

# November 10th NYCHCC Emergency Preparedness Symposium (EPS)

\*co-hosted with The Brooklyn Coalition



**D** SUNY  
**DOWNSTATE**  
Health Sciences University

**University Hospital of Brooklyn**

## **Emergency Management**

- Pia Daniel, MD, MPH
- Bonnie Arquilla, DO
- Patricia Roblin, MS



**SUNY**  
**DOWNSTATE**  
Health Sciences University

University Hospital of Brooklyn

# Overview

**Dr. Kim: Personal anecdotes of front-line staff regarding mental health during COVID-19**

**Jennifer Guzman: Managing Staff Mental Health at Brookdale**

**Dr. Cukor: Managing dialysis staff and patient mental health during a pandemic**

**Dr. Fanous: Mental Health at SUNY Downstate during COVID-19**

**Stuart Rosenhaus: Coney Island Mental Health Plan during COVID-19**



**SUNY**  
**DOWNSTATE**  
Health Sciences University

University Hospital of Brooklyn

# Overview



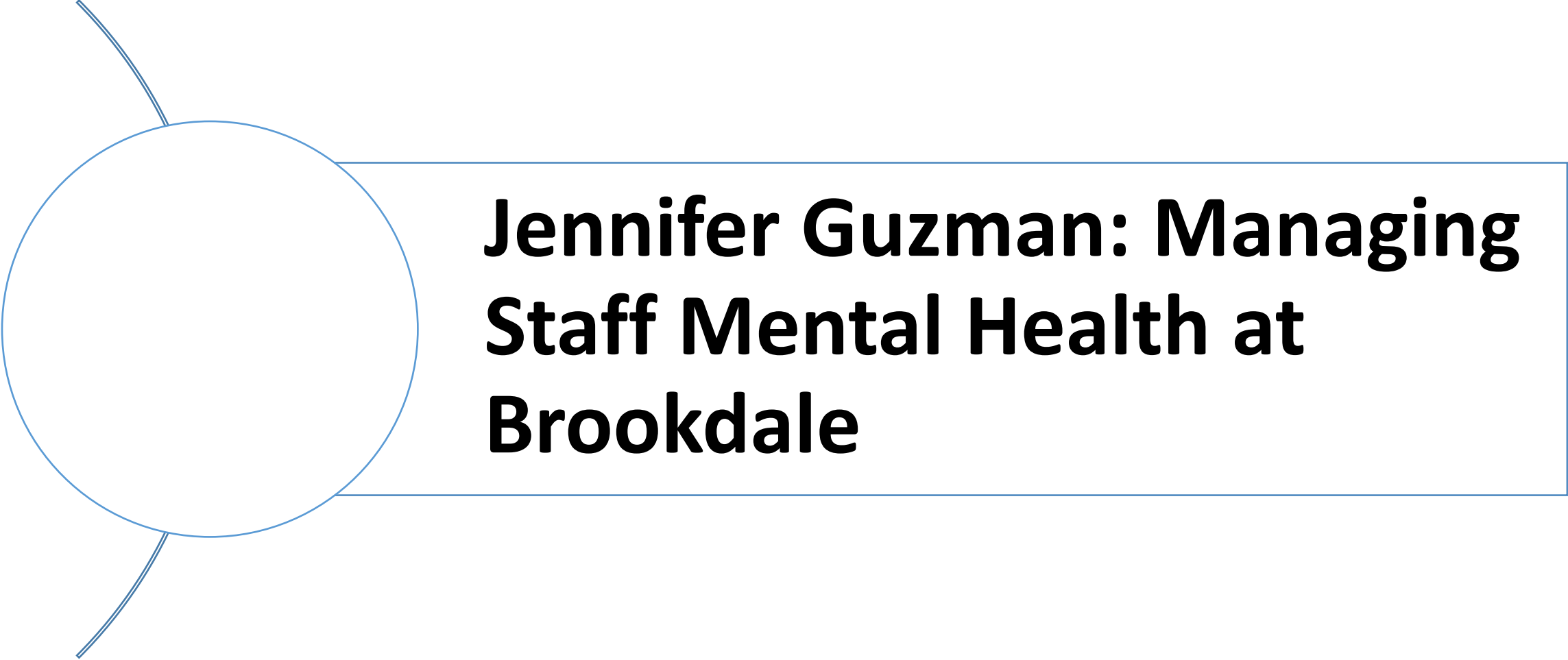
**Dr. Kim: Personal anecdotes from front line staff regarding mental health during COVID-19 Response**



**SUNY**  
**DOWNSTATE**  
Health Sciences University

University Hospital of Brooklyn

# Overview



**Jennifer Guzman: Managing  
Staff Mental Health at  
Brookdale**

MANAGING STAFF  
MENTAL HEALTH  
DURING A  
PANDEMIC AT  
BROOKDALE



Jennifer Guzman, Director  
Emergency Management &  
Patient Transport



## Support Hotline

- **Emotional Support Hotline in early April**
- **Active seven days a week from 9a-9p**
- **Led by Dr. Jason Hershberger, Chairman, Department of Psychiatry**

# “Sit & Share”

Chief Patient Experience Officer and Pastoral Care partnered up and started "Sit & Share" grief sessions

- Employee sessions to help staff cope with loss and deal with "Compassion Burnout", was made available 3 days a week during the day
- Family group sessions to help family members cope loss and with end of life concerns was made available 3 days a week during the afternoon



+



TAKE THE  
SURVEY

# Survey Monkey

- VP of HR steered and developed a SurveyMonkey for all Brookdale Employees to fill out to better assist in supporting the Physical and Mental Wellbeing of the staff
- Paper Copies made available to staff not comfortable using a computer
- Several Drop Off boxes made available throughout the hospital
- Employees could remain anonymous





