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# STRENGTHENING THE
# HEALTH CARE
# WORKFORCE

## STRATEGIES FOR
## NOW, NEAR AND FAR

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# Strategies and Resources to Support Our Workforce

**RON WERFT**

**MICHELLE HOOD**

Dear Colleague:

A talented, qualified, engaged and diverse workforce is at the heart of America's health care system. However, hospitals and health systems face mounting workforce challenges, including critical staffing shortages, which could jeopardize access to care in the communities they serve.

Even before the COVID-19 pandemic, health care job openings were at record highs. A January 2020 **AHA TrendWatch report** examined workforce challenges and opportunities that spanned six broad categories. These included professional shortages, financial pressures, burnout, workplace violence, the evolving workforce and diversity.

For the last two years, the dedicated team members at America's hospitals and health systems have worked tirelessly to care for patients, comfort families and protect communities during this unprecedented public health crisis.

However, the COVID-19 pandemic has taken a heavy toll on our health care teams with many suffering from stress, trauma, burnout and increased behavioral health challenges.

Because our workforce is our most precious resource, hospitals and health systems are committed to supporting them today, preparing them for tomorrow and building a pathway for the future.

As we chart a new path together, we have developed this new resource – under the guidance of the AHA Board of Trustees' Task Force on Workforce and with input from many members of the Association – to help hospitals navigate workforce challenges and opportunities, as well as highlight strategies and resources to assist on these pivotal efforts.

While this is not intended to be an all-inclusive resource, each section includes:
- Key considerations and questions to drive action;
- Recommendations for team members to involve in the discussion;
- Top takeaways and action items for CEOs and leaders; and
- Resources, strategies and case studies to assist hospital leaders and teams.

This guide will evolve over time and new resources and considerations will be added. Thank you to all of those who contributed. We welcome your comments as the resource continues to evolve.

**Ronald C. Werft**
*Chair*, AHA Board Task Force on Workforce
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# Task Force on Workforce Roster

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# Task Force Charge and Framework

## Framework for Action

| Now | Near | Far |
|---|---|---|
| **Culture of healing**<br>• Well-being<br>• Safety/violence prevention<br>• Retention and sustainability<br>• Recruitment<br>**Creative staffing**<br>**Technology solutions**<br>**Data needs**<br>• Current staffing needs<br>• Voice of the workforce | **Care model design updates**<br>• Micro (i.e. inpatient staffing complements)<br>• Macro (i.e. integration of physical and behavioral health)<br>**Technology integration**<br>**Leadership training/ development** | **Educational pathway structure**<br><br>**Health care career interest**<br><br>**Educational models/ curriculum**<br><br>**Workforce analytics**<br><br>**Workforce strategic planning** |

### ACTIONS

✔ **Legislative and regulatory reforms/proposals**

✔ **Member resources**

✔ **Delivery system changes**

✔ **Messaging and communications**

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# Advocacy and Public Policy Overview

The AHA recognizes the urgency, severity and national scope of the health care workforce challenges facing the field – they are a national emergency that demand immediate attention from all levels of government, as well as workable solutions.

We expect the Task Force's work will uncover new areas in which financial support, regulatory flexibility and other policy solutions will advance workforce efforts, and we welcome ideas on those strategies.

In the interim, the AHA has accelerated its existing calls for federal policymakers to support the health care workforce (see the **Workforce Fact Sheet** for an overview of many of our current priorities). We have urged policymakers and the Federal Trade Commission to address short-term challenges such as potential price gouging and other anti-competitive behavior on the part of nurse staffing agencies.

We continue to advocate for short-term financial support to hospitals – such as adding additional money to the Provider Relief Fund, suspending the Medicare sequester, and providing repayment flexibility for accelerated and advance Medicare payments. These policies would help offset higher staffing and other costs attributable to the pandemic. We also have urged the Biden administration to extend the Public Health Emergency (PHE) and make permanent regulatory flexibilities granted during the pandemic that enable hospitals to more easily bring in practitioners from out-of-state, deliver services via telehealth and enable more innovative and flexible models of care (e.g., Hospitals at Home). Finally, we have been successful in urging the Administration to expedite visas to allow highly-trained foreign health care workers to come to the U.S. to help alleviate current shortages.

