

Washington State's Health Workforce Sentinel Network

American Hospital Association
Allied Association – Workforce Liaisons
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**CENTER FOR HEALTH
WORKFORCE STUDIES**
UNIVERSITY of WASHINGTON

Washington State's Health Workforce Sentinel Network

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Washington State's Health Workforce Sentinel Network

Team

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Washington State's Health Workforce Sentinel Network

Motivation

- The healthcare environment is changing rapidly, and the past may not be the best predictor of future workforce needs
- Timely workforce demand information is hard to find
- Workforce data/information needs to be connected with those who can respond appropriately

Washington State's Health Workforce Sentinel Network

Purpose

To support efficient and effective health workforce preparation and deployment by:

- identifying emerging demand signals and trends
- rapidly disseminating information to education, training and policy partners

Washington State's Health Workforce Sentinel Network

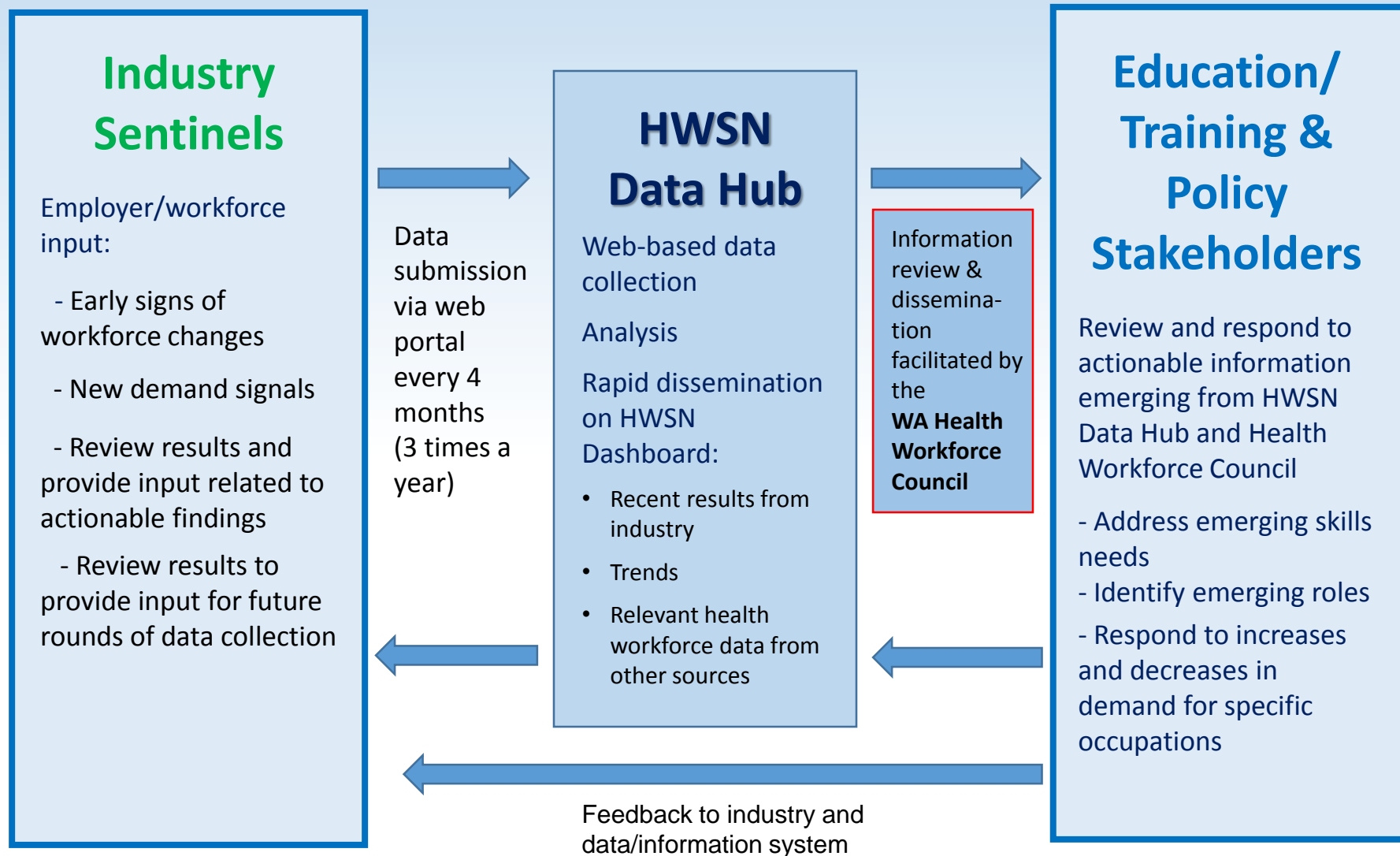
The Plan

- Recruit “Sentinel” healthcare employers
- Sentinels complete short survey three times/year
- Rapid turnaround of results to dashboard and policy/practice review group (Health Workforce Council)
- Identify and respond to “actionable” findings

