

Arkansas Trustee

For Arkansas Hospital Governing Board Members

Fall 2022

BOARDROOM BASICS

Ensuring a Safe Work Environment: Preventing Violence Against Health Care Workers

Hospital and health care workers face significantly more risk for violence than the average workplace. It is the job of hospital leaders and board members to instill a culture of safety. This includes working together with experts, employees, and the community to simultaneously provide the best care for employees, patients, and families.

The U.S. Bureau of Labor Statistics reports that the health care field experiences the highest rates of injuries caused by workplace violence, and is “five times as likely to suffer a workplace violence injury than workers overall.”¹

At a time when workplace stress and burnout is skyrocketing, the risk of workplace violence and its implications on the workforce and ultimately patient care is a threat hospitals and health systems should take very seriously.

Violence Against Health Care Workers is Rising

According to the American Hospital Association (AHA), since the beginning of the COVID-19 pandemic the health care field has experienced an increase in workplace violence.

Specifically, 44 percent of nurses reported physical violence and 68 percent experienced verbal abuse during the pandemic. Some examples include:

- **Patients or Family Members Physically or Verbally Abusing Employees.** The media and health care publications continue to report examples of physical and verbal abuse, including a nurse who was grabbed by the wrist and kicked in the ribs, a nurse who was thrown against a wall and bitten by a patient, and another who was punched unconscious by a man distraught over the death of his parents.^{3,4}

- **Hospital Shootings.** In June 2022, a patient with pain after a back operation in Tulsa, Oklahoma, walked into St. Francis Health System and shot to death four people in addition to causing numerous other injuries.⁴ On that same day, a county jail inmate receiving care at Miami Valley in Ohio stole a security guard’s gun and killed the guard before fatally shooting himself.⁵
- **Cyberbullying.** In August 2022, staff at Boston Children’s Hospital were targeted in a harassment campaign through email and social media, which included threats of violence over the hospital’s transgender health care for minors. One survey of physicians found that 23 percent reported “being personally attacked on social media.”⁴

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President's Notebook

Protect Our Hospitals, Protect Arkansas

Our state's hospitals are facing a financial crisis. Hospital leaders have come to us this year, sharing concerns about their hospitals' viability. To get a better grasp of how widespread the issues are, we collected data from members in all regions of the state to see what effect the COVID-19 pandemic has had on their margins up to this point. On average, the hospitals we surveyed saw a total margin decrease of 3.5 percentage points between early 2019 and 2022 – a downshift that left a full 52% of them now in the red. This should be a major cause for concern for everyone. If any of our hospitals were to collapse under this mounting pressure, it would put the health of our state – its economy and its people – at risk.

When Arkansans need health care, they know that hospitals are the only place where the doors are always open: It doesn't matter who they are or what brings them there. To make good on that promise – to continue to provide such a high level of access to care for all patients – each hospital devotes a large percentage of its financial resources to maintaining a care infrastructure that's effective, agile, and prepared to respond to the widest possible array of needs.

Even before COVID-19 spread to Arkansas, many of our hospitals were facing major financial challenges. More than half of all hospital care in the U.S. is paid for by Medicare and Medicaid, government agencies that administratively set rates that don't cover the full cost of care; and the other major source of payments to hospitals is private insurers, with whom they have negotiated contracts. The result of this configuration of payers is that – unlike other businesses – hospitals can't simply raise their prices when costs go up.

And costs have gone up with the arrival of COVID. Since 2020, hospital expenses have outstripped revenues. Facilities have committed large sums of money to equip their buildings and employees with the technology they need to continue to provide a safe environment for their patients and employees during the pandemic. Per patient, drug costs have increased 36.9%, and medical supply expenses grew 20.6%. As COVID surged, the demand for health care workers spiked, and many were lured away by high-earning jobs in other states. As a result, hospitals of all sizes became reliant on expensive contract labor. Labor costs can account for more than half of a hospital's total expenses, so any increase in these costs can have a huge impact on a hospital's total expenses and operating margins. In the spring, when COVID case numbers and hospitalizations started to decline, the financial pressures of inflation increased, making the situation even more serious for hospitals.

