Well-Lived Mission Includes More Than Patient Care

STEVE TAPPE, MTS

South Dakota made some inauspicious lists last year. In April 2020 we were the site of the largest COVID cluster outbreak seen in the country at that time. In September we experienced the highest per capita surge in the country. Through the course of the pandemic, we are second in the nation in total COVID-19 cases per 100,000 residents. All of which is to say, COVID has hit the Avera Health system hard.[1]

Avera Health is 19,000 employees strong, including 1,200 physicians and advanced practice providers. In addition to our large virtual presence, we have hospitals, clinics, long-term care and home care in South Dakota, Iowa, Nebraska and Minnesota. We were co-founded by the Benedictine Sisters of Yankton and the Presentation Sisters of Aberdeen. Our rural roots run deep, and COVID has touched our people's lives in community after community.

COVID's impact on patients and families was hard to miss. But we could also see the impact of the virus on our caregivers. We knew they were working extremely hard, with incomplete information and a great deal of uncertainty about the future. Not that they had a choice; we were in a global pandemic and needed everyone. We realized that this pace couldn't be sustained, and very early on we began to worry about the well-being of our caregivers both in the moment and after the surge.

We worried about what happens when the pace slackens and we have time to think about what we've seen and done. Or, more importantly, the things we have been unable to do. Nurses and physicians became proxy family members. They experienced so much death, and despair was often their unwelcome companion.

You don't work in a clinical setting in health care without being familiar with death. It is, after all, the natural outcome of every life. But not death this way. Not this much death. Not death suffered in alienation from those most important to them. And our caregivers bore witness to all of it.

MISSION HELPS GUIDE RESPONSE

As we recognized the burden our people were under, we let the mission dictate our response. In health care generally, the focus is on the patients and communities we serve. Avera's mission statement reads, in part: "Our mission is to make a positive impact in the lives and health of persons and communities ..." Taking care of patients is intuitive. We don't really have to remind someone to take good care of a patient. What is perhaps less intuitive throughout health care is the need to care for all who work to carry out this ministry.

From the orientation process, through mission formation, leadership development and physician formation at Avera we stress this: The mission doesn't start and stop with patients. Our duty to live the mission applies just as strongly to all of

us who work for Avera as it does to the patients we serve. Bob Sutton, Avera's president and CEO, sees it as his duty to live the mission with all the people who serve in our system. We must positively impact our patients, communities and employees.

This foundation has been indispensable for us throughout the pandemic. All along we knew we had to positively impact employees as they battled this virus. Our challenge was to balance patient care, care for our frontline workers who have been heavily burdened, and care for all our employees who missed out on a year's worth of life events, celebrations, time spent with family and a hundred other things. How could we bring peace and hope in a season of tumult and despair?

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We cared for our people in a number of ways, all of them motivated by our mission to make a positive impact in people's lives and our ethical obligation to be who we say we are.

SOLIDARITY

Physicians have been at the leadership table for many, many years at Avera. The strength of those ongoing relationships paid dividends during the most stressful months of the pandemic. Very early on during an incident command call, when faced with one of the myriad unprecedented decisions, Sutton looked to the physicians and said, "This is a clinical decision. We need you to tell us what to do here." That set the tone for having a fully integrated command structure where physicians led alongside administrators.

We also increased the frequency of communication. We began hosting weekly town hall phone calls with our medical group. Prayer and mission were always the first two items on the agenda. This was followed by an update on our system: bed counts, trends, surge plans and so forth. The calls included physician leaders, supply chain, clinical specialists and others who spoke to the needs of the day. Even if we didn't have much good news to share, we still shared what we knew. Transparency is hugely important at Avera, and caregivers appreciated knowing as much as possible while we navigated our way through this uncharted territory.

In conjunction with our service lines and clinical and physician leaders, the decision was made to temporarily close many of our clinics and to cease elective surgeries. These were very difficult and consequential decisions that would greatly impact our patients and communities, some people's compensation, as well as the organization's bottom line. But, they were the right decisions and in keeping with our mission. Despite the heroic efforts of our supply chain folks, we feared there would not be enough personal protective equipment (PPE) to protect our people. And so the hard, but right, decisions were made. The mantra became, "Keep doing the next right thing."

Inevitably, the financial situation was not great. Leaders were the first group to step up and take pay cuts. Eventually, we asked the same of physicians and advanced practice providers. We even relied on service line physician leaders to determine the appropriate compensation adjustment. All along we were open and transparent about the financial situation of the organization. With all the information available to them, health care providers responded gracefully, and we shouldered the financial burden together.

We had open discussions about solidarity and truly stood together as one Avera. We are proud that we were eventually able to repay our providers for their lost productivity and reduced compensation. When the CARES Act dollars came through, it was our frontline workers we took care of first.

LISTENING

One of the most important things we did was listen to understand. When people are experiencing illness or suffering that we are unable to

ameliorate, one of the best things we can do is listen to their experiences and understand that they are suffering. People want to know that you see what they are going through and that you care that they are going through it. No one expected that we could remove their burdens or make COVID disappear. But, we did need to see and understand what they were experiencing.

We listened through purposeful rounding, surge plan calls, town halls, service lines and many other venues. It was powerful to simply have our administrative leaders be present on the floors and in the clinics as they opened back up. You didn't have to look very far to see how unbelievably busy the floors were and how hard people were working.

