

WellMD Center Addressing Common COVID-19 Fears—March 21, 2020

Eight common sources of fear/anxiety have been identified in the 8 WellMD listening sessions of faculty (3 groups), residents (1 group), nurses (3 groups), and APPs (1 group). Thus far, fear #7 has primarily been expressed by nurses and residents rather than faculty. The remainder of the concerns are acute across all groups.

A summary of the sources of anxiety and some of the efforts underway to address them is summarized below

	Source Anxiety	Update Current Efforts and Education*
1	Concern about access to appropriate personal protective equipment (PPE)	<p>Reassure our people that Stanford views CDC guidelines as the minimum</p> <p>Thursday 3/19 taskforce convened and, with input from department chairs, faculty, residents and infection control specialists, Stanford experts, have identified low/intermediate/high risk clinical activities for both operative and non-operative settings</p> <p>This group has developed recommendations for enhanced PPE protocols to be used in specific settings at Stanford to provide a higher level of protection for our people than recommended by the CDC.</p> <p>Impact of these new recommendations on burn rate and supply being evaluated to inform final decision on implementation</p>
2	Concern I will take home infection to my family	<p>Stanford infection control experts currently recommend four simple things to decrease your risk of transmission to individuals in your home (see second attachment).</p> <p>Communications on this going out.</p>
3	Concern I won't have rapid access to testing through occupational health, if I need it	<p>Occupational Health Clinic rapidly expanding access</p> <p>300P Occupational Health Clinic now open 7 days/week</p> <p>Tests from physicians and other clinical healthcare professionals prioritized for processing</p> <p>An efficient process for clinical faculty, fellows, residents has been created with continued efforts to streamline and optimize</p>

		Physicians called as soon as results from lab become available to occupational health
4	Uncertainty that, if I develop infection, Stanford will support/take care of personal/family needs	<p>We are supporting all clinical faculty, residents, and medical students in this circumstance, as well as their family holistically (parallel efforts for other employees and staff)</p> <p>The WellMD Center team is leading and coordinating these efforts and is in <u>regular</u> communication with the small number of faculty, fellows, residents, and medical students on quarantine and is providing tangible support for their personal and emotional needs.</p>
5	Childcare needs	<p>To date, Bright Horizons has been able to meet 94% of the faculty requests to deploy childcare worker for in home care. As an alternative to having a Bright Horizons childcare worker deployed in home, faculty, residents, and fellows (as well as other staff) can be reimbursement up to \$100 per day to help pay for care by a babysitter, friend, or relative.</p> <p>Faculty, residents, and fellows also have access to SitterCity, which allows you to find, screen, and hire caregivers. (www.sittercity.com/stanfordu).</p> <p>Stanford Medicine med students have self-organized an emergency childcare resource for physicians who are in need. Please note that the number of volunteers is limited. At this time, this service is intended for those faculty, residents and fellows, who have exhausted all other options for childcare and are not able to work because of childcare needs.</p> <p>Updated Information on these resources sent to all faculty 3/20/20 pm</p>
6	Support for other needs for self and family, as work hours and work demands increase (food, lodging, etc)	<p>The WellMD team has deployed meal support to faculty and residents in the highest acuity areas and will continue to evaluate and expand this support as demands evolve.</p> <p>Efforts to provide intermittent meal support across the hospitals more broadly have been developed and are being explored.</p> <p>Support for a limited amount of local lodging has been secured to support clinical faculty, residents/fellows and clinical staff who:</p> <ul style="list-style-type: none"> i) Are working in units/departments caring for a high proportion of COVID-19 positive patients. ii) Have very short time interval between shifts iii) Have long commutes

		<p>iv) Cannot stay at their current place of residence for other reasons</p> <p>Information on this resource will be distributed shortly as soon as the structure to process requests in place</p> <p>Stanford has also removed parking restrictions for all University parking lots near our adult and children’s hospitals on campus to allow faculty and staff to more easily get to their work areas. Currently, the 500P employee lot is maintaining current protocols.</p>
7	Concern I won’t be able to provide competent nursing/medical care if I get deployed to new area (e.g. all nurses will have to be ICU nurses)	<p>This concern has primarily been expressed by nurses and residents/fellows.</p> <p>Discussion have begun, but more needed on this front to reassure people that, if they are redeployed:</p> <ul style="list-style-type: none"> • they will receive rapid training to provide basic, critical knowledge-base • they will have back-up and oversight from experts to insure they have the support they need
8	Rapidly changing information/communication challenges	<p>Stanford Medicine website serves as a centralized source of information: http://med.stanford.edu/covid19.html</p> <p>Dean Minor, David Entwistle and Paul King now distributing daily newsletter with the latest updates: Stanford Medicine COVID-19 Daily</p>

* Summary of efforts targeted at clinical faculty, residents and fellows. Parrallel efforts for nursing and other staff being coordinated with nursing and human resources leaders of