

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

Steering Meeting Kickoff to discuss Research Project: COVID-19 Impact on the Nursing Workforce, Through an Equity Lens

Meeting Time: 3:00 pm – 5:00 pm via Zoom

Facilitator: Katherine Boyd, MPA, PMP, Halcyon Northwest

With Assistance by: Frank Kohel, Program and Support Associate, Washington Center for Nursing; Kathryn Bost, Notetaker, Halcyon Northwest LLC

Presenters:

- Sofia Aragon, Executive Director, Washington Center for Nursing
- Jenny Nguyen, PhD, Survey InfoAnalytics.com

Attendees:

Alpha order by last name

Attendee	ORGANIZATION
SOFIA ARAGON	Executive Director, Washington Center for Nursing
JULIE BENSON	Associate Dean for Nursing, Tacoma Community College
SUE BIRCH	Director, Washington State Health Care Authority (HCA)
TIM BOCK	Legacy Salmon Creek Medical Center
KELLY COOPER	Policy Director, State of Washington Dept. of Health (DOH)
JEROME DAYAO	Chief Nursing Officer, Harborview
CHRISTINE ESPINA	Faculty @ WWU RN-to-BSN program and member of Philippine Nurses Association Oregon & Washington chapter
VICTORIA FLETCHER	Advanced Registered Nurse Practitioner (ARNP), Representative, WCN
ANNIE HETZEL	State of Washington Office of the Superintendent of Public Instruction (OSPI) School Health Service
VICKY HERTIG	Dean of Nursing, Seattle Colleges
ANNIE HETZEL	Office of the Superintendent of Public Instruction (OSPI)
ELLEN HINDERLIE	Director of Nursing, Centralia College
KRISTIN HOSEY	Kristen Hosey, Wenatchee Valley College Faculty and Public Health Officer // Chelan Douglas Health District Vaccine Coordinator (starting this morning)
MELISSA HUTCHINSON	WCN Board
ELAINE IRONS-HUNT	Highline School District
SHANA JOHNNY	UW DNP student with WCN
LOUISE KAPLAN	WSU College of Nursing and ARNPs United
BRENDA KASLOW-LITTLE	
FRANK KOHEL	Program and Support Associate, Washington Center for Nursing (WCN)
ANTWINETT O. LEE	Interim Dean SPU
MAGGY LOYETT	UW
FRANKIE MANNING	Mary Mahoney Professional Nurses Organization (MMPNO)
JEROME MENDOZA	CNO and Senior Associate Administrator at UW Medicine Harborview Medical Center
PAULA MEYER	Executive Director, Nursing Commission
JENNIFER MUHM	Director of Public Affairs, Washington State Nurses Association

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

SHARONNE NAVAS	Co-Founder, Equity in Education Coalition
JENNY NGUYEN	Survey InfoAnalytics.com
JULIA O'CONNOR	Workforce Board
MARYELLEN O'KEEFE	President, Association of Advanced Practice Psychiatric Nurses (AAPPN)
CAROL O'NEAL	Grays Harbor College Nursing
KRISTIN PETERSON	Washington State Dept. of Health
LIZ PRAY	President, School Nurse Organization of Washington (SNOW)
TATIANA I. SADAK	UW School of Nursing
BRETT SCHLEMMER	DSHS
SUE SKILLMAN	UW Center for Health Workforce Studies
DIANE SOSNE	President, SEIU Healthcare 1199NW
JOHN STEBBINS	L&I Division of Occupational Safety and Health
KRISTEN SWANSON	Dean of Nursing, Seattle University
KAREN THIES	Health Services Supervisor, Issaquah School District
JANE TIEDT	Associate Dean of Nursing, Gonzaga University
BARBARA TREHEARNE	Vice President, Clinical Excellence, Quality, and Nursing Practice, Kaiser Permanente-Washington, NCQAC Interim Member
WENDY WILLIAMS GILBERT	Washington State University
HILARY VONCKX	RN at Harborview, and Doctor of Nursing Practice (DNP) student with Public Health Seattle-King County (PHSKC)
LAURA WIDDICE	Director of Health Services, Renton School District
TERI WOO	Director of Nursing Saint Martin's University President of the Council on Nursing Education in Washington State (CNEWS)
KYLA WOODWARD	PhD Student, University of Washington School of Nursing
WEICHAO YUWEN	UW Tacoma Nursing and Pacific-Northwest Chinese Nurses Assoc

Meeting Start: 3:03 pm. A prepared agenda was followed. The meeting was recorded, and the recording, the chat session and meeting notes will be made available to attendees and interested parties not in attendance.

