



STRENGTHENING THE HEALTH CARE WORKFORCE

STRATEGIES FOR
NOW, NEAR AND FAR





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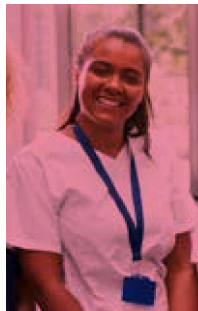
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INTRODUCTION

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
President and Chief Executive Officer,
Cottage Health*

M. Michelle Hood

*Executive Vice President and Chief Operating Officer,
American Hospital Association*



Task Force on Workforce Roster

CHAIR

Ronald C. Werft

President and CEO
Cottage Health
Santa Barbara, Calif.

Michael Abrams

President and CEO
Ohio Hospital Association
Columbus, Ohio

Douglas S. Brown

President,
Community Hospitals
Chief Administrative Officer
UMass Memorial Health Care
Worcester, Mass.

Michael J. Charlton

Board Chairman
AtlantiCare Health System
President and CEO
Icon Hospitality
Galloway, N.J.

Phyllis A. Cowling, FHFMA

President and CEO
United Regional Health Care
System
Wichita Falls, Texas

Russell R. Gronewold

President and CEO
Bryan Health
Lincoln, Neb.

John M. Haupt

President and CEO
Grady Health System
Atlanta

Mary Beth Kingston Ph.D., R.N., NEA-BC, FAAN

Chief Nursing Officer
Advocate Aurora Health Care
Milwaukee

Mary N. Mannix, FACHE

President and CEO
Augusta Health
Fishersville, Va.

Erik Martin, DNP, R.N., CENP

*Vice President, Patient Care
Services and Chief Nursing Officer*
Norton Children's Hospital
Louisville, Ky.

James Prister, FACHE

President and CEO
RML Specialty Hospital
Hinsdale, Ill.

Roxie C. Wells, M.D.

President
Cape Fear Valley Hoke Hospital
Raeford, N.C.

Claire Zangerle, DNP, R.N., NEA-BC, FAONL

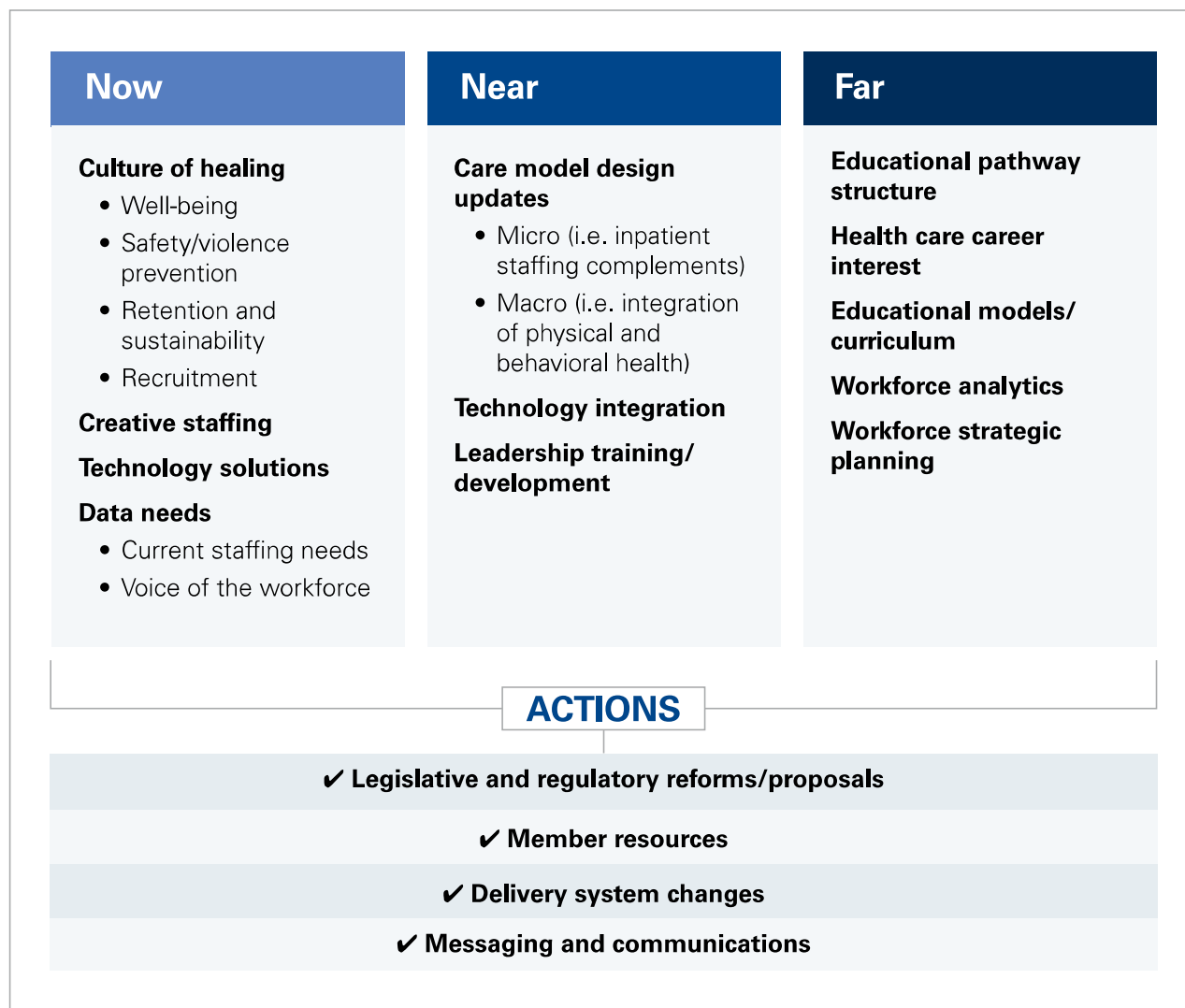
Chief Nurse Executive
Allegheny Health Network
Pittsburgh

Deborah Zimmermann DNP, R.N., NEA-BC, FAAN

Chief Executive Officer
DAISY Foundation
Richmond, Va.

Task Force Charge and Framework

Framework for Action



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.





SECTION 1

SUPPORTING THE TEAM



CHAPTER 1

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.

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.

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.



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.

