AHA Team Training

Leading the Way: Health Care Organizations' Commitment to Workforce Well-Being

May 14, 2025

American Hospital Association™
Advancing Health in America

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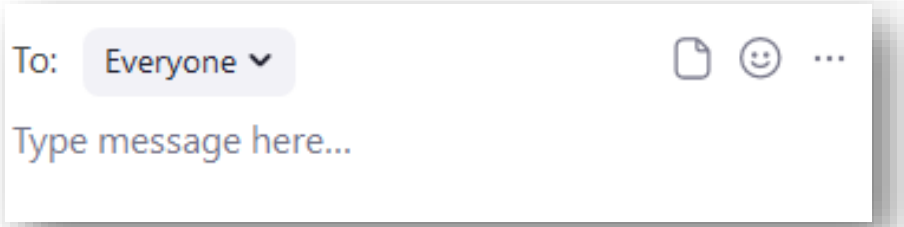

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Upcoming Team Training Events

In-person Master Training Courses – Registration Open!

- May 19-20 | New Orleans, LA | Tulane
- July 24-25 | Los Angeles, CA | UCLA
- August 7-8 | Chicago, IL | AHA Team Training
- October 6-7 | New Orleans, LA | Tulane
- October 20-21 | New Hyde Park, NY | Northwell
- November 5-6 | Houston, TX | Houston Methodist
- December 4-5 | Los Angeles, CA | UCLA

Virtual Master Training Course – Registration Coming Soon!

- September 25 – November 13 | University of Washington

Webinars

- Resuming in August 2025, check our website for updates.

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>
> – **Melissa Riffe-Guyer**
> Executive Director,
> Culture Cone Health

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Today's Presenter

Jonathan Ripp, MD, MPH
Dean for Well-Being and Resilience, Chief Wellness Officer
Icahn School of Medicine at Mount Sinai

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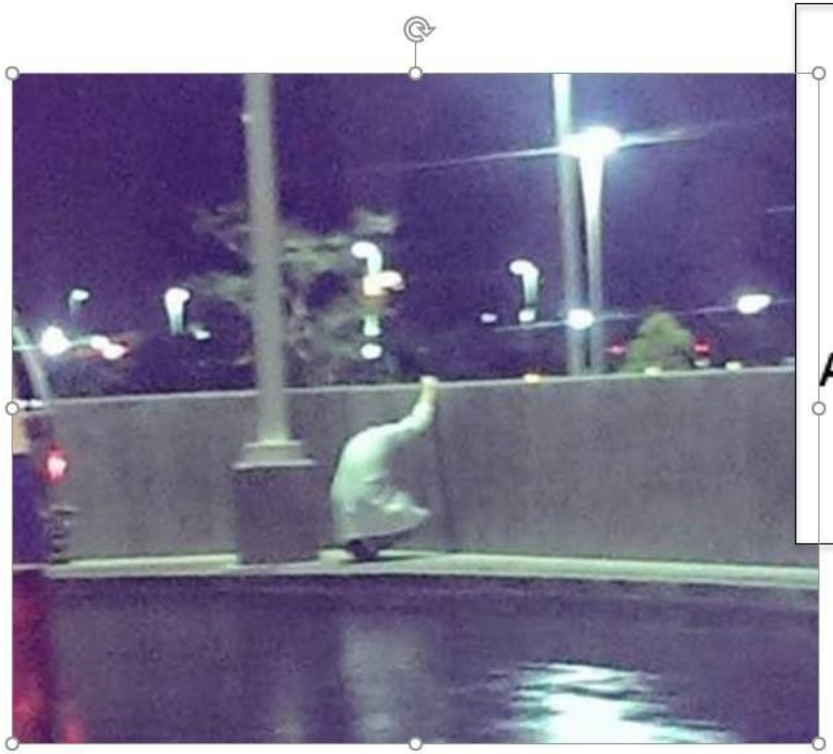
Objectives

- Recognize the ways in which Healthcare Organizations can commit to Workforce Well-Being through System-level Initiatives, such and Wellbeing-centered Leadership, Communications, and Novel Efficiency Tools

- Consider how Healthcare Organizations might be held accountable for addressing the well-being of the workforce

- Identify the role that Professional Societies (e.g. CHARM) and Organizations (e.g. AHA) can play in contributing to Healthcare Workforce Well-Being

Why All the Attention to Health Workforce Well-Being?



Accreditation Council for Graduate Medical Education

1981 35 YEARS 2016

ACGME Common Program Requirements
Section VI
Proposed Major Revisions

The New York Times

Why Do Doctors Commit Suicide?

By Pranay Sinha

Sept. 4, 2014

283

Special Communication | Physician Work Environment and Well-Being

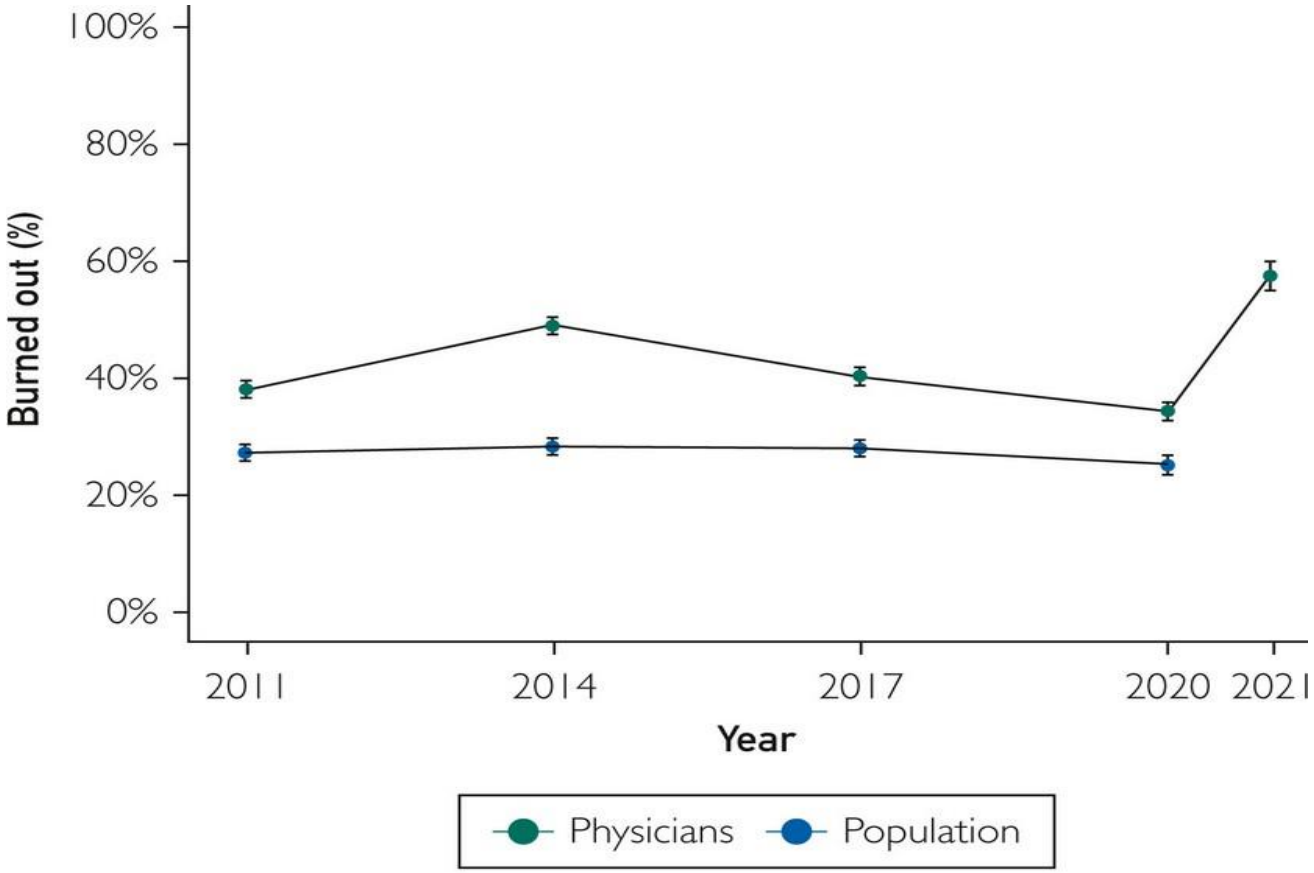
December 2017

The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD[1]; Joel Goh, PhD[2,3]; Christine Sinsky, MD[4]

nter

US Physician Burnout Prevalence Compared Over Time



2020: ~8% RR of ~94K MDs

2021:~6% RR of ~ 43K MDs

Shanafelt, West, Sinsky, et al., Mayo Clinic Proceedings, 2022

AMA Coping with COVID Data: *Well-Being and Work Intentions*

- Survey of 11,000 RNs, APPs, MDs
  - **Reduce**: 30% intend to reduce work hrs in 12 mo.
  - **Leave**: 1 in 5 MDs and 2 in 5 nurses intend to leave in 2 years.
  - Risk factors for leaving:
    - Burnout (OR 2.6)
    - Practice > 20 yr (OR 2.6)
    - Anxiety/dep due to COVID (1.3)
    - Workload (1.2)
    - Fear of exposure (1.2)
  - Protective:
    - Feeling valued (OR 0.4)