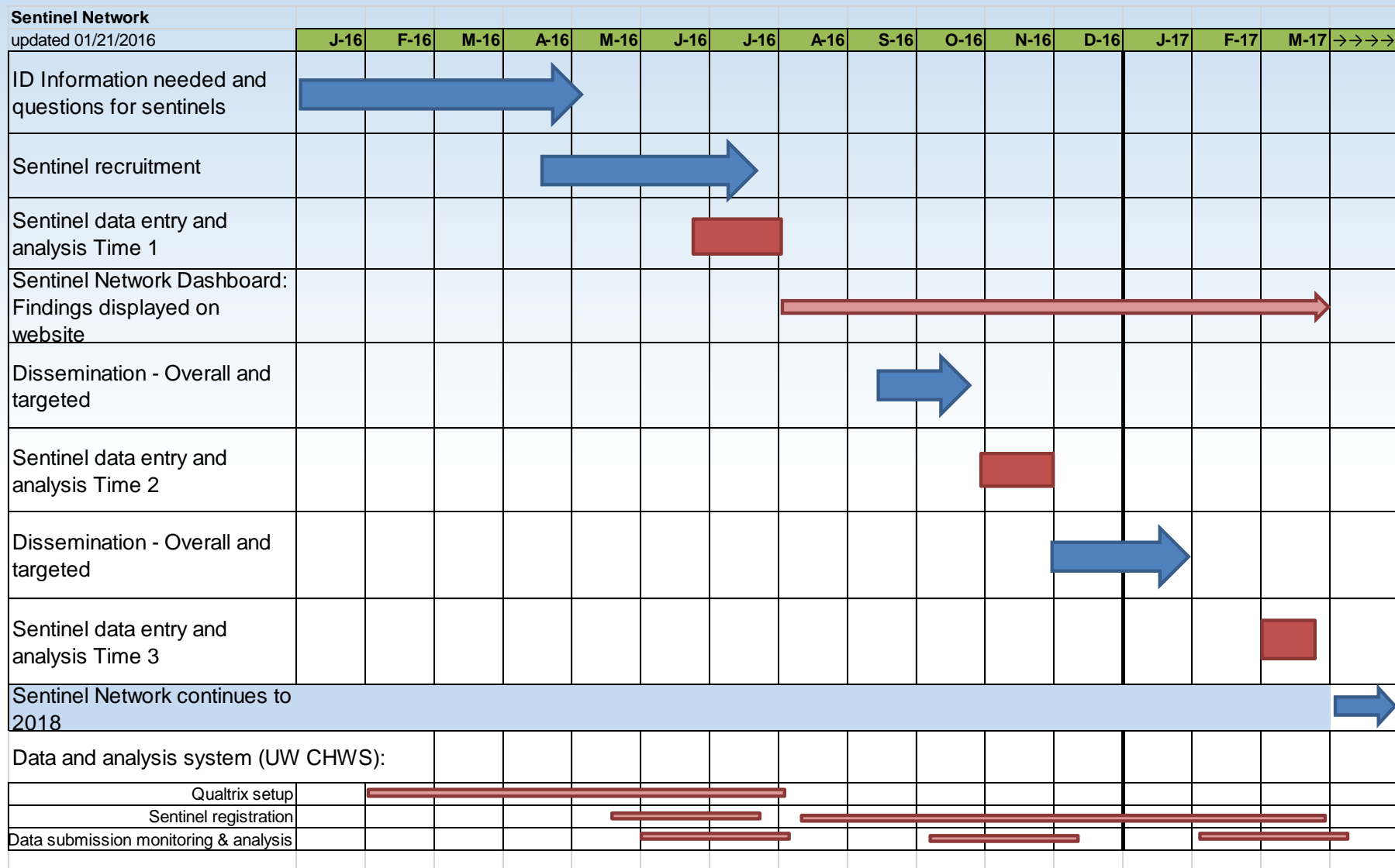
Washington's Health Workforce Council

- Charged with convening a diverse group of stakeholders to:
 - examine the supply and distribution of healthcare professionals in Washington,
 - recommend strategies to the Governor and Legislature to address shortages
- Composition: education/training, healthcare employers, and labor and professional groups
- Staffing: Washington State Workforce Training and Education Coordination Board
- Role re: Sentinel Network: HWC leads recruitment and dissemination, with emphasis on recognizing and communicating “signals” of changing workforce demand

WA State Health Workforce Sentinel Network



Washington State Health Workforce Sentinel Network Timeline



Core Questions

In the past 3-4 months has your [facility type]:

- **experienced exceptionally long vacancies for any open positions?**
If yes, for which occupation(s) and what are possible reasons why?
- **experience a change in the usual demand for specific occupations** (e.g., had to fill twice as many openings for med-surg RNs; or had no openings for RN care coordinators compared to usual demand for at least 1)?
If yes – was it higher demand? Lower demand? What are possible reasons for the change?
- **employ any new healthcare occupations** (that you did not employ previously)?
If yes, for which occupation(s)? In what roles are you using them?
- **deploy any of your existing (incumbent) workforce in significantly different roles** (e.g., use medical assistants to administer behavioral health screenings; have OT assistants conduct home visits)?
If yes, for which occupation(s)? In what new role(s)?
- **experienced changes in priorities regarding orientation/onboarding for new employees** (i.e. to improve the match between new employees' skills/training and your facility's needs)?
If yes, for which occupations? What types of changes?
- **experienced changes regarding training required for your existing (incumbent) workforce** (e.g. EHR skills, knowledge of geriatric patients' needs)?
If yes, for which occupations? What types of changes?

Washington State's Health Workforce Sentinel Network Baseline Results (Time 1, July, 2016)

