

Washington's Health Workforce Sentinel Network

Findings Brief: Small Hospitals

Acute care hospitals with 25 beds or fewer ("small 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 small hospitals from 2016 to the present may be viewed at www.wa.sentinelnetwork.org/findings/.

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

Effects of the COVID-19 pandemic reported by Small Hospitals (<25 beds) : Themes and examples

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

THEMES: Responding to COVID infections and census fluctuations has required flexibility and creative approaches.

- *When we get positive staff members [we can't] cover them and ...pull from upper management to make sure that those shifts are covered.*
- *We have lost staff due to COVID fear, loss of childcare and burnout.*
- *Everyone has had to put on more hats and do more. They have had to learn more about infection control and PPE.*
- *Increase demand for nurses, nursing assistants, Medical Lab Technicians/Technologists, and Medical Assistants.*

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?

- *We are a small hospital and that allows the flexibility to change course easily. What made it harder is that we are smaller facility and we do not have the resources larger facilities have.*
- *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.*
- *Adjustments are being looked at due to the nursing meal break and rest period law.*
- *Staffing for testing site and vaccine administration has made it harder. Overall moral and higher burnout. Strong community Volunteer group has made things significantly positive.*

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 clinic services.

- *Minimal at CAH level - area and patient population have limited connectivity/infrastructure to support local services.*
- *Expanded telehealth to augment Primary Care; now accounts for 10%-20% of all clinic visits.*
- *Could not do business in our rural and remote location without the use of virtual services.*
- *The clinic's use of tele-health has decreased since early in the pandemic and it is only being used a few times a day now.*

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.

- *We had staff members tell their "Why" stories...very powerful. We have worked closely with other providers in the community and public health to make getting the vaccine easy ... and we have been very successful.*
- *Provided education and resources necessary to have staff vaccinate. Strategies were not very successful as approximately 50% of staff are vaccinated.*
- *Open and ongoing communication regarding the Vaccine. Open and inviting concerns to address any concerns or fears.*
- *We didn't use any specific strategies to encourage staff. It was offered onsite for convenience.*

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

THEMES: Faster licensing approval for many occupations, more training and certification programs.

- *WA should be participating in a [nursing] compact. Would be a lot easier to recruit nurses from across the country.*
- *We need more RN, LPN, MT, MLT and MA programs.*
- *Add MAs and Lab Techs to the State's loan repayment program.*

Small Hospitals (<25 beds) (Spring 2021)

Between 2016 and 2021, over the course of 10 reporting periods, small 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 findings from small hospitals, along with those from other health care facilities, are at wa.sentinelnetwork.org.

Small Hospitals (<25 beds) - Occupations with exceptionally long vacancies: 2016-2021

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Winter 2016*	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Fall 2020*	Spring 2021
1	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Physician/ Surgeon	Registered nurse	Registered nurse
			Physical therapist					
2	Occupational therapist	Med/Clin lab technologist	Nursing assistant	Physician/ Surgeon	Physician/ Surgeon	Registered nurse	Medical assistant	Nursing assistant
	Physical therapist		Physical therapy assistant			Nursing assistant	Nursing assistant	
	Physician/ Surgeon		Physical therapist			Physical therapy assistant	Nursing assistant	
3	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Med/Clin lab technologist	Physical therapist	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Medical assistant
				Nursing assistant				Med/Clin Lab technologist
				Multiple occupations cited at same frequency				Marriage & Family Therapist

↑ Most cited

* Spring 2016 not shown due to lack of space. Spring 2020 findings not shown due to low response.

Demand for healthcare workforce reported by Small Hospitals

Lower demand for some occupations, which was reported in the last year, is not an issue now.

- [Registered nurses] Nurses choosing to take travel assignments or choosing to not be in the nursing field any longer.
- [Mental health counselors, Social workers] Issue with COVID-19 impact on need for mental health services.
- [LPNs, CNAs] There is a shortage and the high cost of living does not attract applicants.
- [Registered nurses] Treating patients that require one to one care has caused the increase in demand. Patients admitted with COVID require this care.

