Health Workforce Well-Being Priorities for Washington Center for Nursing Burnout and Retention Work

Priority Area 1: Create and Sustain Positive Work and Learning Environments and Culture

GOALS	ACTORS	ACTIONS	Possible Strategies
Goal 1: Culture of well-being is integrated into program operations, human resource management, services, and curricula.	Academic Institutions Clinical Training Programs Accreditation Bodies	1A. Instill approaches to decrease workplace stress and burnout, and improve health worker and learner well-being in strategic plans, organizational values, and human resources policies and procedures.	
		1B. Implement well-being onboarding programs for students as they enter health professions schools to build coping and resiliency skills.	
		1C. Provide training opportunities for faculty to help integrate well-being into programming.	
		1D. Set reasonable productivity expectations and provide adequate resources to support expectations.	
Goal 2: Settings are diverse, equitable, accessible, and inclusive.	Academic Institutions Clinical Training Programs Accreditation Bodies Health Systems Health Workers	2A. Examine institutional policies, organizational goals, and objectives with an equity lens.	
		2B. Revise clinical algorithms that erroneously rely on race.	
		2C. Establish policies and processes to support the timely reporting of and response to discriminatory behaviors. This includes a clear reporting process, support for reporters, and outcomes commensurate with the demonstrated behavior and situation.	
		2D. Establish mentorship programs to help all health workers thrive in educational, training, and practice environments.	
		2E. Review leadership opportunities and pathways to ensure they are diverse, accessible, equitable, and inclusive, and are available at multiple levels of a health system and training program.	
		2F. Provide appropriate education and trainings for workers, staff , and leaders to address issues (e.g., discrimination, lateral violence, bullying, harassment) and progress toward cultural humility.	
Goal 3: Increased retention and decreased turnover of health workers.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Health Workers	3A. Provide mechanisms and systems to allow health workers to operate as teams.	
		3B. Invest in appropriate and flexible staffing plans that allow for safe patient care, including needed backup.	
		3C. Create and implement processes for meaningful recognition for all members of the health workforce.	
		3D. Examine sick leave and personal time off policies and staffing to accommodate health workers who need time off, regardless of their tenure.	

GOALS	ACTORS	ACTIONS	
		3E. Develop and incentivize coverage systems that allow health workers to take time off , especially so that frontline workers can hand off responsibility for patient care during their time away.	
		3F. Offer employee benefits that include child care and elder care services.	
		3G. Ensure that health worker meal and rest breaks are expected and routine, not exceptional.	
		3H. Learn about health worker experiences directly by asking them and conducting surveys and listening sessions while they are employed, and conducting exit interviews to understand why they are leaving their positions.	
		3I. Promote work-life integration for health workers through structures such as sufficient staff , flexible schedules, access to and use of health care, and low-cost and healthy food options.	
		3J. Address accountability and reward systems to re-orient promotion/tenure and salary processes so that they reward behaviors contributing to positive learning environments.	
Goal 4: Leadership recognizes negative impacts of health worker burnout and fosters a culture of well-being.	Health Systems Health Workers Professional and Specialty Societies	4A. Use data to develop strategies that will continually improve well-being and decrease health worker burnout and	
		4B. Ensure that leaders consider well-being when making decisions, to account for the potential impact on patients,the workforce, and their health systems.	
		4C. Provide protected time for and empower managers,health workers, and other staff to address well-being in the workplace.	
		4D. Invest in well-being leadership roles, such as Chief Wellness Officers (and Chief Nursing and Chief Pharmacy Officers, as appropriate) that: • report to executive leadership and governance and are integrated in the leadership team, • facilitate uptake and accountability of well-being within the heath workforce, and • are allocated the resources necessary to implement strategies that will improve health worker well-being.	
Goal 5: Accountability standards and best practices for well-being are adopted	Academic Institutions Clinical Training Programs Accreditation Bodies Health Systems Professional and Specialty Societies Private and Non-Profit Organizations	5A. Establish and implement accountability measures and incentives for leaders (see Action 3J).	
		5B. Fund and evaluate demonstration programs and grants in the workplace and learning environments.	
		5C. Decrease the amount of time between research and translating evidence into real-world settings.	
Priority Area 2: Invest in Measurement, Assessment, Strategies, and Research			
GOALS	ACTORS	ACTIONS	
Goal 1: Burnout and well-being of health workers and learners, and the drivers of workplace stress, are routinely measured.	Academic Institutions. Clinical Training Programs Accreditation Bodies Health Systems Health Workers Insurers and Payers	1A. Measure and assess core leadership behaviors that promote workforce well-being (e.g., the Mayo Clinic Leader Index uses the Include, Inform, Inquire, Develop, Recognize, framework; see Related Resources)	
		1B. Identify internal and external funding streams for measurement and assessment of learner and health workforce burnout and well-being.	

