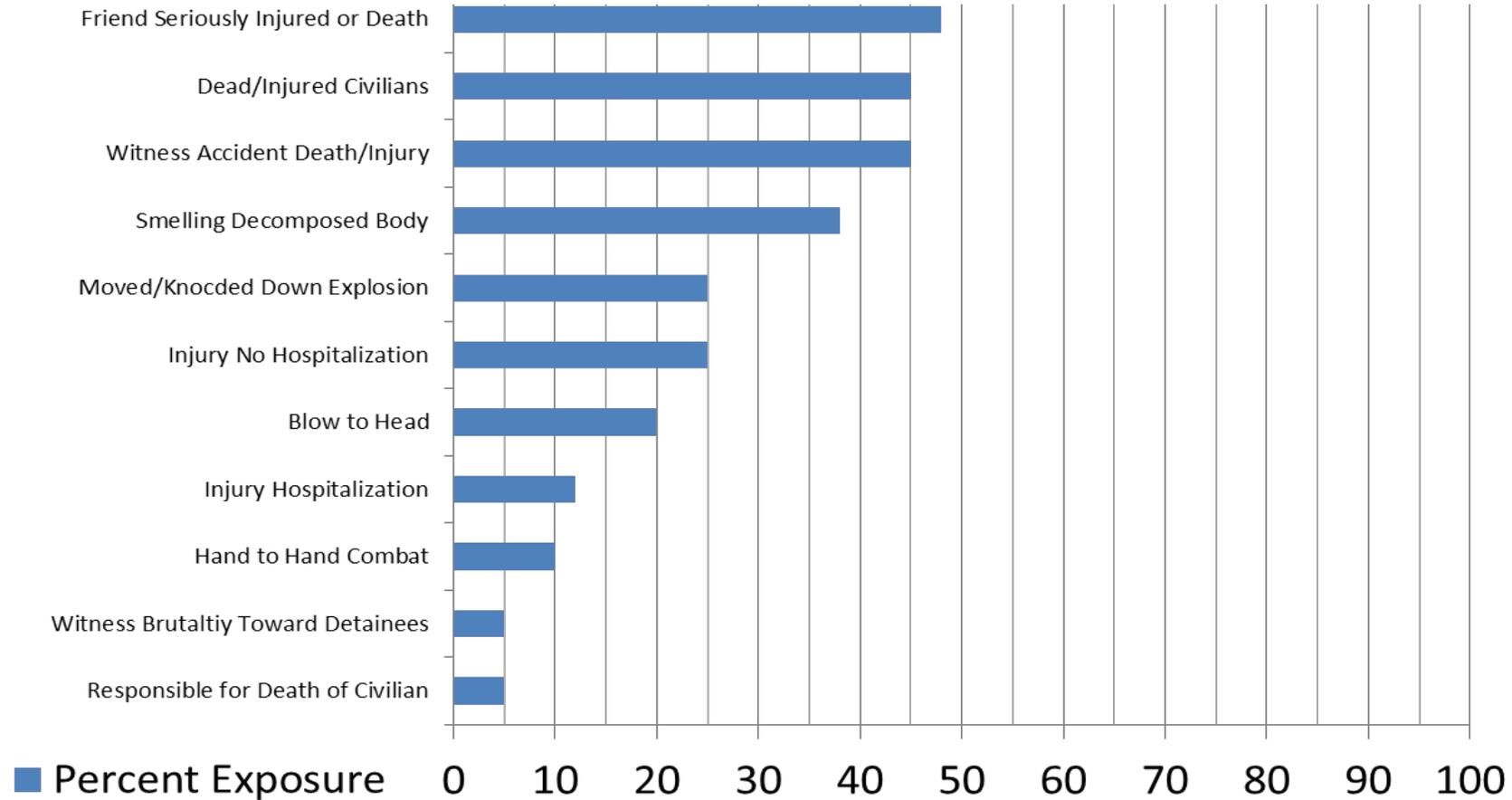
- Prolonged emotional, cognitive, and behavioral dysfunction due to having experienced an extreme stressor or stressors.
- Differs from common stress experiences in three major ways:
 1. Duration of distress
 2. Pervasiveness of impact on one's overall functioning
 3. The alteration of one's self-view



