ALLONE HEALTH

THE HEALTHCARE EAP BUYER'S GUIDE

Building a More Effective Healthcare EAP

A resource for HR leaders, benefits administrators, and workforce well-being teams supporting hospitals, health systems, and care organizations.

INTRODUCTION

Why Healthcare EAPs Are Different

Healthcare organizations operate in environments unlike any other. Around-the-clock patient care, rotating shifts, emotionally demanding work, and highly specialized clinical teams all shape how employees access support. For more than 50 years, AllOne Health has partnered with hospitals and health systems to understand these realities and build an employee assistance program rooted in their specific needs.

A traditional EAP designed for a standard corporate office often falls short because it doesn't account for **round-the-clock units, concerns about how seeking support could affect credentialing or licensure, or the reality of a workforce that is susceptible to compassion fatigue and other unique stressors.**

Healthcare organizations need an employee assistance program built for these realities; one built on both real human clinical care and digital access that fits a workforce working nights, weekends, and rotating shifts. An app without a clinician behind it can't handle a crisis after a difficult code at 3 a.m., and a clinician without digital scheduling and mobile access can't reach a nurse between patients on a 12-hour shift.

This guide covers what a modern healthcare employee assistance program should include, how to drive utilization across a clinical and non-clinical workforce, what ROI looks like, and how to navigate procurement — so you can get the most out of the benefit you're already investing in or evaluate new EAPs.

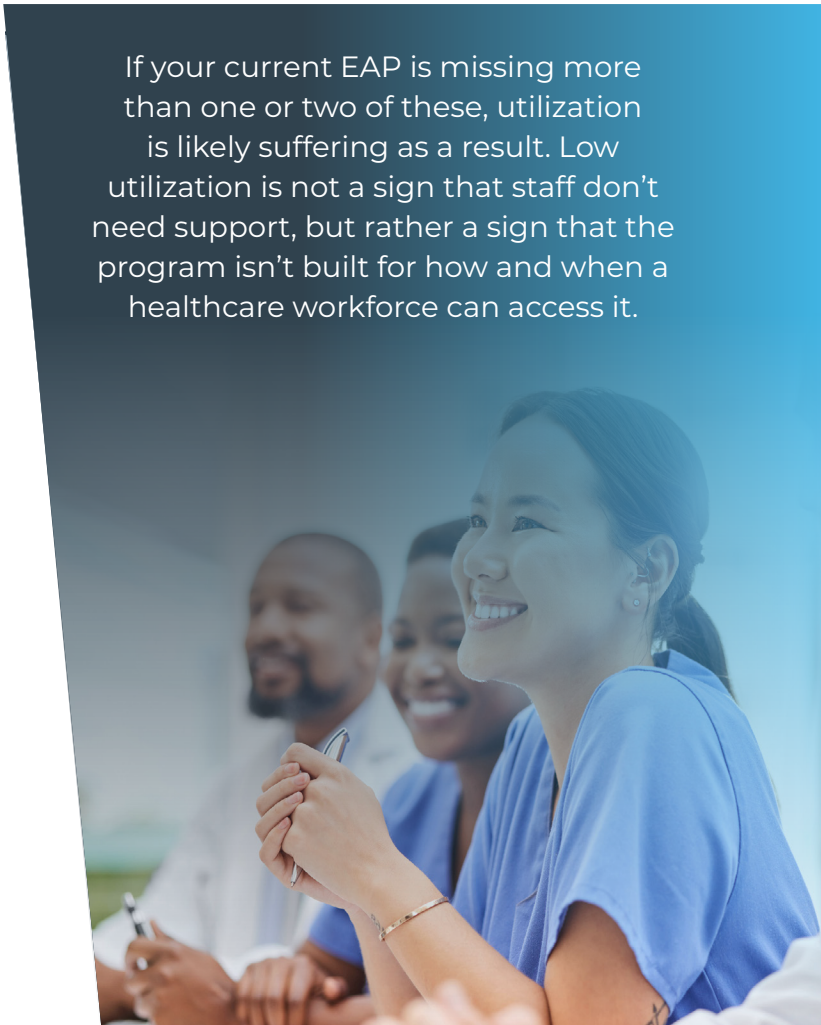
PART 1

What a Modern Healthcare Employee Assistance Program Should Include

Before you can maximize an EAP, it has to be built for the job, with real human clinicians and the digital access to reach them anytime, from any unit. Use this checklist to evaluate your current provider or a prospective one:

- ✔ **24/7 live clinical access —** answered by a real person, not a call tree, in seconds
- ✔ **Same- or next-day counseling appointments —** not two-to-four-week waits
- ✔ **Confidentiality that's clearly separate from credentialing and licensure reporting —** one of the most common barriers healthcare employees cite when deciding whether to use an EAP
- ✔ **Clinicians experienced in the realities of healthcare work —** moral distress, compassion fatigue, second victim experience, and exposure to workplace violence
- ✔ **Critical Incident Stress Debriefing (CISD) —** onsite and virtual response within hours of a code, traumatic incident, or violent attack
- ✔ **HR consultation and formal management referrals —** real-time guidance for charge nurses, unit managers, and medical staff leadership, not just individual employees
- ✔ **Legal, financial, and work-life referrals —** addressing the full picture of stress with integrated care and whole health support, beyond just mental health
- ✔ **Mobile app and digital self-scheduling —** accessible from a nurses' station or a break room, accommodating shift work schedules
- ✔ **Quarterly utilization and outcomes reporting that supports workforce strategy —** including partnership on strengthening resilience, retention, and mental health goals

If your current EAP is missing more than one or two of these, utilization is likely suffering as a result. Low utilization is not a sign that staff don't need support, but rather a sign that the program isn't built for how and when a healthcare workforce can access it.



PART 2

Getting the Most Out of Your EAP

For HR & Benefits Leaders

- Promote the EAP at every touchpoint — new hire orientation, unit huddles, benefits fairs, intranet — not just once a year.
- Share (anonymized, aggregate) success stories, performance outcomes, and utilization data with leadership to build ongoing buy-in tied to retention and burnout goals.
- Treat your EAP provider as a partner — align communications and engagement strategies that reach clinical and non-clinical staff alike.

For Clinical & Non-Clinical Staff

- Understand that EAP contact is confidential — it is not shared with your employer, and it is not reported to any licensing board or credentialing committee.
- Know you don't have to be in crisis to use it. Financial coaching, legal referrals, and childcare/eldercare support are part of the same benefit.
- Use the channel that works for your shift — app, live chat, phone — access isn't limited to business hours or the day shift.

For Charge Nurses, Unit Managers & Supervisors

- Work with your dedicated account manager and learn how to request a CISD response before an incident happens, not after. (*At AllOne Health, this simply requires giving us a call.*)
- Model use of the program yourself. Leadership visibility directly drives staff trust and uptake, especially in units with high stigma around seeking help.
- Learn to recognize early signs of burnout, compassion fatigue, and trauma response — and know exactly where to direct someone in the moment.

For Unions & Nursing Associations

- EAPs are typically structured to operate within collective bargaining requirements, including confidentiality and equitable access for all covered staff.
- Providers experienced in healthcare environments can work directly with you on trainings and organizational support built for the specific pressures of bedside and frontline care.

PART 3

Special Considerations by Role & Setting

Nursing & Direct Patient Care Staff

Bedside nurses face short staffing, high acuity, and repeated exposure to patient suffering and death. The EAP should have clinicians experienced specifically in moral distress and compassion fatigue, plus rapid CISD deployment after difficult codes or losses.

Emergency Department & Behavioral Health Units

These units see the highest rates of workplace violence in healthcare. The EAP should provide rapid post-incident responses and clinicians experienced in trauma from violent encounters.

Long-Term Care & Home Health

Staff working in skilled nursing facilities or in patients' homes are often isolated from peer support. Flexible, self-service digital access matters as much as live clinical care.

Physicians & Advanced Practice Providers

Physicians face unique stigma around seeking mental health support, often driven by concerns about how it could affect credentialing or licensure review. EAP support must be explicitly, provably separate from medical staff reporting to build trust.