I hear stories every day that remind me of the strength and fortitude of hospital employees, from CEOs and critical care nurses to volunteer coordinators and engineers. Their heartfelt commitment to providing care to all Arkansans is essential to our recovery from this crisis. But hospitals won't be able to do it alone. As a state, we must recognize the crucial role they play, as both the heart of the health care system and a major driver of the economy. Unless hospitals receive more help from state and federal government there will be no doubt: We will see more reductions in services and possibly even closures. Hospitals desperately needed the support and resources that the U.S. Congress, the Arkansas Legislature, and Governor Hutchinson's administration have provided throughout the pandemic, and they are so grateful to have received it. But additional support is needed now.

Sincerely,



Bo Ryall, President and CEO
Arkansas Hospital Association

ARKANSAS
ASSOCIATION
OF HOSPITAL
TRUSTEES

Governance
Notebook

AAHT 2022-2024 President

Guy Patteson III is named as the AAHT President of the Board (2022-2024). Guy is a native of Jonesboro and has served in several board and committee capacities at St. Bernards Healthcare since 1996. Currently, he is serving as Convener of St. Bernards Medical Center Board. Guy is a graduate of the University of Missouri Columbia. His vocational background includes serving as an officer in a variety of past & present family business enterprises, including broadcasting, agricultural business, cotton ginning, and residential and commercial property development. He is currently serving as Chairman of Jonesboro's local utility, City Water & Light.

Guy is an avid road cyclist and is a proud Grandfather to Max and Ben.

AAHT Open Board Positions

The AAHT Board has an open position for 2022-2024. Board meetings are currently held virtually with most communications through email. If an individual has interest in serving or has questions regarding responsibilities, please contact Lyndsey Dumas by email (ldumas@arkhospitals.org).

AAHT 2023 Dues

AAHT 2023 Dues will be billed next month (December 2022) to hospitals. Hospitals pay one membership fee which covers all board members and hospital executive staff. Be on the lookout for the AAHT dues statement and a list of trustees that we have on record for your facility. Updates to your trustee list is greatly appreciated.

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A survey of healthcare workers in May 2022 by Perceptyx reported that “nine in ten have experienced (or been in close proximity to) violence from a patient or a patient’s caregiver in the past month. Three in four have encountered both verbal and physical assaults in the month, and nearly half of workers needed to call for security or another coworker to assist.”⁷

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Violence and the Threat of Violence Has Big Consequences

In addition to the potential for physical and emotional harm, the combination of violence in the workplace and the threat of potential violence takes a toll on employees’ stress level and morale, impacting recruitment, retention, and quality of care.

When advocating for a federal legislative response, the AHA states that “nurses and physicians cannot provide attentive care when they are afraid for their personal safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions.” According to the AHA, workplace violence reduces patient satisfaction and employee productivity, and increases

the potential for errors resulting in adverse medical events.³

Workplace Violence is Included in “Preventable Harm”

The Institute for Healthcare Improvement continues to emphasize the importance of addressing preventable harm in health care. Addressing violence in health care settings and against health care workers is a part of ensuring health care that is safe, reliable, and free from harm.

The IHI’s recent report *Safer Together: A National Action Plan to Advance Patient Safety* is based on the collective insights of the National Steering Committee for Patient Safety (NSC), committed to achieving safer



care and reducing harm to patients and caregivers. The report includes a National Action Plan with 17 recommendations, including three specific to workplace safety:²

- Implement a systems approach to workforce safety.
- Assume accountability for physical and psychological safety and a healthy work environment that fosters the joy of the health care workforce.
- Develop, resource, and execute on priority programs that equitably foster workforce safety.

Violence Significantly Impacts Emergency Care

5,217 Nurses were assaulted in the second quarter of 2022, according to a Press Ganey survey. Experts expect the numbers are higher, because assaults are typically underreported.

85% Of emergency physicians report the rate of violence has increased in the last 5 years (primarily by patients and family members).

24% Of emergency physicians report being assaulted *multiple* times a week, according to an Aug. 2022 poll.

89% Of emergency physicians agree that violence harms patient care.

85% Of emergency physicians say workplace violence leads to emotional trauma and increased anxiety.