With respect to the behavioral health of physicians, nurses and others, which is necessary so they can deliver safe and high-quality care, we were pleased to support passage of and funding for the Dr. Lorna Breen Health Care Provider Protection Act. We have asked Congress to increase funding for the Health Resources and Services Administration's Title VII and VIII programs, including the health professions program, the National Health Service Corps, and nursing workforce development programs, which includes loan programs for nursing faculty.

Finally, we have urged policymakers to invest in the longer-term pathway of health care professionals by lifting the cap on Medicare-funded physician residencies, boosting funding to nursing schools and faculty, and funding federal loan forgiveness and scholarship programs. We have stressed that making these investments now is vital since their full benefit will take time to realize.

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# SECTION 1

# SUPPORTING THE TEAM

# Addressing Well-Being

Burnout is not new. However, COVID-19 has highlighted the challenges faced when administrative burden, sub-optimal communications systems, and unbalanced teams collide with an extended crisis.

In addition, the traumatic impact of COVID-19 has amplified the need for support and efforts to improve well-being, destigmatize mental health and address overall wellness.

Well before the pandemic, health care professionals were challenged by imbalances between job demands and resources. While organizations have long sought to address the system-level drivers of workplace stress and burnout, these drivers became more pronounced as COVID-19 added extended periods of stress to all parts of the health care workforce. When physicians, nurses and health care professionals experience extended periods of stress and burnout, they often feel as though they are letting down their patients, their families, and their colleagues. Moreover, they feel more challenged to care not just for their patients, but also themselves.

The impact of these extended stressors makes it critical for hospitals and health systems to address burnout from a system-wide level to better care for the health care workers who care for our communities.

In addition, efforts should reinforce that our health care workforce are humans who need access to safe and effective resources to address the mental health impact.

## Top Takeaways for CEOs

1. **Identify an accountable leader** within the executive team to lead and measure well-being efforts.

2. **Set aside resources**, including executive time and energy, to address well-being among your employees and staff.

3. **Walk the walk.** As the top leader, model actions your team is implementing and talk about the challenges and importance of well-being.

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As noted by the recent **Nursing Think Tank recommendations**, assessing and responding to the continuum of stress injuries from burnout to impacts on mental health are imperative in retaining a strong and healthy workforce.

For more information on the need for behavioral health and the importance of reducing stigma, please see chapter 2.

# Considerations for hospital and health system leaders

As you work to identify the best approaches to develop or expand current well-being efforts, taking the time at the senior leadership team level to review what exists, how successful you have been, and where the continued needs are will help direct next steps.

It's important to include perspectives from human resources, clinical, operational, facilities, quality, technology and patient experience teams, to review current activities and outline an approach for the organization to engage in well-being.

# Assessment

- Inventory the well-being efforts available. Identify what offerings are available at the individual level, such as employee assistance programs, the unit or department level, and those at the organizational level.

- Quantify current program use, value and success, where possible.

- Identify any data sources for understanding the current state of the workforce, whether well-being or employee engagement survey data, specific program evaluations, or other existing data to provide clarity on what is needed.

  **RESOURCE**
  **Assessment of validated well-being measurement tools**

- Assess commitment and resources available at the executive level and assign an executive team lead to manage the ongoing work with accountability back to the leadership team.

  **RESOURCE**
  **Well-being 5** – The AHA and a number of other national health care organizations published five evidence-based action items that hospital and health system leaders can use to support well-being now. The resources include examples focused on developing peer support programs, crisis documentation protocols, voluntary team redeployment, rapid improvement processes and psychological first aid training. Watch a **webinar** on these examples.

- As further detailed in Chapter 2, assess the availability and access to behavioral health resources to support the workforce.

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# Initiation and Growth

- Keep in mind that addressing burnout is not a checklist of tasks to complete, but a cultural shift that should involve all stakeholders. As an organization, work within the existing culture of your organization to shift it in the right direction.

