Colorado Trustee

For Colorado Hospital Governing Board Members Fall 2016

GOVERNANCE INSIGHTS

Encouraging a Culture of Innovation

"Innovation." It goes hand-in-hand with transformation and the need to find new, better and more efficient and effective ways of not only delivering great patient care, but improving the health of communities. Innovation is driven by rapid advancement in new technologies, initiatives implemented by the Affordable Care Act (ACA), and market forces that include patient demand for value (lower cost, better outcomes), consolidations and globalization. It's not surprising that many organizations are investing time, money and resources into innovation—something 85 percent of health care executives have considered important or very important to their organizations' success.[1]

Last year, Becker's Hospital Review listed 25 hospitals and health systems with innovation centers.[2] Although the list was not exhaustive, it described how health systems like PeaceHealth and Providence Health and Services in the Pacific Northwest are partnering to develop innovative health initiatives. [3] Also in the Northwest, Oregon State University's College of Public Health and Human Sciences' newly established Oregon Center for Health Innovation is seeking partners in its efforts to find new solutions to health care challenges.[4] The Center for Medicare and Medicaid Services (CMS) Innovation Center (CMMI), established by the ACA, is focused on testing new payment and service delivery models, evaluating and advancing best practices and engaging stakeholders in designing new models for testing. More than 28 CMMI pilot programs involve hospitals and health systems across the nation and many of the early pilots have already been permanently implemented by CMS. [5]

Innovation Doesn't Happen by Chance

The message for hospital and health system trustees is loud and clear: holding onto the status quo won't push your organization toward success. Health care is complex and competitive, and it's in the midst of seismic change. It won't be the same tomorrow, just as it has already changed from yesterday. Trustees must lead not only by embracing new ideas and creative thinking, but also by accepting responsibility for governing change while keeping a clear focus on the mission.

Successful innovation doesn't happen by chance. It's built by trustees who are committed to fulfilling the hospital or health system's mission, who have a good knowledge of the community's health care needs, and who have a broad perspective of the changes taking place in health care today. Innovative boards not only focus on the future, they take concrete steps to inspire new ideas that will improve health and advance the delivery of care.

The Board's Role in Innovation

Boards of hospitals and health systems trying to keep pace with today's transformational changes must ask themselves whether the board prioritizes, encourages and supports innovation. A culture of innovation does not stand on its own. It must be purposefully integrated into the board's governing practices and responsibilities. Strategic planning,

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PRESIDENT'S NOTEBOOK

Steven J. Summer
President and CEO

Dear Governing Board Members:

CHA is pleased to bring you another insightful issue of *Colorado Trustee*, which includes a thoughtful article on rethinking the future workforce. While reports of the looming health care workforce shortage continue, and hospitals work to understand what the future holds for their most important asset – their employees – the questions asked in this article are ones that CHA has been pondering as we look to address this subject. Would it not make more sense to have a discussion about whether we should continue down the current, very traditional path for dealing with workforce issues, or if instead we need to think about reengineering how we approach health care altogether? Why not instead consider adopting a different long-term strategy for solving the workforce shortage? Are we really stuck in the old paradigm that accepts the premise of how care was traditionally delivered?

It is a fact that health care is not a static industry – that change is frequent and extensive. This is perfectly exemplified by the continuous speculation about what path our newly elected leaders may take on the Affordable Care Act come January. And we frequently point to health care as "ground zero" for disruptive innovation and one of the primary areas for emerging technology investment. Why would we expect that finding ways to deal our workforce shortage should be any different?

Solutions to the present workforce shortage can no longer be solved by "simply" creating more graduates or unbundling jobs to give less complex tasks to lower skilled workers. The former solution takes too long and the latter just adds to health care costs and HR challenges.

Rather we need to think about reengineering the way health care is "produced." Adopt and accept greater use of technology, consider opportunities to use Artificial Intelligence and move more patient care out of the inpatient setting to other less expensive places (like the home with the use of telemedicine). The work design that was in place when many practice acts were enacted has radically changed. In fact, most professional scopes of practice were developed in a total different era where technology, analytics and outcome measures were not common place as they are today. Many health care professionals still embrace a type of guild mentality that in many cases has become a way to ensure continued employment and has kept us from breaking down walls that impede becoming more efficient, lower cost and in some cases, higher quality.