Courtesy Christine Sinsky, MD - Sinsky C. et al. *MCP*. 2021

Models of Well-Being

Well-being model examples

National Academy of Medicine

Stanford

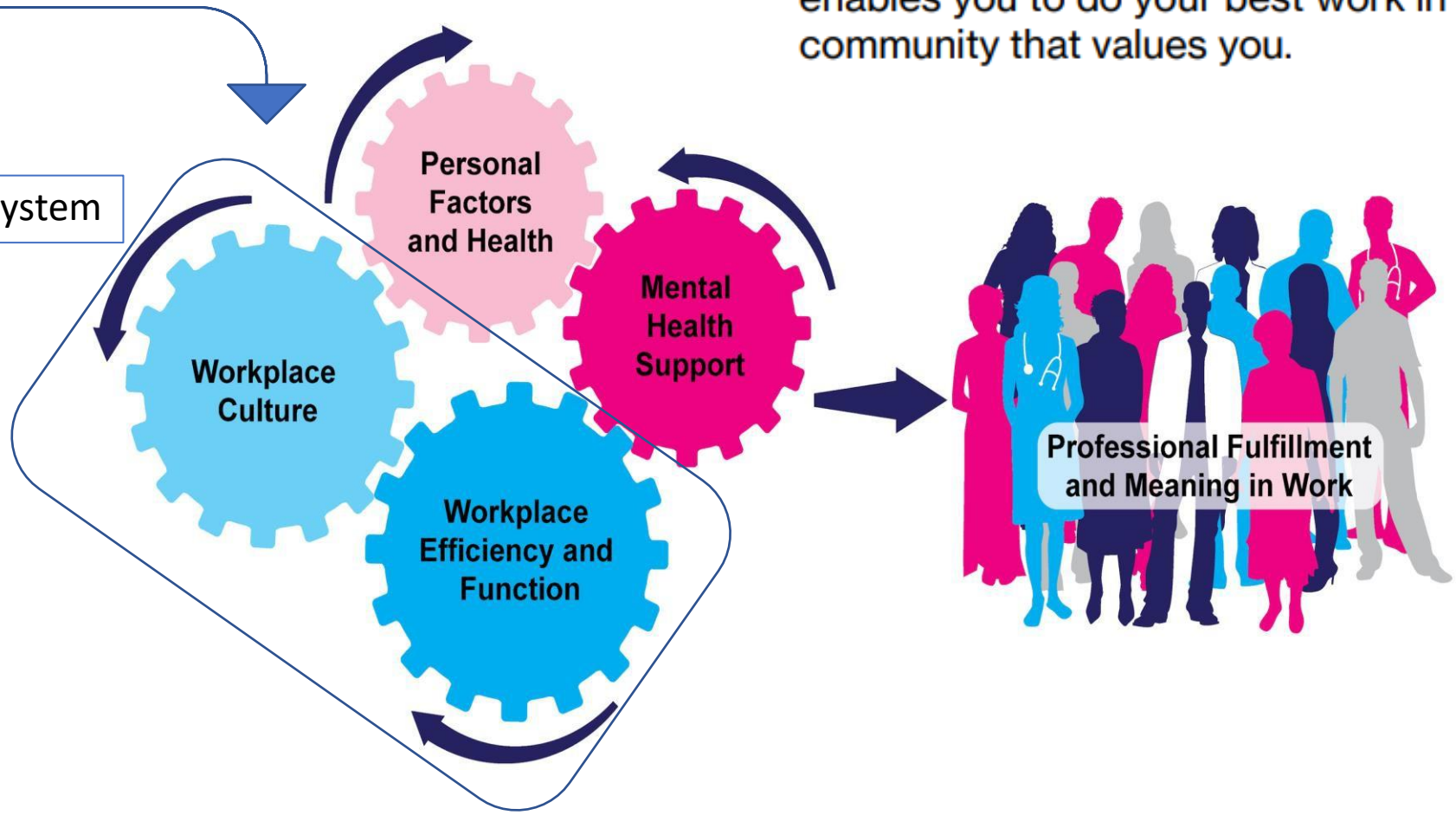
Institute for Healthcare Improvement

Courtesy Mariah Quinn,MD

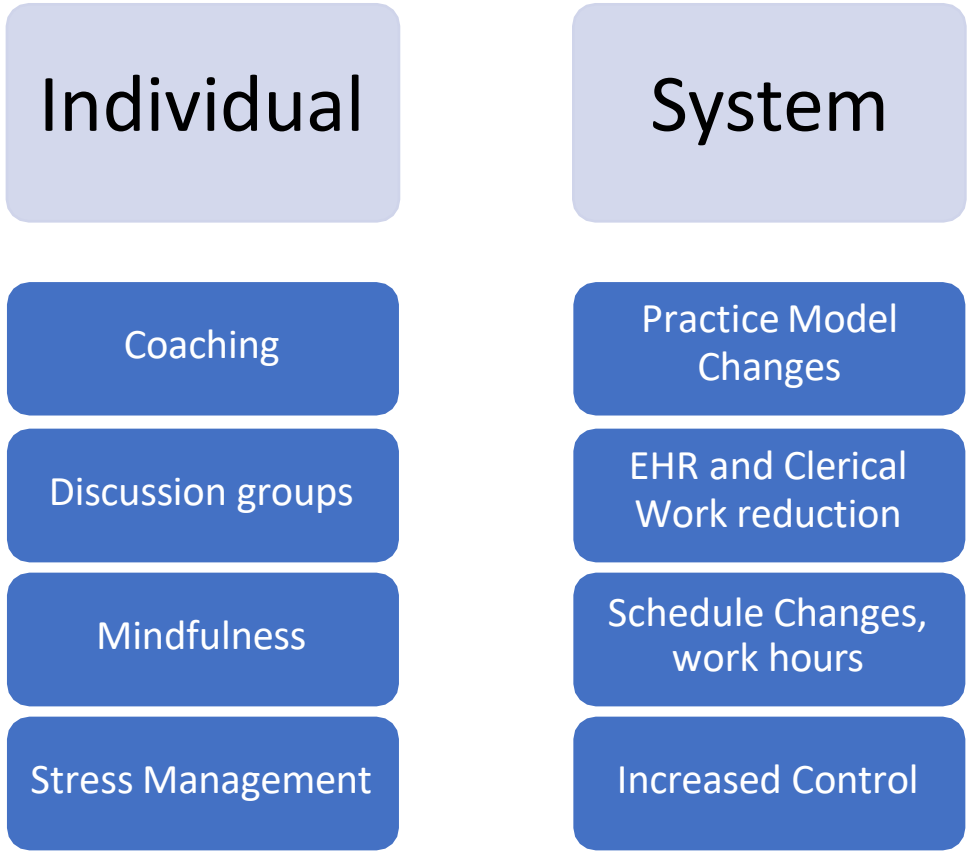
Our Mission and Model

To promote your well-being and professional satisfaction by advancing a culture that enables you to do your best work in a community that values you.

A focus on the system



Interventions to Reduce Burnout: *Individual and System*

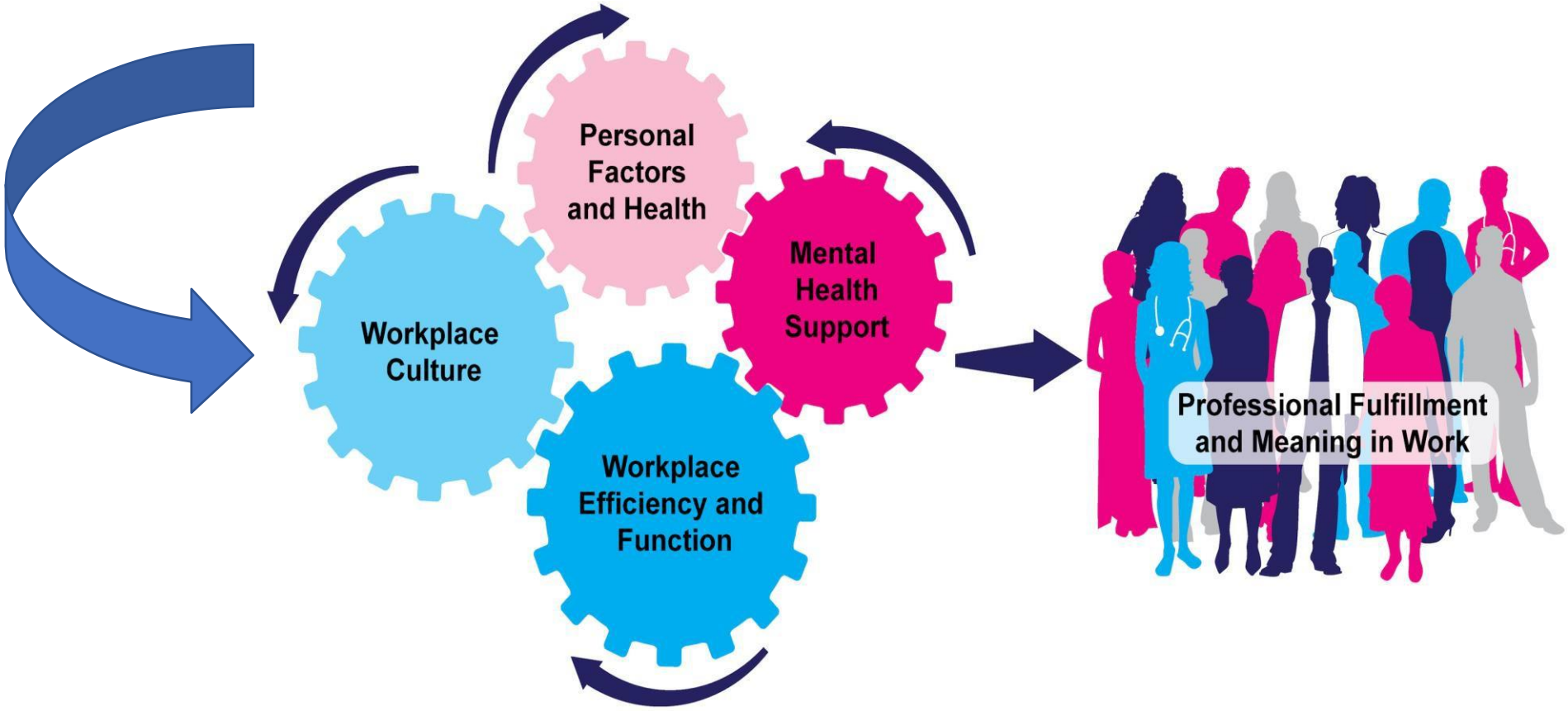


West CP, Dyrbye LN, Erwin PJ, Shanafelt TD, Lancet 2016; Ziemann M, Erikson C, Krips M. Med8Care 2021

Wellness-Centered Leadership

Figure 1 Diagram showing the 3 elements of the Wellness-Centered Leadership model.

Where Does Leadership Fit in This Model?

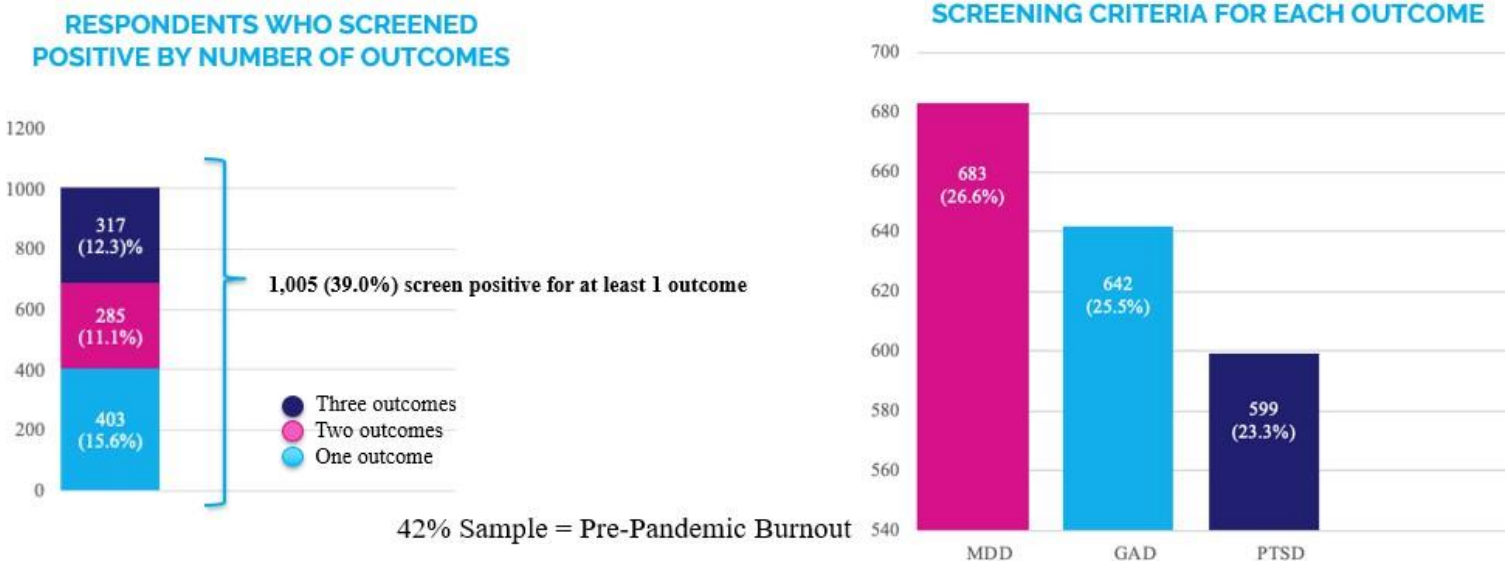


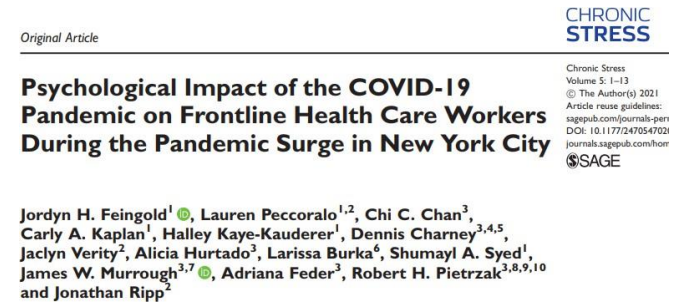
The Impact of Leadership Behavior in Crisis