<http://www.wtb.wa.gov/HealthSentinel/results.asp>

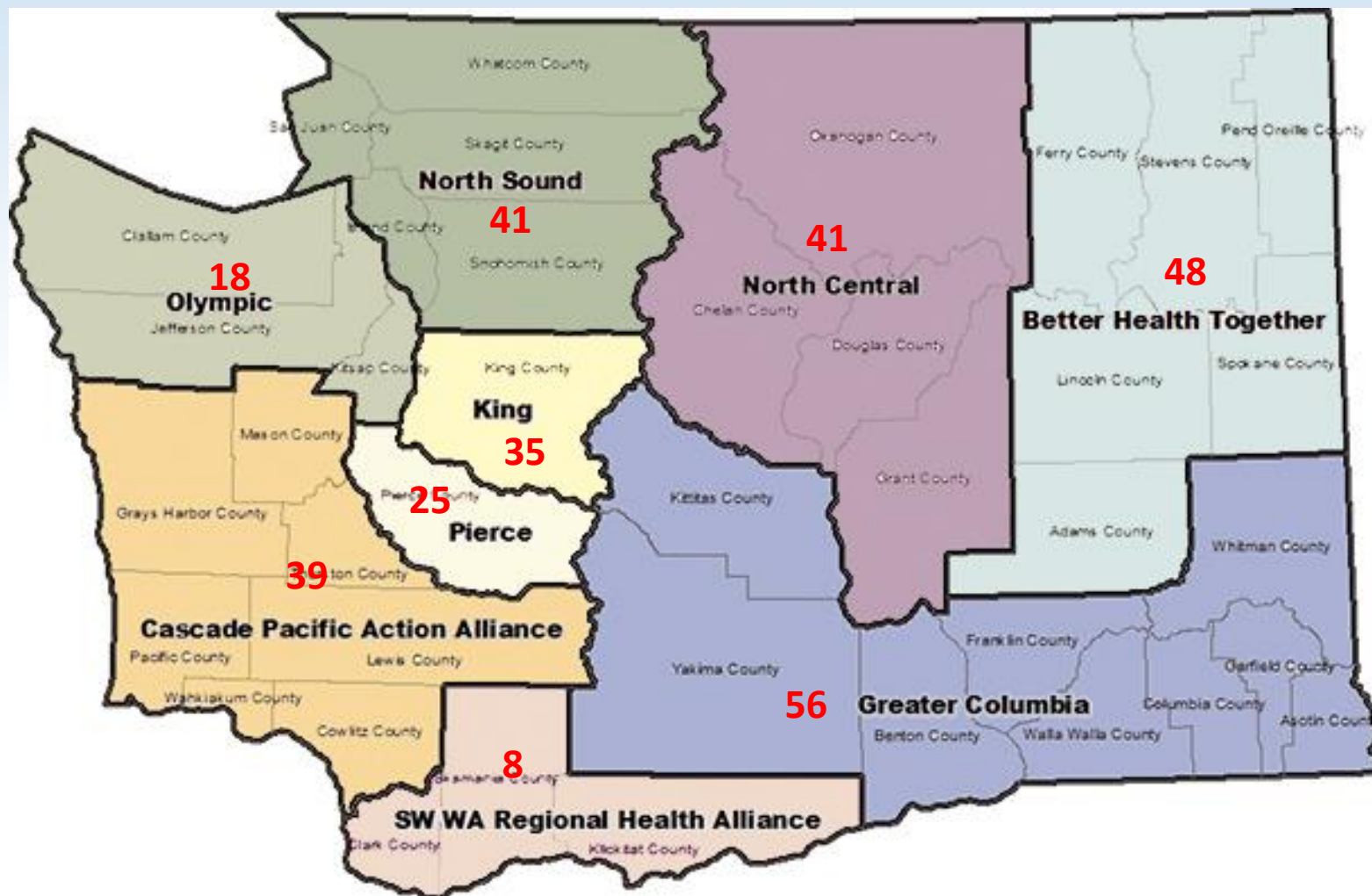
Sentinel Network

Facilities Responding Time 1, July 2016

Facility Type	Number of Responses
Specialty medical clinic	29
Behavioral-mental health clinic/outpatient mental health and substance abuse clinic	26
Federally qualified health center (FQHC) or community clinic providing care free or on sliding fee scale	19
Primary care medical clinic (not FQHC or community clinic)	19
Skilled nursing facility	17
Acute care hospital (more than 25 beds)	12
Home health care service	11
Acute care hospital (25 beds or fewer)	10
Education	10
Nursing & personal care facility (not a Skilled Nursing or Intermediate Care Facility)	7
Medical/diagnostic laboratory	5
Public health	4
Dentist office/dental clinic	3
Psychiatric/substance abuse hospital	3
Other (Billing office, intermediate care facility or specialty [except psychiatric/substance abuse] hospital)	3
Total	178

Sentinel Network Responses by Accountable Community of Health (ACH)

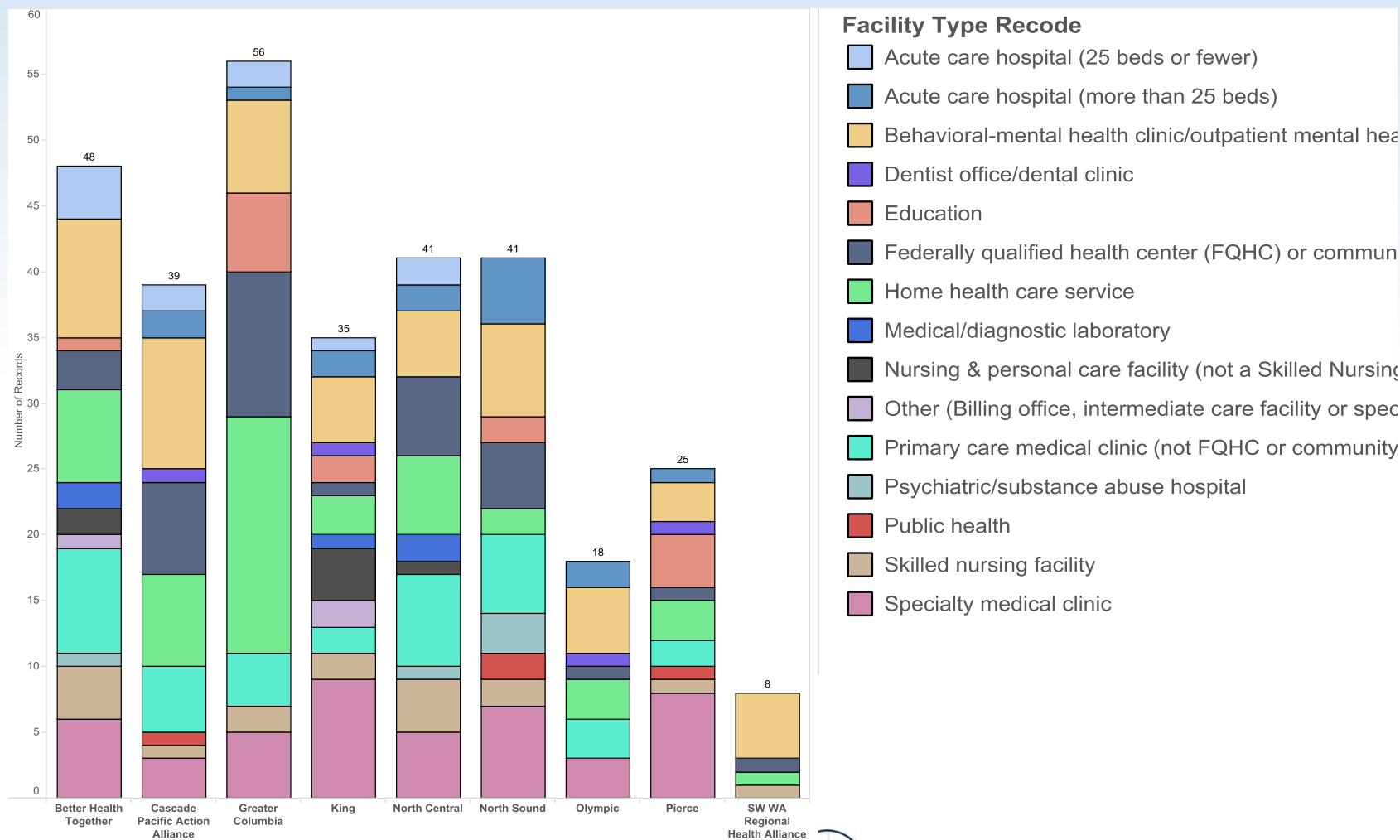
Facilities Represented - Time 1, July 2016