This new way of thinking is not something we can implement quickly to address the workforce shortage of today. However, producing more highly skilled professionals is also not a quick fix. While some policy changes may help in the short-run, this imaginative and out-of-the-box way of thinking about workforce challenges may be of more help in the long-run. Many changes may come to our industry over the next several years – but the way that we look to transform our workforce and address those challenges is something within our control. As community leaders, opinion makers and governing boards for Colorado hospitals and health systems, we just have to be willing to envision something different.

We hope you enjoy this issue!

Sincerely,

Steven J. Summer
President and CEO

Do you have ideas for future issues of *Colorado Trustee*?
Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you'd like to see in future issues of *Colorado Trustee*.

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leadership performance and accountability, and board agendas are key areas of governance that help drive the organization's innovative success.

Innovation is strategic. Boards that want to strengthen innovation need to make sure it is part of each step in the strategic planning process.[6, 7] For example:

- How can innovation help the organization achieve its mission?
- How can innovation and change help the hospital or health system move closer to its vision?
- Is innovation supported by the organization's values, is it included as a value?
- Do strategic initiatives reflect new ideas, new approaches and fresh thinking?
- In what key areas do we want to focus our innovative efforts?
- Is there a strategy for innovation?

Boards that want to strengthen innovation need to make sure it is part of each step in the strategic planning process.

An innovation strategy may be as simple as developing leadership skills in innovation processes or as ambitious as naming a Chief Innovation Officer and opening an innovation center. Strategies often include identifying and developing new products or services, applying new technology or establishing new partnerships. It's important for the board to identify a limited number of key areas where innovation efforts should be focused. For example, an innovation effort may be focused on new ideas and ways to improve community health, strengthen quality and patient safety, or address workforce shortages.

Ultimately, the board must ensure that the organization's innovative efforts are prioritized and well-aligned with its strategic priorities, and are given the resources and support needed to succeed.

Building the board's strength as an innovation leader. Innovative trustees are, by nature, open to new ideas. They explore trends, needs and challenges to identify implications and find opportunities. They are creative and resourceful, considering situations from different angles and perspectives to make sure they understand the real problems and opportunities. Innovative trustees are willing to challenge the status quo and take calculated risks in the interest of moving their organizations and their community's health forward. These open-minded individuals look into the future and imagine what might be achieved.

Boards that want to be more innovative should start with a board self-assessment designed to help identify innovation strengths and weaknesses. Trustees should be asked to rate their leadership skills using criteria such as:

- Envisioning the future
- Challenging the status quo with new and insightful thinking
- Analyzing environmental trends to determine their implications and opportunities
- Keeping an open mind
- Seeking out and listening to ideas and input from sources both inside and outside of the organization
- Being flexible and adaptable
- Willing to explore creative methods and ideas for addressing challenges
- Willing to take calculated risks

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The Risks and Challenges of Innovation

Being innovative means taking calculated risks and accepting the potential for failure, but that doesn't relieve the board from its fiduciary duty of care. On one hand, the board must entertain, encourage and nurture new ways of thinking and doing things, but at the same time it must carefully assess the risks and potential for loss or failure. It also means taking into account the risks that come with not acting. Will the organization lose a competitive advantage or distinction? Will it lose market share? Trustees need to understand and anticipate challenges and barriers to innovation as they guide their organizations through new, different and important changes. Challenges innovation leaders recommend watching for include:[1, 7, 8]

- Not fully understanding or getting to the root of the problem or need being addressed
- Asking employees and other stakeholders for innovative ideas and suggestions, but not acting on them or not communicating status or progress back to those employees and stakeholders
- Failing to look outside of the health care field for ideas
- Not assessing the organization's capacity and willingness to assume risk
- Letting fear of failure override well-calculated opportunities
- Taking on too much
- Under-resourcing innovation initiatives
- Failing to align innovation with strategic priorities
- Lack of clarity and detail in the implementation and execution of the plan
- Not setting performance measures for innovation or monitoring progress and taking corrective action when necessary

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- Providing strong leadership in dynamic, rapidly-changing circumstances
- Demonstrating innovative thinking and leadership

Once the board knows what its innovation strengths and weaknesses are, targeted trustee recruitment using these same or similar criteria can help to build the board's innovative strength.