A. Presenter: Sofia Aragon, Executive Director, Washington Center for Nursing

- Sofia Aragon introduced the purpose and objectives of today's meeting, which is to continue to gather feedback from the nursing and education community to develop a research study on the effects and implications of COVID-19 to include issues of equity. It is also Legislative session, so a portion of the agenda is dedicated to active legislation and executive branch initiatives relevant to COVID-19. We'll also set aside time to have discussion on hot topics relevant to the vaccine.
- She introduced her team: Meeting Facilitator Katherine Boyd of Halcyon Northwest; Jenny Nguyen of Survey InfoAnalytics, who is leading the study; and two nursing students, Shana Johnny (getting a DNP at UW Seattle and with the Nursing Care Quality Assurance Commission), and Maggie Loyet (UW Bothell, Master of Nursing with an emphasis on Business Administration, and an ER Nurse at Harborview)
- She reviewed a slide presentation that outlined the meeting's objectives, the mission and vision of WCN, and the purpose and background of the research study.

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

B. Presenter: Jenny Nguyen, Survey InfoAnalytics.com

Jenny presented an update of her study on the impact of COVID-19 on the nursing community, including CNAs, LPNs, RNs, and ARPNs.

- Jenny gave some background: She worked on data assessments with WCN over the summer of 2020, and gathered some informal data through phone calls, focusing on COVID-19 and the nursing workforce. From this, she developed next steps for the research and WCN began convening this steering committee.
- She is developing a survey that will come out in the next week or two; it examines licensure, demographics, PPE, and behavioral health; it also looks at discrimination and biases within the workplace. It will run February through March, and the goal is to get 350 completed surveys. **We need Steering Committee members' help disseminating the survey.**
- For the survey, she asked for some feedback on the topic of innovations that happened during COVID-19. With the transitions and changes of 2020, not all were negative – there have been a lot of innovations and creativity.
- The survey will capture innovations that are being used in areas such as the transition to telehealth, online schooling for nurses, mental/behavioral health, simulation in nursing education and training, computer-based learning, and clinical experiences with the goal of ensuring nursing students are get the experience they need.
- In addition, she will be gathering qualitative data through a series of about ten focus groups. They will focus on different key stakeholder groups. Associations and nursing organizations will help in the recruitment.
- Jenny asked for feedback from the group as to how to incorporate innovations into the study. From the conversation and the chat:
 - Innovation to me can mean “what are the new and different ways nurses can act their interventions to the betterment of patients that are not part of standard operating procedure already?” Is it based in evidence or is it their ideas? My experience as an educator and administrator is that nurses are already adept at working around the system when they need to when if it is in the best interest of their patient. It could be not following a procedure or protocol; it could be substituting because they think there is a better/easier/more effective way to do it. That could be under the rubric of innovation. Or are they having to do things in a different way because they lack the resources, materials, supplies, equipment to do the things that they need to do? Those are two different things. My hunch is that there is a lot of the latter; presumably nurses are saying “I don’t have what I need to really care for the patient the way that I should or need to, so I’m going to figure out how to work around that,” and they do it with the best means that they can. I’m not sure how you separate that for the purposes of survey questions, or maybe it is a focus group discussion. [9:15]
 - Jenny agreed that this is a good point: “How are we defining ‘innovation?’” The focus is the latter, the limited resources – such as PPE. Hopefully this will drive policies in the future. We’ve been challenged on how to integrate ‘innovation’ that into the survey. Perhaps focus groups better capture that information. What are these innovations and how are they defined? [11:40]
 - I think that you have to define the word in advance to help get the information that you need. [12:22]
 - Sofia shared the DOH language regarding innovation in the scope of work for the study, which gave some examples of those innovations due to COVID-19: telehealth becoming expanded – certainly for mental health and behavioral health, simulation for nursing education, computer-based testing for nursing assistants, and also clinical experiences without access to the traditional clinical sites. [12:57]
- The death rate among medical professionals was much lower than had been predicted, given the lack of PPE and other risks (someone noted 5% had been the prediction early in the pandemic) [14:25]
 - Will the data be capturing the death rate? Someone concurred that this was a good point in the chat. [15:05]
 - Washington has had issues collecting useable data. I don’t think it is being accurately captured. [15:23]
 - It’s being under reported and being reported quite late into 2020. CDC was likely pushed to collect it by national associations. But also picking it up on death records. How are they being coded in a death recorded? I haven’t read anything on how they are being recorded. [15:39]
 - My new job is vaccine coordination. The CDC modeling data actually thinks that up to half of the hospitalizations were not reported as COVID-19, and only 1/4th of people who had COVID-19 actually got tested. The data is probably not quote there. Also, does the death certificate capture occupation. Those will be challenges. [16:18]

