“In 2020 we weren’t ready for half of the things we went through, but obviously we were built for it.”

“Hindsight is 2020”
Objectives

• Introduction TJC Emergency Management in Healthcare & SAMHSA Behavioral Health Disaster Response (BHDR)

• Adaptation of the SAMHSA BHDR model to the COVID-19 response

• Development of the West Palm Beach VAMC Resiliency for Staff, Veterans & Caregivers Behavioral Health Response Program

• Response Program can be implemented at any VA Medical Center
Critical Areas of Emergency Response

1. Communication
2. Resources & Assets
3. Safety and Security
4. Staff Responsibility
5. Utilities Management
6. Patient Clinical & Support Activities
7. Working with the Community
Disaster Behavioral Health Resources

DTAC resources provide helpful information to professionals in the disaster behavioral health field.

SAMHSA Disaster Behavioral Health Information Series (DBHIS)

Disaster Distress Helpline

Call or Text 1-800-985-5990
DisasterDistress.samhsa.gov

Español:
Llama o envía un mensaje de texto 1-800-985-5990 presionando “2”

For Deaf and Hard of Hearing ASL Callers:
To connect directly to an agent in American Sign Language, click...
COVID-19 Resiliency for Staff, Veterans & Caregivers
Behavioral Health Response Program

Incident Command

Emergency Manager
Nicole Ferro

Rosanna Powers
Systems Redesign Coordinator

Dr. Perez
Chief of Psychology

CIRT & MHBS Core
Staff Wellness

Community Involvement

Caregivers/Families

End of Life & Ethical Guidance (Scarce Resource Allocation)

iMental health Expansion

Key stakeholders/Advisors:
Dr. Deepak Mandi, ACOS Ger. Care
Dr. Maura Miller, Director Hospice
Chaplain Beazley
Kerri Boyd, LCSW, Chief of SW
Arti Pandya, Chief LCSW
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Kenita Tills, Public Affairs Officer
Joanne F. Deithorn, Medical Media

March 15 -23, 2020- Adapted from -SAMHSA Behavioral Health Disaster Response Program
THANK YOU!

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- John Wheeler, (WPB)
- Carlos F. Velez
- Dr. Fernandez-Milo
- Linda Dennison
Employee Self Care: Building Resiliency SharePoint of online resources went live on 4/14/2020
* 905 views

Employee Self Care: Building Employee Resiliency

West Palm Beach VA Medical Center’s Resiliency for Staff Program provides assistance to employees in crisis. This assistance is provided through a variety of methods to include the Employee Assistance Program, Crisis Incident Response Team and Whole Health.

**The Crisis Incident Response Team (CIRT)** offers services to WPBVAMC staff, volunteers, patients, and family members impacted by a critical and/or severely negative traumatic event within an expedited period.

**The Employee Assistance Program (EAP)** provides employees and their families with free confidential counseling and assistance service with all types of personal concerns.

**Whole Health** offers self-care options so you can take care of your mind and body.

More Information About CIRT

Employee Assistance Program

Virtual Stress Management Program

Contact CIRT

Power of the Mind

Whole Health Calendar
Spiritual Resources for Staff

Prayer for Healing and Hope During COVID-19

Interfaith Calendar 2020

www.interfaith-calendars.org

Religion calendars reveal the central tenets of religions. Planning for the future involves calendars. The spiritual structure of time revolves around sacred times.

Judaism - Sacred Texts

www.jewishnews.com

The Hebrew Bible emerged out of an oral tradition developed by the ancient Israelite community in an effort to narrate their history, explain the origins of the covenant, and define their place in...

The Big Religion Chart - ReligionFacts

www.religionfacts.com

The Big Religion Chart. This “Big Religion Chart” is our attempt to summarize the major religions and belief systems of the world – Buddhism, Christianity, Hinduism, Islam, Judaism, and others. It's more of a quick-reference comparison chart.
COVID-19 Hot Spot Areas (Front Line Staff)
CIRT Virtual Debriefings & Individual Wellness Check-In sessions

Deployed on April 8, 2020

Process

• CIRT Team Lead- kept track of COVID-19 cases throughout the hospital.

