Spring 2020

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Washington's Health Workforce Sentinel Network
Early COVID-19 Response Report:
Acute Care Hospitals (25 Beds or Fewer) 5/31/2020

The Spring 2020 Washington Health Workforce Sentinel Network added four questions about the impact of the COVID-19 crisis on health care facilities' workforce and operations. These questions were in addition to the regular detailed questions about their health workforce changes and issues that are obtained twice yearly.

Below is a report of initial responses (13 as of May 14) to the COVID-19 questions from acute care hospitals with 25 beds or fewer (small hospitals) across Washington. COVID-19 related findings will be reported along with responses for other workforce demand questions, as well as for other types of health care facilities, on the Sentinel Network dashboard (see wa.sentinelnetwork.org).

When responding to the COVID-19 emergency (since approximately February 2020), which occupations and/or service roles, if any, were most affected at your facility(ies), and in what ways?

THEMES: PPE needs, difficulty maintaining needed staffing levels due to increases in some services and reductions in others.

- Staff vacancies or requests for leave. PPE supply. Foodservice supply.
- The entire organization has been affected from providers to clinical staff to support staff. Services have been reduced across the organization and revenue has decrease by at least 55% in about 2-3 weeks. We have had issues with PPE and staff stress while waiting for COVID-19 testing results to return. We have reduced hours/compensation for all staff by 25% for an 8-week period of time and we are hopeful this will be enough. We have also had staff members take multiple week furloughs as part of our cost reduction ... We have eliminated all travel and education for the rest of 2020 and postponed staff pay increases until the end of year, if we are able to provide them…
- Occupations most affected are clinical, including RN, MD, MA, RT, CRNA, service demands are affected, PPE was limited until recently, employees around the organization are stressed.
- Cancellation of elective surgeries by the Governor's Proclamation had a big impact on our facility. The outpatient procedures performed in our Radiology department have decreased. The Rural Health Clinic owned and operated by our hospital has seen a reduction in visits. Our facility has not had to furlough staff and has been creative in assigning staff that have been effected in the OR and PACU as well as other areas to other duties within the hospital. nitially PPE was conventional and has changed to contigency as we are conserving PPE.
- A 40% drop in total demand for services has caused a major decrease in potential revenue across the facility. We have a voluntary standby offered to employees currently. We are low on surgical gowns. We have had a hard time maintaining normal levels for our nursing staff.
- All departments and patient care roles have been affected based on significant reduction in patient demand: ER/ACU/TCU nurses/NACs, pharmacists, respiratory therapists, outpatient nurse, social services, admitting staff, dietary, our 3 RHC's - MA's, reception, imaging and lab staff and surgery staff. Surgery staff have been most dramatically affected with elective surgeries not occurring. We have also struggled to get PPE, but we have received some donations from our community and some items from Public Health that have helped. We are still hoping to get other items ordered in though.
- Less demand for services related to initiation of [Governor's] orders to stop elective procedures and decrease routine office visits, has resulted in staff being deployed to other areas of the facility. Surgery has moved to triage in outpatient and acute. Some RHC staff deployed to the hospital. Non-medical, essential employees are working from home. We have not needed to furlough. Implemented PPE conservation and have enough to care for the patients. Wellness is addressed through daily email communication and one weekly zoom that include wellness resources.

Small Hospitals

Occupations and/or service roles most affected (cont.)

- The ICU and the ED saw the greatest increase in volumes of patients, creating more demands for services in these areas, with fewer available specialty nurses to fill the roles as many were off work due to potential exposures or required quarantines. However, in departments where elective cases were being cancelled, we had extra staff that had to be furloughed due to low patient volumes.
- Additional workload and time trying to follow and implement guidelines sorting through 100s of e-mail, webinars and phone conferences from every agency from CDC to local entities. PPE was also a challenge to manage.
- None of the above. We were most concerned that our nurse per diem pool was too shallow, but so far with low patient volumes we haven't had any staffing problems.
- Decreased volume in all outpatient services along with ED. Some clinical staff were placed on low census. As for PPE we're low on barrier gowns, surgical masks, face shields.
- PPE needs
- Nurses (predominantly Surgery and Medical-Surgical), Certified Nursing Assistants, Respiratory Therapists, Surgical Technologists. Related to less demand for services.

Is there anything about your facility(ies)' staffing arrangements that made it easier or harder to respond to the emergency? If so, for which occupations and why?

THEMES: Problematic – Reliance on traveler/agency staff, recruitment/retention problems made worse by COVID-19 emergency. Helpful – Staff flexibility and receptiveness to change, quick implementation of infection control, prior experience with telehealth.