Are your executives accountable for innovation? Strong leadership skills are essential to innovation success for many in the organization in addition to trustees. A McKinsey and Company survey of 600 executives, managers and professionals indicates that the best motivations for innovation are strong leaders who encourage and protect innovation and top executives to manage and drive innovation.[8] In recent years, hospitals and health systems have begun to look outside of the health care field for strong leaders who bring not only fresh perspectives and new ideas, but experience and proven success in developing new, innovative and market-changing approaches. [7]

An important board responsibility is setting clear performance expectations for the CEO. Establishing clearly stated expectations helps to ensure the CEO's performance drives achievement of the organization's goals. Just as the board sets financial and quality performance measures, it should hold executives accountable for innovation by implementing measures and metrics that reflect innovative performance and progress.[7, 8] For example, boards may want to monitor measures that include revenue from new and innovative services, or patient satisfaction and quality outcomes that accompany implementation of new processes, procedures or technology.

Making Innovation a Priority

Innovative boards set the example for their organizations. They make sure that innovation has a place on their agendas. They review initiatives and metrics of innovation performance, progress and success, and discuss challenges and barriers.

Innovative boards make time to question assumptions and explore new and different ways of addressing issues and accomplishing goals. They encourage the open discussion and synergistic thinking that's known to drive new ideas and approaches, they seek ideas from unexpected places, and they understand that a combination of healthy questioning and collaborative thinking provides a springboard for new ideas.

What Does Innovation Look Like in Health Care?

The U.S. Agency for Healthcare Research and Quality (AHRQ) created the Health Care Innovations Exchange to speed the implementation of new and better ways of delivering health care. The Innovations Exchange defines health care innovation as the implementation of new or altered products, services, processes, systems, policies, organizational structures, or business models that aim to improve one or more domains of health care quality or reduce health care disparities. Although the project is no longer funded, the website provides a robust database of case examples, resources and tools at https://innovations.ahrq.gov.

Websites like the Innovations Exchange and the CMS Innovation Center (https://innovation.cms.gov) can give shape and direction to organizations looking for innovative solutions. While innovation looks different at every organization, boards that are intentional about leading this charge may consider questions such as:

- How can board agendas focus more on innovation and encourage outside-the-box thinking? Do your agendas allow for in-depth discussion, dialogue and debate?
- Is your board getting input and insight from inside and outside sources?
- Does your board understand the biggest challenges facing the organization and the community? How can you address those challenges in a different way?
- Does the board encourage innovation throughout the organization, and are the appropriate resources allocated to support it?
- Does your board and/or senior leadership need to engage in innovation training?
- Do you need to recruit additional board members with a focus on or experience in innovative thinking?

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BOARDROOM BASICS

Rethinking The Future Workforce

The workforce shortages, both today and projected in the future, represent more than a need to recruit additional caregivers and fill the workforce pipeline. Forward-thinking hospital and health system leaders are imagining what the future workforce may look like as they strive to achieve the Triple Aim. The traditional roles of caregivers are evolving, and new roles are emerging. How prepared is your organization for the workforce needs of tomorrow?

Don Berwick, MD, recently described a "third era" in health care focused on even more cooperation and prevention. As the former acting administrator for the Centers for Medicare & Medicaid Services (CMS) and a current senior fellow at the Institute for Healthcare Improvement, his words carry weight. Berwick explained that the "first era" of self-monitoring and noble doctors and the "second era" of measurement and markets are in collision with one another. Instead, we must focus on cooperation rather than competition and prevention rather than treatment.[1]

In a September 2016 keynote speech, Berwick described the problem with the current system in using a hypothetical gunshot scenario: "We have no problem recruiting resources to treat the bullet, but stopping the bullet, with a Kevlar vest of high school education, vocational support and social service counseling and a safety net, it's not there." He went on to say, "we have to make an empty bed more valuable than a full one...we need a new way to think all together."[1]

