

SAAAPM November 2020

# Department Morale During Covid-19

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## I Have Nothing to Disclose

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### Objectives:

- Outline the timeline of the occurrence of the pandemic in Detroit
- Describe the steps we took to address the crisis
- Present the impact of the Covid-19 epidemic on our departmental morale

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### Morale is Hard to Manage in Crisis When it Was Already Poor!



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### Well Being Index

- Evaluates dimensions of:
  - Meaning in work
  - Burnout
  - Stress
  - Work-life integration
  - Fatigue
  - Mental and emotional quality of life
  - Physical quality of life



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### January - March 2020 - Oncoming Storm Uncertain About It's Impact





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## Planning Early

- In late February Grand Rounds on Covid before we had admitted First patient
- Appointed one of our staff (Anoop Chhinna) an intensivist as Departmental Covid ‘Czarina’
- Started from scratch, non-availability of departmental pandemic preparedness policies - Wasn't an easy task.




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## PPE


- Departmental Message: every patient is a suspected COVID case. Full PPE to be worn at every intubation
- We assured that there was PPE availability. Department worked with system to ensure adequate PPE- supply chain management
- This played major role in keeping up departmental morale



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## Our First Skirmish




- March 12-2020 - one of our first Covid intubations in the MICU
- Anesthesia team asked for PAPR machines - told my staff you need to bring your own. Followed a 30- minute negotiation about PPE (patient stable)
- MICU Team reported to Anesthesiology to Safety Team

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## Next Day- Safety Huddle



- The faculty member and I who attended the initial intubation listened as the complaint against us was laid out
- Asked if anybody who was describing the events was present at the intubation. We then described the events in a step by step fashion
- Decision made that allocation of PPE would be controlled centrally
- We left with two dedicated PAPR machines
- Able to order large number of hoods

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## Very Few Were Ready For a Pandemic

- 34% of employers didn't have an emergency preparedness plan prior to Covid
- That meant that 66% of employers DID have an emergency preparedness plan prior to Covid
- > 50% didn't have policies and procedures that related to communicable diseases
- Now over 50% of employers are revising emergency preparedness plans including 62% of health care organizations

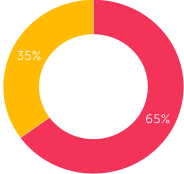
SHRM 2020

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## Morale Is A Challenge

### Employee morale during COVID-19



65% of employers say maintaining employee morale during COVID-19 is a problem.

Source: Society for Human Resource Management

Talentlyft

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### Moreover.....

- 73% of health care organizations are experiencing problems with morale
- Employers with > 500 employees report present more of a challenge than small/medium sized departments

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### Our Department is a Medium Sized Organization

- 381.17 FTE 455 Headcount
- However
- If we add in surgical services support staff > 500

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### We Put on Our Thinking Hats

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### Our Response


- Defined clear objectives
- Created dedicated teams - leadership & operational
- Provided unprecedented flexibility - staff redeployment
- Keep the communication flowing - group & personal - involved all departmental leaders
- Prevention is better than cure - PPE
- Anticipate it - try to predict problems before they arose
- Support of staff and their families
- Ask for and listen closely to feedback

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### Further Management

- Creation of COVID Taskforce, biweekly meetings and daily updates to department
- Quick creation and release of protocols for airway and peri-op management of COVID-19 patients
- Education remained cornerstone of success. 400+ providers educated in 5 hospitals within 1 week on airway management and perioperative protocols



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### Leaders Need to Be Present

- For first three weeks of the epidemic, I wrote to the faculty and was present at the hospital every day
- Phoned every staff member infected with Covid-19 daily



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## Regular Communication

Dear Friends,  
I hope this note finds you all well.

