

## **“Wellness Rounds” as a Platform to Support Staff Well-being during Covid-19**

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### ***Introduction and Project Inception***

As part of our comprehensive disaster response to Covid-19, Rush University Medical Center instituted “Wellness Rounds” in March 2020.

Wellness Rounds represent an interdisciplinary effort to proactively engage staff and employees who are providing direct care to patients received by Rush University Medical Center as part of the Covid-19 pandemic. Rush University Medical Center is a major academic medical center located on the west side of Chicago’s downtown. The hospital’s emergency operations plan includes a comprehensive psychosocial disaster plan with a directory of staff available to support the institution’s efforts with anticipated behavioral health needs triggered by a crisis. Beginning in early March 2020, these faculty and staff convened under the auspices of our system’s Chief Wellness Officer to establish our core response to anticipated staff wellness needs. Our initial step was to plan for moments of staff crisis through establishment of a Wellness Consult Service. We secured a pager for the Service and now rotate coverage among several MD’s and psychiatric nurse practitioners. This pager has been promoted as a 24/7 service that is not carried by our Employee Assistance Program (EAP) but rather someone “in the trenches” who knows the place the hospital is in on any given day. The Wellness Consult Pager can be activated by a staff member *in extremis*, but we’ve also encouraged its use by nursing unit directors, attending staff, managers, and others who feel that the unit or floor on which they are may need special attention for ALL staff to boost morale. In such instances, we try to advise regarding possible directed group interventions. When individual attention is required for a caller, we provide linkage with either the hospital’s EAP or trained behavioral health providers at Rush within the Department of Psychiatry and Behavioral Sciences.



We next identified a communal space in the hospital that was easily accessible to all wellness team members involved in this effort and also accessible to all employees and staff. We chose for this an existing Patient Resource Center near the entrance to the main hospital which is already a component of our comprehensive psychosocial disaster plan. This Wellness Center is staffed by a social worker for twelve hours daily (8 AM to 8 PM). After identifying a central space, we deployed “wellness teams” to each of the floors throughout our facility managing Covid-19 patients. Teams consist of volunteers and generally include a consultation-liaison faculty member (psychiatrist or psychiatric nurse practitioner), chaplain, and psychologist. We utilize trained psychiatric clinical nurse

specialists on some teams as well. As need and momentum for this intervention ensued, we have also been able to include social workers on some of the teams. On any given day, we have 2 to 4 staff rounding on their assigned units.

We have made a concerted effort to ensure that the same staff round on each floor each day to provide some continuity with clinicians and other personnel on each ward. To be sure that our outreach contacts as many staff as possible, we also assign staff to nighttime Wellness Rounds. These are conducted twice weekly by volunteers and represent the only exception to the above rule, meaning that the same team rounds on all Covid-19 units.



Our Covid-19 floors at the time of this writing include two dedicated Critical Care units, as well as a “surge Critical Care unit” in the form of our Post-Anesthesia Care Unit. We are also operating three non-critical Covid-19 wards as general medicine units. On each of these wards, our team has developed a “Wellness Room” as a place where all staff can experience a reprieve from the stress of their regular care duties. Since adoption of Rush’s “no visitor” policy, the family consultation rooms in our intensive care units and general medicine units are not in much use. These rooms were repurposed for our efforts. Each of the Wellness Rooms is outfitted with several chairs and a couch, which were pre-existing to our efforts. We set up a table with resources, including cards with contact information for Rush’s EAP, as well as fliers promoting strategies for self-care. In addition, we provided nutritious snacks for busy “on-the- go” practitioners, including packaged nuts, KIND bars, fresh fruit, and bottled water, and replenished

these daily. In an effort to help staff decompress from the stress of their duties, we have placed blank posters on the walls of all the Wellness Rooms with stems for staff to complete with markers.

Examples of these stems include:

- “The biggest challenge for me today has been . . . “
- “The thing I miss the most is . . . “
- “Everyone is a hero; my Covid-19 superpower is . . . “

These stems have been changed by staff periodically to provide an opportunity for anonymous staff engagement. The instability of this time has led to a myriad of emotions among employees and staff, and pause for reflection and self-assessment is a key aspect of what we wanted to promote.

### ***Function and Staff Engagement via Wellness Rounds***

We begin with a team huddle each day at 2:30 PM in our central Wellness Resource Center. The huddle is led by our Chief Wellness Officer and runs for approximately thirty minutes. This is an opportunity for all wellness staff who round to align our efforts. There is significant “give and take” during the huddle with each team raising concerns that were noted on the prior day’s rounds as well as leadership providing updates from incident command about action items

from the day prior and needed situational awareness. The group separates at 3 PM generally to go to their assigned floors.

We first begin by restocking the Wellness Rooms with snacks and bottled water and then make our way throughout the unit. Interactions with staff are spontaneous and we do not announce our visit – although I will say that as time has progressed, staff are generally aware of when we show up and some even seek us out to talk. We make an active effort to “get the pulse” of the ward each day by conferring with nursing unit leadership (unit director, assistant unit director, or charge nurse) as well as housestaff and attending staff when available. Interactions are generally brief, lasting no more than five minutes, although at times staff continue for longer than this if the situation permits it. We do not interfere with patient care duties and if staff begin to share but later are pulled away by a phone call or need to enter a room for patient care, the conversation ends.

