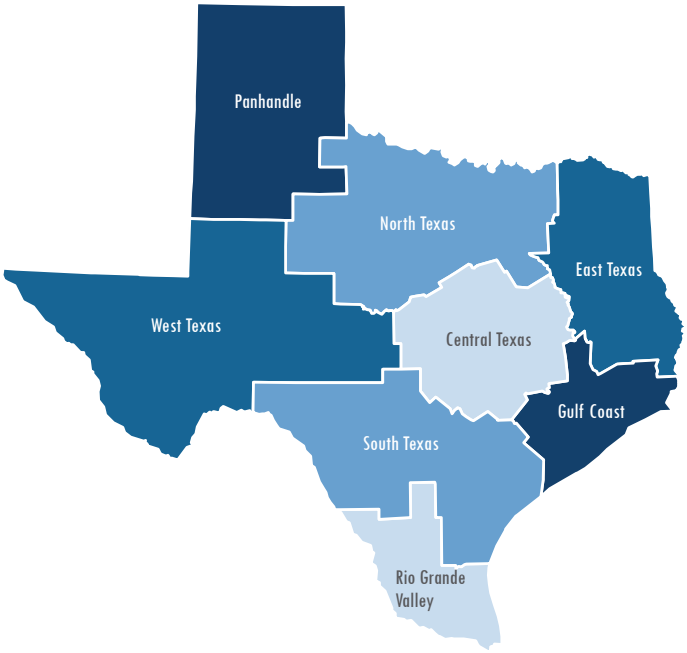
Hospital Nurse Staffing Survey

Hospital Staffing 2014

The Hospital Nurse Staffing Survey (HNSS) assesses the size and effects of the nursing shortage in hospitals, Texas' largest employer of nurses. During the spring of 2014, the TCNWS administered the HNSS to 619 Texas hospitals. These included for-profit, nonprofit, public, and Texas Department of State Health Services-operated hospitals, as well as hospitals linked to academic institutions; military hospitals were not surveyed. The facilities surveyed were general acute care, psychiatric, special, and rehabilitation hospitals. 428 (69.1%) hospitals responded to the survey. The hospitals that completed the 2014 HNSS were representative of all Texas hospitals by region and bed size.

This report presents the relevant findings of this survey related to staffing practices at Texas hospitals. It also reviews changes in numbers of occupied and vacant registered nurse (RN) positions at hospitals, the reasons for these changes, and how the country's recent economic recession has impacted staffing practices. Analyses are provided across Texas geographic regions.



Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and Nurse Aides (NAs)

Table 1 presents the number of occupied and vacant FTE positions in Texas by nurse type.

- RNs were the most numerous nurse type in Texas hospitals while NAs had the highest position vacancy rate.
- Just 22.7% of hospitals that reported RN FTEs reported zero RN vacancies, while 72.8% that reported LVN FTEs reported zero LVN vacancies, and 39.5% that reported NA FTEs reported zero NA vacancies.

For more information on nursing vacancies please see the 2014 HNSS Vacancy and Turnover Report or the 2014 HNSS Design and Methods Report.

Nursing Informaticists

In 2014, 183 responding hospitals reported employing a total of 833 nursing informaticists.

Table 1. Number of occupied and vacant FTE positions in Texas by nurse type

	n	Total Occupied FTE Positions	Total Vacant FTE Positions	Statewide Position Vacancy Rate	Number of Hospitals that Reported Zero Vacancies
RNs	387	64,087	5,632	8.1%	88
LVNs	368	5,911	200	3.3%	268
NAs	377	15,825	1,562	9.0%	149

n = number of responding hospitals

Changes in Budgeted FTEs

In addition to providing employment numbers for the specified periods, hospitals also described changes in the past two years in their numbers of direct patient care RN

FTEs, the reasons for these changes, and their hiring plans for the coming fiscal year.

Table 2 displays the number of hospitals reporting changes in budgeted RN FTEs by geographic designation.

- One hundred ninety (44.4%) responding hospitals reported an increase in budgeted RN FTEs compared to 238 reporting no change or a decrease.
- Half of responding hospitals in metropolitan border counties reported no change in the number of budgeted RN FTEs over the past two years.
- 50.7% of responding hospitals in metropolitan non-border counties reported increased budgeted RN FTEs.
- Half of non-metropolitan border hospital respondents reported an increase in their number of budgeted RN FTEs, while 30% (3 of 10) reported no change.
- Hospitals in non-metropolitan non-border counties most commonly reported no change in the number of budgeted RN FTEs (44.4%).