Map source: Downloaded 11/2/2016
<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/ChronicDiseaseProfiles/AccountableCommunitiesofHealth>



Facility Types Represented in Each ACH*



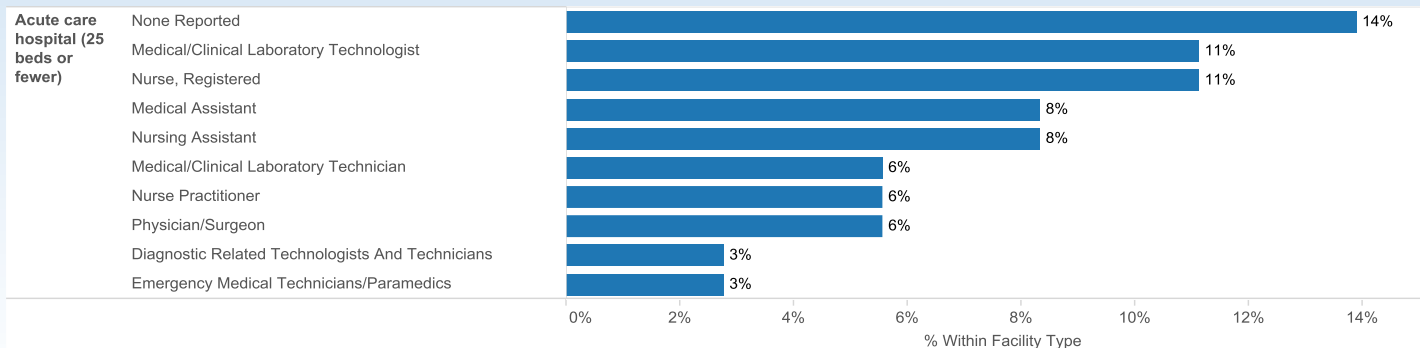
*Accountable Community of Health



In response to: **“Has your facility experienced exceptionally long vacancies for any open positions? If yes, for which occupation(s) and what are possible reasons why?”**:

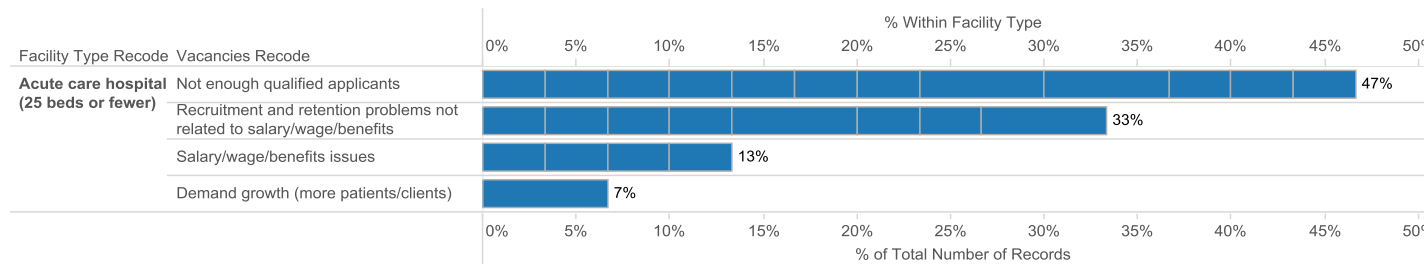
Most small hospital responses indicated vacancy issues across multiple occupations – including:

- Medical/clinical laboratory technologists, registered nurses, MAs, nursing assistants
- Half of the responses were related to not having enough qualified applicants



Themes Abstracted From Comments

Excludes responses in which no prolonged vacancies were reported. Each bar represents the percentage of responses with a given theme within each facility type.



Selected comments from respondents:

[RNs] “Too many open positions elsewhere and traveling companies are scooping up what is out there promising them almost \$100 an hour. Small rural hospital with good wage, but not comparable to other larger cities.”

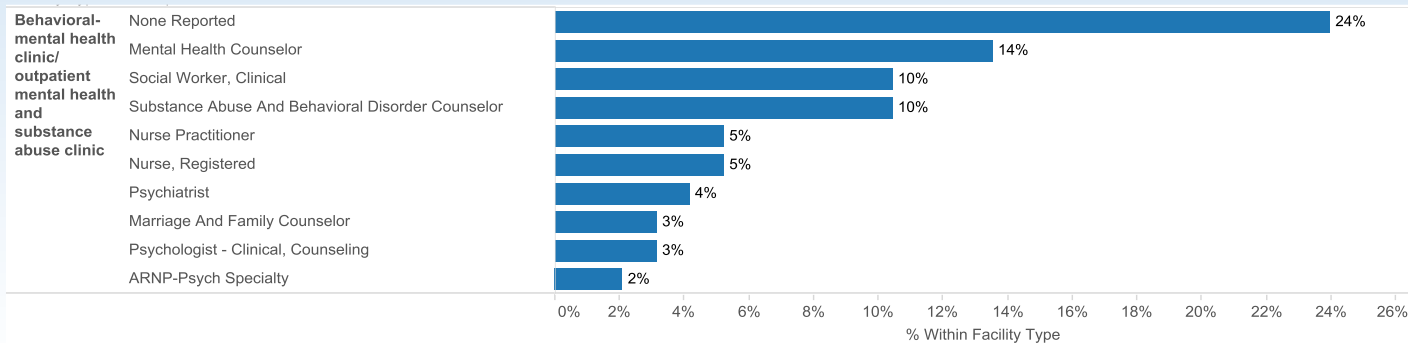
[NPs] “We need someone willing and able to function in a primary care office, as the sole emergency provider and to attend inpatients. It's a difficult skill mix, combined with a very rural location and frequent call responsibility.”

[Cert. Nursing Assistant] “Health workforce does not meet demand... District (Hospital) sponsored certification class has been held to certify and train prospective employees for this position”

In response to: “Has your facility experienced exceptionally long vacancies for any open positions? If yes, for which occupation(s) and what are possible reasons why?”

