Sentinel Event Alert

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Voices from the pandemic: Health care workers in the midst of crisis

The continuing onslaught of COVID-19 is pushing health care organizations to their limits and workers beyond physical exhaustion. COVID-19 is inflicting emotional damage among those who care for patients, according to a recent article in *The Atlantic Monthly*.[1] "To be a nurse, you really have to care about people," said a nurse working in an Iowa hospital. But when an ICU is packed with COVID-19 patients, many of whom are likely to die, "to protect yourself, you just shut down. You get to the point when you realize that you've become a machine. There's only so many bags you can zip."

These kinds of traumatic experiences – shared by America's health care organizations during the COVID-19 pandemic – underscore the critical importance of supporting health care workers who bear the burden of crisis situations along with patients and families. As a sounding board and source of information to America's health care organizations, The Joint Commission is in a unique position to understand and shed light on their collective experience during the pandemic, which is expected to continue with high rates of infection and mortality through the winter despite the rollout of vaccines that started in December, according to public health experts.[2,3]

This first in a series of special edition *Sentinel Event Alerts* addresses concerns received from health care workers and provides learnings and examples that may be helpful as health care organizations continue to respond to the current pandemic and prepare for future challenges that will require safe, healthy and engaged health care workers.

To date, The Joint Commission's Office of Quality and Patient Safety (OQPS) has received COVID-19-specific comments from more than 2,000 health care workers, patients, families, government agencies and more. This information was submitted via The Joint Commission's OQPS website, by fax or mail. About half of the input came from health care workers and about 35% from patients, family, or other community members. The Joint Commission gained additional feedback through meetings with health system quality executives. In response, The Joint Commission developed position statements, FAQs, Q and A webinars — with a total attendance of nearly 15,000 — and other educational communications found in our website's coronavirus resources.

In addition, in December 2020, C+R Research completed a study on behalf of the Joint Commission enterprise to gain further insights about the short- and long-term impacts of the COVID-19 crisis on enterprise customers and to guide discussions about future enterprise offerings, services, and support to meet those needs in hospitals, ambulatory, behavioral health, home care, and other settings.[4]

The United States has not had to deal with a pandemic of this size and severity in more than 100 years. While sharing the overall experience, every health care organization and worker is experiencing the pandemic in a unique way. As a result, the information presented in this alert may not be applicable to all organizations.

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high-risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

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The Joint Commission

"Some health care workers have been in the middle of treating patients with COVID-19, while others have been furloughed," said Jim Kendig, Joint Commission field director. "Each organization and each worker face different pressures." Patricia McGaffigan, the Institute for Healthcare Improvement's vice president for patient safety programs and member of the Joint Commission's Patient Safety Advisory Group, added that many workers have accepted additional or new responsibilities related to patient care and operations. For example, in doctors' offices, clinical staff may be assigned to tele-triage.

What We Are Hearing from Health Care Workers

COVID-19 is highlighting the absolute indispensability of a dedicated and fearless health care workforce. The need to better ensure the safety and health of workers has become the topic of a national conversation. As of Jan. 15, 2021, 3,176 health care workers have died from COVID-19, according to independent tracking from *The Guardian* and *Kaiser Health News*.[5]

Feedback submitted by health care workers to the Joint Commission's OQPS relates to three main concerns or fears: fear of the unknown, fear of getting sick, and fear of bringing the virus home. Health care organizations responding to the C+R Research study reported that workers continue to have concerns about their physical and mental health and the well-being of their families and patients. The study also documented a fourth major issue for both organizations and workers – COVID-19's short- and long-term impact on staffing, with concerns raised about current and future staffing shortages, as well as about job and pay security, given recent reductions and furloughs.[4]

Fear of the unknown

This fear results in part from unclear, confusing or contradictory guidance from various leading sources about what precautions should be taken to contain the spread of the disease. Shortages of personal protective equipment (PPE), certain medications and critical medical devices made this lack of direction even more difficult for workers to manage, said Raji Thomas, director of The Joint Commission's OQPS. The C+R Research study found health care organizations in all settings continuing to name shortages of PPE and other supplies as a common challenge. Managing frequently changing information also remains an issue in all health care settings, the study reports.[4]

