Sentinel Network Findings: Spring 2026

Presentation to the WA Health Workforce Council

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Washington Workforce Training & Education Coordinating Board
center for health workforce studies, University of Washington

Outline

- **What is the Sentinel Network?**
- **Big picture:** Overall staffing trends
- **Vacancies:** Patterns and drivers
- **Turnover:** Patterns and drivers
- **System context & response:** Funding, policy, and how organizations are adapting
- **Overarching findings and key takeaways**

Sentinel Network Team

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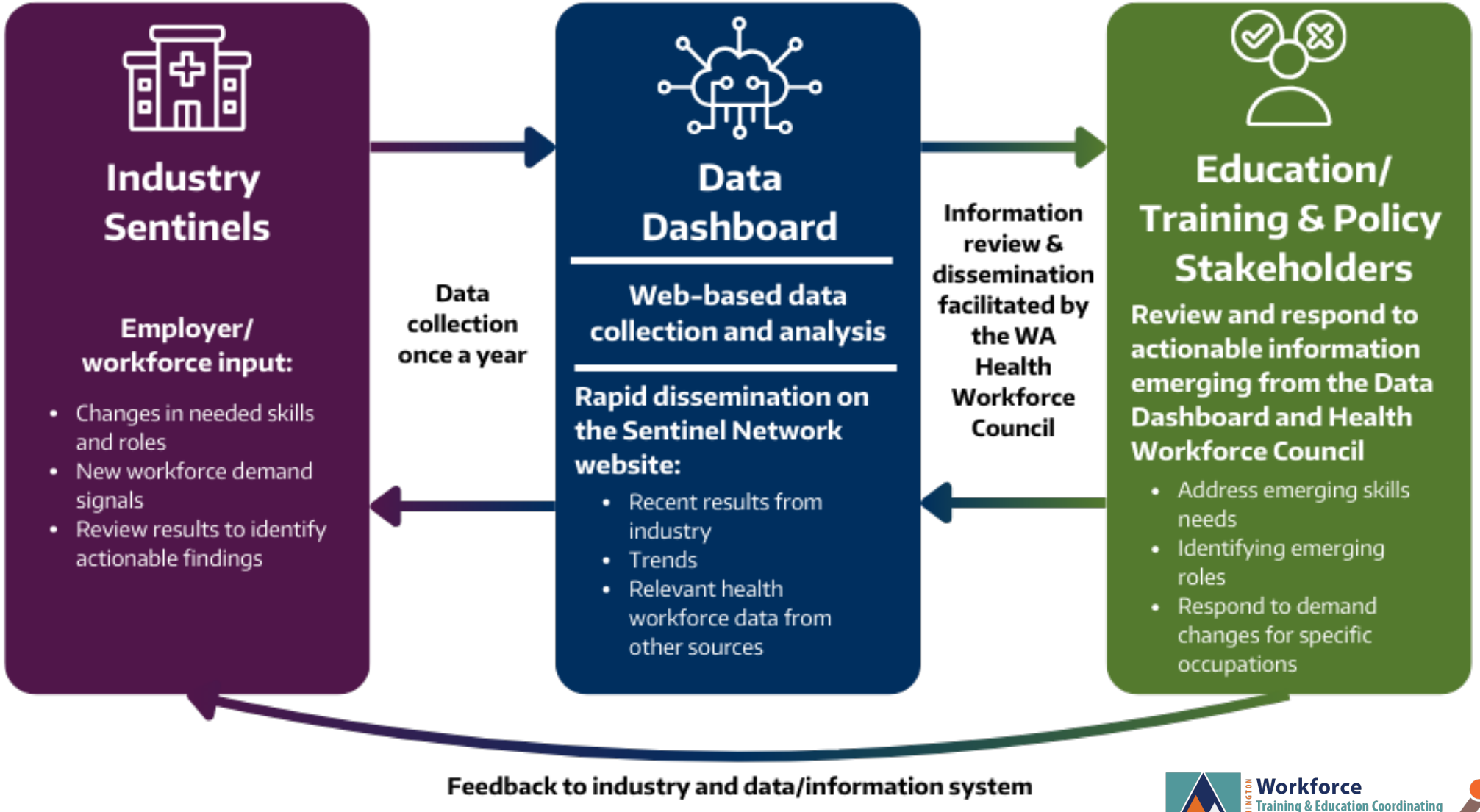
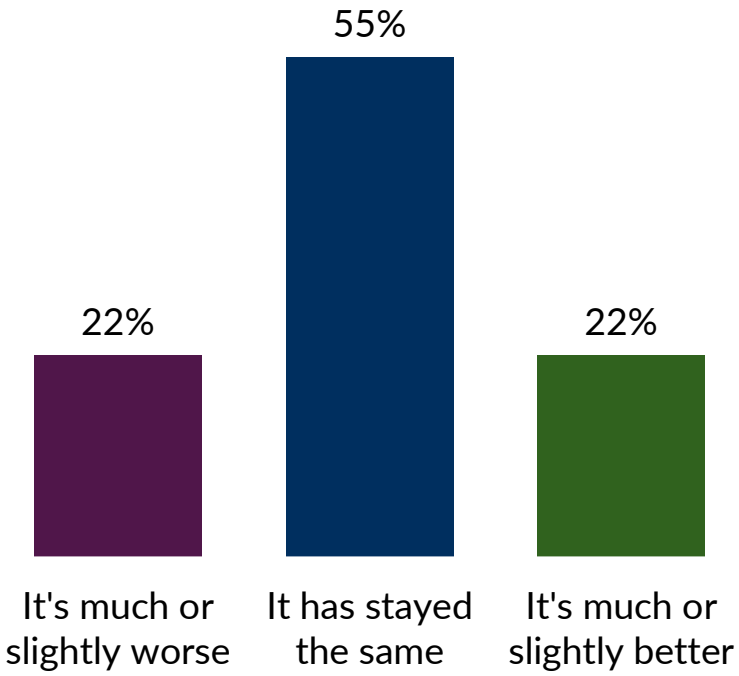
What is the Sentinel Network?



