

Washington's Health Workforce Sentinel Network

Examples of Findings from Small Hospitals

From October 5 to November 8, 2020, representatives from small acute care hospitals (25 beds or fewer) 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. On the following pages are summaries of responses to other Sentinel Network questions.

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

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

THEMES: Staffing levels and responsibilities were adjusted based on fluctuating census and elective procedure restrictions

- All staff took either a reduction in work hours or a reduction in pay. This was for an eight week period of time from mid-April to early June. Staff also changed job responsibilities to: laundry, car traffic control, monitoring of staff on daily check-ins, and Covid testing.
- We did temporary furloughs during April - June.
- The addition of a COVID unit and PUI unit created additional staffing needs outside the usual staffing grid.
- We have also had to increase staff when patient census increased especially with any Covid patients in the facility.

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

THEMES: Most reported no disproportionately affected staff. Those who did mentioned non-clinical and lower-wage staff.

- Non-clinical staff were more likely to get furloughed.
- Lower wage earners were hurt more by having their hours reduced. However, no employee lost their employer provided health insurance benefits.
- The main affect has been related to home school and how to balance work and life when kids are at home.

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

THEMES: Smaller hospitals running on tight margins not always as nimble as larger institutions, especially with staffing

- When we are faced with a quarantine of staff it makes it that much harder to get qualified help in a timely manner.
- [Hard to find] staff to come on as pool so that we had trained back up emergency staff versus relying on agency staff.
- Large organizations were able to order larger quantities of PPE or start out bidding each other for supplies and equipment - we do not the financial resources to compete.

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: Many different policy changes were suggested

- Some "union" issues made some creative staffing more difficult. It would have been nice if those "legal/CBA" restrictions were waived.
- Exempt small rural hospitals from the ban on mandatory pre-scheduled on call in HB 1155.
- Make sure the education systems [have] financial resources and clinical site support...
- The State Government should be supporting the healthcare system by providing financial resources and other types of resources like supplies and manpower. The State Government should not be making day-to-day healthcare decisions.

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

THEMES: A small number report successful implementation of telehealth, but most report challenges

- We changed to virtual care early in the pandemic which has allowed for continuation of care in a safe manner. We need continuation of payment for these visits until we can return to services as delivered prior to Covid.
- We tried to utilize telehealth however our community has very limited resources for internet and computers or smart phones so this did not go well.
- Lack of education for our providers on how to best utilize telehealth. Lack of appropriate reimbursement, lack of internet/cellular infrastructure in rural areas. technology overload for our elderly population.

Small Hospitals (<25 beds)

Representatives from small hospitals (<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 small hospitals can be found on the Sentinel Network dashboard (wa.sentinelnetwork.org) as well as for other types of health care facilities.

Small Hospitals (<25 beds) - Occupations with exceptionally long vacancies: 2016-2020

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

↑ Most cited

* Spring 2020 findings not shown due to low response

Demand for healthcare workforce reported by Small Hospitals (<25 beds) (Fall 2020)

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

- *[Physical therapist, Speech language therapist, Occupational therapist, Physical therapy assistant] We saw a major decline in visits in our therapy department.*
- *[Multiple occupations] Elective surgeries were cancelled and appointments were being cancelled by patients out of the fear of exposure to Covid.*

Some occupations, including behavioral health providers, are in higher demand due to COVID-19 pandemic

- *[We need a Social Worker due to] Community anxiety and stress.*
- *[Medical/Clinical Laboratory Technician] The Covid testing effected the labratory and its volumes.*

But COVID isn't the only reason for increased demand for some occupations

- *Due to changes in state law banning on-call provisions for Radiologic Technologist, demand for these positions will continue to increase.*
- *[Medical Assistants are] essential to running a primary care based practice and in greater demand due to the increase focus on prevention and population health management.*

Small Hospitals (<25 beds) (Fall 2020)

Reasons for vacancies reported by Small Hospitals (<25 beds)

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

- *[Physician/Surgeon - Family medicine physician] Hard to recruit physicians to rural areas.*
- *[Emergency medical technician] We can't afford to employ full time as we are not reimbursed for their services adequately.*
- *[Registered nurse] Salaries in our rural area are less than urban areas. Besides with COVID urban hospitals are offering higher bonuses and higher pays due to competitive market and low supply.*