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

- Can we stratify the data according to workplace as well? Is there a difference between hospitals, community health, and long-term care? Is there any correlation to the workplace? [17:19]
- Jenny noted that the survey has a demographics section within the survey that asks about licensure and sector. It will also evaluate whether they have been tested for COVID-19 or not, and if not, is it because they didn't have access to testing? [17:35]
- Because there's been so much community spread, there's been difficulty in associating COVID-19 related infection in the workplace vs. The community. I have a friend who works at LNI, in a division that investigates workplace related deaths. They have criteria, evolving over time, for determining that. They can inform some of how we would think about identifying workplace related infections and deaths. [18:40]
- Jenny responded that it is hard to draw causation. But we can provide a snapshot of what happened in 2020. The survey focused on the 2020 experiences and integrating it with data like LNI's. She is working together with Shana and Maggie at WCN to integrate this data into the final report in addition to the survey and focus groups. [19:50]

From chat:

- We need to boost funding of loan forgiveness for nursing faculty, so we have adequate faculty. Faculty make less than many staff or ARNPs with the same education in the practice side, so asking someone to pay for a doctorate and make less is daunting.
- I would want to see the demographics of the mortality rate in this sector
- Sofia Aragon: There have been news account of disparities among nurses who have died: "Nearly one-third of U.S. nurses who have died from COVID-19 are Filipino even though they make up just 4% of the nation's total nursing population" <https://southseattleemerald.com/2021/01/25/filipino-health-care-workers-and-their-battle-against-covid-19/?fbclid=IwAR2GGgH9leYd00TJITKGRdrwxngH7SXh37T4fBmwubHZRw2lvxw-S40G0q0>
- For workers comp, the Governor's Office in March directed L&I to treat health care worker COVID cases as presumptive occupational exposure.
- We could definitely help to put together a focus group of school nurses if needed.

Jenny closed by saying please watch for the survey to go live. She will be reaching out to some Steering Committee members regarding organizing the focus groups. And she would like to hear any additional ideas on innovations, or its definition, as we discussed during this meeting. Her email is Jenny@SurveyInfoAnalytics.com [21:58]

- I had some questions about the definition of telehealth, in terms of nursing practice. To what degree nurses use telephonic intervention in lieu of face-to-face interventions, vs. nurses who normally provide telephonic services, like consulting nurse services. [Consulting nurses] might be dealing more with stress and anxiety issues, in addition to clinical assessment of potential [COVID-19] symptoms. Compared with those nurses who normally practice in ambulatory settings with a predominantly face-to-face model may have to change their practice style, and there is a significant skill set that is needed for telephonic interventions. I'm happy to talk offline as well. [Jenny will follow up]. [21:30]

C. Next Agenda Item - Updates on Policy Initiatives, with a Focus on Legislation

Note: At the end of these notes there is a table of the legislation that Kelly, Jennifer, and Paula discussed today.

- **Kelly Cooper, Policy and Legislative Director, State of Washington Dept. of Health (DOH):** Kelly discussed current legislative bills addressing the COVID-19 response, which include issues ranging from long-term healthcare to PPE. The main priority is making sure that DOH gets the resources they need to bring the pandemic to a close and begin recovery. The Governor's request legislation on the pandemic is related to longstanding challenges facing public health entities, around foundational public health services and underfunded public health system as a whole. This includes challenges of small public health districts struggling to be able to respond to local conditions. [24:38]
 - There is an early-action budget being heard today in the House.
 - Governor's request bill 1152/5173 and companion bill in Senate would create stronger public health systems by adding public health and health care system experts to local boards. The bill also creates a workgroup to look at,

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

and make recommendations around, forming comprehensive Public Health Districts, so that services can be delivered in a more equitable and efficient way; if populations are not large enough in an area to support all of the services that are needed, then can we bring counties together into districts to get those services out more fully. It also makes public health officers state employees, and they would report to the local board of health, but the secretary would have to approve the removal of a public health officer. [26:40]

- Bill 1201/5149 would infuse new revenue into the public health system and foundational public health services.
- There are several other bills regarding COVID response, emergency planning, and long-term care pandemic planning.
- Send any questions to Kelly at kelly.cooper@doh.wa

- How is the regionalization looking so far – is it supported or is there local resistance? [30:30]
- Kelly: We are coming together to have those conversations. It is a hard topic, and something we've been talking about for a long time. I think that there will be resistance.
- Regarding 1152, will that help prevent what we saw happen in Spokane this fall? [31:41]
- Kelly: The testimony reflects that. We want to balance the local boards of health.