Table 2. Number of hospitals reporting changes in budgeted direct patient care RN FTEs by geographic designation

	Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	Texas
Increased	12	143	5	30	190
Decreased	2	47	2	30	81
No Change	14	92	3	48	157

Table 3 shows the number of hospitals in each region and Texas as a whole reporting increased, decreased, or unchanged numbers of budgeted direct patient care RN FTEs.

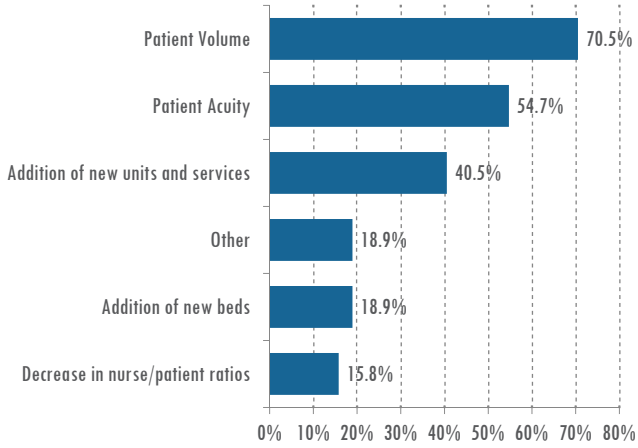
- In the Gulf Coast and South Texas a majority of hospitals reported increases in budgeted RN FTEs. Both of regions contain one of Texas' two largest cities.
- All other regions each had a majority of hospitals report either a decrease or no change in the number of RN FTEs budgeted.

Reasons Hospitals Increased Budgeted RN FTEs

One hundred ninety hospitals reported having increased budgeted direct patient care RN FTEs in the past two years. These hospitals were then asked to indicate reasons why they had done so (Figure 1).

- One hundred thirty-four hospitals (70.5%) reported that they had increased their number of budgeted RN FTEs in response to the number of patients being treated.
- A majority (54.7%) of hospitals cited changes in average patient acuity (severity of treatment required) as a reason for requiring more RN FTEs.
- 18.9% percent of hospitals cited other factors, most commonly the desire to transform LVN positions to RN positions and the implementation of electronic medical records.

Figure 1. Reasons hospitals increased budgeted RN FTEs



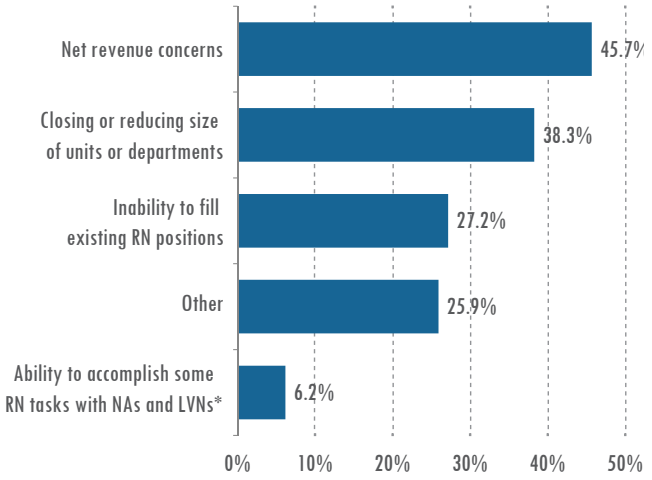
Reasons Hospitals Decreased Budgeted RN FTEs

Eighty-one hospitals reported having decreased budgeted direct patient care RN FTEs in the past two years. These hospitals were asked to indicate reasons why they had done so (Figure 2).

Table 3. Number of hospitals reporting changes in budgeted direct patient care RN FTEs by region

	Panhandle	North Texas	East Texas	Gulf Coast	Central Texas	South Texas	Rio Grande Valley	West Texas	Texas
Increased	15	55	8	40	21	23	9	19	190
Decreased	8	27	12	12	11	5	2	4	81
No Change	14	46	15	26	15	13	12	16	157

Figure 2. Reasons hospitals decreased budgeted RN FTEs



*LVNs provide basic nursing care, while NAs assist with nursing care and work under the supervision of a nurse.