A New Way of Thinking

Changing how and where care is provided requires new thinking about the roles of providers, who to recruit, and how to best train the future workforce. In the American Hospital Association's (AHA) recent white paper "Connecting the Dots Along the Care Continuum," a key take-away is that in order to achieve health care's Triple Aim (improving the patient experience of care, improving the health of populations and reducing the per capita cost of health care), stakeholders must begin to discuss not only what the workforce must do, but *who* should be providing care.[2]

The future of health care will increasingly be characterized by patient and family engagement, incorporating patients and families as members of the core care team. This requires vision and leadership from the top down to create a team-based care environment that removes silos of care. It also requires instilling the value and contribution of each employee in the patient care experience, emphasizing collaboration to improve quality and patient safety.

"We have no problem recruiting resources to treat the bullet, but stopping the bullet, with a Kevlar vest of high school education, vocational support and social service counseling and a safety net, it's not there...we have to make an empty bed more valuable than a full one."

-Don Berwick, MD

Care must be re-organized to reach patients outside of traditional settings, using a combination of technology, non-traditional hours and locations, and a greater focus on patient-centered primary care. The increased emphasis on prevention and wellness (stopping the bullet rather than treating the wound) will require new roles and an increased presence of existing roles, including social workers, patient navigators, community health workers, dieticians and other community-based workers.[2]

Workforce Shortages Remain

Despite the emerging demand for non-traditional roles, the need for physicians and nurses remains stronger than ever. As older nurses reduce their hours or retire, there is a narrower pipeline of new nurses to fill their roles. Many organizations report the same challenge for physicians, which is amplified by new physicians' desire for a better work-life balance with a lesser workload and fewer hours than previous generations have been willing to work.

Physicians. According to the AHA's 2017 Environmental Scan, experts continue to project a shortage of physicians. By 2025, there is expected to be a shortfall of between 12,500 and 31,100 primary care physicians and a shortfall of 28,000 to 63,700 non-primary care physicians.[3]

The traditional independent physician structure is also changing. An increasing number of physicians are choosing employment or contracting arrangements with hospitals and health systems to minimize risk and growing administrative burdens, allowing for more focus on direct patient care. The number of hospital-employed physicians grew by 58 percent in 2014. When combined with contracting arrangements, approximately 540,000 physicians are employed today.[3]

Nurses and Physician Assistants. According to the AHA's 2017 Environmental Scan, the impact of the shortage of physicians may be lessened by the increase of advanced practice nurses. However, even with advanced practice nurses playing an increased role in care delivery, physician shortages are still expected to continue.[3]

Physician assistants (PAs) may also play a role in lessening the shortage, particularly

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Connecting the Dots: American Hospital Association Workforce Implications and Recommendations

Patient and Family Engagement Workforce Implications

- Providers should receive training and guidance focused on ways to inspire and engage patients.
- Providers should actively include others in their conversations and decision-making about a patient's care, including other providers, the patient and family caregivers.
- Health care professionals should take a leadership role in transforming their relationship with patients and family caregivers. This means they should take specific actions to demonstrate that they are collaborative team members in the patient's care.

Team-Based Care Workforce Implications

- Health professionals work best in teams to coordinate care across the continuum.
- Future and current health professionals will have to collaborate and work on interprofessional teams much more than in the past. This will require training, but also flexibility and respect on the part of all team members.
- Focusing more strongly on the current workforce and educating them about team-based care will drive the transformation from "first curve" volume-based to "second curve" value-based care.
- Health professionals should develop a good understanding of and appreciation for their colleagues' skillsets and competencies in order to provide quality integrated, coordinated care.

New/Emerging Health Care Models Workforce Implications

- The opportunity for new and expanding health care roles will continue to grow as new care models expand to address population health.
- Continuing, interprofessional education will become increasingly necessary as health care professionals will need to work within new health care models with more flexible roles, and with team members who have varying skills and competencies.
- New health care models include delivering care in multiple settings, so health care professionals will need to be knowledgeable and comfortable working in a variety of community settings.

