NETEC COVID-19 Webinar Series:

Use of HICS for COVID-19 Resilience and Recovery
Welcome

Shelly Schwedhelm, MSN, RN, NEA-BC
Welcome: Shelly Schwedhelm, MSN, RN, NEA-BC

Hospital Incident Command Structure New York H+H:
- Syra S Madad, DHSc, MS, MCP
- Madeline Tavarez, MPA

Hospital Incident Command Structure Nebraska Medicine:
- Dawn Straub, MSN, RN, NEA-BC
- Brian Fox, MBA, PMP

Hospital Incident Command Structure Emory Healthcare:
- Anna Q Yaffee, MD, MPH
- Tim Cunningham, RN, DrPH, FAAN

NETEC Resources: Shelly Schwedhelm, MSN, RN, NEA-BC

Questions and Answers with NETEC
Welcome

National Emerging Special Pathogens Training and Education Center

Mission Statement

To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information

Please visit us at www.netec.org
or email us at info@netec.org
NETEC Overview

**Assessment**
Empower hospitals to gauge their readiness using **Self-Assessment**
Measure facility and healthcare worker readiness using **Metrics**
Provide direct feedback to hospitals via **On-Site Assessment**

**Education**
Provide self-paced education through **Online Trainings**
Deliver didactic and hands-on simulation training via **In-Person Courses**
COVID-19 focused **Webinars**

**Technical Assistance**
- **Onsite & Remote Guidance**
  - Compile **Online Repository** of tools and resources
  - Develop customizable **Exercise Templates** based on the HSEEP model
  - Provide **Emergency On-Call Mobilization**

**Research Network**
- **Online Repository**
  - Built for rapid implementation of clinical research protocols
- **Develop Policies, Procedures and Data Capture Tools** to facilitate research
- **Create infrastructure for a Specimen Biorepository**

Cross-Cutting, Supportive Activities
Hospital Incident Command Structure: New York H+H

Syra S. Madad DHSc, MS, MCP
Madeline Tavarez, MPA
Background

Largest municipal healthcare delivery system in the U.S.

- 11 hospitals, 7 ambulatory care sites, 5 post acute care sites
- Safely & successfully treated NYC’s single confirmed Ebola patient at NYC Health + Hospitals / Bellevue
- One-of-a-kind, emergency management-based system-wide Special Pathogens Program
- Expanding reach via Center for Global Healthcare Preparedness for Special Pathogens
HICS: NYC Health+Hospitals

Disaster Life Cycle

Mitigation

Preparedness

Response

Recovery
Recovery

National Disaster Recovery Framework

Second Edition
June 2016
Resilience

The Ability to:
• Adapt/cope during challenging circumstances

“A bounce back”

A resilient community has:
• Robust systems
• Identified and developed resources
• Established capabilities

The NYC Health + Hospitals Approach

- Continue to provide care and access to care to our diverse population

- Plan for Resurgence and Resilience
  - Sustain the Gains
  - Fill the Gaps
  - Build Back Better
Planning for Future Emergencies with COVID-19 in the Backdrop

Considerations:

• Coastal storm season
• Heat emergencies
• Power outages
• Influenza season
• Subsequent pandemic waves
• Civil unrest

Photo Credit of Backdrop Image: NIAID-RML - This scanning electron microscope image shows SARS-CoV-2 (orange)—also known as 2019-nCoV, the virus that causes COVID-19
Implementing Lessons Learned

- Revised ICS structure that adheres to span of control and includes key initiatives and workgroups
- Enhance our communication strategies to ensure horizontal and vertical communication takes place across the system
- Enhance support services for staff and the community
- Align efforts with local, state and federal partners
New York Coronavirus Map and Case Count

By The New York Times  Updated June 2, 2020, 6:08 P.M. E.T.