The Mount Sinai Health System COVID Experience - April 2020

- **Response Rate: 55.8%** (**n=3,360** of 6,026)
- **Sample analyzed: 76.8% (n=2,579)**

(Based on frontline responsibilities and providing information related to the 3 outcome
38% nurses, 24% Attendings, 17% Residents/Fellows, 13% NP/PAs, 7% others)




Original Article

CHRONIC STRESS

Chronic Stress
Volume 5: 1–13
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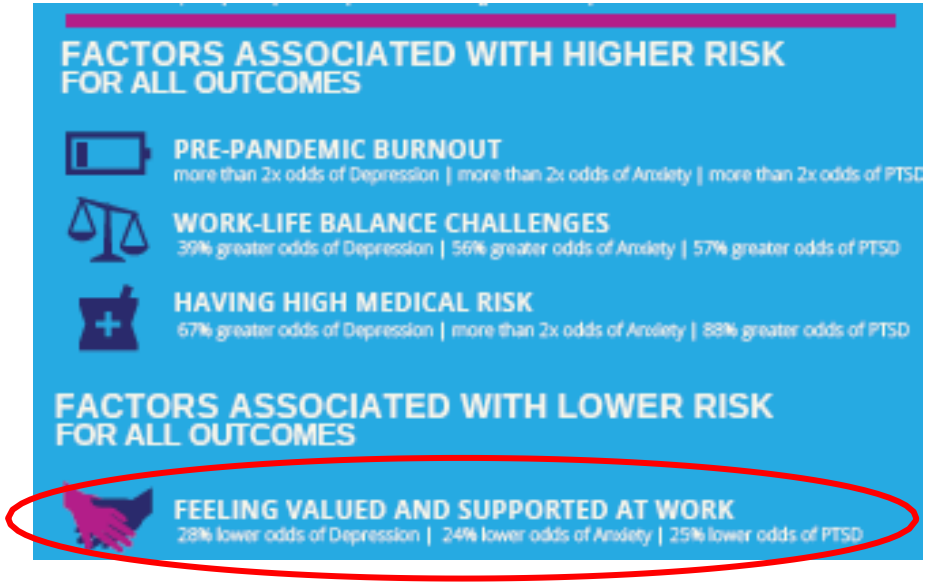
Psychological Impact of the COVID-19 Pandemic on Frontline Health Care Workers During the Pandemic Surge in New York City

Jordyn H. Feingold[1], Lauren Peccoralo[1,2], Chi C. Chan[3], Carly A. Kaplan[1], Halley Kaye-Kauderer[1], Dennis Charney[3,4,5], Jaclyn Verity[2], Alicia Hurtado[3], Larissa Burka[6], Shumayl A. Syed[1], James W. Murrough[3,7], Adriana Feder[3], Robert H. Pietrzak[3,8,9,10] and Jonathan Ripp[2]



Feingold J et al. *Chronic Stress*. Feb 2021

Why Does Strong Leadership Matter?

- Increases team engagement
- Improves overall quality of care
- Increases productivity
- Improves patient satisfaction
- Reduces staff and physician turnover
- Overall improves performance and results in better outcomes!

Swensen, Stephen, et. Al. J of Man. Dev. 35.4 (2016):549-570

The Mayo Leadership Index

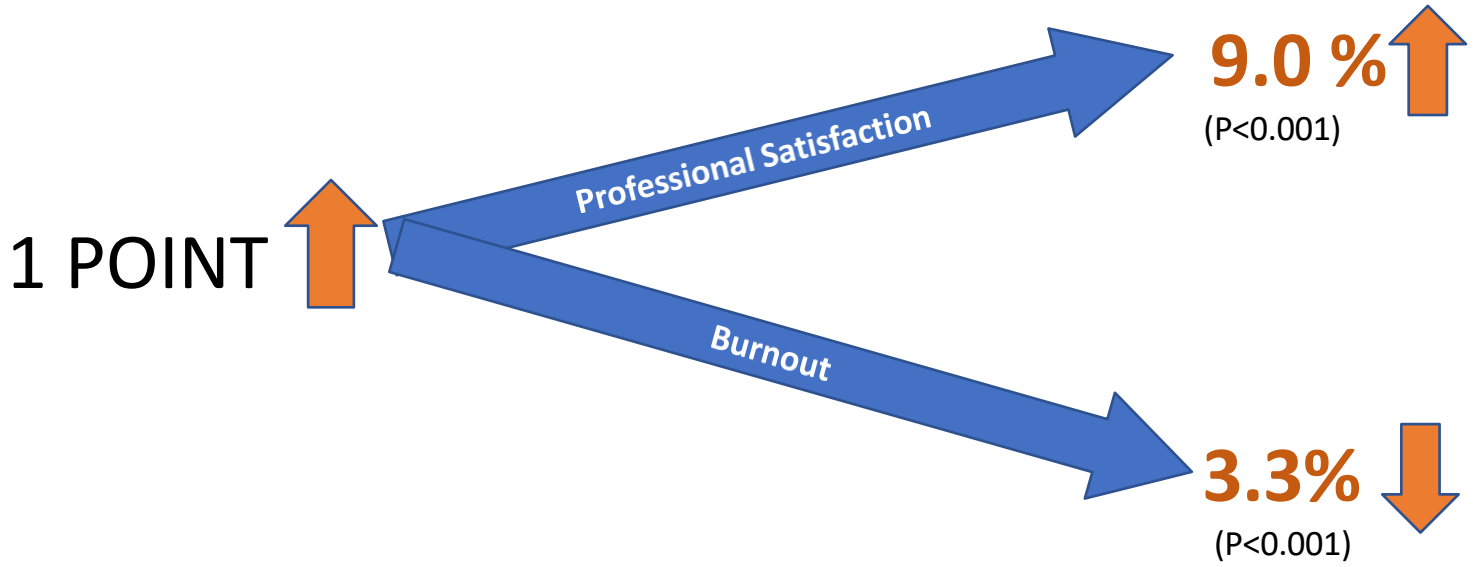
My immediate supervisor:

- Holds career development conversations with me
- Empowers me to do my job
- Encourages me to suggest ideas for improvement
- Treats me with respect and dignity
- Provides helpful feedback and coaching on my performance
- Recognizes me for a job well done
- Keeps me informed about changes taking place
- Encourages me to develop my talents and skills
- Overall, how satisfied are you with your immediate supervisor

Shanafelt et al. Mayo Clinic Proceeding. 2015.

The Mayo Leadership Index

12-Dimension Leadership Index



Shanafelt et al. Mayo Clinic Proceeding. 2015.

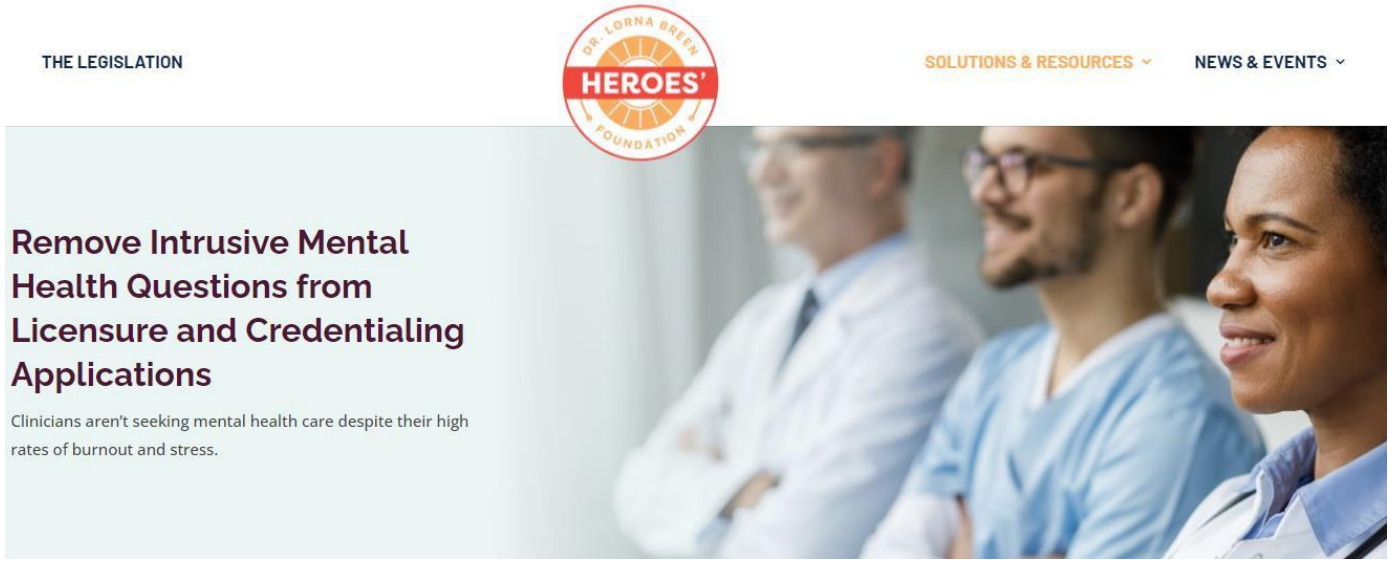
The Role of Leadership Support in Faculty and Employees

- Persistent Burnout and Psychological Distress
  - 786 FHCWs at MSH surveyed during initial COVID surge (April/May 2020) and Nov 2020-Jan 2021
  - Those with burnout (at both time points) reported feeling less valued by supervisors (RR, 1.79)
  - Feeling valued by leaders was associated with less distress (PTSD, Depression, Anxiety) at both times
- Burnout in our Nurses
  - Burnout in nurses increased from 45% to 52% between the 2 time points
  - Feeling less valued by hospital leadership, less informed of responsibilities, less certain about duration of enhanced workload were predictive of burnout.
- Suicidal Ideation
  - In a 2022 cohort of 1084 nurses, administrative staff, research staff, medical assistants, APPs, and other roles, 8.8 % endorsed having Suicidal Ideation(SI) over the prior 2 weeks.
  - After adjusting for demographic factors, greater odds of SI were associated with
    - physical violence experienced from a patient or visitor (odds ratio [OR] = 2.15, 95 % confidence interval [CI] = 1.06-4.37)
    - lower perceived leadership support (OR = 0.95, 95 % CI = 0.92-0.98)
    - positive screening for depression (OR = 4.66, 95 % CI = 2.45-8.86).

