

## Health Care Workforce Wellness Collaborative Program

### Executive Summary

To support a stable and effective hospital workforce, Colorado Hospital Association (CHA) launched the Health Care Workforce Wellness Collaborative in partnership with CDPHE. Running from September 2024 to June 2025, the statewide program addressed health care worker (HCW) burnout, turnover, and disengagement—issues amplified by COVID-19 and member feedback. The Wellness Collaborative consisted of three primary activities:

1. Webinars covering key topics relevant to burnout reduction and well-being enhancement for HCWs.
2. A statewide survey to assess ongoing needs among Colorado hospitals.
3. Recommendations for Colorado hospitals and health care policy agencies regarding ways to support workforce well-being over the next five years.

Colorado hospitals are committed to improving HCW wellness and safety, but many lack essential infrastructure to act. Fewer than half of program participants reported having board-level support, executive oversight, wellness metrics, or formal plans for workforce wellness. While more than 80% have violence reporting systems and multidisciplinary safety groups, adoption of evidence-based wellness practices varies widely.

Four areas of focus will help the state advance efforts to more systematically improve workforce well-being in health care:

1. Encourage measurement of burnout and well-being among hospital boards and executives.
2. Accelerate state-wide learning and progress by convening additional collaboratives focused on gaps identified by the collaborative.
3. Help hospitals and health systems avoid wasted time on bespoke interventions or measurement strategies by distributing existing resources that summarize existing evidence-based interventions and best practices.
4. Support dedicated well-being leadership training for health care providers, clinicians, and leaders.

Overall, this collaborative demonstrated the desire to build stronger, more consistent organizational approaches to addressing HCW well-being and safety. Hospitals and health systems are already engaged in many activities to achieve these goals, but additional guidance, support, and emphasis will catalyze faster progress.

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## Program Report

### Background

In 2023, CHA began planning a statewide initiative to address rising health care worker burnout, turnover, and disengagement, driven by member feedback and post-COVID-19 trends. These discussions revealed several themes:

- Hospital members are struggling with workforce engagement and retention, which threatens their ability to carry out their clinical care mission.
- Health care worker burnout is a major concern.
- Workplace violence and lack of worker safety is seen as a significant contributing factor.
- Lingering worker trauma related to the COVID-19 pandemic is common.
- Hospital members seek opportunities to understand best practices and learn from one another in navigating these challenges.

To accomplish this, CHA partnered with CDPHE to create a year-long program that focused on topics related to the challenges above. Specifically, CDPHE and the Colorado Alliance for Resilient and Equitable Systems (CO-CARES), a state sponsored initiative designed to serve the health care and public health workforce, collaborated to approve a grant to the Colorado Center for the Advancement of Patient Safety (CCAPS), a subsidiary of CHA.

The collaboration aimed to strengthen HCW resilience and well-being by providing recovery-focused training and education in a hospital-centered wellness learning environment. The program had three components:

1. Creating and submitting a project implementation plan, which served as a road map for grant activities.
2. Offering 10 one-hour virtual sessions designed specifically for HCW and taught by recognized subject matter experts in well-being, wellness, recovery and resilience. These sessions targeted clinical and non-clinical staff, managers, and leaders. CHA was charged with promoting these virtual sessions, participant record keeping, and quarterly progress reports.
3. Conducting a statewide health care landscape scan to identify, promote and spread best practices related to wellness infrastructure and interventions. The scan included gathering feedback, identifying evidence-based frameworks and toolkits, and identifying national best practices.

### Program Design

The Wellness Collaborative consisted of three primary activities to meet the objectives outlined above.

1. 10 webinars, informed by research and evidence, covering the topics in the table below. Each session was conducted over Zoom, lasted approximately 60 minutes, and featured one or more experts on the topic. Following a formal presentation, audience members engaged in discussion and Q&A with the session speaker(s) and a moderator from CHA. Audio recordings and slides of each session were made available to all individuals who registered. Additionally, recordings from

each session were posted on CHA's Center for Clinical Leadership and Excellence's [Education Library Webpage](#) for easy reference.

