WHO ARE WE?

- NYC Health + Hospitals is the **largest public health care system** in the United States

- We provide essential **inpatient, outpatient, and home-based services** to more than **one million New Yorkers every year** in more than 70 locations across the city's five boroughs

- Our **11 acute care hospitals** provide top-ranked trauma care and provide up to **60% of all mental health services** in New York City making communities healthy through a robust network of hospital-based inpatient and primary care services for children and adults

- Our **five post-acute/long-term care facilities** have earned the highest five and four star ratings by the Centers for Medicaid and Medicare for their excellent long-term care, skilled nursing care, and rehabilitation services

- Gotham Health is our **network of Federally Qualified Health Center clinics** across the five boroughs that offers patient-centered primary and preventive care services for the entire family

- Community Care offers **comprehensive care management** and better access to social support services in patients' homes and communities

- Our diverse workforce is uniquely focused on **empowering New Yorkers**, without exception, to **live their healthiest life possible**
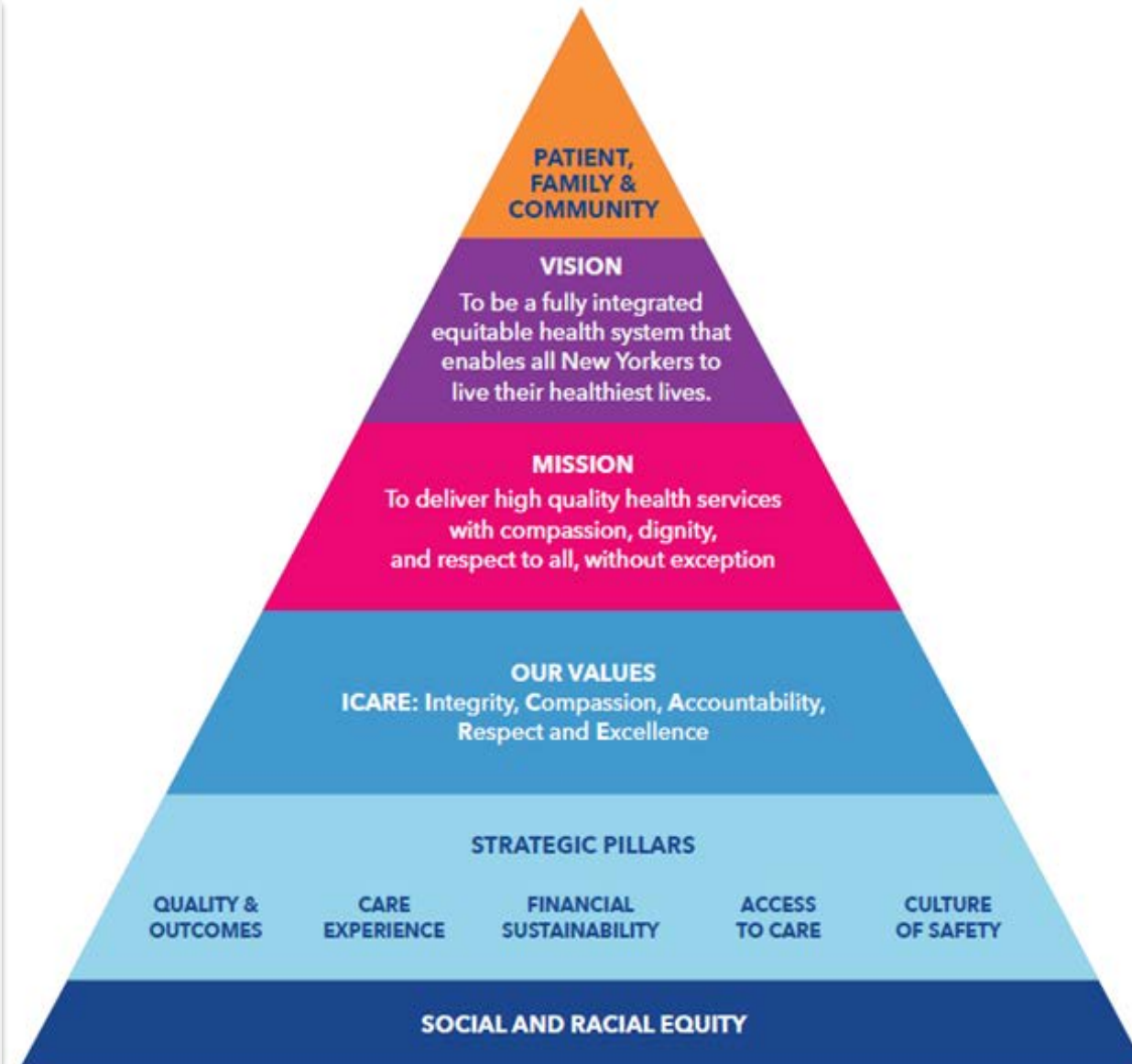
HELPING HEALERS HEAL: PHASE I

Medical error: the second victim

The doctor who makes the mistake needs help too

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could

improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.

Virtually every practitioner knows the sickening realisation of making a bad mistake. You feel singled
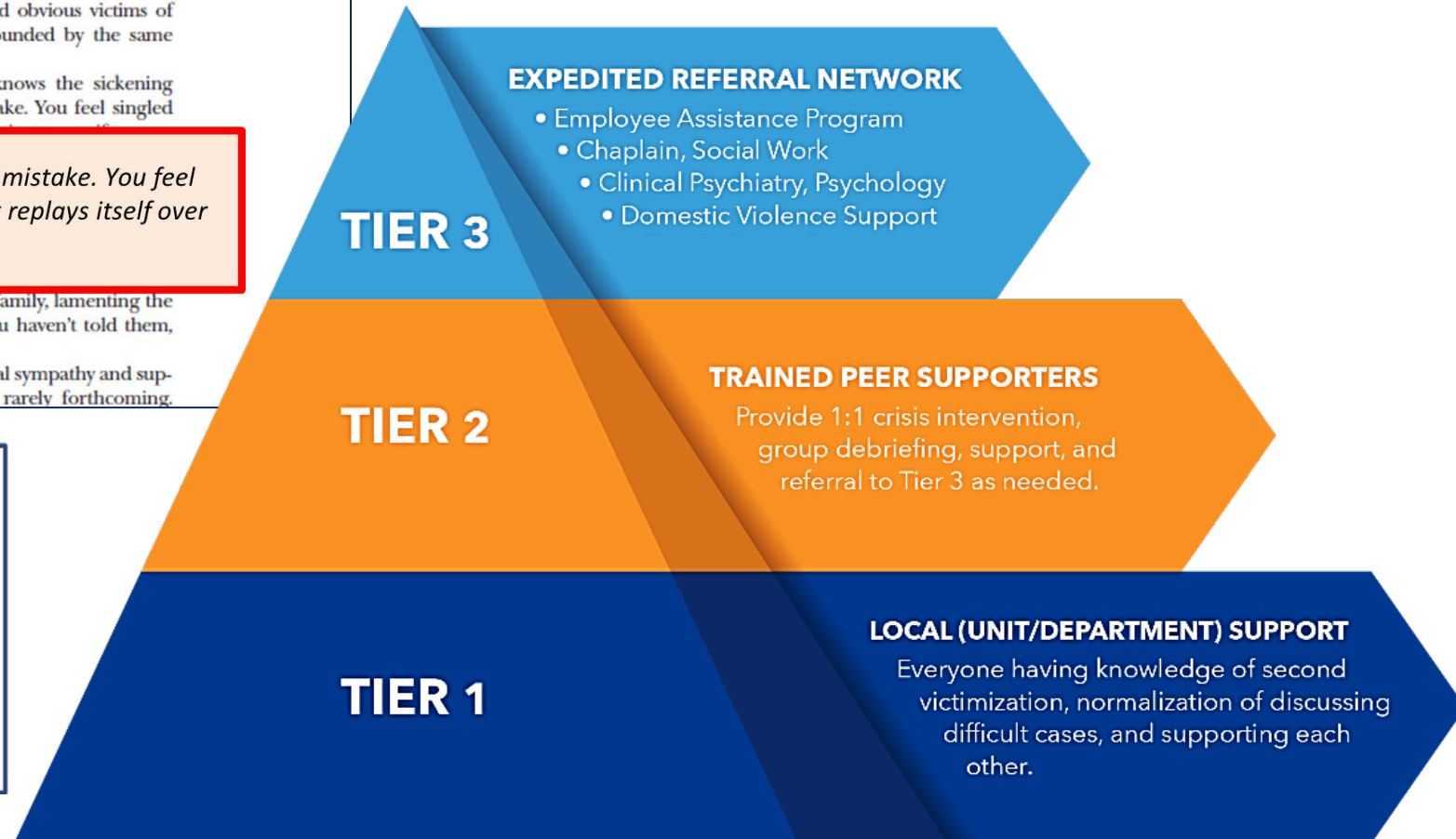
Personal view p 812

> "Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed…..You agonize about what to do…… Later, the event replays itself over and over in your mind"

laboratory tests, and innovations that present tangible images of illness have in fact created an expectation of perfection. Patients, who have an understandable need to consider their doctors infallible, have colluded with doctors to deny the existence of error. Hospitals react to

overly attentive to the patient or family, lamenting the failure to do so earlier and, if you haven't told them, wondering if they know.[1-3]

Sadly, the kind of unconditional sympathy and support that are really needed are rarely forthcoming.

Second Victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.

TIER 3 — EXPEDITED REFERRAL NETWORK
- Employee Assistance Program
- Chaplain, Social Work
- Clinical Psychiatry, Psychology
- Domestic Violence Support

TIER 2 — TRAINED PEER SUPPORTERS
Provide 1:1 crisis intervention, group debriefing, support, and referral to Tier 3 as needed.

