

# Signals of Connecticut's Health Workforce Demand:

## *Initial Findings from the Health Workforce Sentinel Network - Connecticut*

***Statewide Nursing & Healthcare Workforce Summit  
Plantsville, CT  
July 9, 2019***

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# Health Workforce Sentinel Network

## Why is it needed?

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### **The workforce is key to healthcare transformation**

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

### **Few data are available 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

Traditional demand surveys of employers are expensive and suffer from low response rates, and tend to focus on counts rather than reasons

# Health Workforce Sentinel Network

## Purpose

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

- Identifying emerging signals of health workforce demand needs/changes.
- Rapidly disseminating information to education, training and policy partners who can take action based on findings.

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

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

# Health Workforce Sentinel Network

## Project Team and Original Developers

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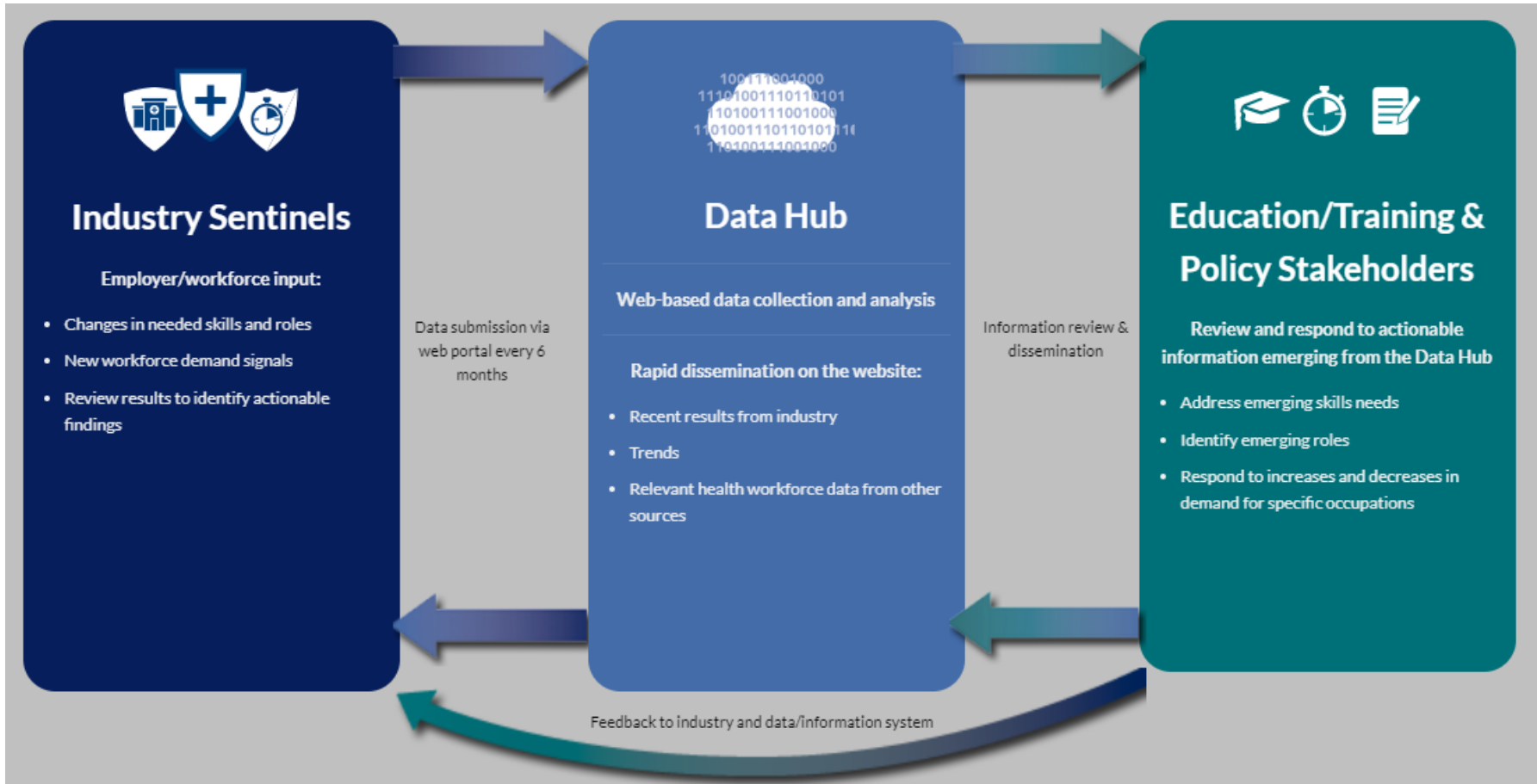