Steps to Creating a Safer Workplace

Hospital and health system boards and senior leaders set the tone for workplace violence prevention. This includes zero tolerance policies where all threats and incidents are taken seriously, a commitment to workplace education and training, implementing policies and procedures that prevent

Source: Davis, Carol. *Call 911! Emergency Department Doctors, Nurses Need Help Now Against Violence*. *Health Leaders*. October 3, 2022.

and manage violence, and supporting victims when events do occur.

The AHA and International Association for Healthcare Security and Safety (IAHSS) recently published the guide *Creating Safer Workplaces: A Guide to Mitigating Violence in Health Care Settings*. The guide provides a framework for building a safe workplace, with leadership at the center of ensuring that four components are addressed.⁶

1: Culture of Safety. Board prioritization and allocation of resources to create a culture of safety is a critical first step to creating a safer workplace. According to the guide, building a culture of safety includes:

- Reducing risk exposure to violence;
- Gathering data, including risks associated with specific locations and services and showing how safety correlates with employee turnover, burnout, and injuries; and
- Prioritizing physical and psychological safety of the workforce, patients, their families, and the community.

Examples of action steps include collaborating internally and externally to develop policies for what is tolerated, standardizing safety incident reporting and encouraging a culture of transparency, designing facilities and workflows for

safety, encouraging education and training for staff and providers, and developing crisis response plans and teams.

2: Mitigate Risk. Boards should encourage interdisciplinary teams that conduct an annual hazard vulnerability risk assessment, measuring the potential for a range of hazards from terrorism or bombs to natural disasters. Findings and regular progress updates should be reported to the board, including information about risks identified, the organization’s readiness to respond, and action steps taken to improve the organization’s preparedness.

Part of mitigating risk also includes a review of the organization’s physical facility. While some changes may occur when updating facilities or designing new facilities, other changes

may be more simple, such as ensuring that room numbers are easily visible from inside a room.

3: Violence Intervention. While creating a culture of safety and mitigating risk primarily focus within the hospital or health system, this step emphasizes impacting the community both inside and outside of the hospital facility’s walls to prevent future violence. Action steps in this area include collaborating with local violence intervention advocacy groups and patient safety advocacy groups, setting patient guidelines for zero-tolerance policies, and defining safe areas and processes for patient and survivor engagement.

4: Trauma Support. When violence or traumatic events do occur, hospitals and health systems should already have a process in place to support impacted

AHA: Building a Safe Workplace and Community

The American Hospital Association’s Hospitals Against Violence framework helps guide hospital and health system leadership in addressing the issues of violence in their workplaces, with an emphasis on educating and protecting the workforce. For more, go to www.aha.org/HAV.



Creating a Safe Workplace: Questions for Boards

- Is our board committed to workplace violence prevention? Is it on our “radar screen”?
- Do we understand what it means to have a “culture of safety,” and have we adopted a “no tolerance” position on workplace violence?
- Do we conduct an annual hazard vulnerability assessment to identify potential threats of violence?
- Do we collaborate with other community organizations to promote physical and emotional safety through a public health approach? ⁶
- How do we engage employees in efforts to prevent workplace violence?
- Do we have a formal reporting and record keeping process? Does our board periodically review incident reports and corrective actions?
- Is reporting of events encouraged to promote sharing of information, including mistakes, in the interest of transparency and improvement?
- Does our organization have a committee chartered to address workplace violence? Are external stakeholders such as first responders and public health representatives included on the committee?
- Do we support and invest in recovering and counseling to build resilience in our workforce after a violent incident has occurred? ⁶
- Does our hospital or health system have a comprehensive written workplace violence prevention program? Does it address recommended components identified by OSHA, The Joint Commission, HHS, and others? Does the board annually review a program report?
- Are clear, written policies governing workplace violence provided to employees and posted publicly?
- Are measures of workplace violence included on our board’s dashboard? Does our board monitor the organization’s progress in reducing incidents?

employees, physicians, and volunteers. Examples of services to build resilience after trauma include consistent communication standards, counseling services, peer support groups, critical incident stress debriefing teams, and robust coverage for mental health services.