- **Jennifer Muhm, Director of Public Affairs, Washington State Nurses Association (WSNA)** discussed the following:
 - WSNA supports HB 1110, regarding local boards of health being re-designed through a health-profession lens, not just political decisions.
 - WSNA is supportive of some aspects of the two bills that Kelly mentioned, and seeking to learn more about other parts of the bills. They hope to be named as part of the stakeholder group in order to provide input. They've been working on the concept of Foundational Public Health for at least ten years. [33:10]
 - Other budget issues include school nurse funding. As part of the early action budget, there may be more Federal Cares Act funding going to support school districts that might go to school nurses, or to COVID-response teams in smaller school districts, so the work doesn't fall entirely on the school nurse. [35:19]
 - HB 1272 Health System Transparency Bill includes financial transparency for hospitals and health systems, has a section on community benefits with a social/health equity lens, and a focus on reporting of staffing. [36:07]
 - SB 5335 Mergers & Acquisitions Bill: The ACLU has been primary driver of this bill, WSNA has been in conversation due to hospital mergers of the past year, such as that between Virginia Mason and Catholic Health Initiatives (CHI) [37:00]
 - HB 5115 Health Emergency Labor Standards Act. It's not clear if the bill will move forward in its current form. This stems from workforce concerns during the COVID-19 pandemic. Includes hazard pay for the lowest-paid workers during health emergencies, retaliation protections, presumptive eligibility. [37:47]
 - HB 1076 sets up a new pathway in law for workers to bring cases forward when their employer fails to follow workplace safety standards. They can work with a union or association. IT sets up the pathway through LNI. [38:30]
 - SB 5190 is a presumptive eligibility bill for healthcare workers during a public health emergency. For the purposes of workers compensation or unemployment insurance, it should be presumed that the healthcare worker was impacted while at work. The governor's office has taken this approach to direct LNI to treat healthcare workers if they contract COVID-19 on the job. [39:08]
 - HB 1242 Presumptive Eligibility; this will provide paid administrative leave during a public-health emergency. The presumptive eligibility is for the disease/virus that's the subject for the emergency. [39:58]
 - There are other bills on incorporating racial equity and social justice in education at medical schools and in university settings. Senator Randell has several bills in schools and university settings, including medical schools. WSNA is exploring with Sen. Randall the possibility of including RSJ in nursing education also. [40:30]

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

- **Paula Meyer, Nursing Commission:** Nurses who are retired can volunteer to give the vaccine. WCN is working with DOH on a statement. This would create a pathway for retired nurses, pharmacists, medical assistants can volunteer to give vaccinations and be covered by liability coverage. This is similar what they did on the 7015 Act, but this is through the federal PREP Act. The letter will go out on the list serve. There is a continuing education program offered through the National Association of Boards of Pharmacy, which Paula will be providing more information on, if people haven't given vaccines lately, on how to safely provide injections. [42:53]
 - When I looked at the most recent RN data on the WCN side, I guesstimated 12,000 retired nurses.
 - Paula: We estimated 10,000. They are trying to focus on retired people, not people with retired licenses – they might only have been here a short period of time. They're looking at people who have been expired three years or more, and how to get information to those people. It could be quite a healthy workforce, if everyone is willing to do it. [44:35]

D. Next Agenda Item - Policies, Legislation, and other Emerging Issues from the Steering Committee

Katherine Boyd posted the following question in the chat window to get the conversation started: What policies are Steering Committee Members' organizations pursuing? Are there emerging issues that this group should be aware of? Please add bill numbers, jurisdiction/institution, and other identifying details.