**SUNY**  
**DOWNSTATE**  
Health Sciences University

University Hospital of Brooklyn

# Overview



**Dr. Cukor: Managing dialysis staff and patient mental health during a pandemic**

# COVID Mental Health Response at a New York City Dialysis Provider Organization

Daniel Cukor, PhD

Director, Behavioral Health



*Member*  
NewYork-Presbyterian  
Regional Hospital Network

The Brooklyn Coalition (TBC) Mental Health Symposium

# Conflicts of Interest Disclosure

Nothing to disclose

# Rogosin In-Center Dialysis across NYC



nyc.gov

# Scope of impact – through 9/20

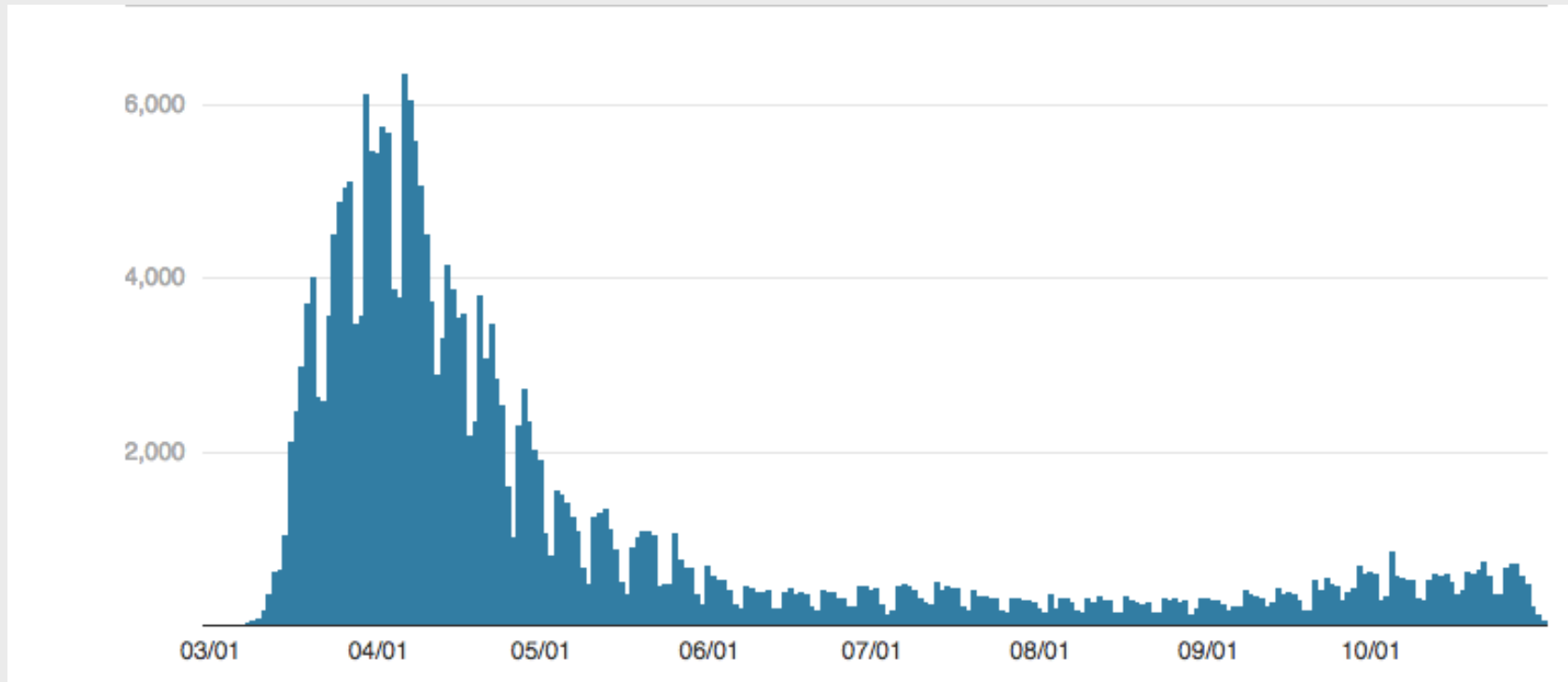
## Staff

- 75/564 (13%) of staff were COVID positive/presumed positive
- 2 staff member died (unconfirmed COVID)
- Still few staff out related to COVID illness

