



Establishing ongoing feedback and support channels for staff

Strategies for coping with the COVID-19 challenge

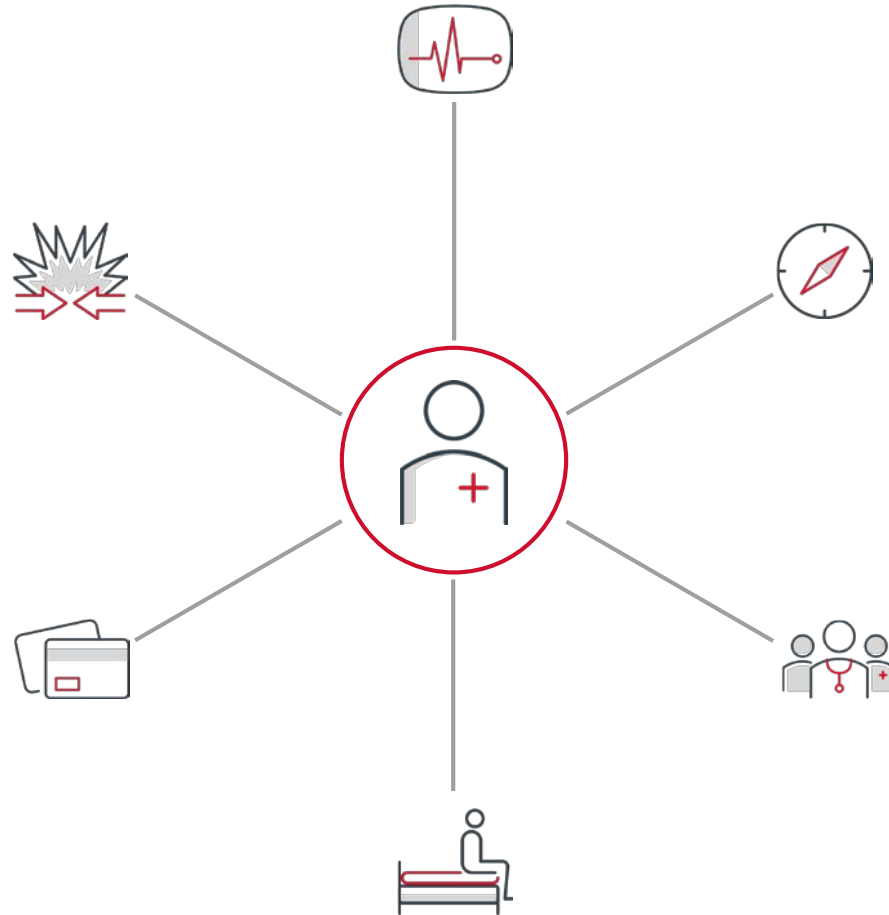
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Pandemic piles on to existing stressors for the workforce

Regular sources of stress haven't gone away...

- Documentation
- Staffing ratios
- Policies and protocols
- Challenging patient and family dynamics