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>

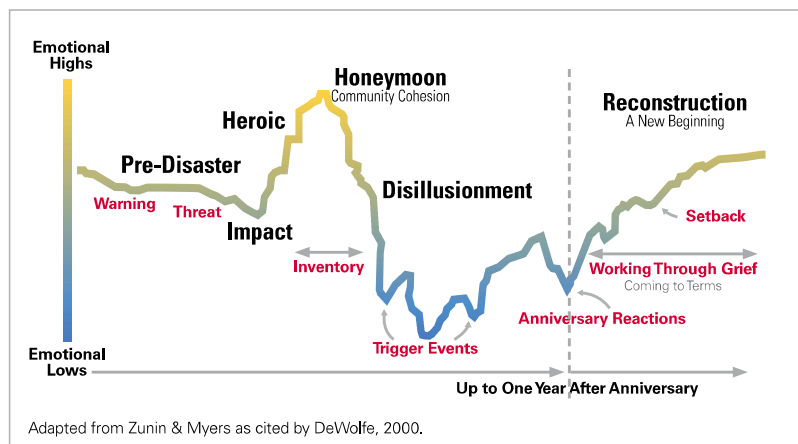
CHAPTER 2

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.



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.

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 Continuum Model

READY	REACTING	INJURED	ILL
<p>DEFINITION</p> <ul style="list-style-type: none"> Adaptive coping Effective functioning Well-being <p>FEATURES</p> <ul style="list-style-type: none"> In control Calm and steady Getting the job done Playing Sense of humor Sleeping enough Ethical and moral behavior 	<p>DEFINITION</p> <ul style="list-style-type: none"> Mild and transient distress or loss of function <p>FEATURES</p> <ul style="list-style-type: none"> Anxious Irritable, angry Worrying Cutting corners Poor sleep Poor mental focus Social isolation Too loud and hyperactive 	<p>DEFINITION</p> <ul style="list-style-type: none"> More severe and persistent distress or loss of function <p>TYPES</p> <ul style="list-style-type: none"> Trauma Fatigue Grief Moral injury <p>FEATURES</p> <ul style="list-style-type: none"> Loss of control Can't sleep Panic or rage Apathy Shame or guilt 	<p>DEFINITION</p> <ul style="list-style-type: none"> Clinical mental disorders Unhealed stress injuries <p>TYPES</p> <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse <p>FEATURES</p> <ul style="list-style-type: none"> 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?



STANDARDS

Network Adequacy Standards and Enforcement | KFF

Network Adequacy - NAIC



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

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.



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](#)

CHAPTER 3

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.

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.



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.

- 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

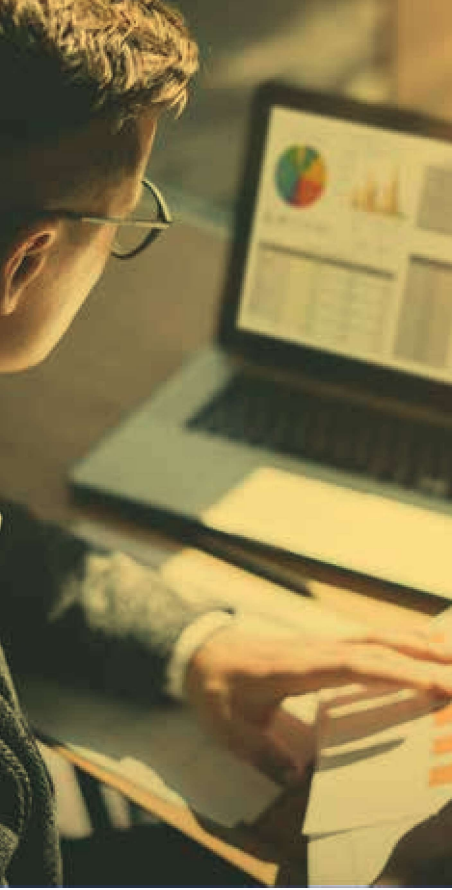
Partnering with Law Enforcement provides practical steps and scenario-based examples on how to create an effective relationship with law enforcement.

AHA Resource Hubs at a glance:

[AHA’s Hospitals Against Violence](#)

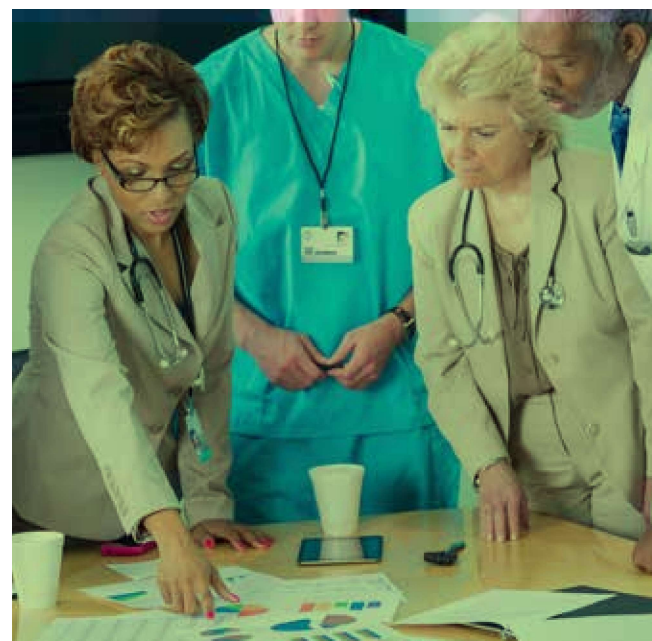
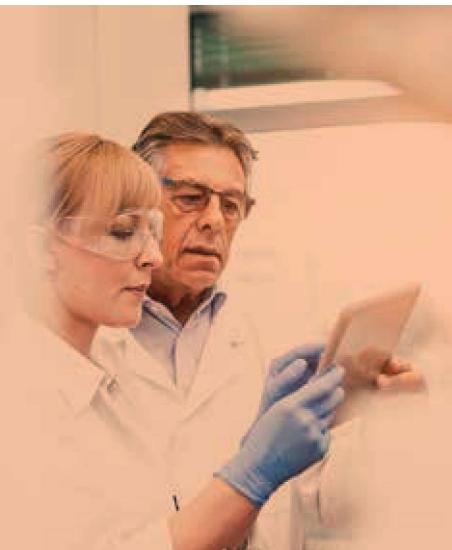
[AHA’s Workforce and Workplace Violence Prevention](#)

[#HAVhope Friday: National Day of Awareness](#)



SECTION 2

DATA AND TECHNOLOGY TO SUPPORT THE WORKFORCE



CHAPTER 4

Data and Analytics

Data is not the first thing one thinks of when addressing workforce issues, but data can identify trends, measure engagement and inform decisions about where resources are needed, how your organization compares to others, and determine if you are making progress. As you engage with your internal data, it also is important to understand overall economic trends in your local community, region and nationally that could impact your workforce.

As discussed in Chapter 1, the issue of burnout is of particular importance in the health care field. It is 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. Have you performed an assessment of your own employees' sentiments? This data will help you identify your organization's specific problem areas and strengths. If you do not measure, you cannot address the issues that matter. The AHA will launch this fall a Voice of the Workforce survey, which you can use for your own organization(s); look for an announcement.

In addition to using data to assess the situation and support decisions for making change, it is extremely important to record data before and after implementation of any new workforce strategy. The identification and collection of key performance indicators (KPIs) will be critical to assess the effectiveness of your workforce strategies and will enable the team to determine the value and/or return on investment to inform future decisions.