- Develop a plan to engage key stakeholders, including front-line and core managers in addressing burnout and well-being plans. Those on the front lines likely have the best view of where changes can drive success but will need support in building the organizational structures to sustain change.

- Identify gaps from current resources to desired state, and prioritize needs and opportunities to develop pilot improvement efforts.

- Include efforts to support and address self-care from education and training through onboarding and continuing education.

**PLAYBOOKS**

The **AHA Well-Being Playbook** contains seven key steps for success and provides real-world case examples of successful interventions deployed in various health system settings.

The **AHA Well-Being Playbook 2.0** contains additional resources on scaling and spreading pilot programs and activities and addressing the underlying organizational culture.

**RESOURCE HUB**

National Academies of Medicine Clinician Well-Being Collaborative **Resource Compendium**. Containing resources from across the health care field, this compendium walks through advancing organizational commitment, leadership, conducting assessments in the workplace, review of existing policies, addressing workplace efficiency and cultivating a culture of connection.

**GUIDELINES**

The Nursing Organizations Alliance, of which AONL is a member, recommends **these elements** for a healthy practice environment.

# Leadership

- Ongoing leadership of well-being efforts and the influence of leaders on the organizational culture will greatly impact your success. Prepare your core management and senior leadership teams to support their team's well-being and overall health as well as their own. Leader burnout can erode the health of the entire team.

**RESOURCE HUB**

American Organization for Nursing Leadership's **Leading through Crisis: A Resource Compendium for Nurse Leaders** – learn how nursing leaders can support their teams, and themselves, in the midst of crisis and beyond.

**EDUCATION**

AHA Leadership Experience **Program** trains leaders in leading themselves and their teams to value well-being.

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**PODCASTS**

**AHA Masterclass Podcast** discusses how to build leader well-being.

**Trauma-informed Leadership Podcast** – understand the opportunities and challenges in leading a team impacted by trauma.

- Meaningful recognition is powerful and tied to purpose. Leaders can buffer the negative effects of burnout, foster a positive work environment, and cultivate a culture of gratitude and trust by creating and sustaining a culture of recognition. Activities range from local individual efforts to national recognitions.

**RECOGNITION PROGRAM**

A program like **DAISY** is a sustainable and evidence-backed system for providing feedback from patients and families to clinicians.

**AWARDS**

AONL yearly presents **national awards** and recognitions for nursing leaders.

**TOOL**

AONL Foundation created tools for nurse manager recognition during COVID-19.  Learn more about **Beyond Gratitude**.

# Sustainability

- Growing **evidence** points to the protective value of teams in supporting well-being in health care settings. Programs such as Team Training and other collaborative action frameworks can help instill a team-based culture.

**PARTNER**

**All In: Well-Being First for Healthcare** – A collaborative community established by the Dr. Lorna Breen Foundation and many others, the group offers **grants** to organizations seeking to engage in well-being work.

**VIDEO TOOLS**

Team Training tools have been shown to increase communication and engagement – explore the full **video library of trainings**. View a **webinar** on the use of Team Training tools to address burnout.

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# Partue **Partnerships**

- Supporting the well-being of the health care workforce is an effort that requires actors from across the field as well as learning from other industries. Like the work to support patient safety and quality, this effort is a journey, where each step helps us improve.  National activities supporting this work:

**RESOURCES**

**Addressing Health Care Worker Burnout – Office of the Surgeon General**

**Nurse Staffing Think-Tank**

## AHA Resource Hubs at a glance:

**https://www.aha.org/physicians/well-playbook**

**https://www.aha.org/center/team-training**

**https://www.aonl.org/resources/leading-through-crisis**

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# Supporting Behavioral Health

Health care workers suffered emotional and physical strain from treating COVID-19 patients; not only did they risk exposure, but the crisis also hurt their mental health, contributing to anxiety, stress, depression and loneliness.

A recent **study** found that 93% of health care workers reported stress, 86% reported anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed. Yet just 13% of front-line health care workers **say** they received behavioral health services.

As illustrated below, responses follow an up and down trajectory, however, the COVID-19 pandemic has stretched this response due to ongoing surges and little time to complete reconstruction.



