

Washington's Health Workforce Sentinel Network Findings Brief: Large Hospitals

Acute care hospitals with more than 25 beds ("Large Hospitals") provided information about their workforce needs to the Washington State Health Workforce Sentinel Network, most recently in April/May 2021. This Findings Brief provides response themes as well as examples of specific comments, with an emphasis on the most recent findings. Responses from Large Hospitals from 2016 to the present may be viewed at www.wa.sentinelnetwork.org/findings/.

Themes from Large Hospitals' responses to pandemic-related questions are highlighted below. More pandemic-related findings from earlier in the pandemic are at www.wa.sentinelnetwork.org/findings/covid-19/.

Effects of the COVID-19 pandemic reported by Large Hospitals : Themes and examples

In the past 6 months, have there been overall staffing changes at your facility due to the COVID-19 pandemic?

THEMES: Patient volume increases along with COVID testing and vaccination efforts have led to staffing challenges.

- *We have had to add staff due to testing, screening of visitors and run a vaccine clinic.*
- *Volumes are requiring increased staffing for nursing and support staff/modalities, environmental services.*
- *Extremely short staffed, administrators decline to fill vacancies citing lost hospital revenue. Workload remains high but with fewer staff to manage safely.*
- *We have staff that was on quarantine for a long period of time creating a lot of challenge to provide enough staffing.*

In the past 6 months, what about the staffing arrangements at your facility made it easier to respond to the pandemic? What made it harder?

- *Staff willing to pick up extra shift to cover the shortage. What made it is harder is a lot of staff feel burn out.*
- *Traveler usage was incredibly helpful in providing relief in nursing. Extra shift incentives of staff to work extra and cover staffing needs helped us meet needs.*
- *Cross trained nurses and float pool teams.*
- *Implementation of shift and surge bonuses for RNs to respond staffing needs.*

Describe the workforce impact, if any, of the use of telehealth at your facility over the past 6 months.

THEMES: Not used in all hospital settings but was helpful for primary care and specialty services, among others.

- *Most telehealth occurred in ambulatory spaces.*
- *There has not been an impact by telehealth as we have not utilized that form of care.*
- *This has been a much-needed patient service and has the potential to be a career extender for an aging workforce.*
- *Expanded telemedicine services so patients can get the primary and specialty care they need from home. Medical interpreter services staff available to support the telehealth/telemedicine services.*

Did your organization do anything to encourage your staff to receive the COVID-19 vaccine? If so, what strategies were or were not successful?

THEMES: Education and onsite clinics were common strategies. Not all hospitals ran active campaigns.

- *Comprehensive education, open forums, and vaccine clinics.*
- *Free vaccines and clinics onsite.*
- *Comprehensive communication plans re: benefits of vaccine, regular townhalls from our infection control and chief nurse executive with open dialogue. Weekly vaccination rates by location presented to executive leaders.*
- *We offered and did encourage but our staff was not required to receive any specific voluntary vaccine, COVID included.*

What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

THEMES: Faster licensing approval for many occupations, but especially nurses.

- *Reducing processing time for DOH license/certifications for healthcare providers (e.g., down to 2 weeks?)*
- *License reciprocity with neighboring states to shorten the time to license for new WA resident.*
- *Increase the payment to rural hospitals in order to increase wages to be competitive with the urban hospitals.*
- *Establish safe staffing levels for inpatient pharmacies with high patient acuity and heavy clinical pharmacy presence.*

Large Hospitals (more than 25 beds) (Spring 2021)

Between 2016 and 2021, over the course of 10 reporting periods, Large Hospitals and other health care facilities in Washington provided key, on-the-ground information to the Washington State Health Workforce Sentinel Network. Below are highlights of trends over time and recent findings. More Large Hospital findings, along with those from other health care facilities, are at wa.sentinelnetwork.org.

Large hospitals (more than 25 beds) - Occupations with exceptionally long vacancies: 2016-2021

Top occupations with exceptionally long vacancies			
Rank	2016 – 2019*	2020	Spring 2021
1	Registered nurse	Registered nurse	Registered nurse
2	Medical assistant	Physician/Surgeon	Nursing assistant
			Physician/Surgeon
3	Physician/surgeon	Medical assistant	Pharmacy technician
		Nursing assistant	
4	Chemical dependency professional	Respiratory therapist	Medical assistant
	Nursing assistant		Med/Clinical laboratory technologist
	Respiratory therapist		Respiratory therapist
	Physical therapist		Surgical technologist
5	Nurse practitioner	Mental health counselor	Med/Clinical laboratory technician

↑ Most cited

*Multiple years were combined to account for low response numbers at some data collection points

Demand for healthcare workforce reported by Large Hospitals

In the last year, some employers reported lower demand for healthcare workers, stemming from COVID-19 closures. That does not seem to be the case now as patient volumes are returning to normal.