Non-Clinical & Support Staff

Environmental services, food service, and administrative staff are frequently under-promoted to in EAP communications despite facing many of the same workplace stressors. Equitable outreach matters here as much as anywhere.

PART 4

Measuring Success — What ROI Looks Like

Healthcare budgets are under constant pressure, and turnover is one of the most expensive line items an organization carries. Here's what to track and report on:

METRIC	WHY IT MATTERS
Utilization rate	The clearest signal of whether staff are actually accessing the benefit
Time to first counseling session	Faster access correlates with better outcomes and higher trust in the program
Absenteeism & Turnover	EAP support can reduce time away from work departures tied to unaddressed burnout or personal challenges
Employee well-being / satisfaction scores	Captures impact beyond utilization numbers alone
Manager consultation usage	Indicates whether unit leadership is engaging proactively, not just reactively

Ask your provider for quarterly reporting on these metrics. If they can't provide it, that's a gap worth addressing.

What the research shows: Outcomes matter. A multi-year analysis of more than 100,000 AllOne Health EAP counseling cases demonstrates that timely access to experienced clinicians strengthens healthcare workforce resilience — helping employees resolve concerns quickly and return their focus to work and life.

- Average of **3.4 sessions** per case, with a **median resolution time under 30 days**
- The **average above held consistent** across employee age, role, and issue type — from mental health concerns (about **45%** of cases) to relationship strain, caregiving demands, workplace conflict, and financial stress
- Employees engaged across all support channels — **46% video, 38% in-person, 16% phone** — underscoring that access to multiple modalities, not just a single app, drives real resolution

These results reinforce what healthcare organizations already know: meaningful outcomes come from combining human clinical expertise with convenient digital access — not relying on digital tools alone. It's also a strong argument for holding your EAP provider to a standard beyond app usage metrics, especially given what turnover costs a health system.

PART 5

Navigating Procurement & Implementation

Healthcare purchasing comes with its own compliance and timing requirements. A few things to plan for:

1. **VENDOR CREDENTIALING & COMPLIANCE**

   Confirm HIPAA compliance and data handling practices are documented. Also confirm that the provider can pass your health system's vendor security and privacy review.

2. **BUDGET CYCLE ALIGNMENT**

   Work implementation timing around your fiscal year, not the vendor's preferred quarter.

3. **INTEGRATION WITH EXISTING WELLNESS PROGRAMS**

   Confirm how the EAP will coordinate with any existing programs. This can help prevent confusion from overlapping resources.

4. **IMPLEMENTATION TIMELINE**

   Ask providers for a realistic rollout plan, including charge nurse and manager training and staff communication across every shift. You need a plan, not just a contract signature date.

PART 6

Self-Assessment — Is Your Current EAP Working?

Score your current program:

- ☐ Employees can reach a live clinician in under a minute, 24/7
- ☐ Counseling appointments are available same-day or next-day
- ☐ Clinicians have experience relevant to moral distress, compassion fatigue, and workplace violence exposure
- ☐ Critical Incident Response is available within hours
- ☐ Managers and charge nurses have dedicated consultation support they can reach and use
- ☐ Your provider has documented experience with hospitals or health systems
- ☐ You receive quarterly outcome reports and utilization rate exceeds the legacy EAP industry average (3–5%)
- ☐ Employees can reach real human clinicians and self-serve through an app or portal — not one or the other

6-8 checked: Your program is likely performing well — focus on continued promotion and utilization tracking.

3-5 checked: There are meaningful gaps worth addressing with your current provider or in your next RFP.

0-2 checked: It may be time to evaluate whether your EAP is actually built for a healthcare workforce.

LET'S BUILD AN EAP THAT FITS YOUR HEALTHCARE WORKFORCE

For more than five decades, healthcare organizations have trusted AllOne Health to support hospital employee wellbeing. From bedside nurses to physicians to non-clinical support staff, our whole-person employee assistance program delivers behavioral health support for healthcare workers that's confidential, fast, and built around the realities of clinical work. Human care and digital access should be working together in one system that supports your workforce.

Visit **allonehealth.com** to request a custom quote.