

EXECUTIVE INSIGHTS
RESILIENCY + RECOVERY



PRIORITIZING AND MAXIMIZING WELL-BEING IN THE HEALTH CARE WORKFORCE

Results-oriented strategies to support employee health and well-being

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Severe staffing shortages and the COVID-19 pandemic have tested the ability of the health care workforce to be resilient. Stress, trauma, burnout and behavioral health disorders among caregivers are at high levels. Work demands and long hours are taking a substantial toll on employee health and well-being. Fostering employee well-being not only improves their health, it lowers burnout, reduces turnover and improves organizational resilience. Faced with these workforce challenges, organizations are looking at ways to address the foundational problems undermining resilience in the workforce and assure the future supply of health care professionals. This executive dialogue looks at how health leaders are being creative in prioritizing and maximizing well-being in the health care workforce. ●

10 ways leaders can engage employees and improve their well-being

1

LISTENING SESSIONS

Check in frequently and proactively with employees and remote workers on their well-being needs with listening sessions, whether it's in person or electronically. Make sure there are multiple options for all generations.

2

SPIRITUAL HEALTH

Provide for employees' psychological and spiritual health through access to confidential resources, on-site counselors, employee-assistance programs, chaplain availability, virtual counseling services and navigation to local community resources and acute care. Carve out protected time to talk about feelings and what's going on.

3

SUPPORTIVE WORK CULTURE

Create a work culture in which employees can develop supportive relationships with their colleagues. Facilitate group emotional dispersion and processing through peer support groups, team huddles and relational pauses, brief breaks in which people reflect on how their work is affecting them as human beings.

4

EXECUTIVE UPDATES

Keep board and other leaders informed of trends, solutions and the success of programs to combat burnout, anxiety and depression, substance-use disorder, suicidal ideation and other challenges employees face.

5

TRACK PROGRESS

Invest in employee well-being screening and intervention programs, track employee engagement and monitor employee satisfaction. See AHA report "[Strengthening the Healthcare Workforce.](#)"

6

LEADERSHIP TRAINING

Train and encourage leaders and managers to destigmatize mental health and support the challenges employees face in trying to balance their work and personal lives.

7

PROMOTE HEALTHY LIFESTYLES

Offer support for healthy lifestyles like classes, webinars and apps. Engage staff to develop and conduct these programs.

8

TOTAL 360° APPROACH

Take care of the whole person by offering virtual primary care, child care, transportation, temporary living quarters, and address the rise in the cost-of-living expenses with inflation incentives to lessen the cost of gas, food and rent.

9

SAFE WORKPLACE ENVIRONMENT

Develop an integrative approach to address physical and psychological safety in the workplace. Provide workplace violence training, enhance security and supply protective equipment.

10

SHARED GOALS

Refocus on the shared purpose and importance of the work as the foundation of the organization's relationship with its employees and the community.

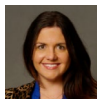
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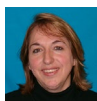
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MODERATOR (*Suzanna Hoppszallern, American Hospital Association*): **What has been the impact of the pandemic and workforce shortages on employee health? How is your health system facilitating health care access and well-being for staff?**

BARBARA SHOUP (*Ascension Brighton Center for Recovery*): Ascension Brighton Center for Recovery is a 70-bed inpatient substance-use disorder treatment center. Along with the other mental health crises that have come out of the pandemic, addiction, especially alcohol-use disorder, has skyrocketed. We've partnered with SmartHealth, the insurance assigned to those within Ascension, and have facilitated the ability for any associate who is struggling with a substance-use disorder to be transferred, even if it's out of state, and be provided a full spectrum of substance-use disorder treatment. The challenge has been to make that known across the Ascension health system. We've also struggled to staff and accommodate a greater number of patients.

MODERATOR: **What does your employee well-being program include, how do you promote and engage employees and how do you measure success?**

STANLEY KIM (*Dignity Health—St. Mary Medical Center*): During the COVID-19 pandemic, our regional CEO, the Southern California region of CommonSpirit Health comprising about 18 hospitals, invested close to \$2 million for employees' psychological and spiritual health. Our employee-assistance program (EAP) did not want to come into the hospital, so we contracted with another company and each hospital had on-site, 24-hour counselors. At St. Mary Medical Center, during this period of about six months, we held about 9,000 counseling sessions for our employees. Our CEO asked for more staff support on well-being and resilience and supported many initiatives.