TOTAL CASES  377,881
DEATHS  29,847

Includes confirmed and probable cases where available
Hospitalizations in New York City

- Cases: 201,123
- Hospitalizations: 52,441
- Confirmed deaths*: 16,892
- Probable deaths: 4,757

*Deaths following a positive COVID-19 laboratory test

Updated: June 2, at 1 p.m.
Phases of the NYC COVID-19 Response

- **NO CASES**
- **SPORADIC CASES**
- **CLUSTERS OF CASES**
- **LOCAL TRANSMISSION**
- **WIDESPREAD TRANSMISSION**
- **DECLINING TRANSMISSION**
- **Potential Subsequent Waves**
- **PREPAREDNESS**
- **CONTAINMENT**
- **MITIGATION**
- **SUPPRESSION**
- **RECOVERY**

**Vital Strategies COVID-19 Playbook**

**Meet Indicators/Milestones**

**TEST & TRACE**

**Vaccine / Treatment(s)**
Planning and Implementing the following:

- Structural/layout changes
- Enhanced cleaning schedule
- Infection Control
- Supply Chain
- Maintaining physical distancing and workplace etiquette in the clinical and non-clinical workplace
- Support services

Special Considerations:

- Hospitals
- Longterm care facilities
- Ambulatory/outpatient clinics
- Specialty Services
Thank You

Thanks to our health care heroes,
6,645 COVID-19 patients have returned home
Hospital Incident Command Structure: Nebraska Medicine

Dawn Straub, MSN, RN, NEA-BC
Brian Fox, MBA, PMP
<table>
<thead>
<tr>
<th>About us</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.8 billion academic health system</td>
</tr>
<tr>
<td>8,000 employees and more than 1,000 affiliated physicians</td>
</tr>
<tr>
<td>Primary clinical partner of University of Nebraska Medical Center</td>
</tr>
<tr>
<td>Two hospitals, anchored by tertiary/quaternary academic medical center, Nebraska Medical Center</td>
</tr>
<tr>
<td>More than 70 specialty and primary care clinics, offering 50 specialties and subspecialties</td>
</tr>
<tr>
<td>Partial ownership of two rural hospitals and one specialty hospital</td>
</tr>
<tr>
<td>809 licensed beds in Omaha and Bellevue</td>
</tr>
<tr>
<td>33,606 discharges</td>
</tr>
<tr>
<td>1.06 million outpatient visits (primary and specialty)</td>
</tr>
<tr>
<td>95,040 ER visits</td>
</tr>
<tr>
<td>Fred &amp; Pamela Buffett Cancer Center opened in 2017</td>
</tr>
<tr>
<td>Behavioral Health Intensive Outpatient Program was added in July 2018</td>
</tr>
</tbody>
</table>
We are technically still in a respond phase

Data Source: The COVID Tracking Project
Pacing the procedural and ambulatory recovery will be dictated by our ability to properly staff inpatient beds (dimmer switch versus flipping on/open)

May not be able to open a full compliment of anesthetizing sites or re-establish ambulatory clinic volume if those clinicians are required to support staffing teams in the inpatient setting

Serious effort needs to be made to:

- Maximize the movement of procedural cases to the outpatient setting
- Maximize the use of the BMC procedural platform for scheduled inpatient procedures
- Move patient populations requiring short post procedure hospital stays to BMC
- Maintain at a minimum and increase telehealth visits as appropriate
### Planning for Recovery

#### Four Patient Cohorts to Consider with Recovery Planning

|   |
|---|---|
| **1** | COVID ICU |
| **2** | Non-COVID ICU |
| **3** | COVID Med/Surg |
| **4** | Non-COVID Med/Surg |

#### Approach for Analysis

- Determine Pre-COVID ADC
- Determine current ADC and projected ramp-up period to get back to pre-COVID volumes
- Project COVID patient ADC moving forward
- Understand volumes by level of care to inform a staffing plan
- Determine strategy for shifting and/or adding resources based on volumes

### Major constraint:

- Critical Care and Med/Surg Nursing Staff
- Average COVID LOS b/w 12 & 20 days
- Redeployed CRNA's – lack of Anesthesia resources for ORs
- Non-COVID ICU demand as ED volumes increase
COVID-19 Inpatient Activity - Med/Surg and ICU

Easter

NE Directed Health Measures Relaxed
We are continuing to experience increased hospitalizations related to COVID-19.

