Using a novel approach to obtain and deploy demand data for health workforce development: **Recent applications of the Health Workforce Sentinel Network**

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Washington's Health Workforce Sentinel Network

Why is it needed?

Few available data to track changing health workforce demand

Typical labor statistics (e.g., BLS) are important for many purposes, but:

- Suffer from time delays
- Lack information about needed skills and roles
- Don't illuminate reasons for vacancies and turnover

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Washington's Health Workforce Sentinel Network

Project Team

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Washington's Health Workforce Sentinel Network is a project of the Washington Health Workforce Council

Purpose

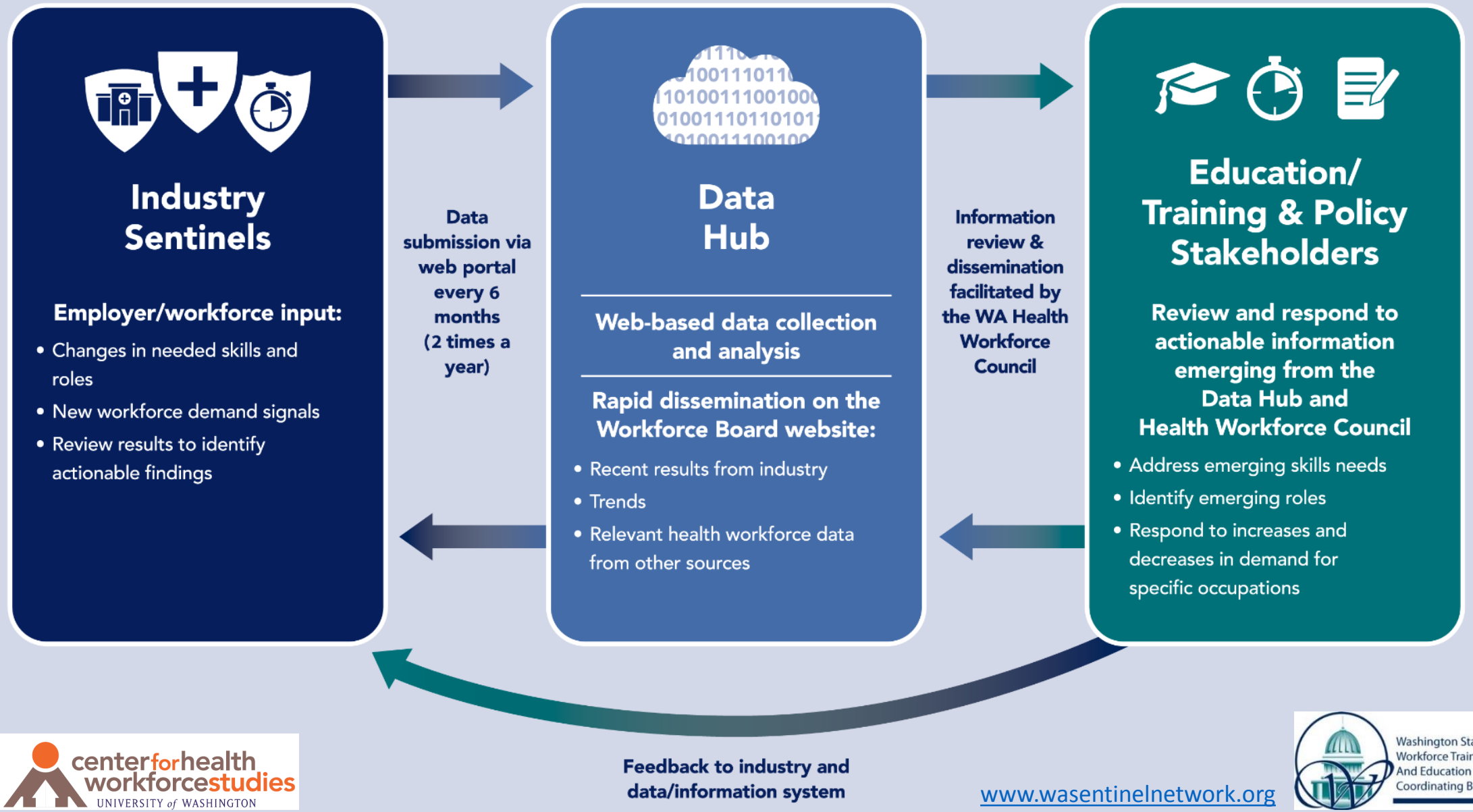
The workforce is key to healthcare transformation.