For example, we videotaped all the managers, directors and executives giving a thank-you mes-

sage and played it in the main lobby for a whole week. That garnered a positive response. We offered a hospitalwide Tea for the Soul support program — tea and treats give teams a chance to relax and chat about life. We used our employee engagement survey as a resource, to make it more interactive with activities such as protected time for listening sessions for nurses. We just received our Press Ganey score and bumped up 0.67 on the well-being score. In the past, Press Ganey would send a congratulatory letter if you just bump up by 0.2. We had a huge jump in employee well-being this time because our senior leaders made a concerted effort to invest in staff.

TRACY MESSINEO (*Sutter Health*): Like many of you, we've been reviewing the data post-pandemic and the impact in different areas — a substantial increase in unscheduled and scheduled absenteeism and turnover rates. Our health plan data have shown an increase in treatment for anxiety and depression, as well as other mental health services. Some areas of concern are in substance abuse and alcohol use, as well as an increase in eating disorders among dependent children. We're trying to tailor our initiatives to address these trends. We also run our own EAP program within Sutter Health. We have in-person as well as virtual opportunities for counseling.

We received feedback that we needed a more diverse offering of counselors, and we made changes. We now have a library of more than 36 different EAP webinars that were specific to the challenges people were experiencing — dealing with burnout, uncertain times, compassion fatigue and loss or when your home becomes your school. The webinars were live with our EAP counselors in virtual sessions that included brown bag lunches. These sessions were recorded, allowing our employees or their dependents to view them online as they needed.

We're also piloting what we're calling, "Bringing EAP to the people," by having our EAP counselors

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go to the facilities, round with our leaders on the units to talk about issues that are concerning, and offer on-site support for people who can drop in. We've focused a lot on physician joy of work and ensuring that we provide counseling services and enhanced EAP services for our providers. We have about 10 provider support groups — some virtual, some in person — where providers can come in and work through issues, support one another and bring to the surface issues that the system should be paying attention to.

We've also implemented ISP, which is an interactive screening program through the American Foundation of Suicide Prevention, available first for our providers so they can anonymously screen, work with a counselor anonymously, and then be referred to additional care if they choose. We're trying to focus on taking our services to the work sites, helping leaders understand the significance of what the data tell us, and then doing a lot of on-site work through our EAP counselors with teams and managers to help them deal with the challenges they are experiencing.

MODERATOR: What steps is your organization taking to address the health, safety and emotional needs undermining your team's resilience?

SHANNON FORREST (*CHRISTUS St.*

Frances Cabrini): We are a faith-based organization and that allows us to tap into spiritual resources that other organizations may not have. During the height of the pandemic, we considered the stress and burnout that were affecting staff and started increasing the number of rounds that our pastors and chaplains were doing. We started having morning huddles with the teams and chaplains, as well as allowing prayer time. We also built in

protected time where they had the opportunity to talk about how they were feeling, what they were seeing and the stresses they were dealing with, because they were the ones with the patients as they were dying, when families weren't allowed.

Allowing staff to decompress and talk about how they felt as they witnessed the death and dying process was important. As a nurse myself, you become acclimated to certain disease processes that ultimately lead to the end of life. But some of the young COVID-19 patients who had been healthy came in on a couple liters of oxygen, and within a blink of an eye, they were on high-flow oxygen, BiPAP, intubated, and then ultimately succumbed to the disease. It was imperative for us to connect spiritually and allow our staff to talk about their feelings in a protected area.

THOMAS P. ELLIS (AdventHealth): This is just an exacerbation of a problem we all knew we had — there's not enough access to behavioral health resources. And despite our best efforts to create patient-centered medical homes and remove the stigma to make it a part of overall care, we've had limited success in doing that.

