

Global Centre for Healthy Workplaces

Hospital Israelita Albert Einstein

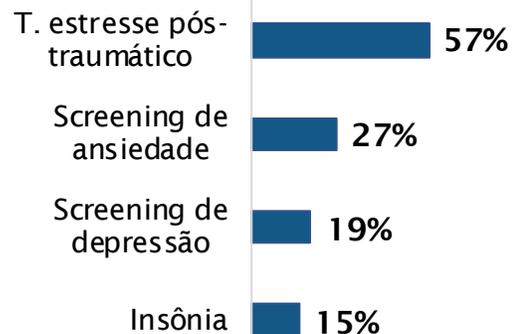
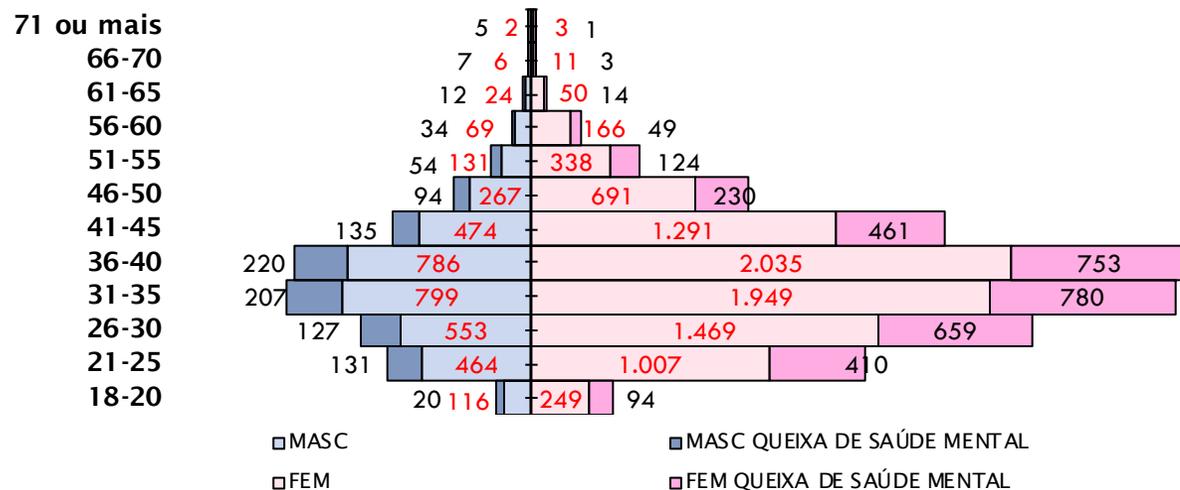
JUNHO/2020

Inteligência em Saúde Populacional

SBIBAE Employees Characters

Analysis based on information from 12,950 (81%) SBIBAE employees, Health Profile respondents.