Top Takeaways for CEOs

- 1 Identify the workforce issues your organization is experiencing.** Once you have identified the issues, you can identify the data you need to collect and track to assess the magnitude of the problem and the direction of your progress.
- 2 Appoint an accountable leader** within the executive team to lead a centralized, coordinated and ongoing data collection and reporting effort.
- 3 Set aside resources,** including executive time and energy to implement this data strategy.

Recent literature offers many interesting and helpful articles on recent health care workforce initiatives. Here are two good articles that address the financial and non-financial incentives health care employers are using. The [AHA Resource Center](#) can assist members with literature searches.



ARTICLES

[5 incentives offered to recruit, retain healthcare workers](#), Becker's Hospital Review, November 10, 2021.

[The 6 Most Successful Healthcare Recruitment and Retention Strategies](#), September 2021.

Considerations for hospital and health system leaders

Data is a team effort. No doubt there are pockets of critical information across the organization that, when compiled, will provide important insights. From your organization's internal human resources records you can look at:

- Data on employee retention rates and recent departures. Consider stratifying by title, age, tenure, etc.
- Data on days to fill certain positions, coupled with data from the field will help focus your recruitment and retention efforts.
- Also consider identifying internal process efficiency metrics, particularly in a competitive environment. For example, measuring time an application is received, to the time it gets to the hiring manager, to time to interview, to time to job offer can all provide insights into process improvements.
- Trends in sick days and call-outs to identify potential problem areas. Similarly, look for instances where vacation time is not being taken — this could be an indication of potential burnout.
- Changes in span of control for your leaders and managers; are they taking on more or less responsibility and is this acceptable?



Additional internal data resources are your average daily patient census, quality measures and financial records to assess and refine your staffing estimates and opportunities. If you do not have recent survey data from your employees, seek out anecdotal data from your management teams. Utilize the information you have collected on the well-being of your clinical and professional teams to pinpoint high-stress service areas. Identify the non-financial motivators for job satisfaction in your organization — which may vary by service area.

Once you have a clear understanding of your workforce measures and what you think you need to solve, look for data on trends external to your organization, both in the health care workforce, but also in the community regarding health needs, birth rates, disease prevalence, housing status, etc.

The data you compile will inform and support your workforce strategy and comprise your KPIs. Remember you won't know how effective you are unless you measure progress. Establish your KPIs based on what you expect to achieve, but don't collect data that you will not need, that creates work for the team and discourages continuation of effort (if the data are collected and not used).

Assessment

- Determine what you want to measure in order to assess the current landscape and identify your organization's needs. Base your determination on what you think you know but need to prove.
- 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.
- Inventory your internal data assets. Identify additional data needs, based upon your organization's actual or perceived issues, then ascertain how they can be met. Identify external data sources for understanding the current state of the workforce and needs for the community. Questions to ask of this data include:
 - What are the trends by age group, race and ethnicity, salary range, education level and tenure?
 - How do the overall trends compare to what is happening in my organization?
 - Which employees or groups of employees are most at risk for resigning/retiring?
- One important source of data is current position postings. This data will help you assess the demand for the same positions you need to fill. When there is significant demand, employers will need to differentiate themselves in order to attract top candidates. Salary and benefits are always most important, but other, non-financial benefits are playing an increasingly important role in attracting and retaining the best employees.
- Develop a summary/dashboard of critical workforce metrics and assign responsibility for updates and revisions to one, central resource. The dashboard should be user-friendly so it can be shared at the executive and board levels and presented at every workforce strategy meeting.
- Set some benchmarks or goals for acceptable levels of turnover, sick time, vacation use, etc.
- Set KPIs for evaluating workforce initiatives. If you want to be able to compare your organization to others, you will need to use standardized metrics that will be comparable to those in the field. However, if you are only concerned with measuring progress against the organization's own history, you have more freedom to create a customized metric that meets your specific business need.
- Establish a forum for collecting employee feedback about non-financial motivators on a regular basis.



DATA

Bureau of Labor Statistics (BLS) data on national trends and benchmarks:

- **BLS Occupational Employment Statistics, Occupational Profiles:**
[29-0000 - Healthcare Practitioners and Technical Occupations](#) and
[31-0000 - Healthcare Support Occupations](#)
- [BLS Monthly Labor Review](#)
- [BLS Job Openings and Labor Turnover Survey](#)
- [BLS Employer Costs for Employee Compensation \(report builder\)](#)

Initiation and Growth

- Using data effectively does not happen overnight. It is important to think about the data you need versus the data you have. If you start with the latter, you may never obtain the information you really seek. Make sure your data collection/reporting supports your workforce strategy and KPIs.
- Develop a set of hypotheses first; determine what data you need to prove or disprove them; then work with the interdisciplinary teams to pull and compile the right metrics.
- Assign responsibility for your workforce data program to one, central source to ensure consistency.
- Make sure that all data collected from internal and external resources are properly sourced and cited. Maintain as much documentation as possible.
- Assign a data steward to establish and maintain definitions, life cycle and quality standards; and a data custodian to be responsible for updates and revisions. Include this information in your data governance program.



DATA GOVERNANCE RESOURCES

[Nebraska Hospital Association's Data Governance Guide](#)

Informatica

Health Catalyst

Leadership

- It is important that executive/senior leadership is engaged and supportive of the use of data for decision-making and invested in the workforce strategy you develop using that data. Without support from the top, you cannot ensure that your data findings will lead to appropriate action and follow-up.
- Commit resources (people, time and finances) to the collection, curation, reporting and review of data and KPIs. Leadership needs to engage with the data and understand its significance.



AHA RESOURCE

[AHA's Market Scan 4 Ways on Becoming a Data Driven Organization](#) provides information on assessing an organization's data maturity and links to additional resources.

Sustainability

- Employment trends and staffing needs ebb and flow. The data program you establish should be robust enough to evaluate changes in the market as well as changes in your workforce over time.
- Continued measurement and review of workforce data will provide early warnings of inflection points and help to measure the impacts of specific recruitment and retention efforts.
- Tracking of community needs will help you anticipate where service line additions or enhancements might be needed.

- As you compile your workforce data over time, keep track of the surges in COVID-19, as well as other external influences like flu season, economic ups and downs, incidents of violence in the community or in the hospital, etc. The more information you collect on how your workforce reacts to these external factors the better equipped you will be to use predictive analytics to address changing conditions.



RESOURCES

Resources on national trends that may affect the health care labor market:

- **PolicyMap** is a publicly available tool that compiles geographic data on over 50,000 indicators encompassing demographics, income and spending, housing, quality of life, economy, education and health.
- The U.S. Census Bureau conducts **annual inter-census surveys**.
- The Centers for Disease Control and its **National Center for Health Statistics** collect and report data on disease prevalence and vital statistics.