2. A statewide survey to assess ongoing needs among Colorado hospitals, from which recommendations were developed.
3. Recommendations for Colorado hospitals and health care policy agencies for ways to support workforce well-being over the next five years, drawn from the literature, the program sessions, and the survey.

#### Program Curriculum

Session #	Session Description	Date	Speaker
1	Workforce Wellbeing: A New Leadership Imperative	10/17/24	Read Pierce
2	Measurement Approaches to Understand the Problem and Track Meaningful Change	11/7/24	Lotte Dyrbye
3	Trauma-Informed Care Approaches to Decrease Organizational Stress	12/5/24	Maria Gonsalves-Schimpf
4	Cultural Transformation and Wellbeing, Part 1: Culture Drivers to Enhance Wellbeing	1/9/25	Patrick Kneeland, Lindsay McGuinness
5	Cultural Transformation and Wellbeing, Part 2: Culture Drivers to Enhance Wellbeing	1/30/25	Sarah Richards
6	Redesigning Daily Work for Wellbeing, Part 1: Team/Process-based Workflows	2/13/25	Read Pierce
7	Redesigning Daily Work for Wellbeing, Part 2: Digital Workflows	3/13/25	CT Lin
8	Panel with Wellbeing Leaders: Designing Operational Strategy	4/10/25	Read Pierce, Jenny Reese, Jessica Wallace
9	Panel Discussion: Artificial Intelligence	5/1/25	Read Pierce, CT Lin, Sara Murray
10	Workforce Safety: Dealing with Workplace Violence, Workplace Safety, and the Connection to Wellbeing in Health Care	5/15/25	Maria Gonsalves-Schimpf

#### Speaker Bios

**Read Pierce, MD**, is the chief medical officer at Denver Health and is the primary executive sponsor for clinician well-being efforts. He has led local and national efforts to reduce clinical team burnout and has published and spoken widely on these efforts.

**Lotte Dyrbe, MD, MHPE**, is senior associate dean of faculty and chief well-being officer for the University of Colorado School of Medicine. She is a national and international expert on measurement and burnout drivers, as well as organizational approaches to well-being in health care.

**Maria Gonsalves-Schimpf, MA, MB-TC**, is the wellness program manager at Boulder Community Health and is a nationally recognized expert in workforce well-being with a focus on creating healing organizational cultures that prioritize mental well-being through trauma-informed care.

**Patrick Kneeland, MD, SFHM**, is vice president of medical affairs at Denver-based Dispatch Health, where he has led creation and expansion of the company's hospital-at-home program. He is a national expert in culture, psychological safety, and leadership practices that promote well-being.

**Lindsay McGuinness, BSN, MS**, is managing director of clinical operations at Dispatch Health and has extensive experience and expertise in high-performing teams, leadership practices to improve well-being, and building culture across diverse and geographically separated work environments.

**Sarah Richards, MD**, is senior director of clinician experience for Nebraska Medicine and has created some of the nation's most innovative leadership and culture programs focused on well-being practices in health care.

**CT Lin, MD, FACP, FAMIA**, is chief medical information officer at UCHealth and has spent most of his career seeking to optimize information technology and digital tools to enhance both clinical practice and experience of work for clinical healthcare workers.

**Jennifer Reese, MD**, is section head of pediatric hospital medicine at Children's Hospital of Colorado and associate vice chair for faculty well-being at University of Colorado School of Medicine. She has developed peer support, operational, and professional development programs to advance well-being at CU.

**Jessica Wallace, PA-C, DrPH**, is lead advanced practice provider in family medicine and co-chair of the provider engagement committee at Denver Health, where she has led nearly a decade of well-being measurement, a grass-roots burnout innovation program, and well-being strategy.