TIER 1 — LOCAL (UNIT/DEPARTMENT) SUPPORT
Everyone having knowledge of second victimization, normalization of discussing difficult cases, and supporting each other.

Growing the NYC Health + Hospitals H3 Initiative:
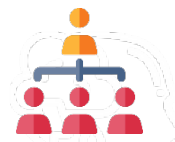
Strategic Goal

Executive Support

Grand Rounds/ Publicity

Central Steering Team

Establish H3 Leads

Facility-based Steering Committees

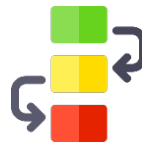**Peer Support Champion Identification**

Training

H3 Team Websites

Resource Sheets

Peer Support Activation Workflows (by site)

Support for the Supporters (e.g. wellness events, support groups)

Measurements for Success

Improvement Plans

LAUNCHING ACROSS THE SYSTEM

| Jacobi 7/10/18 | Central Office 7/12/18 | Queens 7/23/18 | Lincoln 8/16/18 | Kings County 9/12/18 | NCB 10/3/18 | Bellevue 10/31/18 | PAC Facilities 11/14/18 | Coney Island 11/29/18 | Metropolitan 11/30/18 | Woodhull 12/3/18 | Elmhurst 1/7/19 | Harlem 4/18/19 | Gotham 7/17/19 | Community Care 7/29/19 |

- **Jacobi** launched: July 10, 2018
- **Central Office** Training: July 12, 2018
- **Queens** launched: July 23, 2018
- **Lincoln** launched: August 16, 2018
- **Kings County** launched: September 12, 2018
- **NCB** launched: October 3, 2018
- **Bellevue** launched: October 31, 2018
- **PAC Facilities** launched: November 14, 2018

- **Coney Island** launched: November 29, 2018
- **Metropolitan** launched: November 30, 2018
- **Woodhull** launched: December 3, 2018
- **Elmhurst** launched: January 7, 2019
- **Harlem** launched: April 18, 2019
- **Gotham Health** launched: July 17, 2019
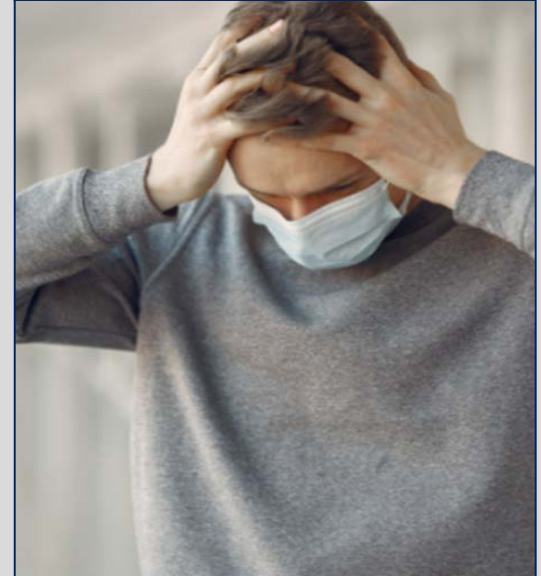- **Community Care** launched: July, 29 2019

- Empathy is the ability to identify and understand another's situation, feelings, and motives

- Empathy allows us to form trust, helps us understand how or why others are reacting to situations, and sharpens our "people acumen"

- Empathy is an emotional and thinking muscle that becomes stronger the more we use it

PEER SUPPORT FOR SECOND VICTIMS

Peer Support Champion	Peer Counselor	Licensed Mental Health Clinician
Host individual/group debriefs with coworkers: • Provide practical organized solutions • Establish a safe environment to talk freely about personal affects. Sharing can be intimate, interpersonal, and mutual • Assist staff to feel they are not alone • Support colleagues when they are upset; help reduce work distress • Are not substitutes for professional help should that be needed	**Provide an approved Medicaid service where peers help peers:** • Must meet state requirements, take approved classes, and pass a state test • Fulfills various duties, based on the effectiveness of assistance and support from people with shared life experience who are living in recovery • Use their own stories in helping others develop hope and improve their lives • Provides support in many settings	**Deliver caring and support with a one-way focus:** • Provides service where one member's emotional needs are central • Hosts inherent power differential with responsibility • Offers support with strict boundaries • State licensure

H3 ROADMAP

NYC HEALTH+HOSPITALS

2017

BURNING PLATFORM
Build platform to activate and engage; what info do you need to gather to build the business case and attain executive buy-in?

BUILD A COALITION
Who are your innovators who can help you implement? Cast a broad net to include champions across disciplines, departments, etc.

GOVERNANCE STRUCTURE
Who should be on your steering committee? Executive sponsor? H3 leads?

IDENTIFY RISK AREAS
Where do you anticipate the program will have the greatest impact and/or easiest deployment? (e.g. ED, ICU, L&D, BH) Identify crucial conversations.

INVENTORY RESOURCES
Which disciplines and departments have the human capital to support the program? What internal supports do you have for T3?

2018

IT INFRASTRUCTURE
Establish necessary IT support (e.g. intranet, public internet page, electronic tools for tracking and monitoring, feedback loop, referral resource links)

FIRST T2 TRAINING COHORT
Identify participants, seeking wide representation of departments, disciplines, service lines, shifts, etc. (including both clinical and non-clinical)

COMMUNICATION PLAN
Determine multi-tiered plan to communicate awareness of program and culture change to leadership, general workforce, and managers/supervisors, as well as to internal and external partners

GAP ANALYSIS
What is needed to build out all three tiers of the program; what needs to be created from scratch that's not already there?

2019

2020

GROW T2
Establish a consistent facility-based communication and training plan, recruitment strategy, and crowdsourcing mechanism

GROW T3
Ensure equity and accessibility of internal and external resources, utilize feedback to fill gaps as they emerge, expand anonymous outside supports and internal expedited referrals

SUSTAINABILITY PLAN
Establish goals for all departments, disciplines, shifts, etc.

SUPPORT THE SUPPORTERS
Refresher courses, supervision groups, wellness events, recognition and celebration

QUALITY IMPROVEMENT PLAN
Collect and utilize data to grow and improve the program. Leverage data to identify trends of risks, clinical outcomes, etc. to enable proactive address
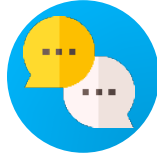
EARLY 2020 H3 IMPROVEMENT PLANS

Education & Wellness

- Education (new trainings for identified peers / yearly refreshers / modules)
- Resource guides / job aids (i.e. – scripts, presentations, FAQ sheets, printouts, etc.)
- Quarterly wellness events

Communications & Marketing

- Frontline awareness of the H3 initiative
- Standardized promotional materials (i.e. – slide decks, brochures, pamphlets, etc.)
- Testimonials

Tier 3 Resources

- Enhanced/seamless services for those that require escalation after activation
- Proactive learning from encounter forms to fill gaps in resources
- Sharing and standardization of Tier III internal resource lists
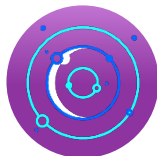
System Integration

- Partnerships with various internal and external stakeholders (i.e. – GME)
- Link H3 to PSI, RCA, Incident Reports, Debriefs, HP, etc.