Stressors Leading to PTSD

- Warfare exposure
- Criminal assault
- Violent physical/sexual attack
- Witnessing violent attack on parents of significant others
- Witness parental suicide
- House fire
- Earthquakes, floods, tornadoes, hurricanes, tsunamis
- Child physical abuse
- Child sexual abuse
- Life threatening diagnosis
- Secondary or vicarious trauma

Trauma Exposure Reported by OEF/OIF* Service Members



*Operation Enduring Freedom/Operation Iraqi Freedom
Sample Size 1,965 service members
Invisible Wounds of War-2008 Rand Corporation Monograph

Acute vs. Chronic Trauma Symptoms

Acute (lasts weeks to months):

- Adaptive - keeps person vigilant and reactive to danger
- Resolves as safe environment established

Chronic (extended period to lifelong affliction):

- Maladaptive stress response to everyday events
- Alters daily patterns, maladaptive coping responses
- Persistent symptoms, flashbacks, physical and emotional symptoms
 - Avoidance, fear, and isolation become frequent experience

Neurological / Physiological / Psychological Disorder

A Stress Reaction Unbound to Time and Circumstances:

- Initially a self-preserving response initiated by instinctive / reactive part of our brain, but person is unable to restore safety or adapt
- Stress hormones continue to surge: Conditioning
- Neurological changes: Hypersensitive / Reactive
A normal day can be experienced physiologically as a struggle between life and death (lower brain function dominates)
- Psychologically an altered experience of self and world, dominated by threat, avoidance, and escape

Meta-Analysis of Post-Illness Stage of Corona Virus Family(SARS & MERS)

- Post-Traumatic Stress Disorder 32.2 %
(121 of 402 cases/4 studies)
- Depression 14.9%
(42 of 284 cases/5 studies)
- Anxiety Disorder 14.8%
(42 of 284 cases/5 studies)



[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30203-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30203-0/fulltext)

Dealing With Death

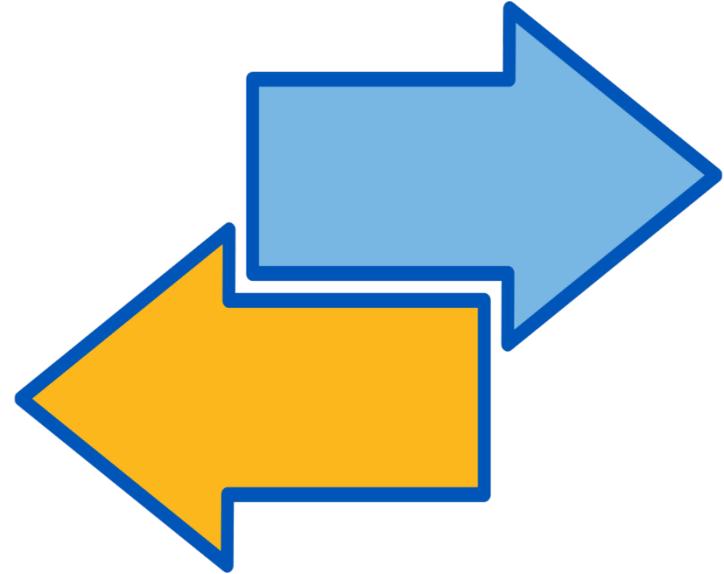
- Acknowledge deaths
- Create opportunities to listen and discuss
- Validate feelings; Reassure
- Tolerate sadness and grief
- Emphasize how best practices will minimize loss of life
- Set-up process that handles the dead in the most respectful manner possible, perhaps get help of clergy



[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30203-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30203-0/fulltext)

Setbacks and Messaging

It is possible to do everything right, but still have an adverse outcome.