The Joint Commission requires health care organizations to plan for emergencies; however, due to the unprecedented scale and nature of the COVID-19 pandemic, organizations were challenged to develop ways to respond quickly and effectively to the truly unique nuances of COVID-19. Thomas said workers were asking, "What is the right thing to do? Who should I listen to and who should I believe?" While they struggled to deal with these unknowns, many workers said they witnessed a mortality rate they had not seen before in their careers. "I've had conversations with people who've been nurses for 25 years, and all of them say the same thing: 'We've never worked in this environment before,'" said a nurse from Thomas Jefferson University Hospital in Philadelphia in *The Atlantic Monthly* article.[1] Thomas explained that, by necessity, health care teams developed creative and innovative ways to continue to provide care in the most compassionate ways they could.

Fear of getting sick

The fear of getting sick from the virus was high within the health care workforce, especially among workers who were more likely to have serious complications from a COVID-19 infection due to their age, pre-existing conditions or other factors. These fears were amplified by health care organizations not having enough of the recommended PPE for staff. "Some organizations had to resort to rationing PPE, which went against what was taught to health care workers during training about how to practice infection control," Thomas said.

The fear of getting sick also has caused many health care workers to ask leaders to develop policies differentiating between essential and nonessential workers. Ana Pujols McKee, The Joint Commission's executive vice president and chief medical officer, said complaints were received about housekeeping, environmental services, and transportation workers being classified as nonessential workers to preserve PPE. The rapidly changing expectations from government health agencies on PPE use in various settings led to a national outcry from workers to ensure their safety during the pandemic, Thomas explained. A recent web survey of health care workers found that more than 40% of respondents reported symptoms of depression, anxiety, traumatic stress, substance use, and suicidal ideation during the pandemic.[6]

Workers who believed that they were able to complete their work remotely questioned why they were required to work onsite. Some staff questioned whether continuing to deliver treatments in group

settings, especially in behavioral group settings, was appropriate due to the risk of spreading the virus, Thomas said. In addition to fears of getting sick from infected patients, front-line providers feared getting the virus from coworkers, some of whom were asymptomatic or allowed to work when quarantine was recommended by CDC.[7] Thus, even talking to colleagues or eating lunch became higher-risk activities. Recent reports of outbreaks in work settings, including health care settings, have indicated that breakrooms have been a common location for transmission of COVID-19.[8]

Fear of bringing the virus home

A significant percentage of the complaints received from workers by The Joint Commission reflected the fear of infecting family members, especially older adults and children. Workers shared stories about living in hotels, changing out of their clothes in the garage before entering the house, and showering as soon as they came home. "That was a constant stressor on all the health care workers," Thomas stated. "Some feared that they would get high-risk family members sick because they could have been exposed to the virus at work."

Thomas said she heard of workers leaving health care altogether during the pandemic due to this fear. "This put very high stress on the remaining health care workers. Many organizations struggled to find staff who were qualified to take care of patients who needed highly skilled care, such as intensive care," Thomas stated.

Staff shortages and other issues

The C+R Research study found staffing issues as the greatest challenge faced by health care organizations in all settings. These issues range from the need for increased communication with staff (66% reporting) to increased work from home (63%) and staffing shortages (50%). Respondents rated the staffing challenges as difficult to address and said understaffing was due to challenges in hiring (41%), infections/quarantines (40%), and childcare needs (37%). "Our greatest challenge was having to switch the entire agency to telehealth and adjust to everyone working from home," said a respondent from a behavioral health and human services agency.[4]

Another respondent, the chief quality officer of a behavioral health organization, said "more staff have taken time off, morale has been difficult to keep buoyed up. Some staff are more worried and anxious than others as we address the virus; it is taking a toll on their mental health. Everyone is pretty much worn out all the time. We may need to procure more staff to cover the down time existing staff may need to recuperate. Staff salaries will eventually need to go up."[4]

Five Key Ways to Support Health Care Workers

1. Foster open and transparent communication to build trust, reduce fears, build morale, and sustain an effective workforce.
2. Remove barriers to health care workers seeking mental health services and develop systems that support institutional, as well as individual resilience.[9,10]
3. Protect workers' safety using the National Institute of Occupational Health and Safety (NIOSH) Hierarchy of Controls framework.[11]
4. Develop a flexible workforce; evaluate the work being performed and determine if it can be performed remotely.[7]
5. Provide clinicians and others with opportunities to collaborate, lead and innovate.

