

# Welcome to the Health Workforce Council Meeting!

Before we begin our session, here are a few suggestions for participants:

- Please **test your audio** and then **MUTE yourself**.
- **Council Members** are encouraged to use audio and video.
  - We kindly ask that **participants stay muted with video off**.
- Please **add your organization** when you enter your name, if you join via web.
- You are encouraged to **use the hand raise feature** at the bottom of your screen when you'd like to comment during the meeting.
- **We will be monitoring chat** for questions and technical issues.



Welcome TVW! Thank you for live  
streaming our meeting today!



# Washington's Health Workforce



*...in the world turned inside out by COVID-19*

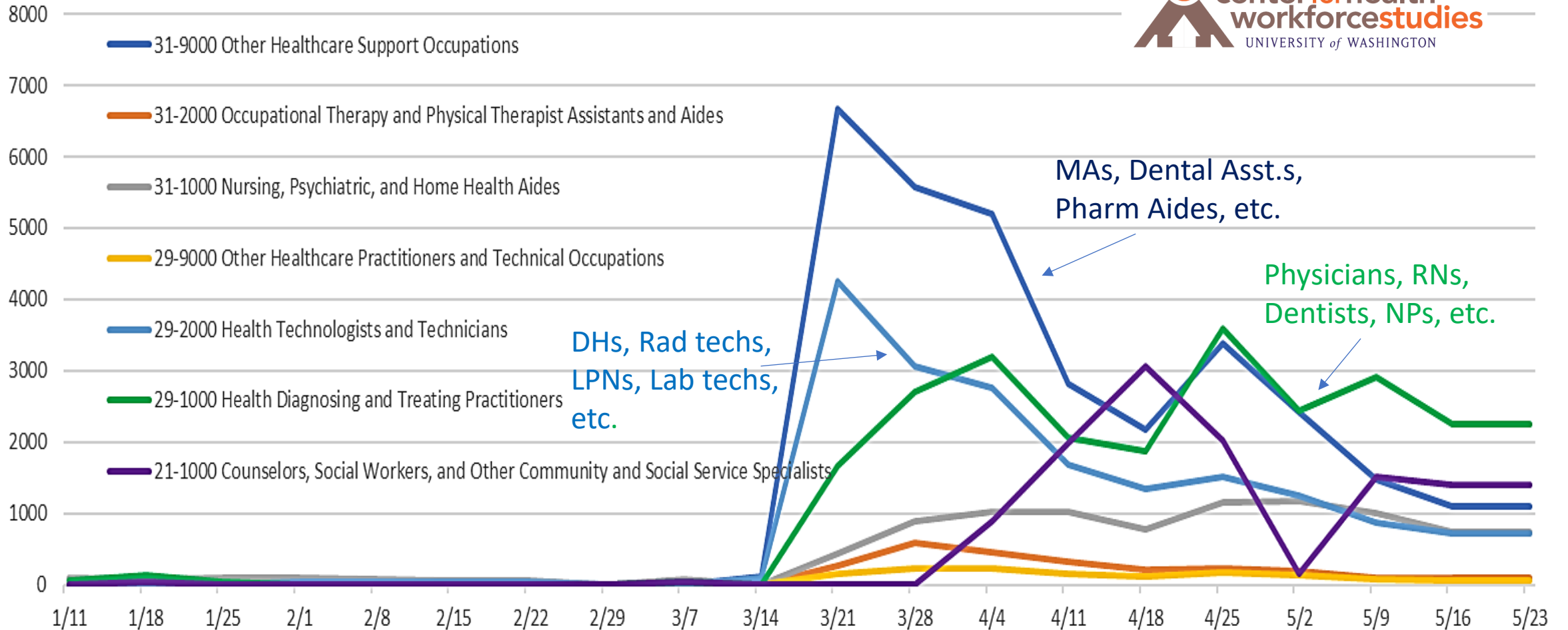
## **Washington Health Workforce Council Meeting**

June 2, 2020

Sue Skillman, Senior Deputy Director  
Center for Health Workforce Studies  
University of Washington



