

## Washington's Health Workforce Sentinel Network Examples of Findings from Small Hospitals

Representatives from small acute care hospitals (25 beds or fewer) provided information to the Washington State Health Workforce Sentinel Network seven times between Summer 2016 and Fall 2019. This summary highlights some of the information they provided, with an emphasis on the most recently submitted data. Additional findings from small hospitals can be found on the Sentinel Network dashboard ([wa.sentinelnetwork.org](http://wa.sentinelnetwork.org)) as well as for other types of health care facilities.

### Small Hospitals (<25 beds) - Occupations with exceptionally long vacancies: 2016-2019

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Physician/ Surgeon
			Physical therapist			
Med/Clin lab technologist	Occupational therapist	Med/Clin lab technologist	Nursing assistant	Physician/ Surgeon	Physician/ Surgeon	Registered nurse
	Physical therapist		Physical therapy assistant			Nursing assistant
	Physician/ Surgeon		Physical therapist			
Medical assistant	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
Nursing assistant				Nursing assistant		
Multiple occupations cited at same frequency				Multiple occupations cited at same frequency		

← Most cited

### Reasons for vacancies reported by small hospitals (Fall, 2019 examples)

- Lack of affordable housing to support the cost of living here (registered nurses [RNs], nursing assistants).
- There are no practicing psychiatrists in our county. We are set up for telepsychiatry and have provided that service weekly since 2013 by contract. We are currently awaiting that service to begin again in January 2020.
- (Psychologists) We are planning to develop an outpatient behavioral health service line in the hospital to serve Medicare and commercial insurance as the community has too few contracted providers with Medicare and commercial plans.
- This specialty service (dermatology) is in demand and we cannot get an out-of-area dermatologist to come and lease space to provide services in our area. We had a dermatology office that was on contract but because they would not accept Medicaid patients we had to let the contract lapse.
- Access for Medicaid is limited to one single (dentist) provider who will see a quota of Medicaid children.
- (Medical Assistants) Huge need. Need training. Again housing and wages vs cost of living.

## Small Hospitals (<25 beds)

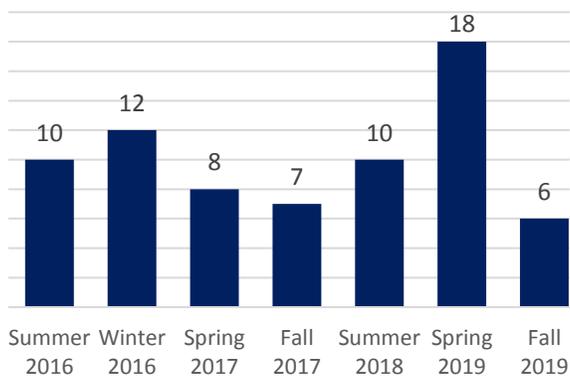
### Reasons for worker demand change reported by small hospitals (<25 beds) (Fall, 2019 examples)

- (Social workers – demand increase) We have a higher demand now that we provide the integrated behavioral health services. We have an agreement with a School of Social Work and three staff are getting MSWs to address the need. Internships include supervision of counseling and group therapy for our patients.
- (Nursing Assistants – demand increase) Turnover rate, too many open shifts, work too much.
- (Mental Health Counselors – demand increase) We have slowing been building our integrated behavioral health with primary care program with a .5 behavioral health consultant. Our recent loss of weekly telepsychiatry has created a barrier to care for our patients. We also provide MAT services in our clinic and the demand for counseling for these patients has stretched the limits of the community organization that provides SUD services to Medicaid only.

### New roles for existing workforce

- [Mental Health Counselor] Integrated behavioral health with primary care.
- (Psychologists, Clinical And Counseling) Same role as the mental health counselor, field supervisor for hospital social work.
- (Social workers) Using MSW Interns/Field Supervisor at [external organization].

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



Number of Small Hospital Responses by Accountable Community of Health (ACH) (Fall, 2019)



### 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 is 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](http://www.wa.sentinelnetwork.org).

Contact: [healthworkforce@wasentinelnetwork.org](mailto:healthworkforce@wasentinelnetwork.org)