1. Foster open and transparent communication to build trust, reduce fears, build morale, and sustain an effective workforce.

From a leadership perspective, open communication and transparency create a shared experience and resolve (see "You've got to be out rounding" sidebar). Open communication also helps organizations to work toward achieving high reliability by promoting a heightened sensitivity to operations – encouraging the reporting of concerns, unsafe conditions, and any other aspect that would affect performance expectations at the

"You've got to be out rounding" – and listening

Many hospital leaders are reaching out to workers in unprecedented fashion, recognizing their heroic efforts, gaining their feedback, and providing resources for emotional and psychological support. "We said loud and clear to every leader in the organization, you've got to be out rounding," said Tracey Moffatt, RN, MHA, chief nursing officer/system vice president of quality, Ochsner Health. "You can't round like a politician. This isn't where you're going through the unit and shaking hands and saying, you know, 'Do you need lunch?' This is the kind of leadership where we acknowledge that there's fear, anxiety, and frustration. We are listening to that. We are showing our face. We are locking arms with you. We are emoting. And I think it's something executive leaders don't often do very well, is show our own vulnerability and emotion. And we felt like that was a symbol of courage."[13]

front line of work[12] – and a collective responsibility for quality and safety.

The C+R Research findings identified the need for increased communication with staff in all settings, both now and in the future. Frequent and direct communication from organizational leaders to staff demonstrates transparency and helps to acknowledge that leaders hear and validate the fears and concerns of workers. The research found that 86% of organizations agreed with the importance of having tools to help manage employee morale during COVID-19, but only 36% reported having adequate access to these kinds of resources – a gap of 50%.[4] These resources can be found on The Joint Commission's COVID-19 resources page.

Liz Even — a Joint Commission associate director who also works as an emergency department nurse at a large, level-one trauma center — said keeping all workers in the loop with timely and transparent communication can improve trust and morale. She encourages leaders to share challenges the organization faces and to ask for innovative ideas on how to manage problems. "You may be surprised what staff come up with," she emphasized. Among her suggestions are developing a daily or weekly email that includes updates on changes that have been implemented, patient intake and community epidemiologic data, current levels of critical equipment and supplies, and more.

Many of Even's suggestions were echoed during a webinar from the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources Assistance Center and Information Exchange (TRACIE), in which leaders from Beth Israel Lahey Health, MedStar Health, Northwell Health and Ochsner Health participated (see sidebars). Leaders from these organizations spoke about the importance of keeping morale high through open communication with those on the front line, as well as with those in support roles.[13]

2. Remove barriers to health care workers seeking mental health services and develop systems that support institutional, as well as individual resilience.

To encourage providing assistance to staff experiencing psychological trauma, The Joint Commission issued a statement addressing the need to remove any barriers that inhibit clinicians and health care professionals from accessing mental health care services, including eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment.[9]

In June, The Joint Commission bolstered its stance by issuing a *Quick Safety* newsletter on promoting the psychosocial well-being of staff during crisis. The publication stresses the critical importance of health care organizations supporting all staff through proactive planning and providing systems and infrastructure to support psychosocial well-being and stress management before, during and after a crisis. The newsletter includes strategies that health care workers and leaders can take to promote psychosocial well-being, manage stress, and strengthen individual and institutional resilience during times of crisis and recovery.[10]

"Keeping staff healthy in mind, body and spirit at all times is essential to have a strong team that is prepared in a crisis situation to respond," said a C-suite home care executive responding to the C+R Research study. A behavioral health professional responding to the same study said, "We believe the mental health impact of this pandemic will last much longer than the physical impact."[4]

The importance of offering self-care activities such as meditation, prayer, quiet time, and needed human-to-human contact, particularly after a potentially traumatic event or a positive COVID-19 test,[4,13,14,15] also is becoming recognized by health care organizations.