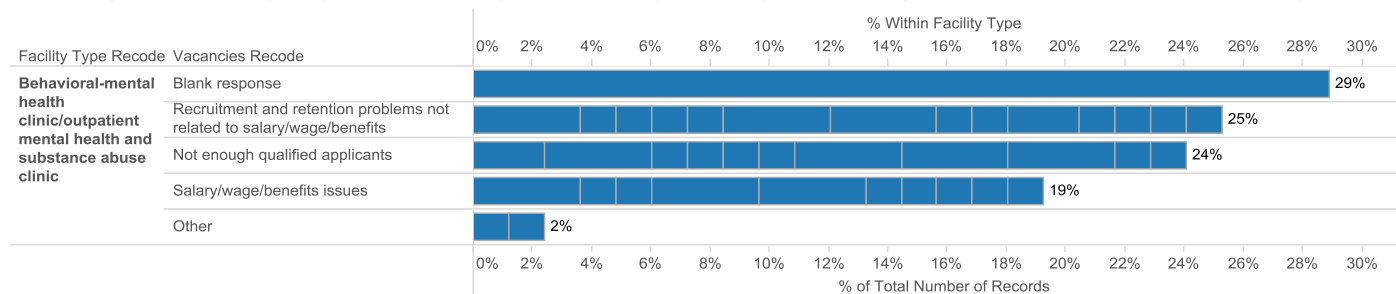
Most behavioral health-related clinics responses indicated vacancy issues as well

- Mental health counselors, clinical social workers, substance abuse/behavioral health counselors were among the occupations most commonly mentioned
- Reasons were split equally between not having enough qualified applicants and recruitment/retention issues



Themes Abstracted From Comments

Excludes responses in which no prolonged vacancies were reported. Each bar represents the percentage of responses with a given theme within each facility type.



Selected comments from respondents:

Mental health counselor, clinical social workers “Rural location, workforce shortage in location and bilingual challenges as well. “

Substance abuse & behavioral disorder counselors:

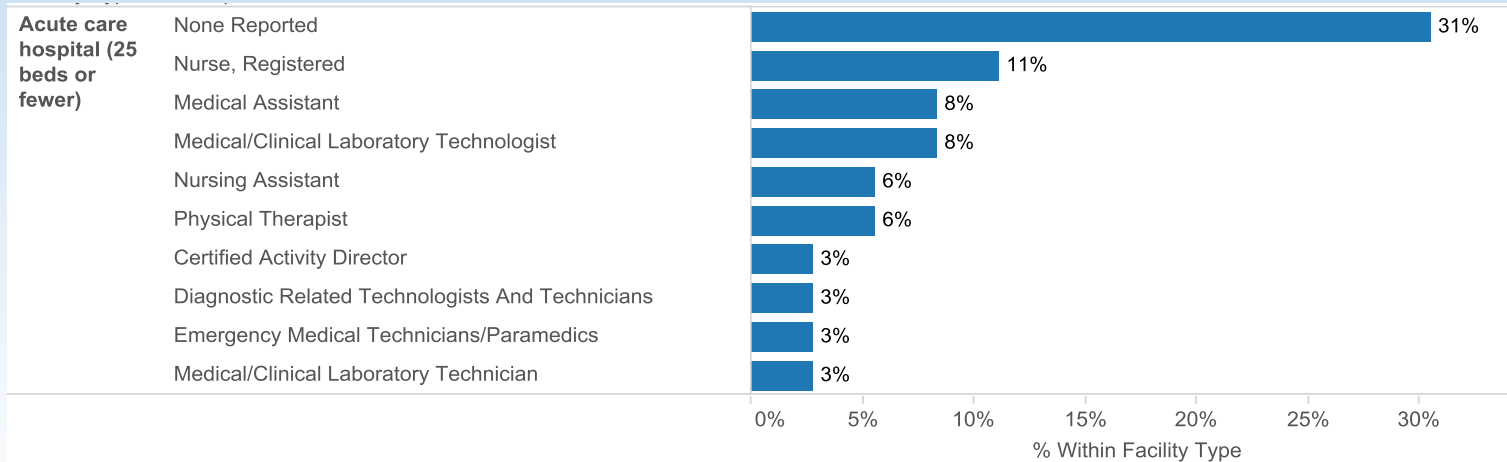
Compensation has been lower than market. Limited amount of applicants. Turn-over in our staff.”

“LMFT, LMHC and LICSW all meet requirements of clinical supervisor position. Lack of education, core requirements of position.”

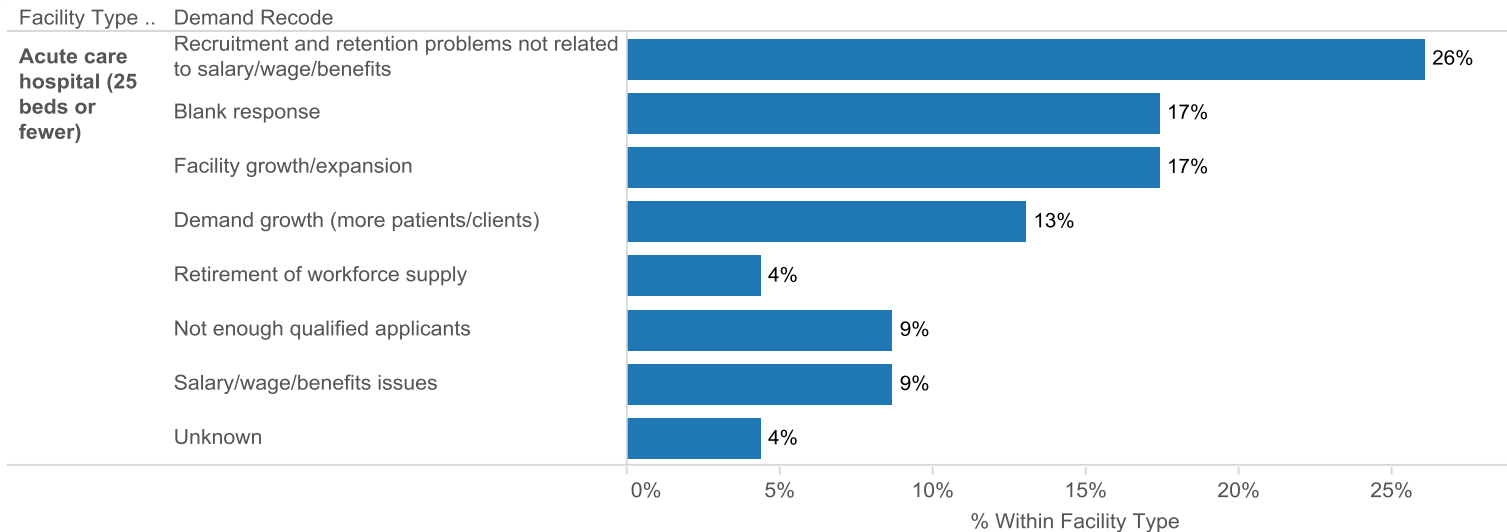
Mental health counselors: “Crisis work is the largest reason for both recruitment and retention... For example could work for another agency closer to home and not have to do the crisis work and/or amount of paperwork. Designated Mental Health and Co-Occurring the hardest to fill.”