- The most common reason hospitals decreased budgeted RN FTEs (45.7%) was net revenue concerns.
- The second most common response (38.3%) that hospitals decreased budgeted RN FTEs was closing or reducing the size of units or departments.
- 25.9% of hospitals provided other responses, such as a change in patient volume or a decreased budget.

Additional RN FTEs to be Hired in the Next Fiscal Year

Table 4 shows the number of FTEs that responding hospitals expect to budget in the next fiscal year, by nurse type and region.

- The 428 hospitals responding to this survey reported that they expect to add 2,385 nursing FTEs in the next fiscal year.
- Over half of the growth in Texas was expected to be in East Texas (30.2%) and Central Texas (25.2%).
- 69.1% of the expected positions will be RNs while 5% will be APRNs. LVNs and NAs were expected to account for a quarter of the new positions.

Table 4. Number of additional FTEs hospitals plan to budget next fiscal year

	n	Panhandle	North Texas	East Texas	Gulf Coast	Central Texas	South Texas	Rio Grande Valley	West Texas	Texas
RNs	344	46.0	119.0	480.3	38.0	454.7	301.0	191.0	18.0	1648.0
LVNs	326	23.0	12.0	33.0	13.0	16.5	3.3	56.5	6.0	163.3
NAs	329	20.0	71.0	183.3	11.0	83.2	15.5	59.0	11.0	454.0
NPs	124	9.0	9.0	19.5	5.0	42.0	3.0	16.0	4.0	107.5
CNSs	28	0.0	0.0	3.0	0.0	4.0	0.0	0.0	0.0	7.0
CRNAs	28	1.0	0.0	2.0	1.0	0.0	1.0	0.0	0.0	5.0
CNMs	6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	-	99.0	211.0	721.1	68.0	600.4	323.8	322.5	39.0	2384.8

n = number of responding hospitals

Advanced Practice Registered Nurses (APRNs)

Advance Practice Registered Nurses (APRNs) are classified as one of four types: Nurse Practitioners (NPs), Clinical Nurse Specialist (CNSs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Nurse Midwives (CNMs).

Hospitals were asked to specify how their facility employs APRNs - directly, contracted through another entitity, unknown, or the facility does not employ the APRN type (Figure 3). Of the 397 responding hospitals:

- NPs were the most commonly directly employed APRN type.
- CRNAs were most often contracted through another entity.
- The majority of hospitals did not employ any APRNs.

Figure 4 shows the percentage of each type of APRN employed in hospitals.[1]

[1]Center for Nursing Workforce Studies, "Nursing Workforce in Texas: 2013 Demographics and Trends," http://www.dshs.state.tx.us/chs/cnws/2013-Demographics-and-Trends-Report.pdf

Figure 3. How hospitals in Texas employed APRNs in 2013

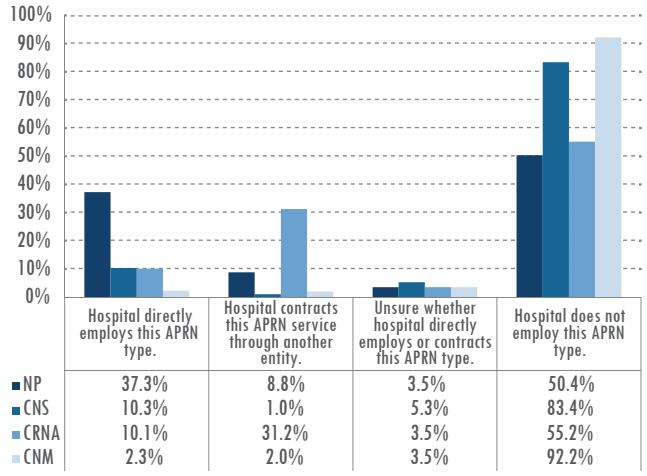
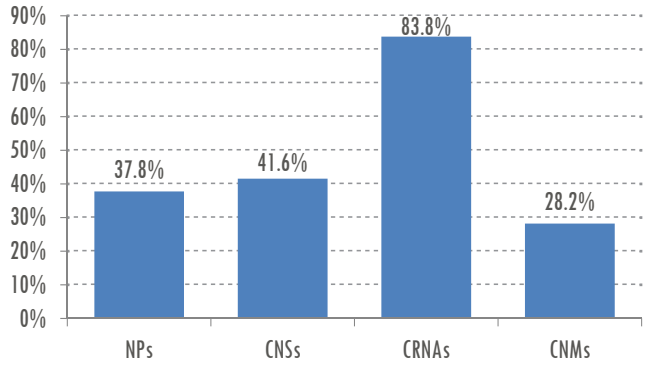


