

Background

Northwell Health is an integrated delivery system with 23 hospitals, over 800 outpatient facilities and 76,000 employees and is one of the largest employers in New York State. Given the size and scope of the team and the work they do, including extensive trauma response programs, Northwell Health had been developing a trauma center for team and community members before the COVID-19 pandemic, which only accelerated the need.

Prior to the founding of the Center for Traumatic Stress, Resilience and Recovery, Northwell Health psychiatric teams were already working with people who experienced trauma as a result of natural disasters, such as Hurricane Sandy and Hurricane Harvey, working with veterans with PTSD, as well as with the 9/11 first responders at the World Trade Center. Because of their work with veterans, first responders and their families the Northwell team was already set up with the resources to prioritize caring for their own workforce when the COVID-19 pandemic hit.

The resulting Center for Traumatic Stress, Resilience and Recovery (CTSRR) started as a voluntary effort to bring support to different campuses, but as the needs became clearer it quickly became a funded, organized structure to oversee trauma and resilience services, evaluative and research activities. The CTSRR is a partnership between Northwell's behavioral health service department, department of occupational medicine, and human resources (HR).

Formation of the Center for Traumatic Stress, Resilience and Recovery

As the Center developed, Northwell Health leadership was fully supportive of the culture to care for the workforce and fostered a collaborative atmosphere that allowed different departments to work together as a team. Funding for CTSRR comes, in part, from the HR department which allowed for alignment of resilience



efforts with their existing employee assistance programs (EAP) and employee wellness programs. Being a large system, they could tap into their behavioral health partners across the system, as well as maintain regular opportunities and structures for advice and input from health care staff across the board. CTSRR conducted research around health care workers' occupational stressors and well-being outcomes which was leveraged to transform the care that they could provide to their staff as a result of the COVID-19 pandemic.

Throughout the process, Northwell stayed cognizant of the fact that there can often be stigma attached to accessing mental health care as a health care professional. The health system recognized that it was critical to establish a culture that does not elicit fear or hesitance to ask for mental health assistance. One of the early activities established by Northwell is a well-being survey to assess the mental health of their workforce on an annual basis. When the first well-being survey was launched, there was some anxiety that there would be staff pushback and that employees might experience stress when responding to the survey questions. But the research around well-being programs suggests that is not the case, and that in order to change the culture, health care systems need to be confident and comfortable asking questions around employees' mental health. Northwell Health found that their employees were open and honest about their experiences of the pandemic, which even further highlighted the need for

resilience programs.

A key component of this CTSRR resilience work is their Stress First Aid (SFA) program, which is a peer support model. In order for this model to be successful, Northwell had to train staff throughout the system to be sitetrainers and unit leads to lead their colleagues through recognizing their own stress levels and those of their colleagues and knowing what resources are available to access emotional support. SFA also provides the necessary tools and skills to shift the workplace culture to one where well-being is prioritized. CTSRR leadership engaged many parts of the health system, like their Institute for Nursing, to partner on the implementation of the SFA program. As more staff were onboarded, Northwell gained champions for the program to endorse their efforts so they could disseminate the work to incorporate more of the health system.

In order to ensure the programs are meeting their employees' needs, CTSRR also developed a comprehensive evaluation structure to determine the efficacy of the Center's activities. They regularly collect data through a HIPAA-compliant server about the providers' resilience-coaching activities and any other work that they may be engaged in around well-being. They also use a measurement-based

outcomes system for assessing their direct clinical services that the psychologists are providing as a part of the Center to employees. They collect baseline measurements and then continue over time to see if treatments are working and symptoms are decreasing. Similarly for SFA, they can see how many people they reach with trainings and program implementation and can evaluate various factors over time, such as staff self-efficacy around being able to cope with stressors.

Since the Center activities are developed in collaboration with other departments including their HR department, it better allowed Northwell to break down departmental silos that typically exist. It cultivated a culture that allowed for teamwork across departments towards a common goal for a more resilient workforce. In order to maintain that culture, they ensure there are ongoing meetings and opportunities for collaboration between the internal care team of HR, EAP administrators, wellness program leads, and the chaplaincy.

Northwell Health also recognized that as a large system, they could harness their expertise in many areas of medicine and research to create a cohesive and meaningful suite of well-being programs. They ensured that they had a solid understanding of their system and their available resources to develop a strategic vision that aligned with their organization. They also recognized that flexibility is key for a large health system to ensure that the programs are structured in a way that are meaningful for each individual location.

Lessons Learned

Because they are such a large health system and were already planning to develop resilience work for their employees before the pandemic, Northwell already had a healthy collaboration between the clinical services and resilience work and the research and evaluation component. But as they began the CTSRR work, staff faced many challenges often experienced by pilot programs for large organizations. Simply getting a program of this size

off the ground has its own set of barriers: funding, employee support and aligning the health care workforce on the vision. It has been a huge effort and the impact of COVID-19, while making this work more critical, also made the idea of scaling difficult given the strain on the health care workforce.

The system's leadership have been major champions in designing and adapting what they want the program to accomplish in a way that works specifically for Northwell.

It is critical to have leadership advocate for and educate the workforce, and pair that with robust research and evaluation mechanisms to show the impact it is having on staff. On the topic of evaluation, it is again important to ensure that they not overburden staff with too many surveys. It is important to stay targeted and thoughtful about the data collected.

One of the critical factors that allowed Northwell to be successful was a combination of bottom-up work around seeding some of these thoughts and having a large number of champions and supporters in different settings, and closely engaging with top-down leadership. Support from front-line workers and leadership allowed for this large-scale implementation. Northwell not only had system and corporate support, but also organizational support from the Institute for Nursing and other clinical leaders. The system's leadership have been major champions in designing and adapting what they want the program to accomplish in a way that

works specifically for Northwell. It is crucial to evaluate the local system that you are involved in and the resources that are available to you in order to develop the strategic vision that aligns with your system. Even within Northwell, programs are structured in different ways dependent upon the staff roles within the health system.

Northwell also emphasizes that one must be flexible and not develop a program built upon one specific traumatic experience, like COVID-19, for example. CTSRR staff have a history of providing services and conducting research with populations impacted by natural disasters, veterans and health care providers. When the Center began, they had a systematic and structured way to address trauma knowing that it may take different forms for their staff. Northwell Health hopes that moving forward, the adaptability of CTSRR to a wide variety of trauma will aid them in forming a preventative model as everyone heals from the COVID-19 pandemic.

Contact

Mayer Bellehsen, Ph.D.

Director, Behavioral Health, Center for Traumatic Stress Resilience and Recovery, Mildred and Frank Feinberg Division of the Unified Behavioral Health Center for Military Veterans and their Families

 Mbellehsen@northwell.edu

Rebecca Schwartz, Ph.D.

Associate Professor and Chief, Social Behavioral Sciences, Department of Occupational Medicine, Epidemiology and Prevention, Zucker School of Medicine at Hofstra-Northwell, Associate Investigator, Feinstein Institutes for Medical Research, Director of Research and Evaluation, Center for Traumatic Stress, Resilience and Recovery; Northwell Health

 Rschwartz3@northwell.edu