

Strategies for Hospitalist Wellbeing Initiatives during COVID-19

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Hospitalists face unprecedented challenges during the COVID-19 pandemic. With high levels of stress and burnout and peri-surges of COVID-19 cases, groups and institutions are developing new ways to provide support and care for their employees and team members. The following strategies were developed based on information shared during an April 22, 2020 [webinar on Provider Wellbeing](#). Also included are examples of initiatives currently being implemented by various hospital medicine groups.

Strategy 1: Hospital medicine leadership teams are communicating with greater transparency and frequency.

Some examples of this in practice:

- Holding more frequent meetings to ensure teams are supported and appropriately informed about potentially stressful topics, including finances and PPE supply/distribution as the situation rapidly changes. For example, one group shifted its staff meetings from 90 minutes monthly to 60 minutes weekly.
- Involving leadership in town hall-style meetings, daily morning huddles and/or virtual meetings to communicate plans and answer questions with ample time for open discussion.
- Leadership conducting “staff rounds” in the workroom to check in with and encourage staff.
- Creating a dedicated internal resource webpage and mobile app for team members to access all COVID-related plans and support resources.
- Using a tiered escalation communication model that provides a clear pathway to raise necessary concerns but also reduces the spread of anxious comments by limiting open and unmoderated sharing.

Strategy 2: Increasing levels of collaboration within groups, between service lines and among other staff to allow for changes in staffing and scheduling that reduce patient loads and provide more time for self-care.

Some examples of this in practice:

- Reducing staffing ratios by recruiting non-teaching staff to cover academic positions and by incorporating ID, MICU, anesthesia and ethics staff in daily interdisciplinary rounds in the COVID unit.
- Implementing an optional Thursday scheduling swap with a partner to break up the typical 7-on/7-off schedule to give group members a day off in the middle of their work week.
- Recruiting psychologists at the hospital or in the community to serve as phone consults for anxious patients.
- Recruiting NPs, PAs and surgery staff to answer questions from family members.

Strategy 3: Building partnerships between the group/institution and the local community to address personal stressors and basic needs for hospitalists: feeling supported, food, housing, childcare, etc.

Some examples of this in practice:

- Organizing to provide childcare for healthcare workers through their health network (such as medical student volunteers, community volunteers, repurposing institutional staff to serve as childcare workers).
- Making arrangements with local hotels to house physicians (note: SHM has a partnership with Hilton and American Express to provide free hotel rooms to members on the front lines).
- Posting thank you cards from the local community in hospital hallways.
- Coordinating with community sponsors to provide free lunches and dinners to hospital staff.
- Partnering with local organizations to host topical webinars, rally the community around providers and secure lodging, PPE and other supplies.
- Bringing in a child psychologist to conduct group sessions in which the children of providers could voice their concerns for their parents' safety and ask questions.

Strategy 4: Conducting organization-level stress management exercises and optional counseling sessions.

Some examples of this in practice:

- Offering confidential individual or group counseling sessions for healthcare workers with volunteer psychologists and/or psychiatrists from their institution.
- Scheduling regular resilience sessions that use evidence-based decompression exercises and some elements of cognitive behavioral therapy. Psychologists and psychiatrists from their hospital have also been brought in to teach their team how to identify and deal with stress.
- Hosting weekly reflection and meditation sessions over video conference.

Strategy 5: Creating opportunities to share positive news, recognize successes and give back.

Some examples of this in practice:

- **Morning huddles:** Team huddles that start each day with one piece of positive news or humor. If there is no positive news, records like admitting the most patients in one day are shared and commended.
- **Email appreciation program:** A pay-it-forward recognition program in which hospitalists are recognized in an email that includes their supervisor. If recognized, they are prompted to recognize someone else.
- **Giving back program:** Provides opportunities for hospitalists to strengthen the sense of community in their hospital by giving back to others (e.g., an organized effort to bring treats to the nursing staff).

This list is by no means exhaustive and is intended to grow as new strategies are deployed. To share what your group is doing, please reach out to SHM at ideas@hospitalmedicine.org.