Adapted from Zunin & Myers as cited by DeWolfe, 2000.
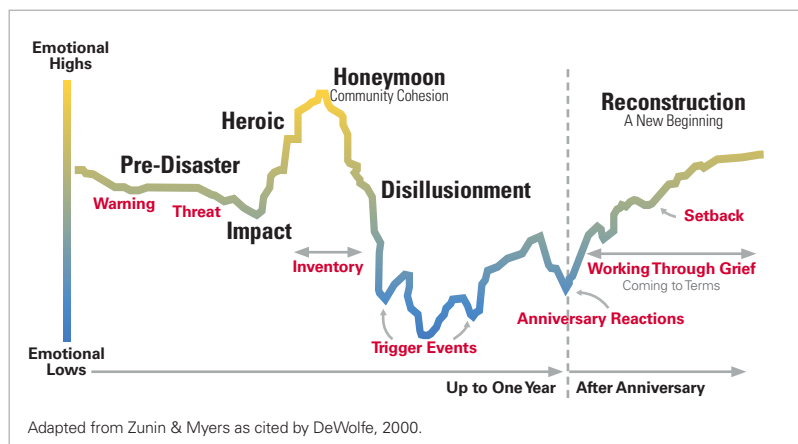
Reducing stigma and improving access to behavioral health services for the health care workforce, combined with fostering human resilience can improve mental and often physical health, reduce the total cost of care, reduce suicide, and support a healthy workforce.

## Top Takeaways for CEOs

1. **Identify and promote** ways your team can access the full continuum of behavioral health services.

2. **Remove stigma** about behavioral health treatment.

3. **Build and sustain a culture of psychological safety.** Consider providing training in mental health awareness or first aid.

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# Considerations for hospital and health system leaders

It is important to understand the difference between burnout and behavioral health disorders. Burnout is a long-term stress reaction defined by having at least one of the following symptoms: 1) emotional exhaustion; 2) depersonalization, including cynicism and a lack of empathy; and 3) a low sense of personal accomplishment. Burnout can be a contributing factor or trigger for mental illness, but individuals can be burned out without having a psychiatric or substance use disorder.

Stress responses land on a spectrum based on preparedness and individual resilience. For more resources related to addressing health care worker burnout, see Chapter 1.

## Stress Continnum Model

| READY | REACTING | INJURED | ILL |
|---|---|---|---|
| **DEFINITION**<br>• Adaptive coping<br>• Effective functioning<br>• Well-being<br><br>**FEATURES**<br>• In control<br>• Calm and steady<br>• Getting the job done<br>• Playing<br>• Sense of humor<br>• Sleeping enough<br>• Ethical and moral behavior | **DEFINITION**<br>• Mild and transient distress or loss of function<br><br>**FEATURES**<br>• Anxious<br>• Irritable, angry<br>• Worrying<br>• Cutting corners<br>• Poor sleep<br>• Poor mental focus<br>• Social isolation<br>• Too loud and hyperactive | **DEFINITION**<br>• More severe and persistent distress or loss of function<br><br>**TYPES**<br>• Trauma<br>• Fatigue<br>• Grief<br>• Moral injury<br><br>**FEATURES**<br>• Loss of control<br>• Can't sleep<br>• Panic or rage<br>• Apathy<br>• Shame or guilt | **DEFINITION**<br>• Clinical mental disorders<br>• Unhealed stress injuries<br><br>**TYPES**<br>• PTSD<br>• Depression<br>• Anxiety<br>• Substance abuse<br><br>**FEATURES**<br>• Symptoms persist > 60 days after return from deployment |

Source: **https://www.quantico.usmc-mccs.org/marine-family/behavioral-health-program/community-counseling-program-ccp/the-stress-continuum**