Peccoralo LA et al. J Occup Environ Med. 2023., Peccoralo LA et al. Int Arch Occup Environ Health. 2022., Cohen B et al. J Nurs Adm. 2022., Chan C et al. J Affect Disord. 2024

Self-Care for Leaders

- Caring for Others Requiring Caring for Self
  - The impact of Stigma
    - Credentialing and Licensing
      - In a study of ~6,000 MDs, 40% indicated reluctance to seek MH care b/c/o licensing concerns
      - OR =1.21 for reluctance in states with licensure ap's that asked Qs regarding MH history
  - Being a Role Model
    - In a study of health care executives, 1269 of the 5,994 members of the American College of Healthcare Executives completed a survey
      - 279 CEOs included
      - 33% of the sample had high burnout scores



Self-Care for Leaders May Involve Support for Staff

Staff Support Guide for Leaders

Mount Sinai

Rounding by leadership is critical to addressing uncertainty and decreasing stress and burnout. At its core this means being present, transparent, genuine, receptive, and empathetic. It does not mean being a therapist for your employees. The framework below has proved useful in supporting staff and team members.

*Adapted from Hartford Healthcare Leadership Rounding & Shanafelt, Ripp & Trockel, 2020, *JAMA*

Hear Me & Respond To Me

- Use check-in and check-out routine each day with staff as an open forum to hear concerns and provide information (e.g. beginning and end of shift huddles)
- Ask open ended questions (e.g. "what are you worried about the most?")
- Follow up on staff concerns, even if you have no answers yet or the issue cannot be resolved.
- Consider self-disclosure where appropriate (e.g. by sharing your own questions and personal concerns)

Protect Me

- Ask about safety concerns and provide up-to-date information. Staff Safety Hub
- Acknowledge good adherence to COVID-related and more longstanding safety protocols

Prepare Me

- Assure that staff have the resources they need to do their jobs and/or clearly acknowledge resource issues. Staff Resources

Support Me

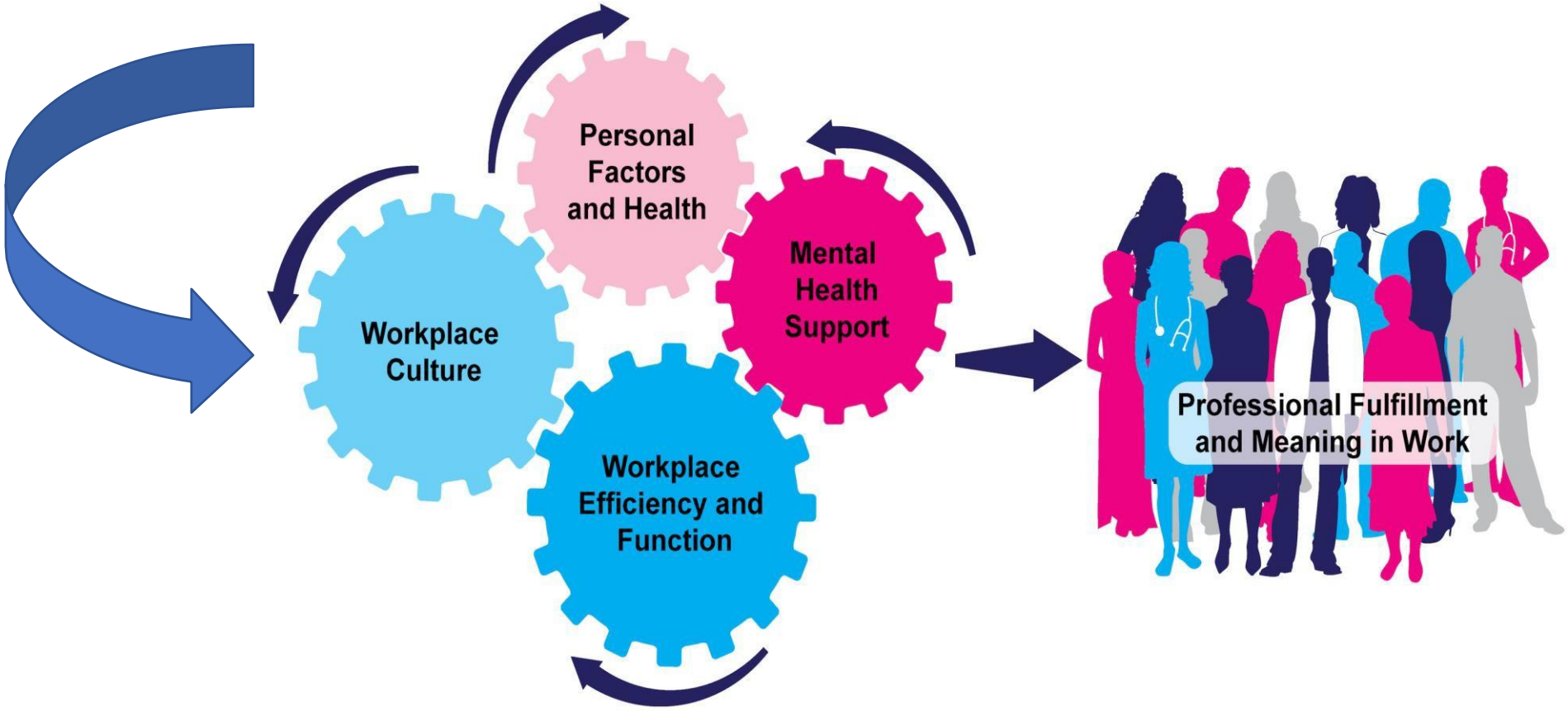
- Acknowledge that everyone is affected in some way by the pandemic. A survey in March and April of 2020 of MSH frontline workers showed that 39% experienced symptoms of depression, anxiety, or posttraumatic stress.
- Educate yourself about the continuum of stress responses, both for yourself and your workers:

STRESS CONTINUUM MODEL

READY	REACTING	INJURED	CRITICAL
Doing OK: Sense of mission, healthy sleep, problem solving/critical thinking, healthy sleep, effective and in control, coping well	**Transient, more mild distress:** Mild anxiety, problems with focus, worry, problems feeling joy and happiness	**Increasing severity and risk:** Sleep issues, numbness, burnout, disengagement, physical symptoms, exhaustion	**Persistent distress:** Insomnia, hopelessness, panic, anxiety, depression, substance use, thoughts of suicide

Adapted from: Nash (2011), US Marine Corps and Navy Operational Stress Continuum Model: A Tool for Leaders

Where Does Communications Fit in This Model?



Viewpoint

ONLINE FIRST FREE

April 7, 2020

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

Tait Shanafelt, MD[1]; Jonathan Ripp, MD, MPH[2]; Mickey Trockel, MD, PhD[1]

» Author Affiliations | Article Information

JAMA. Published online April 7, 2020. doi:10.1001/jama.2020.5893

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Shapiro DE, Duquette C, Abbott LM, Babineau T, Pearl A, Haidet P. Beyond Burnout: A Physician Wellness Hierarchy . Designed to Prioritize Interventions at the Systems Level. Am J Med. 2019

Developing a Well-Being Communications Strategy

- Well-Being work requires Marketing and a Marketing Strategy
  - Work to promote well-being is only useful if the intended recipients know about it
  - Builds trust and connection
    - Is my communication authentic and trustworthy?
  - The output of External Marketing promotes interest in your product/service
  - The output of Internal Marketing promotes **engagement and well-being**
    - And the message is a simple one:

"We care"

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Core Leadership and Cultural Correlates of High Intention to Leave Position (2022)

Relative Importance of Each Factor to Intent to Leave

	P	OR
Leaders provide helpful feedback/coaching on performance	<0.001	0.68
Leaders keep faculty informed on important changes	<0.05	0.77
Organizational culture promotes caring work environment	<0.001	0.56
Clinical care team works efficiently together	<0.05	0.81

*For faculty who are burned out, team efficiency lowers their likelihood to leave to that of a faculty member without burnout and without team efficiency.

Purpose of a Well-Being Communications Strategy

- What is the goal/purpose of well-being communications strategy?
    - *To address informational needs, reach the intended audience, provide content related to organizational support, and use a tone that engenders a sense of caring.*
        - Components/Sub-goals
            1. Enhance reach
            2. Deliver the right content
            3. Use an effective tone

Jin J, Hopkins K. *Wellness-Centered Leadership Playbook*. STEPS Forward®. Forthcoming 2023.

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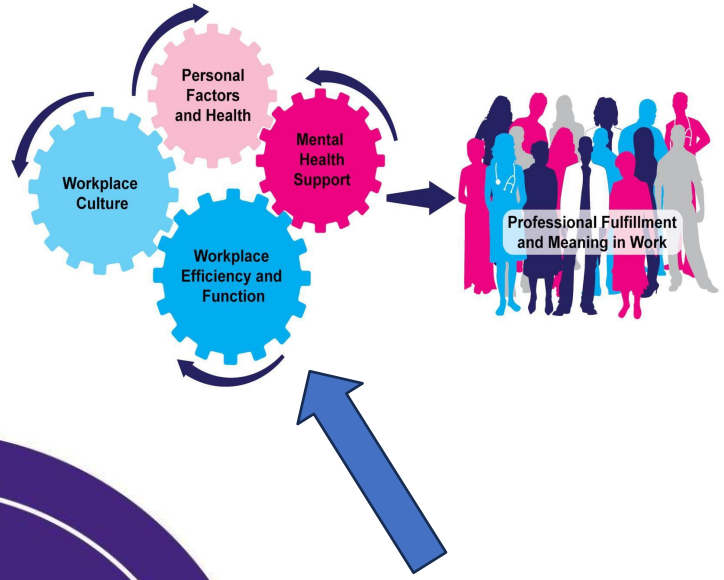
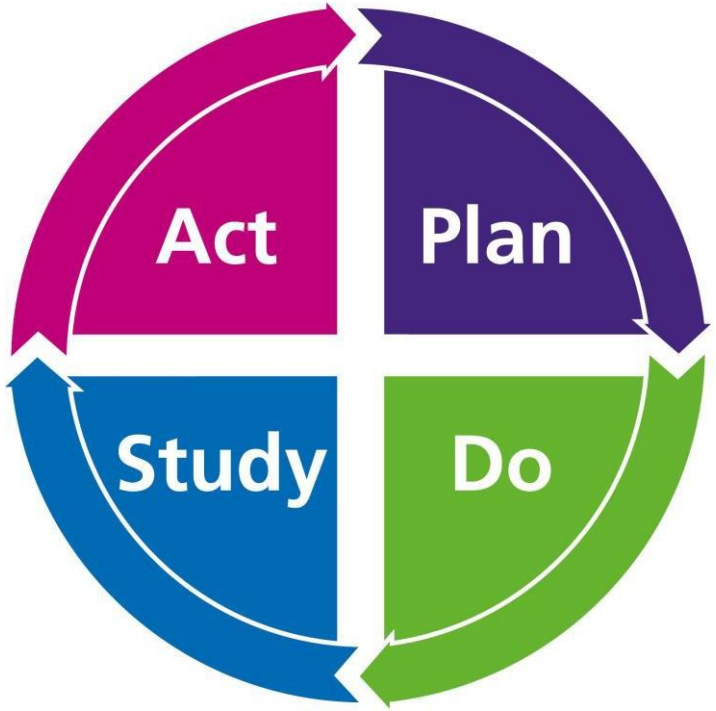
Developing a Well-Being Communications Strategy

Strategy Component/Goal	Sample Tactic
Enhance Reach	Conduct a survey or focus group to identify preferred communication platforms
Deliver the Right Content	Identify Comms champions who can capture the “information needs” of the community
Modulate the Tone	Form a committee that can revise/edit messages for tone

Jin J, Hopkins K. *Wellness-Centered Leadership Playbook*. STEPS Forward®. Forthcoming 2023.