Reasons for worker retention/turnover problems reported by Small Hospitals (<25 beds)

Some turnover issues related to the COVID-19 pandemic

- *[Registered nurse] COVID inspired fear of infection and increase demands on position.*
- *[Speech-language therapist] Remote school for children.*
- *[Medical/Clinical laboratory technician & technologist] Unplanned retirements and increased demand on the number of tests performed.*

But other issues were present before the pandemic

- *[Nursing assistant] We have nursing assistants working while trying to complete their nursing program.*
- *[Medical assistant] resignations due to moving out of area or moving into a different position within the company.*
- *[Registered nurse] Caregivers moving to the urban area looking for more opportunities.*

Changes in Small Hospitals (<25 beds) priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

The content of onboarding and training sessions focus primarily on COVID-19 protocols

- *More training on PPE use, exposure controls, signs and symptoms as well as the equipment that will be used to treat Covid patients.*
- *Training of nurses to test for individuals with COVID like symptoms.*
- *Proper PPE training has become much more important due to Covid-19.*

Changes to the way information is delivered has been necessary

- *Many trainings has been changed to virtual to ensure that maintain social distancing. Also, in person training are limited to 5 people.*

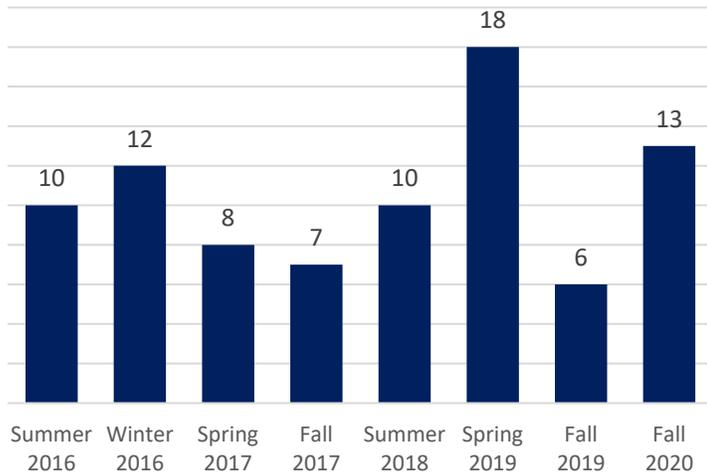
New roles for existing employees and new occupations hired by Small Hospitals (<25 beds)

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 were redeployed to] Drive up testing facilities and used as facility screeners.*
- *[We hired a new Screener to] screen each patient, visitor, and employee before entering any of our many buildings.*

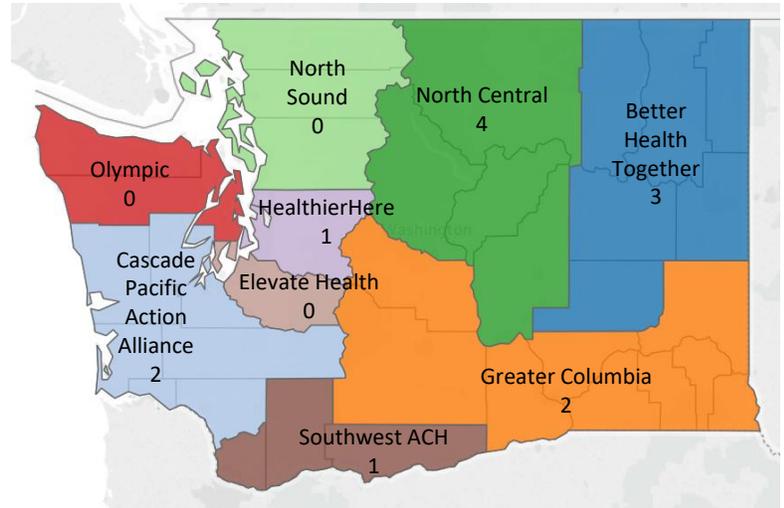
Small Hospitals (<25 beds) (Fall 2020)

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



* Spring 2020 not shown due to space constraints

Number of Small Hospitals Responses 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.

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