Our higher inpatient census is not a result of resuming procedures:
- Our ICU and Med-Surg patients include primarily COVID-19 patients, patients with conditions that were not affected by the postponement, and those recovering from procedures that could no longer be delayed.

We have stopped the acceleration of procedures and continue to reschedule cases that do not require timely action.

Ambulatory encounters that do not have a strong impact on capacity are still being ramped back up:
- This includes telehealth visits.

We continue to monitor available PPE and staffing resources required to care for increasing COVID-19 patients.
Weekly Volume – Operating Rooms

As of 5/27/2020:
79% of Pre-COVID Volume*
(*2/2/2020 - 3/8/2020 Average)
Recovery

More difficult to reopen than to close down

- Determine testing plans
- Prioritize procedures to match patient requirements including wellness and prevention
- Develop workflows for COVID positive patients in all clinic and procedural areas
- Interpretation of 30% hospital, ICU and ventilator capacity available – requirement to release restrictions

Staff redeployment

- Working from home – more permanent plan
- Continue to staff additional inpatient beds – especially ICU

Financial insecurity

- CARES Act, FEMA
- Increased operating expense due to COVID
- Workforce – flexing to meet shifting needs
- How to predict volumes – will we get back to pre-COVID baseline?
- Increased telecommuting - less bricks & mortar, parking
HICS: Nebraska Medicine

Workforce Goals

1. Colleague and patient safety
2. Preserve jobs
3. Preserve base pay
4. Transparency
Workforce Goals

1. Colleague and patient safety

- We are committed to “Zero Harm”, which prioritizes the safety of our patients, visitors and colleagues
- We seek to be a high-reliability health care organization

This will not change
Preserve jobs

• At a time of rising unemployment and economic uncertainty, many individuals are without work, including health care employees

• There have been no furloughs or layoffs at Nebraska Medicine

• Moving forward, the work that needs to be done may look different than it did at the end of 2019

• It’s likely that staffing will be reshaped once we better understand the nature of our future activities
Preserve base pay: Flex Program

- In response to limited elective procedures and reduced workload, the flex pool was created on March 23.
- Affected staff were redeployed to support teams including:
  - Call Center
  - N95 Decontamination
  - PPE Extenders
  - RN Extender
  - Inpatient Swab Squad
  - Drive-thru Specimen Collection
  - Immediate Care Clinics
- As volumes increased in procedural and ambulatory services, the flex pool ended on May 24th.
- Some colleagues will continue to assist support teams; those not assigned to support teams will return to home departments.
- Department leaders will continue to evaluate needs and manage staffing levels.
- Colleagues need to remain flexible with work assignment.
# Workforce Goals

## Preserve base pay: Compensation Program for Fiscal Year 2021

- All colleagues, including leaders and physicians

<table>
<thead>
<tr>
<th>Period</th>
<th>Details</th>
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</thead>
</table>
| July 2020 through December 2020 | - No base pay changes  
- No market or merit base pay changes  
- No incentive paid for FY20 performance |
| January 2021 through June 2021   | - Possible market adjustments based on financial recovers               |
4 Transparency

- Open, accurate colleague communication has been at the forefront of our efforts
- We will continue to be open with employees on our current situation and plans
- Health care is changing in ways unknown, the agile and adaptive organizations will thrive
- Transparency includes saying “I don’t know” and the listener accepting that answer
Resiliency

- Initial adrenaline is gone
- Living on shifting sand

Transitions and change

Realization and grief over past

All will experience at different times and non-linear

Effects personal and professional lives

See disruption as opportunity for innovation
Resiliency

- Change is what happens to us
- Transitions are how we adapt
- Endings can resemble grief
- Goal is to reach new beginnings
- In between is very difficult

Transition during Change

Adapted from "Managing Transitions" William Bridges
Support each other during this challenging time by focusing on the facts and reinforcing what we know for sure.