Care Coordination and Transition Management Workforce Implications

- Training all team members about the value of care coordination is essential, especially so they understand how it contributes to the Triple Aim.
- Building strong, trusting relationships with patients and families is key to addressing their needs; care can be better coordinated when they are active participants.
- Providers must begin to shift their mindset from one of delivering episodic care to practicing a long-term, whole-person approach.
- By standardizing the titles used for care coordinators as well as their competencies, patients and families will better understand who to contact when they need help.
- Strong executive leadership is needed to advocate for the value of each care provider in effective care coordination and transition management.

For more information and links to practical tools and resources for strengthening the workforce, see the American Hospital Association's white paper "Connecting the Dots Along the Care Continuum" at www.aha.org/workforce.

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as roles are re-defined to allow providers greater autonomy. The number of PAs is growing, and they are younger than the physician workforce (77 percent are younger than age 50). Approximately 95,600 PAs were active in the workforce in 2013, which is more than double the number of PAs from the previous decade.[3]

Despite this positive news, one of the biggest and best known workforce shortages is the nurse shortage. According to the Bureau of Labor Statistics, registered nurses (RNs) are listed at the top of occupations for job growth through 2022. From 2012 to 2022, the RN workforce is expected to grow 19 percent, or more than 526,000 jobs. In addition, the need for another 525,000 replacement nurses is anticipated, resulting in a total demand for new nurses of 1.05 million by 2022.[4]

Most agree that nurses are the backbone of the care system, and it is a job that requires long hours and hard work. With 55 percent of RNs in the current workforce over age 50, more than one million RNs are excepted to reach retirement age within the next 10 to 15 years. As the average age of RNs continue to rise (currently at age 47),[4] long-term plans must be put in place to build the pipeline of nurses. Hospitals and health systems are also increasingly developing plans that maximize the experience, skills and expertise of older nurses through mentoring, teaching and other roles that allow for shorter shifts as nurses age.

Continuing to leverage the skills and knowledge of older nurses and ensuring a pipeline of sufficient nurses can help hospitals improve quality of care and strengthen employee satisfaction and retention. This has financial implications as well—the cost of turnover for bedside nurses ranges from $36,900 to $57,300. In 2014 the average turnover rate for nurses was more than 16 percent, resulting in a loss of $6.2 million for the average hospital.[3]

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Using Technology for Good

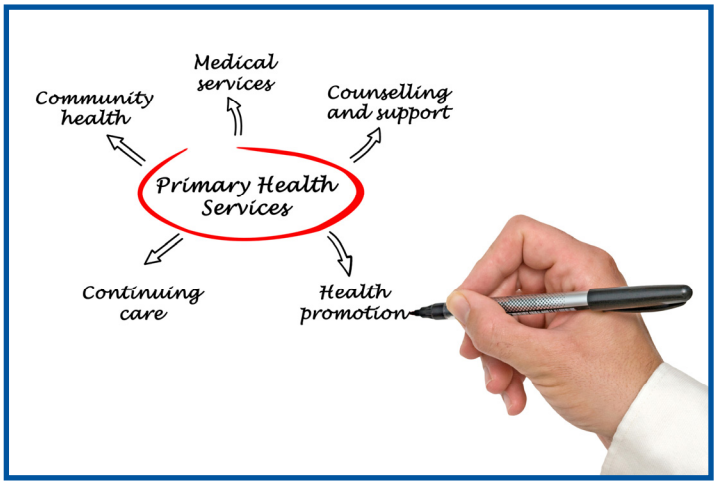
Technology has great potential to develop better staffing models, maximize caregiver time, and improve quality and safety. But it also can provide daily frustrations to providers and take away from valuable face-to-face time and bedside care. According to a recent study, physicians spend double the amount of time at the computer than they do with patients. In the study, only 27 percent of physicians' office day was spent on direct clinical face time with patients, while 49 percent of their time was spent on electronic health records and desk work.[6]

Nurses have long complained of similar frustrations. Several years ago, Novant Health (Winston-Salem, NC), implemented a plan to address this challenge. The health system found that in a typical 12 hour shift, nurses were spending just two and a half or three hours on direct patient care. The organization identified a number of activities taking nurses away from the patient bedside, including searching for supplies, gathering medications, care planning, and the process of admitting patients. Novant Health set a goal of having nurses spend 70 percent of their time in a patient's room, and were able to achieve that by drastically changing they way care was provided.