Even suggests extending this concern for workers into the implementation of policies including: flexible scheduling options; monitoring how much time each employee is working in high-risk or stressful situations; providing transparent sick and return-to-work policies; and limiting all nonessential emails, calls and staff requirements for those working in crisis situations. "At my organization, we've received resources from the city for free child and pet care, as well as free online resources to support mental health through yoga and meditation services," she said. Some hospitals have decided to provide free hotel rooms to help eliminate the need for daily commutes, to promote rest and to reduce exposure to family members. These actions show appreciation and caring for staff and their needs.

Joint Commission hospital surveyor Laura Evans wrote about the need to assist workers who have become "second victims" of the pandemic.[15] These individuals have suffered emotional trauma following an adverse event and feel anxiety, depression, grief, moral distress, dread about

going to work, doubt about their ability to do their jobs, or other negative emotions.[15] Second victims have three possible future trajectories, according to Dr. Susan Scott.[16]

- Dropping or transferring out, leaving the profession, or self-harm.
- Surviving, while showing increased absenteeism, working while sick, or decreased work performance.
- Thriving in an ideal state that indicates positive resilience. Evidence-based, timely and ongoing support for second victims improves the chances of thriving and promotes resilience.[15]

Evans emphasized that second victims' assistance programs are not focused on pathologies, such as post-traumatic stress disorder, but rather on fostering resilience in staff exposed to traumatic events. "It's focused on normal reactions that staff have to traumatic events," Evans said. "It involves proactively reaching out to them, not only by managers and directors but also by peers, when they see somebody showing signs of distress. It's just saying, 'Hey, how are you doing? You look stressed. Let's talk about it,' and giving them an opportunity to decompress or to give them a different assignment." She said a referral to an Employee Assistance Program or off-site provider may be required if professional mental health intervention is needed (see Northwell Health sidebar).

Northwell Health's EAP and chaplains support mentally stressed staff

Dr. Mark Jarrett, Northwell Health's senior vice president, chief quality officer and deputy chief medical officer, described how the health system's employee assistance program and chaplains supported staff members who became mentally stressed from working long hours and witnessing numerous patient deaths. Hospital leadership also continually communicated their appreciation and the importance of team member contributions while acknowledging the difficulty of the work and the risk they were taking upon themselves and their families, he said.[13]

Health care workers have been placed into the difficult situation of being surrogates for family members who must be separated from loved ones due to infection control requirements. Taking on this extra burden is stressful. In an interview for The Joint Commission's "Real Voices. Real Stories" page, Dr. Edward Pollak, former medical director and patient safety officer at The Joint Commission, spoke of his experience volunteering on New York City's front lines. "To see an ICU full of patients, where it's likely they won't survive, and not have families there, really impacted the providers," he said. "We had a young nurse who came in crying at shift change. She said, 'This is too much. Everybody here is dying, and it's a really serious environment.' Then she said, 'I'm sorry. I can't handle it.' And everybody said, 'That's fine. You're the one who's responding to this how we all should.' We needed to be sure that we were really taking advantage of all the support we could."[17]

3. Protect workers' safety using the NIOSH Hierarchy of Controls framework.

The National Institute of Occupational Health and Safety (NIOSH) has developed a Hierarchy of Controls framework[11] that helps organizations to reduce the risk of occupational exposure to a range of hazards encountered in the workplace, including COVID-19, other novel pathogens, and secondary disasters (the convergence of COVID-19 and influenza, for example).

This hierarchy is referenced as a model for developing safety strategies by Joint Commission staff during webinars and conversations about infection control, especially those related to COVID-19, said Diane Cullen, Joint Commission associate director, Standards Interpretation Group. "Organizations are encouraged to use this framework as a basis for determining mitigation strategies appropriate for different situations and environments that may put staff at risk for infection or injury," she explained. The hierarchy also is a part of Joint Commission Resources' COVID-19 Recovery Preparation Assessment Checklist.[18]

The framework presents five levels of control ranked in a visual pyramid according to their effectiveness against the hazard. The most effective is 1) elimination, followed by 2) substitution, 3) engineering controls, 4) administrative controls, and 5) PPE. In the case of COVID-19, for example, hospitals may not be able to 1) eliminate the hazard or 2) substitute it with a safer alternative; they may, however, isolate patients and workers from the hazard through 3) engineering controls, such as using physical barriers or dedicated pathways to shield COVID-19 patients from others.[19]

The next level of controls is 4) administrative control, which includes adopting policies and practices directed at protecting staff, such as checking staff symptoms for COVID-19 prior to

beginning their shift or adopting a policy for staff to wear masks in all areas of the organization, including non-clinical areas, such as break rooms and lunch rooms.