Data & Analytics

- Monthly collection of activity to analyze system trends
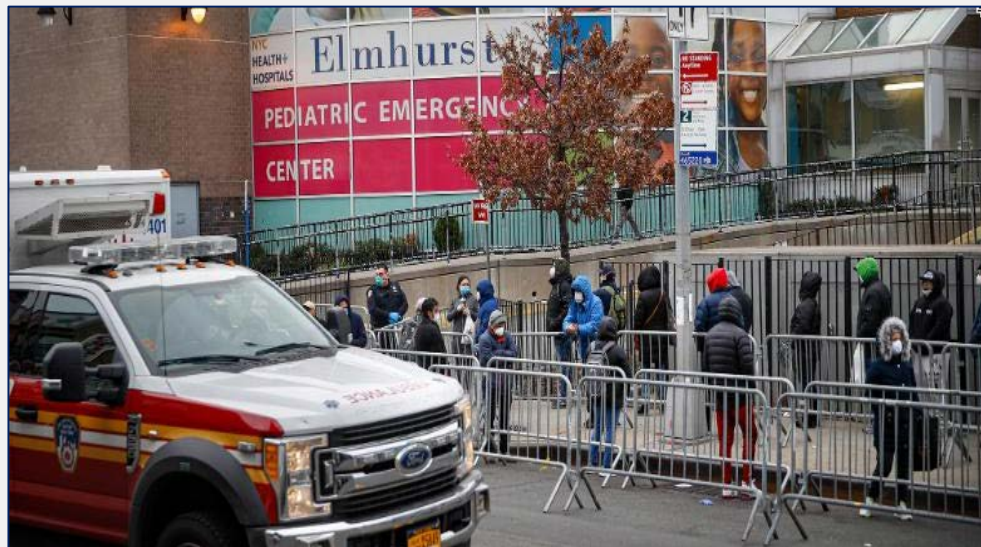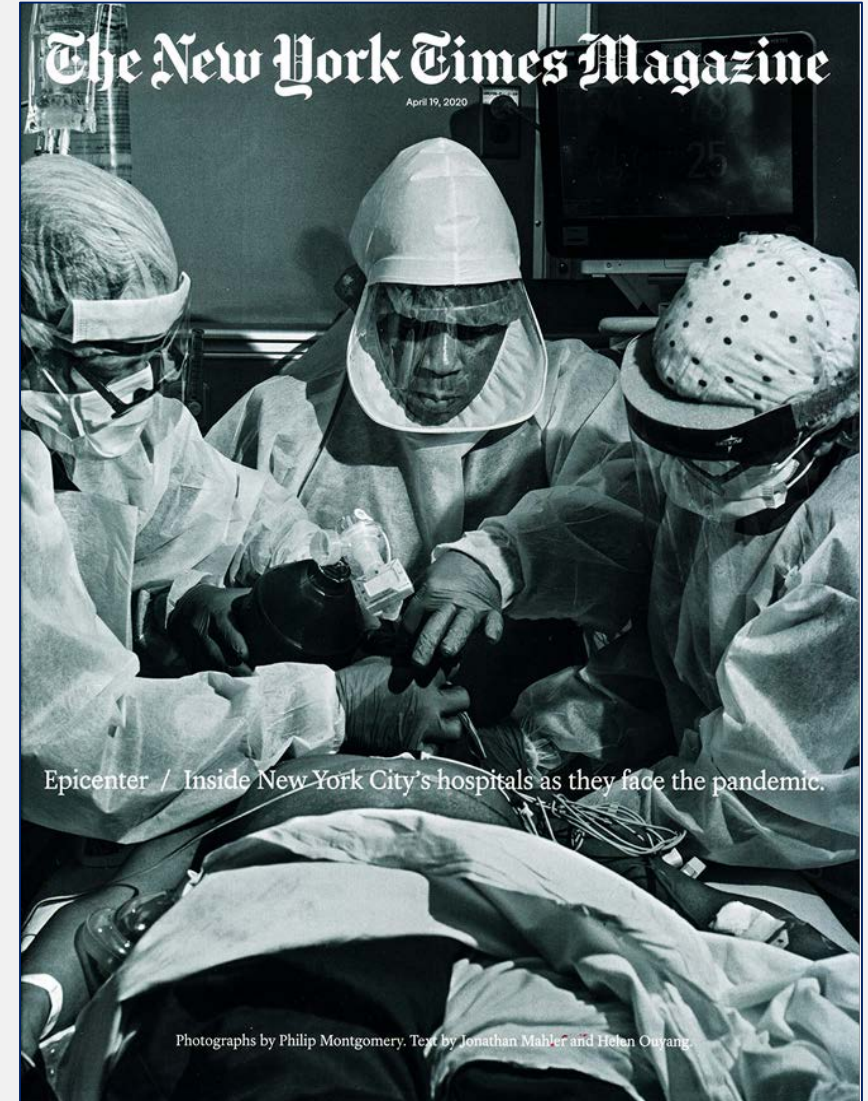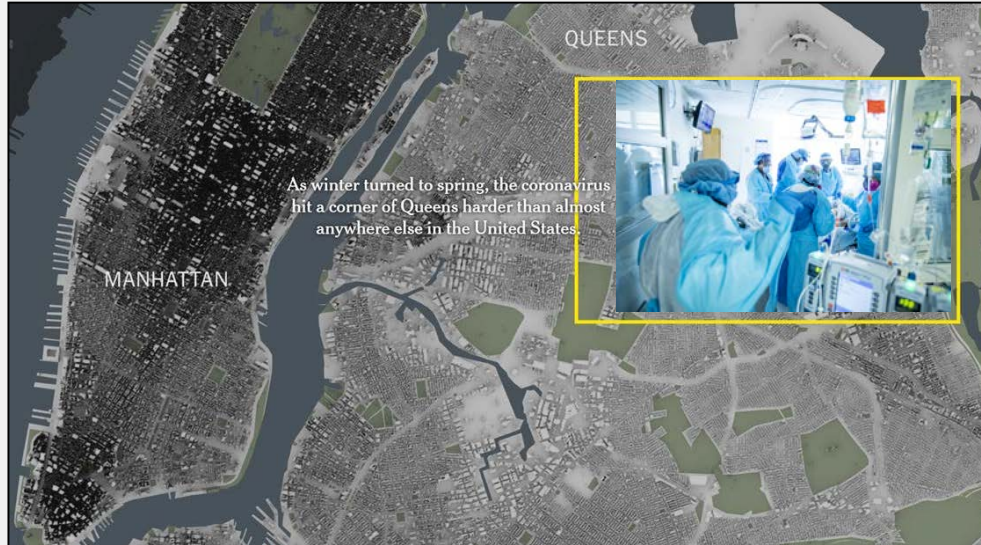- Develop improvement plan based on findings

Coronavirus
(COVID-19)

QUEENS

As winter turned to spring, the coronavirus hit a corner of Queens harder than almost anywhere else in the United States.

MANHATTAN

NYC HEALTH + HOSPITALS Elmhurst
TRAUMA CENTER
ENTRANCE

F.D.N.Y. AMBULANCE
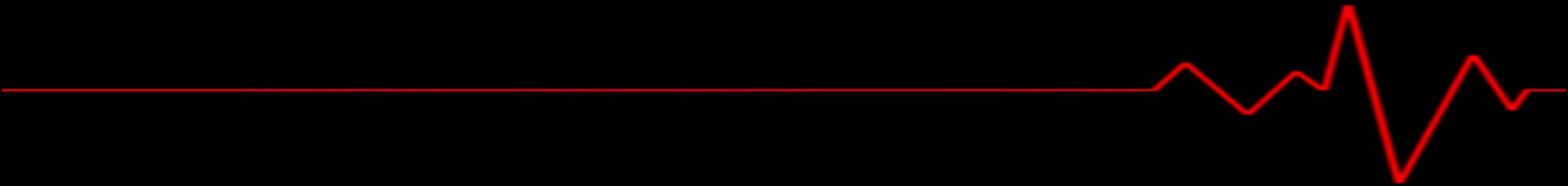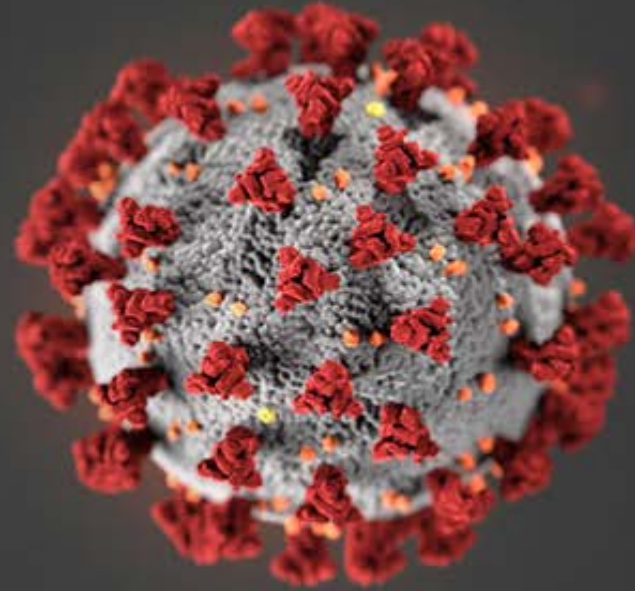
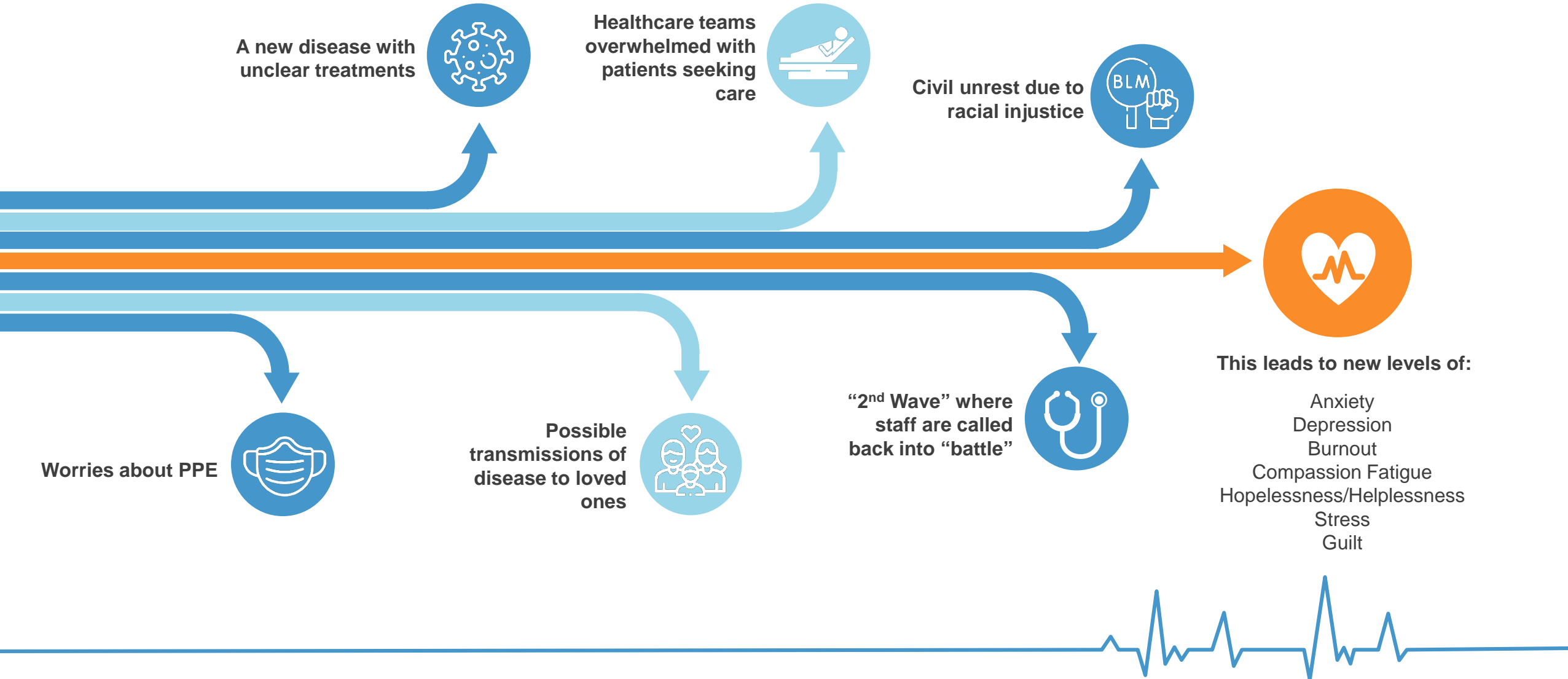Elmhurst NYC HEALTH + HOSPITALS
PEDIATRIC EMERGENCY CENTER

MARCH 13
NYC Health + Hospitals treats first confirmed COVID-19 patient

MARCH 25
Crisis intensifies as 13 patients pass away in 24 hours at NYC Health + Hospitals/Elmhurst

The New York Times Magazine
April 19, 2020

Epicenter / Inside New York City's hospitals as they face the pandemic.