### Washington State Workforce Board

Eleni Papadakis, Executive Director

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# Health Workforce Sentinel Network



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# Washington's Health Workforce Sentinel Network

## Guiding Principles

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- 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

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

*Recently (in the past 6 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?*

# Examples of Uses of Sentinel Network Findings

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

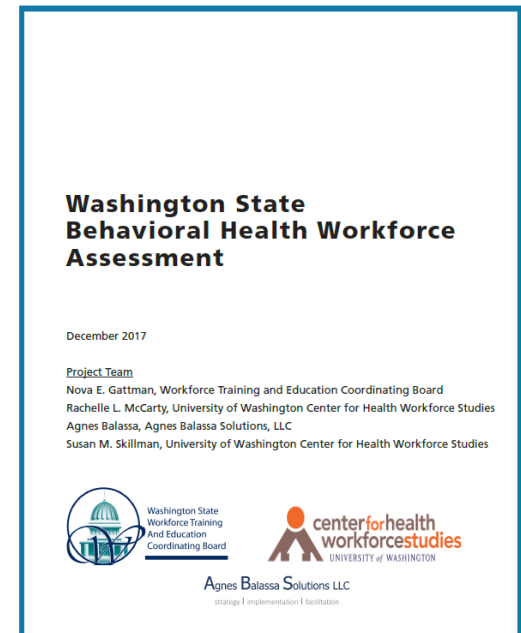
[Gattman NE, McCarty RL, Balassa A, Skillman SM. Washington State Behavioral Health Workforce Assessment. Washington Workforce Training and Education Coordinating Board, Dec 2017.](#)

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

Follow on report for deeper dive into some of the barriers legislated and funded by 2019 WA Legislature



**Washington's Health Workforce Sentinel Network**

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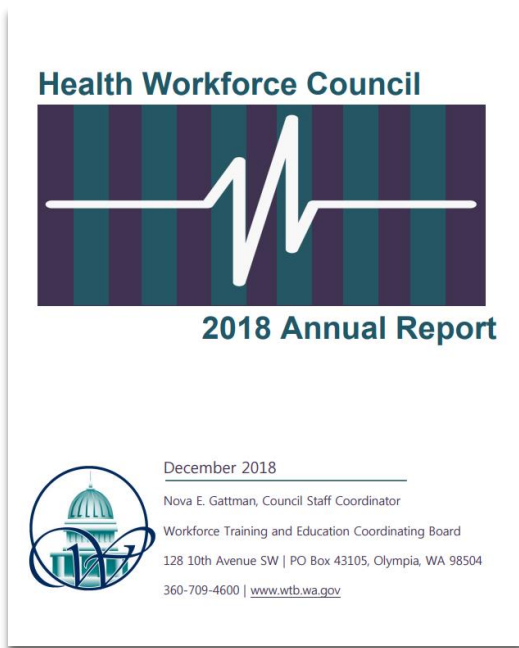


# Examples of Uses of Sentinel Network Findings

## 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>



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**Washington's Health Workforce Sentinel Network**  
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# Washington State Health Workforce Council

## Membership

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- 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

# Health Workforce Sentinel Network - Connecticut

## Summary of findings for data collected Spring, 2019

(4/10/19 – 5/13/19)



