WEBINAR CHAT NOTES
April 9, 2020

Caring for Ourselves in Times of Crisis
Moderator
Deanna Frings, MS Ed, CPXP
Vice President, Learning and Professional Development, The Beryl Institute

Panelists
Lou Lacey, LPC, Director of Emotional Wellness, Children’s of Alabama & Helen Riess, M.D., Founder, CEO, Empathetics, Inc. | Associate Professor of Psychiatry, Harvard Medical School

Question: What are your challenges?

Donna Henderson: Clinical staff feel they could be better supported by being compensated for hazardous duty for those working with COVID patients.

Nikki Orkoskey: Need to limit our service to patients and families who are in the hospital

Teresa Prouty - Dayton Children's: There is a sense of guilt for those who are not "essential" and are either working remotely or furloughed about not being to be there to help share the load of work

Frances Jones from Alaska!: Challenge: being able to get accurate picture of what the staff are concerned about and what they need to be whole and feel cared for during this time.

Guest 4: yes, @TeresaProuty, on the guilt of those considered 'non-essential'

Tonia Campbell: Keeping communication to staff current and it changes so quickly.

Greg: How can I restore or "fill the well" when I feel like I am always needed at work?

Amy Ciancarelli: What are some ways to fill the well?

Frances Jones from Alaska!: Staff concerned about pay (low census and get set home, hazard pay); worried about PPE (adequate supplies, feeling protected from patients while caring for them)

Kellie Wilson: When everyone is focused on the crisis and clinical care, it is difficult for the staff and the leaders to know what resources are available.

Cherie Solie: Yes, Teresa. That is a real emotion for those of that are working from home and feel disconnected from the front-line staff.
Joy: waiting for the surge and not knowing what is ahead

Lana Wolter: Communication and information isn't broadly shared. Creates anxiety for those who do not know what's going on

Pam Bell: There's no escape of COVID...even at home social distancing, undressing in garage, using separate bathroom/bedroom and worrying about bringing something home to family; no breaks even at home

Robin Richardson: Worry that cancer patients won't be able to continue treatments, won't have access to Rxs or won't be prioritized if needing to be hospitalized

Rory Ditzler: Working from home feelings of disconnect or isolation from our colleagues; How do we support them

Guest 4: deference to expertise [lack thereof], as well as staff returning to work after testing positively and leadership not being transparent in employee exposure

Teresa Prouty - Dayton Children's: The sense of being pulled in several directions at the same time more than ever. Trying to comfort and explain things to the children they have at home and being the "teacher", being a healthcare worker and concerned about putting their family at risk, needing to have "time to themselves" worries about their jobs, paying bills, the list goes on.

Kristin Maier: Young staff really struggling with emotional maturity to manage the complicated emotions along with several of them getting information from family that conflicts with what hospital is sharing...

Charles Kunkle: I find that the understanding of emotional agility helps. There are 4 steps to help caregivers identify feelings and then manage the feelings. Great information to share with others.

Alexis Castro: waiting for the unknown and ambiguity of how my role may be able to support patients and families, or not at all. Physical energy draining but not being able to refill

Joe Connell: Preventing compassion fatigue in view of moral distress, emotional exhaustion and responding to crisis in an ICU for isolated patients from families. How?

Jessica Hagerman: The struggle of still providing patient and family centered care with strict visitation guidelines. So many don't have their loved ones around them when they need them most.
Alissa Rodriguez: Challenge of waiting for the surge to hit our hospital, the uncertainty of when it will happen, and how to manage end of life support for potentially several patients at the same time. Being able to provide appropriate time/comfort measures to each patient at end of life.

Jeff Ring: I love this poem by James Parker: Ode to Social Distancing

Terry Harrington: I had a small "woah" moment as I was helping with PPE distribution. In walking through our delivery/mom-baby area, it was eerily quiet. I wish I could go around and check on everyone else personally. I guess the challenge is how can you let those that want to help more actually help.

Frances Jones from Alaska!: Challenge: having the resources to talk to patients and families about their loved one that is near death and not going to survive- not allowing families to visit their loved one that is COVID+ and is not going to survive. Patients not being able to have their emotional support available to them due to visitation restrictions.

Avry Eichwald, LCSW: Challenge: Helping health care professionals recognize the difference between operationalizing care as a protective mechanism, and the emotional experience of care for the worker.

Paula Manuel: Organizations need to provide emotional/moral distress support yesterday and going forward, don't tell them to call Employee Assistance program, we need counselling face to face

Rita Horst: This is so helpful.

Cathy Almost: Frances there is a great resource for speaking with families about Covid-19 created by two physicians here: https://twitter.com/DrAntoniaFS/status/1246162643158798337/photo/1

perlita herrera: at times one feels guilty because you cannot be at a loved one’s side when they need you the most

Anthony West: As we attend many of these webinars and discussion groups, our PX team is struggling on what to share and when to share it so that we do not overload someone’s email inbox. We are asking ourselves when is this needed? Is it value add?