- School Nurse wise, I think that most of our members are working on return to learn plans and how to safely get students and staff back. Everyone is in a different place across the state. There is a push is to get students back in school based on local COVID rates. A lot of us are trying to survive the school year. Big policy-wise, nothing really stands out. There are some vaccine clinics popping up and school nurses are volunteering. There is also discussion on testing. There is variation by county. [47:35 and from chat]
- For people will in practice or academic settings: what are nurses seeing regarding patient safety? Are errors being tracked, such those related to insufficient staffing or lack of equipment? [49:43]
- As a practicing nurse in the ER Harborview Medical Center, when COVID came out, I mainly saw issues stemming from staffing. The matrix was filled out at a safe staffing level, however COVID-19 required lots of extra PPE and trained observers to help you to don and dock PPE safely, requiring extra staff and supplies, and this took more staff off the floor during code situation. This created an unsafe staffing level--leaving only two nurses in one area of the ER to care for, say, eight patients. So, if another patient was trending downhill, you only had two nurses to watch over them. It didn't always happen, but when it did, it created concern. [50:42]
- That is a really good example. The question to keep asking is, are our current data system sufficient? [52:00]
- One student safety issue that came up was the type of vaccine delivery device (needles) varies because of the different types of vaccines available. One student had a needle stick because they were not familiar with the device... not sure if that is a bigger issue or isolated case. Unfortunately, I am not sure what the device was [from chat]
- We have heard, for example, at Harborview, that they are short-staffed for Extra-Corporeal Membrane Oxygenation (ECMO) patients. Swedish is short-staffed--there are a lot of vacancies. Many facilities use traveling nurses ("travelers"). Referring to the chat box, she was glad that Kristin raised the issue of needles used in vaccine delivery. I'm not sure how many different devices are being used. [52:58]
- There are two things the nursing commission is looking at:
 - 1) Nursing students graduating early, similar to California medical schools, so we looked at the clinical education being provided and how that will impact future generations of nurses. We started to look at the Academic Practice Partnership and increasing the clinical education.
 - 2) Increasing simulations and whether that is impacting their clinical performance, and how that might affect the future of nursing. [54:49]
- Some of us have been having discussion about, does this COVID-19 moment, although Biden has just announced the distribution of 100 million new doses, given clinical site issues and PPE, what the academic community is thinking. What are other opportunities that COVIS-19 presents in terms of clinical work and how that can be used to address learning objectives, etc. Also, referring to Barbara's questions on safety, but what about PTSD, fatigue, and mental health issues? We're trying to be proactive through our training funding with our employers and trying to provide some services. This is something that we have to be very cognizant of. [55:48]

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

- One more item - inconsistency between facilities on when someone who has been exposed to covid or tests positive covid can return to work because of the shortage. We have been told as short as 24 hours with no symptoms after a test. [from chat]
- In response to the comment regarding a staff member being exposed/testing positive, during our contact tracing, we've heard that positive parents who are working as CNAs or medical assistants are being told to work the COVID wing because you are positive, and we are short-staffed. That has been an issue locally here. [57:49]
- It's been an inconsistent message for the college. We have our state board recommendations for the students, and then we have our clinical sites, and one site is hearing one day [without symptoms]. It's very inconsistent across the board. At the college, we can say what our college rules are, but it definitely creates more distrust in the system. We've seen a lot of vaccine hesitancy among health care providers. [58:30]
- In the K-12 setting, staffing / funding for school nurses was an issue prior to COVID and continues now. I fear this will always be an uphill battle in this setting. We're working on return-to-learn plans. A WSNA priority is school nurse funding. We're seeing struggles in rural areas and in communities of color in getting access to a healthcare provider; sometimes that provider ends up being the school nurse. We've got nurses working a huge amount of hours [1:00:00 and from chat]
- I'm working in Issaquah and am concerned about staffing issues in western Washington. I realize it may be worse in eastern Washington communities. I have had an opening for a nurse since July and can't even get candidates. Additional funding or incentives are needed from the state to support school nursing as a chosen path. Some of our kids, this is the only health care provider that they are going to see. There is a hidden community in Issaquah of people living in poverty and they do not see a health care provider. This is something that the state needs to step up and help with. [1:00:59]
- Need to recruit nurses in other roles to the school nurse role. Are people getting burned out in the ICU or hospital settings because of COVID fatigue? Can we recruit them into the school nurse setting? Wages vary a lot across the state, and that impacts who is able to move into the role of school nurse. [1:02:11]
- Suggested a creative partnership between businesses and school districts, which can benefit everyone, especially kids. [1:02:55]
- Two things being proposed or discussed are enhanced funding through the maternal/child health block grant to pull match for school nurse salaries. Also, Biden proposed that Susan Ortega, a nurse, be the new Surgeon General. Testing for COVID prophylactically twice a week in schools. That is looked at through our health care benefits. There are huge logistical supply issues and internal capacity issues if this happens. There are insufficient wages in non-hospital settings and all faculty setting for nursing education. [1:03:15]
- Nurses are being vocal about bringing about changes, and that is very positive. [1:04:40]
- Nothing is resolved, but and the Biden administration is willing to listen, and we can get people to pick up the phone. As they name greater leadership, we now have a chance to see positive movement in these areas. Please keep giving us your moxie ideas. Several people in higher ed have been talking about leveraging nurse practitioner residencies more widely with Medicaid match. Please give us your best ideas, especially in writing. If you have them in a one-page format, that is great. Or you can text or call me. This is the time for us to move more boldly in what we have wanted for some time. [1:05:08]
- Nursing Deans have been stretched to the max. Navigating student and faculty safety versus needs to be in clinical: clinical sites w/ stressed and exhausted practitioners w/ understandably little bandwidth for students; long-term care facilities unable to take students; reliance on virtual clinicals w/o additional budgets to cover added costs. Good news - students, for the most part, are graduating on time and NCLEX pass rates have been quite positive. It's been a very tough 12 months keeping students moving towards joining the workforce and keeping them safe and getting in the clinical hours that are required. For the most part, we're doing it, but in some parts of the state we're having students with more virtual hours than are considered acceptable for licensure. We're coming up against some limits. [1:07:25 and from chat]
- It is so variable across the state. It changes daily. Our practice partners do not really understand how difficult it is right now to keep students moving. You have a site, they say that they can't take students, or they can only take two