Photographs by Philip Montgomery. Text by Jonathan Mahler and Helen Ouyang.

DR. LORNA BREEN

"She had something that was a little bit different," said her colleague and friend Dr. Barbara Lock, "and that was this optimism that her persistent efforts will save lives."

"She always had this glimmer in the eye that was so welcoming and always had so much energy and enthusiasm," Dr. Mills said.

"Just baffled and overwhelmed…"

"I'm drowning right now — May be AWOL for a while…"

"Tried to do a few very small things (like unload the dishwasher) yesterday and wondering if that was too much…"

"I can't get out of the chair…"

"I don't know what to do…"

"I couldn't help anyone. I couldn't do anything. I just wanted to help people, and I couldn't do anything."

URGENCY TO ADDRESS MENTAL HEALTH

The New York Times

'I Can't Turn My Brain Off: PTSD and Burnout Threaten Medical Workers

Bridget Ryan, a peer supporter and assistant nurse manager at Christina Hospital in Newark, Delaware hugged Christina Burke, a nurse, after a recent counseling session. Credit: Erin Schaff - The New York Times

Article Available Here: https://www.nytimes.com/2020/05/16/health/coronavirus-ptsd-medical-workers.html

Psychological Trauma Is the Next Crisis for Coronavirus Health Workers

Hero worship alone doesn't protect frontline clinicians from distress

Credit: Borge, R

- **Healthcare workers are not just treating** a flood of critically ill patients during the pandemic

- **They are risking their own health,** witnessing higher rates of death and experiencing breakdowns of protocol and support

- **These acute stresses could lead to** mental health issues, yet therapeutic support is lacking

Scientific American

Traumatic Stress in the Age of COVID-19

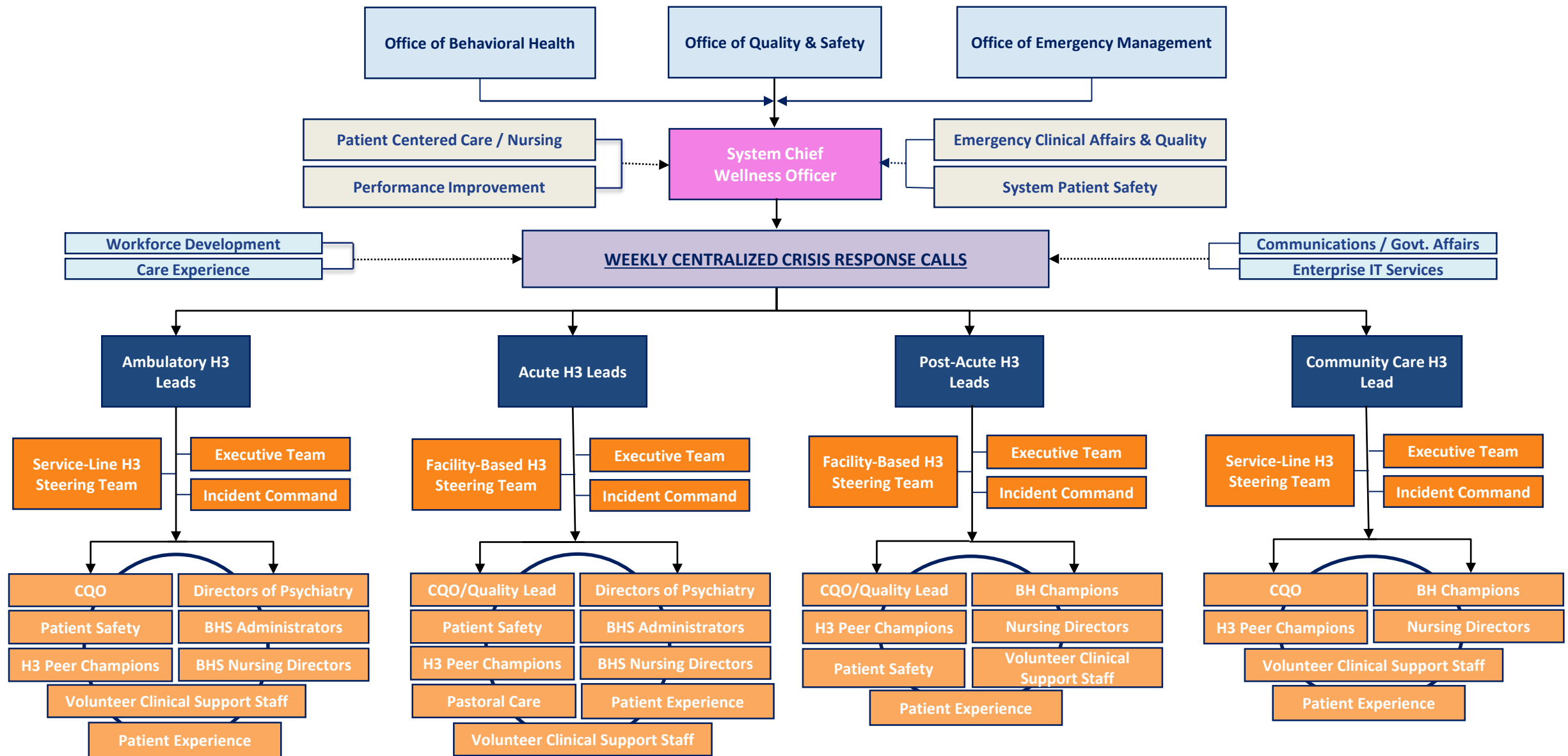### A call to close critical gaps and adapt to new realities
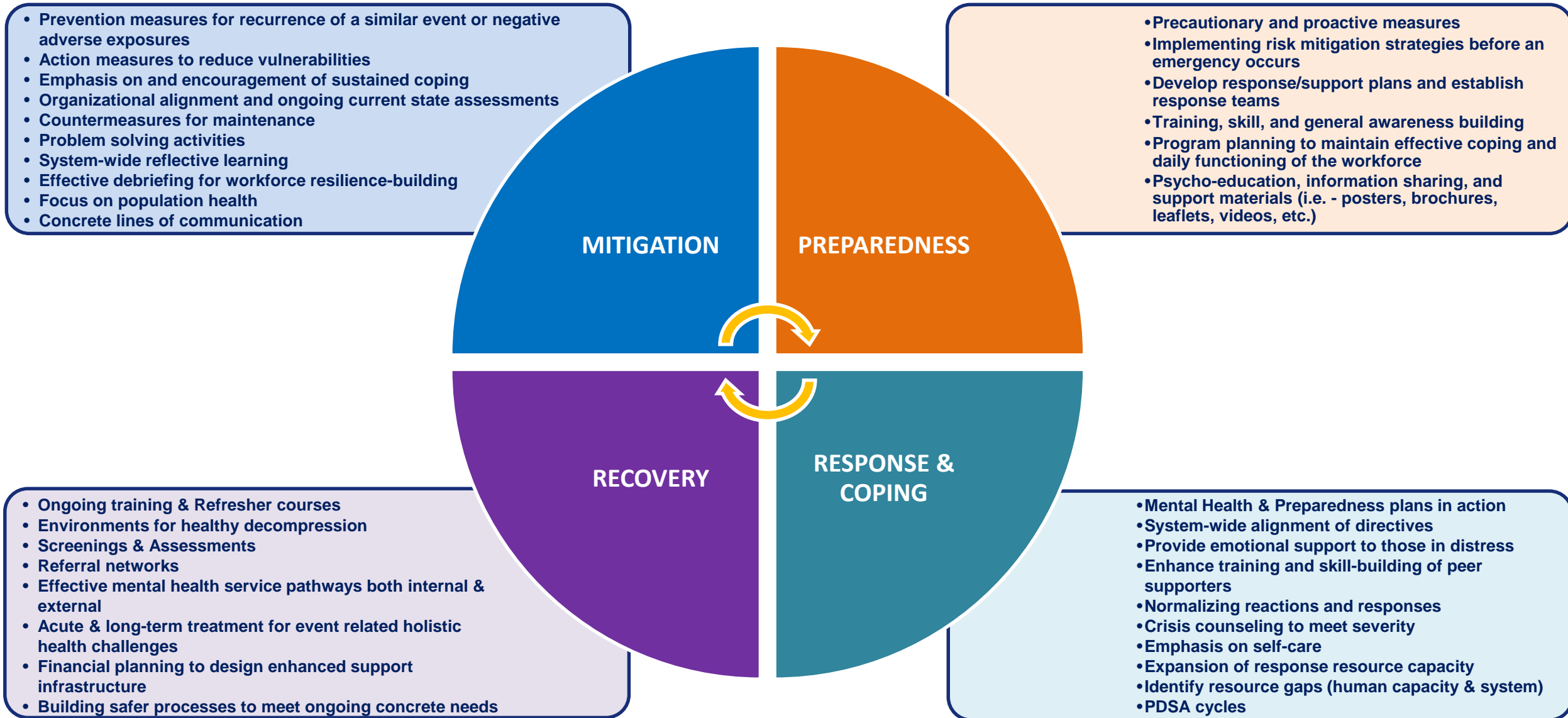
Credit: Horesh, D & Brown, AD

Abstract
THE ISSUE: Coronavirus-19 (COVID-19) is transforming every aspect of our lives. Identified in late 2019, COVID-19 quickly became characterized as a global pandemic by March of 2020. given the rapid acceleration of transmission, and the lack of preparedness to prevent and treat this virus, the negative impacts of COVID-19 are rippling through every facet of society. Although large numbers of people throughout the world will show resilience to the profound loss, stress, and fear associated with COVID-19, the virus will likely exacerbate existing mental health disorders and contribute to the onset of new stress-related disorders for many.