COVID-19 has forced us to reflect and think about how whole-person care works. I love the on-site and/or telemedicine counseling. The

challenge for health systems is that not everyone wants to participate if they think someone else is going to know, or they're doing this with people with whom they work. A way to overcome this challenge may be to provide behavioral health access through a portal that has a variety of resources; and maybe it's not a live person at first. I implemented that in partnership with a health system.

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— Tracy Messineo —
Sutter Health

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It was a small organization of about 3,000 employees. We had 1,200 distinct interactions. This was prior to COVID-19, and there were eight times where somebody opted to speak with a licensed behavioral health specialist and all eight were experiencing suicidal ideation. We felt we avoided a situation that was not going to be reversible, and it was worth every penny we spent on that program. Many of you probably have a navigation program. When you have issues that are not only acute, but they're also endemic, folks need to be able to tie to resources in the local community beyond what the health system can offer, or a national solution like Ginger.

As an organization, we've enjoyed a variety of successes. Another area is leadership education — training leaders not to be psychologists or psychiatrists, but to be able to identify some of these issues. The National Alliance of Mental Illness offers training, and probably within your own systems you have providers that can put that together. But it must be on a regular cadence. It can't be one and done. Once they acquire that skill set, they can refer employees and team members to other resources. That's a good safety net.

JAY WOHLGEMUTH (*Quest Diagnostics*): One theme that I've heard here, and also observed at Quest, is this massive increase not only in mental health awareness, but also in the use of counseling and therapies and virtual therapy services. There's more access to virtual mental health services now and many folks are tapping into it.

ERIKA GRIGGS (*Iron County Medical Center*): As a small critical access hospital (CAH) — 15 beds — when discussing workforce, I would say we've struggled some with retaining staff in certain areas. This is due to travel companies offering increased wages and other hospitals offering sizable sign-on bonuses. We're continuing to try to retain staff and, at the same time, keep our budgets in line so we can keep our doors open.

To maximize well-being, we purchased a Tru-D ultra-violet (UV) light disinfectant to help disinfect patient rooms that have been exposed to COVID-19, after the patient is discharged. We decided to use this disinfectant before housekeeping begins to deeply clean the rooms; we feel this extra layer of precaution will help keep patients and our staff safe. Our team has appreciated this initiative.

We offer an EAP through our insurance that is completely confidential. We have continued to promote this program to staff, and, from comments we have received it seems to have helped many. Employees are using the EAP more than ever at our facility.

We also reached out to a local counselor who came to our facility to give out his contact information on cards. This counselor is available to all staff for 24-hour mental health services on a local phone line.

Since we are a CAH, we try to do the best we can for our team, with what we have. Our administration and leadership team continue to keep communication open with our staff. We understand this has been a trying couple years for everyone.

MODERATOR: Are population health innovation solutions part of your strategy, and what outcomes have you achieved?

DEEDRA ZABOKRTSKY (*HonorHealth*): I'd like to focus my comments on the health and well-being of our employee population. As part of a dynamic Recruit, Retain & Grow plan, we have been able to address a number of the concerns expressed across our organization. As the pandemic has continued to evolve and morph, it's become clear that there's a need to be aware of the whole person, and that we need to appreciate the interests and priorities of our employees away from work — both the joys and worries find their way into the workplace dynamic. We have formal initiatives like our employee-assistance fund and informal efforts like peer support and care for the caregiver.

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In response to the social and political unrest that we've experienced in the last few years, we have been intentional in learning and developing policy that supports diversity, equity and inclusion. Right now, we have three chartered People Resource Groups (PRGs), each with an executive sponsor, a budget and an action plan specific to the particular group. These PRGs have allowed members to form a community, have a voice and to share their perspectives, their interests and needs within HonorHealth as a whole. We continue to see strong interest in PRGs and expect to add additional groups in the near future. On the clinical front, the RaDonda Vaught criminal negligent homicide case sparked concern, but led us to re-energize our commitment to Just Culture. I heard from many clinicians who confided that they feared what a medical error could do to their professional future. The workplace is filled with many inexperienced, novice staff, higher turnover and a dependence on premium labor and travelers than many leaders have ever experienced. Our Just Culture refresh is an important step in our workforce wellness plan.