"When in circumstances where application of the first four levels of the hierarchy is not feasible, such as when providing direct patient care to a COVID-19 positive patient," Cullen explained "The final level – use of PPE – is the stop-gap measure meant to provide health care worker protection. PPE is a necessary and effective control strategy.

"Organizations should be looking at elimination, substitution, engineering controls, and administrative controls first. This hierarchy can be used by organizations on a daily basis to protect workers most effectively."

In response to the C&R Research study, a chief operating officer at a nursing home said, "I need to assure the staff that we have the right PPE and the necessary inventory of PPE. The staff have to have confidence that we are informed and following the guidance that comes from expert resources. They need to know that we do not cut corners or implement plans that put them at undue risk. The staff need to have trust in leadership."[4]

4. Develop a flexible workforce; evaluate the work being performed and determine if it can be performed remotely.[7]
Remote workers help reduce the likelihood of spreading the virus. Having only those workers who are absolutely necessary working at facilities decreases the likelihood of catching COVID-19 from another co-worker. Among its many benefits, telehealth enables staff to work while in quarantine.[20] Remote work is likely to become a permanent option at some organizations. The C+R Research findings revealed that 63% of organizations increased staff work from home in response to the pandemic, and 24% expect remote work to be a permanent change.[4]

The COVID-19 pandemic has uncovered the need for health care organizations to continually develop team members who can contribute within intensive care settings. Having a flexible workforce trained in this manner enables organizations to redeploy staff to intensive care during crises and to have rotating staffing schedules that allow for rest and recovery.[13] Many organizations have engaged fellows, residents, medical students, and retired or returning health care professionals in these settings as appropriate and necessary.[21,22]

With a goal of keeping staff members as safe as possible during periods of crisis, the organizations participating in the ASPR TRACIE webinar spoke of the importance of setting standardized policies and procedures for clinicians relating to PPE requirements, shift rotations, quarantines, and staff and community COVID-19 testing and to set a process in place to review and adjust them systemwide if necessary during the course of a surge.[13]

Hospital develops surge plan to cover all shifts with qualified staff
Mahyar Sadeghi, director of medical affairs and international surveyor, Joint Commission International, spoke recently about how a hospital activated a surge plan that covered all shifts with qualified staff. "Our surge plan included onboarding of temporary and volunteer medical staff requiring cooperation with external authorities and our licensing regulatory body," he explained. "The nationally declared emergency disaster status served as our foundation to streamline processes for licensing and privileging." Sadeghi said he and his team worked with different departments, including human resources, to restructure the medical staff workforce using credentialed skill sets and potential cross training/cross discipline capabilities.[17]

5. Provide clinicians and others with opportunities to collaborate, lead and innovate.
Enabling clinicians to collaborate, lead, innovate and conduct rapid tests of change is another important aspect of a workforce strategy. At the hospital where she works, Even said emergency department staff — both permanent and rotating — were able to come together and decide upon unified practices, such as the clinical pathway for respiratory distress in COVID-19 patients. "We all have to be on the same page in terms of what is going to happen and when, and that's something I think we will carry forward even after this pandemic which will be beneficial for us," she said.

A recent paper published by the *New England Journal of Medicine Catalyst* describes seven areas of leadership opportunity for clinicians: clinical standards, capacity management, ethics, science, analytics, resilience, and communication. To support individuals in traditional leadership roles (such as administrators, chief medical officers, chief nursing officers, hospital epidemiologists), clinicians can work in concert with them to make agile and informed decisions within these seven areas.[23]

Health care organizations that build flexibility and resiliency into clinical staffing plans establish multidisciplinary teams to organize surge preparation and response. By engaging all stakeholders – including front-line workers – in the process, these organizations see these plans as living documents that must be frequently visited and revised.

Resources

Joint Commission Coronavirus Resources

Joint Commission Frequently Asked Questions Published in Response to the COVID-19 Situation

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Patient Safety Advisory Group

The Patient Safety Advisory Group informs The Joint Commission on patient safety issues and, with other sources, advises on topics and content for *Sentinel Event Alert*.