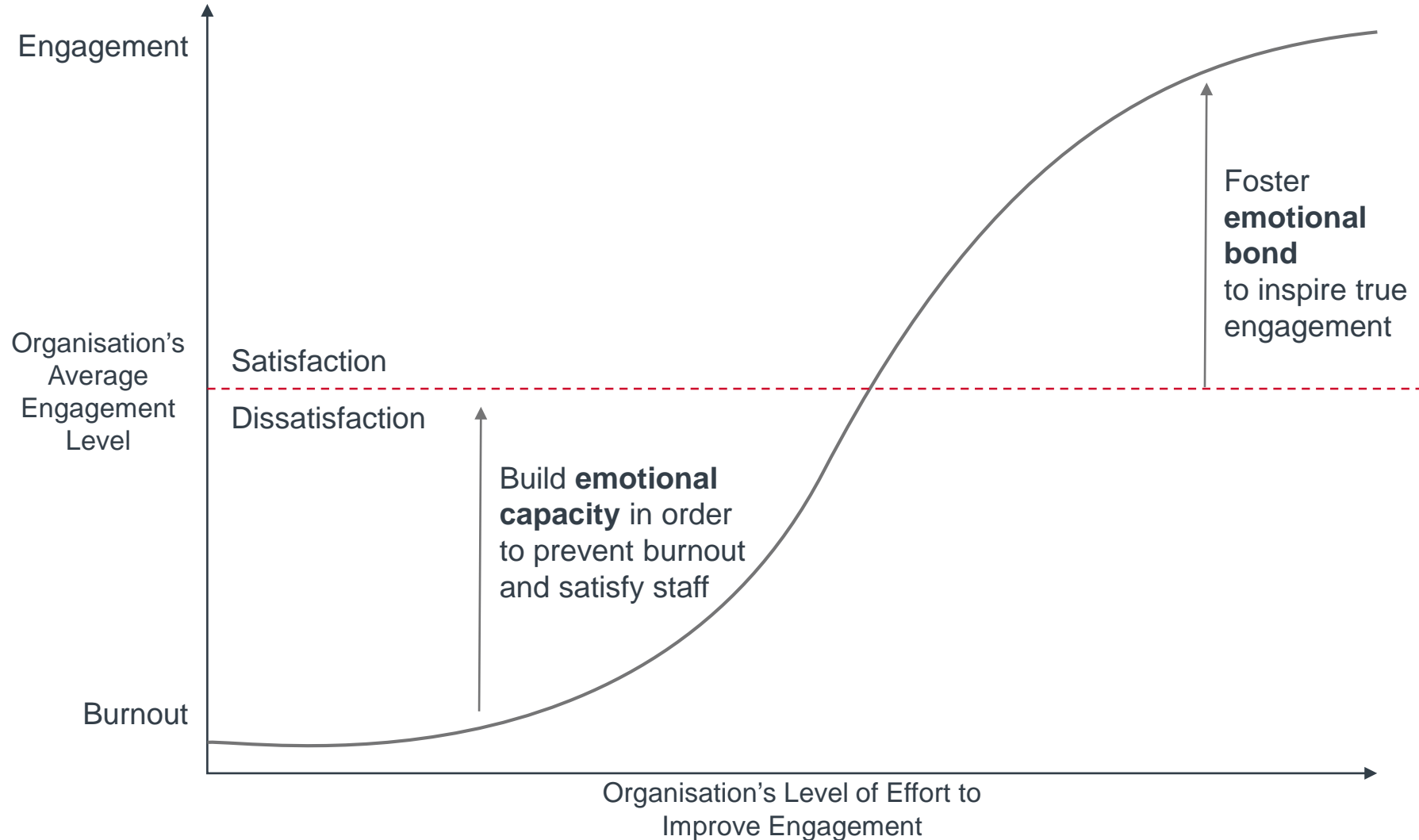


...and emergent needs have the potential to push staff over the edge.

- Equipment shortages
- Media and public scrutiny
- Worries about personal safety
- Daily spikes in COVID-19 cases and new hot spots
- Bed capacity limits

Must Prevent Burnout, Inspire Engagement

The Engagement Continuum Within a Health Care Organisation



Proactively Assessing Compassion Fatigue Risk

But Not Enough!

Visible and Invisible Signs of Fatigue Identified

Visible Signs of Compassion Fatigue		Yes	No
1. Marked decline in work efficiency?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Intent on clinical tasks to the detriment of patient interactions?	<input type="checkbox"/>	<input type="checkbox"/>	
3. More callous toward patients than in the past?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Signs of mental or physical breakdown during crisis periods?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Outbursts of anger or irritability with little provocation?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Declining opinion of caregiver role?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Treats patients like impersonal "objects?"	<input type="checkbox"/>	<input type="checkbox"/>	
8. Developed a pressing desire to explore an entirely different profession?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Repeatedly fails to fulfill clinical responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Total "Yes" Answers: <i>Assessing Yourself? Continue to Question 10</i>		<input type="text"/>	

Interpreting the Score

0-1: No cause for immediate concern
 2-3: Investigate root causes of "Yes" answers
 4-9: Suggest additional professional counsel

Suggested Next Steps Based on Scoring

Invisible Signs of Compassion Fatigue		Yes	No
10. Reduced sense of accomplishment?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Harbor a secret happiness when a procedure is cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Avoid interactions with patients and colleagues when possible?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Often leave work feeling ineffective in job?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Mood swings with every patient interaction?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Resentment about role as caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Unhealthy attachment to patients?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Poor patient outcomes adversely affect continued performance?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Anxiety when interacting with emotional patients?	<input type="checkbox"/>	<input type="checkbox"/>	
Total "Yes" Answers, Questions 10-18:		<input type="text"/>	
Total "Yes" Answers, Questions 1-9:		<input type="text"/>	
Total "Yes" Answers:		<input type="text"/>	