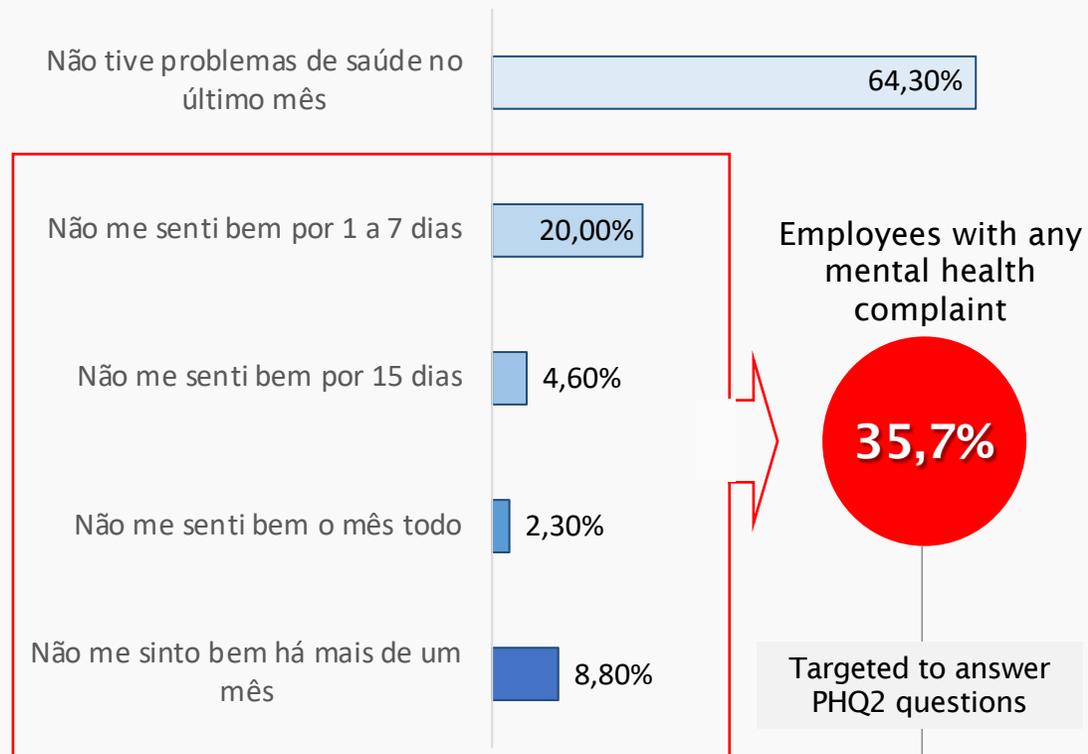
Employee age pyramid according to mental health complaint report



A **Back-to-work questionnaire** was sent to employees on their return to work. It contains information about difficulty in performing basic activities, lifestyle and screening for depression and signs of post-traumatic stress.

Preliminary results with 30% respondents.

When thinking about my mental health (includes stress, depression, anxiety, dissatisfaction with life) in the last month:



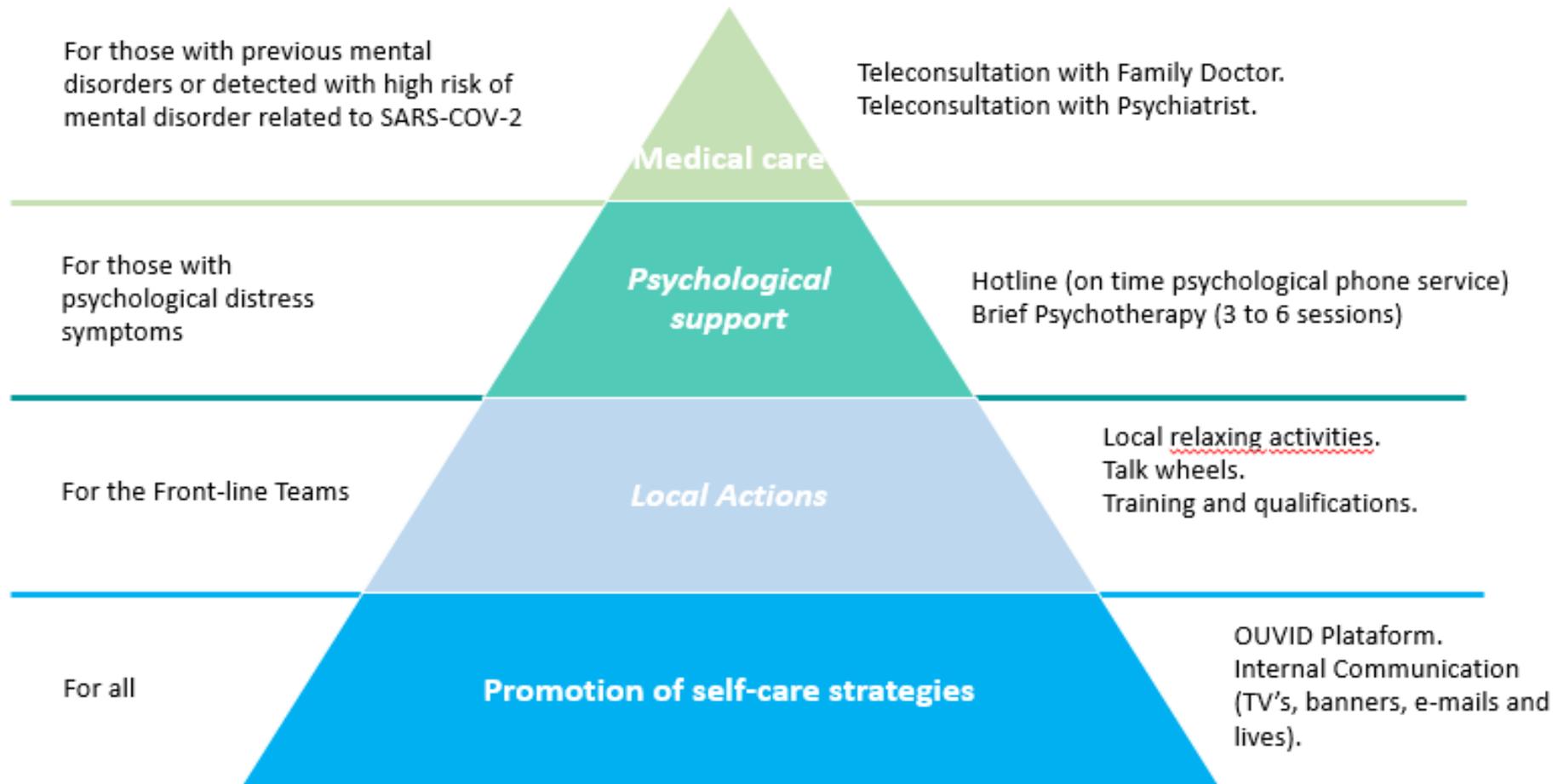
POSITIVE SCREENING FOR DEPRESSION

1,431 employees (9.6%)

- Did you feel down for more than 15 days / depressed / hopeless?
- Were you bothered by having little pleasure or interest in doing things?

The OUVID Initiative

The OUVID initiative is an institutional response to promote mental health, prevention and treatment of mental health problems related to the coronavirus pandemic at Hospital Israelita Albert Einstein.



STAGE 1 – BEGINING OF PANDEMICS (structuring of OUVID Initiative)

- Feeling of inevitability of the crisis with a high degree of tension.
 - Overvaluation of the pandemic (the imagination of the worst scenarios) or undervaluation (denial or minimization)
 - Empowerment of personal characteristics (positive and negative)
 - Anxiety, fear, tension, insecurity and obsessive surveillance of the symptoms of the disease.
- **AWARENESS OF DECISION MAKERS** about the impact of the COVID-19 pandemic on the mental health of health professionals - birth of OUVID.
 - Establishment of **PARTNERSHIPS**: HR, Internal Communication, Psychology and Teaching Coordination.
 - Formation of **MULTIPLICATOR** teams to support mental health and psychosocial care related to the pandemic to SBIBAE employees:
 - Recruitment and training of SBIBAE professionals with experience in psychosocial care and mental health (principal psychologists, psychiatrists and social workers)
 - Formation of **WORK FRONTS** hotline OUVID (direct telephone line) and psychotherapy on-line:
 - Training of emotional and psychological support groups for remote care
 - Development of flows, protocols and supervision for remote assistance
 - Creation of the **OUVID PLATFORM** on-line:
 - alignments with partners and multipliers
 - production and availability of educational material and toolbox for self-care and promotion of the mental health of SBIBAE employees and their families, students of the Einstein Faculty of medicine and doctors from the open clinical staff during the pandemic.
 - Adjustments to the existing **PSYCHOSOCIAL CARE NETWORK**, with adaptations to the context of the pandemic:
 - Alignment with POP - creation of the POP hotline and flows with the Central Care
 - CALL CENTER SERVICE TRAINING in empathetic listening related to the crisis, and disclosure of the flow of referral for clinical and psychoemotional complaints.
 - TRAINING OF THE CARE TRIADS of the Einstein PHC Clinics, and of the NURSES AND WORK DOCTORS in crisis psychology and first psychological care in the pandemic.
 - Information and awareness of the **LEADERSHIP OF THE AREAS** directly involved in the diagnosis, treatment or care of patients suspected or infected by COVID-19 - called the “front line” Restore the sense of control, in a realistic and optimistic perspective.

