

# COVID-19 bidding war for Washington state nurses is bad healthcare policy

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Washington, like every other state, is facing a dire shortage of nurses as COVID-19 cases push hospitals to the brink of capacity.

Hospitals in Texas are utilizing Crisis Standards of Care. Oklahoma is allowing asymptomatic COVID-positive nurses to continue working. North Dakota hospitals are offering up to \$8,000 per week to recruit travel nurses.

Nurses now face the choice of staying in their current positions under tremendous pressure and regular wages – or hightailing to another state where traveler payment is high and includes paid lodging and meals.

As Kaiser Health News recently put it: “Early in the pandemic, hospitals were competing for ventilators, COVID tests and personal protective equipment. Now, sites across the country are competing for nurses. The fall surge in COVID cases has turned [hospital staffing](#) into a sort of national bidding war...”

So how do we ensure Washington retains critical nurses and health care workers when other states put forward more lucrative offers?

Washington hospitals must do better by these professionals to keep them safe and keep them on the job, where we all so desperately need them.

This is especially critical right now in Pierce County where the soaring numbers of patients and COVID outbreaks in hospitals are pushing nurses to a breaking point.

There are things hospitals can and should do now:

- \* Personal protective equipment: Hospitals must ensure health care workers have proper PPE, especially when treating COVID-positive or suspected COVID patients.

Despite restored supply chains and hospitals reporting large quantities of PPE to the state, many are still being asked to go without N-95 masks when treating COVID-positive or suspected COVID patients.

- \* Testing: Even as the vaccine rolls out in Washington state, hospitals must provide timely COVID test results so that nurses and other health care workers are not stuck home waiting on results; many have already depleted their paid time off confronting this crisis.

Hospitals have prioritized faster tests for patients, while hospital employees’ COVID tests are being sent out-of-state for processing. This has led to nurses being out of work for 3-10 days waiting on results. This cannot continue.

\* Pay incentives. Hospitals should support the extraordinary work of their frontline staff under unprecedented circumstances by offering COVID relief pay and should help alleviate the staffing shortage by incentivizing nurses to pick up additional shifts – ideas most Washington hospitals have thus far rejected.

Yet a Washington nurse can leave for North Dakota and make a monthly salary in a week. Washington nurses and health care workers deserve recognition for their work on the frontlines – and retaining them may require it.

While Gov. Jay Inslee has directed the Department of Labor & Industries to assume workplace exposure for health care workers for purposes of workers compensation, many exposed nurses and health care workers are still told by hospitals that they acquired COVID through “community transmission” even when they’ve been surrounded by COVID patients at work.

This is a tactic partially used to avoid providing paid administrative leave to staff who must quarantine. It’s past time for hospitals to start following government orders and common sense.

To address this crisis, the Washington State Hospital Association has suggested that Washington join the Nurse Licensure Compact to allow nurses from other states to fill positions here.

Yet nearly every state is currently reeling from nurse staffing shortages – including states in the compact such as Texas, Oklahoma and North Dakota. Even the heads of organizations overseeing the compact say, “it’s important to mention that the NLC does not purport to alleviate a state nursing shortage.”

Our hospitals must prioritize the wellbeing of nurses and health care workers not only because we need their skills in this pandemic, but also because they are our neighbors, friends and community members.

Joining a nationwide bidding war isn’t the answer. We should be taking care of our own so they can continue to care for us.

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