GOALS	ACTORS	ACTIONS	
	Professional and Specialty Societies	1C. Measure the prevalence and drivers of health worker and learner burnout and distress, using one of the existing validated survey tools for which established benchmarks are available.	
		1D. Recognize and evaluate the links between well-being outcomes and key performance indicators that are most relevant to the organization and learning environments (e.g., quality of care, patient-reported outcomes and experience, staff turnover).	
		1E. Disaggregate and de-identify data, share it across the organization and to relevant groups for the purpose of continuous learning, and use it to develop intervention strategies that will drive positive local changes in the workplace and learning environments.	
Goal 2: A national commitment is made to invest in research, strategies, and partnerships to improve health worker and learner well-being.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Health Workers Insurers and Payers Private and Non-Profit Organizations Professional and Specialty Societies	2A. Coordinate a research agenda to examine: • organizational, learning environment, and health system factors (e.g., payment models, health IT, regulatory practices, workload and staffi ng models, local culture) that contribute to burnout, moral injury, occupational distress, intention to leave health care as a profession, and death by suicide among health workers; • the impact of bias, discrimination, sexism, ableism, anti-LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, and ally/asexual) eff orts and/or racism on the professional and personal wellbeing of health workers and learners; • the immediate and long-term eff ects of COVID-19 on the well-being of the health workforce; and • strategies to improve health worker and learner wellbeing in the local environment.	
		2B. Fund a coordinated research agenda that focuses primarily on the issues outlined in Action 2A.	
		2C. Create and manage a national registry of evidence-based interventions to coordinate and facilitate research and innovation aimed at eliminating health worker and learner burnout and improving professional worker and learner well-being.	
		2D. Establish and support a national epidemiologic tracking program to measure health worker and learner well-being, distress, and burnout with mandated funding.	
		2E. Enhance wide-scale uptake of implementation best practices and approaches to improve well-being and decrease burnout across various stakeholder groups.	
		2F. Convene conferences and symposia to share strategies for improving well-being and preventing and reducing burnout and distress.	
Priority Area 3: Support Mental Health and Reduce Stigma			
GOALS	ACTORS	ACTIONS	