## Patients

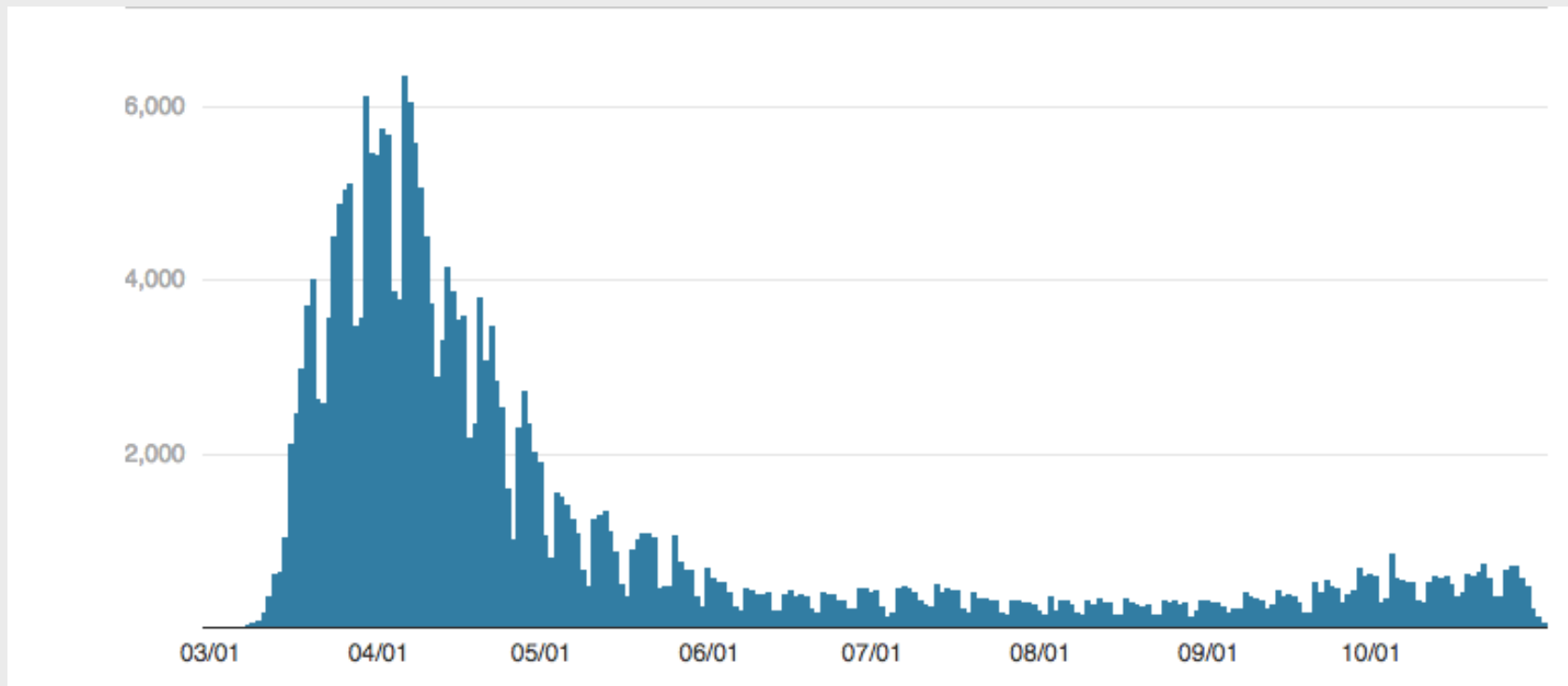
- 15-18% infection rate (higher in Brooklyn/Queens and in Black males)
- Significant death rate of COVID cases (~20%)

# Timeline- Daily cases in NYC



nyc.gov

# Mental Health Response



Drop in groups



Online Resources



Staff Lecture Series



Individual meetings



# Complex Issues of 2020





# Drop In Support- Staff

Ran patient and staff support sessions each twice a week  
~150 staff members (25%)

Previous research indicates front line workers

- Want to feel safe at work with clear and reliable information
- Are experiencing the pandemic professionally and personally
- Are difficult to support

So

- Participants could choose to join anonymously/lurk
- Had prepared content for 15 minutes and then opened up to dialogue
- To accommodate all shifts, 1 group in the AM and 1 group later in the evening

# Drop In Groups - Staff

## COVID specific concerns –

Will I get sick? Will anyone I care about become ill? How can I protect my family? Will my patients be OK? Will I need to change job responsibilities? Will things ever go back to normal? How will outpatient practice be impacted? How can I safely resume duties?

## Social Distancing Concerns –

When will out patient care re-open? Will I be able to get food readily? When will my kids go back to school? When will be able to see friends/family? How will I cope with boredom? Will life ever get back into a routine?

## Emotional Concerns –

How will I grieve the loss of life? Is it safe to worry this much? How do I cope when I can't do anything? Can I handle this for months to come? How do I cope with feeling burnt out at work? What should I say to my patients? Am I nearing my breaking point?

# Online Content

Password protected site only for Rogosin employees

Accessed hundreds of times

No tracking of who accessed the site

- Links to information resources
- Links to external mental health treatment resources
- Online Coping Content

**Staff Psychological Resource Page**

- Introduction - Coping with the COVID-19 Pandemic**
  - Anxiety
    - Catastrophizing
    - Scheduling worry time
    - Worrying vs. Ruminating
    - Mindful of news intake
- Coping with Despair**
  - Despair
    - Negative attributional style
      - stable, global and internal
    - Vulnerability but not forever
    - Engage in pleasant activities
  - Hope
    - Takes some conscious effort
- Coping with Stress**
  - Maladaptive vs. Adaptive coping
    - What ways can you mimic what has worked in the past?
    - Do not turn to alcohol or other substances
- COVID-Specific Worry**
  - Productive vs. Unproductive Worry
    - Social Distancing
  - Evaluate Usefulness

# Staff Lecture Series

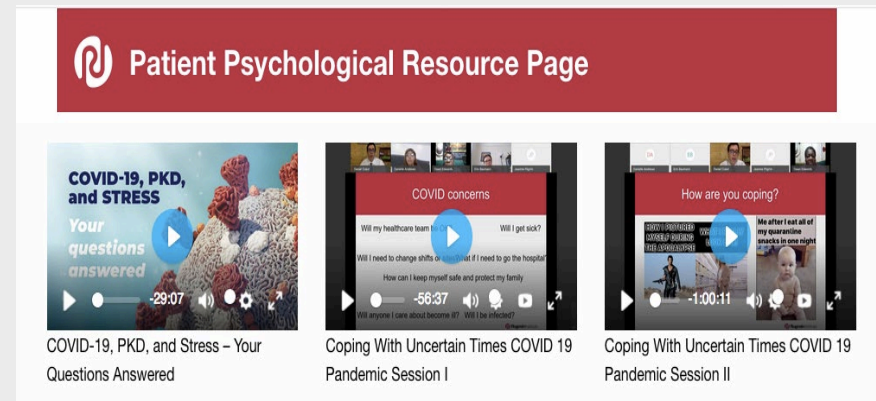
- Live – during lunch hour
- Uploaded to website
- Institution-wide emails that highlighted content and resources
  - Acute Stress Responses
  - Developing Resilience
  - Social work panel – issues relevant to patients at the moment
  - Social Injustice
  - Optimizing Sleep Quality
  - Identifying and Preventing Burnout

