



Washington's Health Workforce Sentinel Network Findings Brief: Small Hospitals

This Findings Brief highlights current workforce needs reported to the state's Health Workforce Sentinel Network by Washington's acute care hospitals with 25 beds or fewer ("Small Hospitals") during April/May 2024, as well as trends over time. Between 2016 and 2024, over the course of 16 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. More findings from 2024 and earlier, as well as for other health care facilities, may be viewed at https://www.wa.sentinelnetwork.org/findings

Top occupations with exceptionally long vacancies*								
Rank	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	
1	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	
2	Nursing assistant	Medical assistant	Nursing assistant	Cook / Food services	Medical / Clinical lab technologist	Environmental services	Nursing assistant	← Most cited
		Nursing assistant					Physician/ Surgeon	
3	Medical assistant	Physician/	Cook / Food services	Nursing assistant	Medical / Clinical lab technician	Multiple occupations cited at same frequency**	Mental health counselor	
	Medical / Clinical lab technologist	Surgeon			Nursing assistant		Social worker (Healthcare)	

 $Findings\ prior\ to\ Spring\ 2021\ not\ s\ hown\ due\ to\ space\ constraints.\ Occupations\ cited\ by\ the\ same\ number\ of\ responses\ share\ the\ same\ rank\ number.$

Reasons for exceptionally long vacancies reported by small hospitals

Reasons for prolonged vacancies were cited as having to do with few qualified applicants and difficulties recruiting to rural areas.

- [Registered nurse]
 - Our area lacks housing, public transportation and daycare services. There are also limited job opportunities for spouses and limited activities for children. Solutions of course would be more housing, transportation and daycare. However, without economic growth in the area, it's very hard to find solutions on our own.
 - Difficult to place RN's, especially in psych. Also, the rates they are requesting are difficult to meet due to bed stay reimbursements.
- [Mental health counselor] I believe this has been a challenge due to our location as well as a shortage in the industry. I would love to see an apprenticeship to employment program, more student opportunities, and open to any creative ideas.
- [Nursing assistant] We are almost always seeking NACs. We have brought in-house certification to our campus which has helped.
- [Physician/surgeon] It is difficult to recruit providers to a rural location and an aging facility. We are considering NP/PA alternatives.

 $^{**} Medical \ assistant, \ medical/clinical \ laboratory \ technologist, nursing \ assistant, \ physical \ the rapist, \ physician/surgeon$

Small Hospitals, 25 beds or fewer (Spring 2024)

Highlights of current workforce needs reported to the state's Health Workforce Sentinel Network by small hospitals during April/May 2024 (continued).

Reasons for worker retention/turnover problems reported by small hospitals

Respondents indicated that retention and turnover problems are driven by too few applicants, recruitment and retention problems not related to salary/wage/benefits issues, and salary/wage/benefits issues.

- [Physician/surgeon] No providers available, limited resources in the state, lack of transferrable beds to appropriate facilities.
- [Registered nurse]
 - Aging demographic retiring or reducing hours of work to per diem & part time.
 - We are struggling a lot lately with staff attrition to higher-paying jobs in urban areas, which are offering large sign-on bonuses we cannot compete with. A newly signed contract will hopefully help.
- [Nursing assistant] Skilled nursing has been competing at terms we cannot match for our CNAs. We hope to start training some of our own CNAs in the future.
- [Licensed practical nurse] Several of our LPNs have become RNs for us (a good problem to have). It certainly feels as if there are less LPNs in the world of nursing than there once was.
- [Medical assistant] The competition locally for highly-skilled MAs is quite high.
- [Multiple occupations]
 - [We] have to rely on staffing agencies to fill gaps in schedule.
 - Our contracted service provider for PT/OT/SLP has been struggling a lot lately with staff attrition to higher-paying jobs in urban areas. This has increased their use of agency staff, and has created service outages for our patients.

Changes in small hospitals' priorities <u>regarding orientation/onboarding for new employees and training for existing/incumbent workers</u>

Respondents highlighted changes to scheduling or content, new mentorship/apprenticeship/residency programs.

- [Multiple occupations]
 - Improving training and organization skills match with effective employee orientation and training. Improving employee engagement opportunities early in employment experience.
 - Overhauling the onboarding process.
 - Updated annual education.
- [Physician/surgeon]
 - We identified the need for more departmental and IT training for new providers and have been working on new processes to meet these needs.
 - Mentor program, leadership courses.
- [Nursing assistant] NAC program-educator to focus on our NAC.
- [Nurse practitioner] Match with provider/mentor.
- [Registered nurse]
 - Overhauled orientation and onboarding.
 - Reworking competencies.