We need early signals of changes in the occupations, skills, and roles needed to deliver quality care.

The Sentinel Network supports efficient and effective health workforce preparation and deployment:

- **Identifies emerging signals** of changes in health workforce demand
- **Rapidly disseminates information** to education, training and policy partners who can respond to findings

Washington's Health Workforce Sentinel Network



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Washington State Workforce Training And Education Coordinating Board

Guiding Principles

- Minimize response burden
- Focus on changes in workforce demand (i.e., not quantifying demand)
- Provide timely information
- Maximize relevance to health workforce planning
- Bring together healthcare partners to review and respond

Sentinel Network Questions

Recently (in the past 3–4 months):

- *Occupations experiencing exceptionally long **vacancies***
- *Occupations with exceptional **turnover***
- *Occupations with increased or decreased **demand***
- ***New occupations** that they did not previously employ*
- ***New roles** for existing employees*
- *Changes in **orientation/onboarding procedures** for new employees*
- *Changes in **training priorities** for existing employees*
- *Does your facility serve primarily **urban, rural or a mix** of urban and rural clients?*

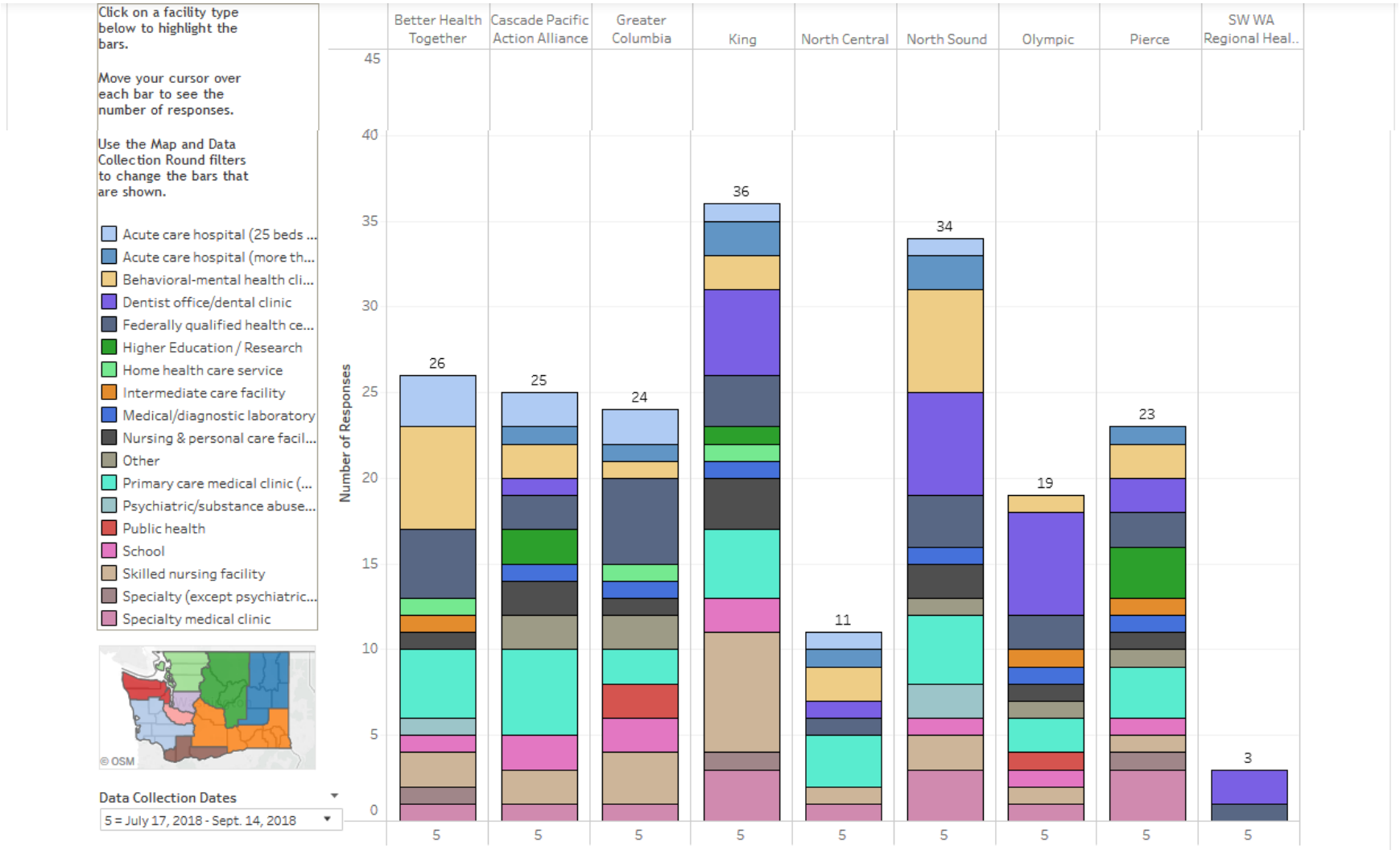
With a focus on qualitative input about which, how, and reasons why