• Attended existing team meetings and provided education on CIRT services and Stress Management Resources

• Scheduled Defusing or Debriefing services-provided in a group format in which staff discussed their feelings and reactions regarding a stressful incident in a confidential forum. The goal was to reduce the negative impact of stress resulting from exposure to traumatic events.

• Scheduled one-on-one Wellness Check-Ins with a CIRT team members in COVID-19 hot spot areas (e.g., ED & ICU & Medical Floors).

• A list of the staff that provides services in these areas was provided to the CIRT Team Lead who assigned a CIRT Team member to provide wellness check-ins with the staff at least once after the debriefing. These were coordinated with the service area supervisor who provided respite times for the staff to check-in.
COVID-19 Hot Spot Areas (Front Line Staff)
CIRT Virtual Debriefings & Individual Wellness Check-In sessions

• CIRT Team was activated on 4/8/2020 in response to COVID-19

• Provided 76 Interventions to 144 Staff Members
Post Survey of Virtual Wellness Check –Ins

Q1
CIRT member informed me of the purpose of this meeting.

Q3
I learned how to seek further counseling if I feel that I need or may want.

Q4
I learned something new or helpful at the Critical Incident Response Team Meeting.

Q6
I would recommend this service to other peers who may have endured a stressful or traumatic experience.
Staff Wellness Promotion Series

Mindfulness During a Pandemic
Presentation by: Robert Campbell, M.S.

Wellness, Sleep, and Stress
Presented by:
Mary Kolpakoff, M.A.
Mary Kate Barnes, M.S.

Emotions and Thought Responses During COVID-19
Presented by:
Mary Kate Barnes, M.S.
Mary Kolpakoff, M.A.

Connection and Communication: self-care and help-seeking during COVID-19
Presentation by:
Marlaine M. Monroy-Garcia, MSed
Robert Campbell, M.S.
Post Survey Staff Wellness Promotion Series

Likert Scale 1=Strongly Disagree to 5=Strongly Agree

- Enjoyed the content provided in...: 4.7
- Employee techniques learned...: 4.7
- Left feeling better after the Staff...: 4.53
- I would recommend the Staff...: 4.72

N=40
Summary

CIRT Team has Offered a Total of 111 Interventions impacting 1220 staff.

Employee Self Care: Building Resiliency Online Resources * 905 Views

• Attendance data suggest:
  • Group Debriefings were preferred over Individual Wellness Check-ins.

  • Debriefings best attended were those offered on a Tuesdays and/or Wednesday at either 10 am, 11 am or 12 Noon and those coordinated with the Clinical Nurse Coordinator for the late shifts @ 10:00 pm

  • The average attendance to the All Staff Wellness Promotion Series has been 30 staff members since 4/8/2020. On 11/11/2020 transitioned to the Whole Health program.

  • All attendees reported learning new coping skills to deal with stress related to COVID-19 and would recommend services to others.
Community Involvement

- Suicide Prevention Task Force consisting of 54 community partners

- Continued Quarterly meetings now virtual. 1st Virtual meeting on April 1, 2020.

- Goal: Reviewed current VA MH services and community services that remain operational and to share resources for Veterans and their family members.

- Task Force members agreed to increased collaboration during these challenging times and brainstormed creating Disaster Behavioral Health Plans and an email group for ease of communication.
Employee Self Care: Building Resiliency SharePoint online resources went live on 4/14/2020

*905 views
VETERANS-MENTAL HEALTH CORE STAFF F2F Care

• TJC: Making work rotations from high stress to lower stress functions and from the scene (e.g., being at the facility) to routine (telework our new normal) assignment as possible.

• Rotation schedule was developed for staff from certain areas to be present at the facility one day a week to provide F2F care and ensured coverage each day of the week e.g., SPC, PCMHI, Inpatient and Mental Health Clinic.