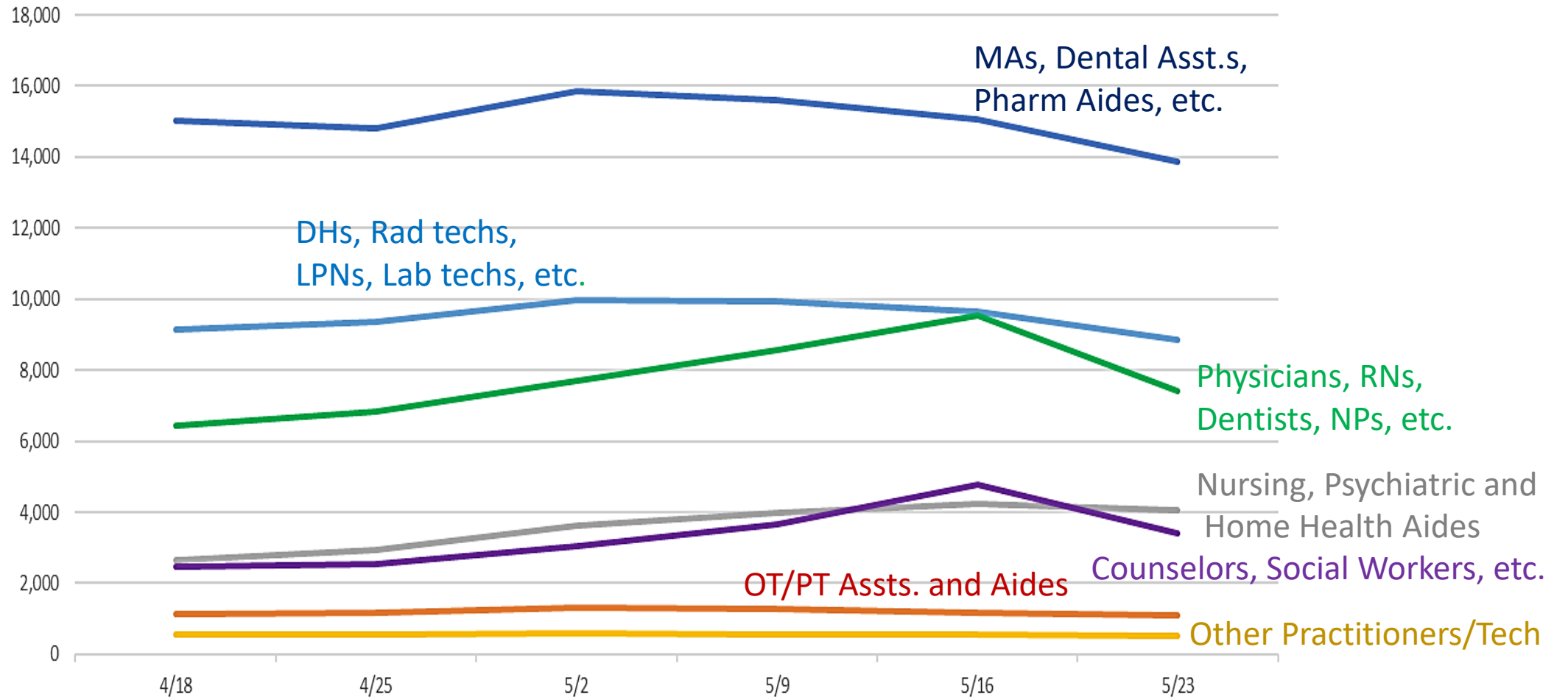
## Washington State Initial Unemployment Claims: Health Related Occupations 1/11/20 – 5/23/20



Data source: Washington State Employment Security Department/LMEA, 5/28/2020. U.S. Bureau of Labor Statistics Standard Occupation Classification groupings of occupations. Due to reporting limitations, total claims for the 2 weeks beginning 5/10 and ending 5/23 were divided and assigned equally to each week.