Small hospitals' responses to "Did your facility experience a change in the usual demand for specific occupations (e.g., had to fill twice as many openings for med-surg RNs; or had no openings for RN care coordinators compared to usual demand for at least 1)?"

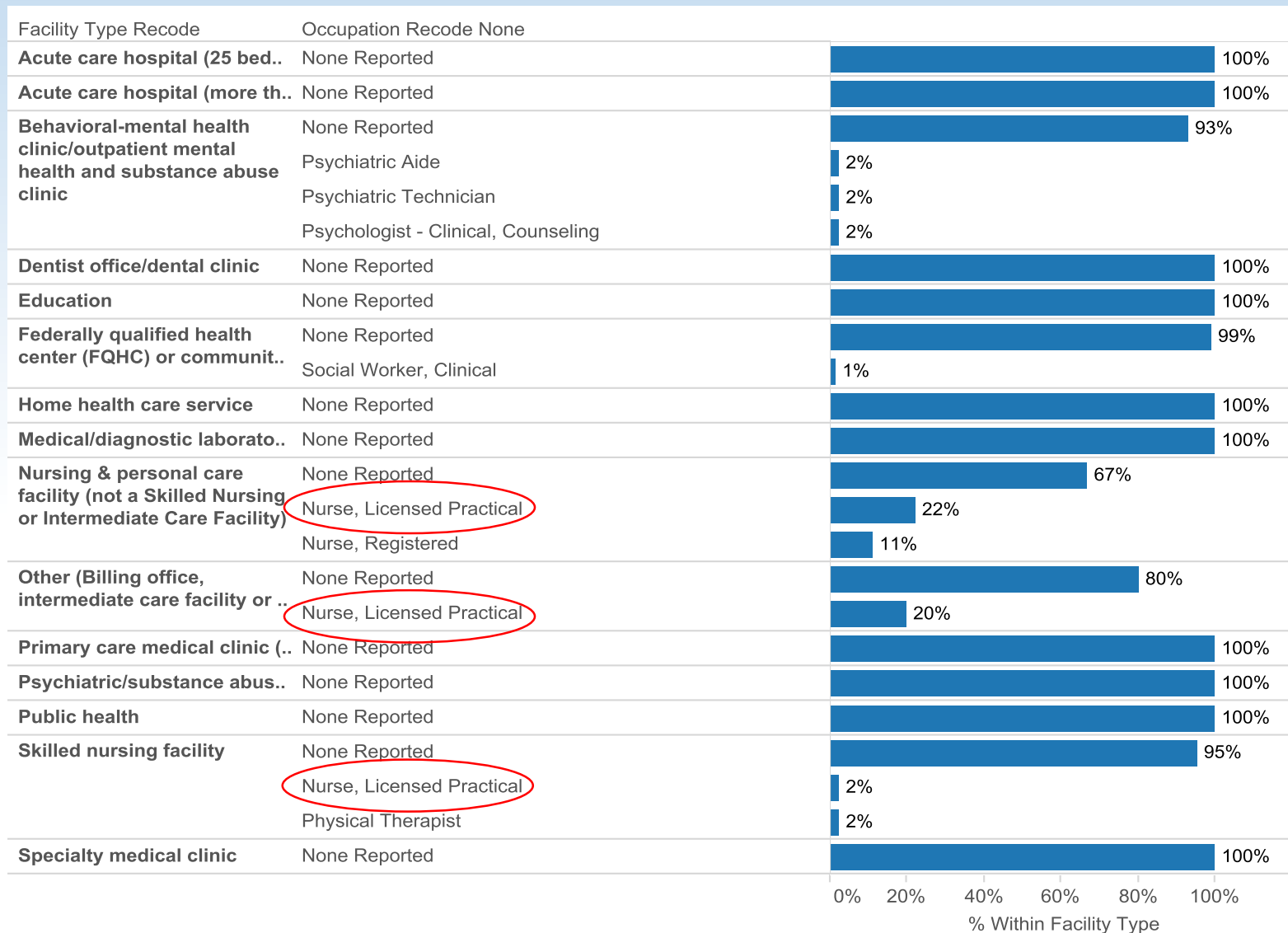
- The occupations with increased demand named were similar to responses to the "exceptionally long vacancies" question
- Reasons provided included that the increases in demand were due to facility expansion, among others



Themes abstracted from comments:



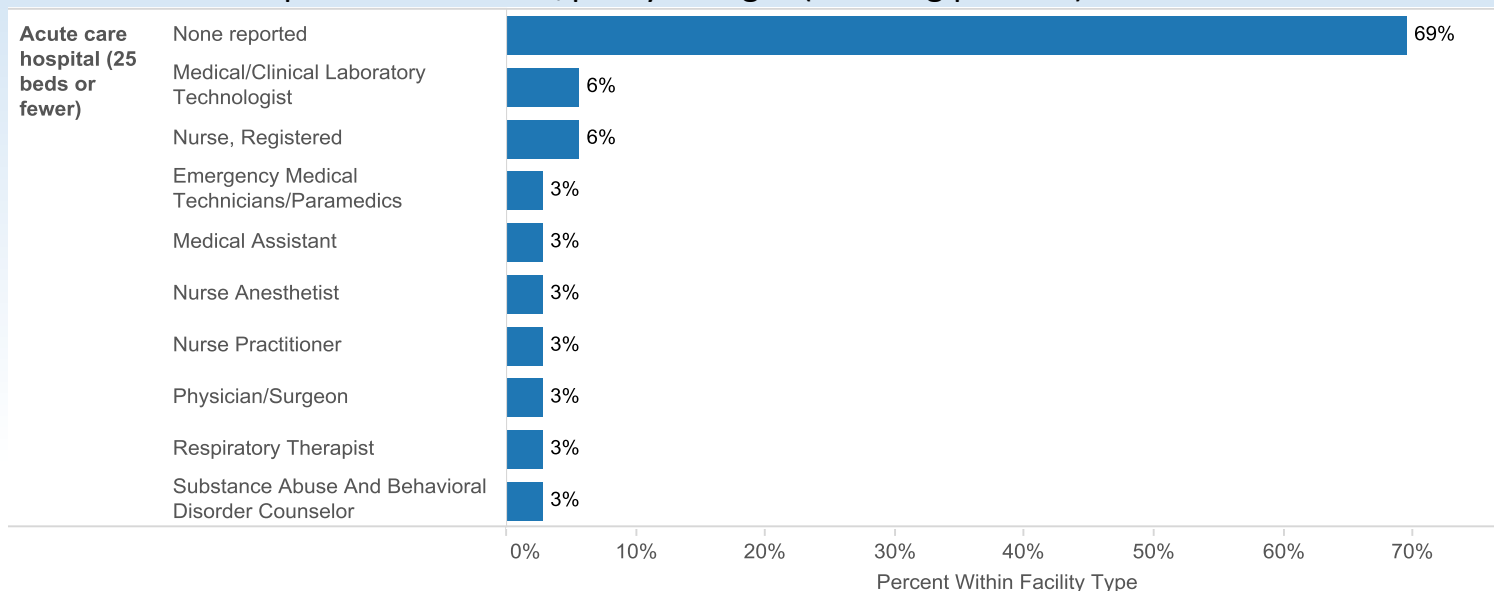
Very few respondents indicated they had decreased demand for any occupations.