# CT: Responses by Facility Type

## Reported to Sentinel Network (Spring 2019)

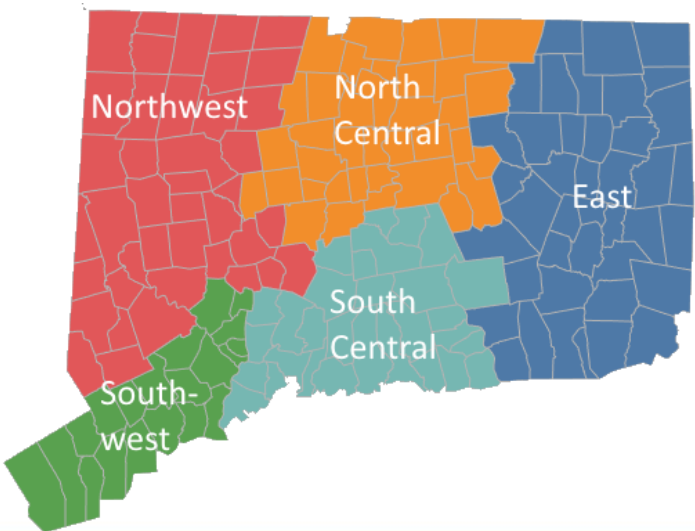
Facility Type	Number of Responses
Skilled nursing facility	17
Licensed home health care agency (Medical)	15
Home care agency (Non-Medical Homemaker/Companion, Personal Care Agency)	11
Higher education / Research	8
Licensed hospice agency	8
Acute care hospital	7
Other	7
Primary care medical clinic, federally qualified health center (FQHC) or community clinic	5
Specialty medical clinic	5
Long term care facility (not a skilled nursing facility or LTAC)	4
Medical/diagnostic laboratory	4
Behavioral-mental health clinic/outpatient mental health and substance abuse clinic	3
Long term acute care facility (LTAC)	3
<b>Total</b>	<b>97</b>

# CT: Responses for each WIB Region

## Reported to Sentinel Network Spring 2019

Workforce Investment Board Region	Number of Responses
East	27
North Central	62
Northwest	44
South Central	51
Southwest	34
<b>Total</b>	<b>218</b>

Residents Served	Number of Responses
Mostly Rural Residents	8
Mostly Urban Residents	30
A Combination of Rural and Urban	180
<b>Total</b>	<b>218</b>



# How to review and assess SN findings

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1) Does the “signal” ring true? Have you heard elsewhere or are multiple Sentinels reporting it?

2) Which “bucket” does the issue fit in?

Is the “signal” something that is a result of and/or could be addressed by:

- The **education/training system** producing new [occupation X]? (turn up or down the education spigot)
- **Incumbent worker education/training?**
- **Policy or regulation?** E.g., licensing or practice requirements from Dept. of Health, DSHS, etc.
- **Healthcare marketplace?** E.g., discrepancies in wage rates due to resources of larger systems vs. small practices
- **Other?**

# CT: Occupations with Exceptionally Long Vacancies

## Reported **Statewide** to Sentinel Network (Spring 2019)

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Most frequently mentioned occupations, across all responses

Registered Nurse (38/97)

Nursing Assistant – Certified (22/97)

Home Health Aide/Home Care Aide (9/97)

Nurse Practitioner (8/97)

Physical Therapist (7/97)

Physician/Surgeon (7/97)

Licensed Practical Nurse (5/97)

Occupational Therapist (4/97)

Psychologist, Clinical and Counseling (4/97)

Social Worker – Masters Prepared (4/97)

Surgical Technologist (4/97)

*NOTE: the number of mentions is heavily influenced by the facility types responding*

# CT: Occupations with Exceptionally Long Vacancies

## Reported to Sentinel Network by Facility Type (Spring 2019)

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### Home Health, Home Care, Hospice

Registered Nurse (13/34)  
Nursing Assistant – Cert (8/34)  
Home Health Aide/Home Care Aide (6/34)  
Occupational Therapist (3/34)  
Physical Therapist (3/34)

### Long Term Care (incl. SNFs)

Nursing Assistant - Certified (13/24)  
Registered Nurse (11/24)  
Physician/Surgeon (4/24)  
Nurse Practitioner (3/24)  
Licensed Practical Nurse (3/24)  
Psychologist, Clinical & Counseling (3/24)

### Primary Care Clinics, FQHCs

Medical Assistant (2/5)  
Hlth Info Tech & Med Registrar (1/5)  
Physical Therapist (1/5)  
Physician/Surgeon (1/5)

### Hospitals

Registered Nurse (4/7)  
Surgical Technologist (4/7)  
Med & Clin. Lab Technologist (3/7)  
Physical Therapist (2/7)  
*Plus many more with one listing*

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*NOTE: Numbers help establish rankings within facility type – but are not meaningful to compare across facility types*