Post-Traumatic Growth



“In some ways suffering ceases to be suffering at the moment it finds a meaning.”

Victor Frankel,
Man's Search For Meaning

Post-Traumatic Growth

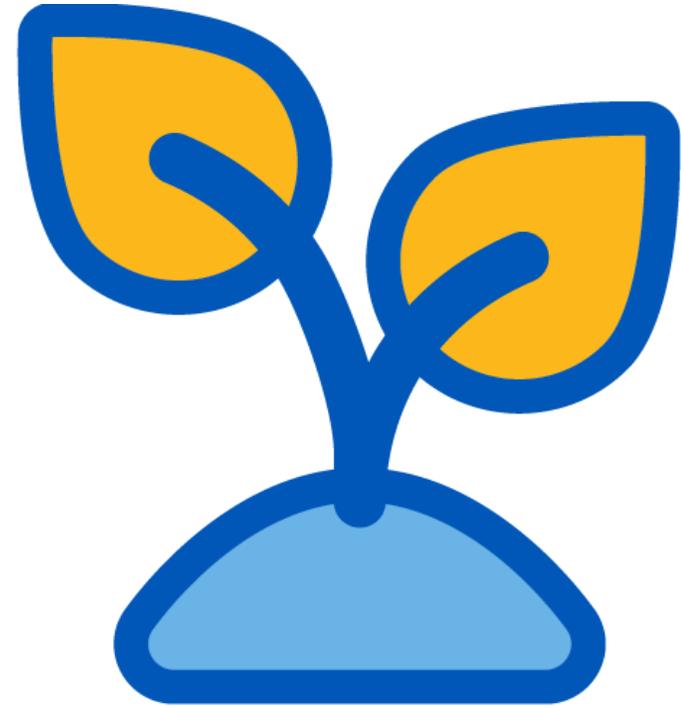
- Resilience is different from recovery
- Resilience is a common result of trauma
- There are multiple pathways to resilience



Bonanno, G (2004) Loss, Trauma, and Human Resilience, American Psychologist, 59,1,20-28.

Evidence of Post-Traumatic Growth

- Greater appreciation of life
- Strengthening of close relationships
- Increase compassion and altruism
- Recognize new possibilities / Purpose in life
- Increase awareness and use of personal strengths
- Enhanced spirituality
- Increased creativity





The Aftermath

Dept. of HHS: SAMSHA - Concept of Trauma (July 2014)

Trauma and Informed Care - The “Four R’s”:

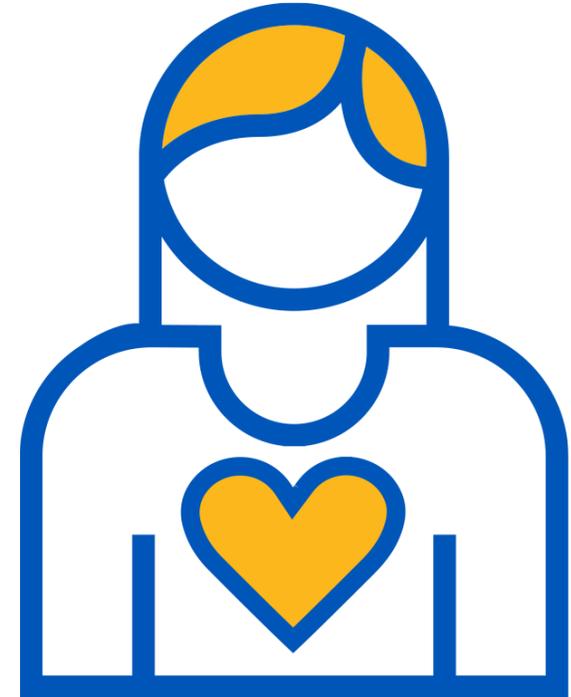
1. Realization
2. Recognize
3. Respond
4. Resist re-traumatization