Who are the Sentinels?

Healthcare Employers (by Facility Type)	July 2016	Nov 2016	May 2017	Sept 2017	July 2018
Behavioral-mental health clinic/outpatient mental health and substance abuse clinic	26	30	16	33	12
Skilled nursing facility	17	28	11	14	19
Federally qualified health center (FQHC) or community clinic providing care free or on sliding fee scale	19	18	19	23	13
Nursing & personal care facility (not a Skilled Nursing or Intermediate Care Facility)	7	15	6	4	11
Acute care hospital (25 beds or fewer)	10	12	8	7	10
Education	10	10	5	1	11
Primary care medical clinic (not FQHC or community clinic)	19	7	8	4	21
Intermediate care facility	1	7	5	2	3
Specialty medical clinic	29	6	6	3	8
Home health care service	11	4	7	6	3
Psychiatric/substance abuse hospital	3	4	0	10	0
Medical/diagnostic laboratory	5	3	5	4	3
Public health	4	3	5	2	3
Dentist office/dental clinic	3	3	0	4	20
Other	1	3	11	2	6
Acute care hospital (more than 25 beds)	12	1	6	4	8
Total	**177**	**154**	**118**	**127**	**154**

Responses by Accountable Community of Health

Sept 2018



Data Collection Rounds

Healthier WA Funding

(largely from federal healthcare transformation initiatives)

Governor's Office Funding

(federal labor funding – WIOA discretionary funds)

