Emergency Department Well-being Initiatives During the COVID-19 Pandemic: An After-action Review

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ABSTRACT
The COVID-19 pandemic has significantly impacted the well-being of our health care professionals, particularly frontline providers in the emergency department (ED). Our ED, located in New York City, was severely affected, exposing the staff to a combination of unique stressors. Our ED Wellness Committee responded by implementing various initiatives focusing on the physical, mental, and social needs of our providers to support them through this difficult time. The initiatives we describe offer a framework that may help other departments understand the importance of provider well-being during a pandemic.

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and resultant COVID-19 pandemic has killed over 295,000 people globally and has unprecedented societal implications.1 New York City (NYC) is at the epicenter, with appropriately 190,400 confirmed cases and over 20,000 deaths since March 1, 2020.2 With the sudden increase in patient volume and acuity, our nation’s health care resources were stretched beyond capacity. Moreover, the pandemic has caused significant mental, physical, and emotional strain on health care professionals, especially for frontline medical providers in the emergency department (ED). COVID-19 frontline emergency providers have been compared to 9/11 first responders. There has been an urgent call for a national response to avoid a “parallel pandemic” of mental health.3 Located in NYC, our ED was inundated by the COVID-19 surge, exposing our providers and trainees to a myriad of physical and emotional stressors. We quickly implemented critical measures to support the wellness of our faculty and residents.

Prior to COVID-19, well-being initiatives in the United States gained traction and were commonplace in the medical field. Physician wellness has become a top priority, especially for emergency physicians (EPs), at high risk of burnout.4 Our ED created a wellness committee in 2018, to develop initiatives focused on EP well-being. The establishment of this committee prior to the COVID-19 pandemic was advantageous because it provided a framework from which other ideas could be quickly brought forth and implemented to meet the unique needs arising from this pandemic. Since resident well-being was covered by ACGME guidelines, separate programs for faculty were necessary due to variations in age, family, and career stages.5 To address universal wellness, we implemented a multifaceted holistic approach to support our faculty, residents, and advanced practice providers (APPs). We addressed issues that included the physical, mental health, and social needs of our EPs. Herein we describe our recommendations and initiatives implemented in our ED to support physician well-being.
wellness and mitigate the unique stressors during the COVID-19 pandemic.

COVID-19 WELL-BEING INITIATIVES

Physical Needs
The physical needs of our providers were attended to first. Our ED helped coordinate and mobilize an institution-wide effort to obtain necessary personal protective equipment (PPE), ensuring vital safety equipment for our staff. Food and refreshments were provided daily by the hospital and coordinated with local restaurants. This eliminated the stress of bringing or seeking food, especially when most neighboring restaurants were closed. Our ED designated a clean, common space as a “lounge area” for providers to eat and rest during shifts. We placed a doffing area with hooks outside of this safe space to hang PPE on the wall, allowing a clean area for rest while eating (Figure 1).

From a logistic perspective, transportation was a significant dilemma in light of governmental mandates placed to curtail COVID-19 transmission. Not only was there inherent risk of infection in taking public transportation, drastically reduced hours and routes caused transportation delays. In response, our institution offered rideshare accounts and access to free rental cars to minimize public transportation usage. Free parking was offered at hospital garages. Additionally, complimentary emergency housing was made available for those who had significant commutes or required self-quarantine from home to protect their families.

Physical exhaustion, particularly due to the physical demands of working with PPE, was mitigated through clinical shift reductions and decreased shift length from 12 to 8 hours, when feasible. This was possible through voluntary out-of-state visiting providers and staff redeployed from various departments. Providers with any sign of an infection were quarantined in accordance with federal guidelines. On-call staffing was doubled to support quarantined provider and clinical surge needs. Complimentary testing for COVID-19 was provided through employee health, with EPs placed on a high priority list for access to testing.

From a financial wellness perspective, the institution provided a bonus to frontline workers, including an increase in residents’ salaries by one PGY level. Other supportive resources included onsite haircuts for residents and staff as well as child and eldercare services. This helped boost morale and decrease financial and logistic hardships.