# Assessment

Building on the inventory of well-being efforts from the previous chapter, identify how your organization's clinical and non-clinical teams (and their families) can access behavioral health treatment.
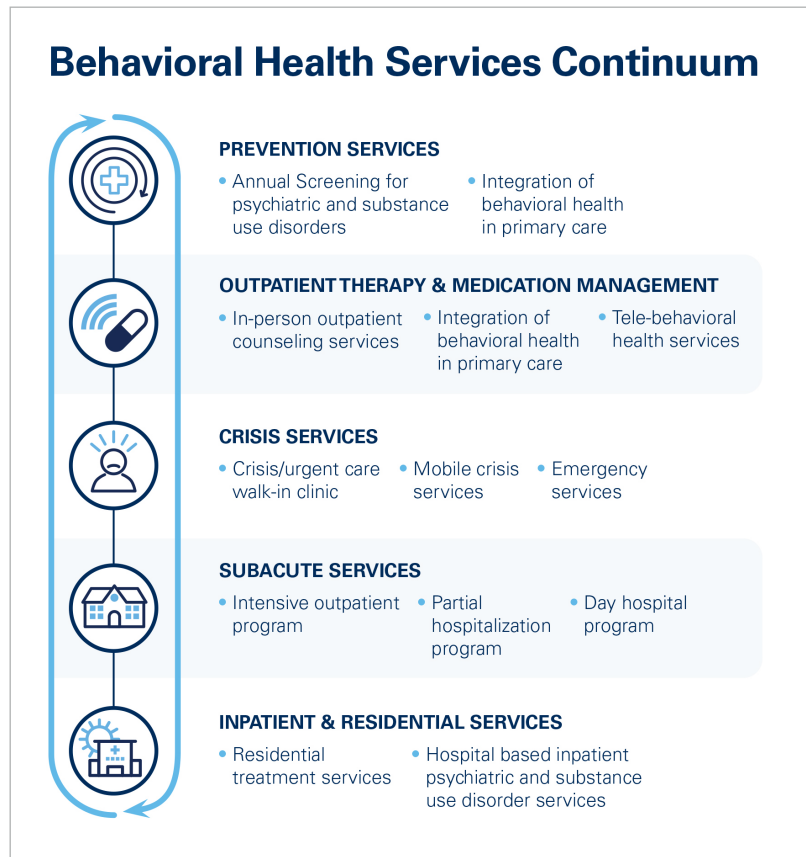
- The inventory should review access to the full range of the behavioral health service continuum. The inventory also should include access to integrated physical and behavioral health services, as 70% of adults with a behavioral health disorder also have a physical health condition, **and costs** are 75% higher. The continuum also should be able to meet the unique needs of children, adolescents, adults and geriatric patients.

- Next, inventory the adequacy of your existing network of **behavioral health providers**. Key questions include:

  - Are there sufficient clinicians who take the insurance coverage of your employees?
  - Are providers taking new patients?
  - Are providers physically accessible?
  - What are the providers or staff linguistic capabilities?
  - Is there access to subspecialty care as noted above: child & adolescent, geriatric?
  - What is the wait time to access a therapist for your health plan, employee assistance program (EAP)?
  - Are there options for hospital staff to see a behavioral health provider not affiliated with your organization and remain covered by your health plan?
  - Is there access to behavioral health via telehealth or other digital treatment platforms?

- For organizations that do not have behavioral health services or would like to supplement the services offered, consider adding these questions:

  - What community-based behavioral health resources exist?
  - Is there a Community Mental Health Center, Certified Community Behavioral Health Center, and/or a Federally Qualified Health Center with integrated behavioral health services?
  - Are these services accessible to your team members?

## Behavioral Health Services Continuum

**PREVENTION SERVICES**
- Annual Screening for psychiatric and substance use disorders
- Integration of behavioral health in primary care

**OUTPATIENT THERAPY & MEDICATION MANAGEMENT**
- In-person outpatient counseling services
- Integration of behavioral health in primary care
- Tele-behavioral health services

**CRISIS SERVICES**
- Crisis/urgent care walk-in clinic
- Mobile crisis services
- Emergency services

**SUBACUTE SERVICES**
- Intensive outpatient program
- Partial hospitalization program
- Day hospital program

**INPATIENT & RESIDENTIAL SERVICES**
- Residential treatment services
- Hospital based inpatient psychiatric and substance use disorder services

**STANDARDS**

**Network Adequacy Standards and Enforcement | KFF**

**Network Adequacy - NAIC**

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**DIRECTORIES**

**Locate Community Mental Health Centers** (list includes only members of the National Council on Mental Wellbeing)

**Certified Community Behavioral Health Clinic Locator**

**Federally Qualified Health Centers and Look-Alikes**

- Verify that the health plan(s) offered to your employees are compliant with the **Mental Health and Addiction Act Parity Act of 2008**

**TOOL**

**Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA)**

- Determine the level of staff awareness regarding existing behavioral health resources and identify a plan to bolster communication outreach as needed.

