# HealthLeaders Virtual Roundtable

## USING TECHNOLOGY TO TACKLE STRESS AND DEPRESSION IN THE HOSPITAL

Healthcare organizations have faced a sharp increase in employee stress, depression, and burnout over the past few years, caused in no small part by the pandemic. It's an issue that not only threatens morale and productivity, but puts doctors and nurses in peril and negatively affects clinical outcomes. To address this challenge, hospitals are turning to digital health platforms to expand access to resources, deliver personalized treatments, and promote health and wellness. HealthLeaders recently convened a roundtable of executives from three health systems to discuss how they're identifying and helping staff who are struggling, and how technology plays a part in the process.



**Patricia Flynn**
Assistant Vice President
Northwell Health's Wellness/ Employee Assistance Program

**Sanjay Gandhi**
Interventional Cardiologist and President of Medical Staff
The MetroHealth System

**Anita Jensen**
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# HIGHLIGHTS

**HealthLeaders:** *Could you explain how stress, depression, and burnout are affecting your health system?*

**Patricia Flynn:** We're low on some of our staff, some have left, and we are working long hours [and] tired. The burnout comes across as fatigue, maybe a little snarkiness, I say kindly, and that's what folks are feeling.

**Sanjay Gandhi:** With the pandemic ongoing for more than two years, we have seen a lot of patients who are not doing well. We have also seen our coworkers who are sick. After the first vaccine came out, there was hope that this was going to go away. And since that hasn't really panned out, now healthcare workers are feeling like they're being beat up again and again as soon as they try to rise up.

The second aspect … is the impact it's had on their personal life. They're socially isolated. The kids have to go to daycare, or they are doing homeschooling. The combination of stress in their personal life related to the pandemic and stress in their profession just adds up.

**HealthLeaders:** *Was it an issue before COVID-19 hit?*

**Gandhi:** It's been around pre-COVID. There are several issues like prior authorizations, paperwork, all the things other than taking care of patients that distract from patient care. What wears people down is all these additional things that have no meaningful impact on that patient-provider relationship, but just eats up a lot of your time.

**HealthLeaders:** *How are you able to identify those who need intervention or need help?*

**Anita Jensen:** COVID served as an impetus. To respond, we created a partnership between HR and the Department of Psychiatry and Behavioral Health that evolved into an enterprise mental health and coping committee that functions as a think tank to attend the mental health needs of our employees and students. The organizing principle for the committee's work was a four-tier pyramid of resources, going from low touch to high touch. Many of those were made available asynchronously and/or digitally, and we can track the utilization through our ISMT platform, so we know how many people we're touching and how many people are accessing which resources over time.

**Flynn:** We launched a well-being survey, totally different from our engagement survey [and] done by our behavioral health people. We now know by hospital, by group, what the percentages are, so we have some good data.

**Gandhi:** We do not have a good way to track stress or depression in the workplace. I see that as an opportunity. Surveys are meaningful to the point where people take them. If your survey response rate is 15%, that's not adding a whole lot of value.

I think people are more open to asking or discussing these issues, but [a stigma] still exists. We in healthcare feel like we are empowered and we're special, but we forget to realize that we are human as well. We sometimes push ourselves; this is how we were trained. I think we need to change that mindset in the healthcare sector for people to recognize and appreciate that it's OK to ask for help.

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**Jensen:** We had very low utilization when we left it to the individual to reach out and access resources. But when we brought the resources to a unit or department, the utilization was much higher. The team had a shared experience of grief or loss or exhaustion or anger, which made it easier for people to open up.

**HealthLeaders:** *Is there a way to educate people as to the signs of stress and burnout?*

**Flynn:** We try to [train] our leaders through EAP, employee assistance, on how to speak to someone. We use stress first aid sort of as a model. But you've got to bring it to them.

**Jensen:** We have regular meetings with our top 300-plus executive leaders. We use that forum to have our psychiatrists and our therapists role-model techniques with leaders on how they could manage their staff

who are struggling. We were able to name and normalize the whole idea of mental health in the workplace. And we have probably trained well over a thousand people in psychological first aid. So it's peer to peer, which is helpful.