PubMed.gov

ENHANCED INTERDISCIPLINARY H3 SUPPORT

EMERGENCY MANAGEMENT RESILIENCE FRAMEWORK

MITIGATION

- Prevention measures for recurrence of a similar event or negative adverse exposures
- Action measures to reduce vulnerabilities
- Emphasis on and encouragement of sustained coping
- Organizational alignment and ongoing current state assessments
- Countermeasures for maintenance
- Problem solving activities
- System-wide reflective learning
- Effective debriefing for workforce resilience-building
- Focus on population health
- Concrete lines of communication

PREPAREDNESS

- Precautionary and proactive measures
- Implementing risk mitigation strategies before an emergency occurs
- Develop response/support plans and establish response teams
- Training, skill, and general awareness building
- Program planning to maintain effective coping and daily functioning of the workforce
- Psycho-education, information sharing, and support materials (i.e. - posters, brochures, leaflets, videos, etc.)

RECOVERY

- Ongoing training & Refresher courses
- Environments for healthy decompression
- Screenings & Assessments
- Referral networks
- Effective mental health service pathways both internal & external
- Acute & long-term treatment for event related holistic health challenges
- Financial planning to design enhanced support infrastructure
- Building safer processes to meet ongoing concrete needs

RESPONSE & COPING

- Mental Health & Preparedness plans in action
- System-wide alignment of directives
- Provide emotional support to those in distress
- Enhance training and skill-building of peer supporters
- Normalizing reactions and responses
- Crisis counseling to meet severity
- Emphasis on self-care
- Expansion of response resource capacity
- Identify resource gaps (human capacity & system)
- PDSA cycles

Learning from the US Department of Defense

Phase 1

- Individualized Facility & System Tools + Resources
  - Training & Information Sharing
  - Optimizing Pre-established Infrastructure
  - Facility-specific Strategic Planning

Phase 2

- Concrete Needs Assessment
  - Macros System, Facility & Unit-Based Gap Analysis
- Non-Mandatory Individualized Frontline Workforce Assessments
  - Micro Optional & Anonymous Individual Assessments

Phase 3

- Improved Tiered Support & Treatment
  - Non-Clinical Screening
  - Clinical Assessment
  - Expanded Internal/External Resources

Unique Psychosocial Stressors

Workplace (Pandemic)

- Witnessing intense pain, isolation, and loss on a daily basis
- Few opportunities for rest and breaks
- Surge in care demands
- PPE (Lack of personal physical safety, emotionally/psychologically draining and disconnect from patients/barrier, not feeling seen, abandonment, physical discomfort)
- Psychological stress in the outbreak settings

Home

- Remote learning is hard
- 24-hour childcare responsibilities on top of work
- Can't unwind with friends, go to the movies, or any of the things that typically relieve stress
- Having to be "on" all the time for my family and friends
- Hard to stop my brain when my head hits the pillow

Quarantine

- Keeping my family safe
- Getting enough food and medication
- Fear of dying
- Going back too soon
- Emotional fallout (can happen after we recover physically)
- Constantly reading the news and social media
- Lack of answers about the illness and recovery
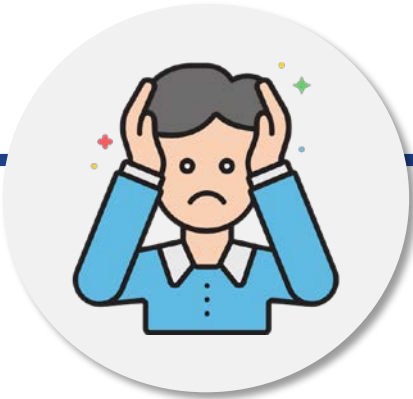
Stress

- Happens to everyone, every day
- General response to stressful situations (tough commute, work problems, moving, etc.)
- Most people develop coping mechanisms (tools to get us through the experience)

Distress

- Sometimes life is harder than we expected
- We experience deep loss (death of a parent or friend) or a life change (divorce, health)
- Requires additional support (some people seek counseling or spiritual guidance to learn additional coping skills, or medication

Disorder

- Mental disorders are also known as mental illness or psychiatric disorders: PTSD, Depression, Substance Use Disorder
- Mental disorders are brain disorders
- Assessed and treated by behavioral health clinicians with a variety of medications as needed
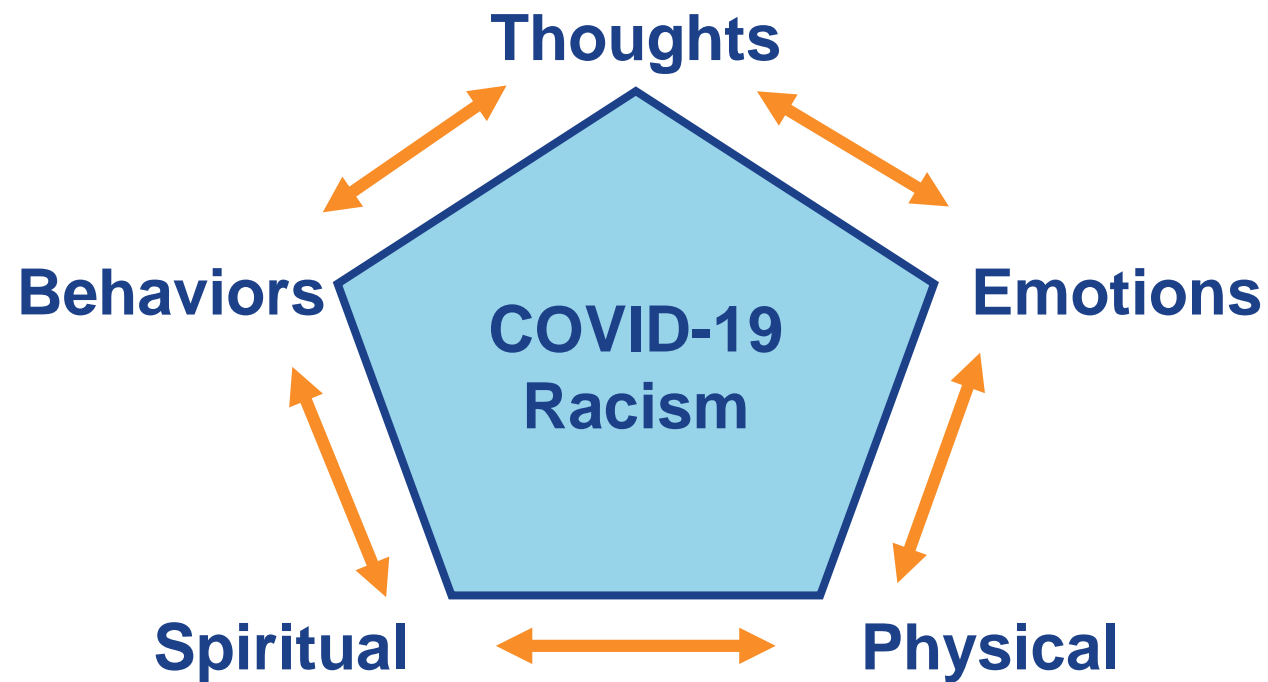
- **Thoughts:** What am I thinking about during this situation?

- **Emotions:** What am I feeling?

- **Behaviors:** What did I do/not do?

- **Physical:** What do I feel in my body? Where do I feel it?

- **Spiritual:** What do I believe? Did my beliefs change after this situation?

CHOICE = TRUST & SAFETY

Prefer to talk on the phone?

1:1 Debrief
(Telephonically/virtual with Peer Support Champion)

We Call You!

Anonymous Counseling
(with Licensed Counselor at facility)

BH Hotline (System-Wide)

You Call Us!

HELP!

Talk In person?

1:1 Debrief
(on unit/area or Wellness area)

Socially Distanced Small Group Debrief
(on unit/area, virtual, or Wellness area)

Just need a break?

Wellness/Respite Areas
(Rest/Relax/Grab a Snack)

H3 ALIGNING TO SIX DIMENSIONS OF WELLNESS

Source: Six Dimensions of Wellness Model ©1976 by Bill Hettler, MD

COMBAT RESILIENCE BATTLE BUDDY

Largely Developed by the US Armed Forces
It has shown to have a positive effect on confidence, morale, and commitment

A peer at work
That can provide informal emotional and psychological support by acting as an outlet for a staff member to discuss their experiences, their worries, and their stressors

Ideally will be matched based on
Shared work environment and similar level of experience and responsibilities. These shared characteristics help the BB relate to the staff member and their situation

ADDED H3 RESPONSE LAYER

TIER 3

REFERRAL

Expedited Referral Network
- H3 / Wellness Lead
- Psychiatry, Psychology, Social Work, Licensed Creative Arts Therapy
- Employee Assistance Program
- Chaplain Services
- External resource (i.e. – substance use, domestic violence, etc.)

TIER 2

PEER SUPPORT CHAMPION

H3 Trained Peer Supporters
A _Battle Buddy_ can assist in activating a formal debrief
with a Peer Support Champion that will:
Provide 1:1 crisis intervention, group debriefing, support,
and/or referral to Tier 3 as needed.