Since the start of this pandemic experience, I have been sending out a regular email. I must admit, part of the motivation for this process was the cathartic therapeutic process of writing. Leading a large group of healthcare professionals (HCP) during the worst crisis of our generation was stressful. Decoding our strategy, tactics, data and achievements put some of the negative feelings I was experiencing into perspective and dissipated some of the anxiety. It helped me internalize the philosophy of "we have this!" Although, we were facing a plague the impact and strategy we didn't fully understand, by respecting the collective wisdom of leadership, and by caring for each other, we would get through this period. I personally felt a huge sense of responsibility for the welfare and safety of our team, and their family. I also deeply cared that we delivered the best, safest, and most efficient anesthesia care to our patients. The system and society had placed a huge amount of responsibility on our shoulders, we had a sacred duty to meet their expectations.


Through this period my core goals were to deliver honest trustworthy data, describe best practices, decimate knowledge about the wider impacts of the disease process, assure our teams had the best PPE in all situations, fulfill our core aim of delivery of world class health care, and to assure our teams knew that their department cared. We wrote or called to every member of our team effected by this plague. Each night I called the call teams to assure they had what they needed and enquire about their welfare. We were in the hospital at the start 7 days a week, and then for the remainder of the period 6 days a week. Our leadership team fully participated in the institution's leadership meetings, and we held 2-3 huddles per week. Our wellness team put in pace programs to assure that resources were available to our front-line troops. Most recently we started to hold on-line forums to engage our staff, describe our tactics, and gather input. Speaking on behalf of the leadership team, I want to thank each of you for your amazing service, and from our side I hope we met most of your expectations.

Although, the very real possibility of a second wave exists, we must now recognize that the first wave is waning. It isn't over. However, the intensity of its impact is diminishing. This is the time for active preparation for the recovery phase, and the new reality. The pandemic although devastating has created new opportunities. Think of this paradox in the following terms: If we weren't the Henry Ford Health System but the Henry Ford Motor Company. Even though no one was buying cars during the coronavirus outbreak, the leadership should recognize that there is an opportunity. If the company was scheduled to unveil a new state of electric vehicles in two years, but if the company could move that state up by one year, it could potentially capitalize on the pent-up demand for new cars. The vehicles were already designed, now it was a matter of getting everyone else to wind down the existing product line and embrace working on the new vehicles. Leadership has the opportunity to show off the company's agility, signed off on the plan.

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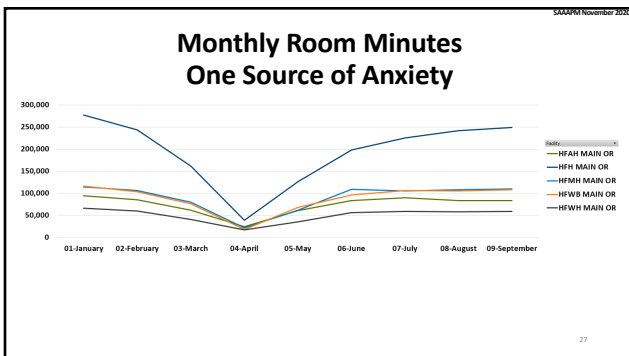
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## Need to Mindful of Self Care



- After 21 days of constant activity, and stress - I decompensated
- Took a day off - long walk- with one of our CRNAs who is a wellness champion in our department
- Slept!

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## Staff Redeployment

- Airway teams (AM+PM), these were time compensated shifts, allowed adequate recovery time
  - Hospital Airway team
  - ER airway team
  - Ambulatory ER airway teams

Not only helped in Staff redeployment, also helped with safe airway practices

- ICU coverage - creation of new COVID ICUs staffed by critical care trained anesthesiologists
- Proning teams - CRNAs played a central role in these teams, ensured safe practices while doing prone positioning