**Gandhi:** We've tried to shift the focus from calling it burnout [to emphasize] wellness and resilience. We have a wellness education (WE) committee made up of hospital leadership. It provides an open forum for people to visualize it's OK for the leadership to say they're burned out or have issues, and [to] have people come forward.

Anita, you had mentioned high touch points and low touch points. Have you seen, given the fact that people don't seek help, higher utilization of digital asynchronous tools over meeting in person with a counselor or reaching out to an HR person?

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**Jensen:** Yes, we have two different EAPs. The average utilization of an EAP is 4% to 5%. Even during the pandemic, it only bumped up [slightly]. We knew there is some stigma attached to accessing EAPs, [so] we decided to develop the many resources internally. We ended up with much higher utilization.

We also got more participation asynchronously, which we attributed to the reality that your work is your life, your life is your work during the pandemic. If you're trying to help your child on Zoom®, you can't participate in a program that's live, but you can start it and go help them on Zoom and then come back and finish it.

We [also] have a RISE program, and [while] most of these programs are focused on adverse patient events, we broadened it so that employees in need could access a volunteer for anything that would not be considered employee relations–related because that falls into HR. And we have had very high utilization.

**Gandhi:** When residents come on board or when we bring in new providers on board, we have them meet with the employee assistance program as a part of onboarding. If they're familiar with it and they've interacted when they're doing well, when they're not doing well there may be an openness to utilize that resource.

**HealthLeaders:** *How are these programs tailored to meet specific needs? How are you telling them, "Yes, we have these resources that you can access at any time on a mobile device of your choosing"?*

**Flynn:** We have an internal communication partner in my department. We don't so much do a nurse program vs. a physician vs. an environmental service worker. It's more, "How do you get your information?" Some people never go on email, [so] we mail things the old-fashioned way, with a stamp. That seems to be one of the most popular.

**Jensen:** We use established communication vehicles and platforms and introduced the idea of "road shows." We know when all the regional and departmental meetings are. We just ask to get on the agenda. It's the people who are champions of these resources who have the passion about it who present. Then we turn to the leader and say, "What are you willing to do to encourage people to do or give them permission to access these resources?"

**Flynn:** I love that. We say those words, permission and access. And I love the road show. We try to do that, too. Once a month, we pick one of the hospitals and just stay for the whole month.

**Gandhi:** It's tailored to the individual in terms of how they access resources and how they adapt to certain things. We look at this in two ways. One is a group approach, where you go to a unit and you deliver some sort of a message or reach out to that group. The second is on an individual basis.

I wonder if pairing people as a buddy would really be impactful, where you have a second set of ears to talk to if you're comfortable about it.

**Jensen:** We have expanded our efforts to define wellness as entailing eight dimensions. We use the SAMHSA (Substance Abuse and Mental Health Services Administration) model. It was primarily developed for physicians to make sure that they attend to all the dimensions of a patient's health and not just the presenting problem, but we have adapted it to consider an employer's role in supporting the eight dimensions of wellness.

We're calling the initiative Holistic Health. We're tackling each of the dimensions in a phased approach, [starting] with the physical dimension. We redefined it as, "How does the structure of the work interfere with your ability to attend to your physical health?" The types of things that are coming up are our cultural norms around being accessible 24 hours a day because that's the thing to do if you want to get promoted, or it's sending e-mails at 2 in the morning and expecting your staff to respond.

**HealthLeaders:** *Are there lessons you're learning that you can apply to offering more resources?*

**Gandhi:** It's just a matter of leveraging digital tools and making sure they're not really the only thing we are focusing on. I would focus on three things through this transformation: One is people, the second is process, and the third is technology. Sometimes we get lost in technology because it's amazing, but I think we don't want to lose sight of people and processes that go with it.

**Jensen:** The psychological contract has changed between employers and employees. When you have this type of seismic event, it does invite you to challenge your assumptions about what's possible and why things have to be the way they are, and how we need to adapt and respond.