Findings Accessible on Interactive Web-Based Dashboard

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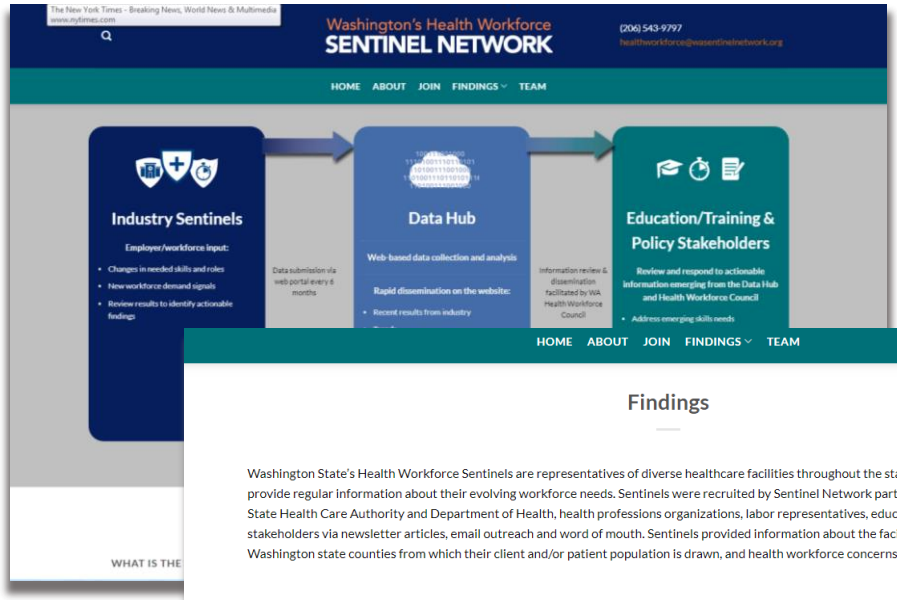