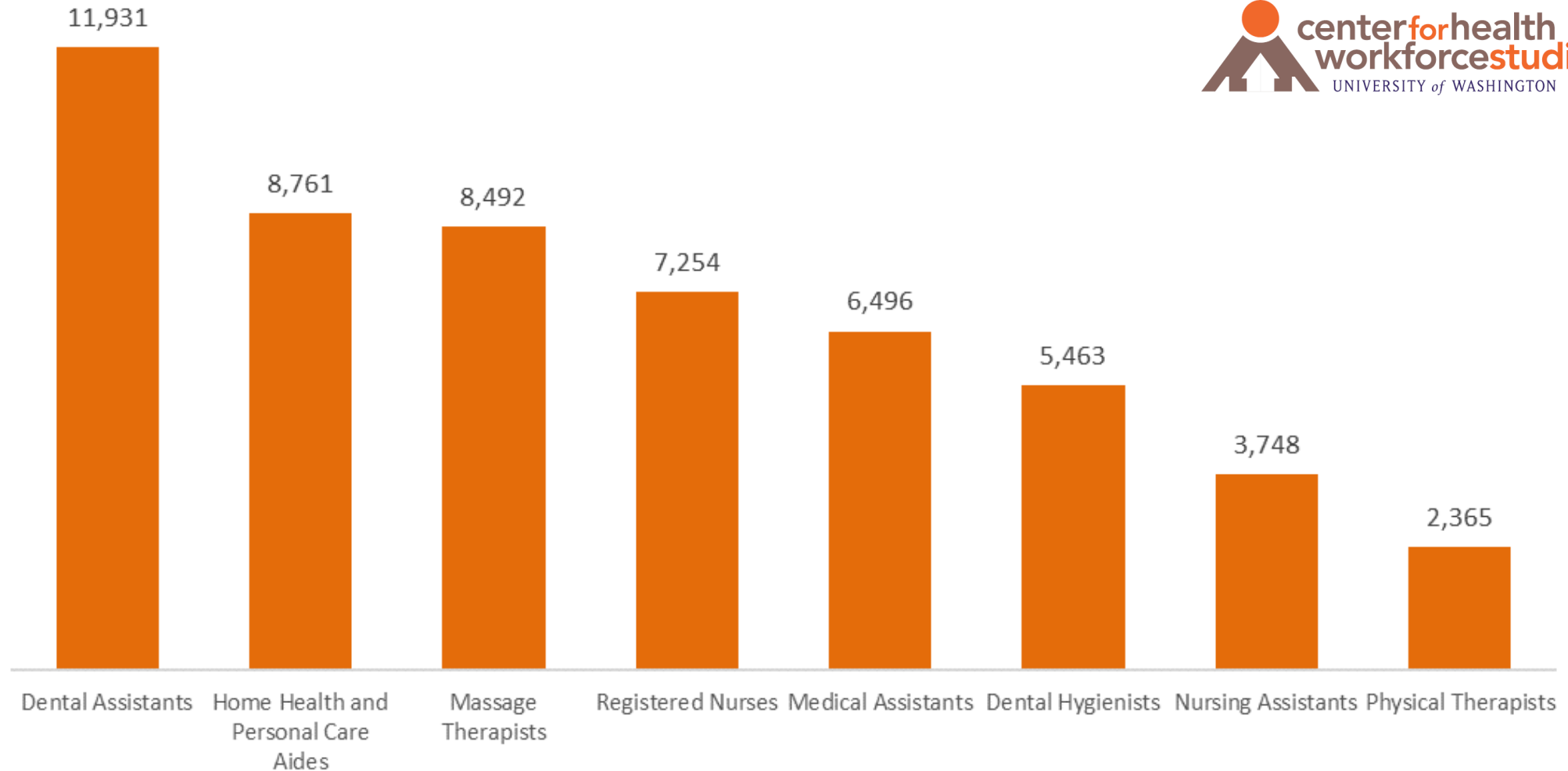
Skillman SM, Johnson HM, Frogner BK. *Washington State Unemployment Claims for Health-Care Related Occupations: Initial and Continuing Claims 1/11/20-5/23/20*. Center for Health Workforce Studies, University of Washington, June 1, 2020.