The Message Should Be Actions AND Words!





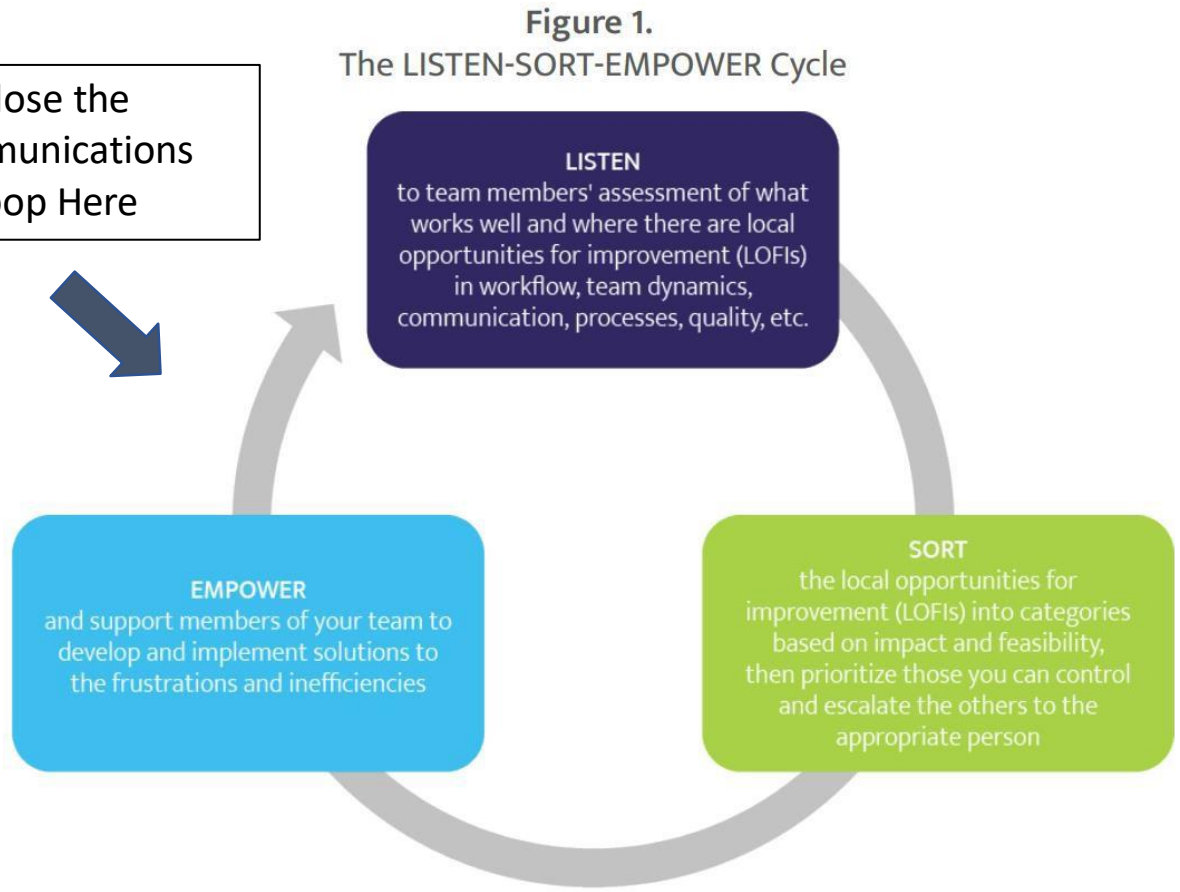
Integrate Staff/Provider Wellbeing into QI/QA Efforts
Look at both patient and staff focused outcomes

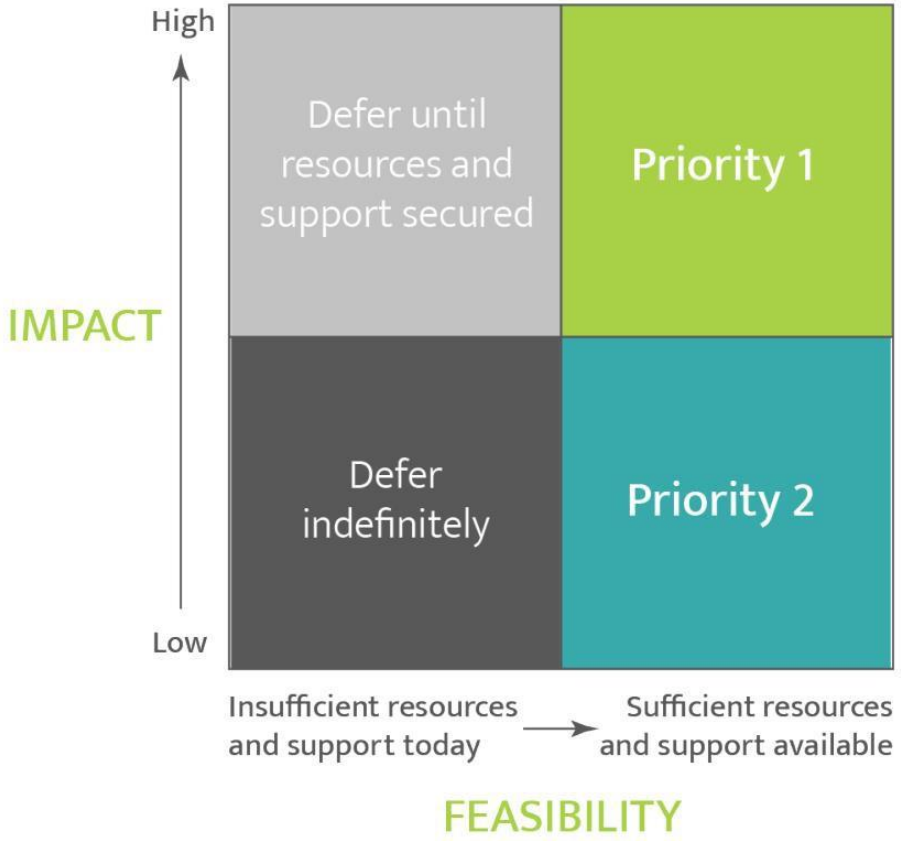
digital.ahrq.gov, Swensen S et al. Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement:

Workplace Efficiency and Function: Well-Being and CQI

Listen-Sort-Empower

Close the Communications Loop Here





Swensen S. Listen-Sort-Empower. AMA *Steps Forward* https://edhub.ama-assn.org/steps-forward/module/2767765

EHR/Clerical Burden Correlates

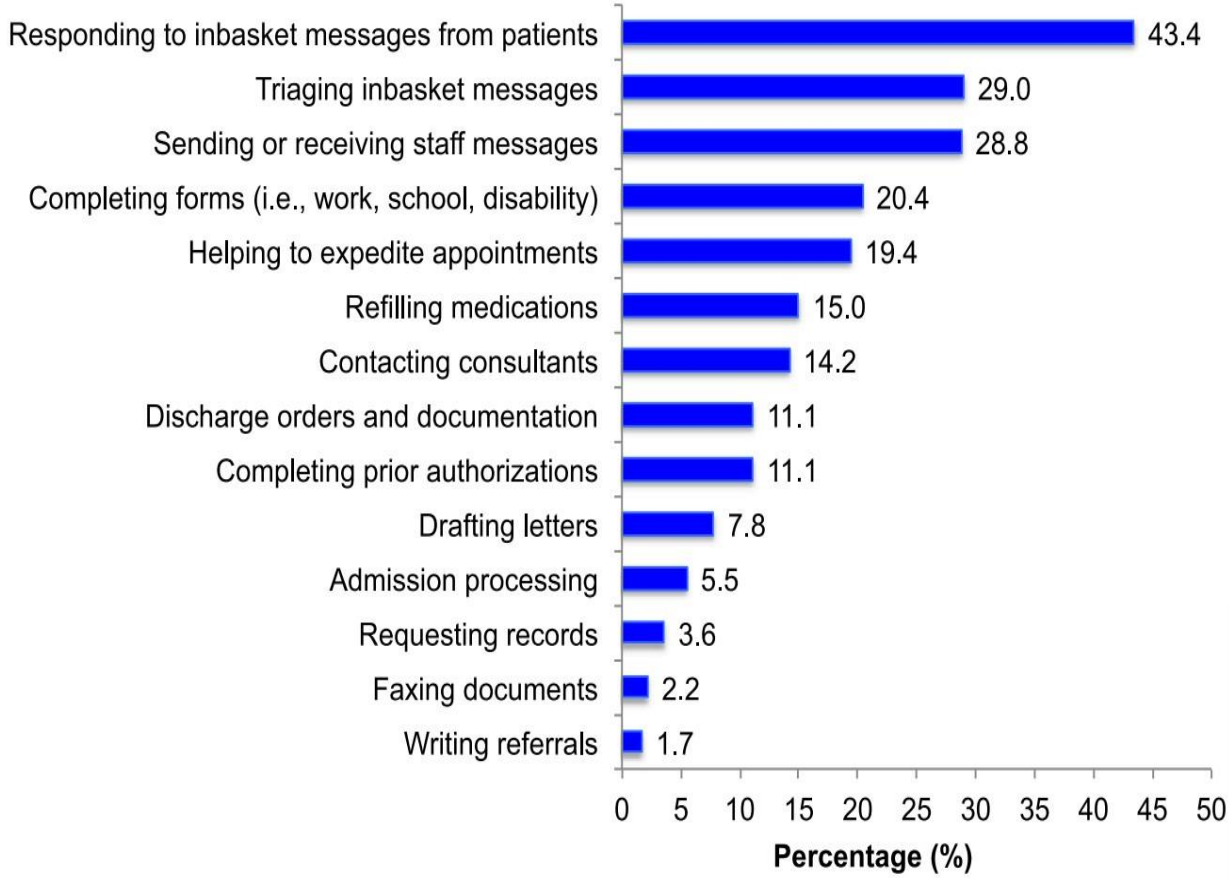


Fig. 2. Most time consuming clerical tasks (as reported by percentage of respondents).

