

Q&A

FROM OUR PERSPECTIVE: COVID – 19: THE HUMAN DIMENSION

As the COVID-19 pandemic races around our country, members of our team weigh in on the human dimension and looking ahead.

Q: From your perspective, what aspects are you most focused on right now?

PATTI MCCUE, Galloway CNO: The aspect of this situation that is becoming increasingly prominent among nurses and other front-line care givers is the issue of social, moral, and ethical prioritization. In other words, the professional versus personal obligations and responsibilities. Many nurses and other front-line care givers face conflicting priorities in times of disaster or large-scale care needs within their community. Many are single parents. With the closing of schools, child-care becomes a major concern when trying to negotiate a reasonable schedule during normal operational activity let alone during our current challenge with the COVID-19 crisis. Another critical consideration here is the responsibility of front-line care givers who also happen to be the primary care givers for elderly parents or other aging family members who are most at risk.

DAVID GALLOWAY, Senior Executive Coach: The length and severity of healthcare's focus on managing the coronavirus pandemic will depend upon the locale and setting. It's a good bet that most healthcare workers will experience significant stress, particularly in the intensity and duration of shift increases, especially in large metro areas.

PATTI MCCUE. The potential for self-quarantine and the very real risk of testing positive for COVID-19 places an incredible emotional burden on our front-line care givers as they strive to meet professional and

organizational expectations and personal /family expectations. This situation in and of itself can have a major impact on staffing availability during times of crisis or disaster. Staff struggle with their sense of duty to care for patients while trying to meet the needs of children or other family members.

DAVID GALLOWAY: With expected exposure to the virus, it is reasonable to assume that some of our co-workers will be infected, and deaths may occur. The time to anticipate this and plan for a team to process grief should be done now. Obviously, contingency planning needs to consider the high cost to the emotional lives of our workers. Failure to do so will result in long term issues of mental health.

Q: So how do organizations deal with this?

PATTI MCCUE: Organizations need to have a healthy emotional IQ and a compassionate nursing staff and other front-line professional staff as they try to balance professional and personal/family expectations. Resources to provide this support may be limited or non-existent. The ability for any organization to sustain a "healthy" and productive workforce during a time of intense challenge is trying at best and often requires additional resources that are solely dedicated to this effort.

DAVID GALLOWAY: You can grab a minute and pause between patients, procedures, and activities. You can plan them by scheduling them into your day, or you can simply make it happen when you think of it. Simply Pause.

Where? Anywhere will do in a pinch. Usually, it works better to get a private space, but that's not always possible. Sometimes, you can take a small walk around the floor, or to another unit. I

know one person who loves the stairwell. It sounds simple but it can be powerful.

PATTI MCCUE I really like David’s suggestion to “Simply Pause”; however, frontline direct care givers don’t always give themselves permission for self-care even if it is only for a few moments. Nurse leaders need to set the tone in times like this that self-care is an expectation. Create the expectation that each team member will be scheduled for a meal break – ideally off the unit if that’s possible. If not, then an uninterrupted time in the staff lounge. Placing importance on self-care sends a strong message of support to the staff, particularly when staff get caught up in the mindset that they’re too busy and don’t have time for a break or that taking a break places an increased burden on their coworkers.

BRUCE CHANDLER, FACHE: At some point, when the work stays at a high level, there will be a call, if not demand, for the equivalent of combat pay. Organizations need to have a thoughtful response ready and one that works for all concerned.

PATTI MCCUE It is critical during situations of intensity to create a safe space for staff to share their feelings – either individually or in small groups. Often staff feel more comfortable talking about their concerns, fears, and feelings with their teammates. Nurse leaders should ensure such opportunities are afforded and viewed as a priority. The shift huddle, when the entire team is together, is a great time to ask if anyone has anything they’d like to share or to express their feelings. Nurse leaders can also offer individual or small group time with the hospital chaplain or another trusted leader with whom the staff will feel safe and supported. For staff members who may need a level of support greater than this, Human Resources should arrange for timely access to the Employee Assistance Program.

Do you have any thoughts on social media – it is full of stories of inspiration – and of great pain.

PATTI MCCUE Social media can also serve as an outlet to provide support, self-expression, and perhaps even a bit of comedic relief. If the hospital or organization has a Facebook page, Instagram, or Twitter account, then posting positive, inspirational, and humorous content can be a great source of support and stress relief. Many times, patient care units will have their own private social media accounts strictly for the staff working on that unit. This is another way individuals can reach out to coworkers to offer supportive and uplifting encouragement.