# Reasons for Exceptionally Long Vacancies

## Reported to CT Sentinel Network (Spring 2019)

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### Home Health, Home Care or Hospice

- *“Not enough qualified candidates with reliable transportation or interest in the field. Wages are low which may be the reason.”* [NA-C, Lic. Home Health Care Agency]
- *“No mileage reimbursement”* [NA-C, Lic. Home Health Care Agency]
- *“[Looking for] Spanish speaking.”* [RN, Lic. Home Health Care Agency]
- *“Town agency pay scale limited and skill set for experienced homecare nurse”* [RN, Lic. Home Health Care Agency]
- *“Less part time applicants”* [Home Health Aide/ Home Care Aide, Lic. Home Health Care Agency]
- *“Growth”* [RN & Home Health Aide/ Home Care Aide, Lic. Hospice Agency]

# Reasons for Exceptionally Long Vacancies

## Reported to CT Sentinel Network (Spring 2019)

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### Long Term Care Facilities (SNFs, Long Term Acute Care, Other Long Term Care Facility)

- “RN positions are difficult to fill with qualified RN's typically we will hire a new grad we will train and then they leave after a few months to go to the hospital” [RNs, *Skilled Nursing Facility (SNF)*]
- “At this point the 4 area facilities are just ‘stealing’ from each other. We are all struggling with finding C.N.A.'s” [CNAs, *SNF*]
- “Health care providers are competing for staff in the same job pool. CNAs have many choices of where they are able to work.” [CNAs, *SNF*]
- “Finding that RNs don't want a career in LTC but rather the acute arena” [RN, *Long Term Acute Care Facility*]
- “No nursing home experience.” [RNs, NPs, *SNF*]
- “Travel Distance” [NPs, *SNF*]

# Reasons for Exceptionally Long Vacancies

## Reported to CT Sentinel Network (Spring 2019)

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### Acute Care Hospitals

- “Being a small community hospital we compete with larger, more acute hospitals for talent both salary and competency” [Many occupations]
- “Not enough qualified applicants to meet our needs, lost a large number of ICU RNs to competing hospital with a richer benefits program” [RNs, *ER-OR*, *ICU*]
- “Critical shortage state-wide - not enough available programs.” [Lab Technologist, Surgical Technologist]
- “Small candidate pool for pediatric social workers.”

# Reasons for Exceptionally Long Vacancies

## Reported to CT Sentinel Network (Spring 2019)

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### FQHCs and primary care clinics

- “Applicant pool is lacking in qualified candidates and the other organizations that we compete with have higher starting wages.” [Medical Assistant]
- “Not enough qualified applicants” [Multiple occupations]

# Changes to Training Priorities

## Reported to CT Sentinel Network (Spring 2019)

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### Home Care, Home Health or Hospice

- “OASIS D, Coding and change in payment model coming requires more education.” [Many occupations]
- “OASIS updates; Changes in the CoPs.” [Multiple occupations]
- “Education in new federal condition of participation beginning 1/1/18.” [RN]
- “We train, coach and mentor constantly on client and family care issues.” [Multiple occupations]

# Changes to Training Priorities

## Reported to CT Sentinel Network (Spring 2019)

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### Long Term Care Facilities (SNFs, Long Term Acute Care, Other Long Term Care Facility)

- “CNAs are participating in a dementia care certification program” [SNF]
- “For RN/LPN/CNA more emphasis on specialty clinical programs training (pulmonary/sepsis/cardiology) as well as sexual harassment, HIPPA, Corporate compliance.” [SNF]
- “Increased annual training to include more education on Dementia, difficult behaviors, Mental health, Trauma informed care etc.” [CNAs]
- “We purchased online training platform from Healthcare Academy. This helps us from an organizational standpoint, but has no bearing on Turnover.” [CNAs]

# Sentinel Network - CT

## Next Steps

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- Who are the key network stakeholders who should review and respond to the findings?
  - Which findings need more study?
  - What preparations should be made to increase participation in the next round of data collection (Fall, 2019)?
  - Other?
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**Thank you!**

**View more at -**

**[www.ct.sentinelnetwork.org](http://www.ct.sentinelnetwork.org) (CT)**

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

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<https://depts.washington.edu/fammed/chws/>