Part of this shift required maximizing technology, including implementing an electronic medical record (EMR) to free secretaries from transcribing orders, building new processes into the system's EMR, and placing monitors in patients' rooms allowing nurses to document in the patient room and use the system as a tool to engage patients. But another big part of the equation was changing the roles of the care team.[7]

Reexamining the Role of the Care Team

Maximizing not only the nursing workforce, but physicians, pharmacists and other clinicians requires a new way of thinking. According to the AHA 2017 Environmental Scan, at least 25 percent of health systems will have a formal plan for including pharmacists, nurse practitioners and physician assistants in advanced roles that allow primary care physicians to see more patients. In addition, the AHA predicts that at least half of health systems over the next five years will apply a pharmacy team-based approach to medication-use management.[3]



Evaluating Scope of Practice. While laws vary from state to state, the concept of allowing nurses, physician assistants and other clinicians to practice at the "top of their license" provides opportunity to redesign how care is provided. When providers practice to the full scope of the training and education they have received there is the potential to strengthen patient care, increase access, and ensure physicians' time and expertise is maximized.

There is push-back from some professionals about lower-cost clinicians providing care they have typically performed in the past, such as a nurse practitioner substituting for a physician. At the same time, if physicians understand how the shift allows them to better meet patient needs and lower health care costs, support for the concept can increase.[3]

At least 25 percent of health systems will have a formal plan for including pharmacists, nurse practitioners and physicians assistants in advanced roles that allow primary care physicians to see more patients.

With Novant Health (described earlier), establishing clear roles through care team models allowed nurses to practice at the top of their license. For example, certified nursing assistants took over many of the functions that were previously performed by nurses, and pharmacy techs now pull medications so nurses don't have to look for them. The changes in roles now allow Novant nurses to spend 72 percent of their time in patient rooms, and nurse turnover rates are down. Outcomes have also improved, including a reduction in falls, an increase in patient satisfaction, and a reduction in infections.[7]

Expanding Non-Traditional Roles. A recent survey showed that less than half of organizations are recruiting or planning to recruit for emerging positions addressing the emphases placed in health care reform, including care coordinators, health coaches, clinical documentation specialists and patient navigators. That same survey showed even lower percentages when organizations were asked about health care leadership roles, such as chief patient experience officer, chief population health officer or chief strategy officer.[8]

In addition to these new roles, organizations have an opportunity to leverage existing employees in new ways. Peter Buerhaus, RN, and a health care economist and professor of Nursing at Montana State University, believes that nurses can be more involved in strengthening access to primary care, saying "we need to get nurses more involved in managing certain types of patients, those with chronic conditions like diabetes, which they could do very well."[5fat]

Hospitals and health systems that don't plan for the workforce needs of the future or recruit and train appropriately will fall

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Ensuring Workforce Success: Questions for Boards

As hospital and health system boards strive to ensure not only an adequate workforce to meet future community needs but also a workforce that is best suited for long-term success in today's changing care environment, consider the following:

- ❑ Do you know what your workforce needs are? Do you have projections for future workforce shortages in your area?
- ❑ Do you have a clear plan for transitioning your workforce to focus on achieving the Triple Aim (improving quality and patient safety, improving the health of the overall population, and reducing the per capita cost of health care)?
- ❑ Are your workforce planning and development strategies tied to your strategic plan?
- ❑ Are you maximizing your current workforce? Are individuals at your organization practicing at the "top of their license?"
- ❑ Do you encourage ongoing education for existing employees to understand the benefits and practical implications of team-based care and care coordination?
- ❑ Does senior management emphasize the importance of care coordination rather than providing medical care in silos?
- ❑ Are front-line employees engaged to assist in the process of redefining care teams at your organization?
- ❑ Does your board understand the benefits technology and data analytics can play in best utilizing the existing and future workforce, and are the appropriate investments being made?
- ❑ Do you partner with local higher education programs to ensure students understand health care reform and the importance of care coordination? Do you offer a learning environment where students can experience hands-on care coordination practice?