Be on the lookout for redundancies, waste and opportunities to “do better” in your department. Be sure we have the right people doing the right work. Share ideas with each other.

This is an extremely fluid situation, uncertainty exists:
- Those who do well with uncertainty will thrive
- Those of us who do not, may be uncomfortable

Remain flexible, open to change and innovation.
Planning for a Second Wave

Refresh pandemic plan
Lessons learned
Alignment of HICS roles and operations

Learning to live in a pandemic

- A new “normal”
- Some COVID care areas become permanent
- Care processes for COVID patients are imbedded
- Adapting to many supply chain disruptions – pharmaceuticals, tubing, equipment etc.
- Do not lose improvements in collaboration – function more as a whole, interdependent system than ever before
Planning for a Second Wave

Continued alignment between:
- Daily safety shout-out
- Community coalition calls
- HICS report-out
- Bi-weekly all-colleague forums

Robust coordination in support of forecasting (local, regional, international):
- Disease spread
- Accuracy and automation
- Statewide coordinate of metrics & reporting
- Replenish stockpiles
Hospital Incident Command Structure:
Emory Healthcare

Anna Q Yaffee, MD, MPH
Tim Cunningham, RN, DrPH, FAAN
## Overview of Emory Healthcare and Emory School of Medicine

**EMORY HEALTHCARE**

- **4** Magnet Designated Hospitals
- **11** Hospitals
- **2,000+** Employed Physicians
- **23,600+** Employees
- **7,000** Nurses

**EMORY UNIVERSITY SCHOOL OF MEDICINE**

- **2,895** Faculty
- **792** Volunteer Faculty
- **556** Medical students
- **530** Academic Health Students in 5 programs
- **1,311** Residents & Fellows in 106 training programs

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>Emergency Room Visits</td>
<td>325,000</td>
</tr>
<tr>
<td>Operating Room Procedures Annually</td>
<td>80,000</td>
</tr>
<tr>
<td>Licensed Beds</td>
<td>2,691</td>
</tr>
<tr>
<td>Patients Served Annually</td>
<td>819,000+</td>
</tr>
<tr>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>11</td>
</tr>
<tr>
<td>Operating Rooms</td>
<td>80,000</td>
</tr>
<tr>
<td>Specialized Operating Rooms</td>
<td>2,000+</td>
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<tr>
<td>总结</td>
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</tr>
<tr>
<td>Total Operating Room Procedures</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Total Licensed Beds</td>
<td>5,000</td>
</tr>
<tr>
<td>Total Patients Served</td>
<td>16,000,000</td>
</tr>
<tr>
<td>Total Facilities</td>
<td>12,000,000</td>
</tr>
<tr>
<td>Total Operating Rooms</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Total Licensed Beds</td>
<td>5,000</td>
</tr>
<tr>
<td>Total Patients Served</td>
<td>16,000,000</td>
</tr>
<tr>
<td>Total Facilities</td>
<td>12,000,000</td>
</tr>
</tbody>
</table>

**Key Figures**

- **$4.7 billion** Net Revenue
- **111,300** Inpatient Admissions Annually
- **5,060,000** Outpatient Visits Annually
- **10,200** Deliveries
- **1,850** Average Daily Census
- **60+** Countries Served
- **7,000** Nurses
- **325,000** Emergency Room Visits
- **21,000+** Clinical Research Patients On Studies
- **1,311** Residents & Fellows in 106 training programs
- **$122 million** Charity Care
- **500** Solid Organ Transplants Annually
- **$11.4 billion** Emory’s Annual Economic Impact to Georgia

**Retention Rate**

- **37%** Retention rate of Emory MD graduates practicing in Georgia
Symptom Screen

1. Do you have any of the following that started in the past 2 weeks:
   * Fever equal to or greater than 100F; OR
   * Shaking/chills; OR
   * Loss of taste/smell; OR
   New or worsened:
   * Cough
   * Shortness of breath
   * Sore throat
   * Muscle aches
   * Headache
   * Diarrhea
   * Rash

If yes, place a mask on the patient
Increase Testing Capacity Through Phased Testing Expansion