Small hospitals' response to questions about "recent changes in facilities' training priorities for existing workforce":

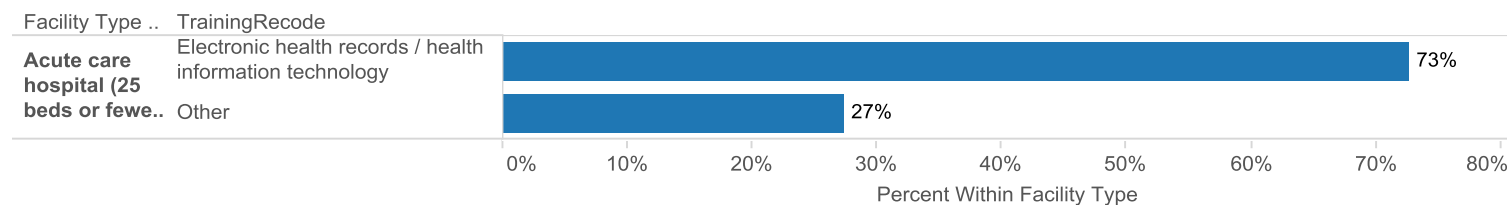
Changes were reported for a wide range of occupations: leading reasons included:

- Skills needed to use electronic health records and health information technology effectively,
- The need to respond to structural/policy changes (affecting practice).



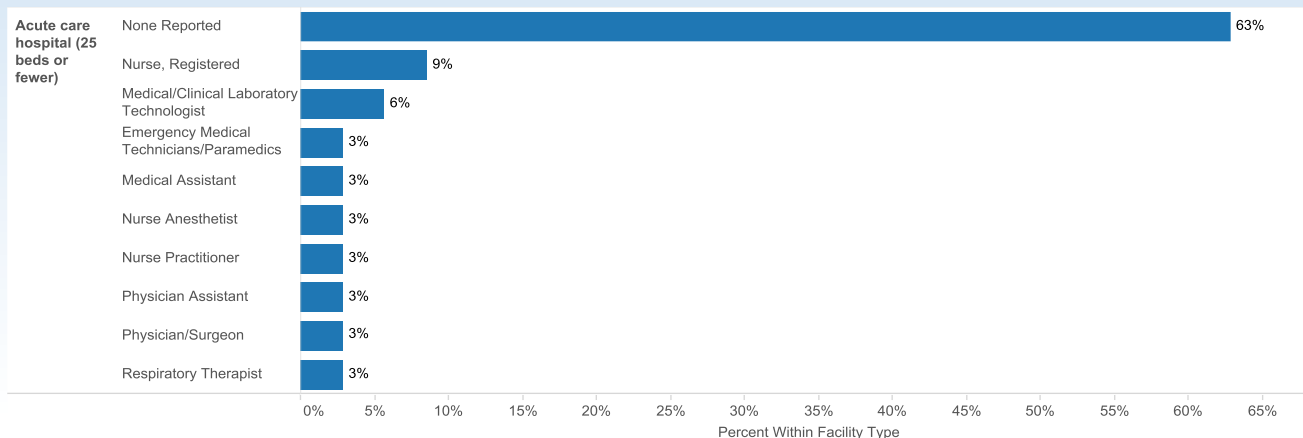
Themes Abstracted From Comments

Excludes responses in which no priority changes were reported. Each bar represents the percentage of responses with a given theme within each facility type.



In response to the question: **Have there been changes to onboarding/orientation priorities for new employees:**

In small hospitals, most changes to onboarding/orientation materials for new employees had to do with training requirements for electronic health records. This was not reported as a concern in larger hospitals. Some hospitals (both large and small) reported other changes as well.

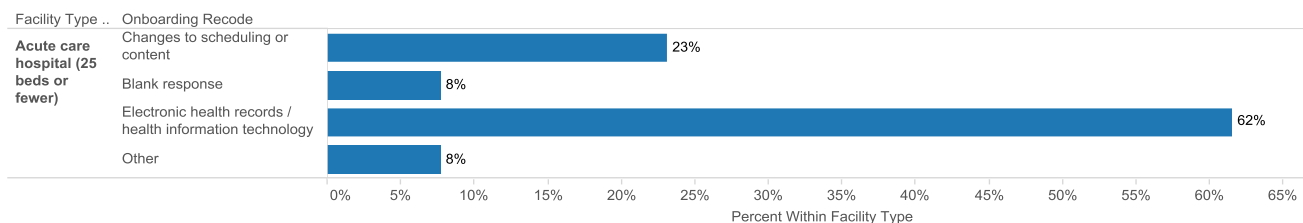


Selected comments from respondents:

Medical/clinical laboratory technologist; RNs; Substance abuse and behavioral disorder counselor: "In 2016, we initiated a new two day orientation, completing this twice a month to streamline the process and free up some of my time to complete my other HR responsibilities. We are taking more time to weed through applications we receive and to have second interviews if needed to ensure they are the right fit."

Themes Abstracted From Comments

Excludes responses in which no priority changes were reported. Each bar represents the percentage of responses with a given theme within each facility type.