Realization

Realize the widespread impact of trauma and understand potential paths of recovery:

- Patients and residents
- Staff
- Secondary trauma



Recognize

Realize the widespread impact of trauma and understand potential paths of recovery:

- Screening and assessment
- Referral
- Treatment and support



Respond

Respond by fully integrating knowledge about trauma into policies, procedures and practice:

- Language
- Training
- BH clinicians
- Staffing
- Mission statement
- Physical space, etc.

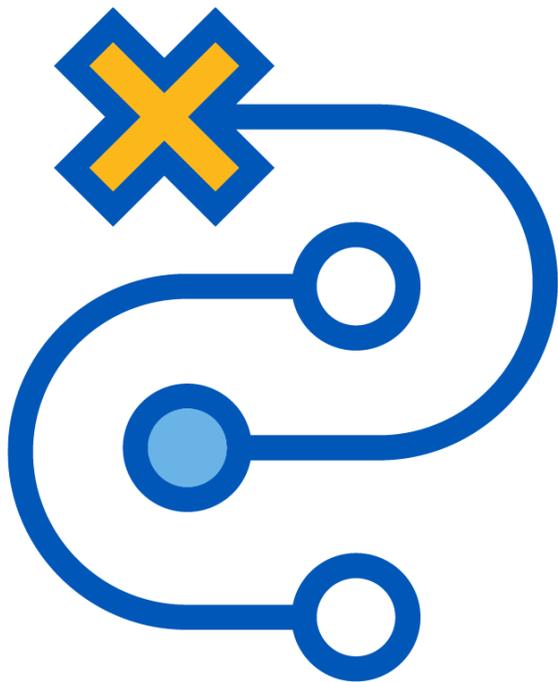


Resist Re-Traumatization

Increase awareness among staff about the importance of actively resisting re-traumatization



Adapted from: SAMHSA'S Trauma-Informed Approach: Key Assumptions and Principles



Thinking Ahead

Thinking Ahead

- Acknowledge the process will be about adapting not returning to old normal
- Honest discussions with your team about what happened;
Best to start with individual team members
- Post-Traumatic Stress Disorder versus Post-Traumatic Growth



Thinking Ahead

- Regular debriefing sessions with your team
- Rebuilding happens in stages not all at once. Develop a vision with your team to move your organization forward.
- Emphasis on team building and morale of your staff



Re-Screen Current Residents for Trauma

Recent Stressors /Trauma

- Isolation
- Separation from family
- Extended period of risk / Threat to well-being
- Personal illness
- Knowing someone who was ill or died
- Increased fears about personal safety
- Re-traumatization by upcoming flu season or reemergence of COVID-19

Plan for the Future

- Establish telemedicine protocols as a plan to respond to future restrictions / reoccurrences
- Review/adjust infectious disease protocol
- Identify potential staffing issues
- Begin acquiring PPE
- Revisit seasonal flu protocols / COVID-19
- Educate staff, families, and residents about safety protocols in advance
- Work with your team to identify issues particular to your facility





Summary and Questions

Information Presented by:

Dr. Robert Figlerski

TeamHealth

Director of Behavioral Health Services

Mid-Atlantic Region

631-521-1239

robert_figlerski@teamhealth.com



A close-up photograph of a surgeon in blue scrubs and a surgical mask, focused on a patient in an operating room. The patient is lying on a table, wearing a white hairnet. The surgeon is wearing a green stethoscope and has their hands near the patient's chest. In the background, another person in blue scrubs is visible, and the room is filled with medical equipment.

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At TeamHealth, our purpose is to perfect the practice of medicine, every day, in everything we do.

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Thank you for attending!

Recording and handouts available at
simpleltc.com/covid-19-aftermath

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