Goal 1: The mental health workforce is strengthened with increased numbers of practitioners.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Professional and Specialty Societies	1A. Train, recruit, and retain additional mental health professionals (e.g. mental health nurse practitioners, occupational therapists, psychiatrists, psychologists, physician assistants, and social workers) to provide care for the health workforce.	
		1B. Increase resources to support individuals seeking education to become mental health professionals.	
		1C. Continue to address the lack of pay parity between health professionals providing mental health services and those who provide other forms of treatment.	
		1D. Establish debt forgiveness programs and pathways to increase the interest of learners in mental health professions.	
		1E. Integrate training on referral pathways from primary care to specialty mental health care.	
Goal 2: Adequate mental health services are available, easily accessible, confidential, dignified, paid for, and health workers and learners are encouraged to use them.	Federal, State, and Local Governments Health Systems Health Workers Insurers and Payers Private and Non-Profit Organizations Professional and Specialty Societies	2A. Provide supportive mental health services for health workers involved in safety events and other traumatic events as part of a system's layered protections against medical errors.	
		2B. Support the use of faith leaders, coaches, peer supporters, and other trusted resources due to the shortage of licensed mental health professionals.	
		2C. Provide quality mental health services, offer telemedicine and virtual care options where appropriate, and expand hours of availability to when health workers are not at work.	
		2D. Offer external providers of mental health services to emphasize confidentiality.	
		2E. Arrange coverage and/or flexible schedules for health workers to participate in mental health appointments.	
		2F. Establish peer-support programs and off er psychological and/or stress fi rst-aid training for all health workers and trainees, in addition to Employee Assistance Programs.	
		2G. Guarantee mental health parity with other medical conditions for the coverage of health care costs.	
		2H. Increase reimbursement and reform prior authorization for mental health services to ensure health workers and trainees receive the care they need.	
Goal 3: Stigma and barriers are reduced for health workers and learners to disclose mental health issues and utilize mental health services.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Health Workers Media and Communications Private and Non-Profit Organizations Professional and Specialty Societies	3A. Increase awareness of mental health issues and services through routine communications, such as rounds or regularly scheduled meetings, and other dissemination efforts.	
		3B. Develop policies and exemplar practices regarding requirements for privileging and credentialing in health care	
		3C. Convene state licensing and certifi cation boards to accelerate appropriate changes to mental health reporting requirements, reduce stigma, and normalize the process for health workers to seek help for workplace-related	
		3D. Educate the public and health workforce about the benefits of mentally healthy workers.	
Goal 4: Health workers and learners do not experience unnecessary punitive actions when seeking mental health services.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments	4A. Align questions about personal health information with the Americans with Disabilities Act to inquire only about current impairments that may aff ect their ability to provide care due to a health condition rather than a past or current diagnosis or treatment for a mental health condition.	

GOALS	ACTORS	ACTIONS	
	Federal, State, and Local Governments Health Systems Insurers and Payers	4B. Establish accountability frameworks for ensuring psychologically safe working and learning environments that prevent discrimination, such as inappropriate retaliation or termination, against health workers and learners disclosing mental health challenges.	
Goal 5: Access to mental health resources is correlated with improved health worker well-being.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Professional and Specialty Societies	5A. Track the use of mental health services and programs (e.g., Employee Assistance Program) to ensure programs are designed to meet the needs of health workers, whether efforts to seek assistance and treatment have increased, and whether organizational barriers (such as stigma, lack of confidentiality, fear of punitive consequences, etc.) have been removed. NOTE: Data should be de-identified.	
		5B. Track whether state-level barriers have been removed.	

Priority Area 4: Address Compliance, Regulatory, and Policy Barriers for Daily Work

GOALS	ACTORS	ACTIONS	
Goal 1: Time spent on documentation is reduced to provide more time for meaningful professional activities and personal well-being.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Health Workers Insurers and Payers	1A. Revise policies and requirements for documentation that do not contribute to quality patient care.	
		1B. Remove low-value tasks from processes, rather than simply automating them.	
		1C. Measure time spent on documentation and set goals to reduce non-patient contact time.	
		1D. Use metrics to assess the nature and quality of workload in addition to achieving a reduction in overall time spent on administrative work.	
		1E. Include direct care workers in the refinement of electronic health records (EHRs) to ensure that proposed changes improve workflow.	
Goal 2: Policies address hybrid, virtual, and in-person workflows to facilitate work-life integration and responsive patient care.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Health Workers	2A. Institute paid leave and protections for health workers.	
		2B. Involve direct care workers in the development of hybrid workplace policies and provide training for teams to connect in-person and virtual workflows.	
		2C. Assess how virtual and in-person workflows connect and support each other.	
		2D. Fund infrastructure to support effective transitions to virtual or hybrid workflows for health workers.	
Goal 3: Prior authorization requirements are reimagined in a manner that places a focus on supporting quality patient care while also reducing unnecessary burden on health workers.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Insurers and Payers	3A. Eliminate prior authorization requirements if validated clinical decision support tools are used.	
		3B. Reduce the volume of prior authorizations needed and increase transparency of requirements.	
		3C. Standardize the prior authorization process with a single workflow so that payers can respond within fixed and defined timelines.	
		3D. Increase automation when appropriate and deploy health IT to ensure timely care for patients.	
		3E. Create rules and regulations that are general and as inclusive as possible. If exclusions are required, ensure they are limited and as specific as possible.	
Goal 4: Requirements are streamlined for health workers to comply with regulations and policies.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies	4A. Form a public-private task force of experts, regulators, and health workers to identify frameworks and best practices for interpreting local-level rules and guidance that minimize burden.	
		4B. Standardize licensure processes, prepopulate necessary documents, and standardize timelines.	