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

or three, but financially we can't afford to take that few students to a site with faculty. It has been really stressful. We are losing a number of deans and directors. [1:08:05]

- If you paid more, you might get better retention. [1:09:38]

- OSPI has a decision package for phased in increase of funding for school nurse staffing over three years starting in 2022 that would significantly increase school nurse and counselor staffing if approved and funded. This was an ask for the governor's budget, but I haven't been tracking it. It doesn't start until a year from now. We don't believe that it's realistic to be asking for anything this year because districts are so strapped for funding. With decreased enrollment related to remote learning, a lot of districts are expecting some families will not return and their funding is based on enrollment. There are a lot of financial issues districts are facing besides school nursing funding. The superintendent supports school nurses and other support staff in schools. This is not perfect, but it's a path in the right direction if it gets funded. [1:09:58 and from chat]
- It looks at taking the funding of 1 nurse per 4600-ish students down to 675 [from chat]
- It varies based on high school, elementary, middle school settings. Then we would have to find the nurses to staff that. One thing that we're seeing too, anecdotally, retiring nurses. A lot of us are older and are taking retirement when we might not have planned to. Their decision may be prompted by the situation that we're in. I'm speaking to school nurses, but I'm willing to bet it happening to nurses in general, but I don't know. [1:11:00]

- We are seeing an unprecedented number of applicants to all our programs. We have about double the number of accelerated students BSN, BSN students. One of the reasons could be that they waived the requirement for a certain number of clinical experiences and shadowing. here is a lot more interest in nursing and they are really stellar. The new generation is coming. [1:12:10]

- I remember a report that Sue Skillman produced once on the number of nurses that were needed. Barbara was on the WCN at the time. We were saying that we would have to exponentially graduate students to keep up. Whoever said that this is the time to be bold, I totally agree about that. We have the Biden administration; we have a majority in the Senate. How can we go to some type of scale on producing more nurses, given pre-COVID what the numbers were looking like, and the retirements? With the whole acceleration of virtual care because people couldn't go in – I think about Kaiser and other health systems – there were millions of patients nationwide, and thousands in our state, where care converted to virtual in a very rapid period. What are we learning, who is studying this type of stuff, how do we use that for competency-based learning? Really using technology and thinking out of the box. Is there a pitch we could collectively make to the Biden/Harris administration that this is the time to invest in nursing education on a scale? To get the economy and other people healthy, we could tell a story and put together some type of white paper. We could address the need for innovation, scale, and dollars. [1:12:41]

- We should keep a close eye on retirements. Back in the early 2000's when we had The Future of Nursing push, and those projections that Diane was talking about took place, at the national level, and to some extent in the state, there was an overestimate of the number of nurses who would retire. Then the economic downturn happened. Among nurses, there were a lot of single older nurses, and people didn't retire at the time that was in the model. It is not just about putting new students in; you also have to look at the turnover – when are people leaving the workforce? We're in a very different time now. Injury and burnout have always been a big in the nursing profession, now we're talking about real pandemic risks. Who knows how that is going to play out? We'll have to keep pen eye on this as it could really affect the nursing supply. [1:16:10]