**Flynn:** We've created Work Well Hubs all around the five boroughs of New York. Those who are working at home can go there for some connection to other people. It's just keeping those remote people in mind, in terms of their well-being, because a lot of our focus is on the providers, but we have that other whole group.

**Gandhi:** Over the years, there was a lot of focus on standardization. You need to show up for work at this time, the expectations that you would answer, those kinds of things. Now we are much more empathetic to our colleagues who drop their kids to school or interrupt a Zoom call because they need to take care of a child. Prior to this, if you said you wanted to take care of your child, it was like, "OK, we are not focused on work. Where's your work ethic?" But I think that has changed.

**HealthLeaders:** *What digital health tools are you using now?*

**Jensen:** We're using NeuroFlow®. It was brought into our ambulatory practice to enable physicians to maintain a certain high level of contact with their patients and [help] them proactively manage their health. We [now] make that same resource available to our employees.

Because there's a shortage of mental health providers, we also contracted with Marvin. It provides virtual digital therapy solutions. It doesn't seem to have the same stigma as EAPs because people can access it through an app on their phone. Within two weeks, we had 120 people sign up. The chief of our psychiatry department said to service the size of our employee population, he'd have to hire 17 therapists. We get monthly stats, and the utilization is increasing and the feedback is very positive.

We've also started to challenge what we're teaching our doctors when they're in medical school and residency programs to recognize their own health and to be open to accessing resources before they form themselves fully as a provider.

**Gandhi:** Our institution invested in health apps like Headspace. The biggest thing that we've done, not just for our employees but also for the patient, is improved mental health access. The bigger emphasis is on wellness, accessing those support resources, not just having access to psychiatrists.

**Flynn:** We use Virgin Pulse and we have about 50,000 enrolled. Our equivalent of Headspace would be what's called Whil™. [We also have an] in-house digital mental health app, where people can [access] a counselor. There are lots of self-help tools on that. That was an important piece, especially because of the access without making a phone call to EAP.

**HealthLeaders:** *What are the challenges of using digital health tools?*

**Gandhi:** Technology can be frustrating for patients and providers. We want to make sure those technological headaches are sorted out. We also want to make sure that digital health doesn't lead to more health inequity. Everybody has a cell phone, but everybody may not have the same data plan [or] the same access to a good cell phone signal.

**Jensen:** Our whole definition of "touch" is changing with the advent of digital health tools, and we know touch is important to physical and psychological well-being. How do we ensure that people, through a digital experience, experience "touch" in a form that enhances well-being?

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**Flynn:** Health coaching has become very important. We have eight [coaches] on my team and they supplement the EAP. They might ask for a health coach to give them a couple of sessions on nutrition or whatever topic we can help them with.

During that survey we did in April where we had 91% participation, the three things were financial, emotional, and physical well-being. I've never heard in my career so much pain around finance. That's a huge mental health issue.

**Jensen:** There is a new niche service called wellness coaching. They introduce healthy wellness habits and teach them to coachees, including how to manage the internal and external barriers to taking care of their health and the health of their teams, and how [the system interferes] with your ability to take care of your health.

**HealthLeaders:** *How do you get a program up and running and ensure there's enough buy-in?*

**Jensen:** We took the mental health resources we developed to respond to COVID and made them applicable for broader purposes. We also proposed expanding our efforts by getting executive-level support to "establishing holistic health as a fundamental attribute of the Jefferson culture." The chair emeritus of the Department of Psychiatry and I are co-leading the initiative. We decided to use the SAMHSA model as the framework for how we would define holistic health at Jefferson. It's a multiphased initiative. We're beginning with the physical, emotional, and social dimensions and then will incorporate the other five dimensions over the next couple years.

**"[We] have begun to name and normalize attending to wellness, to reduce the stigma. One example is safety huddles. In these, we don't ask people individually how they're doing, but we ask how the unit or the team is doing. And they call out what they're collectively feeling that day. Then the nurse manager can respond with, 'OK, well, what can we do to [improve it]?' "**

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**Flynn:** Wellness and holistic health have never been more relevant. We go through the process of what are the requirements, what's going to work here, and then that combination of internal and external vendors to get things done. Our digital piece for mental health is an internal product. We have what we call a care collaborative. It used to be called maybe a crisis intervention team or critical incident, whatever you could call it. It really was to break down any of the silos.