Reasons for vacancies reported by Small Hospitals

Most difficulties in filling open positions were not related to COVID-19, although the pandemic is a factor

- [Multiple occupations] Due to our rural area, we are unable to find qualified applicants for this position. We have also had several cases of COVID with our current employees that has left our clinic short staffed.
- [Multiple occupations] Low volume, low wage, high cost of living, no affordable housing.
- [Registered nurses] We are seeing a high number of retirements in nursing and relocations due to family circumstances and housing shortages locally (high cost of living).
- RTs have not been applying for the current position we have open. The main reason is due to the traveler assignments this profession is being offered that has high rates of pay.

Small Hospitals (<25 beds) (Spring 2021)

Reasons for worker retention/turnover problems reported by Small Hospitals

Many turnover issues related to the COVID-19 pandemic

- [Multiple occupations] Many people have left due to concerns around COVID. More burnout, more absences due to COVID precautions when symptoms arise.
- [Registered nurses] We have been on a wage freeze so this has not helped the situation as other hospitals are offering sign on bonuses and COVID care stipends.
- [Nursing assistants] Employees found they could make more on unemployment - Covid pay than working and absorb additional responsibilities like lack of childcare - home-schooling, care for high-risk family members.
- [Medical/Clinical laboratory technicians/technologists] COVID, childcare and burnout.

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

The content of sessions focuses primarily on COVID-19 protocols. Most information is delivered virtually.

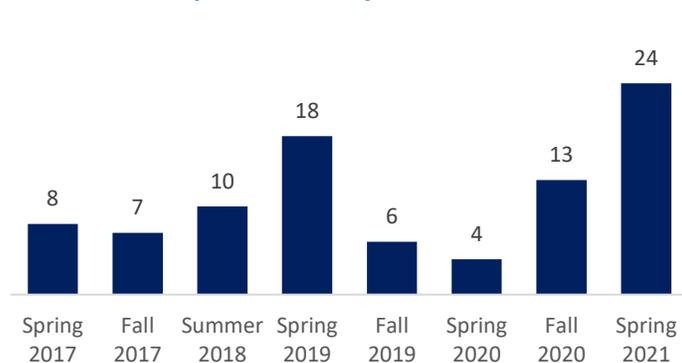
- Converted to virtual onboarding in all job classifications with emphasis on COVID precautions, enhanced PPE, etc.
- Due to COVID we went to all virtual NEO. We have received a lot of negative feedback. Employees not feeling connected to the mission, feeling inadequate in their training and clear expectations not set.
- Pandemic precaution PPE training PAPR N95 masking - respiratory transmission and isolation training with emphasis on infection control and prevention.

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

Many facilities are using screeners. Sometimes these are new hires, but often it is a new role for existing employees.

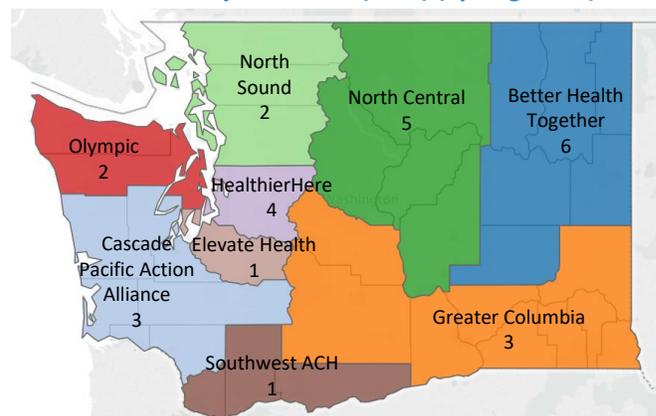
- [RNs, MAs, CNAs and EMTs] Needed to route/train some to Vaccine and Testing site on campus.
- [Multiple occupations] We did a lot of cross-training amongst units and sent folks to work in Home Health and the Vaccine clinic.
- New roles hired: screener, tester, employee relations coordinator, nurse educator, care coordinator/case manager.

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



* 2016 not shown due to space constraints

Number of Small Hospitals' Responses 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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