We regularly delivered treats and practical items in our hospitals and clinics. These were distributed to any employees we saw. The message was always the same: We see you, we know how hard you are working, and this is a small expression of thanks. We would engage and listen to stories and see the tears. The impact it had on both our frontline workers as well as those doing the rounding was powerful and humbling.

We also allowed time and space for employees to talk about their experiences. In a multitude of venues we asked some simple, powerful questions: What has been hardest for you? What have been the silver linings for you? What are you hopeful about? I will never forget some of the answers. One of our providers lost a parent in the hospital and didn't get to say her final goodbyes. Tears and vulnerability were common as people gave voice to their experiences.

There were moments that caused us to rethink how we live and work, too. In health care we work long and hard hours and often it is a point of pride with us. Outside of work, our lives were also busy with activities and commitments. The pandemic allowed many of us to spend quality time with our families without distraction and without having to rush off to the next thing. We hope this leads to a better work-life balance for all of us.

DO THE RIGHT THING

Most of us who lived through this last year are well aware of the political challenges. Our employees were quite literally risking their lives and giving everything they had to fight this virus and take the best possible care of patients. And then they would have to go home and explain to friends, community members, and even family why it is so important to mask and socially distance. Often those explanations and pleas fell on deaf ears. It was exhausting and infuriating. Health care has typically (and rightfully) been hailed as heroic and caring and worthy of respect. In many of our communities, as politics wormed its way into science, this ceased to be the case, and many of our caregivers felt they were fighting a war on two fronts.

Leaders who had been rounding regularly during this time heard these sentiments loud and clear. They stood up for our caregivers in encouraging mask mandates and really trying to communicate to our elected leaders and the public at large how serious and devastating the virus is. Did it change hearts and minds? Honestly, probably not many. But our leaders worked very hard to do what was right, and our caregivers noticed.

We also realized early on the ethical challenges we might be confronted with. We responded by creating allocation resource teams consisting of physicians, nursing leaders, mission leaders and administrative leaders in each of our regions. These teams would be there to support and help make difficult decisions should we run out of beds, or ventilators, or staff.

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We conducted scenarios and tabletop exercises so the teams would be as prepared as possible. We made sure our physicians knew the teams were in place. Being on one of these teams was not comfortable. Essentially, you were tasked with ethically deciding who stayed in the hospital and

who went home to die. For me, it was the worst part of the pandemic. Terrible and uncomfortable as it was, it was the right thing to do. I thank God we never had to call those teams into action.

HOPE

In the beautiful Canticle of Zechariah we read,

> In the tender compassion of our God, the dawn from on high shall break upon us, to shine on those who dwell in darkness and the shadow of death, and to guide our feet into the way of peace.

In the darkest days of the pandemic when we asked people what they were hopeful for, the most common answer was a vaccine. If you've been to a vaccine distribution site, it certainly feels like a new dawn. It feels like darkness is being chased away. People are together, there is laughter, there is hope, and there are often people sitting in their cars crying their eyes out with joy and relief.

This pandemic has been remarkable for a multitude of reasons, but particularly in that it has left no one unaffected. Literally every single person has been impacted. This forced solidarity may well be the thing that brings us through. The fear, the stress, the trauma, the uncertainty were not experienced alone. They have been shared by our colleagues.

Even though we have shared many of these experiences together, the effects of the pandemic will linger like a struck chord. There is post-traumatic stress, there are feelings of failure, there is grief and there is loss. But the mission of Catholic health care will continue. We must not and cannot fail our caregivers. We will listen to understand, we will be open and vulnerable together, we will live and work in solidarity with them, and we will keep doing the right thing, even when it's the hard thing.

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NOTES

1. South Dakota was second in the nation behind North Dakota in total cases per 100,000 residents at 12,353. It was sixth in deaths per 100,000 at 204. "Coronavirus in the U.S.: Latest Map and Case Count, (updated frequently), https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html?_ga=2.144274293.1357127005.1598899654-2049456945.1594308232#states.

The 518 employees and 126 non-employees connected to Smithfield makes it the largest cluster in the country at 644, according to tracking by *The New York Times*. The previous top cluster was 585 cases aboard the USS Theodore Roosevelt in Guam. Lisa Kaczke, "Smithfield Foods Now Largest Coronavirus Hot Spot in U.S.," April 15, 2020, https://www.argusleader.com/story/news/politics/2020/04/15/cdc-sioux-falls-smithfield-foods-becomes-largest-coronavirus-hotspot-us/5138372002/.

South Dakota surpassed 3,000 active COVID-19 cases while becoming the state with the highest per capita surge in the nation, according to nationwide tracking by *The New York Times*. Iowa and North Dakota follow the state in hot spot rankings. Morgan Matzen, "South Dakota Is Nation's Top Hot Spot for COVID-19, *Rapid City Journal*, Sept. 3, 2020, https://rapidcityjournal.com/news/local/state-and-regional/south-dakota-is-nations-top-hot-spot-for-covid-19-2-143-test-positive-in/article_95b61179-005e-5f57-ad4b-f866dbc324ad.html.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Spring 2021, Vol. 102, No. 2