Impact Wellbeing™ | Hospital Review Worksheet

How to use this worksheet:

- Use the following worksheet to review and record how your existing hospital operations support your healthcare workers' wellbeing.

- Respond to the easy-to-answer questions (yes/no/in progress). The worksheet also provides space to include a more detailed account of your hospital's current efforts, which will help you as you move along in the Guide.

- Include contact information, if applicable, for leaders or workers who oversee these operations or helped you capture this information.

- Consider bringing in others during the review – like clinicians and other staff – who can help share their perspective on current operations as they may have a different opinion from those in leadership positions.

1. Does your hospital's highest level of leadership have a stated commitment to protecting healthcare workers' wellbeing?

◯ Yes   ◯ No   ◯ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (Include links to internal resources, public statements)

2. Does your hospital already have a team of people working to develop and implement operational changes that support healthcare workers' wellbeing? This team may also work on operations and system elements not necessarily identified as direct wellbeing activities, but that influence wellbeing, nonetheless.

○ Yes   ○ No   ○ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (Describe existing team, their roles, responsibilities, and current efforts underway)

3. Does your hospital have a defined list of professional wellbeing improvement goals?

○ Yes   ○ No   ○ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (List goals)

4. **Do your hospital's quality improvement initiatives include measures related to healthcare workers' professional wellbeing? Examples include, but are not limited to, existing initiatives to address staffing, violence prevention, and harassment prevention.**

◯ Yes   ◯ No   ◯ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (List key performance indicators related to professional wellbeing)

5. **Has your organization reviewed and revised your credentialing applications and other policies to remove questions or language that deter healthcare workers from seeking appropriate mental health care?**

◯ Yes   ◯ No   ◯ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (Describe revisions and provide revised language)

6. **Does your organization ensure that healthcare workers have access to free, accessible, high-quality, confidential mental health care? (This could be covered through out-of-network care, via telemedicine, or by allocating time for staff to access support through channels that ensure their privacy – such as an Employee Assistance Program or other counseling resources.)**

○ Yes   ○ No   ○ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (Describe resources available)

7. **Does your hospital offer peer support programs or other community-building programs to mitigate burnout and feelings of loneliness?**

○ Yes   ○ No   ○ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (Describe existing peer support programs or other programs, including their purpose, how to participate, and current engagement)

8. Does your hospital have discrete programs in place to promote healthcare worker diversity, equity, inclusion, and accessibility in the workplace?

○ Yes   ○ No   ○ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (List resources and describe existing efforts)

9. Does your hospital have a process for healthcare workers to voice concerns about the societal and environmental factors that impact the health and safety of themselves or their patients? Societal and environmental factors may be related to social determinants of health, structures for worker and patient support, safety, and more.

○ Yes   ○ No   ○ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (Describe existing processes, provide contact information for how healthcare workers report concerns)

10. **Does your hospital have a Professional Wellbeing Plan, including implementation strategies and approaches for professional wellbeing, over the next year and beyond?**

◯ Yes   ◯ No   ◯ In Progress

Hospital Point of Contact (if applicable):
(Include Name, Title, Contact)

Notes: (Link to Professional Wellbeing Plan, including any draft plans in)

Continue to address the Guide's Actions in sequential order,
regardless of your answers to the above questions. This ensures that your hospital's wellbeing work is addressed comprehensively.