## Washington State Continued Unemployment Claims: Health Related Occupations 1/11/20 – 5/23/20



Data source: Washington State Employment Security Department/LMEA, 5/28/2020. U.S. Bureau of Labor Statistics Standard Occupation Classification groupings of occupations. Skillman SM, Johnson HM, Frogner BK. *Washington State Unemployment Claims for Health-Care Related Occupations: Initial and Continuing Claims 1/11/20-5/23/20*. Center for Health Workforce Studies, University of Washington, June 1, 2020.

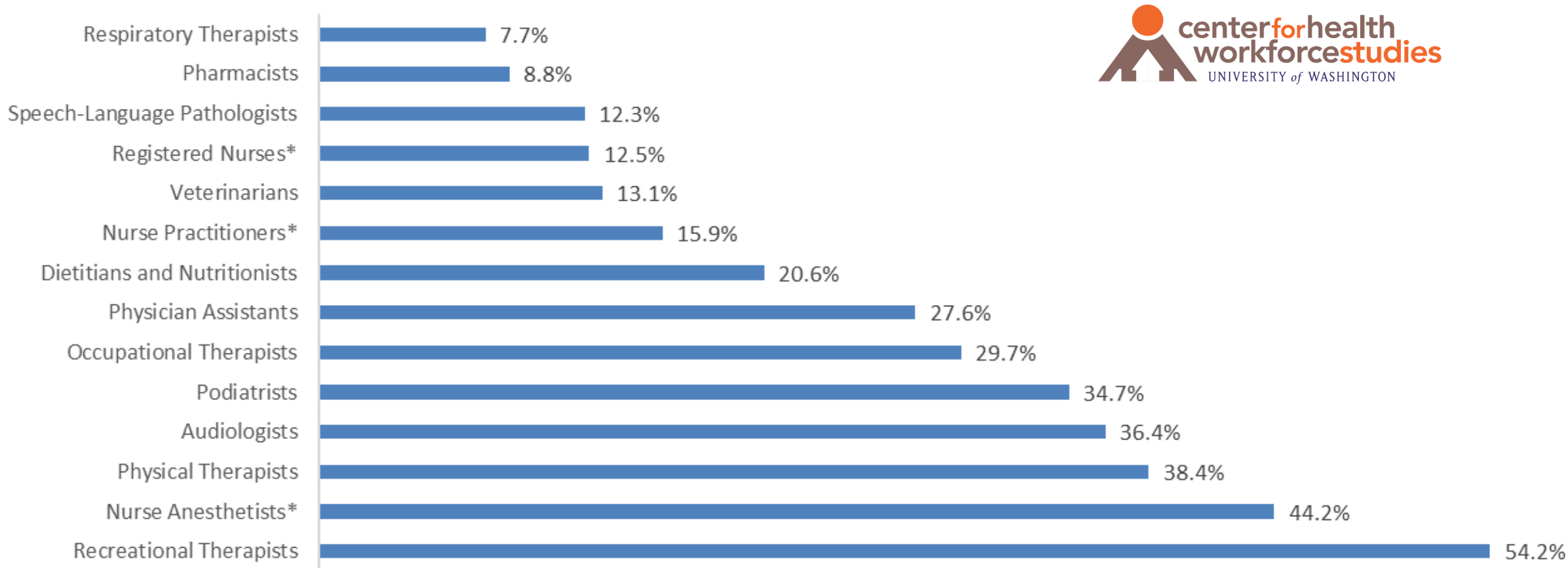
# Health-Related Occupations in Washington State with the Largest Numbers of Initial Unemployment Claims, 3/8/20-5/23/20



Data source: Washington State Employment Security Department/LMEA, 5/1/2020.

Skillman SM, Johnson HM, Frogner BK. *Washington State Initial Unemployment Claims for Health-Care Related Occupations*. Center for Health Workforce Studies, University of Washington, June 1, 2020.