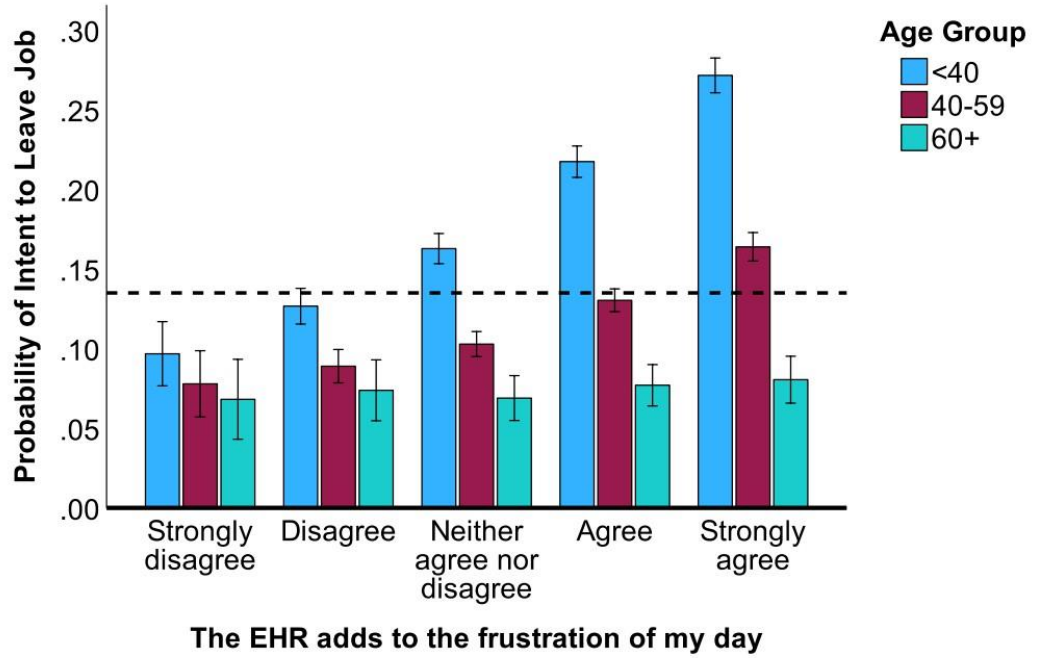
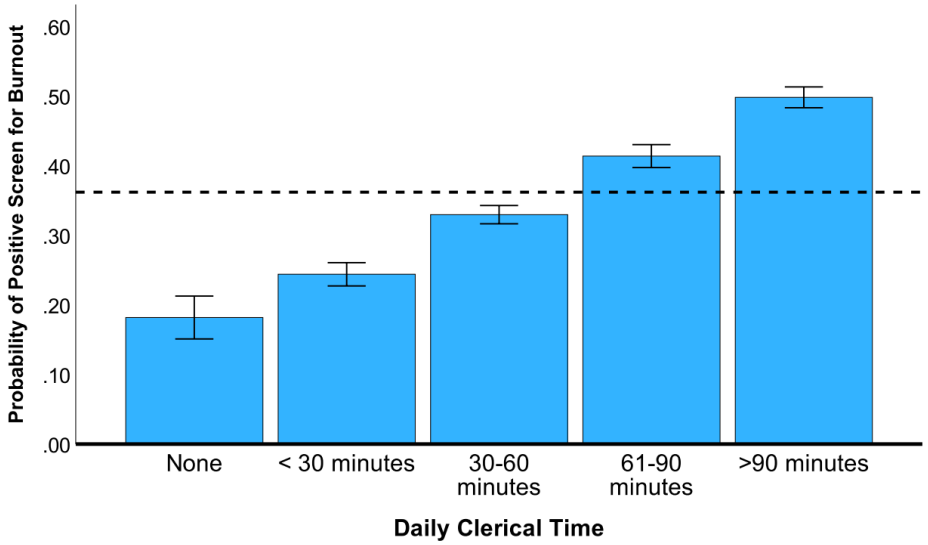


Fig. 3. Probability of intent to leave one's job by EHR frustration and age. *Note.* EHR = electronic health record.



Ripp JA et al. Int J Med Inform. 2024

ISMMS Geriatrics REDuCE Grant Well-Being Improvement Project

- Monthly average reduced by 30.7% from 13.79 messages/day (Oct2020-Jun2021) to 9.57 messages/day (Jul2021-Oct2021).
- Results of survey from April 2022 demonstrate that staff have noticed a decrease in in-basket messages. 76% (10/13) of all staff report a positive impact on their well-being.

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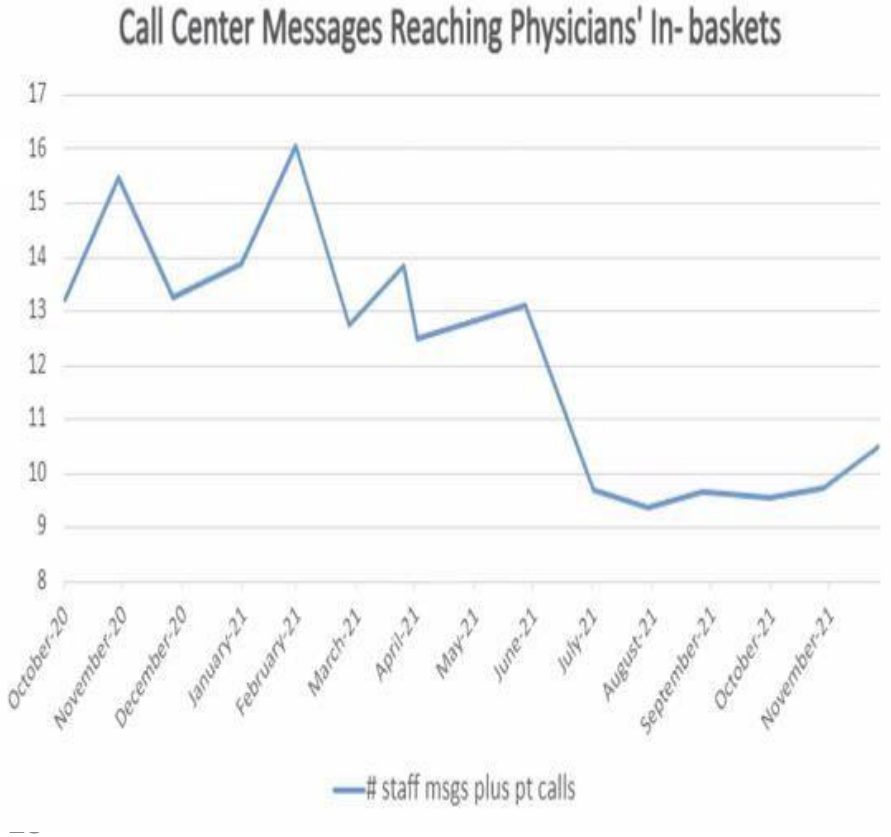
Does your EHR inbox need a spring cleaning? Scrub it!

APR 1, 2024 • 4 MIN READ By Georgia Garvey, Contributing News Writer



ISSMS Division of Hem Onc REDuCE Grant Well-Being Improvement Project:

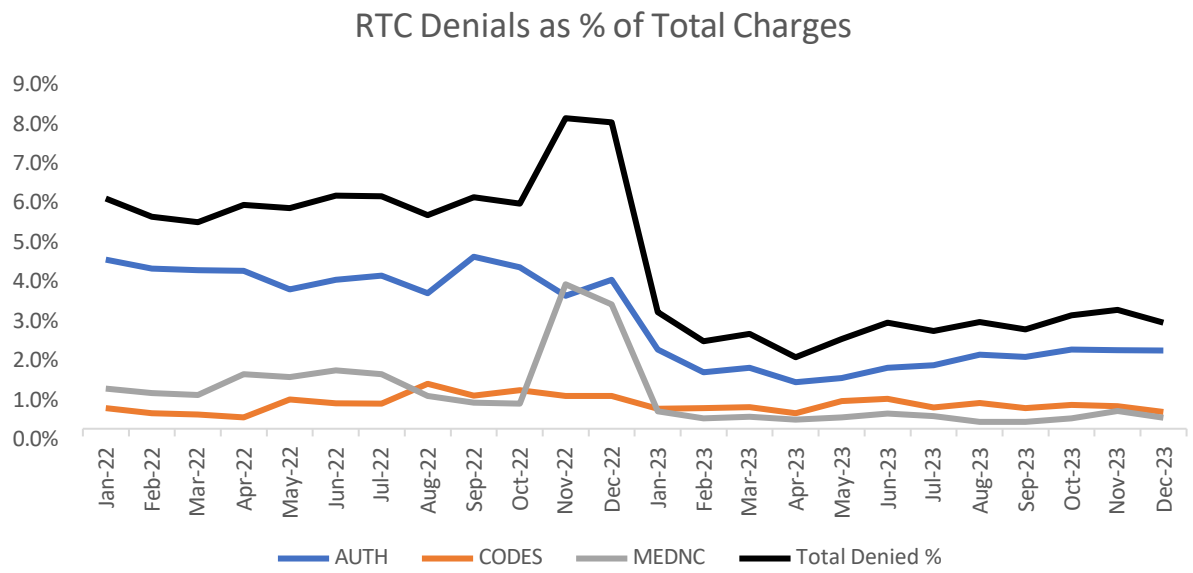
Implementation of a streamlined prior authorization process to improve cancer care delivery

Background

- Peer to peers (P2Ps) and appeals place a huge administrative burden on clinical teams when prior authorization (PAs) specialists can't efficiently find necessary EHR clinical data for Chemotherapy PAs.
- This leads to care delays, burnout, low job satisfaction, lost revenue from decreased clinician productivity.

Intervention

- A PA clerical workflow shift from MDs to Certified Tumor Registrars using Epic smart form optimization
- Intervention goal: reduce P2Ps performed by the clinical team to improve both wellbeing and efficiency.



- There was a trend toward net decrease in financial losses from PA denials from Q3 2022 to Q3 2023
- Non-significant change in a measure of burnout

Percent Decrease	Q3 2021 to Q3 2022	Q3 2022 to Q3 2023
13%	5,792,895	5,015,183

How Can Health Care Organizations Respond?