Interpreting the Score

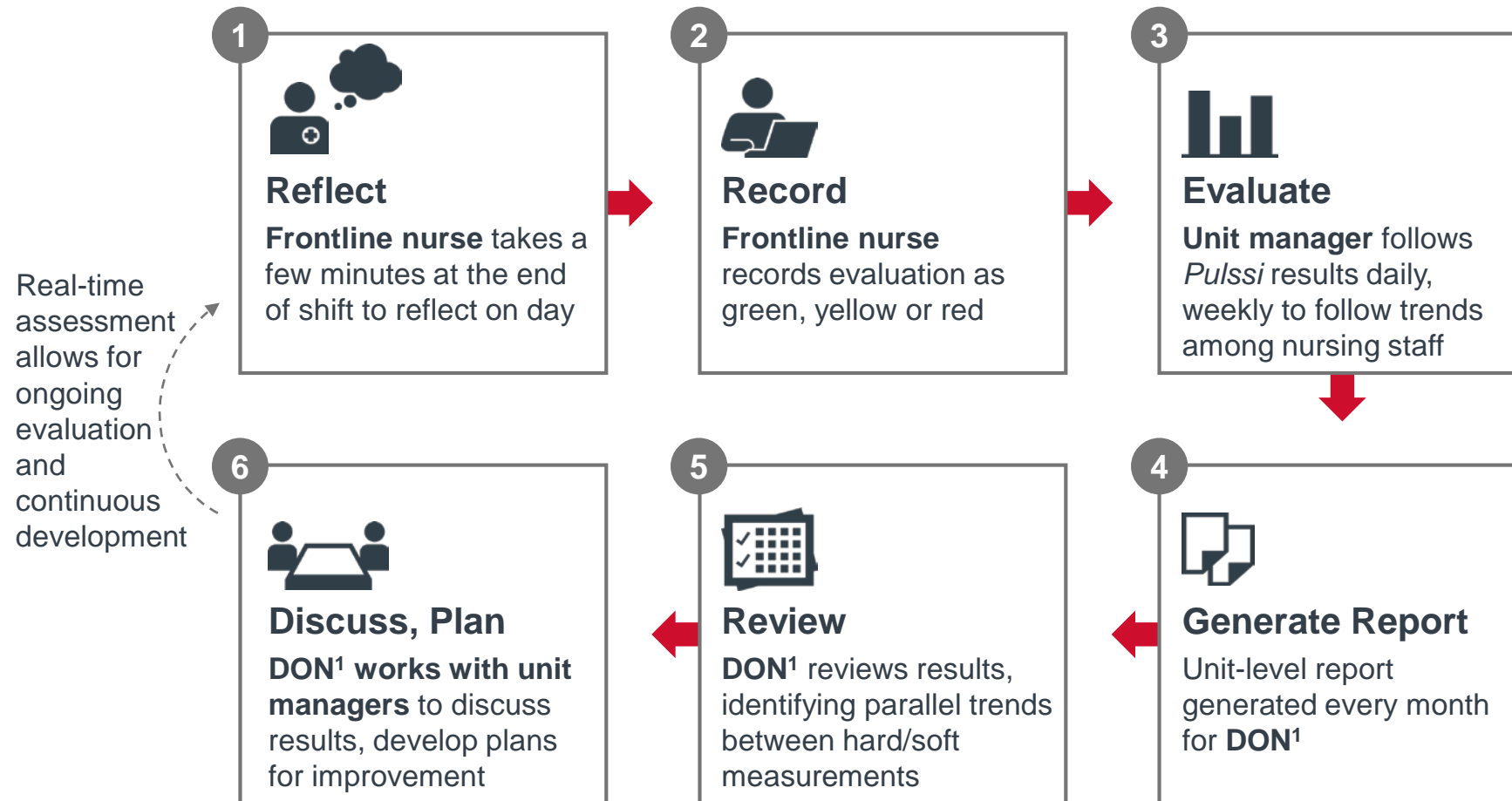
0-2: No cause for immediate concern
 3-5: Investigate root causes of "Yes" Answers
 6-18: Seek additional professional counsel

Simple Yes or No Answers

 A complete version of the Compassion Fatigue Assessment Form, see the online *Provide Emotional Support Tool Suite* is available










Routinely Taking the Pulse

Pulssi Nurse Assessment Tool: Frontline Proactively Sharing Real-Time Feedback



Real-Time Data Facilitates Dialogue, Action

Example of Aggregated Daily Report Generated Through *Pulssi*

MORNING SHIFT	Evaluation	%	EVENING SHIFT	Evaluation	%	NIGHT SHIFT	Evaluation	%
Green 	231	93,9	Green 	114	89,8	Green 	75	94,9
Yellow 	12	4,9	Yellow 	8	6,3	Yellow 	4	5,1
Red 	3	1,2	Red 	5	3,9	Red 	0	0