• MHBS had transitioned to 75% Telework and 25% Face to Face (rotation) by 3/31/20. We had F2F same day access throughout COVID-19.
Same Day & Veteran Experience

*Implemented a COVID19 Same Day Access SOP

* Improvement 3.64 to 3.76 above national average
End of Life Preparation: Goals of Care Conversations in the time of COVID 19

1. Collaboration was established with:
   • Social Work
   • PACT Leadership
   • Integrated Ethics & LSTDI Advisory Board
   • Mental Health & Behavioral Services
   • Patient Education
   • Medical Media

2. Create packets:
   • Team finalized the “Goals of Care” Veteran Educational packet that were to be sent to 1139 High Risk Veterans with CAN scores of over 98.

3. Trainings:
   • GEC Service assisted the Primary Care Teams by providing refresher trainings in completing LST Orders for Veterans with high CAN > 98.

4. Labor Pool:
   • Acquired assistance from the Incident Command Labor pool to mail out packet a total of 1139 Veterans.
The Packet

- HANDOUTS WERE COMPILED:
  - INTRODUCTION LETTER
    - APPROVED BY THE VISN PRIOR TO SENDING
  - 8 PAGE EDUCATION MATERIAL (FACT SHEET; HOME SAFETY INSTRUCTIONS, TAKING CARE OF BEHAVIORAL HEALTH*)
  - APPROVED BY MEDICAL MEDIA AND PATIENT EDUCATION
  - GOAL OF CARE CONVERSATION BROCHURE
  - REVIEWED AND UPDATED BY PATIENT EDUCATION AND SUBJECT MATTER EXPERT

* MATERIAL GATHERED FROM VA, CDC AND SAMHSA
GOALS OF CARE CONVERSATION BROCHURE

What are goals of care?
- Goal of care are what you would like to achieve through your health care such as:
  - Ease symptoms so you feel more comfortable
  - Stay or become independent
  - Live longer
  - Meet a specific goal — like take a trip or attend a grandchild’s graduation

Do I need a goals of care conversation?
- You need to be with a VA, if you have health problems and are noticing:
  - Increased symptoms or illness
  - Limits on your daily activities
  - Frequent short visits or hospitalizations

“I didn’t realize the VA has so many support services available.”
- Lack of Care Conversation Participant

What should I talk about with my health care team?
- Your medical condition — what it is and how it might change
- What is important to you — in your life and about your health care
- Your health care goals — what you want to accomplish or avoid
- Your health care surrogate — the person you want to make your medical decisions if you could no longer speak for yourself
- Services and treatments that will help you meet your goals

Who should be part of the conversation?
- You
- Your health care provider or team
- Your health care surrogate decision maker
- Any other people you want to include

What can I do to get ready for a conversation about my health care goals?
- Think about what is important to you
- Think about your goals for health care
- Invite your health care surrogate to be there with you for the conversation
- Bring your advance directive, if you have one, when you meet with your health care team

Who should be part of the conversation?
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What can I do to get ready for a conversation about my health care goals?
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What are life-sustaining treatments?
- Life-sustaining treatments are treatments that might help you live longer when you would be expected to die otherwise.
- Whether they are likely to work depends on your medical problems. They do not cure disease or chronic illness. Sometimes they are used for a short time to get a person through a health crisis such as a sudden serious illness, or when a chronic illness gets worse unexpectedly.
- Some people want life-sustaining treatments, and others would not. Decide about life-sustaining treatments should be made based on your goals and preferences.
- Your health care team can give you more information about life-sustaining treatments.
COVID-19 Caregivers & Families

• The COVID-19 pandemic shattered our sense of normalcy, from the way we take care of our Veterans when they are ill, to the way we mourn them when they die.

• West Palm Beach VA Medical Center (WPBVAMC) recognizes that part of the healing and grieving process is to have a positive support system.

• Our multidisciplinary team created general guides to make navigating these processes during COVID-19 a little easier for our Veterans and their family.
COVID-19 Pre-Admission Caregiver Packet

- **COVID-19 Caregivers Plan Team** consisting of the Chiefs of Social Work, Caregivers Program Manager, Chief of Medical Media, Education Coordinator, Suicide Prevention Team Lead, Local Recovery Coordinator and Emergency Manager.