  - Consider surveying staff to obtain a baseline awareness level of EAP services, health plan coverage, the range of behavioral health clinicians and services available to them.

  - Identify existing data for your team's use of existing behavioral health resources. If not, consider working with your EAP, health plans and others to establish a baseline use of resources. Review use over time to direct future needs.

- Consider whether stigma presents a barrier to your team accessing services. Communications to bolster psychological safety and clear messaging on confidentiality, job security and licensure may be needed.

- Identify if your organizational culture consistently supports health-seeking behaviors for mental health/ substance use disorders.

  - Examine policies to determine if they support mental wellbeing. For instance:

    - Does your sick leave policy address behavioral health disorders?
    - What is your hospital's policy on leave for family matters?
    - Do you provide any digital solutions to support meditation, self-reflection or whole health?
    - Do you encourage staff to have a primary care physician and/or incentivize annual physicals, including screening for behavioral health?

- The assessment also should include questions that are uniquely related to physicians and advanced practice providers:

  - Do your organization's credentialing questions perpetuate stigma of behavioral health disorders?

    - Consider adopting questions that focus on current impairment, encourage treatment, and do not distinguish between psychological and physical conditions and are recommended by the Federation of State Medical Boards.

**POLICY**

**Federation of State Medical Boards**

  - Are your affiliated clinicians aware of your state's Physician Health Program (PHP)? PHPs are a confidential resource for physicians, other licensed health care professionals, or those in training suffering from addictive, psychiatric, medical, behavioral or other potentially impairing conditions.

**DIRECTORIES**

**State PHP directory**

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# Initiation and Growth

Create a culture of psychological safety where all staff feel safe to speak out and seek out treatment to improve their mental health or address substance use disorders. This requires a cultural shift that should involve all stakeholders.

**TOOLS**

**Reduce Stigma: People Matter Words Matter** is AHA's stigma reduction campaign to help overcome actions that cause people to avoid, delay or stop seeking treatment. How we talk about behavioral disorders can change lives, positively or negatively.

**Nine ways to fight mental health stigma** recommends actions by the National Alliance on Mental Illness.

- Tell your own story: Many have remained silent because they fear sharing could change others' perceptions or negatively impact careers. Normalizing mental illness makes it less intimidating and scary for others.

**RESOURCE**

**The Power of Personal Stories** – National Alliance on Mental Illness

**PODCASTS**

**A Hospital CEO opens up about his struggle with panic attacks and anxiety**

**AHA Podcast Preventing Physician Suicide: A doctor shares his struggle and recovery**

- Initiate or enhance your organization's integration of physical and behavioral health services, or "whole person health." Research shows that integrated care boosts employee satisfaction, and has a positive return on investment.

**TOOL**

**AHA Behavioral Health Integration: Treating the Whole Person**

**CASE STUDY**

**AHA Members in Action Case Study: Integrating Physical and Behavioral Health - Hackensack Meridian Health**

# Sustainability

- Consider training your team in **Mental Health First Aid**. The program has been shown to increase knowledge about mental health, instill greater confidence to assist others in distress, and improve one's own well-being. MHFA is not the only program, others are listed below.

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**TOOLS**

**Mental Health Awareness Training**

**Mental Health Awareness and Training Grant (MHAT)**

**Question. Persuade. Refer: QPR Training**

# Leadership

- Lead by example and set the tone for a culture of psychological safety.

- Communicate with transparency that the leadership team is committed to eliminating the stigma about psychiatric and substance use disorders.