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behind. And as shortages elevate and competition for key workforce positions grows, organizations must have a more robust, data-driven plan in place for who will provide care and how.

For example, organizations are increasingly using "big data" to accurately predict patient demand and determine staffing schedules up to 120 days in advance.[8] Imagine the impact that could have on standardizing workflow, reliably predicting needs, improving employee scheduling, and ultimately strengthening employee satisfaction and retention.

The impact of IT on quality can be significant too. Sixty percent of health care professionals indicated in a survey that informatics nurses have a high degree of impact on the quality of care. In turn, 61 percent of organizations report that their organization employs an informatics professional in a leadership position.[3]

Partnering with Higher Education

Hospitals play a role in raising community awareness and interest in seeking a career in a health care field, but they also have an opportunity to significantly increase the number of students that are accepted and successfully graduate from a program. Currently, nursing programs around the country are turning away thousands of qualified applicants every year. There are many barriers preventing increased admissions for nursing schools, including lack of qualified faculty, clinical sites, classroom space, and clinical preceptors.[9]

Ensuring an adequate qualified faculty is a big challenge for many schools, in part because nurses caring at the bedside tend to make significantly higher salaries than faculty members. Hospitals and health systems can bridge this gap by encouraging their advanced practice nurses and clinical specialists to teach in adjunct clinical roles. In addition, organizations that don't have relationships with local schools already should forge partnerships to maximize shared resources and expand clinical site opportunities. Partnerships with local schools and the provision of additional faculty also provide hospitals and health systems the opportunity to shape students' learning about health care reform, population health, and the importance of team-based care and care coordination.

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LEADERSHIP PERSPECTIVES

Preventing Violence Against Health Care Workers

Hospital and health care workers are among those at greatest risk for workplace violence—a fact with significant consequences in a field generally considered a haven for hope and healing. According to the Bureau of Labor Statistics, health care workers are five times more likely to be victims of nonfatal assaults or violent acts than the average worker in all other occupations.[1] As the leaders for their organization, trustees must understand the extent of the problem and take steps as a board to help protect employees from violence.

The Centers for Disease Control and Prevention's (CDC) National Institutes for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty." Their examples of physical assaults include slapping, beating, rape, homicide and use of weapons. Threats include verbal and written threats to cause harm as well as threatening body language. [2]

Understanding Violence in Health Care

One measure of violence is injury that results in days away from work. According to the Bureau of Labor Statistics, in a ten-year span from 2002 to 2013 injuries to health care workers were more than four times that of employees in private industry.[4] In 2013 alone, there were 16.2 cases of serious workplace violence per 10,000 full-time employees in health care and social assistance compared to 4.2 cases per 10,000 full-employees in the private-sector.[3]

Patients are the Most Likely Cause. The majority of violent incidents are caused by patients (80 percent in 2013). Many times, these patients were under the influence of alcohol or drugs, were suffering from dementia or cognitive impairment, or needed psychiatric care. Violence happens most often in psychiatric wards, emergency departments, waiting rooms and geriatric units. The most frequently injured are nurses and psychiatric and home health aides, followed by registered nurses and licensed practical and vocational nurses.[4] A study by the Emergency Nurses Association conducted from 2009 to 2011 found more than half of emergency room nurses reported incidents of physical and/or verbal violence. A lack of adequate access to care for mental health services contributes to the problem as individuals turn to the emergency department when they need treatment, rather than receiving care in specialized facilities.[5, 6]

Violence is Often Unreported. While these facts alone should cause trustees alarm, the fact that workplace violence is often unreported should raise the board's concern even higher.[4,5] Numerous studies have reported that a significant number of violent incidents occurring in health care settings are never reported. In some cases, the hospitals don't have a reporting policy or process. In other instances, the policy doesn't require supervisors or managers to submit the reports provided by employees. Some employees don't report incidents because they don't believe anything will be done about it, and others are afraid of retaliation. Often, the injuries caused by patients are unintentional and as a result many health care workers believe that patient-caused injuries are unavoidable and simply part of their professional responsibility.[4,5]