- Developed The **COVID-19 Pre-Admission Caregiver Packet** provided to the Caregivers when their Veteran is brought to our facility through the Emergency Department (ED). The Veteran and caregivers are informed that visitations are restricted due to the COVID-19 pandemic. Since we recognize that part of the healing process is to have a support system, the staff provided the family members or caregivers information on how to virtually connect with their Veteran.

- Caregivers are also provided information on the **Caregiver Support Program During COVID-19**, **Home Safety Instructions for COVID-19**, information on **Taking Care of their Behavioral Health** and local **Community Resources**.

- The ED team has been providing the admission packet when a Veteran comes in through the ED. The ED Nurse Manager reported that the caregivers appreciate the packet stating, ”When they are provided the information their demeanor totally changes; you could see they really appreciate the explanation and the information on the packet”. The packet is 508 compliant and available on our website’s Caregiver Support page under the **COVID-19 Update for Caregivers** section:

COVID-19 Coping with End of Life/Bereavement

• Created and Led the COVID-19 Coping with End of Life/Bereavement Team consisting of the Chief of Chaplain Services, Decedent Affairs, Systems Redesign, Chief of Medical Media, Public Affairs Officer, Hospice Social Workers, Local Recovery Coordinator, Director of Hospice and Palliative care program and Education Coordinator.

• Developed a Bereavement Resource Guide: “What Do I Do Now?” was created as a practical guide to help families navigate the difficult decisions and planning after the death of their Veteran.

• This guide is readily available in hard copy form as well as electronically on WPBVAMC’s Chaplain Service page: https://www.westpalmbeach.va.gov/WESTPALMBEACH/Documents/G124_BereavementGuide_05-14-20_508c.pdf
Crisis Standards of Care

- Scarce Resource Allocation & Triage Team
- Developed CPRS & Triage process

2 Tabletop exercises
As a result of our VOD initiative in 2019, all of our staff was ready to transition to Telework in record time when COVID-19 started.

iPads were also deployed to the ED, COVID Unit, ICU, medical floors, PCMH.

To minimize interruption of group services on the psychiatric Inpatient unit we worked closely with medical media and converted Televisions on 3C inpatient unit to apple TVs. As a result, we utilized iPads to facilitate group services on the unit keeping social distance and provider Teleworking from home.

Online platform for psychological testing Q-Global.
Expanding iMental Health Services

- Competed and acquired $70,000 to expand Telemental Health Services for Veterans.

- Purchased four Double Robotics to provide services in COVID-19 hot spot areas such as ED to implement Suicide Risk ID Process & SPED, 5A and Hospice.

- Also purchased iPad stands and computer carts to expand Telemental Health Services in the facility.
TRYING TO KEEP UP WITH UNPRECEDENTED TIMES

9/22/20 Drive Up Event for Veterans and Family Members
Dr. Perez, Ms. Spence, Sowmya Yeturo, Dr. Peate, Ms. O’Connell

Employee Selfcare Online Resource debut-Townhall 4/14/2020

Drs. Peate, Perez, Mr. Price & Dr. Schlenke

Lights at the end of the 2020 Tunnel 12/23/2020

Suicide Prevention Townhall 9/3/2020

Justin Chamberland & Dr. Perez
Critical Areas of Emergency Response

• Communication – Townhalls, weekly emails, bi-weekly Friday staff check-ins, Online Employee Wellness Resource.

• Resources & Asset – CIRT Team trained in CISM, online platform capabilities, Core Mental Health Staff rotation, SPC Taskforce

• Safety and Security – PPE, COVID testing, ensuring cleanliness of areas being utilized, suspect COVID positive Veterans escorted by police, GFE equipment checkout process.

• Staff Responsibility – Telework agreements, Tele trackers, contact supervisors within 30 minutes if no internet service.

• Utilities Management – Systems in place in case there is no online services

• Patient Clinical & Support Activities – 25% Core Staff for same day access. Rotations, increased to 50% by December 2020. Hybrid psychotherapy groups.

• Working with the Community – SPC Taskforce
COVID-19 Resiliency for Staff, Veterans & Caregivers
Behavioral Health Response Program

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U.S. Department of Veterans Affairs

iMental Health Expansion
Thank you!