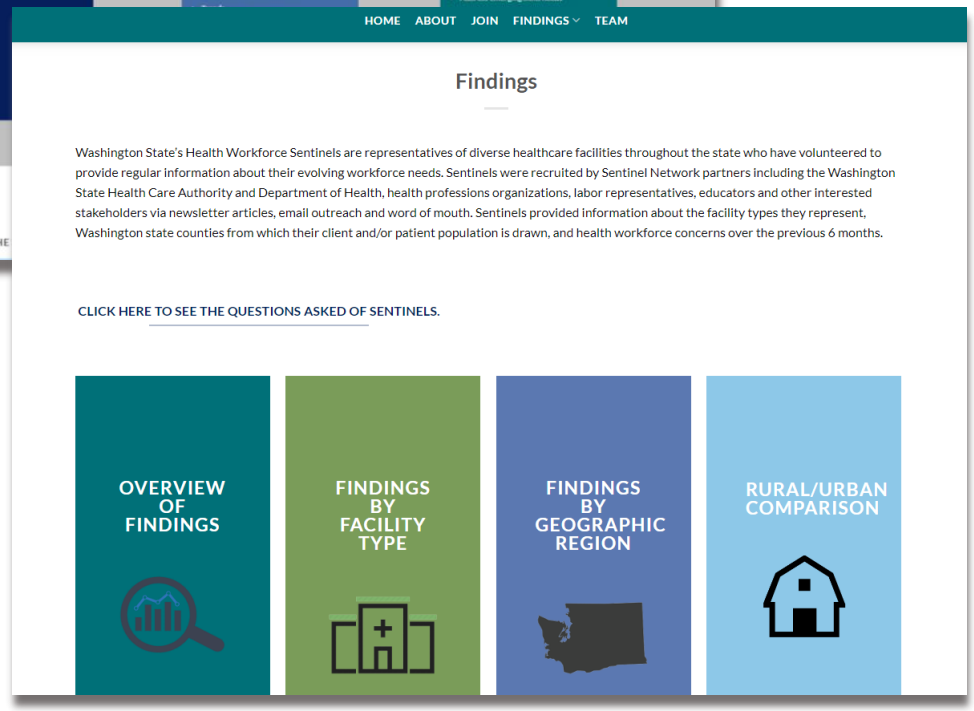
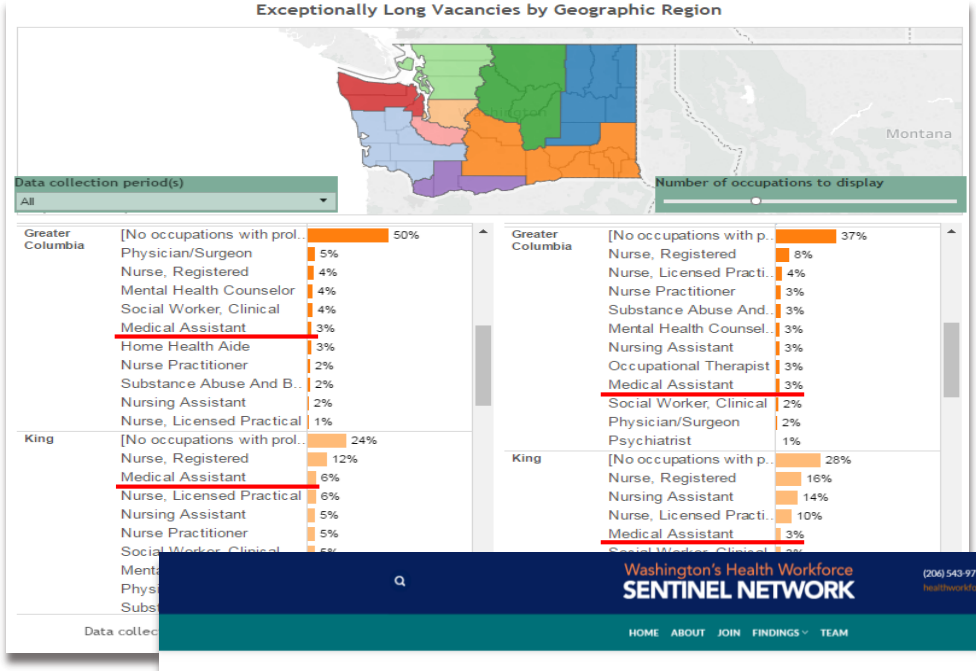
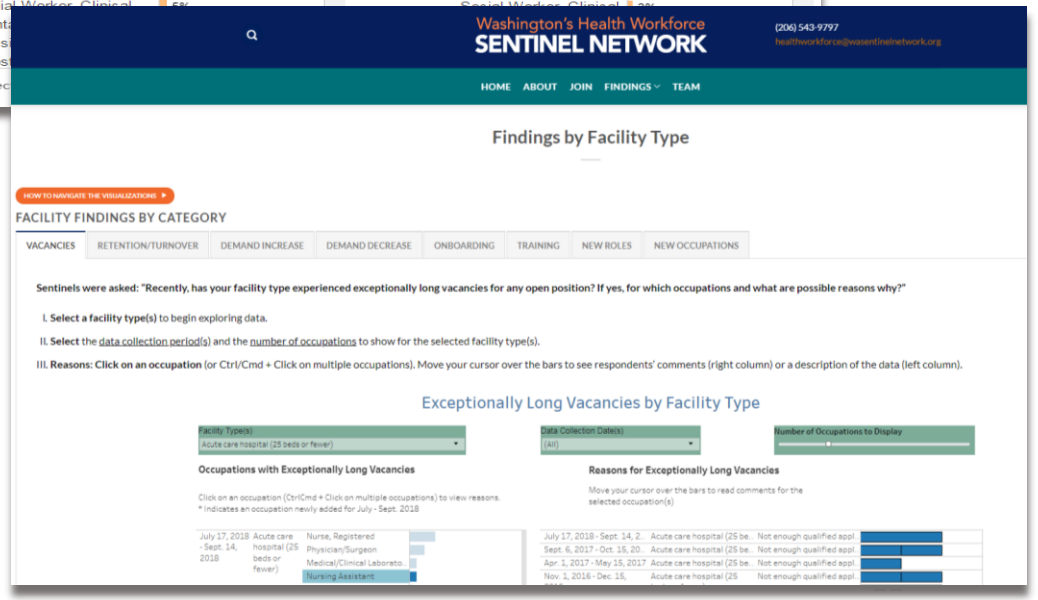
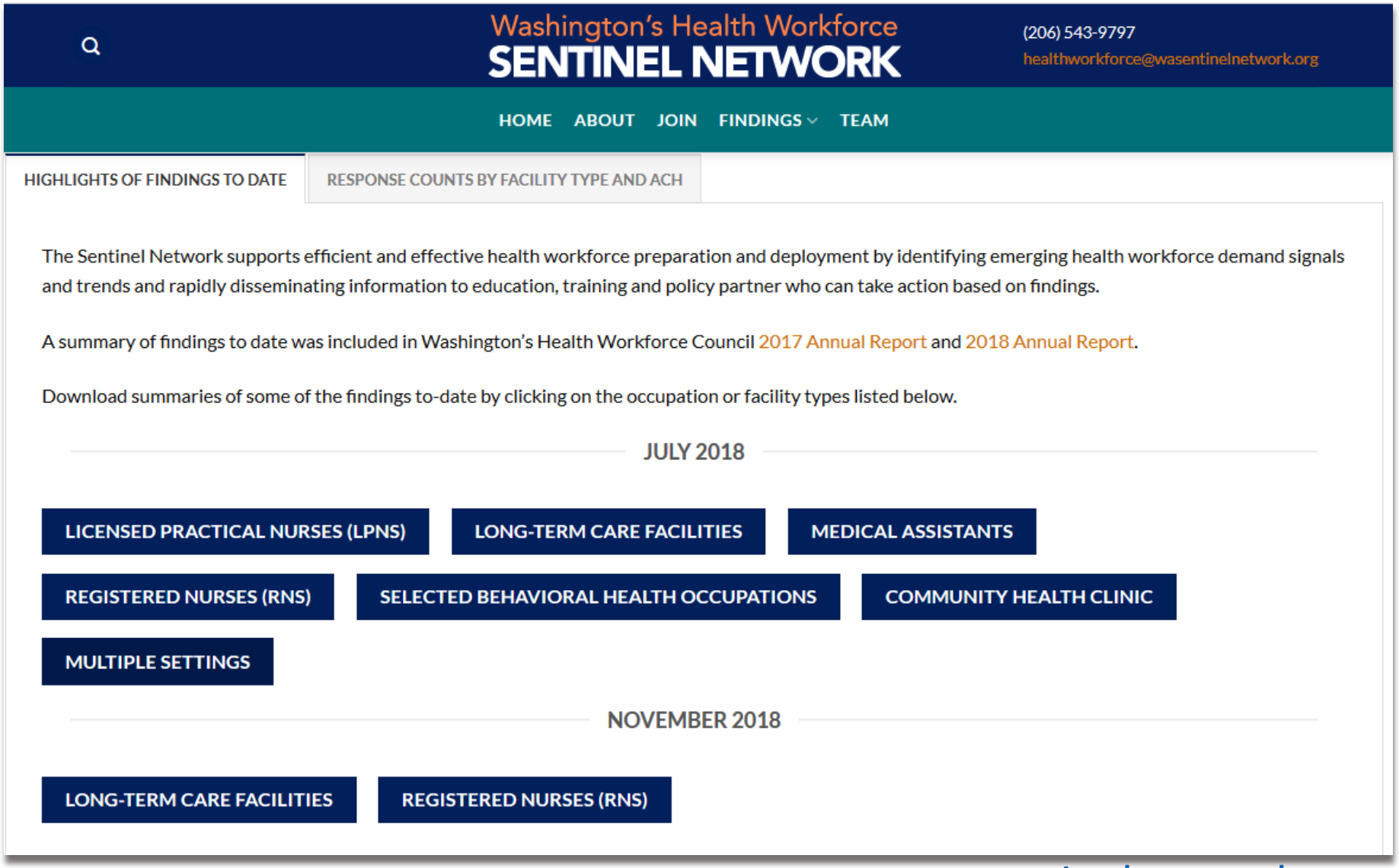