AHA Partnerships:

- Proluent Health provides technology and services to fill health care workforce vacancies, with a focus on lowering overall costs. Proluent collects data from across the country, using their proprietary web-scraping algorithms, to keep track of trends in vacancies and time-to-fill positions. The AHA partners with Proluent to provide **quarterly regional reports** to the field and access to Proluent's Liquid Compass online tool.
- Syntellis is the former data collection arm of Kaufman Hall. Now an independent company, Syntellis collects monthly data from over 1,000 hospitals nationwide and provides benchmarks for financial, labor, and utilization comparisons in near real time. The AHA partners with Syntellis to provide **quarterly financial updates** to the field.
- Kaufman Hall produces quarterly reports on financial trends in hospitals and health systems. The AHA partners with Kaufman Hall on special issue trend reports and webinars for the membership.

AHA Resources at a glance:

- **Workforce Issues Remain at the Forefront of Pandemic-related Challenges for Hospitals**
- **AHA Talent Scan 2022**

CHAPTER 5

Technological Supports

Hospitals and health systems across the country have invested in technologies to support population health management, clinical integration, convenience and access for patients. Technology also can play a critical role in supporting the health care workforce. There is a broad range of technologies that can be utilized to support the workforce, including machine learning, artificial intelligence and marketplace platforms.

These technologies are not intended to replace staff, but rather to enhance the ability to do work, retain people and reduce burden, particularly in light of staffing shortages. For example, artificial intelligence is used to help employees and clinicians do their jobs more efficiently, eliminate burdensome tasks and improve work-life balance.

Hospitals and health systems can focus on technology to enhance the workforce experience in five areas:

1. Support individuals and teams through digital wellness solutions, leadership training and guidance for managers on building and engaging diverse teams. Use digital means to offer easy access and greater spread.
2. Alleviate burden by using tools that can help with administration, revenue cycle or other routine tasks. This can include intelligent automation through robots and artificial intelligence.
3. Enhance flexibility with agile scheduling solutions, predicting demand, or creating enterprise staffing solutions or labor pools.



Top Takeaways for CEOs

- 1 **Embrace technology** as a way to support your health care workforce.
- 2 **Change-management strategies** will be critical to address the cultural shifts associated with this technology.
- 3 **Partnership** can help support your organization's ability to implement solutions in the most effective and efficient way.

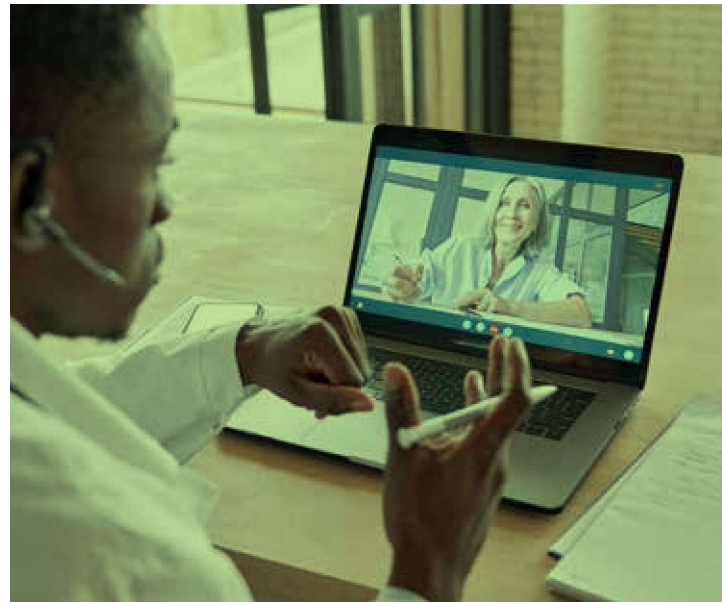
4. Reduce friction by digitizing human resources functions, streamlining routine interactions and smoothing processes like credentialing.
5. Optimize care delivery by using artificial intelligence, predictive analytics and virtual health options that allow more flexibility and remote staffing, greater team-based coordination, clinical just-in-time training and improving the user friendliness of electronic health records.

Considerations for hospital and health system leaders

As you work to identify the best approaches to using technology to support your workforce, it is important to remember that technology will be only one piece of a successful workforce transformation. Understanding the current workload and workflows and the appropriate team composition must be determined before technology solutions are investigated.

In addition, there will be no one-size fits all solution for hospitals and health systems across the country. Solutions will be local and must take into consideration the needs and resources available at your hospital or health system.

Similar to the work discussed in previous chapters, evaluating technology to support the workforce requires leadership and organizational commitment, policy and process adaptation and new ways of doing business.



Assessment

- Inventory current technologies, identify current usage trends and the potential for the technology to reduce burden, remove barriers to care or address workflow friction. In addition, it may be beneficial to analyze the cost of these technologies and any long-term cost savings that are anticipated from their implementation. When rolling out new or improved technologies consider staged changes to reduce burden on the workforce.
- When assessing how technology can enhance your workforce, it is important to start by evaluating the work that is currently being done by your workforce and identifying which tasks or functions could be replaced or improved with technology and the benefits that could accrue from those changes. This evaluation can be done for a project, team, unit or the organization as a whole.
- It also is important to understand the models of care that are currently being utilized and assess whether new models of care delivery — for example, utilizing teams in different ways — could be implemented to further support your workforce. As new or different technologies are considered, ensure input from the full team.

- Once those assessments are complete, you can begin to define goals, identify the changes that must be made, and select the technology necessary to support those goals. It is important to remember while setting goals that technology should be used to decrease, not add, burden on the workforce.



WEBINAR

[Leveraging Technology to Bring Your Workforce into the 21st Century](#)

Initiation and Growth

- As discussed above, there are many ways that technology can be implemented to help support your workforce.



CASE STUDIES

[Sutter Health Artificial Intelligence Platform Improves Inpatient Pharmacy Operations](#)

[Atrium Health Integrates Behavioral Health into Primary Care](#)

[Spectrum Health Telehealth Program](#)

[Artificial Intelligence Automating Processes for Professionals](#)

- Implementing each of these technologies will require a culture shift and it will be important to have a change-management strategy to handle implications of transitioning to new technologies.
- Develop a plan to engage key stakeholders, including front-line and core managers in evaluating technologies and providing input. Those on the front lines likely have the best view of where changes can most help.



WEBINARS

[Technology Trends: Driving Operational Efficiency in Healthcare](#)

[Reliability Centered Maintenance: Getting Started with Technology](#)

[The Future of Virtual Care: Solving Provider Frustrations and Patient Expectations](#)

Leadership

- Integration of new technologies will require support from senior management, specifically as it relates to the policy and process changes that will be needed to ensure that technology will be successful. It may be helpful to identify those leaders that are ready to take on this work, and leverage those innovative leaders as champions within your organization to guide this work.