# Patient Support

Drop in groups were run in parallel to the staff groups (2 x week)  
Less well attended – no group cohesion,  
many people looking to connect with individual sessions

Online Content – Unique content for patients of Rogosin posted to homepage  
Created mailing list to share resources and announcements (2000+)

Greater need for individual sessions –  
higher level of need than staff  
Patients with COVID  
Grief/Loss  
Anxiety  
Depression



# Patient Concerns

- Should I go to my dialysis treatments? Is it safe to come in?
- How should I get there?
- How are dialysis centers protecting patients?
- What if I have COVID-19? Will I die if I get COVID-19?
- What do I do about supplies?
- How can I protect myself if I need labs?
- What foods should I have on hand?
- Long term implications of COVID
- Is it safe to be around my family?
- Feeling of grief, loss, stress and depression.








## Mental Health Support and Resources for our Workplace Community

### Employee Mental Health Services

- [CopeNYP Employee Urgent Counseling Program](#)
- [CopeWeillCornell: Supporting our Clinical Teams](#)

### Employee Support Resources

- [Employee Child Care Support](#)
- [Employee Virtual Medical Resources](#)
- [COVID-19 Employee Fact Sheet](#) 
- [COVID-19 Healthy Mind Patient/Family Education Handouts](#) 
- [Frequently Asked HR Questions Regarding COVID-19](#) 
- [NYP OnDemand Services Temporarily Expanded to All Employees for \\$0 Co-Pay](#)
- [How to Protect Yourself from Coronavirus \(COVID-19\)](#) 
- [Health Matters](#)  - NYP stories of science, care and wellness

# Lessons Learned

- Embedded mental health services are positioned to help
  - Pre-existing relationships were critical
- Institution support for mental wellness is key
- If you build it, they will come
- Flexibility is required, people all looking for different things
- Multimodal content presentation, with opportunity for anonymity
- Consider hybrid educational/support forums for staff
- Online content was accessed (staff and patients) at high rates
- Without group cohesion, difficult to offer online group services
  - Additional demand exacerbated tensions in team dynamics



# Plan Moving Forward

## Staff –

- Build off of team cohesion. Separate groups for each facility
- Have a designated mental wellness champion at each site.
- Online anonymous resources are key
- Update online content frequently

## Patients –

- Develop ongoing support groups as opposed to drop in groups
- Offer access to individual triage and referral
- Online anonymous resources are key
- We will pilot medical educational activities followed by support



**SUNY**  
**DOWNSTATE**  
Health Sciences University

University Hospital of Brooklyn

# Overview



**Dr. Fanous: Mental Health at  
SUNY Downstate during  
COVID-19**

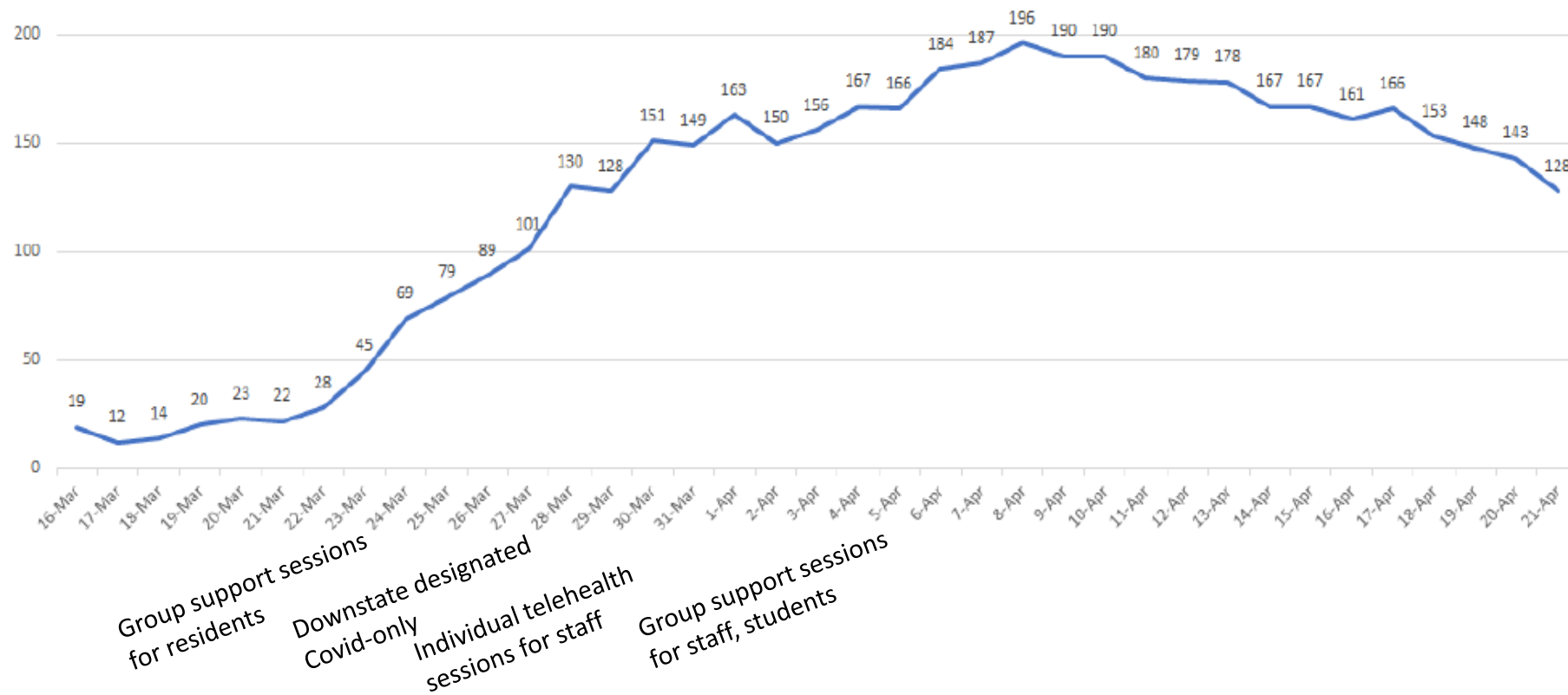
# Introduction

Ayman H. Fanous, MD  
Professor and Chair  
Dept. of Psychiatry and Behavioral Health  
SUNY Downstate Medical Center