**Sara Murray, MD, MAS**, is vice president and chief health artificial intelligence officer at UCSF Health and associate chief medical information officer at University of California, San Francisco. She is a national expert in the application of informatics, artificial intelligence, and quality improvement methods to reduce clinician workload.

#### Program Participation

CHA tracked program participation across all 10 sessions. Overall, participation was strong, with scores of participants at each session representing hospitals and health systems across Colorado.

#### Health Care Landscape Survey of CHA Members

In April 2025, a survey was distributed to all CHA members who registered for the collaborative. The purpose was to gather statewide data on the current state of well-being efforts at Colorado hospitals and health systems, as well as ongoing needs. The survey focused on existing structures that influence workforce well-being, leadership and organizational support/buy-in, workplace safety, prioritization of resources, measurement, interventions, use of trauma-informed approaches, integration of well-being efforts into quality improvement and operational efforts, and ongoing needs.

#### Survey Results

The survey response was robust, including 26 hospitals/health systems representing a balance of urban and rural hospitals, with a slightly greater representation of rural hospitals.

## Summary of Survey Results

Colorado hospitals are highly interested in improving HCW wellness, safety, and burnout, with 70% regularly collecting related workforce data. Many use validated well-being tools, often within broader engagement surveys. However, fewer than half have foundational structures—such as board-level support, executive sponsors, or annual plans—to drive action.

While most organizations have systems to report workplace violence and multidisciplinary safety teams, formal commitments to HCW safety remain limited. Belief in the importance of well-being and trauma-informed approaches is strong, and many hospitals use evidence-based practices, though adoption varies widely. Less than half integrate HCW well-being into core operational improvement efforts.

Key needs identified include better data, dedicated time and funding for staff, leadership training, and peer learning opportunities.

## Report Summary

Health care worker safety and well-being remain essential to maintaining a stable, effective, and patient-centered hospital workforce in Colorado. The collaborative highlighted a strong interest in developing more consistent organizational strategies to address these needs. While many hospitals are already advancing efforts in this area, greater support and coordination are needed to accelerate progress.

## Recommendations to the State of Colorado

Nationally, the focus has shifted from identifying HCW burnout to implementing evidence-based solutions. Yet, many hospitals still struggle to build the foundational systems needed to support sustained well-being efforts. Common gaps include lack of executive leadership, limited integration of well-being into strategic priorities, and insufficient time and resources for staff to engage in wellness initiatives.

Colorado remains an attractive health care work environment for many reasons and has an opportunity to lead the nation in being the best place for HCWs to thrive in their roles. To fulfill this promise, four areas of additional focus and support are needed:

1. Encourage measurement of burnout and well-being for hospital boards and executives—while a statewide policy mandate is not necessary to achieve this goal, state agencies, including CDPHE, and member organizations, such as CHA, can deploy greater influence to encourage senior hospital and system leaders to elevate attention to HCW well-being, in the same way that patient safety and financial stewardship are universally expected responsibilities of board members and executives.
2. Accelerate statewide learning and progress by convening additional collaboratives focused on:
  - a. Blending burnout techniques and process/quality improvement
  - b. Team training programs to improve well-being
  - c. Peer support mechanisms
  - d. Reducing workplace violence
  - e. Adoption of Artificial Intelligence tools to reduce HCW administrative burden

3. Helping hospitals and health systems avoid wasted time on bespoke interventions or measurement strategies by distributing existing resources that summarize existing evidence-based interventions and best practices. Two excellent tools are:
  - a. National Academy of Medicine's [National Plan for Health Workforce Well-being](#)
  - b. American Hospital Association's [Well-being Playbook: A Guide for Hospital and Health System Leaders](#)
4. Support dedicated Well-being Leadership training for health care providers, clinicians, and leaders—this may require a small investment of new resources at the state level to fund partners already adept at developing and deploying scalable leadership training for health systems. Faculty at the University of Colorado School of Medicine possess the needed expertise and, in some cases, have created training materials that are ready to disseminate.

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