The cost of living has been crazy for everyone across the country. Rents in Arizona have doubled. Purchasing a home is nearly impossible within the central metro areas where our hospitals are located, and that means people are being pushed farther out into the community. Fuel prices have soared. I share this as another factor impacting recruiting and retention. We have implemented a tiered compensation program for select clinical roles and adjusted hourly rates and incentives for many more. We've had the benefit of a generous foundation of donors so that we can provide lower-cost, take-home meals for our employees. We've created a "food as medicine" campaign in conjunction with our food bank, by bringing in fresh vegetables and healthful food

options for our staff. It wasn't only the entry-level employees who were taking advantage of those food markets; they have been popular additions to our plan.

Finally, we're seeing higher rates of workplace violence and incivility aimed at our staff. Efforts around their security and safety include a hands-on Honor Prevention course, where participants learn to recognize escalating behaviors and how to respond, de-escalate, and stay safe. We're bringing our security teams into our caregiver huddles and recently returned to open visitation.

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— Deedra Zabokrtsky —
HonorHealth

JENNI WORD (*Wallowa Memorial Hospital*): We are a 25-bed critical access hospital. Along with the increased use of EAPs, we're using some of our own behavioral health staff, making them available to other staff, while protecting them as well. We did not have a security team pre-pandemic. We do now, and they have been a huge help for our nursing staff when they're sitting with patients, assisting with staff and facility safety, or providing transportation for our traveler staff. We opened a child care center in 2020, which has helped us with recruitment and retention. We really debated the

huge cost, but it has paid off.

We waive deductibles and co-pays for any staff or family member who uses our clinic services, trying to help ease the financial stress. We've implemented market adjustments for wages across multiple departments. And, in the last three months, we provided an inflation incentive to help with the increased cost of gas, escalating rents and other expenses.

We leased a home that we use for traveler staff housing. It may also be used temporarily for a new

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employee seeking housing. Not only is housing expensive, but also almost impossible to find anything to buy or rent in our area right now.

WOHLGEMUTH: We manage our own self-insured health plan for 60,000 Quest Diagnostics employees and family members. In fact, two-thirds of those are front-line staff who are phlebotomists, specimen processors and logistics experts. Quest has been on high alert, working around the clock during the pandemic, and front-line workers have been under a lot of pressure. When we look at what happened with COVID-19, it accelerated a notion that to provide high-quality mental health or physical preventive health care, we need to be able to have a highly consumer-centric approach. There was a disruption in access to health care; both COVID-related and preventive health care dropped.

At Quest, with our health plan, we've been investing heavily in this notion of consumer-centric care for annual virtual primary care. This means every Quest employee is given an offer to have a comprehensive workup with blood testing, biometrics and a questionnaire together with a virtual care service that will provide them access to a physician, discussion about the results, advice on next steps and referrals downstream. For front-line employees who are not engaged in health care and have not participated in that program, we send a self-collection kit to their home for basic preventive testing with follow-up virtual care services. This consumer-centric approach is even more necessary for mental health services.

Ultimately, we offered virtual mental health services through Johns Hopkins Medicine. To the point on stigma or privacy, we were able to say, 'You're going to Hopkins. It's not Quest Diagnostics. We'll know nothing about it.' We ultimately replaced that with Spring Health, which is a comprehensive virtual care front door. They have many virtual counselors who have done thousands of counseling sessions with Quest employees and helped with the

navigation and handoff into the bricks-and-mortar mental health world, which is complex. We're trying to compete for front-line talent and labor; one of the key issues has been being competitive around health care.

In 2015, we started to aggressively manage our health plan and we put in place population health programs. We partnered with Aetna, and we've saved the Quest Health Plan \$80 million in the last five years. With part of the savings, we lowered contributions for Quest employees. We were able to show our employees that we're keeping their costs lower. Second, we invested more money into the health plan and were able to put in place the Spring Health mental health service which is \$3 million a year. One of the silver linings is that everyone understands that we must find ways to engage people in their own health care in a highly convenient way.