Findings: Summaries Still Popular



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Findings: Deeper Understanding Comes From the Details

Examples from Skilled Nursing Facilities

- *Not enough qualified applicants. We especially struggle…for night shift. Many applicants don't show up for interview.* (Nursing assistants)
- *Competition with nearby facility paying higher wages and better benefits. We especially struggle to find qualified applicants for night shift. The local program closed - nearly impossible to find LPNs now.* (LPNs)
- *Nursing homes are unattractive to potential candidates, low candidate pool, competition with local hospital (pay/environment).* (RNs)
- *State approval of training classes not forthcoming despite very high need.* (Nursing assistants)
- *Rural setting – workforce does not meet demand.* (RNs)

Applications of the Sentinel Network and its Findings

Examples of Uses of Sentinel Network Findings

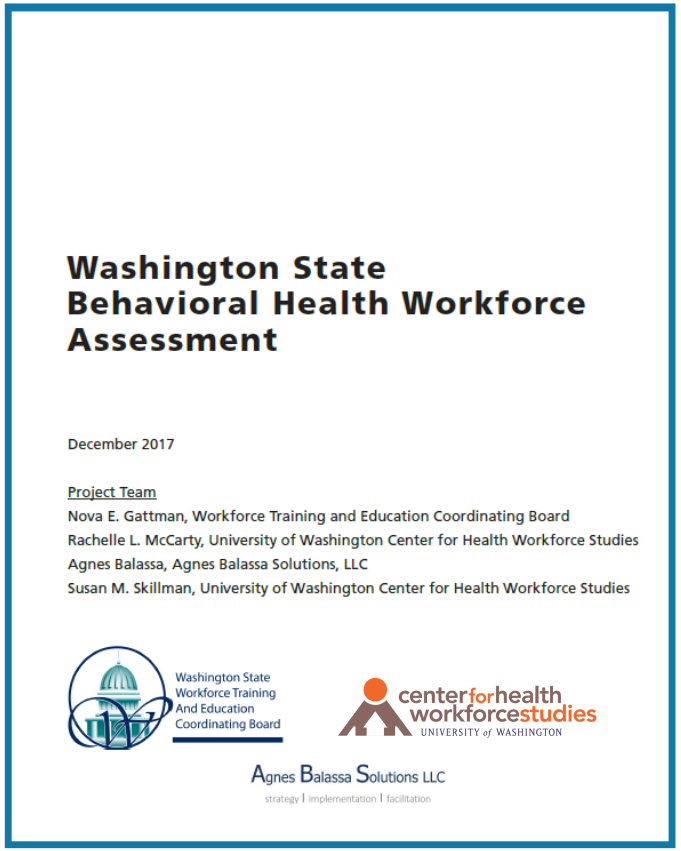
Informed the **Washington State Behavioral Health Workforce Assessment**

Gattman NE, McCarty RL, Balassa A, Skillman SM. Washington State Behavioral Health Workforce Assessment. Washington Workforce Training and Education Coordinating Board, Dec 2017.

