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free-range THINKING™

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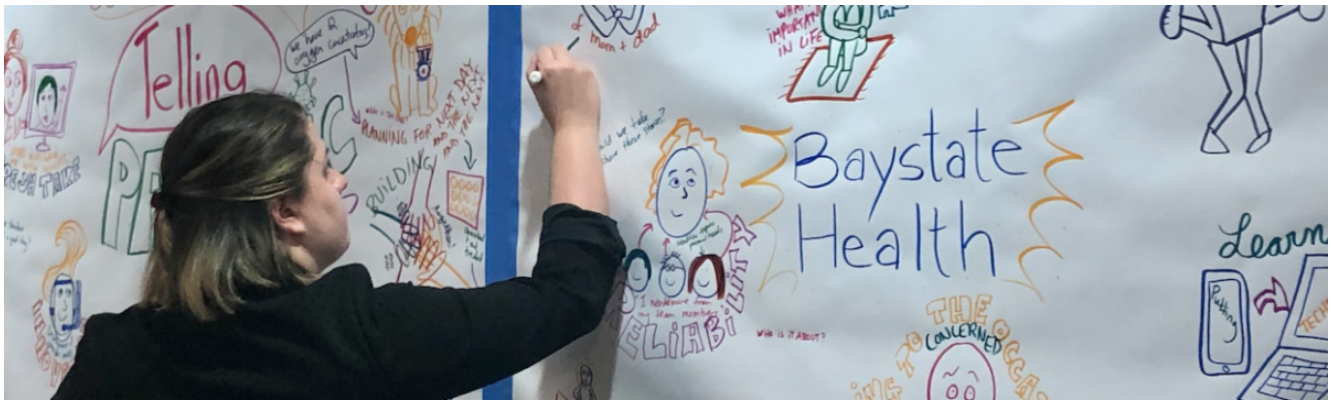


Seven Stories to Process the Pandemic

With vaccination rates rising and the number of new COVID-19 cases steadily dropping, states across the US are re-opening and millions of Americans are eagerly anticipating an end to the pandemic. As people return to workplaces (or consider the prospects of doing so eventually), many are asking the same questions: What should we do differently? What should stay the same? And perhaps most importantly, how do we process the traumas we experienced over the last fifteen months?


Mark A. Keroack, MD, MPH
President and CEO of Baystate Health

Dr. Mark Keroack has been wrestling with this last question since February. As President and CEO of Baystate Health, a healthcare system serving close to one million people throughout western New England, Dr. Keroack is responsible for a workforce of 12,000. And when it comes to traumatic experiences, who has endured more than frontline healthcare workers? For those at Baystate, the numbers tell some of the story: from March 2020 through May 2021, 4,100 people were hospitalized at Baystate facilities due to coronavirus and over 530 of these patients died. The incessant siege of new cases and lives lost took its toll on the staff: 1,600 team members resigned or retired all within this fifteen-month period.

By February 2021, however, Baystate started to record a downslope in new cases, and that's when Dr. Keroack knew it was time to look ahead. In a March letter to all 12,000 team members, Dr. Keroack wrote, "As we begin to explore everything that has happened and how it has affected us, the story of what it all means to each of us may emerge." Around the same time, planning began for a leadership retreat in June. "This was going to be a special event for us because we were going to be together for the first time in 15 months," said Dr. Keroack, "and every one of us went through our own set of personal stresses. I thought, is there a way to share some of those stresses and strains to help people understand this was a shared experience?"

Dr. Keroack asked Jennifer Faulkner, Baystate's VP of Team Member Experience, to design a workshop for the retreat to help this processing begin. Since Baystate had worked with The Goodman Center in 2015, Faulkner reached out to us to collaborate on the workshop design. Together, we brainstormed seven categories of stories that would tease out a wide range of experiences unique to the pandemic – categories, we later came to realize, that would be appropriate for just about any organization that also wants to use storytelling to process the pandemic. *(Story continues below; please scroll down.)*

Seven Stories to Process the Pandemic (cont'd)

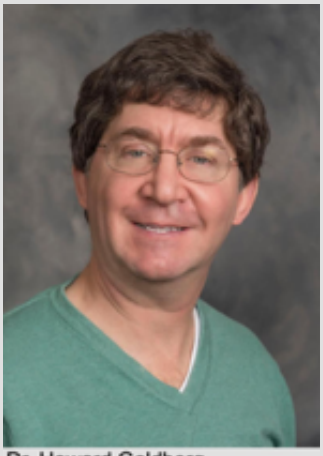
While the retreat spanned a full day, the storytelling workshop was limited to two hours and was positioned as the closing session since the content was likely to be personal, powerful and emotional. To make the most of this limited time, we designed a homework assignment that was sent to all participants two weeks prior to the workshop, giving them time to start thinking about their story before arriving at the retreat.