**HealthLeaders:** *How do you know these programs are working?*

**Flynn:** [With] Virgin Pulse, we know because the gateway to it is a health risk assessment, so we have a lot of good data. Then we work closely with our insurance providers and our unions.

**Jensen:** We collect utilization and satisfaction data on a monthly basis.

**Gandhi:** I almost wonder if there's a way to track it indirectly through employee retention. What is the turnover rate for employees? Not all of it is related to burnout, but some of it may be days called out sick, for example. These are some of the routine things that HR already collects, because [it's] very hard to collect information about exhaustion and cynicism and professional issues directly.

**HealthLeaders:** *What kind of resources should be made available in a program?*

**Gandhi:** The first and foremost is addressing what causes stress. Making the most of extended teams, delegating administrative tasks like prior authorization, having scribes to take the work that doesn't really add meaningful patient-provider interactions.

How effective are emotional support resources like podcasts, articles, down-homes, checking in with a trusted partner? Those are the programs that we are focusing on.

Lastly, the employee-employer relationship has changed. Employees are feeling more empowered to ask for flexibility, and I think institutions have to be willing to accommodate that within reason. Clearly, they don't want to give you a four-hour workday, but can you do those eight hours on your own time vs. on a standardized schedule?

**Flynn:** It's the holistic approach, looking at the financial, the physical, the emotional; spiritual's real important for us, too. Looking at all those [and] making sure that there are different types of things they can take home, things they can read. Everyone takes it in a different way.

**Jensen:** We try to make sure [our resources are] available in all modalities. Then the burden isn't on the recipient, [and] they can access it whatever way makes sense for them and causes them the least amount of stress.

Also, we're trying to define what flexible means. If the customer experience is not impacted, whether you are accessing them virtually, then there's no reason you should have to get on the bus and commute and pay $20 for lunch to come into the office. That goes a long way for people to trust that the decision-making isn't irrational or arbitrary, and it touches on what we have in common, which is our commitment to patients or transforming lives or whatever the mission is.

**HealthLeaders:** *Are there some unusual pressures that healthcare does not realize is an issue?*

**Flynn:** I was surprised by the extent of the financial stress [and issues like] homelessness and food insecurity. We're doing a lot right now with that because our employees are the community.

**Jensen:** Given all that has happened during the past couple of years, it is clear there is an interrelationship between things that are happening outside of the health system. For example, the political climate, racial injustice, and other pressing societal issues that exacerbate the mental health of providers and our other colleagues. It is important we are attentive to this in order to attend to this phenomenon.

**Gandhi:** There's this empathy drain. You have to be kind to your neighbors, you have to be kind to your parents, you're taking care of your kids, then you have patients and your colleagues. There's just only so much you can give.

**HealthLeaders:** *How does social media play into this?*

**Flynn:** We have a Northwell Life Facebook [page]. It's very widely used. And we'll do a takeover. We did a substance abuse takeover day and a nutrition [day].

**Jensen:** We have MyJeffHub, a digital community platform. We have 343 digital communities actively engaged on the platform. We can intentionally feed content into these various communities, either preventatively or proactively, depending on what the situation is.

**Gandhi:** A lot of how we use social media as a healthcare system is one-way. I don't think we meaningfully or systematically utilize social capital to bring those ideas back to the healthcare system or to improve processes within the healthcare system.

You have this fake persona that persists for healthcare systems on social media because you're projecting just the good news. People see through this. For social media or any of that to be helpful, it has to be transparent, it has to be two-way communication, and it has to make a meaningful change or lead to a meaningful change so that it can be impactful.

**HealthLeaders:** *What tools or strategies help your staff identify stress before it happens?*

**Jensen:** [We] have begun to name and normalize attending to wellness, to reduce the stigma. One example is safety huddles. In these, we don't ask people individually how they're doing, but we ask how the unit or the team is doing. And they call out what they're collectively feeling that day. Then the nurse manager can respond with, "OK, well, what can we do to [improve it]?" Sometimes it isn't anything monumental. It's the fact that you ask and you're offering.