- Staffing at our facility was not robust so when we started having leaves and employees self-quarantine, it required us to respond accordingly.
- The entire process about this has been hard. We only had 1 traveler in our facility and that assignment was coming to an end. We have a combination of full-time and part-time staff and this has been difficult for everyone.
- We put in place additional on-call staff for a surge in the ED. If we have 2 potential Covid patients in the ED it prevents us from easily responding to other patients that may present to the ED because of the PPE needed and keeping from contaminating others.
- We are currently utilizing a number of agency staff. We also have some older staff who fall into the high risk category and have made accommodations to work assignments for RN's and MA's. The agency RN's we had confirmed with demanded a higher wage to come to our rural facility. We felt forced to provide the higher wage to ensure the traveler would keep the assignment.
- Nursing positions were already vacant prior to the pandemic. Because we are unable to perform elective surgeries it has provided more RN's to work in other areas of the hospital. The screening of staff and patients would have been more difficult to staff if we didn't have the OR and PACU staff available.
- It made it quite a bit more difficult as our staff has had to adapt heavily to our COVID 19 needs.
- As our patient volume has been dramatically decreased, we've been able to fill shifts. We do utilize agency/ contracted staff to fill some of our open/posted nursing shifts, as we hire and orient/train new staff coming to our facility. We have also flexed some staff from other departments to help with open shifts. Staff have been open to take on new responsibilities.
- We do use agency and have experienced some call in however staff and nursing leadership have been able to cover needs to date. We had a good system for teleworking prior and we were able to implement on a larger scale quickly. We implemented IC quickly which led rapid response to and changes being implemented quickly as well. There was not a significant impact in regards to high-risk workers.
- Nursing positions, especially in the OR and the ICU. We lost a number of RNs with ICU and OR training to facilities across the country … offering huge bonuses and weekly salaries as well as [travel] expenses. These nurses quit their jobs at our facility to go to other states in disaster situations to make large salaries.
- We only had 1 high risk healthcare worker who worked in our clinic. We were able to move her to non-patient care tasks. Increased two of the other healthcare workers to 40 hours/week, they were happy to get the extra hours.
- We were able to redeploy staff to other areas for which they were qualified to provide services. We were able to redeploy nurses, Certified Nursing Assistants, Therapists, and Inpatient/Outpatient Secretaries effectively.

Small Hospitals

From your experiences with the COVID-19 emergency, what are your facility(ies)' top workforce needs over the short and longer term that could be alleviated by new or modified policy, regulatory, and/or payment rules?

Short term workforce impact	Needs
Nursing (RN/LPN), nurse technician,medical assistant, certified peer support professionals, diagnostic imaging tech, respiratory therapist	*Quicker certification/licensure*
Surge capacity	*---*
Recruitment	*---*
MA-C training cancelled by the state	*Re-opens in Oct. 2020*
ICU nurses, OR nurses, Case management/Utilization review	*Bonuses for working critical access hospitals*

Longer term workforce impact	Needs
Nursing (RN/LPN)	*Volume of graduates, pipeline*
Stable work force	*Alternative nursing programs like the RONE program*
Telehealth training	*Telehealth payments*
Filling open positions	*---*
Additional nursing, additional nursing, additional …	*---*
Telehealth training	*Continuation of CMS waiver*
ICU nurses, OR nurses	*Education pipeline, clinical training interim permits*
Clinical rotations for new nurses	*Allow nurse students to complete their clinical rotations*
Medical assistants, certified nursing assistants, surgical technologists	*Apprenticeship pipeline; ability to link to other roles like Respiratory therapist*
Advanced Practice Registered Nurses	*Pipeline and clinical training*

Are there additional important workforce issues resulting from the COVID-19 emergency at your facility(ies) that you feel should be recognized and addressed?

THEMES: Financial impact of limits to elective procedure, continued problems recruiting and retaining workforce in rural areas.

- *The COVID-19 issues that have occurred in Western WA are not the same as in Eastern WA. It has made it very difficult for rural hospitals to remain financially viable once the restrictions on elective procedures and surgeries was announced. It seems like it might have been more thoughtful to look at Western WA and Eastern WA differently and allowed the hospitals in Eastern WA to continue to function with maybe some additional restrictions, but not a full stop. It also seems that this provides a more State wide cooperative approach across the State. Maybe rural hospitals would not be expected to care for COVID-19 patients - those patients would be transferred to larger facilities who have the resources to care for these patients. As of today - our hospital has had zero admitted COVID-19 positive patients - however we are at a stand still in providing care to our community.*
- *It is a constant challenge to recruit and maintain a steady and stable work force. Too few of nurses available for rural areas. It would benefit rural areas if we had a program that would allow In hospital programs like the RONE program. Removing the road blocks for a RONE program would be beneficial for rural areas.*
- *Ability to maneuver staff in an emergency situation could have the potential to be an issue with Union contracts and the communication the Unions were providing to their members and to employers of the allowing of staff sharing.*

Additional important workforce issues (cont.)

- *Uncertainty - inconsistent volumes requires us to low census or furlough staff, which then creates a shortage when there is a spike in volumes. The termination of elective procedures has created a situation where there are excess staff in some areas, but they do not have the skill sets neccessary to fill positions in the high volume areas, nor do we have the time and resources to train them. In addition, the lack of supplies has created situations where we can't provide adequate PPE to staff, which has caused some nurses to quit completely due to fear of th disease.*
- *None. We were approved and received funds from the PPP loan.*

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.

Contact: healthworkforce@wasentinelnetwork.org