# Downstate Mental Health Response to Covid-19



## Admitted Covid+ and PUI's at UHB



## Mental Health Support Groups

- Started as attendings only group - initially we thought it might not be good to mix attendings and residents.
- Later at the request of the attendings and residents we have allowed residents also to join. It has not given rise to any problem, reflecting the fact that in this crisis they all face similar issues and attending physicians can provide great solace and calming to their junior colleagues.
- At this time 2 support groups are running. Both are for nursing staff

## Emerging Themes

- Anxiety related to contracting the illness and fear of spreading it to one's family/friends
- Strain imposed by taking precautions to prevent this, including social isolation from one's own family
- Threats to the intimacy of the doctor-patient relationship -
- Dehumanized interactions in personal protective equipment which conceals their facial expressiveness and identifying features as a human being, depriving very ill or anxious or cognitively impaired patients of the personal comfort they need
- Communicating traumatic news so many times in quick succession is making them become numb or robotic in such interactions
- Policies (since reversed) prevented from allowing family members to be with their loved ones in their dying moments
- Lack of control and a sense of futility that with many patients they can do little to halt the progress of the disease

# Individual Supportive Therapy

## What we needed to solve for

- **Rapid ability for a team of residents and psychiatrists/psychologists to provide psychologic support in real time to staff under duress**
- **A communications approach that was simple to get setup, had minimal footprint in terms of technology**
- **Ability to easily engage anyone on the providing or receiving end with minimal support quickly**
- **Ability to incorporate efficient workflow into the process of engaging people, documenting and managing the dynamic scheduling of virtual visits**
  - **Minimize intrusion on the time of the people most involved**
- **Easily understandable learning curve for all involved: residents, practitioners and users/patients**
- **Any service or technology provided needed to be our “partner” in working with our clinicians and our workflow so we could focus on the patients**



**How to enter into the system:**  
Direct SMS messaging  
Emailing [Covid-Stress@downstate.edu](mailto:Covid-Stress@downstate.edu)  
Phone: 718.270.1318

Resident Gatekeeper responds directly to the Staff Member  
Performs an Intake  
Sets appointment while on the phone with the Staff Member in updox

Appointments are made for the same day or a convenient time for the Staff Member

Resident Gatekeeper writes a brief note for the assigned psychiatrist/psychologist to view before "virtually" meeting with the Staff Member

Ten (10) minutes before the appointment, the Clinician sends a SMS message to the Staff Member to verify their ability to meet virtually

Psychiatrists/Psychologist writes a brief note on the visit  
Staff member can be scheduled for a follow-up directly by the practitioner, if necessary





myupdox.com/ui/interim/html/schedule.html

Refresh Calendars Current Day 04/21/2020 Today << >> Today Auto-Zoom Show Cancelled

Tue: 04/21/20

- Select All
- Ayman Fanous, MD
- Cancelled Appointments
- Carlos Pato, MD
- Jeffrey Feola, MD
- Jeremy Coplan, MD
- Michael Garrett, MD
- Michael Myers, MD
- Michael Reinhardt, MD
- Michele Pato, MD
- Paulo Marcelo Gondim Sales
- Ramaswamy Viswanathan MD
- Scot McAfee, MD
- Steven Friedman, PhD

Close

11 am :15 :30 :45

12 pm :15 :30 :45

01 pm :15 :30 :45

02 pm :15 :30 :45

03 pm :15 :30 :45

04 pm :15 :30 :45

Patient Appointment

Patient Appointment

Patient Appointment

Patient Appointment



updox

**We easily add patient name and number to a shared secure address book**

**We have a simple process to first TEST this with the patient to be sure the info is right and they can respond easily**



Video Chat Summary Michael Myers MD

**Send a Text Message**

I want to send a  Secure Text  SMS Text [What's the difference?](#)

Send To \* Lauren Gabelman

Send From \* Default Location

**Warning:** SMS text messaging is not a HIPAA-compliant method of communication. Refrain from entering any PHI in the message contents.

Template Insert a message template

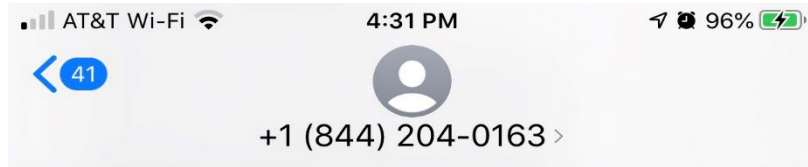
Message \* Please confirm you are available and ready for a secure video chat? We will send a link after you reply. Thank you. Dept of Psychiatry

