Does your organization promote psychological safety?

Since March, healthcare workers have worked under extremely stressful conditions, whether it is from a high volume of patients from COVID-19, working outside of their usual environment, or even the stress of the contagion and not knowing when a surge will happen.

The Institute for Healthcare Improvement recognized the importance of psychological safety before COVID-19. However, with the advent of the pandemic, the importance of organizational support for the frontline became even more paramount with the increased level of stress and burnout. The IHI wrote in a blog post A Tool to Promote Psychological Safety During and After COVID-19 that quality initiatives need to focus on the mitigation of emotional harm by explicitly ensuring psychological safety and promote empathy. They go on to discuss further that when empathy is missing, it can lead to lower staff engagement and burn-out. Read the IHI article to find out more about what your organization can do to help your frontline staff stay engaged and keep your patients safe.

Racial inequality: Can we remove these barriers and make healthcare equitable?

Every day, the news has articles and reports about social injustice and societal distress. People flood the streets to protest this injustice. But what about healthcare? How do racial disparities affect health outcomes? What can be done?

The New England Journal of Medicine (NEJM) published an article Diagnosing and Treating Systemic Racism. The writer positions that since 1916 to the present, racial prejudices and injustices have shaped healthcare and affected how healthcare is delivered.   The New York Times, in their article Bad Medicine: The Harm That Comes from Racism, wrote, "People of color receive less care — and often worse care — than white Americans. Reasons include lower rates of health coverage; communication barriers; and racial stereotyping based on false beliefs." They also state that their health outcomes are worse than those of whites.   This disparity is, in part, due to the distrust of the healthcare system. The article speaks extensively of ethical choices made by healthcare professionals and the government from the Tuskegee study (1930s-1972) to the forced sterilization of minorities in the 1960s-1970s that drove this distrust.

However, things can change. Trust can be built. The NEJM proposes a transformation in medicine and to use the public health crisis as a catalyst for change. What is your organization doing to bridge this gap?

Are burnout and resiliency linked?

Physician burnout is well documented in today's society. Many factors have exacerbated the rate at which burnout is occurring. So, what can be done? Does resiliency training help improve the burnout rate?

The American Medical Association stated in an article Burnout isn't due to resiliency deficit. It's still a system issue, that "while maintaining and strengthening resilience is important, physicians do not have a deficit in resilience. Instead, a recent study reinforces that additional solutions—such as those addressing system issues—are needed to reduce physician burnout and promote well-being." They state that inefficient workplace processes and organizational culture are two of the driving forces that increase the chances of burnout. Reducing administrative burdens and establishing workflows that promote team-based care can help. Additionally, measuring the leadership traits that promote professional well-being, and then training leadership will help prevent burnout.

Is your face mask preventing the spread of COVID-19?

Face coverings in public are to protect others from contracting COVID-19 from us if we are asymptomatic carriers. However, not all face coverings are created equal; in fact, some coverings may help spread COVID-19.

A recent study conducted by Duke University on the efficacy of various face coverings revealed that most were effective at preventing the spread of COVID-19. However, as the Washington Post reports in their article, Wearing a neck gaiter may be worse than no mask at all, researchers find that neck gaiters break up the large droplets into smaller droplets that will stay in the air longer. The study stated that the fabric is thin and breathable, and the very reason why it is ineffective. However, the study cautions that not all neck gaiters are created equal. You can quickly test your face covering by holding it up to the light; if you stretch it, and you can see the light, it is ineffective at preventing the spread of COVID-19.

The study also addressed the face masks with relief valves—they are great if you intend to only protect yourself from being infected, but as a protection to others, it completely defeats the purpose.

Behavioral health patients: Are they "boarding" in your ED awaiting services?

Behavioral health treatment in the emergency room has been a long-standing struggle to provide adequate care in a system that is woefully lacking in behavioral health services. Consequently, patients may sit in the emergency room for weeks awaiting placement.

The American Society for Healthcare Risk Management (ASHRM) recently released a white paper, Behavioral Health Care in the Emergency Department Setting that you can access even if you are not a member. This valuable resource discusses how you can keep patients safe until they can be stabilized, discharged, or transferred to an inpatient behavioral health unit. It also addresses ways to prevent elopement, leaving without being seen or against medical advice, and instructs on documentation, suicide, and homicide risk assessments, seclusion, restraints, and safety contracts/safety plans. There is a section for special concerns such as domestic violence, decisional capacity, and reporting obligations. Lastly, there is an appendix with a resource list for behavioral healthcare in the emergency department setting.

So, what are you waiting for, access your copy today!