GOALS	ACTORS	ACTIONS	
	Health Information Technology (IT) Companies Health Systems Health Workers Insurers and Payers Private and Non-Profit Organizations	4C. Standardize facility and procedural credentialing with prepopulated documents, attestations, and other required paperwork.	
		4D. Re-evaluate mandatory learning and trainings to shorten or eliminate those that add to the administrative burden of health workers.	
Goal 5: Interstate practice is simplified and virtual services are easy for health workers and patients to use.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Health Workers Insurers and Payers	5A. Expand telehealth and virtual care for subsets of patients where such care has been shown to be safe and effective.	
		5B. Permanently remove certain licensure requirements to allow out-of-state health workers to perform telehealth services, and include telehealth credentialing and licensure within interstate compacts so that it is not an additional burden.	
		5C. Develop compensation models that facilitate asynchronous and continuous electronic messaging between the patient and the health care team.	

Priority Area 5: Engage Effective Technology Tools

GOALS	ACTORS	ACTIONS	
Goal 1: Health IT is user friendly and affordable, and meets standards co-designed with users.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Health Workers Insurers and Payers Patients Private and Non-Profit Organizations	1A. Promote necessary interactions of stakeholders to design and improve documentation systems and leverage better technology solutions that are health-oriented and human centered.	
		1B. Conduct research on how to develop and apply health IT that supports health workers in care delivery, including prevention services and contact tracing.	
		1C. Define standards for all health technologies to be clinically useful and accurate. Include standards for the following domains: usability/user experience before and after implementation of technology, degree of cognitive load, and degree of clinical decision-making support.	
		1D. Create market advantages for producing technologies that are human-centered and highly user friendly.	
Goal 2: Health IT is interoperable across disciplines and platforms to enhance team-based care and continuity of care.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Health Workers Patients	2A. Encourage the adoption of existing interoperability standards and the development of enhanced interoperability standards.	
		2B. Discourage proprietary solutions that are not interoperable.	
Goal 3: Technology innovations improve both patient care and workload of health workers.	Federal, State, and Local Governments Health Information Technology (IT) Companies Health Systems Health Workers	3A. Deploy health IT using human-centered design and human factors and systems engineering approaches to ensure the effectiveness, efficiency, usability, and safety of the technology.	
		3B. Develop widgets that focus on documenting individual services.	
		3C. Establish a joint public-private fund for technology and EHR optimization to improve workloads and	