135/140 characters

**Workflow is the key!!  
Quick templated message  
"are you ready to meet now"??**

CANCEL SEND SMS TEXT





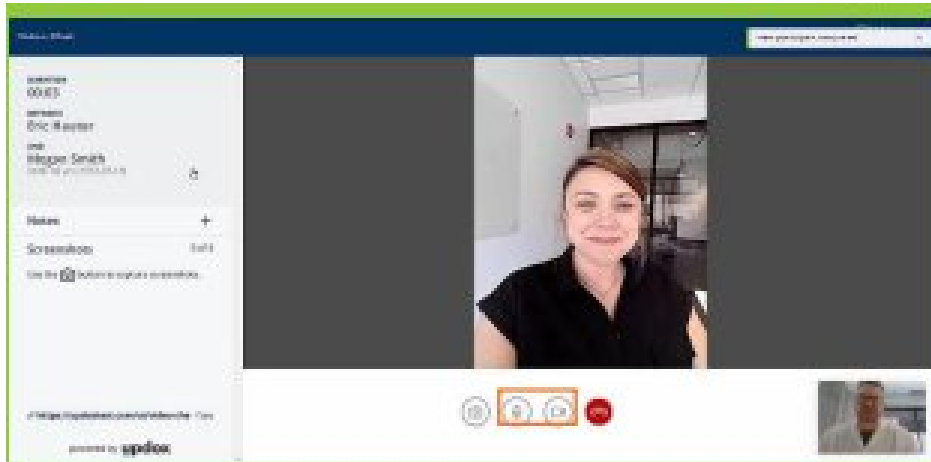
Today 4:30 PM

Lauren, join your secure Video Chat <https://myupdox.com/ui/video-chat/OgjgL81Wj13> from Lauren Gabelman at Department of Psychiatry - SUNY Downstate. This link expires within 10 minutes.

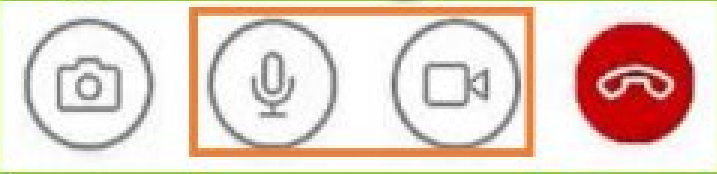


Text Message





**High reliability video chat, nothing to install**



MENU

Inbox

Sent

Archive

Spam

Trash

System

video chat Tue 04/21/20 4:56 PM Video Chat Summary Michael

to: Department of Psychiatry - SUNY...  
from: Michael MD

SEND ITEM

COMMENT

ARCHIVE

OPTIONS ACTIONS

text message Tue 04/21/20 3:58 PM SMS Response Default Location

text message Tue 04/21/20 10:32 AM SMS Response Default Location

video chat Mon 04/20/20 4:58 PM Video Chat Summary M

video chat Mon 04/20/20 10:34 AM Video Chat Summary M

text message Mon 04/20/20 9:59 AM SMS Response D

text message Sat 04/18/20 3:14 PM SMS Response Default Location

Doctor finishes video chat and clicks one button to have the timer data and notes of the event saved into a clinical box, to be filed later into the patients chart

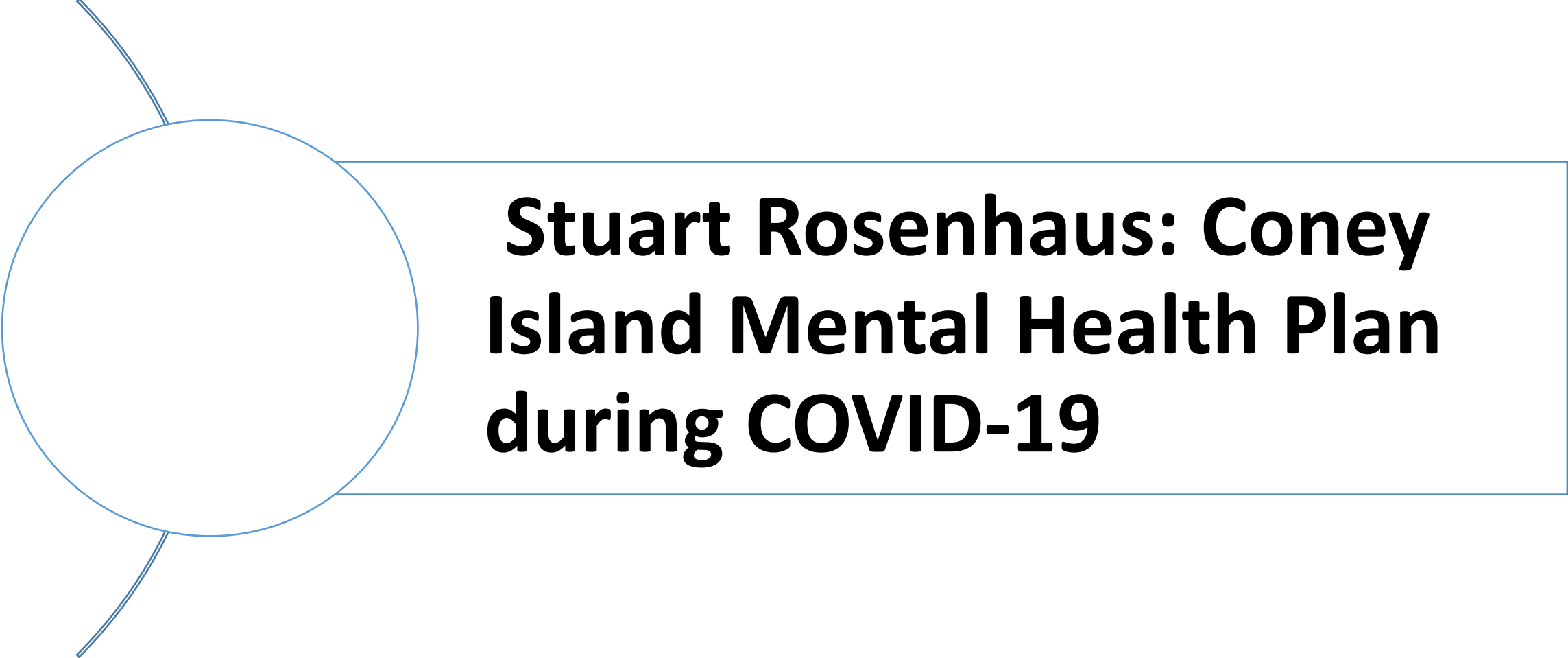




**SUNY**  
**DOWNSTATE**  
Health Sciences University

University Hospital of Brooklyn

# Overview



**Stuart Rosenhaus: Coney Island Mental Health Plan during COVID-19**

# A Pandemic-Specific Model of H3 Peer Support

Performance Improvement Project

Quality Assurance  
Performance Improvement (QAPI)  
Committee of the Board of Directors  
Q2 2020 Board Report