Mental Health
Addressing mental health and anxiety surrounding the COVID-19 pandemic required a thoughtful and collaborative approach. With the rapidly changing clinical landscape of COVID-19, our staff was anxious for as much information as possible. We recognized that a strong foundation to mental well-being required bidirectional, transparent communication between administration and staff. Daily COVID-19 updates were communicated by e-mail via our ED emergency-preparedness director to provide an organized portal of cohesive information. Dissemination of information by e-mail alone was insufficient. Our department held frequent video conference “huddles” open to all providers. The huddles provided a crucial safe space to address any concerns and comforted staff by allowing them to interact with one another while social distancing during the pandemic.

Although EPs are accustomed to handling stressful situations, such encounters were intermittent prior to this pandemic. However, during the COVID-19 surge, the mental and emotional toll that providers endured over a few weeks superseded any experience over a career life span. Undergoing such intense, traumatic experiences in a short time span was unprecedented even for senior attendings. In response to this
tremendous stress, we held weekly virtual peer “debriefing” sessions moderated by colleagues from the Department of Psychiatry. The ED Wellness Committee had an established relationship with colleagues in the department of psychiatry prior to the COVID-19 crisis. This proved to be beneficial during the COVID-19 crisis, allowing us to collaborate and quickly implement these sessions. The weekly virtual peer sessions provided a safe space for our colleagues to share difficult cases, process the immense tragedy that we were witnessing, and express the personal fears that we all felt.

Similarly, weekly peer sessions were moderated by the residency program director for resident debriefing. Some resident sessions included expert guests, including the director of house staff mental health and medical ethics to share their expertise and address topics of death and provider secondary trauma. Furthermore, resident feedback indicated that debriefing sessions including attendings had special advantages. Witnessing faculty demonstrate vulnerability and expressing their emotions was an important teaching point for healthy coping strategies. All faculty and residents were encouraged to find a departmental “buddy” to be emotionally vulnerable with and perform regular check-ins.

More recently, we began a multidisciplinary group session that nursing, child life, techs, and faculty members could all attend. This has helped us appreciate how similar and personal our experiences have been as we fight this pandemic together. In addition to these peer sessions, staff were offered one-on-one, virtual 20-minute sessions that were available daily, with a psychiatrist or psychologist, providing individualized support. After the devastating suicide of our medical director, the ED leadership scheduled virtual one-on-one visits for all faculty, residents and APPs. Those who did not desire a counseling session were able to “opt out.” The majority of the department participated in individualized sessions with a psychiatrist or psychologists and continue utilizing this valuable support.

A musical tribute personally from an internationally renowned musician was a highlight for many in our ED and one of the most attended events during this difficult time. Personal chats were established among colleagues to share clinical experiences, comments and concerns. Additionally, well-being resources and contact information were attached to the COVID-19 nightly e-mail updates. The pediatric ED held social-themed video gatherings and virtual sessions showcasing integrative therapeutic techniques such as acupressure for pain, aromatherapy for sleep, yoga, and mindfulness. These virtual gatherings were enjoyable, promoted social support, and helped build resilience.

**SUMMARY**

COVID-19 has swiftly and dramatically changed the lives of frontline EPs. The resulting stressors have affected EP well-being on every level, leaving them vulnerable and more prone to burnout. In a survey of health care professionals during the early COVID peak, Shanafelt et al. summarized health-care workers’ needs into these 5 requests: hear me, protect me, prepare me, support me, and care for me. As we consider the wellness initiatives that were implemented in our institution and described above, we have addressed all 5 of these requests. By mitigating stressors, we hope to have improved the well-being and morale of our ED medical providers.

Overall, well-being for all health-care providers must be prioritized in order for EP’s to do their jobs effectively and efficiently—pandemic or not. Well-being includes consideration of physical, psychological, emotional and social needs and must be reinforced with operational infrastructures. Studies are needed to determine if these efforts have been engaging and effective in improving the well-being of our EP’s. We hope that by sharing our experiences and wellness interventions from this pandemic, this framework may be useful for others going forward.

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