STAGE 2 – DURING THE PANDEMIC (Strategy to calm, resilience, hope, safety and social connection)

- Fear of contaminating or being contaminated by the family.
 - Fear of not having access to detection tests. Uncertainty that the Institution will take care of him / her, if infected.
 - Feeling of loneliness, vulnerability, impotence and loss of control.
 - Crying, anxiety, panic, anger, boredom or other negative feelings, emotions or thoughts. Fear of the unknown.
 - Risky eating behavior.
 - Abuse of alcohol, cigarettes and other drugs.
 - Psychosomatic complaints (eg palpitations).
 - Acute stress disorders.
 - Post-traumatic stress disorder.
 - Decompensation of pre-existing psychic disorders.
 - Adjustment disorders: poor adaptation to the rules of confinement, the use of a mask, and a high level of discomfort with the numerous changes in protocols.
 - Increase in domestic violence.
 - Main work overload for women, mothers and caregivers of the elderly.
 - Stigmatization of health teams.
 - Psychological impact of having the disease.
- **MEETING WITH LOCAL LEADERSHIPS:** presentation of the OUVID, filling out the OUVID crisis perception questionnaire, understanding the main 'pains' in the area, from the manager's point of view, related to the demands imposed by the pandemic, and rapid assessment of local psychosocial needs (eg pandemic fear, stress, low empathy and others) that will serve as a basis for subsequent actions.
 - **OUVID MOMENT:** face-to-face activity in frontline areas (ER, Critical Care Units, Laboratory, Hospital Infections Control) with physical educator and integrative therapist or psychologist, lasting 15 minutes, twice a week. Objective: to provoke body-mind relaxation responses in frontline professionals, resulting in decompression and centering, through body awareness techniques, stretching, guided meditation, deep breathing)
 - **TALK WHEELS:** weekly meetings (1x / week) of frontline professionals with a psychologist and / or psychiatrist OUVID. It is a safe space for listening to share their experiences, which allows to eliminate part of the emotional burden, to normalize fear, stress and anxiety.
 - **HOTLINE:** direct telephone line for support and psychosocial care. It is an effective tool for immediate relief and support for those who feel worried or distressed about the pandemic and its consequences. They are welcomed and, depending on the risk stratification, they can be referred to a teleconsultation with the family doctor or psychiatrist at the Einstein Clinics of APS, for emergency services, in the case of panic attacks, and others, for brief psychotherapy, or for telemonitoring with a supporter. care in low-risk cases.
 - **BRIEF PSYCHOTHERAPY:** 3 to 6 teleconsultation therapy sessions with OUVID psychologists, aimed at people with more complex mental health demands, according to pre-established criteria in the OUVID protocol, or who already have a history of psychopathological disorders and illnesses prior to the pandemic.
 - **TELEMONITORING:** telephone monitoring of the psychological risk of suspected or confirmed positive COVID patients in isolation at home, identified by the triad of care or hotline.
 - **OUVID PLATFORM:** this online platform contains different tools and strategies for coping with the COVID-19 crisis in the clinical, social, cultural and artistic spheres, in order to accommodate different demands and preferences. They are videos, audios, texts and images that address topics such as: stress management, calm, resilience, fear management, Meditation, Yoga, quarantine healthy lifestyle tips, playlists, nature images, etc.
 - **CAPACITATIONS:** training in stress management and first psychological care in the pandemic offered to leaders and professionals in the front line of care, and to OUVID multipliers.