REPORT

[AI and the Health Care Workforce - 18 Questions for Leadership Teams](#)

Sustainability

- Sustainability will depend on addressing the many barriers that exist when implementing technology. This includes cultural, technical and data management barriers that may slow down adoption and implementation of technology. It will be important to identify these barriers and create the pathways necessary to address them as technology is implemented.



REPORT

AI and the Health Care Workforce

Partnerships

Implementing technology to support the health care workforce is an effort that requires partnership with digital solution providers. The process of evaluating what solutions are available and which providers may be the right partners can be challenging.

AHA has partnered with AVIA, the nation's leading digital transformation partner for health care organizations, to bring new solutions and tools to support AHA members on their digital journey. Through AVIA Connect, hospitals and health systems gain access to a curated database of solution providers with which their peers have chosen to work. They also get timely content through an AHA online community and the opportunity to join discussion groups with their peers at other hospitals and health systems across the country.



RESOURCE

AVIA Connect Guide



SECTION 3

BUILDING THE TEAM



CHAPTER 6

Recruitment and Retention Strategies

Like most topics covered in this guide, the challenges that existed before the pandemic in recruitment and retention remain, but have been amplified by the ongoing nature and toll of the pandemic on the workforce. Combined with broader demographic and social changes, many traditional expectations of employers and employees have been upended.

The recruiting landscape has changed both as a result of larger demographic shifts as well as the impact of COVID-19 and the “great resignation.” As organizations look to recruit new team members, they may be competing with different industries and settings, increased expectations for flexibility and the ability to work remotely, as well as better work-life integration and resources to support employees’ families. Demographic changes in particular will likely contribute to an extended challenge in recruitment. The recruitment pool has been impacted by demographic shifts including:

- The dramatic drop in 16-24-year-olds who traditionally occupy entry-level roles;
- Pandemic-related reductions in immigration that have resulted in four million fewer new immigrants over the past two years; and
- The reluctance among those over 55 to return to work at the same rate as others. ([EMSI/burning glass](#))

Efforts to increase diversity of the health care workforce were challenged prior to the pandemic and those challenges have been further exacerbated by it, which is addressed in greater depth in Chapter 7.



Top Takeaways for CEOs

- 1 The landscape has changed;** we can't expect the same results with a one-size-fits-all approach to recruiting.
- 2 Health care workers are worn out** — addressing well-being, as well as supporting flexibility and family life, are key to maintaining a strong team.
- 3 A well culture,** where team members feel valued, is essential to retaining a committed workforce.

At the same time, addressing the ongoing impact of COVID-19 on the current workforce also is a key priority. As mentioned in Section 1 of this guide, we must continue supporting the well-being, safety and mental health of a workforce that has experienced a seemingly unending trauma over the past two and a half years so they can continue to care for our communities. Over a short period of time, some employers have taken major steps to better accommodate the needs of their workforce, such as expanding hybrid and remote work, increasing support for family life integration and personalizing employee health benefits.

Considerations for hospital and health system leaders

- When refining a recruitment approach, we recommend you consider the composition and demographics of your workforce as well as national trends, as noted in Section 2 of this guide.



STUDY

AHA 2022 Talent Scan: Highlighting trends affecting the health care workforce.



ARTICLE

Leveraging the Promise of Advanced Practice Providers

- As you evaluate your organization's offerings, review the landscape of creative ideas from others in health care to spark ideas that can be tailored to your circumstances. Keep in mind that the rapid change and seismic shifts in how we work as a result of the pandemic may require some radical thinking in terms of benefits, flexibilities or approaches. It will certainly require a more nuanced and multi-channel set of solutions that address the variation in generation, life stage and support needs of a diverse workforce.



RESOURCE

Workforce Solutions: Recruitment and Retention Strategies in the Wake of COVID-19 Pandemic

- Adjustments to recruitment and retention efforts will take time and iteration, so ensure you develop an approach that involves multiple stakeholders and includes voices from human resources, clinical, operational, facilities, quality, technology and provider experience teams. All efforts must include clear connection to and alignment with diversity, equity and inclusion efforts.



ARTICLE

Viewing Workforce Needs with a Beginner's Mind

- Include your board in regular discussions regarding the workforce needs of the organization and their role in driving retention.



RESOURCE

Trustee Insights: The Key Role of Trustees in Nurse Retention



Assessment

As mentioned in the data and analytics chapter, identifying what data you currently collect and what might be most useful will help guide your strategies. Understand what data can inform your diversity strategies.

- Consider a survey, such as the AHA's Voice of the Workforce survey (*to be released later this fall*) or other engagement surveys to understand what benefits, flexibilities and workplace dynamics may be impacting decisions to stay.

Evaluate the uptake of current benefits and if possible, stratify that usage by your employee demographic data, diversity characteristics, tenure, role and other available metrics to understand where there may be opportunities.

- Review opportunities for remote work, cross-training, shared labor pools and other strategies that might increase flexibility for staff.

As highlighted in Chapter 1 on well-being, recognition provides a strong opportunity to support retention efforts. Consider identifying resources needed to develop or partner on a formal recognition program.

Understand what tools and data are available to better predict needs and opportunities to deploy teams across the organization.



TOOL

Health Care Environmental Services Staffing Calculator and Workbook Bundle

Assess resources available (including executive time and attention) to address potential changes and identify priority areas for either broad action or piloted interventions to best support spread and scale.

Initiation and Growth

Addressing challenges with recruitment and retention must be multi-factorial to address the needs of your unique employee population and will require a tailored approach. These efforts will also need to be prioritized and in some cases piloted before full implementation to ensure ongoing equity, safety and outcomes.

As with efforts to address well-being, activities will need to address a spectrum of needs and barriers and will fundamentally require a strong organizational culture to grow and sustain. As a starting point, addressing benefit design, workflow and team composition may be areas where your front-line teams and managers can provide key improvement input.

- Consult with your benefits committee to identify potential benefits of interest to your employees or opportunities for a "cafeteria"-style approach that might provide greater variety in benefits.
- Through focus groups, discussions with front-line leaders and other input methods, identify opportunities for different structures, workflows or team compositions that might support better balance and engagement of the current workforce.
- Review current schedule flexibility available in different units and departments and consider where additional flexibility might be built in.

As noted by the recent [Nursing Think Tank recommendations](#), creating opportunities for more flexibility within the confines of shift-based work both in roles and time frames requires some creativity and varying models, but can address some of the challenges of addressing staffing fluctuations.

Another key factor impacting the current workforce, particularly in health care, is the availability of child and elder care. While not a solution for every organization, studying opportunities to develop or partner with community care providers could address a key stressor for health care workers.



STUDY

[Childcare Stress, Burnout, and Intent to Reduce Hours or Leave the Job During the COVID-19 Pandemic Among US Health Care Workers](#)



ARTICLE

[To Retain Nurses and Other Staffers, Hospitals are Opening Child Care Centers](#)

Organizations in locations with challenging real estate markets may also want to consider opportunities to purchase, partner or co-develop housing for their workforce. While a long-term undertaking, some markets may remain challenged to find suitable options for new recruits.



