

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

From October 5 to November 8, 2020, representatives from acute care hospitals with more than 25 beds answered five questions about how the COVID-19 pandemic affected their organization. Themes from their responses are highlighted below. To see their full responses as well as summaries from Spring 2020, go to [www.wa.sentinelnetwork.org/findings/covid-19](http://www.wa.sentinelnetwork.org/findings/covid-19). On the following pages are summaries of responses to other Sentinel Network questions.

### Effects of the COVID-19 pandemic reported by large hospitals : Themes and examples

#### Have there been overall staffing changes at your facility due to the COVID-19 pandemic?

**THEMES:** Some employers reported no changes, others reported furloughs and the need for roles to manage COVID-19.

- We now have new permanent staff to screen patients and visitors. We have increased Employee Health staff to evaluate employee symptoms and release to work, COVID testing, tracking, and contact tracing.
- Increased need for roles related to COVID including ICU RNs, Medical RNs, CNAs, Phlebotomists, Respiratory Therapy.
- We did furloughs during the Summer related to budgetary issues.
- Addition of Healthcare Screeners has been the primary staffing change.

#### Were any of your staff disproportionately affected by COVID-19?

**THEMES:** Some departments were more affected than others. Staff were reassigned or furloughed.

- When elective surgeries were stopped, all our OR and Med/Surg staff were impacted by lack of work. Our sleep centers were closed, staff were redeployed to test-fit N95 masks, take temps at front doors etc.
- We have a portion of our inpatient psych staff who, due to underlying health conditions are on extended COVID leave. We are then required to use premium labor, such as per diem staff to fill in the holes in our schedule.
- A number of members of our Surgery Department were furloughed while other departments saw increased House Convenience time due to lack of patients.
- We had to stop scheduling patients for OR and physical therapy for awhile so we relocated that staff to screening reps. for many weeks. By the time they were ready to schedule patients again we had new screening staff in place.
- Closure of schools resulting in parents' schedules changing.

#### What about the staffing arrangements at your facility made it easier or harder to respond to the pandemic?

**THEMES:** Relationships with unions were key. Filling vacancies or absences was a challenge.

- Harder to respond due to the number of staff who are out on COVID leave - we can't permanently fill the open position, but must have the coverage, so we spend premium dollars for fill in staff.
- Reassignments needed to be negotiated with labor unions which slowed the process.
- Our relationships with our labor unions helped us be nimble in redeploying staff where needed.

#### As a result of the COVID-19 pandemic, what are your top workforce needs that could be alleviated by new or modified policy, regulatory, and/or payment rules?

**THEMES:** Quick and nimble licensing/certification processes, plus increased behavioral health supports.

- [There is a need for the] creation of more Interim Licenses and ease of transferring licenses across the US states.
- [There were] licensing delays of WA State nurses due to DOH furloughs.
- Need more Extended Care facilities for those who have behavioral health conditions but who no longer have an acute behavioral health condition – [whose] needs are more long-term in nature.

#### Describe the workforce impact, if any, of the use of telehealth at your facility in response to the pandemic.

**THEMES:** There were mixed reviews for telehealth in the hospital setting.

- Telehealth helped keep patients out of the ER.
- Impact is more on our outpatient side of the house.
- It was certainly nice to have as a backup. It does not reimburse as well so its not the best use of funds.

## Large Hospitals (more than 25 beds) (Fall 2020)

Representatives from acute care hospitals with more than 25 beds provided information to the Washington State Health Workforce Sentinel Network nine times between Summer 2016 and Fall 2020. This summary highlights some of the information they provided, with an emphasis on the most recently submitted data. Additional findings from large 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.

### Large hospitals (more than 25 beds) - Occupations with exceptionally long vacancies: 2016-2020

Top occupations with exceptionally long vacancies		
Rank	2016 – 2019*	2020
1	Registered nurse	Registered nurse
2	Medical assistant	Physician/surgeon
3	Physician/surgeon	Medical assistant
		Nursing assistant
4	Chemical dependency professional	Respiratory therapist
	Nursing assistant	
	Respiratory therapist	Social worker
	Physical therapist	
5	Nurse practitioner	Mental health counselor

← Most cited

\*Multiple years were combined to account for low response #s at some data collection points

#### Demand for healthcare workforce reported by large hospitals (Fall 2020)

**Some employers report lower demand for some healthcare workers, which stems from COVID-19 closures.**

- *[Peer counselor] At least one of our peer programs is on hiatus due to COVID.*
- *Home Health has been hit due to COVID. It's hard to feel safe going into people's homes.*