- I forget who was discussing COVID-19, Nurse Burnout, and possible PTSD for nurses. I think it was a little bit of everyone, however, Jessica Rainbow, PhD, RN and Chloe Littzen MSN, RN, AE-C, PhD Candidate from the University of Arizona are studying COVID-19 and Nurse Burnout rate. I posted the link below and think that when the study becomes published it will be interesting to see what they find as well. Also, to be able to compare it to what we find from our study that is being conducted. Here is the link: <https://www.nursing.arizona.edu/news/nurse-burnout-next-covid-19-crisis> [from chat]

- We might be able to help with some clinical site placement for nursing students [from chat]

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

- In the midst of these opportunities to increase funding and opportunities for nursing education, we HAVE to remember that if we don't address the burnout/attrition piece, we will continue to lose up to 30% of those new graduates! I don't mean hopes & prayers, I mean examining how our systems of healthcare impact RN work experiences. [from chat]

E. Sofia Aragon introduced next topic: "What do you predict as a long-term change, not just stop-gap?"

- Of all of COVID-19-related changes that people are seeing, what do people think might be a real long-term change, instead of just a short-term stopgap? [1:18:12]
- The school nurses have been exploring as an organization is starting to look at mentorship and helping make sure that new school nurses succeed. [1:18:34]
- Two years ago, I started a formal mentorship program based on one from Delaware that I learned about at a conference in 2019. In Delaware, the state actually funds official mentorship programs for their school nurses. That could attract people into the profession, and then retain because mentors make an extra stipend for being in that role, because it is time consuming. That way we can grow our own, which would be fantastic. I equate it to residencies. I can't see any downside to that, other than the fact that we would need funding from the state. That would help on the Eastern and Western side of the mountains. [1:19:33]
- Teachers have a mentorship program. The school nurse corps has been active in working a grant to bring that in for school nurses and mentors. I hope that she can continue the work. You often hear "Nurses eat their young." We need to get out of that mindset to help new nurses along in the profession. [1:20:56]
- Yes, I think she got the grant. I have a BSN student working with Cathy Muret on something like this. [from chat]
- She got the grant and is in the process of building the program. [from chat]

F. Sofia Aragon introduced next topic - COVID Vaccine. "What are some things you need to help you do your work? Do we need more education on who is eligible? What other challenges are you seeing in vaccine administration?"

- Sofia Aragon: We're now in the vaccine phase. Many of you are those frontline providers who are either in charge of vaccine programs or education about vaccine programs. What are some things that you need to do your work? For example: clearer guidance? Clearer public education, when people ask you who is eligible at what time? The app that is in place by the state? What are some questions or challenges that you've been getting as you've been trying to implement vaccine administration? [1:22:25]
- From setting up the clinic at Seattle U: We need vaccines! We have volunteers. We need vaccine. We also need to get vaccines to those on the other side of digital divide, and don't know how to access by signing up. We're doing a mobile van program into the communities. Also, how do we know which communities need us? To what extent are communities empowered – to call who? – that might be able to help them get vaccines? There is a need for a lot of innovative models. [1:23:10]
- My 84-year-old mother and her 91-year-old friend can't get appointment until March. I hear about people getting vaccines who are not above them in the risk categories. This is frustrating, even though things have been going well so far. I don't have the time to search the internet and make an appointment for my mom, and she is just not that tech savvy, it's not in her repertoire to figure that out. [1:24:15]
- Some people getting vaccines who are not scheduled to do so yet. We cannot ask volunteers who are delivering the vaccine to be the "vaccine police." [1:25:10]
- At Kaiser, a "closed system", they have agreed to do 300,000 community vaccinations planned that are not part of the health plan. Kaiser is paying its volunteers. I also saw a question in the chat about why nurses are hesitant to get the vaccine. We are seeing generally – it's not a research study – it's around the 40% declination level among health care workers that we're seeing nationally. We also know that a lot of nurses or healthcare workers of color have concerns based on historical racism. How are we as the nursing community addressing this educationally as well as ensuring that there is a very high priority of getting the vaccine to communities of color in our state. Today's Seattle

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

Times had a story on the toll this is taking on the Latinx communities around the state in terms of mortality/morbidity. That needs to be factored into the work that we're doing [1:26:05]