*Presented by:  
H3 Co-Leads*

*John Jannes, PhD – AED, Behavioral Health  
Lynn Hussey, PA – Director, Risk Management*

*October 23, 2020*



The H3 COVID response utilized many of the skills required to provide traditional H3 Peer Support, but required additional interventions that are specific to the dynamic of a pandemic and the associated stressors:

**The COVID Pandemic vs. Traditional H3 activations:**

- 1) COVID is not an isolated event but of significant duration impacting all med-surg units and most support services. The magnitude of the event poses challenges in effecting a coordinated response between clinical and support teams.
- 2) COVID occurred in tandem with a lockdown that resulted in staff confronting significant challenges outside of the workplace.
- 3) The COVID surge was anticipated and provided the opportunity for proactive intervention to enhance staff preparedness.
- 4) The COVID pandemic had stages each of which was associated with different challenges and desired outcomes.

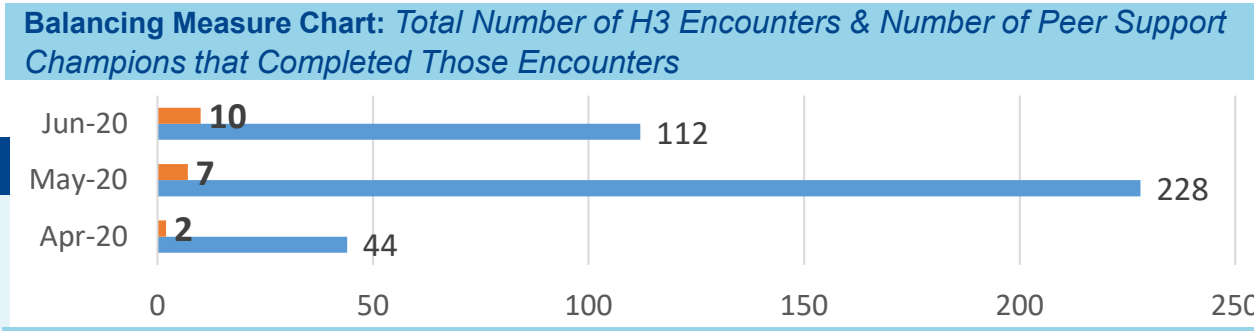
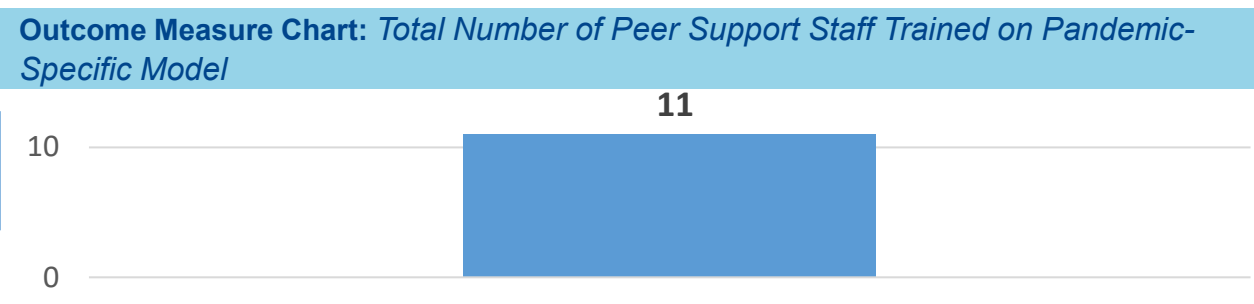
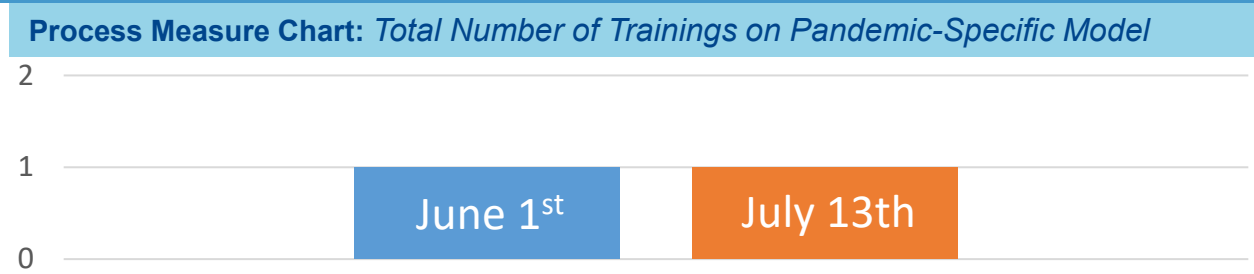
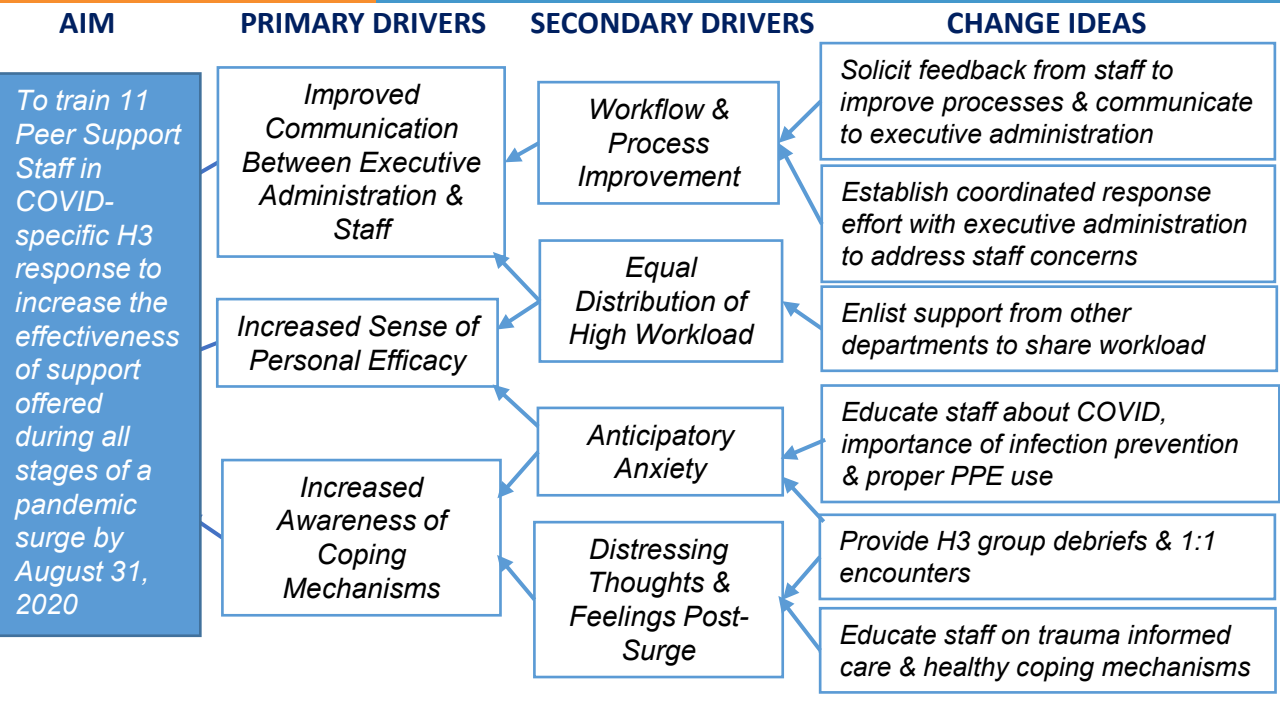