Georgia

POPULATION: 11M

+107,214 tests since last week

514,945 tests given

44,421 positive

1,907 deaths

MAR 04
MAY 27
Hospital Flow & Staffing Re-modification

EUH Emergency Dept. Waiting Area
3-27-20  1/8"=1'-0"  EUHFM

EUH Radiology C130 Waiting Area
3-27-20  1/8"=1'-0"  EUHFM
# Patient Care Modifications

## BiPAP Checklist for Patients with Low Pretest Probability for COVID-19

**Provider/RN/RT - Review before BiPAP initiation in ED**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Absence of Fever/Chills</td>
<td>☑️</td>
</tr>
<tr>
<td>2.</td>
<td>No new onset of dry Cough</td>
<td>☑️</td>
</tr>
<tr>
<td>3.</td>
<td>Chest X-ray not characteristic for COVID-19*</td>
<td>☑️</td>
</tr>
<tr>
<td>4.</td>
<td>Lack of known COVID-19 exposure</td>
<td>☑️</td>
</tr>
<tr>
<td>5.</td>
<td>Lack of anatomic abnormalities risk for unintentional mask leak</td>
<td>☑️</td>
</tr>
<tr>
<td>6.</td>
<td>Compliant and normal mental status</td>
<td>☑️</td>
</tr>
<tr>
<td>7.</td>
<td>Known medical history of CHF/COPD/Asthma/Hypercapnea and laboratory abnormality suggestion alternative diagnosis (ex – BNP elevated)</td>
<td>☑️</td>
</tr>
<tr>
<td>8.</td>
<td>Negative COVID-19 Rapid Test</td>
<td>☑️</td>
</tr>
</tbody>
</table>
When we stand together, we rise.
And, we are still adapting every day...
www.emorycovid19support.com

If you are in crisis, please call the Georgia Crisis and Access Line (GCAL): 1-800-715-4225
Or the National Suicide Prevention Lifeline: 1-800-273-8255
If you are experiencing abuse call the National Domestic Violence Hotline - 1-800-799-7233 or Text LOVEIS to 22522

Wellness Links for Members of the Emory Enterprise Community and Emory Affiliated Hospitals

Free Wellness Videos and Resources
Available to the general public

Links for Live Wellness Programs
Available to the general public

Improving Lives, Providing Hope
Figure 1: Intervention pyramid for mental health and psychosocial support

Examples:
- Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist, etc.).
- Basic mental health care by Primary Health Care doctor. Basic emotional and practical support by community workers.
- Advocacy for basic services that are safe, socially appropriate and protect dignity.

www.emorycovid19support.com

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Improving Lives, Providing Hope
Emory Enterprise Support and Resources

Click on any of the logos below to be taken to the website for that resource

ASAP MENTAL HEALTH CONSULTATION AND SERVICES - For all team members: Emory’s Department of Psychiatry and Behavioral Sciences is providing ASAP, free, flexible-hours support and consultation to all faculty, staff, and students at Emory.
https://sraf.emory.edu/corona Greenwood Counselors at 404-727-0320 for ASAP and remote crisis counseling.

GROUP DEBRIEFING AND SUPPORT: The Department of Psychiatry and Behavioral Sciences and ENSP are facilitating zoom group debriefing and support sessions for diverse groups across Emory affiliates. For details on these groups, please email emorymentalhealth@emory.edu. The Department of Psychiatry and Behavioral Sciences is offering in-person and virtual group debriefing and support sessions for faculty, staff, and trainees based at Grady Health System; email rick@emory.edu for more information.

MENTAL HEALTH EDUCATION: For more information on mental health education, please visit the Department of Psychiatry and Behavioral Sciences website: https://psychiatry.emory.edu/services/clinical-education

WHO

Support for faculty, staff, and students working at Emory Healthcare and Emory University on the COVID-19 pandemic.

WHAT

We provide resources and referrals for children under the age of 18 years old.