Throughout this experience, we have found that the best approach is to promote self-regulation by different units. To that end, we have not instituted scheduled activities of any sort – mindfulness is not suited for everyone and not all practitioners find yoga useful, for instance, and we have observed that forcing staff to gather for a scripted exercise is generally not useful. Instead, we have allowed ideas to develop organically and encouraged these individually when they arise. Examples of such interventions have included words of encouragement to staff for their efforts, normalizing acute stress reactions, validation of “gallows humor” when staff are comfortable making this known, and directing staff to Rush’s existing wellness resources that are available on our website. We have endeavored to make our interactions about “wellness” and not pathology and frequently ask staff about how they are coping and what efforts they are undertaking to keep themselves well. Similarly, we advise staff of the importance of self-care, including exercise, time for self-reflection, proper nutrition, and other important aspects of wellness.

Importantly, we speak to staff of all disciplines when we make rounds – nurses and physicians are primary because of how many are on each unit, but when the opportunity permits it, we also speak with other staff, including phlebotomists, respiratory therapists, security staff, unit clerks, dietary staff, environmental services staff, and others as available.

### **Themes**

As time has progressed with our Wellness Rounds initiative, staff have moved from the “we’re fine” position to opening up and being more candid about what they are facing, especially as regards moral distress around losses and patient deaths. Centrally recurring themes we have noted include the following:

1. Moral distress around resource allocation and absolute scarcity
2. Personal safety and risk of contagion associated with PPE
3. Economic insecurity



4. Social/Family life disruption due to social distancing or fear and lack of understanding from loved ones

### ***Tips for Success and Best Practices***

Although adoption of Wellness Rounds here is novel for Rush, we have made some observations that we think can promote success of a similar intervention elsewhere:

1. **Let conversations and needs arise organically.** We have chosen not to schedule interventions such as meditation or other similar activities and instead spend most of our time talking with staff to provide one-on-one support.
2. **Round in the afternoon rather than the morning.** Mornings are far too busy for staff as they are occupied with patient care duties and assessments.
3. **Construct a multidisciplinary team of providers.** At Rush, we have brought together staff from case management/social work, psychiatry and behavioral sciences, the department of nursing, volunteer office, and wellness office.
4. **Assign the same 2 to 4 staff to the same wards each day.** We have observed that having 2 to 4 staff is usually more than adequate. This staff complement also permits someone on the team to be away on a given day if needed, oftentimes to ensure their own wellness. (Our staff are also continuing with their regularly assigned work duties including clinics!)
5. **Provide food!** We have found this to be a major draw of foot traffic to the Wellness Rooms. Nutritious snacks that are in small packages are encouraged, as is bottled water (we've noticed staff are very dehydrated).
6. **Establish a central nexus for coordination of workflow.** We use our Wellness Resource Center as a place where staff and employees can come to seek resources about self-care. A space is necessary where all staff involved in Wellness Rounds can convene daily. A central space is also useful for those staff who are not "assigned" to a ward and who are otherwise hard to engage, such as security, environmental services, dietary staff, diagnostic radiology, and others.
7. **Make your target "wellness."** The emphasis in our rounds is on support and encouragement of staff who are under extraordinary stress. Wellness Rounds are not a diagnostic exercise and we do not ask about hypervigilance, nightmares, etc. Leave the DSM-5 at home.
8. **Be visible.** We have learned that as much as we might like to talk with staff on a regular basis, there isn't always a "perfect time." Everyone is busy and no one wants to neglect their duties. Presence, itself, is therapeutic. As an illustration of this, our team rounded in the MICU one afternoon following several unexpected deaths. The mood on the unit was decidedly somber and quiet – no one really engaged. It was apparent that staff on the floor needed to be "stunned" in that moment.
9. **Be kind.** You don't have to say much to effectively promote wellness – most of our staff are equal measures surprised and heartened to see that others are asking about their emotional health and well-being.
10. **Practice "social listening."** In this time when everyone is required to be six feet apart from one another, the isolation mounts quickly for staff. Everyone we've seen has related stress of one sort or another that is occurring outside the workplace and is even at times

unrelated to their role in the response to the pandemic. Neglecting these means neglecting opportunities to promote wellness. Ask about family. Ask about their plan for “Covid decontamination” when they get home from a shift. Ask about children. Ask about how upset they are that they can’t go on that vacation to South Africa that was planned for May (true story!). Inquiring about an employee’s social world is equally as important as understanding the stresses imposed upon them by their work environment. “Social listening” can be an effective antidote to the stresses imposed by “social distancing.”

### ***Future Directions***

Challenges remain, and as the Covid-19 pandemic progresses, our response will require sufficient flexibility for what is to come. For example, how do we support staff “after the fact?” When the adrenaline stops and staff take the time to finally process what they have been through, we expect some need for psychological support. Plans for sustainability will need to be developed. Similarly, how do we engage staff who are off-site, including administrative staff and non-clinicians who have been working from home during but for whom isolation may also provoke psychological distress? We are attempting to leverage “virtual Wellness Rounds” as one method of outreach for this numerous group. Finally, how do we support the wellness and integration of staff who were furloughed because of Covid-19 exposure or positive test results but have since recovered and are now able to return to work? We continue with ongoing discussions at Rush to coordinate responses to these unique situations and welcome ideas from colleagues and other institutions.

*The authors report no conflict of interest.*



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