Sentinel Network findings were combined with data from:

- Professional licenses
- IPEDs (education output)
- Primary research
- Extensive stakeholder interviews

Report's policy recommendations the basis for numerous proposals to the 2019 Legislature and the Governor

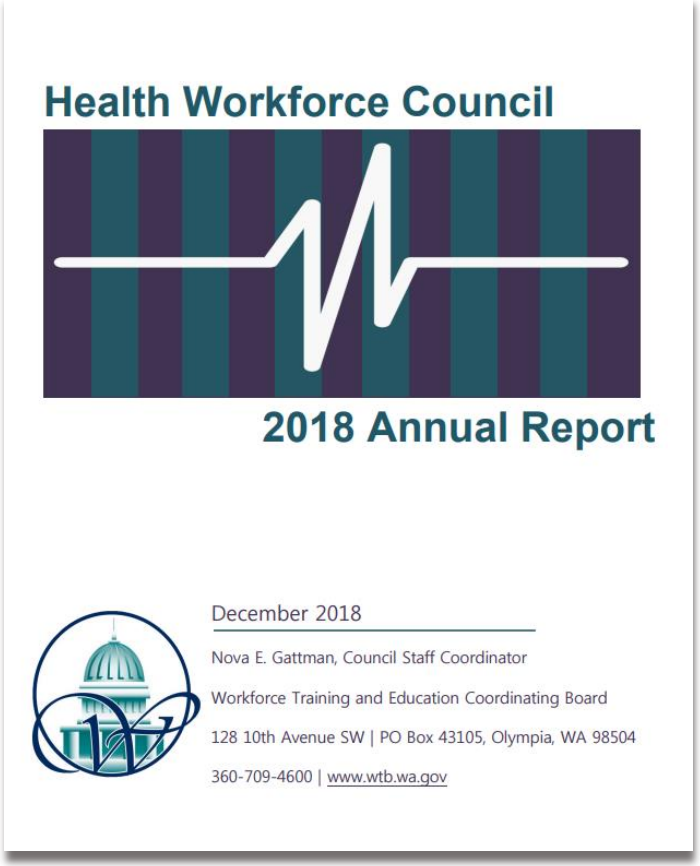


Examples of Uses of Sentinel Network Findings

Reported in-depth by Washington Health Workforce Council

http://www.wtb.wa.gov/Documents/2017HWCReport-FINAL.pdf

http://www.wtb.wa.gov/Documents/2018HWCReport-FINAL12-19-18.pdf



Health Workforce Council

2018 Annual Report

December 2018

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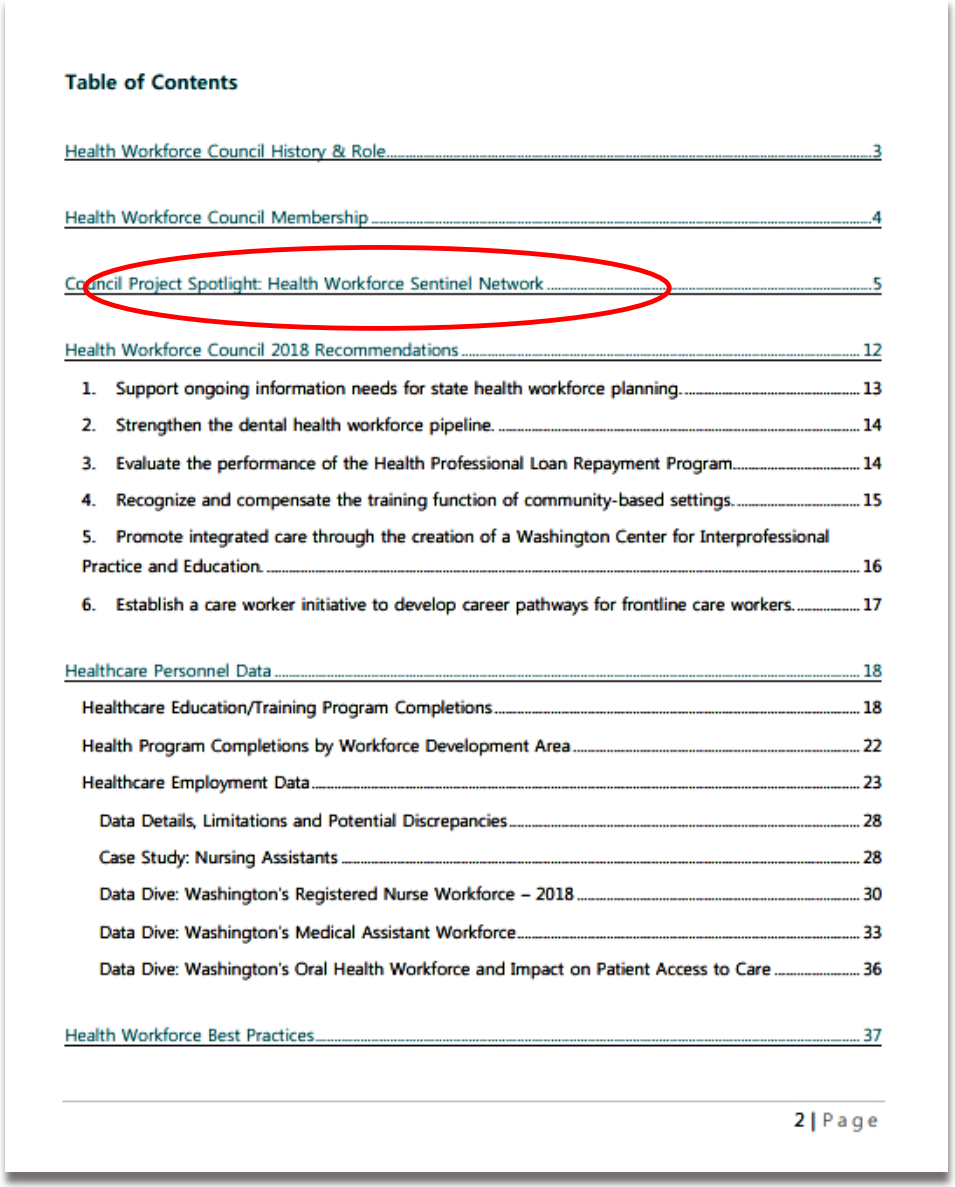

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Connecting SN Data to the Network Who Can Respond

Washington Health Workforce Council Membership

- University of Washington School of Medicine
- Renton Technical College
- Accountable Communities of Health
- Allied Health Center of Excellence
- Office of Superintendent of Public Instruction
- SEIU Healthcare 1199NW
- SEIU 775 Benefits Group
- State Board for Community and Technical Colleges
- Washington Association for Community Health
- Washington Association of Housing and Services for the Aging
- Washington Center for Nursing
- Washington Health Care Association
- Washington Council for Behavioral Health
- Washington State Dental Association
- Washington State Department of Health
- Washington State Hospital Association
- Washington State Medical Association
- Washington State Nurses Association
- Washington Student Achievement Council
- Washington State Health Care Authority
- Workforce Training and Education Coordinating Board

Other Examples of Uses of Sentinel Network Findings