GOALS	ACTORS	ACTIONS	
	Health Workers Patients Professional and Specialty Societies	3D. Establish partnerships with social service agencies to connect patients to services and ensure their pertinent health information can be shared in a meaningful way.	
Goal 4: Technologies facilitate increased personal connections with patients.	Companies Health Systems Health Workers Patients	4A. Automate processes to streamline the health care team's workflow (e.g., ambient artificial intelligence, virtual scribes, or voice assistants) to allow health workers to focus on listening to patients, rather than manually documenting notes at the computer, and increase patient safety.	
		4B. Offload and/or automate the administrative tracking tasks associated with preventive care (e.g., natural language processing technologies for inbox management), so health workers can focus on more complex care needs and communicating information to the patient.	
Goal 5: The use of technology is understood and established as an enabler to streamline care.	Academic Institutions Clinical Training Programs Accreditation Bodies Health Information Technology (IT) Companies Health Systems Health Workers Insurers and Payers Patients	5A. Employ technology tools to maintain personal safety (e.g., ability to videoconference into a patient's room when appropriate) when treating communicable diseases or while calling on other experts and members of the care	
		5B. Use EHR audit-log data to characterize the work environment and assess whether interventions to improve the environment were effective.	
		5C. Create publicly available accountability measures.	
		5D. Examine the benefits and drawbacks to using technology, video, and phone consultations in addressing workforce burnout and patient health.	

Priority Area 6: Institutionalize Well-Being as a Long-Term Value

GOALS	ACTORS	ACTIONS	
Goal 1: Health worker and learner well-being are prioritized, reflected in, and operationalized in strategic plans and core values.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Health Workers Insurers and Payers	1A. Define the organization's ideal future state, guided by a culture that institutionalizes well-being as a core	
		1B. Communicate that health worker well-being is essential for safe, high-quality patient care.	
		1C. Commit to infrastructure, resources, accountability, and a culture that supports well-being.	
		1D. Ensure a systems approach for appropriate work system redesign and implementation.	
		1E. Provide training for health workers and learners that offers interactive, engaging formats that build communication and collaboration and goes beyond mandatory e-learning.	
		1F. Provide coverage and compensation for direct care workers to engage in meetings and other decision-making forums.	
		1G. Develop hybrid work policies to enable health workers to complete their work from home.	
		1H. Plan for suffi cient reserves of personal protective equipment (PPE) and other resources in preparation for future emergencies.	
Goal 2: The effects of COVID-19 on the well-being of the health workforce are addressed.	Federal, State, and Local Governments Health Systems Health Workers Insurers and Payers Private and Non-Profit Organizations Professional and Specialty Societies	2A. Appropriate funds for the National Health Workforce commission (authorized as part of the Affordable Care Act) to gather real-time workforce data.	
		2B. Secure long-term funding to treat and support those who experience acute physical and mental stress and long-term effects from providing care in response to COVID-19.	
		2C. Facilitate adequate time off and provide mental health resources without stigma or punishment.	

GOALS	ACTORS	ACTIONS	
		2D. Establish a national platform or network that can rapidly share, implement, and test models or solutions for transitioning from acute COVID-19 care to institutionalizing longterm well-being.	
		2E. Streamline the discharge planning Condition of Participation (focusing on the most pertinent information to discharge patients to post-acute facilities), in recognition of health workforce shortages and administrative flexibilities allowed during COVID-19.	
		2F. Grant relief on timeframes related to pre- and post-admission patient assessments and evaluation criteria- both to ensure patients are treated in a timely manner and to allow health care settings and health workers to better manage an influx of non-COVID-19 patients returning for care, in recognition of health workforce shortages and administrative flexibilities allowed during COVID-19.	
Goal 3: A strong and coordinated national public health infrastructure has a thriving public health workforce.	Academic Institutions. Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems	3A. Invest in cross-cutting foundational public health capabilities, including threats assessment and monitoring, all hazards preparedness, public communication and education, community partnership development, and program management and leadership.	
		3B. Re-invest in the public health workforce through training and education opportunities.	
		3C. Modernize surveillance and data systems.	
		3D. Provide full-year funding for federal agencies that is not disease-specific.	
		3E. Increase investment in the U.S. Department of Health and Human Services (HHS) Prevention and Public Health Fund (authorized as part of the Aff ordable Care Act).	
		3F. Increase funding for the Centers for Disease Control and Prevention (CDC) community health emergency preparedness programs.	
		3G. Use available data and science to inform decisions, priorities, and policies.	