## Washington State Initial Unemployment Claims – Select Health Diagnosing and Treating Occupations 3/8-5/23/2020 as Percent of Total Employed 5/2019



\*Number of nurses employed in WA based on 2019 licensure and survey data: <https://depts.washington.edu/fammed/chws/publication/>

Occupations with high percentages of self-employed individuals may not be represented in these numbers.

Data sources: Washington State Employment Security Department/LMEA, 5/28/2020; US Bureau of Labor Statistics Occupational Employment Survey 5/2019.

Skillman SM, Johnson HM, Frogner BK. *Washington State Initial Unemployment Claims for Health-Care Related Occupations*. Center for Health Workforce Studies, University of Washington, June 1, 2020.



## Washington Healthcare Facilities Respond to COVID -19

Click here to see innovative solutions and ongoing needs.



### Industry Sentinels

Employer/workforce input:

- Changes in needed skills and roles
- New workforce demand signals
- Review results to identify actionable findings

Data submission via  
web portal every 6  
months



### Data Hub

Web-based data collection and analysis

Rapid dissemination on the website:

- Recent results from industry
- Trends
- Relevant health workforce data from other sources

Information review &  
dissemination  
facilitated by WA  
Health Workforce  
Council



### Education/Training & Policy Stakeholders

Review and respond to actionable  
information emerging from the Data Hub  
and Health Workforce Council

- Address emerging skills needs
- Identify emerging roles
- Respond to increases and decreases in demand for specific occupations

Washington Health  
Workforce Sentinel  
Network:  
Top Facility-Level  
Responses to COVID-  
19 Related Questions

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Facility Type	
Dentist office/dental clinic	315
Federally qualified health center (FQHC) or community clinic providing care free or on sliding fee scale	22
Nursing home or skilled nursing facility	20
Behavioral-mental health clinic/outpatient mental health and substance abuse clinic	19
Assisted living facility	19
Acute care hospital (25 beds or fewer)	14
Primary care medical clinic (not FQHC or community clinic)	13
(others not listed)	73
<b>Total facility-level responses April-May 2020</b>	<b>504</b>





SPRING 2020

COVID-19 WORKFORCE RAPID RESPONSE REPORTS

SMALL HOSPITALS

PRIMARY CARE CLINICS

BEHAVIORAL HEALTH CLINICS

FQHCs AND COMMUNITY CLINICS

DENTAL OFFICES/CLINICS

ASSISTED LIVING FACILITIES

NURSING HOMES/SNFs

*View at*

<http://wa.sentinelnetwork.org/findings/overview/#covid-19>



Spring 2020



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

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

## Which occupations/service roles were most affected by COVID-19 at your facility and in what ways?

### THEMES

- Difficulty maintaining needed staffing levels due to increases in some services and reductions in others.
- More PPE needed for multiple occupations and patients

*“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 the disease.”*

## How about your facility's staffing arrangements has made it easier or harder to respond to the emergency?

### 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



Spring 2020



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

Acute Care Hospitals (25 beds or fewer)

**As a result of the crisis, what are your top workforce needs over the short and longer term that could be alleviated by new or modified policy, regulatory, and/or payment rules?**

## EXAMPLES

- Quicker certification/licensure (RNs, LPNs, nurse technicians, MAs, certified peer support professionals, diagnostic imaging techs, respiratory therapists)
- Telehealth training needed – continuation of CMS waiver needed
- Expand apprenticeships
- Strengthen APRN pipeline and clinical training



Acute Care Hospitals (25 beds or fewer)

## What additional workforce issues resulting from the COVID-19 emergency at your facility do you feel should be recognized and addressed?