- You can get a shot out of network anywhere, if they have vaccines. [1:28:18]
- In Wenatchee, Leavenworth, Chelan, we are seeing second-home owners going there to get vaccines. Our town Toyota Center is supposed to also serve Grant and Okanogan County. We got 30,000 calls today for an appointment this week. We only did 180 vaccines today of the national guard. We're allowing everyone to come to the national guard one, but we are trying to do a targeted hybrid model by reach out to 85+, then 80+ clients, the less tech savvy clients who are also the highest mortality risk. There is trouble getting enough vaccine supply. [1:28:46]
- They are staging up the surge for and I talked to the Mayor last night. You are doing exactly what you should be doing: trying to prompt your older and most vulnerable. We're not going to try to police the shots. There is a "jab-and-go" approach as supplies come in. A lot of people are standing back decently. We don't want wasted vaccines. They are working on a clearinghouse for billing, an after the fact thing that we can clear up safely. I ask that we be supportive of our DOH partners, and you guys at the local level. [1:30:15]

Meeting End: 5:01 pm.

Sofia Aragon: This was the second meeting for this committee, and we've gotten a lot of new information for both of them. We will be reaching out to this group as visible and trusted leaders in your practice areas to help spread the word and ensure participation by your members in this research study. Keep sending us policy ideas that are important to you. Today was heavily legislative because we're in session, but know that there are administrative policies, or executive order that may be renewed, or strategies that people are thinking of for policy vehicles. Please continue to share your thoughts, so we can comprehensively capture COVID impacts on the nursing workforce in Washington, and we're more prepared for the next challenge. [1:32:19]

END

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

Current COVID-19 Nursing Workforce Through an Equity Lens Research Bill Tracking List			
Bill #	Bill title	Details relevant to WCN's COVID-19 Workforce Impact through a Racial Equity Lens research	Status
	Governor's Early Action budget	As part of the early action budget, there may be more Federal Cares Act funding going to support school districts that might go to school nurses, or to COVID-response teams in smaller school districts, so the work doesn't fall entirely on the school nurse.	
1152/ 5173	Supporting measures to create comprehensive public health districts.	Governor's request bill would create stronger public health systems by adding public health and health care system experts to local boards. The bill also creates a workgroup to look at, and make recommendations around, forming comprehensive Public Health Districts, so that services can be delivered in a more equitable and efficient way; if populations are not large enough in an area to support all of the services that are needed, then can we bring counties together into districts to get those services out more fully. It also makes public health officers state employees, and they would report to the local board of health, but the secretary would have to approve the removal of a public health officer.	In committee in the House In committee in the Senate
1201/ 5149	Funding foundational public health services.	Would infuse new revenue into the public health system and foundational public health services.	In committee in the House In committee in the Senate
1110	Boards of health, local, member expertise and lived experience, diversity requirements	Regarding local boards of health being re-designed through a health-profession lens, not just political decisions.	In committee in the House
1272	Concerning health system transparency.	Health System Transparency Bill includes financial transparency for hospitals and health systems, has a section on community benefits with a social/health equity lens, and a focus on reporting of staffing.	In committee in the House
5335	Concerning the acquisition of health care facilities.	Mergers & Acquisitions Bill: The ACLU has been primary driver of this bill, WSNA has been in conversation due to hospital mergers of the past year, such as that between Virginia Mason and Catholic Health Initiatives (CHI)	In committee in the Senate
5115	Establishing health emergency labor standards.	It's not clear if the bill will move forward in its current form. This stems from workforce concerns during the COVID-19 pandemic. Includes hazard pay for the lowest-paid workers during health emergencies, retaliation protections, presumptive eligibility.	In committee in the Senate
1076	Allowing whistleblowers to bring actions on behalf of the state for violations of	Sets up a new pathway in law for workers to bring cases forward when their employer fails to follow workplace safety standards. They can work with a union or association. IT sets up the pathway through LNI.	In committee in the House

**Washington Center for Nursing - Research Study Progress Meeting
January 26, 2021**

	workplace protections.		
5190	Providing health care workers with presumptive benefits during a public health emergency.	a presumptive eligibility bill for healthcare workers during a public health emergency. For the purposes of workers compensation or unemployment insurance, it should be presumed that the healthcare worker was impacted while at work. The governor's office has taken this approach to direct L&I to treat healthcare workers if they contract COVID-19 on the job.	In committee in the Senate
	Public Readiness and Emergency (PREP) Preparedness Act	This is a federal Act. WCN is working with DOH on a statement: this would create a pathway for retired nurses, pharmacists, medical assistants can volunteer to give vaccinations and be covered by liability coverage. WCN estimates about 10,000 retired nurses are eligible. This is similar what they did on the 7015 Act. There is a continuing education program offered through the National Association of Boards of Pharmacy, which Paula will be providing more information on, if people haven't given vaccines lately, on how to safely provide injections.	