New roles for existing employees and new occupations hired by small hospitals

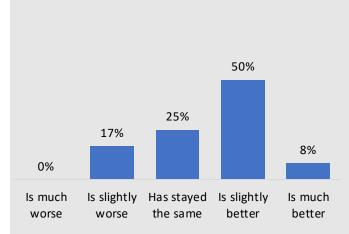
Respondents reported no new roles for existing employees or new occupations hired over the past six months.

Small Hospitals, 25 beds or fewer (Spring 2024)

Overarching Workforce Issues: Themes and Examples

Responses by small hospitals to questions about current overarching workforce issues are summarized below. Earlier overarching and pandemic-related findings are at www.wa.sentinelnetwork.org/findings/covid-19/.

In the past six months, how has your organization's ability to staff your facility/facilities changed?



Comment examples

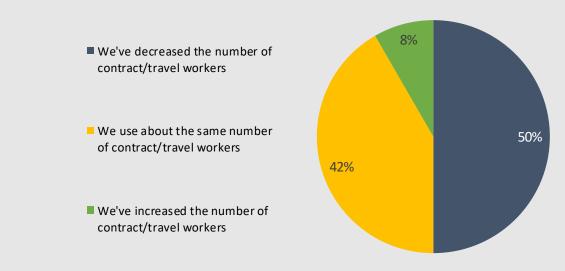
- [Is slightly better] Seeing more applicants, starting an internal NAC program and Pharmacy Tech program-"growour own" and beginning a tuition reimbursement program for nursing.
- [Is slightly better] Our retention overall decreased to under 20%. Our open positions decreased by 50%. Our HR Staff has made incredible impact on this.
- [Has stayed the same] very limited pool of applicants want to drive 35 or more miles to work.
- [Is slightly worse] We are struggling a lot lately with staff attrition to higher-paying jobs in urban areas, which are offering large sign-on bonuses we cannot compete with. Local competition for skilled staff is quite high. Educational programs could never turn out enough graduates a present to fill all the gaps.

Describe any new retention strategies your organization has implemented in the past year and their impact on staff retention.

Respondents described implementing strategies ranging from increasing wages and improving onboarding processes to employee engagement and implementing new health information technology programs.

- Increased wages to compete with regional staffing agencies and other healthcare providers.
- We feel Epic will help recruit and retain staff, as it's a current EMR. We also always try to maintain a positive professional culture that will encourage staff to stay.
- A robust HR Team who vets, schedules, and follows a good program of onboarding and orientation and follows up with new staff on a regular basis.
- We added crisis pay to incentivize and show appreciation for picking up any extra shifts.
- We recently implemented a Refer a Friend program for existing employees to refer friends or family. If the person referred is hired there is a bonus attached for the employee that is spread over sign-on, 90 days and 1 year.

How would you describe your facility's use of contract/travel workers now compared with your use a year ago?



Small Hospitals, 25 beds or fewer (Spring 2024)

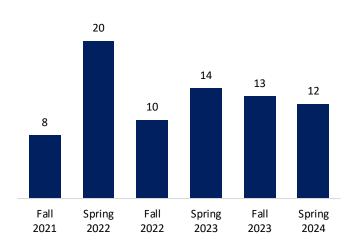
Overarching Workforce Issues: Themes and Examples (continued)

Has your facility adopted, or is it considering adopting, forms of artificial intelligence (AI) to help improve administrative workflows?

25% of respondents indicated they adopted AI to help improve administrative workflows. Below are examples of those that responded "yes:"

- We are currently reviewing the options. An HR Recruitment AI chatbot could help significantly with recruitmentanswering questions, scheduling interviews, etc. AI could also alleviate scheduling and referral burdens for our
 facility. A state-funded grant awarding trials in partnership with Microsoft or other tech companies based in
 Washington for county health care systems in Washington would be an excellent resource for economically
 challenged areas serving rural populations.
- We are open to considering but have not implemented yet.

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



^{*}Response counts prior to Fall 2021 are not shown due to space constraints.

Number of Small Hospital Responses by Accountable Community of Health (ACH) (Spring 2024)



Note: Each facility may serve dients/patients in more than one county, which is why map totals may exceed total unique responses.

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. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted coll aboratively by Washington's Workforce Board and the University of Washington 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 Le gislature.

Why become a Sentinel? As a Sentinel, you can:

- --Communicate your organization's workforce needs to inform policy and planning responses.
- -- 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

Sentinel Network Team:

UW Center for Health Workforce Studies: Benjamin Stubbs, Grace Guenther, Nhu Nguyen, Beverly Marshall, Susan Skillman WA Workforce Board: Renee Fullerton, Donald Smith