The Organizational Journey to Well-Being Expertise

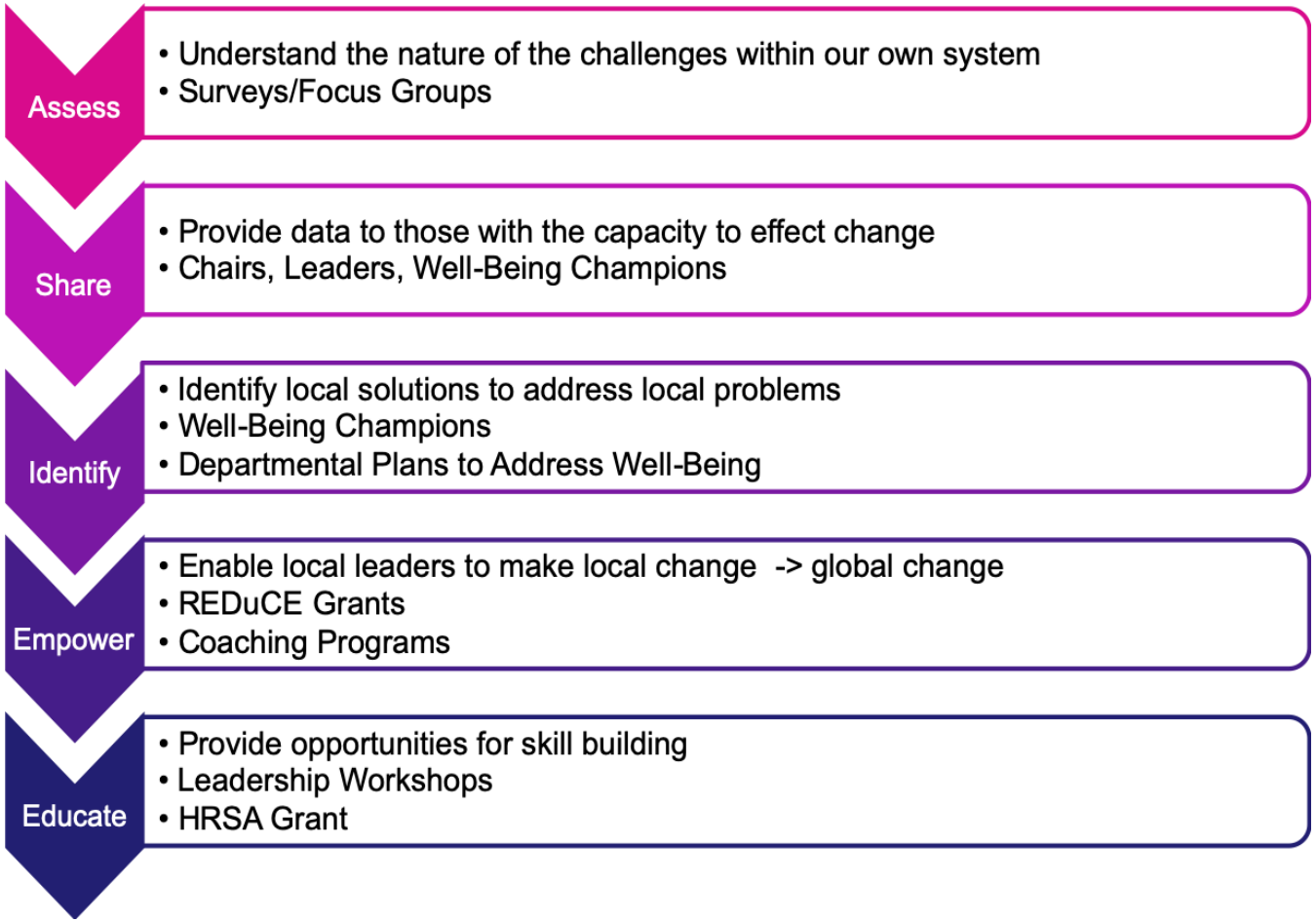
Novice	Beginner	Competent	Proficient	Expert
Awareness Wellness Committee Individual interventions (mindfulness, lifestyle initiatives)	**Understand driver dimensions** Peer support program Cross-sectional survey Identification of struggling units Well-being considered in organizational decisions	**Understand business case** Practice redesign Coaching resources Regularly measure well-being Work-unit level interventions Opportunities for community-building	**Understand impact of well-being on organizational objectives** Well-being considered in operational decisions Funded well-being program Leadership training Assessment of systems interventions	**Well-being influences all major operational decisions** Chief Wellness Officer Strategic investment Knowledge creation Culture of wellness

Where is your organization?

Adapted from Shanafelt *JAMA IM* 2017; 77(12): 1827

How does the CWO role translate into activity within an Institution?

- Our Mount Sinai Core Functions



What is the role of the Organization?

How should the organization be held accountable?

Perspective

The Health Care Chief Wellness Officer: What the Role Is and Is Not

Jonathan Ripp, MD, MPH, and Tait Shanafelt, MD

Responsibilities of the Chief Wellness Officer (CWO) and Measures of Organizational Progress Toward Well-Being Goals

Responsibilities of the CWO[a]	Measures and evidence of organizational progress[b]
Measure well-being, burnout, and professional fulfillment across the organization	Rates of burnout, professional fulfillment across the organization
Measure the efficiency of the practice environment and identify opportunities to improve it	Efficiency of the practice environment (amount of time spent on documentation or turnaround times, among others)
Engage members of the organization while working to create the optimal practice environment	Efficiency of the practice environment (amount of time spent on documentation or turnaround times, among others)
Assess the organizational culture and identify dimensions of culture that require strengthening	Strengthening and addressing issues related to organizational culture
Provide relevant and actionable data to other leaders	Leaders who act to drive improvements in their spheres of influence and responsibility
Develop an organization-wide action plan for improving clinician well-being	Implementation of an organization-wide action plan to improve clinician well-being
Determine what resources are necessary, advocate for those resources, and develop a business case and a path to secure those resources	Allocation of resources to promote clinician well-being
Identify hot spots and provide guidance, recommendations, tactics, and support to those areas	Implementation of suggested tactics and improvement processes
Develop system-wide resources for individuals to improve well-being	Provision of funding and the infrastructure needed to offer resources for individuals to improve well-being
Develop system-wide resources to support individuals in distress	Provision of funding and creation of the infrastructure needed to offer resources to support individuals in distress
Develop system-wide resources to help leaders develop behaviors that promote the well-being of those they lead	Provision of funding and creation of the infrastructure needed to help leaders develop behaviors that promote the well-being of those they lead
Advocate for clinician well-being in organizational decision making	Taking clinician well-being into account when making organizational decisions
Influence other leaders' thinking and sense of shared ownership of clinician well-being	All leaders feel responsible and accountable for clinician well-being across their organization

[a]Responsibility of the CWO and his or her team; CWO is accountable.
[b]Responsibility of senior leaders in the organization; all senior leaders are accountable.

CWO

- Measure, Disseminate, & Provide Expert Guidance
- Advocate, Educate & Raise Awareness
- *Some* "Program Delivery"

Senior Leaders/Organization

- Burnout and Fulfilment
- Efficiency of Practice
- Leadership Behavior/Culture
- Allocation of Resources to Support WB
- Integration of WB as a priority influencing organizational decisions

Ripp et al. Academic Medicine. 2020

How else should organizations be held Accountable?

Viewpoint

August 8, 2024

How Should Organizations Be Held Accountable for Clinician Well-Being?

Jonathan Ripp, MD, MPH[1]; Tait Shanafelt, MD[2]

» Author Affiliations | Article Information

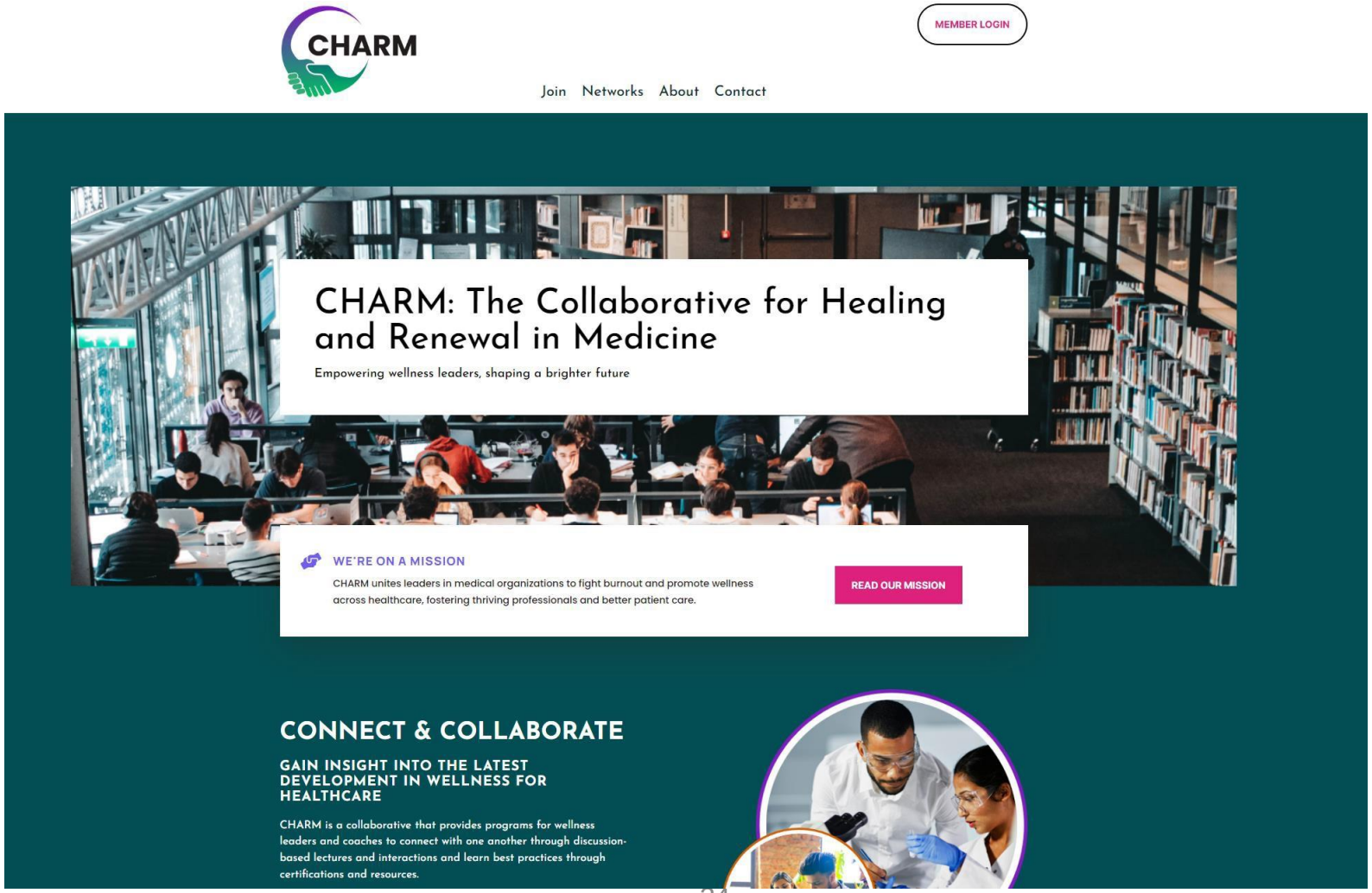
JAMA. Published online August 8, 2024. doi:10.1001/jama.2024.12015