CASE EXAMPLES

[Recruitment and Retention Strategies: Housing](#)

Consider creative models of recruiting, including apprenticeships to expand career opportunities for your current staff and educational partnerships to build relationships with those just beginning their careers. Before the pandemic, health care organizations were exploring apprenticeships and other programs to support current employees in growing their health care careers. These opportunities can provide recruiting potential to bring in those looking for change.



EXAMPLES

[Apprenticeship Examples from Across the Country](#)



CASE STUDY

[Apprenticeships Answer Emerging Workforce Demands: Staten Island Performing Provider System](#)

Programs like those developed by Mary Washington Health Care and Germanna Community College allowed nursing students to engage with and start their careers while completing their education. Consider outreach to schools with which you operate clinical rotations to identify creative additional work opportunities.



CASE STUDY

[Earn While You Learn: Innovation During a Pandemic](#)

As you consider encouraging health care careers, consider partnership opportunities with high schools and middle schools to share the value of a career in health care. Job shadowing, career days and other creative approaches are being deployed across the country to bring the broad spectrum of health care careers to interested students.



CASE STUDY

[From High School to RN](#)

Sustainability

Prior to the pandemic, successful practices in team-based care, from the front lines to the C-suite, demonstrated a strong culture that supported retention efforts. The toll of the pandemic has been significant on the health care workforce, but efforts to bolster strong teams and peer networks have shown to be protective.



MODELS

A Model for Clinical Partnering: How Nurse and Physician Executives Use Synergy as Strategy



TOOLS

Team training tools have been shown to increase communication and engagement — explore the full video library of trainings [here](#).

Many state and local associations have developed partnerships and opportunities to support workforce development locally. Identify opportunities to partner.



TOOLS

Caring Gene — a partnership among health care leader associations in New York, this effort seeks to recruit those interested in caring for others to health care careers.

Missouri Health Careers — a resource site to help those interested in health care careers identify opportunities and education.

Leadership

As the workforce shortages continue to challenge our teams, leaders — especially those on the front lines — will need additional support, training and education. Whether adapting to a hybrid workforce, managing adjusted workflows or new team compositions, or leading virtual care teams, ongoing efforts will be needed to ensure all leaders have the right skills, competencies and tools to succeed.

As you review potential changes to accommodate workforce needs, ensure you are identifying related leadership education and support needs along the way.

Prepare your core management and leadership teams to support change activities while not ignoring their own needs. Leader burnout can erode the health of the entire team.



EDUCATIONAL PROGRAMS

Next Generation Leaders Fellowship — designed for emerging health care leaders to provide skills needed to move into senior leadership roles.

AONL Education Programs — from individual programs to longitudinal fellowships for front-line, emerging and senior nursing leaders, these programs provide the skills and competencies needed to lead the team of the future.

AHA Leadership Experience Program — trains leaders in leading themselves and their teams through change while supporting well-being.



TOOLS

Physician Leadership 360: A tool to help emerging physician leaders identify strengths and opportunities in their leadership.

CHAPTER 7

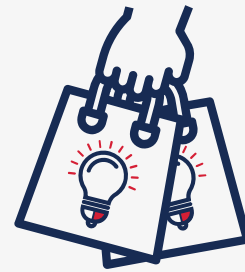
Diversity and Inclusion

There are many ways a robust diversity and inclusion strategy can help support your workforce and the communities your hospital or health system serve.

A diverse workforce understands that the cultures, issues and needs of local patient populations can provide deeper insight that results in better decision-making about how to serve those communities. Those decisions then have the potential to positively impact patient experience, safety and quality, and your communities' overall health. Advancing equity also can have operational benefits, such as a reduction in insurance claims and reduced costs.

Creating inclusive environments where your workforce feel a sense of belonging also can have significant benefits. Retention is likely when your team members feel heard, seen and recognized for their contributions. They are more effective and work becomes more enjoyable.

At the same time, addressing the ongoing impact of COVID-19 on the current workforce also is a key priority. As mentioned in Section 1 of this guide, we must continue supporting the well-being, safety and mental health of a workforce that has experienced a seemingly unending trauma over the past two and a half years so they can continue to care for our communities. Moreover, the impact of hybrid and remote work, the expectations for flexibility and desire for more tailored benefit design to support family life integration, have vastly shifted in a short time.



Top Takeaways for CEOs

- 1 To build a diverse and inclusive environment,** leaders must work to ensure their leadership is representative of the patients and communities they serve.
- 2 Increasing diversity and inclusion** can support your workforce and the patients and communities you serve.
- 3 Hospital leaders effective at advancing equity are accountable** for implementing goals and ensuring others in the organization are also accountable for building and supporting an inclusive culture.

Considerations for hospital and health system leaders

Implementing a strategy that supports diversity and inclusion will require a culture shift and it will be important to have a change-management strategy that engages employees in the discussion to understand their wants and needs. It may be helpful to utilize interdisciplinary teams that can coordinate efforts across departments and your organization.

In addition, as discussed in previous chapters, there will be no one-size-fits-all solution for hospitals and health systems across the country. Solutions will be local and must take into consideration the needs and resources available at your hospital or health system.

- Consider opportunities to adjust recruitment and retention efforts while balancing current practices with workforce needs and desires to help guide the most valued changes. Understanding the composition and demographics of your workforce, as well as trends nationally, as further outlined in Section 2 of this guide, Data and Technology to Support the Workforce, will refine your approach.

Assessment

- When assessing how a diversity and inclusion strategy can support your workforce, it is important to begin by evaluating the current efforts at your organization, including those activities and practices in place and those that may need to be implemented.



RESOURCE

[A Diversity and Cultural Proficiency Assessment Tool for Leaders](#)



TOOLS

[Health Equity Snapshot: A Toolkit for Action.](#)

- In addition, leaders should begin to explore and set a common vision for what diversity and inclusion means for the organization. Leaders effective at advancing equity are required to assess their own positions, biases and growth on diversity and inclusion topics critical to leading an equitable organization.



RESOURCE

[AHA Health Equity Roadmap](#)

- As you delve into understanding your organization's approach to diversity and inclusion, determine what data you have access to and what data you will need to be effective. Think broadly and multi-dimensionally about the layers of diversity in your organization and your community, from race, ethnicity and gender, to age, socio-economic status, education level, and many other factors that can impact care needs.



FRAMEWORK

[Societal Factors that Influence Health](#)

- Once those activities are completed, you can begin to define goals and identify the changes that must be made. It is important to remember while setting these goals that the focus is not only to recruit a diverse workforce, but to create the culture of belonging necessary to retain that workforce.