- **Accountable Communities of Health** (state planning regions) testing SN use in monitoring health workforce demand in state healthcare transformation regions
- State **Community College Health Programs** Deans and Directors group engaged in interpreting findings
- **HR Directors** groups highly interested in using findings to support their experiences in recruiting
- ------And other uses that we don't know about

Future -

- Washington's House Higher Education Committee expressed strong interest in funding Sentinel Network for **other industry sectors**

Sentinel Network Outside of Washington State

Connecticut

- Implementation statewide (all healthcare settings/occupations) starting in April, 2019
- UW CHWS conducting survey and creating dashboard
- CT League for Nursing conducting recruitment and dissemination in CT

…….And we're in conversations with other states

Summary – The Value of the Sentinel Network

- **Rapid turnaround** signals of workforce demand changes
- Identifies **skills** needed and **local conditions** that may make hiring difficult
- Provides "**how and why**" behind demand signals:
    - Helps to identify solutions: Increase education capacity? Address workforce policy issues? Improve resources for incumbent worker training?
- **Engages the full network of stakeholders** needed to identify and solve workforce problems
- And, depending on the question, Sentinel Network supplements but does not substitute for quantitative data about workforce demand

Future Plans and Desires

- Continued funding
- Draw more Sentinels to the network
- Enhance dashboard as to add in more resources:
  - E.g., quantitative demand data, real-time labor-market information (LMI)
- Strengthen connections between employers and fixers
- Expand to more states (and industry sectors?)

Washington's Health Workforce Sentinel Network

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