Big Picture Trends from Spring 2026

- **Overall, staffing has "stayed the same"** (more respondents reporting stability vs. prior rounds)
- **Vacancies persist:** Fewer and less-qualified applicants
- **Retention challenges:** Wage gaps, competition, and burnout
- **System pressures:** Funding limits, reimbursement gaps, and training constraints

In the past year, how has your organization's ability to staff your facility/facilities changed?



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Vacancies

Dominant Themes

- **Limited labor pool:** Not enough qualified applicants, especially for licensed/advanced roles (e.g., counselors, hygienists, NPs)
- **Pipeline gaps:** Too few people entering/completing training, especially in some regions (e.g., LTC vs. dental; CNAs vs. hygienists)
- **Supply–demand mismatch:** Ongoing imbalance between demand and available workers
- **Compensation pressures:** Wage expectations rising, with limits on competitiveness (e.g., FQHCs, schools vs. hospitals)

"Lack of qualified candidates who wish to move to and work in rural communities." – Behavioral Health Agency

"LPNs are the most challenging clinical position for our agency to fill… Many perform RN-level duties but are paid significantly less." – LTC

Supply & Competition

"There is a severe shortage of hygienists in this area; made worse by small graduation classes…" – Dental office/clinic

"Hard to recruit LPNs in eastern WA where fewer programs are available." – LTC

- **Supply constraints:** limited applicants and training pipelines
- **Training capacity constraints:** Small program sizes; uneven regional availability
- **Geographic variation:** Differences in training access and recruitment (including rural areas)
- **Employer competition:** Particularly on wages

Structural Barriers

- **Salary constraints:** Wage expectations can exceed available budgets
- **Licensing delays:** Particularly noted in behavioral health
- **Education & supervision requirements:** Can limit entry into the workforce
- **Scope of practice restrictions:** Noted in some fields (e.g., dental)

Most salient to us has been the length of time it takes for license applications to be processed by the Department of Health. […] the process has routinely taken longer than 120 days […] This does not work." – BH Clinic

"Allowing hygienists to expand scope could improve job satisfaction and increase revenue." – Dental clinic

Candidate Fit & Hiring Challenges

- **Limited applicant response:** Continued vacancies despite recruitment
- **Qualification gaps:** Applicants may not meet experience or licensure requirements
- **Time to productivity:** Less experienced hires require longer ramp-up
- **Workarounds:** Substituting across roles
- **Tradeoffs:** Can maintain coverage but create operational strain

"For the past year we have continued to have the same vacancies. […] We continue to post open positions and to hold rounds of interviews." – FQHC

"We had a 9-month vacancy for a pediatrician… We ultimately hired a nurse practitioner instead. This helped with clinic coverage but not hospital coverage." – Rural health clinic

Turnover

Key Themes

- **Pay and workload not always aligned:** Compensation may not reflect job demands, education, or caseload
- **Wage competition influences movement:** Some report staff leaving for higher-paying settings (e.g., hospitals, private practice, travel roles)
- **Burnout and job conditions:** Workload, scheduling, and role expectations contribute to turnover in some settings
- **Compensation constraints:** Budget, reimbursement, and policy factors can limit flexibility to increase wages