Advocacy Efforts and Legislation Under Consideration

The American Hospital Association, American College of Emergency Physicians (ACEP), Emergency Nurses Association, and others are advocating for legislation that protects health care workers. Currently, there is no federal law that protects health care employees from workplace assault or intimidation. In June 2022, the bipartisan Safety

From Violence for Healthcare Employees (SAVE) Act was introduced in the House, with the Senate considering similar legislation. The SAVE Act would provide protections similar to those that exist for flight crews, flight attendants, and airport workers. The AHA argues that vigorous enforcement of federal laws supporting airline employees creates a

safe traveling environment, deters violent behavior, and ensures that offenders are appropriately punished. Health care workers deserve the same legal protections.^{3, 8}

For more information, see the No Silence on ED Violence page at <https://stopedviolence.org> and the AHA Hospitals Against Violence page at www.aha.org/HAV.

Sources and More Information

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LEADERSHIP PERSPECTIVES

Building Leadership Resiliency and Restoring Joy to the Workforce

Today's hospital and health system leaders are continually facing financial shortfalls and workforce shortages while striving to maintain quality and patient safety, meet community needs, and understand changing consumer preferences. How can boards help hospital leaders prevent burnout, build resiliency, and ultimately restore joy to the workplace?

In September 2022, 80 percent of health care leaders polled reported that their level of stress and/or burnout increased in 2022. The largest contributor was staffing issues, which means some leaders have had no real vacation since the COVID pandemic began. Respondents described challenges such as a focus on recruitment rather than operational issues, an increased workload to cover staffing shortages, and ramping up technologies too quickly in an attempt to adopt automation to cover for staffing shortages.¹

Leadership Burnout is a Big Deal

The Mayo Clinic's definition of job burnout is "a state of physical,

emotional or mental exhaustion combined with doubts about your competence and the value of your work." WittKieffer used that definition in a survey of health care executives about leadership burnout prior to the COVID pandemic. The research found that 79 percent of health care leaders believe that burnout is negatively impacting their organization. Further, the same percentage (79 percent) indicated that their organization was not doing enough to reduce or prevent executive

"The significant impact of burnout can be felt not only in the workplace, but at home as well. Executives may begin to feel ineffective as burnout begins to affect one's physical and mental health, energy levels and interpersonal relationships."²

burnout. In addition to negatively impacting the organization itself, one of the

WittKieffer report's key findings focused on overall leadership well-being: "The significant impact of burnout can be felt not only in the workplace, but at home as well. Executives may begin to feel ineffective as burnout begins to affect one's physical and mental health, energy levels and interpersonal relationships."²

Developing Leadership Resilience

Studies continue to enforce that resilience is key to enhancing the quality of care, quality of caring, and sustainability of the health care workforce.³ The board plays a key role in encouraging and developing leadership resiliency. It doesn't happen by chance. Leaders build their capacity for overcoming challenges and leading with vision

by purposefully practicing key leadership habits. This starts with board support for leadership education and development as well as prioritization of leadership well-being.

In a recent interview discussing leadership resilience and well-being, Laurie Baedke, Director of Healthcare Leadership Programs at Creighton University, described resilience as a rubber band that stretches and bounces



National Academy of Medicine's Plan for Health Workforce Well-Being

In October 2022 the National Academy of Medicine (NAM) published its National Plan for Health Workforce Well-Being, which provides a roadmap to develop a health system in which health is delivered joyfully and with meaning, by a committed team, in partnership with engaged patients and communities. The plan lays the foundation for boards to evaluate what their organization is already doing well, and what areas need strengthening to build leadership resiliency and joy that trickles throughout the organization and ultimately impacts patient care. The plan includes seven priority areas:

1. Create and sustain positive work and learning environments and culture
2. Invest in measurement, assessment, strategies, and research on health care worker burnout and improving well-being
3. Support mental health and reduce stigma
4. Address compliance, regulatory, and policy barriers for daily work
5. Engage effective technology tools that support health care workers, and minimize technologies that inhibit decision-making or add to administrative burden
6. Institutionalize well-being as a long-term value
7. Recruit and retain a diverse and inclusive health workforce

Source: National Academy of Medicine. National Plan for Health Workforce Well-Being. October 2022. <https://nam.edu/initiatives/clinician-resilience-and-well-being>.

back. But, she notes, a rubber band that is left in the elements and isn't well cared for snaps rather than stretches. Hospital and health system boards must reinforce a culture that prioritizes caring for leaders so that they can work together against the challenges and disruptions occurring in health care today.⁴

Recognize that Adversity

will Come. Challenges are unavoidable. Experts agree that difficulties are an opportunity to learn, build resilience, and shape future decision-making. In her interview Baedke agrees, arguing that "hard is normal, in our personal and professional life...adversity is inevitable." The opportunity lies in using learnings from the adversity to inform future thinking.