- Highlight activities of the team to support a culture of psychological safety and keep the conversation going.

**RESOURCE HUBS**

**AHA's Behavioral Health - Combating Stigma**

**APA's Center for Workplace Mental Health**

**American Foundation for Suicide Prevention**

# COVID-19 Considerations

- Assess and address COVID-19 impacts on well-being. Much focus has been on vaccinations, enhanced safety protocols and personal protective equipment to protect the physical health of clinicians and staff, but equally important are resources to protect their mental health.

**RESOURCE HUBS**

**Addressing Resilience During COVID-19**

**Stress and Coping Resources**

**AHA REPORT**

**TrendWatch: The Impacts of the COVID-19 Pandemic on Behavioral Health** describes the impacts of the COVID-19 pandemic on behavioral health in the U.S., including looking at the effects on the health care workforce, and innovative ways of providing services. In addition, the report highlights AHA policy recommendations for future actions.

**CASE STUDY**

**Northwell Health Center for Traumatic Stress, Resilience and Recovery**

## AHA Resource Hubs at a glance:

**AHA's Behavioral Health**

**AHA's COVID-19 Stress and Coping Resources**

# Workplace Violence Prevention

According to the U.S. Department of Labor, the **health care** and social services field experiences the highest rates of injuries caused by workplace violence, jeopardizing their ability to care for their communities.

Even before the COVID-19 pandemic, hospitals and health system teams experienced violence, from bullying and incivility to active shooters, intimate partner violence, cyberattacks, homicides and suicides. However, the compounding trauma of the pandemic has heightened the need to create a safer workplace, both physically and psychologically, and a more resilient workforce.

## Considerations for hospital and health system leaders

As you identify and assess violence prevention initiatives at your organization, consider the various roles, such as security leaders, clinical and administrative leads, patient advocates and community workers, which contribute to creating a culture of safety. Ensure that these roles are part of discussions to identify resources to improve safety, connections to existing programs and implementation of violence mitigation efforts. Workforce safety should be part of your organization's overall safety program with the goal of creating a safe environment for all.

## Top Takeaways for CEOs

**1** **Create a culture of safety** by prioritizing physical and psychological safety of your workforce and the patients they serve.

**2** **Focus on prevention** by regularly assessing vulnerabilities, supporting violence prevention programs, encouraging reporting, and prioritizing education and training for your workforce.

**3** **Support those experiencing trauma** due to violence and recognize that trauma can impact those not directly involved with dangerous events.

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The **Building a Safer Workplace and Community** framework highlights the critical components for success in designing a violence mitigation strategy, including data collection, accountability, and training and education at all levels of the organization. The framework guides leaders through building a culture of safety, mitigating risk, violence intervention strategies and trauma support.

# Assessment

- Regularly inventory existing policies, practices and procedures, resources and violence prevention strategies. Check in with your team to understand how your organization engages the community you serve to support violence prevention efforts.

  **ISSUE BRIEF**

  The Department of Health and Human Services Assistant Secretary for Preparedness and Response's issue brief on **The Impact on Civil Unrest and Workplace Violence in Healthcare** highlights strategies and guidance health care staff and security partners can incorporate into their coordinated workplace violence plans.

  **GUIDE**

  The Occupational Safety and Health Administration published **Guidelines** for Preventing Workplace Violence for Healthcare and Social Service Workers to support workplace violence prevention programs that engage health care workers.

- Identify sources of data, quantitative and qualitative, that accurately reflect the type of violence your workforce is experiencing, including reporting systems for documenting violent incidents in the workplace.

  **AHA RESOURCES**

  **ASHRM Health Care Facility Workplace Violence Risk Assessment Tool**
  Violence in the workplace continues to be an area that risk managers need to be proactively preparing their organizations to prevent.

# Initiation and Growth

- Ensure leadership accountability. In addition to assigning a leader to sponsor workplace safety initiatives, create accountability measures for all leaders. Share the measures with staff and consistently report out successes and challenges. Encourage reporting through organizational expectation that violence is not tolerated.