Priority Area 7: Recruit and Retain a Diverse and Inclusive Health Workforce

GOALS	ACTORS	ACTIONS	
Goal 1: The size and composition of the health workforce reflects the demand and diversity of the U.S. population.	Academic Institutions. Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems	1A. Train, hire, and retain people from underrepresented and marginalized communities in health care and public health (see actions to support diverse, equitable, accessible, and inclusive settings in Chapter 1).	
		1B. Provide debt relief opportunities for students and workers through employer programs and expanded eligibility for loan forgiveness.	
		1C. Invest in educational pathways and programs such as: • pipeline programs and partnerships among high schools,technical schools, and universities to allow emergency medical technicians, certifi ed nursing assistants, and armed forces medics to apply work hours toward clinical professions; • targeted scholarships or tuition support for nursing students or nursing educators to increase workforce numbers; and • onsite graduate school and professional development programs to retain experienced nurses.	
		1D. Allow extensions to residency cap-building periods for new graduate medical education programs to address recruitment, resource availability, and program operations.	
		1E. Fund graduate nurse education programs to address significant worker shortages across the health system.	

		1F. Expand and scale support for a national Reserve Nurse Training Corps using the military's Reserve Officers' Training Corps as a model, including undergraduate tuition payment and service commitment.	
		1G. Leverage the role of the U.S. Surgeon General to prioritize and communicate the signifi cance of addressing health workforce well-being.	
Goal 2: The health system retains health workers who have personal caregiving responsibilities.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Private and Non-Profit Organizations	2A. Revise policies to off er fl exibility for clinical schedules, job-sharing, remote work, and opportunities to re-enter the workforce.	
		2B. Increase the duration of and pay for parental leave.	
		2C. Invest in and improve childcare opportunities.	
		2D. Increase diversity in leadership, management, and health care teams.	
		2E. Review compensation to ensure equitable practices across the organization.	
Goal 3: Health care environments are person-centered and safe for health workers.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Health Workers Private and Non-Profit Organizations	3A. Establish and follow staffing plans that reflect effective team composition and balanced workloads to provide safe patient care.	
		3B. Create clear criteria for the appropriate use of mandatory overtime to ensure it is applied only in emergency circumstances.	
		3C. Fund testing and implementation of interventions that improve occupational safety for health workers.	
Goal 4: Health workers have the infrastructure to support their work to improve population health.	Federal, State, and Local Governments Health Systems Health Workers Insurers and Payers Patients	4A. Incentivize payers to invest in providing quality community resources to address barriers that patients face in obtaining care and attaining their full health potential (the social determinants of health [SDOH]).	
		4B. Provide greater fl exibility for Medicare Advantage to reimburse health workers for addressing SDOH.	
		4C. Explore the integration of SDOH as a factor in payment policy and the infrastructure needed to support connections to social services. Elements include: • incorporating standardized SDOH billing codes into health worker IT systems, such as electronic health records (EHRs) and care management platforms; • aligning incentives for senior and frontline leaders to address SDOH for patients and populations; and • recognizing and rewarding health workers for addressing SDOH.	
Goal 5: Health workers and learners are inspired and equipped to meet the challenges of caring for the nation.	Academic Institutions Clinical Training Programs Accreditation Bodies Federal, State, and Local Governments Health Systems Health Workers Media and Communications Professional and Specialty Societies	5A. Each profession creates a future vision of what it means to fulfill their duties.	
		5B. Create incentives to facilitate team-based care.	
		5C. Administer surveys to students pre-matriculation through graduation to assess and respond in a timely manner to personal and professional experiences along the educational pathway.	
		5D. Invest in continuing education.	
		5E. Develop health worker reserves to address emergent needs and large-scale disasters.	
		5F. Conduct message testing and communications research to develop media campaigns that highlight the joy and fulfillment of the health professions, as well as health worker contributions during the COVID-19 pandemic.	
		5G. Launch a campaign with infl uential voices in health that targets multiple sectors of society.	

Current Washington Actions	Washington Data

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