MODERATOR: We've heard about how you're tackling complex problems from many angles with such creativity. Have any of you had difficulty promoting some of the programs that you currently have or getting executive buy-in?

ERIN KEEFE (*Dignity Health—St. Bernardine Medical Center*): One of our biggest challenges is that staff are overwhelmed. The normal platforms, emails, town halls, videos and messaging don't always work. From a buy-in perspective, all the executive leaders are 100% committed to all our actions. We found that the best way to connect with our staff is in person. We have about 2,000 employees and we've gone back to doing night rounds where we're all in house.

From a success standpoint, we haven't focused on the financial piece. We realize what we need to do and it's a worthwhile investment. Within the last six months, we have saved two lives of our employees who were actively suicidal, and we were able to connect them directly with inpatient psychiatric

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care through our on-site counselor. People were vocalizing their feelings at work. We still have on-site therapy with a therapist twice a week because in this area there's a minimum six-month waiting period for outpatient psych. Even with the EAP, if you're calling the number, you don't always get an immediate turnaround. By having a therapist with us twice a week, we were able to connect and get the employees admitted to inpatient care that day. For us, that's all the validation we need.

KIM: We had a senior leaders' retreat at the beginning of 2021, and the engagement score then revealed about 9% suicide ideations and 30% of the staff were exhausted and dealing with some form of depression, which is in line with the national average. At St. Bernardine and St. Mary and other hospitals in Southern California, we went ahead with our own independent programs and our mission leaders collaborated. That's why we had so many different creative programs that affected our well-being and resilience score. We may not always get support at the system level for various reasons, but that does not mean that we should stop and be idle, because the buck stops with us. We had to develop approaches at the local level.

FORREST: We wanted to make sure that we were giving front-line staff multiple options, in-person rounding, direct connect and town hall-type meetings, but we also wanted to make sure we were connecting with our younger generation who seem to be tethered to their smartphones. We made sure that we had apps available so that they would still feel connected. We partnered with HealthCheck360, which has an entire program on emotional and spiritual well-being and healthy habits. We got great buy-in because they could collect Kudos points throughout the year and

then buy gift cards or other gifts from a catalog. The senior team connected with all the generations to ensure that they understood that their health and well-being were important. If we're not healthy and able to take care of our community, then our community suffers.

WOHLGEMUTH: A financial incentive helps. We've been working with Quest employees for several years, and one thing that's important is explaining our motivation for being self-insured.

We pay for your health care for the next 10 years. We also want you healthy and well at work; therefore, we're giving you these supports. They understand the motivation for being aligned because we're a self-insured employer. We're in the same boat and you're our employees. Then, of course, the emphasis is on privacy and confidentiality. Whatever program we provide, it must be consumer-centric.

In 2020, we won the C. Everett Koop Award for our program, and we published the results. We shared those results with the employees, but again, we emphasized that this is all blinded to management, but look at what we're doing to help you out. The last part is about having mental health champions on the management side who are willing to talk about it and engage with it. It's drawn out people who are

willing to engage in the conversation and it sends a message that it's OK to work on your brain and work on your mental health to destigmatize it. We've been successful in getting me and several other leaders to open up about mental health.

ELLIS: I would add the physicians to that, Jay. We had good success with our leadership rollout when we included the psychiatrist and some of our physicians in that approach, too.

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MESSINEO: Along the same lines, when you're talking about leader champions, we created a series of programs to address stigma where leaders across the system shared their own personal stories to provide transparency.

WORD: One thing that our wellness committee just recently suggested is paid volunteer time. You would get paid your salary for a designated number of hours per year, so that you could participate in a volunteer activity within your community, such as serving senior meals or something within your church, the school, etc. You are filling your own cup by serving others. This helps eliminate the stress of knowing that you want to help over here but

wondering how you do that on top of all your other responsibilities.

WOHLGEMUTH: In health care, we have a mission that everyone can rally around, but it is also true that if we're going to continue helping people that our people need to be well also. You must take care of yourself to take care of others.

SHOUP: What has helped our associates is the mission that unites us. Community is often the key to so many issues. It is the uniting force of the mission that keeps everyone sticking with it. ●

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