Violence to Employees Has Far-Reaching Consequences

Health care workers suffer physical and emotional harm, short and long-term disabilities and even death from the violence inflicted on them in the course of their work. The threat of workplace violence takes a toll on employees' stress level and morale. It contributes to absenteeism, employee turnover, patient safety errors and lower patient satisfaction scores. In addition to irreparable harm to employees, the costs of violence are reflected in lost productivity, recruiting, hiring and training costs, accreditation findings, potential quality and safety penalties, worker's compensation and liability insurance premiums and costs, and damage to the organization's brand image.[4,5]

Preventing Workplace Violence

A study conducted by the Emergency Nurses Association found that reporting policies and zero-tolerance policies were associated with a decreased risk of physical violence and verbal abuse. ***Nurses are less likely to experience workplace violence when hospital leaders are committed to preventing and managing violence.***[5]

The Joint Commission and Occupational Safety and Health Administration (OSHA) have formed an alliance to provide health care organizations with information,

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guidance and training resources. Each resource emphasizes the importance of a strong culture of safety in preventing workplace violence, beginning with leadership commitment and support. By demonstrating "zero tolerance" for violence, taking reports of incidents seriously and ensuring that corrective action is taken, the board can help reduce the threat of violence to their staff.

OSHA's *Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers* offers tools and resources for developing and implementing a violence prevention program. The agency recommends that organizations begin with the development and adoption of a written program that includes the following components:[7]

- Management commitment and employee participation
- Worksite analysis
- Hazard prevention and control
- Safety and health training
- Recordkeeping and program evaluation

The Joint Commission has identified its standards and elements of performance related to workplace violence, including those found in the Environment of Care (ED), Emergency Management (EM) and Leadership (LD). Specific to leadership, The Joint Commission expects the organization's leadership to maintain a culture of safety and quality and to ensure the organization has a patient safety program. More information on relevant Joint Commission standards can be found on the OSHA/Joint Commission Resources Alliance website: www.jcrinc.com/about-jcr/osha-alliance. In addition, the Joint Commission recently launched a new website at focused on workplace violence at: www.jointcommission.org/workplace_violence.aspx.

Planning for an Active Shooter Incident. Incidents of active shooters have been on the rise, including those occurring at hospitals and health systems. The U.S. Department of Health and Human Services has issued guidelines for incorporating active shooter planning in health care emergency operations plans, addressing issues unique to health care facilities.[8]

Labor Petitions for a Federal OSHA Standard. In July, 2016, National Nurses United (NNU) submitted a petition to the U.S. Department of Labor requesting a Federal workplace violence prevention standard to protect health care workers. Also in July, eight labor organizations submitted a joint petition with a similar request that a comprehensive workplace violence prevention standard be established under OSHA. With some variations, the petitions include comparable recommendations and are aligned with OSHA recommendations for workforce violence prevention programs.[9,10]

Taking Leadership Action. Preventing violent situations and creating a safe workplace environment requires a commitment from hospital leaders to evaluate their facility and environment, implement the appropriate policies and procedures, and ensure that employees have adequate training.

Board Actions to Prevent Violence and Protect the Workforce

Preventing workplace violence begins with the board. Questions to consider in assessing the board's efforts to prevent violent incidents and protect your workforce may include:

- Has your board adopted a "no tolerance" position on workplace violence?
- What steps does the board, executive leadership and management take to foster a strong culture of trust and safety?
- Does the hospital or health system have a committee chartered to address workplace violence? Are external stakeholders (e.g. first responders, public health representatives, people with disabilities) included on the committee? Do internal committee members include a board member, executive, clinician, security team member, facilities manager, human resources expert, ethicist, chaplain, risk manager and front-line staff? [7,8]
- How does the hospital or health system engage employees in efforts to prevent workplace violence?
- Does the 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?
- Does the hospital or health system have a formal reporting and record keeping process? Does the board periodically review incident reports and corrective actions?
- Are measures of workplace violence included on the board's dashboard? Does the board monitor the organization's progress in reducing incidents?

Sources and More Information

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