The other very simple thing we do is we are piloting wellness carts [with] healthy snacks, water, and games. It provides an occasion for communication, and people will be forthcoming when you give them something to eat.

**Gandhi:** We don't really thank people enough, which has zero cost. Having more of that would go a long way in helping people feel connected, feel appreciated for what they do.

We used to have executive rounds where the executive team would round on the floors, meet people, thank them, or share something positive. Those are small things that we can do in our day-to-day interaction, whether at a team level, which is more effective, or at a broader unit level or leadership level.

Hallway conversations are always an important source of camaraderie. They help you solve problems. They help you come up with ideas. In this increasingly digital and virtual space, we have to figure out how to recreate those.

**Flynn:** [We had] tranquility tents. There were these big white tents at the employee entrances, so people could either stop in on their way or their way out. They were manned even for the night shift. People stopped in, took a water. We had a QR code if they wanted to get the flyers [and] didn't have to touch anything. Just saying hello to people, especially on the way out of work, was simple and that worked out well.

**HealthLeaders:** *Should these programs include family and friends?*

**Flynn:** Employee assistance is open to all family members. We did some fun things with the family last summer. The employee experience team did a family playbook. They found an old drive-in someplace out in Long Island. People stayed in their car and watched a movie with their kids.

We do a lot of cooking things for wellness. One of my dietitians does a 15-minute cook-along, and all the employees brought their kids. Any way we can engage families, we're trying.

**Gandhi:** We don't do it enough. Part of it is resource constraint because, yes, we would love to take care of the employees and their families, but a lot of time what gets structured in is the wellness programs through the health plans that we offer.

**Jensen:** We included information to help parents deal with the stress of family demands during the pandemic. For example, we had our chief adolescent psychiatrist record a video that defined what is normal anxiety at each stage of a child's development and then what is anxiety outside of the norm so that parents could know whether they should actually call a professional based on what their child was experiencing.

**HealthLeaders:** *How do you see these types of programs evolving?*

**Gandhi:** I think traditional hospitals are going to shrink in size. We're going to have decentralization of care; more and more will happen in patients' communities and in patient-centric ways. We'll use digital tools to accomplish that. We have to be cognizant that we don't lose empathy and touch and the connection in the process.

**Jensen:** We are trying to establish holistic health as a fundamental cultural attribute of the corporate culture. It usually takes three to five years to shift a corporate culture. I do think if we're capable of doing that, we will be differentiating ourselves in the marketplace because healthcare providers will be attracted to an organization in which holistic health is part of the culture.

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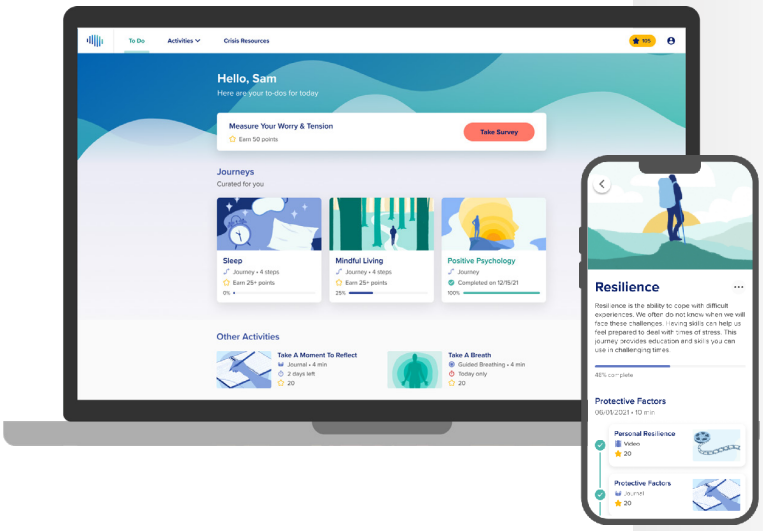


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