- [Multiple occupations] Increased retirements - likely due to pandemic.
- [Registered nurses, nursing assistants] Have seen migration to traveler assignments to chase short term pay increases. Also higher absenteeism related to new rules requiring more nurses to be available for coverage.
- [Multiple occupations] 1155 [HB 1155 - 2019-20] required us to hire additional staff.

Reasons for vacancies reported by Large Hospitals

While patient volumes are starting to return to normal, challenges related to COVID-19 continue

- [Multiple occupations] All hospitals in the region were staffing up due to increased volumes related to COVID pandemic. Direct competition with agencies staffing Travelers and offering excessive wages to them.
- [Registered nurses] Many nurses are leaving the profession due to COVID.
- [Multiple occupations] Closure of schools or hybrid school schedules resulting in limited availability of working parents and reluctance to set a near-term start date.
- [Multiple occupations] Limited availability for certification/license test-taking days, delays with DOH health provider licensing process (4-6 weeks).

Large Hospitals (more than 25 beds) (Spring 2021)

New roles for existing employees and new occupations hired by Large Hospitals

Staff from some departments were reassigned. COVID screening and vaccinations were priorities.

- Acute care and specialty nurses trained to work on the ICU and COVID-19 care teams (surge planning and response).
- [Registered nurses] Providing assistance in floating to other nursing units to provide care to COVID patients. Providing COVID testing.
- Newly hired roles included: screeners, vaccine clinic coordinators, contact tracers, donning and doffing monitors.

Reasons for worker retention/turnover problems reported by Large Hospitals

Burnout and other issues related to the COVID-19 pandemic were frequently cited.

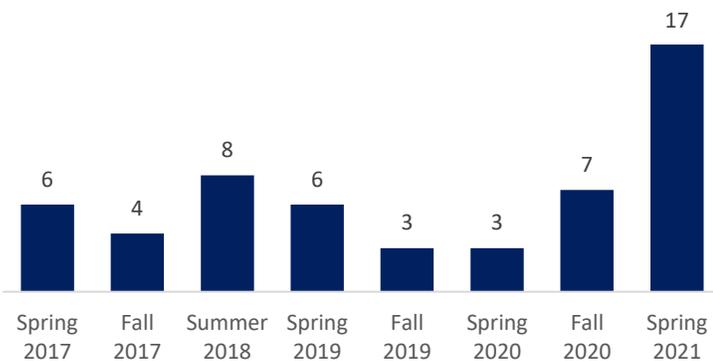
- RNs taking lucrative traveler assignments. Retirements up - likely pandemic concerns and fatigue related.
- [Multiple occupations] Burnout and retention, but due to personal and professional.
- Pharmacy Technician staff have not received any raise or any kind of hazard pay during the pandemic while other units in the hospital have. Many people are leaving for better paying jobs in the area.
- [Multiple occupations] Parent(s) or women leaving the workforce - increased caregiving responsibilities in the home.

Changes in Large Hospitals' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

Training and orientation content focused primarily on COVID-19 protocols. Most information was delivered virtually.

- Increase in virtual and self-study department orientation.
- Converted to abbreviated/virtual process. Also higher emphasis on PPE and required COVID training.
- Training to float to other nursing units to provide coverage.
- [Training for use of] telehealth

Number of Sentinel Network Responses from Large Hospitals in WA by Data Collection Date*



* 2016 responses not shown due to space constraints

Number of Large Hospitals by Accountable Community of Health (ACH) (Spring 2021)



About the Washington Health Workforce Sentinel Network

The Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

Why become a Sentinel? As a Sentinel, you can:

- Communicate your workforce needs and ensure that the state is prepared to respond to the transforming healthcare environment.
- Have access to current and actionable information about emerging healthcare workforce needs.
- Compare your organization's experience and emerging workforce demand trends with similar employer groups.

To view an interactive summary of findings and to provide information from your organization: www.wa.sentinelnetwork.org.

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