HOW

The Faculty Staff Assistance Program (FSAP) provides confidential services which promote emotional, behavioral and organizational health. Services include comprehensive assessments, short-term counseling and couples and family consultations, coaching, crisis intervention, leadership consultation, team resources, wellness assessments for self-care plans, educational webinars and group support sessions, stress management, processing/debriefing, and support and skills training. FSAP now offers a series of new weekly group services to help employees and their families cope with COVID-19. These services are specifically designed for employees and their family members who work on the health care frontlines. There is a weekly group for non-professional essential employees as well as one that is open to all Emory employees.

WHEN

Emory Healthcare and Emory University

WHO

The Health & Wellness team provides employees with a variety of programs and services: lifestyle, health, and wellness initiatives, mental, emotional, social, spiritual and health & wellbeing needs of Emory employees.

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Most of our major programs are held in-person or delivered online, including: The Health & Wellness team provides employees with a variety of programs and services: lifestyle, health, and wellness initiatives, mental, emotional, social, spiritual and health & wellbeing needs of Emory employees.

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Free Wellness Resources
Click on the word below to see a list of free, recorded offerings

- Exercise + Stretching
- Coping
- Yoga
- Meditation + Mindfulness
- Community Resilience Model
- Info for our Gender Diverse Community
- Physician's Support Hotline
- Spiritual Health
- Free County-Based Resources
- Psychological Wellness Guides
- Other Resources
## Schedule of Daily Live Events

Guided activities and events to help support resilience

### Daily Live Stream Events

<table>
<thead>
<tr>
<th>AM Events</th>
<th>PM Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30-7 Blomeyer Live Workout (Wed only)</td>
<td>12:00 Walking Wednesdays (Wed only)</td>
</tr>
<tr>
<td>9:00 Cognitive-Based Compassion Training (CBCT) Meditation</td>
<td>12:00-12:30 Blomeyer Live Workout (Weekdays)</td>
</tr>
<tr>
<td>10:00 Motivational Minute (by CHU)</td>
<td>1:00-2:00 Yoga I Flow (weekdays)</td>
</tr>
<tr>
<td>- <a href="https://www.facebook.com/groups/CorporateHealthUnlimited/">https://www.facebook.com/groups/CorporateHealthUnlimited/</a></td>
<td>- <a href="https://zoom.us/i/9808564604?pwd=VnZOl1iBQ0jLKzBSWHVUVHR6RIRDUT09">https://zoom.us/i/9808564604?pwd=VnZOl1iBQ0jLKzBSWHVUVHR6RIRDUT09</a></td>
</tr>
<tr>
<td>10:00-10:30 Ask the Registered Dietitian (RD) (Wed until May 27)</td>
<td>4:30-4:45 Daily Refresh with FSAP</td>
</tr>
<tr>
<td>11:30-12:00 Corporate Health Unlimited workouts</td>
<td>5:00-5:30 Blomeyer Live Workout (M,W)</td>
</tr>
<tr>
<td>- <a href="https://www.youtube.com/channel/UCtAL27ZN3CYTgtHlaXumYw">https://www.youtube.com/channel/UCtAL27ZN3CYTgtHlaXumYw</a></td>
<td>- <a href="https://zoom.us/s/7971885034">https://zoom.us/s/7971885034</a></td>
</tr>
<tr>
<td>11:00-12:00 Power Yoga Flow (Tuesdays)</td>
<td>5:30: Restorative Yoga Practice</td>
</tr>
<tr>
<td>- <a href="https://zoom.us/i/9808564604?pwd=VnZOl1iBQ0jLKzBSWHVUVHR6RIRDUT09">https://zoom.us/i/9808564604?pwd=VnZOl1iBQ0jLKzBSWHVUVHR6RIRDUT09</a></td>
<td>- <a href="https://zoom.us/i/9808564604?pwd=VnZOl1iBQ0jLKzBSWHVUVHR6RIRDUT09">https://zoom.us/i/9808564604?pwd=VnZOl1iBQ0jLKzBSWHVUVHR6RIRDUT09</a></td>
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<td>7:00 Cognitive-Based Compassion Training (CBCT) Meditation</td>
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</tbody>
</table>

https://www.emorycovid19support.com/
The Concept of Post Traumatic Growth “Underscores the notion that growth and emotional distress are not mutually exclusive.” (p. 4)

**Article Selected**

*Posttraumatic growth and posttraumatic stress among military medical personnel.*

By McLean, Carmen P., Handa, Sonia, Dickstein, Benjamin D., Benson, Trisha A., Baker, Monty T., Isler, William C., Peterson, Alan L., Litz, Brett T.