A few Sentinels provided examples of new occupations being employed

29 of 106 respondents (27%) from 10 facility types mentioned 40 new occupations.

- 7 of the 40 related to **care coordination** (titles include: Patient navigator (LPN), community resource specialist x2, Medical social worker, patient care coordinator, care coordinators).
- 3 mentions of **chemical dependency professional** (2 behavioral/mental health, FQHC)
- New occupations mentioned by small hospitals: **Psych ARNP, LICSW, UR Care Coordinator**
- New occupations mentioned by large hospitals: “**Project Management for data analytics and managing EMR conversion,**” **Chief Compliance Officer, Bereavement Coordinator**

“At a glance” (scan the blue bars)

Response summary for each survey question by facility type

Facility Type	Occupations with Exceptionally Long Vacancies ^a (n/N, %)	Occupations with Increased Demand ^b (n/N, %)	Occupations with Decreased Demand ^c (n/N, %)	Deployed Workforce in New Roles ^d (n/N, %)	Changes to Orientation/ Onboarding of New Employees ^e (n/N, %)	Changes to Training for Existing Employees ^f (n/N, %)	Total Occupations Reported (mean)
Acute care hospital (small)	31/36 (86%)	25/36 (69%)	0/36 (0%)	4/36 (11%)	13/35 (37%)	11/36 (31%)	36
Acute care hospital (large)	59/116 (51%)	42/116 (36%)	0/116 (0%)	1/116 (1%)	7/117 (6%)	26/116 (22%)	116
Beh. Health/MH clinic	73/96 (76%)	55/96 (57%)	3/96 (3%)	10/97 (10%)	24/98 (24%)	56/95 (59%)	96
Dentist office/dental clinic	3/6 (50%)	3/6 (50%)	0/6 (0%)	0/6 (0%)	0/6 (0%)	2/6 (33%)	6
Education	8/15 (53%)	10/15 (67%)	0/15 (0%)	4/16 (25%)	2/15 (13%)	2/16 (12%)	15
FQHC/community clinic	87/169 (52%)	86/171 (50%)	1/171 (1%)	5/172 (3%)	7/175 (4%)	36/172 (21%)	172
Home health care	19/21 (90%)	10/21 (48%)	0/21 (0%)	1/22 (4%)	10/22 (46%)	5/22 (23%)	22
Intermediate care facility	2/2 (100%)	1/2 (50%)	1/2 (50%)	1/2 (50%)	2/2 (100%)	2/2 (100%)	2
Medical/diagnostic laboratory	0/5 (0%)	0/5 (0%)	0/5 (0%)	0/5 (0%)	0/5 (0%)	0/5 (0%)	5
Nursing & personal care (not SNF)	9/14 (64%)	4/13 (31%)	3/13 (23%)	1/13 (8%)	2/13 (15%)	2/13 (15%)	13
Other	1/1 (100%)	0/1 (0%)	0/1 (0%)	0/1 (0%)	0/1 (0%)	1/1 (100%)	1
Primary care clinic (not FQHC)	34/69 (49%)	36/68 (53%)	0/68 (0%)	4/68 (6%)	10/68 (15%)	12/69 (17%)	68
Psychiatric/SA hospital	5/9 (56%)	2/10 (20%)	0/10 (0%)	0/11 (0%)	2/11 (18%)	1/11 (9%)	10
Public health	4/6 (67%)	2/6 (33%)	0/6 (0%)	0/6 (0%)	1/6 (17%)	2/5 (40%)	6
Skilled nursing facility	36/79 (46%)	37/78 (47%)	2/78 (3%)	2/78 (3%)	24/81 (30%)	36/79 (46%)	79
Specialty (not psych) hospital	7/8 (88%)	5/8 (63%)	0/8 (0%)	1/8 (12%)	3/8 (38%)	8/8 (100%)	8
Specialty medical clinic	37/70 (53%)	29/71 (41%)	0/71 (0%)	4/72 (6%)	26/70 (37%)	26/72 (36%)	71
Total	415/722 (57%)	347/723 (48%)	10/723 (1%)	38/729 (5%)	133/733 (18%)	228/728 (31%)	726

Sentinel Network: A Wealth of Input

Selected General Comments

"We find ourselves competing with neighboring counties to fill our vacancies. We are extremely rural, we don't pay well, so our staff leave after being trained for better opportunities." [\[Behavioral-mental health clinic/outpatient mental health and substance abuse clinic; Public Health\]](#)

"Rural location isn't our biggest challenge (in fact it is often a strength); I experienced the same challenges in previous (urban) facilities. Increasing specialization and education requirements do create significant challenges - e.g. fewer people pursuing laboratory careers, increasing education requirements for physical therapists and pharmacists = shortages and escalating wages... Cumbersome credentialing requirements (a many months-long process) add to this challenge." [\[Acute care hospital \(25 beds or fewer\)\]](#)

"We've seen the number of medication prior authorizations required by insurance companies increase at least bifold to trifold from previous years. We are spending far too much time and manpower completing these and if this continues to increase like we've seen in the past 2 years, we will be forced to hire additional staff to keep up with the demands from insurance companies." [\[Specialty medical clinic\]](#)

"Behavioral health integration creates challenges in finding a workforce that has knowledge/experience in working with individuals who have a mental health, substance use or co-occurring disorder. Finding dually certified staff is one of our greatest challenges." [\[Psychiatric/substance abuse hospital; FQHC; Behavioral-mental health clinic\]](#)

"The unemployment rate in WA is low and finding qualified, experienced staff has become even more difficult. There is increased competition for new graduates as well." [\[Acute care hospital \(more than 25 beds\)\]](#)

"We feel that work ethic/work force education is not being provided early enough in the education system. The quality of applicants that come out of a basic high school diploma are not ready for the work system and often require a lot of additional training... We must look at the state minimum requirement curriculum and adjust for these needs." [\[Skilled nursing facility\]](#)

"Our biggest challenge is probably compensation. Although we are competitive with other like-sized [facilities] in regard to compensation, our local competition are the [larger] hospitals. We can't compete with the pay they offer. We try to impress upon our candidates that they will get a better work/life balance working for us (no nights and no weekends), but in many cases that extra couple of dollars per hour wins." [\[FQHC\]](#)

Next Steps

- Further analysis and dissemination
 - More dissemination and stakeholder network engagement
 - Identify what's “actionable”
- Refine dashboard, website and other dissemination tools
- Recruitment for T-2 and beyond

Washington State's Health Workforce Sentinel Network

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