- There is a growing discourse around organizational accountability
- Comparing WB metrics across organizations is a dangerous proposition
- Process Metrics
  - *Evidence of Anonymously gathered, internally disseminate WB survey data that is acted upon!*

The Role of Professional Societies

The Collaborative for Healing and Renewal in Medicine (CHARM)

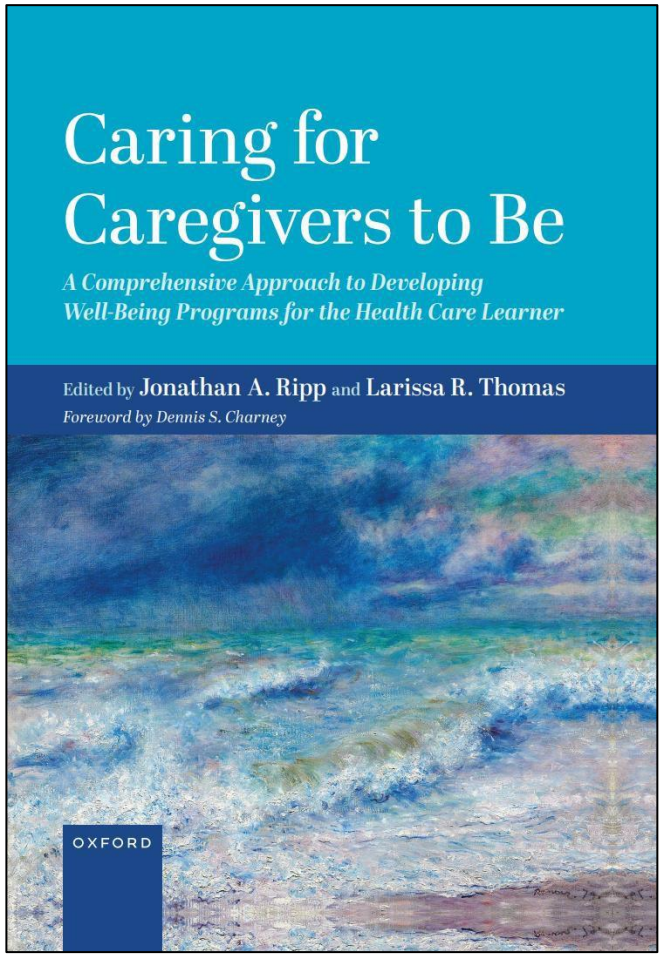
A Professional Society for Healthcare Well-being Leaders

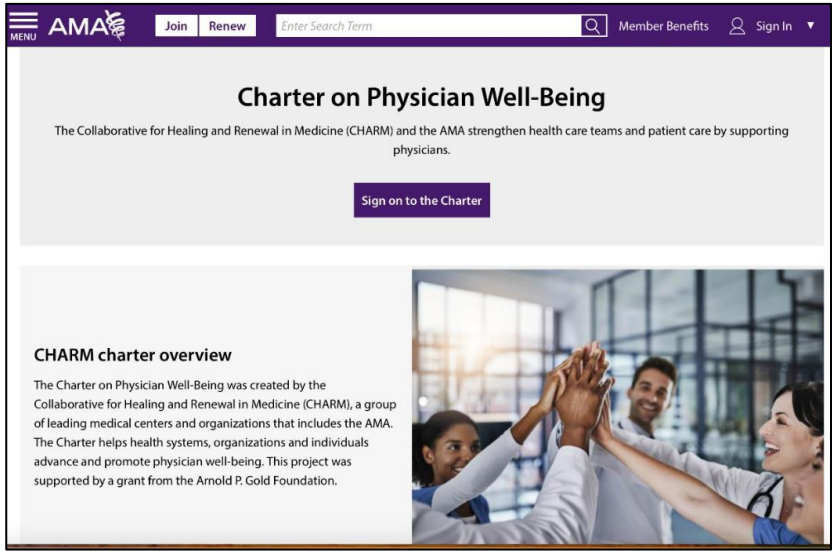


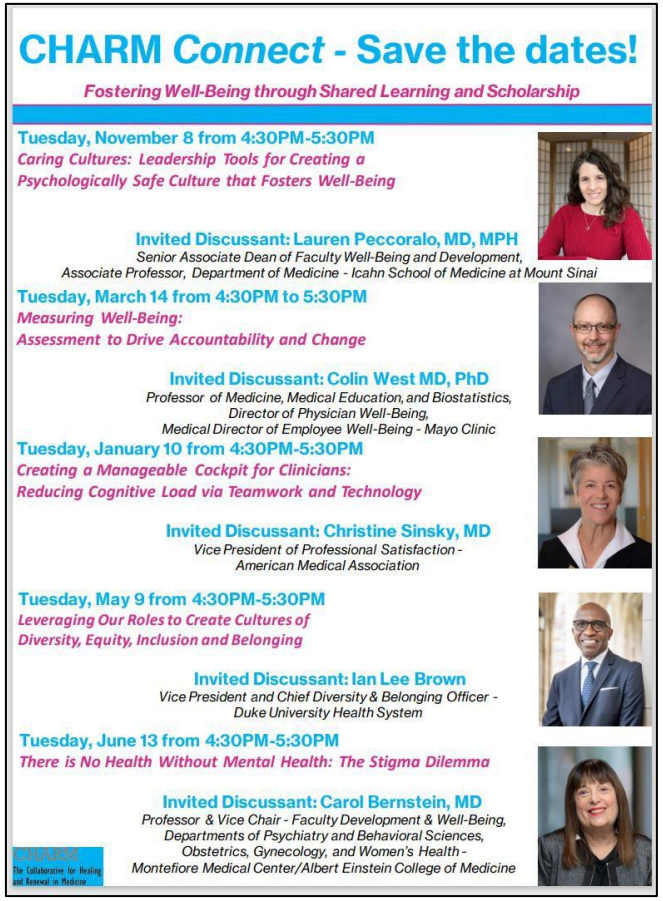
CHARM - Collaborative for Healing And Renewal in Medicine

- Once a "**grass roots**" national collaboration with **broad** representation, now a nascent professional society for Well-Being leaders
- Mission/Goal
  - Promote a culture that improves trainee/clinician well-being and establishes a **community** of well-being educators, researchers & leaders
- Objectives
  - Establish Networks and Learning Communities
  - Educate Well-Being Leaders
  - Promote Research
  - Advance Innovative Well-Being Solutions

CHARM's Notable Efforts and Deliverables



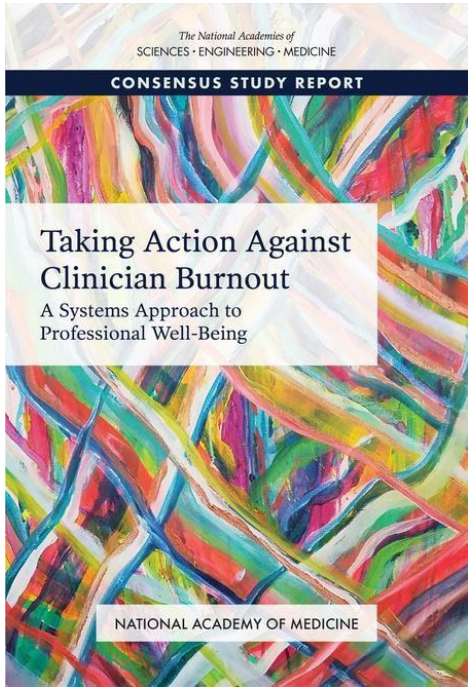


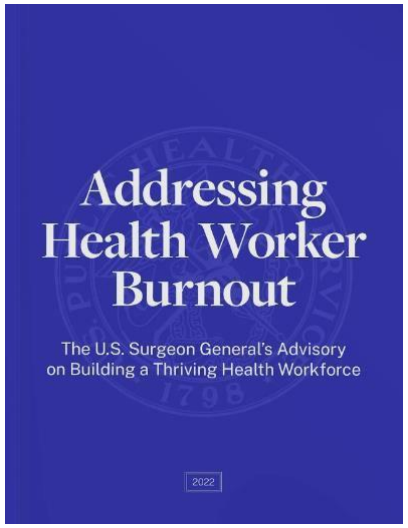


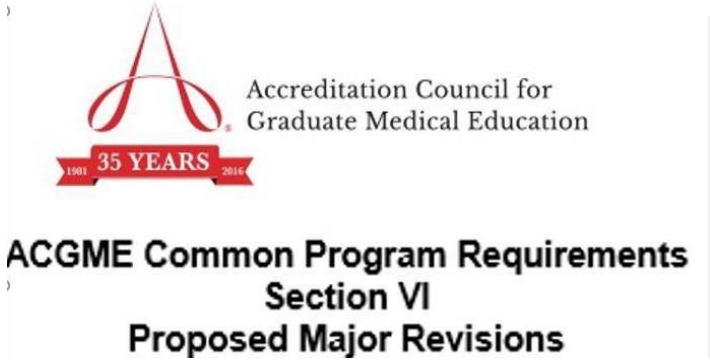
What's Happening on the USA National Level?

Dr. Lorna Breen Health Care Provider Protection Act Signed Into Law

March 18, 2022







The Role of the National Academy of Medicine's
Action Collaborative on Clinician Well-Being and Resilience

Priority Areas

The National Plan calls on multiple actors – including health care and public health leaders, government, payers, industry, educators, and leaders in other sectors – to help drive policy and systems change. See **goals** in the following priority areas to better support the health workforce and the health of all communities:

- Create and sustain positive work and learning environments and culture
- Invest in measurement, assessment, strategies, and research
- Support mental health and reduce stigma
- Address compliance, regulatory, and policy barriers for daily work
- Engage effective technology tools
- Institutionalize well-being as a long-term value
- Recruit and retain a diverse and inclusive health workforce

The Role of the National Academy of Medicine's
Action Collaborative on Clinician Well-Being and Resilience

- Key Priority Areas
  - Accelerator Platform and Coaches
  - A Focus on the Intersection of AI and Clinician Well-Being
  - Looking to expand impact internationally

The Role of the AHA Physician Alliance

BUILDING A SYSTEMIC WELL-BEING PROGRAM: A 5-STEP BLUEPRINT

February 2024

AHA Physician Alliance

KEY STEPS IN YOUR WELL-BEING JOURNEY

Regardless of where your organization is at on its well-being journey, developing a program will need the following steps to be successful.

1. **Support from the very highest levels of organizational leadership**
2. **Establishment of a strategy and framework for action, with a shared understanding for prioritization of this work**
3. **A sense of shared accountability and administrative supports**
4. **Identification of ways to integrate well-being improvement efforts with ongoing organizational work.**
5. **Establishment of benchmarks to track and measure impact.**

Final Reminders

- **Evaluation**
  - Please complete the evaluation form that appears on your screen once the webinar ends
- **Continuing Education**
  - Create a Duke OneLink account if you have not done so
    - Instructions can be downloaded from the Files pod or your registration confirmation email
  - **Text SAXKAW to (919) 213-8033 within 24 hours**

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