Initiation and Growth

- The U.S. Census Bureau predicts that people of color will constitute a majority of U.S. residents by 2045. The need to understand these changes and develop sustainable business strategies requires leadership to commit the resources necessary to support recruitment, hiring, training and retention of a diverse workforce. There are many steps that can be taken to support your workforce.
- For example, leaders can allow for the time and support necessary to develop recruitment and hiring policies that result in a diverse pool of applications and a diverse selection committee.



RESOURCES

Does Your Hospital Reflect the Community it Serves?

Amplifying Black Voices: What Health Care Organizations Can Do to Advance Diversity, Equity and Inclusion in the Workforce



WEBINAR

Inclusive Local Hiring Building a Pipeline to a Healthy Community

- Hospitals and health systems can also focus on succession planning initiatives and pipeline development – including seminars, employee resources groups, a career development center for employees, or leadership pathways.



PROGRAMS

AHA Institute for Diversity and Health Equity Summer and Fall Enrichment Programs

AHA Institute for Diversity and Health Equity Certificate in Diversity Management



Leadership

- Strong support from senior leadership, across the C-suite and leaders of divisions, will be essential to encourage and reinforce actions by teams involved in improving diversity and inclusion. And, as mentioned in previous chapters, it may be helpful to identify those leaders that are ready to take on this work and leverage those innovative leaders as champions within your organization to guide this work.
- Team members, from hiring managers to the C-suite, also will need support from the board of trustees and a clear understanding of their role in sponsoring diversity, equity and inclusion.
- Where leadership talent representing the diversity of patients and the workforce is not readily available, effective leaders will look to build internal and external talent pipeline.



REPORT

Diversity and Inclusion in Leadership and Governance

- Hospital leaders must also be accountable for implementing the goals and actions they develop. This includes ensuring everyone in the organization is accountable for building and supporting an inclusive culture. For example, governing boards can provide compensation incentives for hospital leaders who demonstrate the policy and practices changes needed to support diversity and inclusion.

Sustainability

- It will be important to track the progress of your efforts over time. Metrics and assessment tools should be deployed to ensure strategic plans are implemented and followed. For example, if diversity of your leadership team is a strategic priority, it will be important to define the type of diversity you are trying to achieve, set reasonable target metrics and create pathways to assess and track progress against those target metrics.



RESOURCE

[Health Equity, Diversity and Inclusion Measures for Hospital and Health System Dashboards](#)

- Sustainability will depend on addressing structural barriers that include policies and practices that impede this work. This includes cultural barriers that may slow down adoption of these efforts. It will be important to identify these barriers and create the pathways necessary to address them as diversity and inclusion efforts are implemented. For example, policies and practices related to hiring, on-boarding and promotion, may not reflect the diversity and inclusion intent of the organization. Review your usual practices related to how and when communications or events are scheduled; they may not take into account different family situations that may make it more challenging for team members to participate.

Partnerships

- As hospitals and health systems improve diversity and inclusion, leaders must understand the communities they serve in order to develop a workforce that matches those communities. To do this, they can engage with community-based organizations that work with individuals in the community on a day-to-day basis to understand their needs. This may include educational institutions and organizations, transportation agencies, housing organizations, planning councils, public health departments, faith-based organizations, community organizations and other organizations and businesses.
- It is also important that your organization increase diversity and inclusion in its board room. The trustees of your organization represent the community you serve. Increasing their diversity will enable better decision making that will allow you to support the workforce while also delivering better health outcomes to the patients and communities you serve.



ARTICLES

[Steps to Achieving Diversity on Your Board](#)

[How and Why to Build Board Diversity](#)

CHAPTER 8

Creative Staffing Models

It is evident that COVID-19 has changed the face of the health care workforce. As outlined in previous sections, the impacts have strained hospitals, taxed caregiver well-being and resulted in many departures from health care jobs. The resulting shortages have led to some challenges, but also some creative solutions to think about workflows, workplaces and teams differently than ever before. The broad adoption of telehealth is just one example that stretched the interpretations of where and how we provide care, and hospital teams have begun to explore different avenues.

While many of the approaches that emerged during the pandemic require continued examination, testing and outcomes-based research to glean key success factors, organizations are continuing to experiment and pilot changes that can help support their current workforce in providing needed care in their communities.

From working with non-traditional partners, to using technological supports, organizations need to continue the innovation and creativity as the shortages we face today will not dissipate quickly.



Top Takeaways for CEOs

- 1 Many creative models were tested** during the pandemic, now is the time to analyze and understand the keys to success.
- 2 Technology can be a key player in supporting new staffing models**, but only after you understand the work to be done and the team doing it.
- 3 Make sure you are involving the full team**, including patients and families, in evaluating care model shifts.

Considerations for hospital and health system leaders

As hospitals address the workforce shortages now and into the future, discussions of how to safely continue services, how to implement different workflows that account for tighter staffing, employing available technology and other approaches to care delivery with fewer team members will be needed.

Some hospitals and health systems experimented with staffing models and team composition out of necessity during the pandemic. While there were numerous iterations, and many likely failed as effective solutions, there is not yet a deep study of the outcomes either for patients or the workforce itself.

- As you think about changes to be made for longer-term interventions, pilot approaches and use of PDSA cycles can help document the advances and potential pitfalls.
- Don't be afraid to start over. Care delivery models must be shifted with a keen focus on patient care safety and quality, which may not result in the alleviation of burden or reduced expense expected at first. Continue to iterate.
- As you consider different staffing complements, understand the employment landscape to ensure you aren't creating challenges for other parts of the health care or social service continuum. A market analysis could yield additional clarity on under-employed health care professionals who might not have traditionally supported inpatient care.

As noted in Chapter 5, understanding the work to be done and which team members could perform the work are essential precursors to employing technological supports.

- Too often, technology can be deployed ahead of a full understanding of the work needed and the potential for shifting across teams, causing undue burden or steep learning curves to adapt the people to the technology.
- Technological supports also often come with significant investment, so clear understanding of the process and procedure changes that must precede any introduction of technology will be essential.

Finally, understand the current and potential partnerships with community-based organizations that could extend your ability to support patients and your own workforce. Organizations within your community, while likely also straining to find adequate workforce, might be willing to undertake joint efforts that alleviate community needs while balancing workload.



CASE EXAMPLES

Community Partnerships to Support the Health Care Workforce

Assessment

Start by identifying and cataloging approaches taken during the pandemic to address surge capacity needs and other staffing approaches that proved useful in meeting demand. In the review, be sure to identify key factors at the local or unit level, such as team composition, resource usage, or acuity levels, and those provided at an organizational level, such as access to float pools, just-in-time training or technology supports available. Working with local managers to understand what was successful and why will facilitate scaling of effective approaches. As you begin to identify staffing models to test or scale, understand current and recent usage of contract labor for potential savings.



