

6 changes Ochsner made during the pandemic to protect physicians

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In 2019, AMA member Nigel Girgrah, MD, PhD, had been in his role as Chief Wellness Officer at Ochsner Health in New Orleans for about nine months. With the help of the AMA, Dr. Girgrah created a strategy for the office of professional well-being. It focused on long-term strategies centered around practice efficiency and leadership development as part of a five-year strategic plan. However, the COVID-19 pandemic quickly created a need to widen their initiatives.

While COVID-19 hit many areas of the country, New Orleans was a hot spot in the beginning and “from about mid-March to mid-April was a complete blur for us,” said Dr. Girgrah, a transplant hepatologist and Medical Director of the Liver Transplant Program “Pre-COVID-19 we were very focused on well-being as it pertained to our employed physicians and our APPs [advanced practice providers].”

“It became clear within a few days that there were a lot of needs not just with our provider staff, but with our nursing staff, front-line employees, and management teams,” he said. “The scope of our activities quickly broadened to basically everyone who needed our help.”

Additionally, “it became apparent that a lot of what we’ve been doing pre-COVID-19 was working at the top of Maslow’s hierarchy of needs, such as sense of belonging and self-actualization in the workplace,” said Dr. Girgrah. “In the early part of COVID-19, we had to really go down to the base of Maslow’s hierarchy of needs because it was impossible for folks to think about doing a good job at work if they didn’t feel safe.”

Here is how Ochsner—an AMA Health System Program Partner—quickly shifted focus to meet the changing needs of physicians and other health professionals once the pandemic hit.

Ensuring job safety

It was important that everyone felt safe at Ochsner and that they also knew they would not lose their jobs.

“We communicated that not just our physicians, but all our employees’ jobs were safe—we were not contemplating furloughs,” said Dr. Girgrah. “We were very proactive in also making sure that protective equipment was available.”

“There were also a lot of communications about our supply chain,” he said. “People had to see that, to the extent possible, when they were coming into work in this unique environment, they were going to feel relatively safe.”

“People needed to feel safe that their salaries weren’t going to be affected,” said Dr. Girgrah, adding that “it was not just the physicians, but that their front-line colleagues weren’t going to be furloughed either.”

Maintaining vertical communication

From the C-suite to the front-line health professionals, communication needed to be strong and effective.

“There were regular virtual town hall meetings and communications with everyone in the organization because in the absence of communication, people come to their own conclusions,” said Dr. Girgrah. “I don’t think the communication could have been better.”

“My learnings during COVID-19 have been to communicate,” he said, adding that “communication is hard because there’s a lot less in-person communication, but you have to make up for that with the quality and frequency of your virtual communication.”

Providing access to child care

“In mid-March, over the course of a weekend, through partnerships, Ochsner created a child care committee consisting of leaders from human resources and other departments who put together a plan to get child care in place for those that needed it,” said Dr. Girgrah. “Within 72 hours, that group made child care available to those who needed it so they could come into work.”

Learn more about five ways organizations can effectively address physician anxiety, including providing child care support.

Focusing on resilience in face of crisis

“Our focus pre-COVID-19 had—for appropriate reasons—been around practice efficiency,” said Dr. Girgrah. This included “initiatives to promote advanced team-based care and leadership development because those are the biggest drivers of professional fulfillment.”

However, “it quickly became very apparent that we had to focus on personal and team resilience in crisis management,” he said. “Within the first week, our office partnered with our behavioral health service line to create 24/7 crisis intervention lines for any staff, not just physicians and APPs, but any staff in need of immediate support.”

“The important thing was that in a crisis, people couldn’t be trying to figure out how to get to behavioral health or how to set up an appointment,” said Dr. Girgrah. “In these situations, we would come to the employee where they were working or come to them virtually.”

“Over the course of a month and a half, we did between 70 and 100 staff rounds on units that were at risk for distress or units that had contacted us,” he said. “We set up physical decompression zones where staff could go after or during shift in a quiet, safe, socially distant area to decompress with mindfulness exercises—either virtually or digitally.”

Learn more about how virtual resilience rounds help physicians navigate moral distress.

Maintaining personal and professional well-being

Partnering with the Ochsner Leadership Institute, Dr. Girgrah was able to develop a virtual well-being series.

“We offered over a month and a half of virtual webinars on different areas around personal and professional well-being,” he said, adding that these included 90-minute sessions on resiliency, nutrition, mindfulness, post-traumatic growth and other key areas of well-being. More than 200 people participated in each session.

Learn more from the AMA about six ways a health system attacks stress during the COVID-19 crisis.

Redeploying physicians into new roles

“One of the most incredible things that I witnessed was in many organizations that were hot spots had to redeploy physicians into new roles,” said Dr. Girrah. “This wasn’t unique to Ochsner, but we didn’t have the number of critical care experts to service the needs of our COVID unit, so we had to ask proceduralists.”

“With elective procedures cancelled and clinic care shifting to primarily virtual visits, we redeployed individuals to unique roles to better support our COVID-19 units,” he said. “It basically obliterated traditional hierarchies and silos that exist within health care. None of the titles or seniority mattered; everyone was in this fight as a team. Clinicians were asked to step up in ways they may never have anticipated, without knowing when their usual duties would resume.”

“At a necessity, 30 people who had been established physician leaders who were surgical specialists reported to COVID-19 units as critical care specialists,” said Dr. Girrah. “Their expertise was greatly needed and appreciated by their peers. I hope we’re able to capitalize on that going forward.”

The AMA offers resources to help physicians manage their own mental health and well-being during the COVID-19 pandemic and provides practical strategies for health system leadership to consider in support of their physicians and care teams during COVID-19.

Additionally, the AMA is offering two free surveys to help health care organizations monitor the impact COVID-19 has on their workforce during this pandemic. The surveys can be used to track trends in stress levels, identify specific drivers of stress, and develop supportive infrastructures based on these drivers. Organizations that use the surveys will receive free-of-charge support from the AMA in launching the surveys and access to data through an easy-to-use reporting dashboard.