TIER 1

BATTLE BUDDY

WORKFORCE

Local (Unit/Department) Support
Everyone has basic understanding around crisis response and the
importance of normalizing discussion of difficult events to better
support each other. Peers/colleagues are the first line of defense as
they can help to provide an outlet to share common experiences and
identify those who may benefit from additional support. A _Battle Buddy_
is part of this tier and lends support, connecting a colleague to a
structured debrief if needed/requested.

Scott, S.D., Hirschinger, L.E., Cox, K.R., McCoig, M., Hahn-Cover, K., Epperly, K., Phillips, E., and Hall, L.W. (2010) Caring for our Own: Deployment of a Second Victim Rapid Response System. The Joint Commission Journal on Quality and Patient Safety. 36(5):233-240.

Helping Healers Heal

Helping Healers Heal or H3, is the foundational infrastructure for enhanced wellness programming across all service lines of NYC Health + Hospitals to address emotional and psychological needs of all staff

H3 Evolution

H3 holistic wellness programming has evolved over the last few years and continues to address the emotional and psychological needs of our staff through debriefs, including, but not limited to: acute reaction to unanticipated and adverse work-related events, reaction to stress, secondary, vicarious, complex, and collective traumatization, as well as compassion fatigue, and burnout

8 Dimensions of H3 Wellness

Emotional	Environmental
Financial	Intellectual
Occupational	Physical
Social	Spiritual

Strategic H3 Wellness Goals (2021-2022)

Leadership/ Management Training

H3 Training for Leaders

Manager Toolkit

Unit Wellness Leads

Competencies

H3 Leads

Peer Support Champions

Referral Policies

Role Definition

Role Clarity for C-Suite

Leadership Toolkit

Wellness Steering Committee

Wellness Plans and Charters

Wellness Workgroup Development

Optimizing H3

H3 Portal

Wellness Rounding

Happy or Not Meter

Wellness Room Improvements

Wellness Retreats

Wellness Surveys

Ongoing engagement

Town Halls

Pulse Checks

Wellness Incentives

Stress Continuum

Virtual Support Groups

Battle Buddy

Behavior of the Month

Onboarding/ Ongoing Training

All Staff Orientation

Unit/Facility Orientation

Trainings by Discipline

Overnight Tour Trainings

Formalized Recruitment Strategy

Resource Building

Tiered Support/Resources

Support by Discipline (Residents, i.e)

Transcendental Meditation

Unit Based Wellness

Learning modules

H3 Data (March 2020-March 2021)

Wellness Rounds Per Month

911	1637	2043	2222	2027	1944	2474	2762	2315	2648	2511	2576	2790
Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
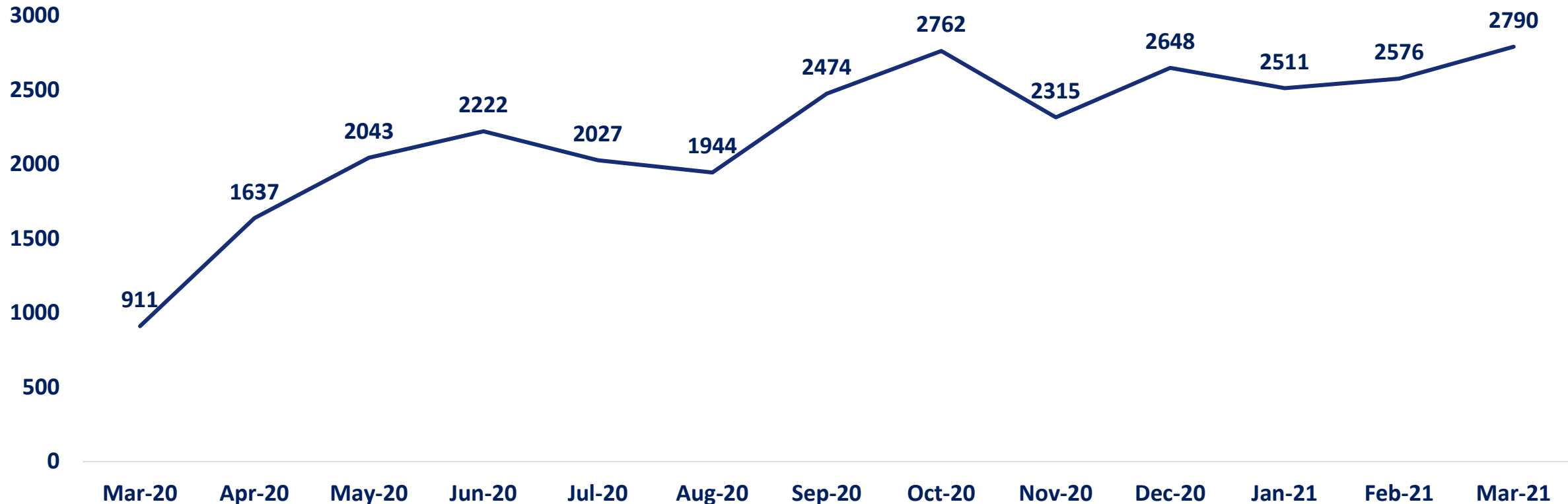
Approximately 28,400 wellness rounds have been completed*

*based on data submitted within End of Day/Monthly Summary Reports (from 3-17-20 until 3-31-21)

WELLNESS ROUNDS (MARCH 2020-MARCH 2021)
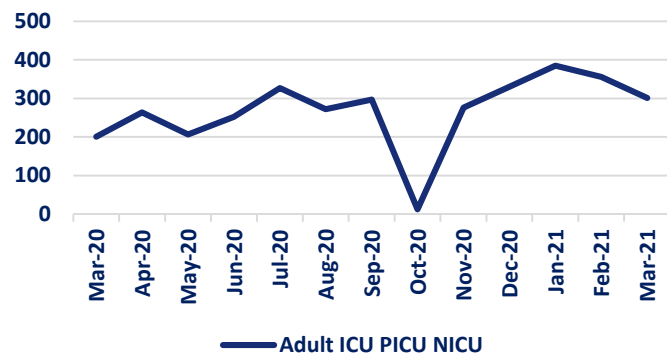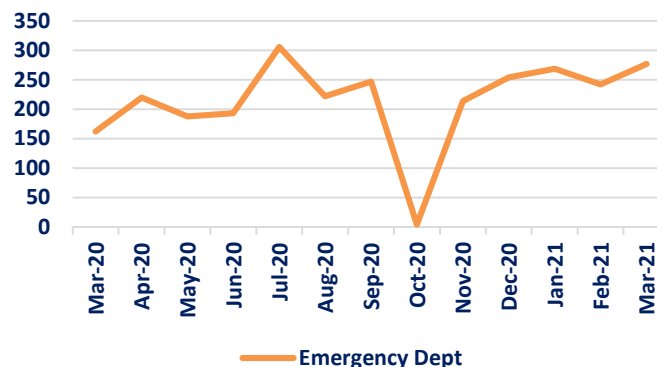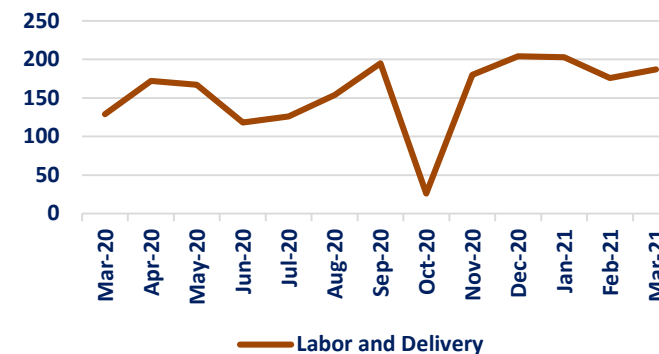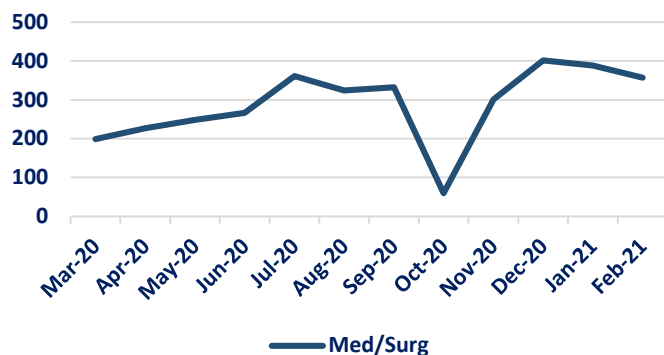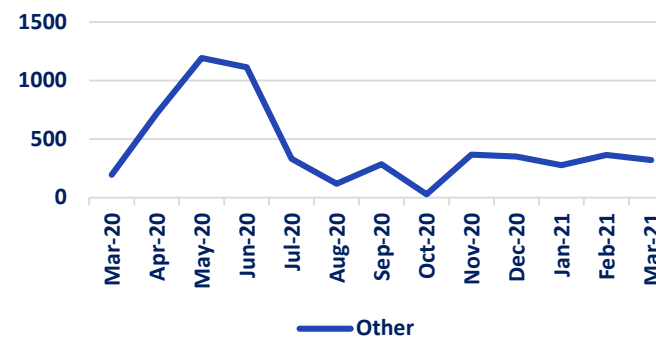
H3 WELLNESS ROUNDS EXPANDED (3/20-3/21)