Problem-Solving Process at Coxa: Example Issue Identified Through *Pulssi*

Facilitate Open Dialogue



Manager, DON¹ shared results and facilitated open discussion with unit staff

Identify Underlying Issues



Together, they identified the problem stemmed from low staffing numbers on morning, evening shifts

Respond and Adapt



Staffing adjustments made on those shifts. Continued evaluation revealed changes helped alleviate workload problems on unit

Demonstrating Commitment to Staff Well-Being

PAST

- One-sided measurement of nursing practice focused on “hard indicators”
- Time delays in reporting created data not reflective of daily changes
- Culture of withholding inner thoughts on daily practice
- Negative experiences and feelings carried on to next day’s work



PRESENT

- Comprehensive measurement of nursing practice focused on subjective experience as well as “hard indicators”
- Real-time data allows managers and executive leaders to act on problem areas as they occur
- Culture of openness and comfort with sharing subjective experience
- Negative experiences end with close of shift, staff have fresh start the following day



Elevating Importance of ‘Soft’ Values

“Measuring ‘soft’ experiences next to the hard activity figures and comparing the two brings our shared values to the level of everyday life and shows the employees that management is committed to them and values the employees.”

Coxa Hospital for Joint Replacement

Teams Have Felt Push to Make Compromises in Care

Moral Distress Not New, But Never More Prevalent

Moral Distress

“When one knows the right thing to do, but **institutional constraints** make it nearly impossible to pursue the right course of action.”