### THEMES

- Financial impact of limits to elective procedures
- Continued problems recruiting and retaining workforce in rural areas

*Uncertainty - inconsistent volumes requires us to lower census or furlough staff, which then creates a shortage when there is a spike in volumes.*



View more  
responses on  
the Sentinel  
Network  
Dashboard



Washington's Health Workforce Sentinel Network  
*Early COVID-19 Response Report:*

<http://wa.sentinelnetwork.org/findings/>

# Resources

## UW CHWS COVID-19 News and Reports

<https://depts.washington.edu/fammed/chws/covid-19/>

## Washington Health Workforce Sentinel Network

*Washington Healthcare Facilities Respond to COVID-19*

<http://wa.sentinelnetwork.org/findings/overview/#covid-19>

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# Health Workforce Council

## *Draft Recommendations to Address COVID-19 Impacts to the Health Workforce*

June 2, 2020

**Nova Gattman**, Deputy Director for External Affairs, Workforce Board

**Julia O'Connor**, Behavioral Health Policy Analyst, Workforce Board

**Caroline Metzger**, Health Workforce Council Staff, Workforce Board





# Workgroup Draft Recommendations

- Process: Three work groups created at the 5/8 Council meeting – included Council member and stakeholder participation.
  - Career Pathways & Models of Education Delivery.
  - PPE & Technology.
  - Industry Engagement and Building Partnerships.
- Recs selected for the most impact in addressing COVID-19 challenges in a short period of time, with limited funds.
- Short timeframe for policy development; could continue with additional recs in the fall with interest.



# Guiding Principles (abbreviated)

- The Council believes strongly in **equitable access to personal protective equipment (PPE) for healthcare students and their educators**, to ensure the continuation of the health workforce pipeline.
- The Council supports the **continued salary enhancement of health workforce educators to allow for the hiring and retention of clinical faculty**.

*(See meeting materials for the full write-up of these items.)*



## DRAFT Recommendations for Council Approval

1) The Council recommends selecting up to three **apprenticeship** programs in different regions of the state, with the intention of **providing instruction for the program in the second-most predominant language** in the area, other than English.

Funds would support the **translation** of the related supplemental instruction (RSI), and hiring an instructor fluent in the language selected.



## DRAFT Recommendations for Council Approval

2) Create a Health Careers COVID-19 Response Grant for educational institutions (both secondary and postsecondary).

Grant funds would support implementing the **necessary modifications** to health-related classroom and lab space to ensure **student and staff safety** (equipment purchases and staff time for installation), **developing content** for online or hybrid education opportunities, and **staff training**.

(**Co-recommendation** with the PPE & Technology Work Group.)



## DRAFT Recommendations for Council Approval

1) The Council recommends that the Department of Health (with funds allocated for this purpose) convene a workgroup to **review the new health workforce-specific emergency rules and provisional WAC changes** implemented since March of 2020 focused on the state response to COVID-19, including changes to **telemedicine, simulation** for educational content, and **licensing**.

The Department shall **make recommendations on extending, or making permanent**, any temporary changes to the appropriate committees of the Legislature and Governor.

## DRAFT Recommendations for Council Approval

2) Create a Health Careers COVID-19 Response Grant for educational institutions (both secondary and postsecondary).

Grant funds would support implementing the **necessary modifications** to health-related classroom and lab space to ensure **student and staff safety** (equipment purchases and staff time for installation), **developing content** for online or hybrid education opportunities, and **staff training**.

(**Co-recommendation** with Career Pathways & Models of Education Work Group.)



# Industry Engagement (1/2)

## DRAFT Recommendation for Council Approval

- 1) Implement a pilot program to support **region-specific healthcare industry engagement** at up to three Workforce Development Councils (WDC), in partnership with the local Accountable Communities of Health.
  - The WDCs selected for the pilot should ensure a mix of geographic, socioeconomic, and racial diversity.

Funding would allow the hiring of an industry engagement coordinator at each selected WDC, with the charge of **focused industry engagement** to better **align the local education pipeline with specific healthcare industry needs** at all education and training levels.





# Industry Engagement (2/2)

- Industry Engagement Coordinator Role (cont.).
  - Facilitate a **quarterly convening of a roundtable** of health employers, workers, community-based organizations, and education providers with the following responsibilities:
    - Analyze local **Health Workforce Sentinel Network results**.
    - Provide an opportunity for industry and education to hear directly about **emerging skill needs, and opportunities for addressing skill needs** with education/training programs.
    - Develop **recommendations for local and state policy changes** to address region-specific needs.
    - Track and assist with **implementation of goals and initiatives** of the local roundtable.