  **REPORT**

  **The Massachusetts Health & Hospital Association's guidance on Developing Healthcare Safety & Violence Prevention Programs within Hospitals** provides an understanding of the current best practices being used across Massachusetts hospitals with the goal of providing a framework for an effective health care violence prevention program.

- Create a threat assessment team as part of your workplace violence prevention program. Threat assessment teams are interdisciplinary, which may include clinical, security and administrative staff, and they are charged with determining necessary steps to mitigate threats.

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**TOOLKIT**

**IAHSS Strategies to Mitigate Violence in Healthcare** – This resource focuses on threat assessment as a tool for prevention and mitigation.

- Ensure ongoing education and training programs, including simulation training at regular intervals.

**PODCAST**

**De-escalating Workplace Violence in Behavioral Health Settings** shares how leadership worked to improve the physical environment, engaged clinical staff, increased de-escalation training, decreasing reported workplace violence.

- Ensure ongoing investment and resources to support the work.

**PODCAST**

**Combating Workplace Violence In Health Care by Creating Safer Workplaces** shares more about the collaboration, resources and what steps leaders can take to create safety in the workplace.

**TOOLKIT**

**Oregon Association of Hospitals and Health System – Workplace Violence Prevention Toolkit**

This comprehensive toolkit helps health care leadership, violence prevention committees and other stakeholders evaluate existing workplace violence programs and individual violence prevention practices at their facility or within their organization, against current best practices in violence prevention.

# Sustainability

- Cultivate collaboration. Successful workplace violence prevention programs require interdisciplinary teams.

**GUIDE**

**Creating Safer Workplaces** – a guide to mitigating violence in health care settings, a collaboration between AHA and the International Association for Healthcare Security and Safety (IAHSS) to recommend action steps for hospital leaders.

**TOOLKIT**

Tennessee Hospital Association's **Developing a Workplace Violence Prevention Program – A Guide for Hospitals** provides tools and resources to establish and/or strengthen a hospital's workplace violence prevention program.

- Create awareness, share stories and stand against violence.

**CASE STUDIES: AHA MEMBERS IN ACTION**

**Grady Health System – Managing Workplace Safety and Reducing Workplace Violence** – a case study and webinar on shares strategies on reducing workplace violence and promoting a culture of safety.

**King's Daughters' Hospital Active Shooter Protocol** - an emergency department shooting reveals strengths and areas of improvement.

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- Enable pathways to identify physical and non-physical trauma, as well as avoid re-traumatization.

**WEBINAR**

**Caring for the Caregiver – Supporting a Healthy and Resilient Workforce** - a program created to provide 24-hour-care to health care workers experiencing a stressful event or outcome during patient care or due to the work environment.

**PODCAST**

**Trauma and Trauma-informed Care** - Dr. Glenn N. Saxe, director of the NYU Center for Child Welfare Practice Innovation, talks about a treatment for the impact of trauma, called trauma-informed care, and opportunities for hospitals to lead in improving access to this important type of behavioral health treatment.

**DIGITAL CAMPAIGN**

**#HAVhope Friday – National Day of Awareness** is a social media and digital campaign to create awareness and share what hospitals and health systems are doing to keep their workforce safe.

# Leadership

Leaders from the C-suite to the board room are at the center of creating a safe workplace.

- Create opportunities for organizational governance to regularly receive updates on violence prevention efforts.
- Identify educational opportunities and learn from peers.
- Workplace violence is often underreported, leaders must clearly articulate the expectation that violence - in any form - is not tolerated.

**EDITORIAL**

**Supporting the Health Care Workers Who Support All of Us** shares the sentiment that health care workers are the key to compassionate and quality care and that we must protect our workforce from violence and intimidation.

**REPORT**

**International Hospital Federation's Violence Against People in Hospitals** - this guide describes what measures exist to prevent and face acts of violence within health care organizations.

**WEBINAR**

**Partnering with Law Enforcement** provides practical steps and scenario-based examples on how to create an effective relationship with law enforcement.

## AHA Resource Hubs at a glance:

**AHA's Hospitals Against Violence**

**AHA's Workforce and Workplace Violence Prevention**

**#HAVhope Friday: National Day of Awareness**

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