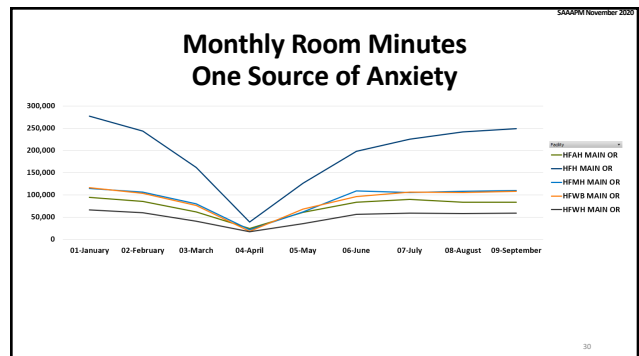
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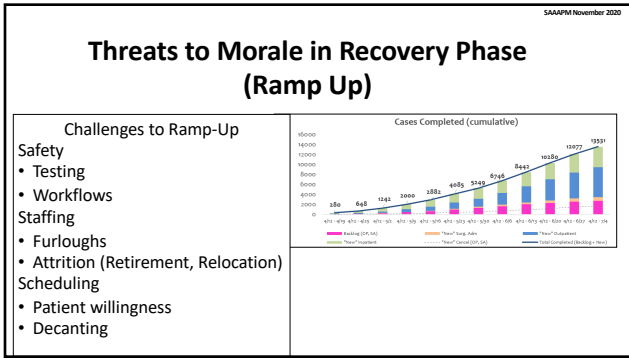
## Role of Redeployment Strategies

- No staff pay cuts/furloughs
- Strategic utilization of skill sets
- Safe Practices - in line with ASA/PSF guidelines
- Allowing adequate recovery time - added to staff wellness

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WHEN LIFE GIVES YOU  
LEMONS,  
MAKE LEMONADE

These Changes Weren't Unique to HFHS - Private Market Collapsed

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### Value Proposition Framework

**Value**

- Two paths to value creation: cost leadership and differentiation
- Most groups trending towards the former, a trend exacerbated by the pandemic. We intend to use the latter through our focus on quality, and have a framework of stages where our model is more advantageous

Short Term	Medium Term	Long Term
<ul style="list-style-type: none"> <li>• Pay for performance includes a large proportion of revenue at risk (5-9%). Will not be around indefinitely, but likely here through at least 2022</li> <li>• Pain management telemedicine visits offer new vehicle for access to care, geographic expansion</li> <li>• Critical care support via EICU/virtual means also serves to increase footprint and patients served</li> </ul>	<ul style="list-style-type: none"> <li>• Telemedicine and video visits have huge potential and do not require brick and mortar overhead that current healthcare delivery demands</li> <li>• Perioperative surgical home implementation will improve community health while decreasing periprocedural costs</li> </ul>	<ul style="list-style-type: none"> <li>• Modular structure of offering ("cafeteria menu" model) allows for groups to adapt portions of the offering best suited to their group</li> <li>• Improving access to care will improve health throughout the state, improving health system footprint, image, and leadership nationally</li> <li>• Contract competitiveness superior to competition due to excellence in value-based purchasing</li> </ul>

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### SO, HOW'D WE DO?

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### We Have Pre & Post-Covid Wellness Data on Anesthesiologists in Our Department

COVID-19 ↓

Well-Being Index, n (%)	Baseline (August 2019)	Nov-19	Feb-20	Aug-20
1. Have you felt burned out from your work?	25 (56.8)	17 (53.1)	13 (41.9)	13 (41.9)
2. Have you worried that your work is hardening you emotionally?	24 (54.5)	13 (40.6)	14 (45.2)	15 (48.4)
3. Have you been bothered by feeling down, depressed, or hopeless?	7 (15.9)	7 (21.9)	3 (9.7)	8 (25.8)
4. Have you fallen asleep while stopped in traffic or driving? (or have you fallen asleep while sitting inactive in a public place)	14 (31.8)	4 (12.5)	8 (25.8)	4 (12.9)
5. Have you felt that all things you had to do were piling up so high that you could not overcome them?	18 (40.9)	8 (25.0)	10 (32.3)	8 (25.8)
6. Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?	13 (29.5)	12 (37.5)	9 (29.0)	13 (41.9)
7. Has your physical health interfered with your ability to do your daily work at home and/or away from home?	4 (9.1)	2 (6.2)	5 (16.1)	3 (9.7)

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This Was Physicians - How About The Whole Department?

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