Trustee Insights

WORKFORCE

# Addressing Violence in the Hospital Community

## Carle Health president and CEO Jim Leonard connects the dots for boards

**BY NIKHIL BAVISKAR**

Jim Leonard, M.D., is president and CEO of Carle Health based in Urbana, Ill. In his tenure, Dr. Leonard has led the organization, overseeing eight hospitals, a multispecialty physician group, health plans and associated health care businesses, including the Carle Illinois College of Medicine, the world's first engineering-based medical school. Dr. Leonard was interviewed in advance of the June 7th observance of #HAVhope Friday, a national day of awareness to highlight how America's hospitals and health systems combat violence in their workplaces and communities.

**Nikhil Baviskar:** *Violence has risen sharply in hospitals and health systems in recent years. What should board members know to make a difference both in the workplace and in the communities they serve?*

**James Leonard:** That is an incredibly important question. Often times, boards see violence in the news, or they read about it in their communities and silo it, if you will. It is not confined to gun violence, but also domestic violence, violence in the streets, and so on. Communities are being impacted [by violence] at every level. Board members who understand this can think deeper about how it can impact every aspect of what happens in the health care environment today.

That knowledge allows them to not only hear the stories but help us support the resources that are necessary to do something about the violence that is occurring.

It is a very broad answer, but an incredibly important perspective for the board. For example, we are all focused on the workforce issue. We don't have enough people. If the board realizes that those workforce shortages are exacerbated by the environments that may be rife with violence or hostility, it puts a fresh perspective on the problem. What are we going to do to address this issue that is so ubiquitous across the health care milieu? The board's collective knowledge of this issue then leads to creative suggestions regarding resources. It also allows the board to use their community contacts to create new partnerships going forward — because everyone is impacted.

**Baviskar:** *Connecting the workforce shortage in health care with*

*the rise in violence makes total sense.*

**Leonard:** Why do people join the health care workforce? They come to make a difference, to help people. They don't come in to [face physical or verbal violence]. When that happens enough, it has a tremendous, often unseen impact. Unfortunately, we also have a history, particularly on the inpatient and nursing sides, of excusing it with "that's just part of the job." In fact, a lack of civility has occurred and that has created a toxic environment for a lot of our workforce.

**Baviskar:** *Can you speak to how your board has responded to this issue?*

**Leonard:** As we have educated our board regarding workforce violence, it's really set the stage to move from what I would call the old model: security personnel made up of folks who are interested in policing or retiring from policing, if you will. Now, there's absolutely nothing wrong with that skill set, but this issue is just as much about prevention as it is responding to threats. How do we use technologies and data collection to positively reduce these issues? Our board supported hiring a professional who is trained more broadly, not just around violence, but safety and prevention. It was an investment in reduction in violence and de-escalation. Having the board's backing has allowed us to experiment with newer technologies, like screening for specific issues.

**Baviskar:** *Your board was able to see the benefit in it. Being able to see the long view when investing in new strategies — was that a concern when making this change?*

**Leonard:** Yes, but what was interesting was that rather than marketing this to the board, we were focused on telling a few stories. Rather than overwhelming them with national statistics and other data, we were able to focus on the impact on the workforce and how our own staff have been impacted. This made a big impact on our board.

**Baviskar:** *Telling stories is so important.*

**Leonard:** It's one thing to reference an employee experiencing physical violence at work and quite another to provide an example of what happens when two survivors of street violence on opposite sides of the conflict have a friend showing up in our emergency department. We are also a Level I trauma center. Sharing stories of how the hospital environment changes for our staff when violent neighborhood feuds enter our doors — this is something people don't contemplate unless they hear the actual story.

**Baviskar:** *You are a member of the AHA's Hospital Against Violence advisory group. In 2021, the AHA published a framework for hospital and health system leadership. Can you share more about the framework and the resources?*

**Leonard:** The framework really came about to help our industry understand the different dimensions of this and to be able to put together a complete picture. This can be helpful for the board. On the front end of the framework is the mitigation of the risk of violence and the back end of the framework focuses on trauma support following incidents. This is where you deal with things like PTSD, and where you can address potential future threats of violence. I see this as an opportunity for folks to read through this, see what parts resonate and use this as a tool to educate others. That's really what this is all about: educating folks in over 4,000 hospitals around the country and letting them know they are not in it alone.

**Baviskar:** *What other resources should board members be aware of?*

**Leonard:** As a CEO putting together documents for the board to have the bigger picture, the resources AHA provides, like Trustee Services' Boardroom Brief, How Boards Contribute to a Safe Workplace and Community, are very well done.

The why for board members who come from different parts of the community with different experiences is important when providing resources. Every board is different. I would suggest reading sociological literature that describe the drivers of violence. This includes poverty, a lack of jobs, a lack of leadership and no hope that things can change for the better. We are all reflections of our community. Looking to potential community partners to create an environment of safety is important, because we can't do this on our own. The community itself matters, too. Certain resources should be unique to your city or state and the drivers in that community. I see it as a challenge to our hospital leadership to help make this issue matter personally, so our board feels connected.

**Baviskar:** *These things don't happen in a vacuum. Of course, there are other factors.*

**Leonard:** What's fascinating is as the advisory group has evolved, it has grown in size and sophisti-

cation. This has introduced these variables that I am speaking to, and they are different everywhere. Las Vegas has a particular set of challenges that are different than Orlando, and so looking for the universals in our communities, laid out in our framework, provides that. Challenging the local leadership or regional leadership to what's unique about the politics of our area. Again, community partnership is vital. One of our partners here in Champaign is the University of Illinois, which is the flagship institution for the entire state. Higher education has a lot in common with health as far as challenges, and we have been able to partner in unique ways.

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*Please note that the views of interviewees do not always reflect the views of the AHA.*