NYC HEALTH+ HOSPITALS | QUALITY &SAFETY
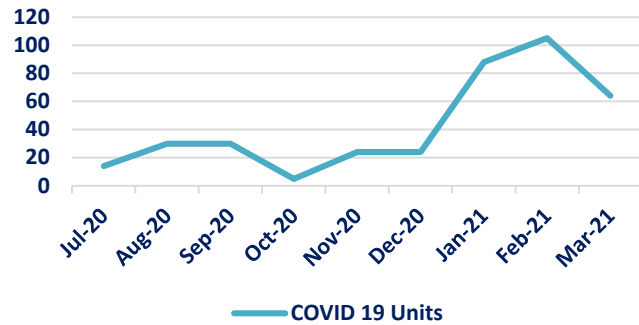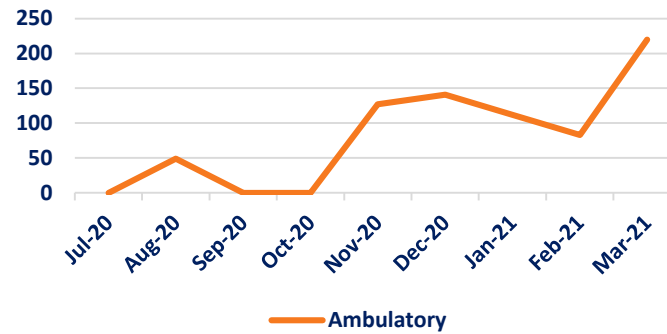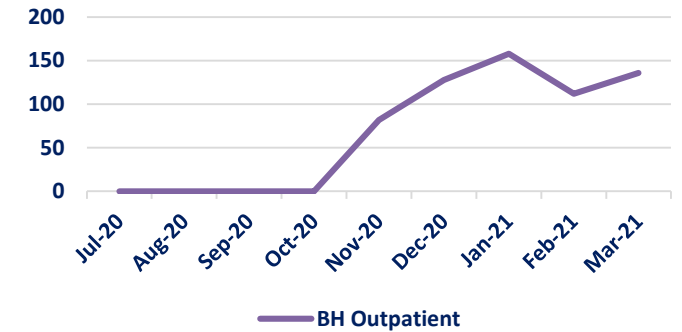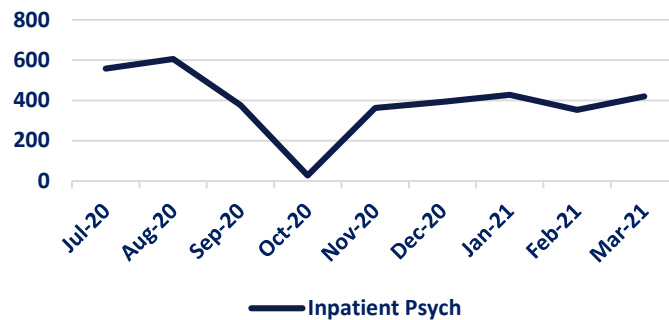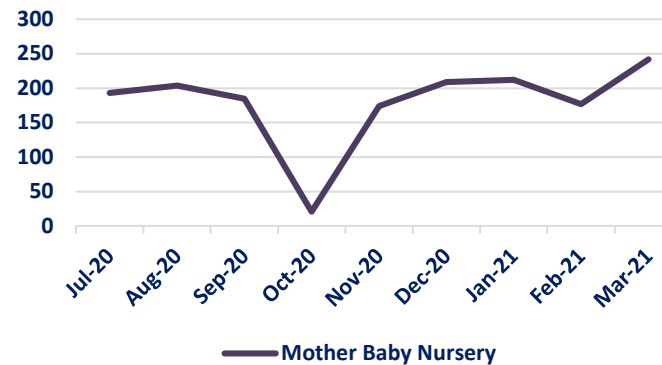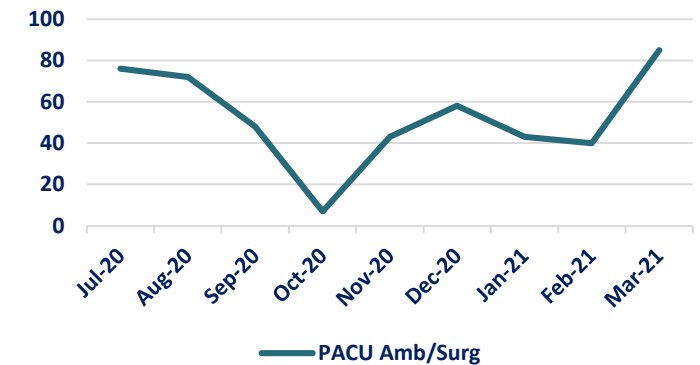
Staff are experiencing burnout and compassion fatigue
60% of staff stated they were experiencing burnout & compassion fatigue. Most frequent S/S were burnout, always feeling tired, anxiety and dreading going to work

Staff are more aware of H3 and their support offerings
53% of staff stated they were aware of H3 and their offerings. Staff noted that exercise, self-care, H3 Leads presence/check-ins, Respite Rooms, standing Wellness Events (21 Days of Calm, Workout Wednesdays, etc.) and COVID website were most helpful

Staff would like to work through their challenges by being creative and active
Staff expressed interest in deep breathing and decompression exercises, art/music therapy, team building, interpersonal skills, time/stress management, and physical exercise

Staff would like to feel appreciated and words of encouragement
Staff expressed they would like weekly emails of encouraging words as well as just feeling welcomed and appreciated for all they do
Staff would also like organization in distribution of supplies

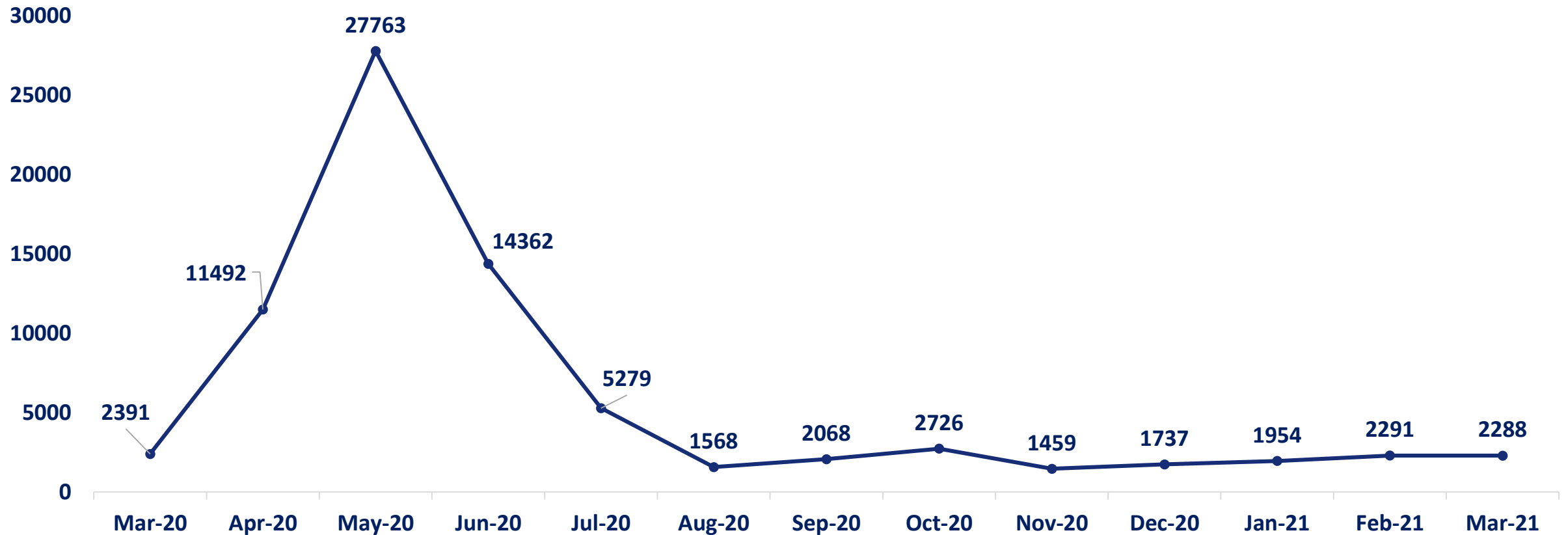**Staff truly appreciate the Respite Rooms, snacks, frequent check-ins, having someone to talk to and listen to them**
These resources were frequently expressed in regards to how we can help staff personally

Departments Rounded On Using iRounding Form

Pie chart data:
- Telecommunications 2%
- Clinic Area 2%
- Nursing Office 2%
- Food & Nutrition 3%
- Maternity/L&D 2%
- Respiratory 2%
- IT 7%
- Hospital Police 2%
- EVS 5%
- Peds 10%
- Information Desk 3%
- Medicine 7%
- ICU (PICU, MICU, AICU, CCU) 7%
- PACU/OR 2%
- Rehab Services (OT, Speech, PT) 3%
- ED 38%
- Interpreter Services 3%