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**Abstract**

Military medical personnel deployed to war zones are dually burdened with stressors related to providing healthcare and combat and operational experiences. To better understand how different types and levels of stress exposure relate to positive and negative mental health outcomes among military medical personnel, the associations between combat and healthcare stress exposure and posttraumatic growth and posttraumatic stress disorder (PTSD) were examined among 253 Air Force medical personnel recently redeployed from Iraq. Both types of stress exposure were uniquely associated with increased PTSD symptomatology. However, combat exposure was linearly associated with PTSD, suggesting a dose-response relationship, whereas the relationship between healthcare stress and PTSD was curvilinear. Both forms of stress exposure showed an inverted U-shaped relationship with posttraumatic growth. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
<table>
<thead>
<tr>
<th>Post-Traumatic Growth (PTG)</th>
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<tbody>
<tr>
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<tr>
<td>✓ Closer relationships</td>
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<td>✓ New possibilities</td>
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Brutally Honest Optimism
Optimism reduces our sense of helplessness when things feel out of control. It also allows us to take constructive action. However, this is not the Pollyanna, unicorns, and rainbows, "everything is going to be okay" brand of optimism. It is tempered by the discipline to confront the most brutal facts of our current reality.

Perception of Control Over Events
What makes an experience traumatic is that we were not able to control the circumstances that led us to be hurt in some way. Recovery is about regaining control through primary control (taking action to change a situation), or secondary control (changing our orientation to a situation).

5 Domains of Post-Traumatic Growth

Personal Strength
- Stronger for the experience
- Better able to handle stress
- More wisdom and maturity

Closer Relationships
- Strengthened social ties - can rely on people
- Help craft trauma narratives that contribute to meaning
- Sense of belonging
- Unity

Greater Appreciation for Life
- Greater gratitude, hope, kindness, leadership, love, spirituality, and friendship

New Possibilities
- Reprioritize values and time commitments
- Accomplish goals that would have been delayed
- More understanding of friends and family

Spiritual Development
- Redefine spiritual beliefs to encompass traumas, or
- Revere spiritual beliefs alongside

4 Factors Leading to Post-Traumatic Growth

Coping Style
What is your coping style? Do you immediately start problem-solving (active coping) or do you escape into a fantasy world (avoidance coping)? Both approaches can be helpful, but in the long term, avoidance turns into denial, which prevents you from ever truly living in the present because you are too busy stuffing down your past. The best predictor of post-traumatic growth is acceptance and positive reinterpretation - a coping style characterized by optimism and humor.

Strong Sense of Self
Having a strong sense of self depends on having a purpose in life, high self-esteem, and being able to create a coherent narrative. Without being able to make sense of our story, we remain trapped in our own occurance. If we gain distance from it, a coherent narrative prevents us from unconsciously repeating the loss of connection we experienced with our parents in our relationship with our new children.

“COVID-19 Will Have a Mental Impact on EVERYONE.”

See You Now Podcast
Mental Health Pandemic
May 30, 2020

https://nursing.jnj.com/see-you-now-podcast/mentalhealthpandemic?fbclid=IwAR0feWcelmu_eEYZVUxDSzJYa4B8fn7QDquhPb0I3xOAX55cbwsCQuS_DDM
NETEC Resources

Shelly Schwedhelm, MSN, RN, NEA-BC
NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners.

**Ask for help!**

- Send questions to **info@netec.org** - they will be answered by NETEC SMEs.
- Submit a Technical Assistance request at **NETEC.org**.
Questions and Answers