GUIDANCE

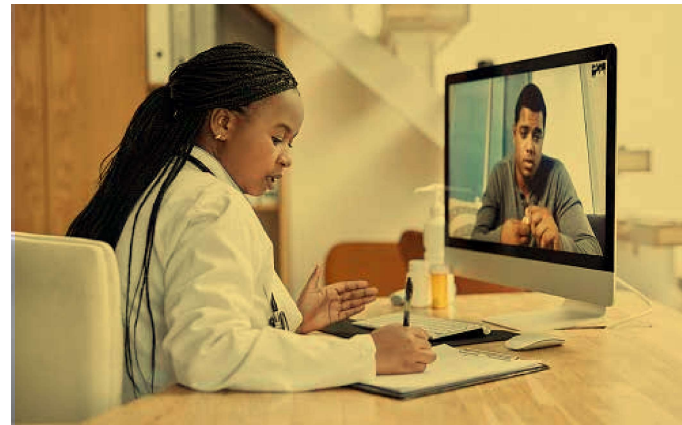
The Nursing Think Tank **recommendations** include detailed suggestions for analyzing need, opportunity and resources needed.

Beyond surge needs, identify data sources and trends that can help you predict future staffing needs to begin cross-training programs and enhance float pools. As you do this work, make sure you understand current configurations of teams and service lines to find those most able to flex, share team members or support capacity needs. Part of this examination, for those with multiple sites or geographic spread, could include internal “travel” opportunities for team members.

As you review approaches that were helpful from the past two years, consider opportunities to bring non-traditional team members into your workflows, expanding roles for those in non-clinical patient-facing positions, and greater use of team-based models to ameliorate staffing shortages.

Identify opportunities to partner with community-based organizations to enhance the reach and ability of your current workforce to support your community. For example, community health workers already involved in chronic disease support could provide additional connections to patients who may have delayed care during the pandemic.

Examine current use of telehealth options, including hospital-at-home, to understand opportunities for non-traditional “bedside” care delivery options for staff. At the same time, identify technological abilities to provide supportive expertise to team members through virtual nursing or other programs that allow those on-site to quickly consult with experienced colleagues who may be remote-based.



Initiation and Growth

As you consider which staffing models and workflow changes to pilot, spend time refining the opportunity with front line leaders and team members to ensure changes aren’t happening too fast or there aren’t pitfalls at the local level. Utilize PDSA cycles to evaluate changes and gather feedback from the full team. Part of your evaluation should include patient and family input as well as studies of relative costs and quality and safety outcomes.

Consider using national and local surge capacity trainings, examples or resources as starting points in piloting or refining models beyond pandemic needs.



WEBINAR

Nursing **Surge Staffing** example and **Unique Models** to Support Well-Being



GUIDE

Society for Critical Care Medicine **Preparing Your ICU for Disaster Response** includes communications plans, how-to guide for building surge capacity, understanding ethical decision making and more.



RESOURCES

University of Washington Critical Care Training for Non-Critical Care-Trained Providers: Now What Do I Do?

Many models employed during the pandemic looked at ways to expand roles or bring team members from traditionally outpatient and ambulatory roles into the inpatient or even virtual space. These types of approaches can be facilitated by a centralized structure for scheduling and deployment that allows for flexibility across settings. These models also benefit from increased training, just-in-time resources to support new assignments and strong communication skills from front-line leaders.



WEBINAR

Restructuring Staffing Models to Enhance Value — highlights cross-training, non-traditional roles for clinical team members and opportunities to share staff across departments.



CASE EXAMPLE

Nurse leaders at Yale New Haven Hospital used **alternate staffing models** to grow and retain their nursing workforce during the COVID-19 pandemic.

Organizations with larger geographic spread can also consider internally organized traveler opportunities to offer desired flexibility and new experience while retaining team members.



SUMMARY OF EXAMPLES

Team-based Models of Care highlights approaches used throughout the COVID-19 pandemic to bring teams together to provide care.

Consider expanding roles for non-clinical patient-facing team members where they can enhance your clinical team's ability to support care delivery. Consider working with your patient and family advisory councils to identify other opportunities to engage with families for additional support.



CASE STUDIES

Capitalizing on Relationships to Drive Coordinated Care — identifying non-traditional roles for all team members to facilitate patient care.



GUIDE

Building A Community Health Worker Program: The Key to Better Care, Better Outcomes, & Lower Costs



GUIDE AND PODCASTS

Engaging PFACs in Care Delivery

Organizations have greatly expanded technological solutions to reach patients, such as hospital-at-home, telehealth and other digital approaches, but it is important to understand how these efforts can provide opportunities and challenges for care delivery and impact the well-being of the care team. Ensuring sufficient training and comfort levels with using technology to care for patients and understanding needed adjustments in workflows are key to success.

Programs that use technology can provide options for team members to work in less traditional settings and shifts, allowing for greater retention. But these arrangements can significantly change the team dynamic or available support, so clear understanding, training and expectation setting of the work needed is essential.



ISSUE BRIEF

Creating Value by Bringing Hospital Care Home



CASE EXAMPLES

Hospital-at-Home



PODCASTS

Atrium Health Virtual Hospital During COVID

Virtual nursing programs that provide backup to those on the front lines, such as e-ICU or other modalities, as well as remote access to specialists or consults through telemedicine can greatly expand the reach and support felt by the care team. However, many of these programs require significant investment and infrastructure to put in place. Bring together a team to evaluate the potential of these programs and again, consider pilot approaches.

Leadership

Managing change is not an innate skill. Make sure your team leaders and front line managers have the appropriate training and support to lead their teams through care model design piloting, testing and implementation.

As you identify and prioritize models to pilot, ensure sufficient resources of time, energy and analytics capability across the right teams to accurately study and then scale effective models.

Opportunities to share lessons learned across divisions and departments may require protected time for leaders to observe and learn from each other from the front lines to the senior levels. Invest in opportunities to share successes and key metrics.

Sustainability

Many care model shifts that took place during the COVID-19 pandemic are too new to have deep study or proven outcomes for patients or their caregivers. In many cases, as changes were made rapidly to accommodate surges, there are not data on quality, safety or other metrics to understand what was successful and where changes are needed. As you move through piloting different interventions and models, ensure you invest in data collection and review to evaluate these metrics.

Creative approaches to the care model can offer opportunities for recruitment and retention of team members with different needs, abilities and approaches, potentially increasing team diversity. Ensure that as you evaluate new models they do not impede equitable access to care, particularly those using digital supports.

As you identify new roles for current team members or opportunities to bring team members from different settings to your care delivery model, ensure that you are not leaving other care settings with shortages they cannot sustain.

New care delivery models may require different configurations of support teams across the organization. As you evaluate pilots, ensure you are creating feedback loops that include information technology, facilities, finance, operations, communication, human resources, and all relevant colleagues.

AHA Resource Hubs at a glance:

[American Organization for Nursing Leadership](#)

[AHA Physician Alliance](#)