STAGE 3 – ENDING OF PANDEMICS (identification and treatment of mental disorders developed or worsened during the pandemic, linkage to PHC, sustainability of Mental Health and Psychosocial Care actions created during the pandemic, endorsement. results and sharing of learning)

<ul style="list-style-type: none">• The response to the COVID-19 pandemic is a marathon, not a sprint. When a global disaster of this dimension occurs, with more victims than in the fire at “Boate Kiss”, the September 11th attack and Brumadinho, the emotional response of those directly or indirectly involved usually occurs in phases.• When the first stages of the pandemic do not receive adequate psychosocial support, the main psychiatric disorders in health professionals (development or worsening) are: depression, pathological grief, acute stress disorder, post-traumatic stress disorder, psychosomatic disorders, panic disorders and other anxiety disorders, Burnout, psychotic disorders, dissociative disorders and addiction or substance abuse.• In the slow and progressive process of demobilization (return of teams relocated to their area of origin; closure of covid areas, Campaign hospitals and the like) there may be excessive concern about the aftermath (economic slowdown, pressure for financial results, fear of unemployment , bereavement in the team, among others, difficulty in resuming routines, professional goals and life projects).	<ul style="list-style-type: none">• SCREENING for psychiatric disorders in health professionals, especially for teams working on the front lines, using an online questionnaire to assess the most prevalent disorders after pandemics.• TELEMONITORING by the care supporter for cases whose screening is positive and linked to Primary Health Care (PHC).• Create a schedule of lives and videos made available on the OUID PLATAFORM to help leaders anticipate the wave of foreseeable mental health problems among health professionals at all levels. Restore leadership's sense of control by providing them with information about what they can do to help themselves, increase their team's emotional intelligence, resilience and psychological security. Normalize any feelings of fear of the uncertain future and anxiety, encourage their expression, through clear and effective communication between leaders and followers, identify and address the employees in psychological distress to the support resources existing in the Einstein Clinics of PHC.• Strengthen the HOTLINE, with continuous support teams to provide psychological first aid, potentially using existing PHC for employees, chaplaincy (principal in cases of mourners), or other wellness programs with screening for higher levels of support, when necessary, according to previously established risk stratification protocols.• Give psychosocial attention to less visible units, such as transport and pharmacy.• Compare the questionnaire described above with the health questionnaire 2019 and 2020.• Monitor and evaluate experiences and lessons learned.
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Some data from OUVID Initiative

June, 2020



Digital

Produced: 70 videos, podcasts e infographics

Lives Youtube: 3

Lives Wellbeing: 5

Access: > 3.000

Hotline

Total : 229 access

Low risk: 42%

Medium risk: 40%

High risk: 18%

Brief Psychotherapy: 99 pts

Family Doctor or

Psychiatrist: 44 pts

Decompression

Total: 1534 attendance at Relax Moments and Talk Wheels.

Areas: PA Morumbi, SCIH, DPG, Nursering, Students, Rehab, Labo, Pacaembu, Mboi, Campo Limpo.

Trainings

Total: 1.500 attendance at 75 trainings

Áreas: OUVID Einstein and IIRS multipliers, M'Boi e Orion, Call Center, Nursering, MBA, Pos Graduation and PHC.

HotLine

Resolutive conversation
Average score: 8

97% of employees who used the service rated it as Very good or Excellent

Talk Wheels

84.9% rated space as Safe for Speech

86.4% of employees who used the service rated it as Very Good or Excellent

Brief Psychotherapy

Activity assisting in Coping: all participants scored 7 or more

100% of employees who used the service rated it as Very Good or Excellent

Relaxing OUVID

After the proposed practice: 80% of participants scored 7 or more

93% of the employees who used the service classified it as Very good or Excellent

Some data from OUVID Initiative

OUVID