"Our salaries cannot compete due to reimbursement rates we have to balance… smaller agencies cannot compete to find quality and experienced staff members." – Home health

"We are trying to recruit from the west-side of Washington but cannot compete with wage ranges due to the higher cost of living… this makes it appear like our rate of pay is not worth the work." – Rural health clinic

Beyond Pay

"The NAC classification is typically seen as 'entry level' however most often has the most physical work… they are paid the lowest, limiting how long candidates stay." – LTC

"Patient volume and productivity expectations vary widely across organizations… these dynamics make it difficult to offer market-competitive wages while maintaining patient capacity." – BH agency

- **Job expectations vs. role reality in some positions**
- **Scheduling, on-call demands, and support structure**
- **Variation in workload and productivity expectations across settings** (noted by some respondents)
- **Movement across settings:** Some staff shift roles or leave after gaining experience/licensure

System-Level Pressures

- **Funding instability** (e.g., Medicaid, grants) affects hiring capacity (e.g., public health, BH, schools)
- **Reimbursement constraints** limit ability to raise wages
- **Policy and regulatory factors** shape workforce availability
- **Vacancies and turnover:** Can lead to overextension and ongoing backfill needs

"Fiscal insecurity from federal and state funding sources make it difficult to fill open positions… legislative cuts… are creating vast issues across the state." – Public health

"County policies and pay scales make recruitment & retention efforts difficult." – BH Agency

Overarching Findings

Overarching Questions

Staffing Trends (Past Year)

- Reported changes: worse → better
- Variation across occupations noted

Preparing for Uncertainty

- Key areas:
  - Funding & reimbursement changes
  - Patient demand fluctuations
  - Regulatory shifts
  - Staffing shortages
- Organizations taking/planning steps to adapt
- Anticipated workforce impacts identified

Workforce Development Efforts

- Common strategies:
  - Job shadowing & internships
  - K–12 and higher education partnerships
  - Apprenticeships, tuition support
- Variation in use, focus occupations, and effectiveness

Technology Adoption

- Adoption/consideration of tools (e.g., AI, automation)
- Early impacts on workforce roles and workflows

Overarching Themes

- **"Grow your own" workforce:** Internships, apprenticeships, clinical rotations
- **Training as pipeline:** Embedding students and trainees into hiring pathways
- **Technology use:** AI documentation, scheduling, and workflow tools (mixed adoption)
- **Service delivery changes:** Fewer appointments, reduced access, or adjusted care models

"We opened our own CNA school 14 years ago, which helps tremendously, but there still are just not enough CNAs available." – Home health

"We partner with many universities… hoping that upon graduation there is an interest in accepting a full-time position." – BH Agency

Cross-Cutting Findings

"Statewide shortage of Licensed Midwives and poor reimbursement… means we cannot compete… plus long licensing timelines mean we can only hire those who can wait." – Specialty clinic

"We are having difficulty finding people to work so we are all having to work more shifts which in turn wears us out." – LTC facility

- **Workforce challenges are interconnected:** Supply, funding, policy, and job expectations all play a role
- **Organizations are adapting within constraints:** Use of pipelines, staffing flexibility, and operational changes
- **Short-term strategies are common, but not always sustainable**
- **Access and capacity may be affected:** Some report limits on services or availability

AI to Reduce Admin Burden

- **Documentation:** AI scribes, ambient listening, draft notes
- **Automation:** Scheduling, reminders, billing, insurance
- **EHR Integration:** Tools embedded (e.g., Epic)
- **Adoption:** Pilots common; mixed feedback (accuracy, privacy, fit concerns)

"Answering phones, text, appointment reminders, scheduling of appointments, insurance verification. The shift is to allow the humans to focus more on the patient experience while AI handles whatever tasks it can." – Dental office/clinic

"We are using AI some to help with documentation, but it has been underwhelming." – Rural health clinic

Wrapping Up

Key Takeaways

- **Workforce challenges come from multiple factors:** Supply, funding, policy, and job expectations all play a role
- **Staffing appears more stable than prior rounds**, though challenges persist
- **Efforts to build the workforce are growing**, but gaps in applicants and training remain
- **Retention varies by role and setting:** Pay, workload, and role expectations all matter
- **Organizations are adapting**, but many approaches involve tradeoffs or short-term fixes

Thank you

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Visit:

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