| Stage              | Challenge                         | Intervention  | Desired Outcome   |
|--------------------|-----------------------------------|---|---|
| Before the Surge   | Anticipatory Anxiety              | Education about the illness and infection prevention matters  | Increased sense of personal efficacy on the part of staff and teams.  |
| Beginning of Surge | Coordinated Response              | Soliciting feedback from front line staff on how to improve processes and communicating feedback to executive administration  | Improved communication between the medical providers and support services.  |
| Peak of Surge      | High Workload/Losses              | Focus on facilitating team effort to provide support of their members in the workplace  | Improved ability of the work unit to provide its members emotional support.<br>Individuals with improved coping skills.   |
| Post Surge         | Distressing thoughts and feelings | Education about typical emotional and cognitive sequelae associated with exposure to traumatic events and coping mechanisms for the same that is associate with resilience. | Increased awareness of coping mechanisms and personal and professional growth by units and individuals.<br>Increase comfort in sharing the emotional experience of the event with team members. |



## AIM STATEMENT

*To train 11 Peer Support staff in COVID-specific H3 response, to increase the effectiveness of support that is offered during all stages of a pandemic surge by August 31, 2020*



|   | PDSA / ACTION PLANS   | PERSON        |
|---|---|---------------|
| 1 | Assign peer support champions to particular units and clinical/support services to provide post-surge debriefs. Encourage staff in these areas to make direct contact with these staff when the need for emotional support arises | Hussey/Jannes |
| 2 | Develop a pandemic specific model of H3 per support and train staff in the model  | Hussey/Jannes |
| 3 | Provide additional training in model on an as needed basis  | Hussey/Jannes |
| 4 | Collect qualitative and quantitative data on relevance and effectiveness of the model   | Hussey/Jannes |

**Long-Term Sustainability Plan**

*All new peer support staff will be trained in this protocol as an addendum to traditional H3 training and again when a pandemic event is anticipated.*

*Continue to recruit new peer support champions*

## SUCSESSES

- **Trained 11 peer support staff in Pandemic Specific Model for H3 peer support**
- **Each Med-Surg unit and Support Service department has a designated peer support champion.**
- **Each peer support staff member conducted multiple group debriefs with their designated areas**
- **Conducted 384 COVID support encounters from April through June**
- **Group debriefs conducted on every medical unit and with Respiratory, Radiology and Food Service staff**

## CHALLENGES

- **Anxiety about becoming infected affecting willingness of H3 support staff to go on units**
- **Making individual contact with Respiratory Therapists, Radiology staff and EVS staff during the surge**

## LESSONS LEARNED

- **Staff in the face of adversity are very resilient**
- **People have no problem discussing their vulnerabilities within the context of exploring their strengths**
- **Staff are very appreciative of any recognition of their efforts**
- **In the early stages, staff are primarily interested in having a voice with executive administration as to what needs to be improved**
- **Executive administration was highly responsive and effective in meeting the needs of staff**
- **Acknowledging gaps and missteps along the way builds trust and esprit corps**

## NEXT STEPS

- **Expand H3 by recruiting peer support champions from the units**
- **Incorporate feedback from other Peer Support Champions to further refine the model**
- **Improve electronic submission system to include qualitative data**



**D** SUNY  
**DOWNSTATE**  
**Health Sciences University**

**University Hospital of Brooklyn**

**Thank You**

---