The assignment presented 7 different categories of stories and asked participants to come to the workshop with 2-3 ideas for stories, one of which they could develop and share during the session. Here are the categories listed in the homework:

1. What I learned about myself (or my team) during the pandemic;
2. How a core value was tested by the pandemic;
3. An "a-ha moment" during the pandemic;
4. The (person/thing/experience) that most helped me to "keep calm and carry on";
5. An unexpected "silver lining" story;
6. The experience that has forever changed the way I approach my work;
7. The (day/week/person) I'll never forget.

During the workshop, participants were given three minutes to share their stories with colleagues at their table, and three minutes to receive feedback – to hear what had resonated with them, what feelings the story brought up, and any similar experiences they may have had. Due to the personal and confidential nature of most of the stories, we cannot share more details about the content here, but we did receive permission to feature one story as an example (see "Howard Goldberg's Story" below.)

What we can report is that the workshop appeared to have the desired effect. "For many, it was therapeutic and helped formulate personal stories of living through unfathomable events, that will likely be handed down through the generations," said Jennifer Faulkner. When I asked Mark Keroack if he would recommend this exercise to other organizations – in healthcare and beyond – he didn't hesitate. "Acknowledging that you've been through a traumatic event and giving people a safe space to talk about it will be seen as an act of great kindness," he said. "It's not an opportunity you want to miss."


Dr. Howard Goldberg

Howard Goldberg's Story

Dr. Howard Goldberg is Vice President and Chief Medical Information Officer for Baystate Health. As such, Dr. Goldberg ensures that Clinical Information Systems (CIS), Electronic Health Records (EHR) and the team members who maintain them are accurately capturing data about the patients and the care they are receiving. In the following story, Dr. Goldberg shares an experience visiting several units that had been inundated with COVID-19 cases. After weeks of watching patients steadily worsen and feeling that nothing was working, the team members in these units finally found something to give them hope. ***Please note****: since this story was shared with colleagues, Dr. Goldberg uses acronyms and jargon familiar to them but that may be confusing to lay readers. Bearing that in mind, we've provided footnotes and done some minor editing to ensure the meaning of the story remains clear. Those small changes aside, the remainder is Dr. Goldberg's story as told on June 1, 2021 at Baystate's leadership retreat:*

I went to round[1] with our chief medical officer about one week after our first COVID peak in April 2020. I wanted to see whether there were any issues with CIS[2] (our EHR[3]), had the staff had a chance to use a new proning form[4], and we wanted to check in to see how they were doing. Masked, we went up to our Intercare[5] unit and ICUs[6].

I noticed it was unusually quiet. Many of the staff were sitting, socially distanced. They were quiet, fatigued, with a faraway look. As an internist, I'm very familiar with illness, death, and disappointment in the hospital setting, but I don't recall ever seeing a staff in a state like this before. We talked with the nurses, therapists, and doctors as we passed.

"They get sick so fast," said one.
"Nothing we gave them seemed to slow the progression," said another.
"It's difficult to be close to them through all this gear," said a third.

"How did the proning go?" I asked.
"We got them over on their bellies. We encouraged them, we cajoled them. Anything to keep them over for longer. And some of them stabilized. It was great to have something to offer, to see them stop deteriorating," a nurse reported.

"Any issues with CIS?" I asked.
"No."
"Were you able to try the new proning form in CIS?"
"What form?" they replied.[7]

At our peak, we had over 180 COVID patients in the hospital, a daily 30 to 40 critical patients, and lost 5 to 10 patients *daily*. We've never seen anything like this in our careers, except maybe for those who have served in combat – and suddenly it struck me: *that faraway look*. That must be the same look. As a Civil War buff, I thought what those Union soldiers must have looked like at Gettysburg after the Battle of Little Round Top. Having survived charge after charge after charge until, running out of ammunition and options, they charged back to take the day. And then they sat quietly, exhausted, looking far into the distance.

Our care teams had survived charge after charge, finally gained a toehold, and took the day. You could feel that, in the heat of this battle, they had learned something, gained an advantage. We did not know at that time what the next days and weeks would hold, but you could feel a quiet confidence building that we would prevail in the end.

Footnotes

1. Round: to go around and see a patient in a hospital or other in-patient setting
2. CIS: Clinical Information Systems
3. EHS: Electronic Health Records
4. Proning form: “proning” is a technique used for patients with severe lung illness in which they lay on their chest and abdomen instead of on their back. This position aids breathing and keeps oxygen levels up (which was critically important during the COVID crisis). The “proning form” is the electronic record confirming use of this technique.
5. Intercare: an intermediate care unit (i.e., a level below intensive care)
6. ICU: Intensive Care Unit
7. Dr. Goldberg told me he wasn’t entirely surprised that this new form wasn’t being widely used, despite the importance of the proning procedure. “Capturing data wasn’t on the top of everyone’s list when keeping patients healthy and alive was the primary focus,” he said.

About Us

free-range thinking is written by Andy Goodman and edited by Kirsten Farrell. To read back issues, download free publications, and to learn more about our work, please visit www.thegoodmancenter.com.

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