- **Ensure that workforce wellness is part of your institution's strategic goals**
- **Measure for success (process, outcome, and balance)**
- **Align wellness reporting in various quality forums and governing body structures**
- **Have a sustainment plan in mind and continuously improve**
- **Wellness is for everyone, be sure it is equitable across tours, departments, and disciplines**
- **Don't leave out administration as they deserve support, as well as can further advocate when they see the value**
- **Wellness is not the "flavor of the month" and "business as usual" is no longer the norm**
- **Self and social stigma to mental health issues must be addressed by the organization**
- **Dedicate time for staff to participate in wellness programming**
- **Meet people where they are – a "medicalized" approach is not always necessary**
- **"Micro-interventions" go a long way – examples include self-management tools, informal check-ins, recognition, music, meals, etc.**
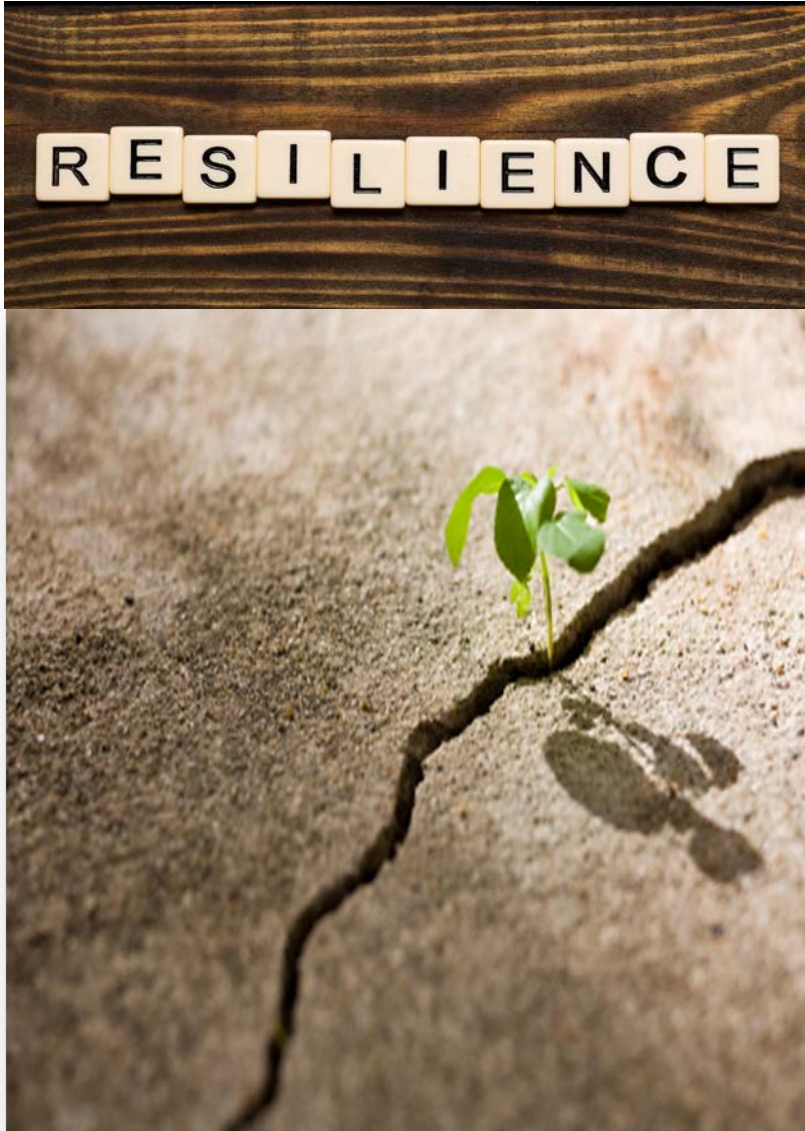
- Start talking about crisis response, traumatic stress, and spread the word that we are all human and are not invincible
- Monitor colleagues on an ongoing basis and continue to advocate for wellness and resilience programming
- Determine a way that you can make an individual difference
- If you have a personal story, share it with a colleague in need
- Begin to assess your own comfort level and ability to open up more emotion-based conversations in various settings
- Promote resources that are in place and vocalize the importance of building resiliency via training and empathy skill-building
- Evidence the impact wellness programming can have on individuals and healthcare systems
- Champion traumatic growth via emotional support debriefs and peer support programming
- Support the supporters and ensure management and leadership know their role
- Have one debriefer in every tour and department; roll it into operations
- Identify cheerleaders and supporters who you can collaborate with that will help you champion wellness

Combat Stress Management and Resilience: Adapting Department of Defense Combat Lessons Learned to Civilian Healthcare during the COVID-19 Pandemic

Eric K. Wei, Jeremy Segall, Rebecca Linn-Walton, Monika Eros-Sarnyai, Omar Fattal, Olli Toukolehto, Charles Barron, Alison Burke, David M. Benedek, James C. West, Michael Fisher, David Shmerler, and Hyung J. Cho

Figures   References   Related   Details

Sections   **View article**   **Tools**   **Share**

At the time of this writing, severe acute respiratory syndrome coronavirus 2 has caused over 7.6 million cases and over 423,000 deaths worldwide.[1] New York City confirmed its first positive case on March 1, 2020, and quickly became the center of the pandemic, with over 214,000 confirmed cases to date.[2] To provide support to overwhelmed New York City hospitals, the Department of Defense (DOD) was deployed to provide medical care for patients at the Javits Center Field Hospital (Javits) and United States Naval Ship Comfort (USNS Comfort) in April 2020. Due to low patient populations at Javits and USNS Comfort, many DOD personnel redeployed to the city's public healthcare system, New York City Health and Hospitals (NYC H+H), to provide frontline care within emergency departments, intensive care units, and medical/surgical wards.[3] Additionally, Javits changed its admission criteria to include patients who tested positive for COVID-19, which ultimately led to the acceptance and treatment of over 1,000 patients with COVID-19. From this experience, DOD healthcare workers reported to their leadership that what they witnessed was the closest approximation to mass-casualty events during combat operations that they have experienced in a civilian setting.

The United States military has deployed in combat operations in Afghanistan, Iraq, and Syria almost continuously since 2001. Sustained combat deployments taught many hard lessons about the effects of prolonged combat stress on the emotional and psychological wellbeing of service members. In response, the DOD created comprehensive combat stress management and resilience programs that include recurring interactive trainings, unit and service member needs assessments, periodic mental health evaluations, and treatment before, during, and after operational deployments.[4] The stigma associated with obtaining behavioral health care continues to be addressed at all levels of the military. For instance, service members can often obtain combat and operational stress control support during deployments without receiving annotations or notes in their medical records. Furthermore, behavioral health care for deployment-related symptoms does not have to be reported during security clearance evaluations.

https://www.liebertpub.com/doi/10.1089/hs.2020.0091

HERO-NY TRAIN THE TRAINER SERIES

The HERO-NY train the trainer series was developed to assist efforts to expand existing wellness initiatives that can be tailored to meet the mental health and wellness needs of frontline healthcare workers as they respond to COVID-19.

The series begins with exploring the challenges unique to COVID-19 and highlights the importance of resilience and effective coping strategies. The impact of disasters on the well-being of frontline workers and strategies to address these are further explored. It will then culminate with guidance on developing and implementing enhanced and sustainable resilience programming. The series is comprised of five individual modules. Each module builds upon principles that will provide actionable knowledge to support wellness and resilience programming in healthcare organizations.

Participants are strongly encouraged to participate in all the five modules as each module builds on principles that will provide actionable knowledge to support wellness and resilience program development at their organizations.

Training presentations, videos, and relevant and general resources can be viewed and downloaded via the links below.

Background
The five-part HERO-NY "train the trainer" series is based on military expertise in addressing trauma, stress, resilience, and wellness. This training series was adapted for a civilian audience to support the mental health and wellbeing of frontline workers affected by the COVID-19 pandemic. HERO-NY was developed in partnership with the US Department of Defense, Uniformed Services University of Health Sciences, US Department of Veterans Affairs, NYC Health + Hospitals, New York City Department of Health and Mental Hygiene, and the Fire Department of the City of New York.

https://www.gnyha.org/program/hero-ny

HERO-NY MODULE 5: RESILIENCE AND WELLNESS PROGRAM DEVELOPMENT

Module Five expands our understanding of the value of post-traumatic resilience training, its impact on individuals and systems, and opportunities to support workforce resilience. With a focus on peer to peer training, this presentation looks at both short-term solutions to help distressed colleagues immediately and long-term solutions like creating a robust, system-wide wellness program.

Presentation: https://www.gnyha.org/wp-content/uploads/2020/05/HERO-NY_Module5.pptx

Video Recording: https://vimeo.com/434451585

Module 5 Resources
- Article: Proposal for Action Staff Mental Health Strategy for NYC OCME (DOHMH)
- Building a Healthy Worksite (Utah DOH)
- COVID-19 Leadership Checklist: Mitigating Team Stress (WRAIR)
- Evaluating Your Workplace Wellness Program (HealthyHoward Workplaces)
- Evidence-Based Approaches for Supporting Healthcare Staff During the COVID-19 Crisis (HERO-NY)
- Expectations for Providing Training and Support (HERO-NY)
- Five Ways to Wellbeing at Work (Mental Health Foundation and Health Promotion Agency)
- Helping Healers Heal Action Planning Tool (NYC Health+Hospitals)
- How to Build a Wellness Program (HERO-NY)
- Leader's Guide for Managing Mental Health Matters (Great-West Life Centre for Mental Health in the Workplace)
- One-on-One and Group Debrief Conversation Guide (NYC Health+Hospitals)
- Social Stigma Associated with COVID-19 (WHO)
- Staff Support Model: The Approach (HERO-NY)
- Supporting the Psychosocial Well-being of Health Care Providers During the COVID-19 Pandemic (BC Ministry of Health)
- The Top Ten Messages for Supporting Healthcare Staff During the COVID-19 Pandemic (Williams, Murray, Neal, Kemp)

Additional Resources Applicable to Module 5
- Book: A Ready and Resilient Workforce for the Department of Homeland Security (Institute of Medicine of the National Academies)
- Sample: The Resilience Questionnaire Example Feedback Report (a&dc)
- Sample: Worksite Wellness Employee Interest Survey (hap)
- Building Resilience (UCD)
- Psychological Health & Safety: An Action Guide for Employers (Mental Health Commission of Canada)
- Resilience in the Workplace: An Evidence Review and Implications for Practice (American Heart Association)
- Supporting Caregivers in the Workplace: A Practical Guide for Employers (NEBGH and AARP)
- Worksite Wellness Policy and Program Assessment (County of San Diego HHSA)
- Worksite Wellness Toolkit: A guide to implementing wellness programs at work (Knox County Health Department)

https://www.gnyha.org/event/hero-ny-module-5-resilience-wellness-program-development/

Impact of H3 Program: https://youtu.be/qw8cVWhq_s0

Second Victim Story: https://youtu.be/aazkTgsBXRw

Mock Group Debrief: https://youtu.be/TkUAUSTXmvc

**Helping Heal Healthcare Heroes:
https://www.nychealthheroes.com/video_helpingHealers.html**

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