*Andrew Jameton, 1984
American Philosopher*

Giving Staff a Channel to Voice Concerns

Key Goals of Frontline Moral Distress Consult



Provides a Platform for Staff to Share Concerns

Interdisciplinary discussion with peers to mitigate internalisation of distress



Expands Staff Perceptions

Fact-driven approach helps staff understand the bigger picture



Surfaces House-Wide Trends

Enables ward or organisational leadership to identify patterns of moral distress



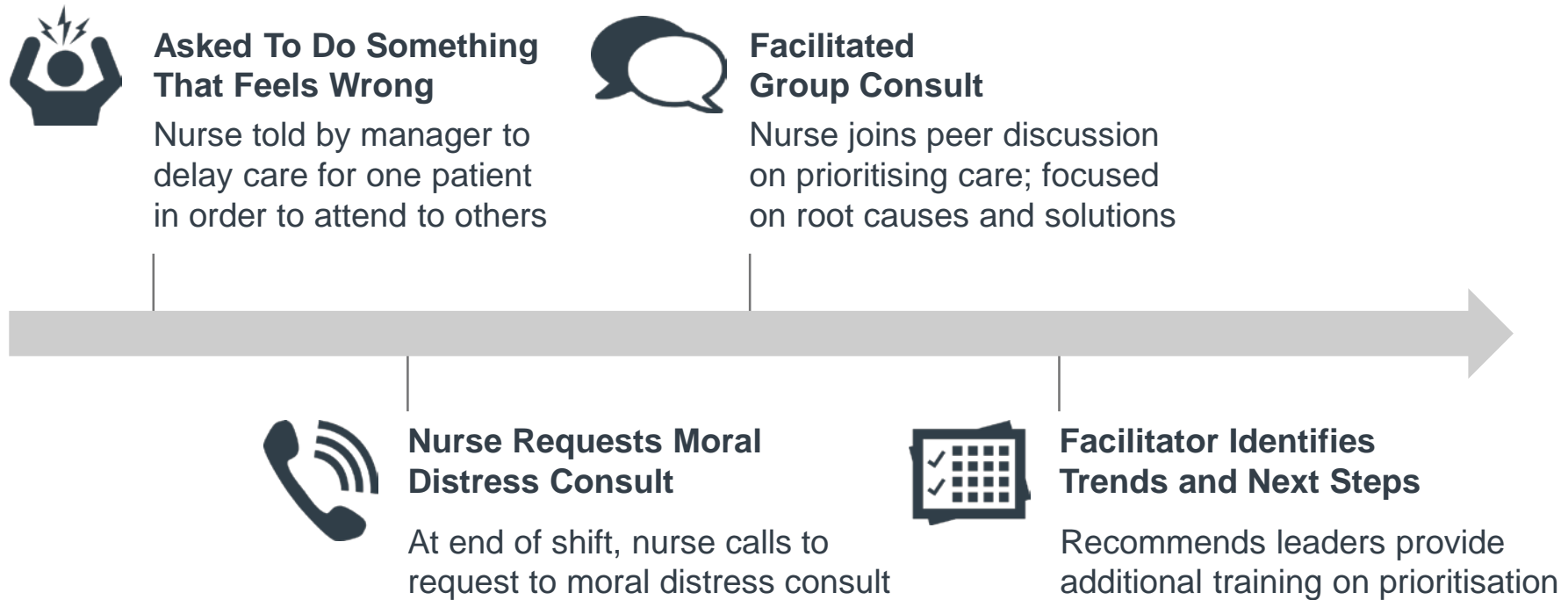
Facilitates Staff-Driven Solutions

Staff identify solutions that address initial concerns

Source: Children's Health, Dallas, TX, US;
Advisory Board interviews and analysis.

Moral Distress Consult In Action

Representative Example of an Emergency Nurse's Moral Distress



Using Facts to Understand Moral Distress

Five Steps in the Assessment Process at Children's Health

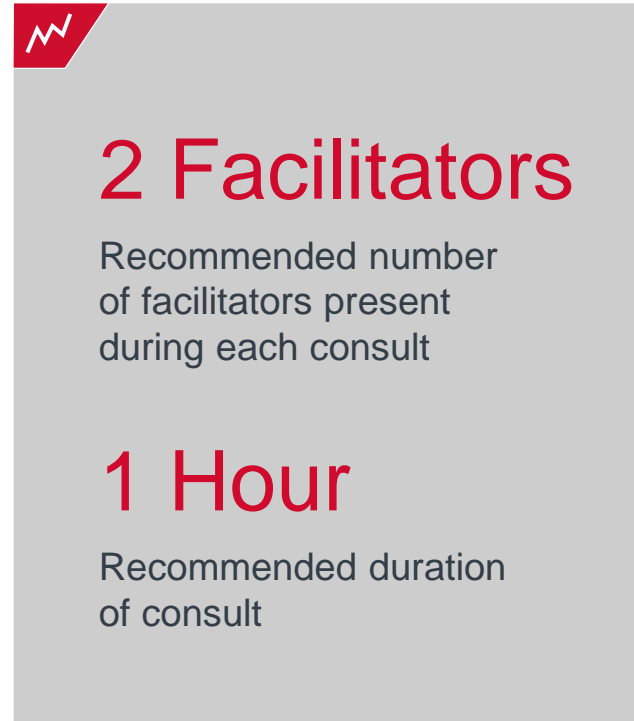
- 1 Set Ground Rules**
Establish confidentiality and ask the group to remain open and respectful of different perspectives during the session
- 2 Start with the Facts**
Ask participants to share the facts surrounding the triggering incident
- 3 Identify Root Causes of Distress**
Guide group dialogue to identify organisational, department, ward, or team constraints causing moral distress
- 4 Determine Next Steps**
Decide if additional steps are needed. Examples include: supplemental consultations or seeking support resources through the Employee Assistance Programme
- 5 Elevate Moral Distress Root Causes to Leadership**
Facilitator shares themes with senior leadership while protecting confidentiality

Source: Children's Health, Dallas, TX, US;
Advisory Board interviews and analysis.

Guidance for Finding the Right Facilitator

Key Characteristics of an Effective Facilitator

- ✓ **Skilled in Communication and Group Facilitation**
Background or specific training in facilitation
- ✓ **Trained in Clinical Ethics**
Background in health care ethics with understanding of moral distress
- ✓ **Trusted Among Staff**
Respected reputation and trusted among staff
- ✓ **Capable of Expanding Perceptions**
Insightful in clarifying fact and fiction in highly charged situations



2 Facilitators
Recommended number of facilitators present during each consult

1 Hour
Recommended duration of consult

Source: Children's Health, Dallas, TX, US;
Advisory Board interviews and analysis.

Getting Staff to Make the Call

Methods for Raising Awareness of Moral Distress at Children's Health



Ward-Based Education

Teach staff to be aware of moral distress through educational sessions on various units



Ethics Journal Club

Raise awareness through book-club style discussions



Staff Champions

Train select staff¹ across the organisation to volunteer as ethics champions among their peers

Source: Children's Health, Dallas, TX, US;
Advisory Board interviews and analysis.

Have You Met FRED?

“

“The only prevailing nursing model we have in hospitals is **FRED: frantically running every day**. Medical-surgical wards, labour and delivery wards—all wards—I see stress going up.”

Frontline Nurse



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