BRUCE CHANDLER Many organizations have some strongly worded policies on the use of Facebook to express any opinion about the workplace, either good or bad. We recently saw an ED doctor removed from the hospital for his negative comment. Hospitals need to consciously review the policy and adjust it as needed to keep a balance and credibility during this time and once this crisis is over.

What about leaders?

PATTI MCCUE Perhaps one of the most important actions to be taken by leaders at all levels during times of adversity is that of visibility. Make rounds. Stop and ask staff members how they are doing and in a manner that is genuine and sincere. Ask what you can do to provide them with more support or ask if they have the resources they need to do their work. Being genuine and compassionate during these times lessens stress and reinforces a sense of team-ness or “we’re all in this together.”

BOE YOUNG, Galloway COO: I think that is spot on. The most senior leaders also must be thinking about how they create a sustainable pace – for their teams and themselves. This crisis, particularly in the large cities, is likely to last weeks and months. Unlike the hurricanes or mass casualty events we practice for, the duration of the crisis means leaders must start thinking about how to endure an elevated tempo of operations, across providers but also support staff. One of our clients described this as “it is like six hurricanes, all in a row”.

If your Emergency Operation is stressed now, just think what it will be like in a month. There is a way to create a structure, division of work, and simple but effective processes to keep the team focused, healthy, effective and resilient.

JAY ZERWEKH, Galloway EVP: If you think about the essence of population health, it's working on something today that has a benefit in the future. The reality is that it is very challenging to maintain a forward-looking focus when short term problems or crises divert attention. It is essential that there are at least a couple of key leaders assigned to thinking about the recovery phase while most of the organization remains caught up in the issues of today. Without planning, organizational recovery will be more difficult.

One of the best methods leaders can use to help staff as they emerge from the crisis is to make sure that any preventable disruption is anticipated and minimized. Planning today keeps tomorrow more predictable.

BOE YOUNG: We'd recommend that clients start thinking about how to recover financially, how to potentially tap into the federal stimulus dollars, and how to catalogue lessons learned, at a minimum. This takes a great deal of organizational discipline and forward-thinking leadership.

ABOUT GALLOWAY CONSULTING AND OUR EXPERTS

Galloway Consulting helps hospital groups, physicians, and payer/providers improve operations, outcomes and profits so they can better serve their communities. Our healthcare team has mastered every aspect of the business.



Patti McCue is Galloway's Chief Nursing Executive and is credited with designing and introducing innovative professional development programs to take nursing departments to the next level. Dr. McCue's expertise spans integrated healthcare systems, an academic medical center, the largest rural hospital in the country, and nonprofit teaching hospitals. Patti has a Doctor of Science in Health Systems Management from Tulane University, a Masters in Nursing Administration from the Medical University of South Carolina and a BSN in Nursing from the same institution.



Jay Zerwekh is nationally known for his work in population health and leads Galloway's population health initiatives. His operational experience as a healthcare executive in medical group, health plan, and hospital settings, both for-profit and not-for-profit, provide him with a unique perspective that has yielded exceptional results in his many years as a consultant. In addition to his many consulting projects across the country, upon personal request from System CEOs, he has served as interim president of a major population health company and interim president for the ambulatory division of a multi-State Health System encompassing 350 sites and thousands of providers.



Boe Young is the Chief Operating Officer of Galloway and has personally led new CEO/senior executive transitions in five private and public-sector organizations. He was a Major General in the US Army Reserve has commanded a battalion in combat, has two master's Degrees, including an MBA from Goizueta Business School at Emory University, and over 25 years of senior executive profit and loss experience.



David Galloway's career includes an exceptionally broad range of experiences in organizational development. Trained as a psychotherapist, and for 25 years a parish priest, he later expanded his focus on personal transformation to include organizations and civic groups. Applying systems theory to large organizations, Dr. Galloway has pioneered thinking in the area of leadership and change. He brings a unique perspective to leaders who seek a balance between taking care of business and taking care of people.



Brue Chandler has over 40 years of experience in large, complex organizations. Mr. Chandler has served as the President, COO, or Chief Administrative Officer or in five complex hospitals, displaying unique leadership talents and competency across multiple dimensions and markets. Mr. Chandler has a Masters in Hospital Administration from Georgia State University and a Bachelor of Industrial and Systems Engineering from Georgia Tech.