Prioritize Personal Well-Being.

Resilience in the face of adversity can only be built when well-being is

prioritized. Health care resources were stretched to the max before the pandemic, and when COVID began the expectations for both health care leaders and frontline workers grew. Baedke says people laugh when she says it's important to focus on sleep

and nutrition, but "you can't work from an empty vessel."⁴ While it's tempting to hunker down and focus on work, leaders need to be empowered and encouraged to take care of themselves so that they are able to rise to the challenge. This means:

- Prioritizing physical well-being, including nutrition, exercise, and getting plenty of sleep.
- Being protective of individuals' time, including work requirements and putting boundaries in place for personal time.

- Prioritizing social and emotional health. Leaders must be careful not to isolate or withdraw from social and community groups. Connecting with others is essential for social well-being, whether it's work related (such as an association), a community group, friends or family.

Lead by Example. Good leaders lead by example. They are compassionate, authentic and vulnerable, and recognize that people are the organization's most valuable asset. When executives take care of themselves and allow their employees to do the same, this important message is sent.

Invest in Learning. Leaders must continue to learn and encourage their employees to learn. Developing resilience means building skills in deficiencies identified through adversity. Learning should also include

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strengthening emotional intelligence, such as building skills in thinking before reacting, adapting to change and uncertain situations, strengthening interpersonal relationships, and leaning into joy despite the circumstances.

Restoring Joy to the Workforce

The Institute for Healthcare Improvement (IHI) makes the case that restoring joy to the health care workforce is an important step in counteracting burnout and building resilience. Burnout leads to lower levels of staff engagement and productivity, poorer patient experiences, and an increased risk of workplace accidents.^{3,5} According to the IHI, the same issues that drive burnout also reduce joy in work.

The IHI has developed a toolkit that outlines proven methods for creating a positive work environment that helps employees and leaders maintain joy and be productive and engaged. One of the tools is a quick reference guide on “psychological PPE,” which provides specific ideas for individuals and team leaders to promote mental health and well-being. Psychological PPE for

individuals includes suggestions such as taking a day off to create space between work and home life, facilitating opportunities to show gratitude, and reframing negative experiences as positive.

Psychological PPE for team leaders include suggestions like designing clear roles and leadership, training managers to be aware of risk factors, and pairing workers together to serve as peer support in a “buddy system.”

The IHI tools are intended to serve as a guide for health care organizations to engage in a participative process where leaders ask colleagues at all levels of the organization: “What matters to you?” Asking this question enables them to better understand the barriers to joy in work and together create meaningful, high-leverage strategies to address burnout and resilience. For the IHI toolkit and case studies, go to www.ihl.org/Joy-In-Work.

The Board’s Role in Leadership Resiliency

Boards must start by understanding the impact executive and workforce resilience has on the overall organization, individual employees, and ultimately the care provided to the community. Boards must pay close attention to ensure they are practicing leadership habits based on governance best practices, which will lead to

Leadership Resilience: Questions for Boards

- Does our board have a clear picture of leadership burnout at our organization?
- Is there a sense of joy in our workforce? Do we as a board believe joy in the workforce is important, and do our decisions reflect that?
- Does our leadership team feel supported by the board?
- Does our organization emphasize the importance of leadership and employee self-care? Do we provide the resources necessary for it?
- How are we strengthening mental health and reducing stigmas within our organizational culture?
- How could we better support leadership and employee well-being?

strengthened leadership skills and governance decision-making. One of the most important leadership habits is to be a board actively dedicated to supporting hospital leaders as they work to enhance their personal capacity for resilience, as well as enhance the capacity of the entire organization’s workforce.

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