**Many other occupations are in high demand, however.**

- *[Multiple occupations] Need to be able to backfill for those who are out due to community exposures (and need to self quarantine) as well as those who are on COVID specific FMLA/ leave status.*
- *[Registered nurse] Turnover increased as employees moved to follow traveling jobs or other jobs paying higher wages. Both areas seem to have increased to a degree due to COVID demand throughout the country.*
- *[Mental health counselor & Social worker] COVID has increased the need for these roles.*
- *[Nursing assistant, Medical assistant, Psychiatric aide] More one on ones due to serving COVID positive patients on our inpatient unit.*

#### Reasons for vacancies reported by large hospitals

**The COVID-19 pandemic has introduced some new challenges, but many pre-COVID challenges persist.**

- *[Multiple occupations] Salary/ wages; some fear of COVID contagion.*
- *[Registered nurse] Long delays from DOH in licensing paperwork for new RNs or RNs coming from other states.*
- *[Medical assistant] We need over a dozen MA's all the time. We continue to grow inhouse training programs but we keep increasing the need. The pay is low in comparison to the education required and the scope of practice.*
- *[Nursing assistant] This continues to be a challenge as there are few training programs in this community. Wage issues seem centered on starting wages and is being addressed with the union.*

## Large Hospitals (more than 25 beds) (Fall 2020)

### New roles for existing employees and new occupations hired by large hospitals

Staff from some departments were reassigned. Employee and patient screening was a priority.

- [Registered nurse] During our lockdown period when we were not seeing many patients, many RNs were redeployed to screen employees and patients (Healthcare Screeners) as well as other work that was available.
- [Registered nurse] OR nurses worked in support roles in the acute and critical care settings. Some ambulatory nurses worked in the Emergency Department or on acute care units.
- [Medical assistant] Some MAs have committed much time to registering patients outside, some have been assigned to screening patients prior to entry, and some have done the actual COVID test for patients/employees.

### Reasons for worker retention/turnover problems reported by large hospitals

Some turnover issues related to the COVID-19 pandemic.

- We have had several staff go on medical leave or retire - some of which is due to COVID. Staff are deciding now is the right time to retire. Particularly if they are of a certain age or have medical concerns.
- [Respiratory therapist] I speculate some of turnover we see in RT is the shifts but also the risk due to COVID.

But other issues were present before the pandemic.

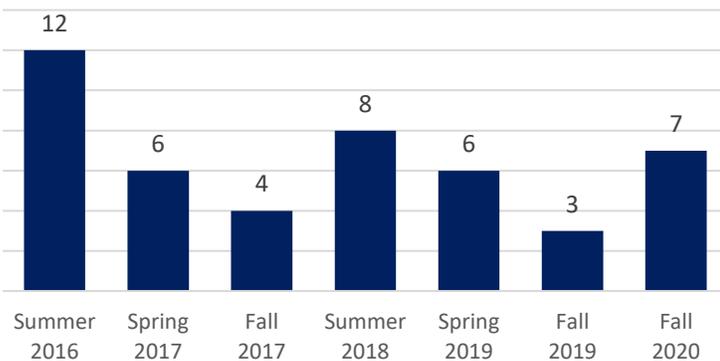
- [Registered nurse] Combination of wages, workload & staff relocating because of cost of living/to be closer to family.
- [Medical assistant] We see our MAs leaving us for more pay in near by facilities. We know that we pay a little less per hour but have much better benefits packages.

### Changes in large hospitals' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

The content of sessions focused primarily on COVID-19 protocols. The way information was delivered changed.

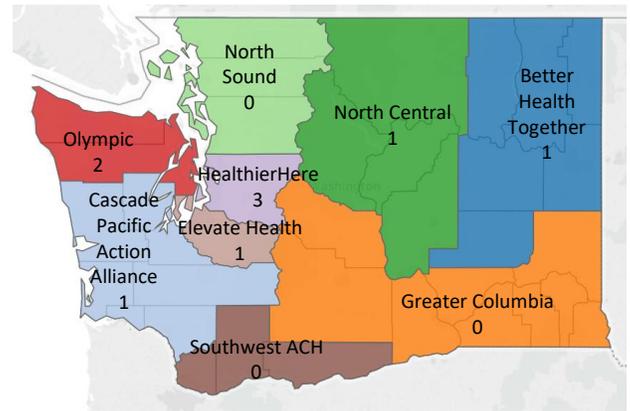
- Had to add in donning and doffing, mask and PPE and screening protocols.
- All clinical staff have been given reminder training on isolation procedures and additional training specific to COVID.
- Screening upon entry, special rooms reserved in order to social distance, reduced days to onboard.

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



\* Winter 2016 findings not shown due to space constraints

Number of Large Hospitals by Accountable Community of Health (ACH) (Fall 2020)



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

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