Figure 4. Percentage of APRNs employed in hospital settings by APRN type, 2013



- A vast majority of CRNAs work in hospitals because of their involvement in surgeries.
- Of all four APRN types, the lowest percentage of NPs and CNMs work in the hospital setting.

Table 5 presents the number of occupied and vacant FTE positions in Texas by APRN type.

Table 5. Number of occupied and vacant FTE positions in Texas by APRN type

	n	Occupied FTE Positions	Total Vacant FTE Positions	Statewide Position Vacancy Rate	Number of Hospitals that Reported Zero Vacancies
NPs	144	1,293	153	10.6%	83
CNSs	37	98	6	5.8%	28
CRNAs	38	361	5	1.4%	24
CNMs	8	47	7	13.1%	4

n = number of responding hospitals

- NPs were the most numerous APRN type in Texas hospitals, followed by CRNAs. There were very few CNSs and CNMs.
- 57.6% of hospitals that reported NP FTEs reported zero NP vacancies, while 63.2% that reported CRNA FTEs reported zero CRNA vacancies.

Table 6 includes the total number of average full-time APRN employees, average number of part-time APRN employees, average number of per diem APRN nurses and the total number of APRN separations for the period beginning January 1, 2013 and ending December 31, 2013. The average number of full-time and part-time employees and the total number of separations were used to calculate the median facility turnover rates for APRNs.

- NPs were the most common advanced practice nurse type in Texas and were employed in the most number of Texas hospitals. About two-thirds of hospitals with NP positions had zero vacancies.
- CNS positions had a reported 6 vacancies out of 97.5 CNS FTE positions. This represented a 5.8% vacancy rate for CNSs among reporting hospitals, while 87.5% of hospitals with CNSs had zero CNS vacancies.
- Thirty-eight hospitals reported 5 vacancies out of 361.2 CRNA FTE positions, a 1.4% vacancy rate. This was the lowest vacancy rate among the APRN types and 82.8% of hospitals that reported CRNA FTEs had zero CRNA vacancies.
- The number of hospitals reporting CNM FTE positions was relatively low, but still there was a vacancy rate of 13.1%.

Table 6. Number of employees and total separations by APRN type

	n	Average Full-time Employees	Average Part-time Employees	Average Per Diem Employees	Total Separations
NPs	134	1232.5	108	52	149
CNSs	35	98	1.5	0.5	7
CRNAs	34	326.5	6.5	11.5	23
CNMs	8	48.5	8	2	11

n = number of responding hospitals

Contract , Agency, and Traveling Staff

During the week of January 19 to January 25, 2014, 331 responding hospitals reported filling 4,354.22 FTEs using contract/travelling nurses or temporary staffing agencies.

- Of these FTEs , 74.6% of the contract, agency, and traveling staff hours were worked by RNs followed by NAs (11.9%), APRNs (7.2%) and LVNs (6.3%) (Figure 5).
- Among APRN FTEs, Certified Nurse Anesthetists comprised 69.7% of the FTEs used.

Table 7 presents the number of contract, agency, and traveling FTEs employed by region.

- Contract, agency, and traveling RNs, LVNS, and NAs are commonly used throughout Texas.
- NPs, CNSs, and CNMs are rarely employed as contract, agency, or traveling nurses.
- The Panhandle, East Texas, and West Texas had comparable numbers of contract, agency, and traveling CRNAs to regions with more hospitals and larger populations. The Rio Grande Valley employed the fewest CRNAs as contract, agency, or traveling nurses during this time period.

Figure 5. Temporary staffing agency and contract/traveling nurse hours by nurse type

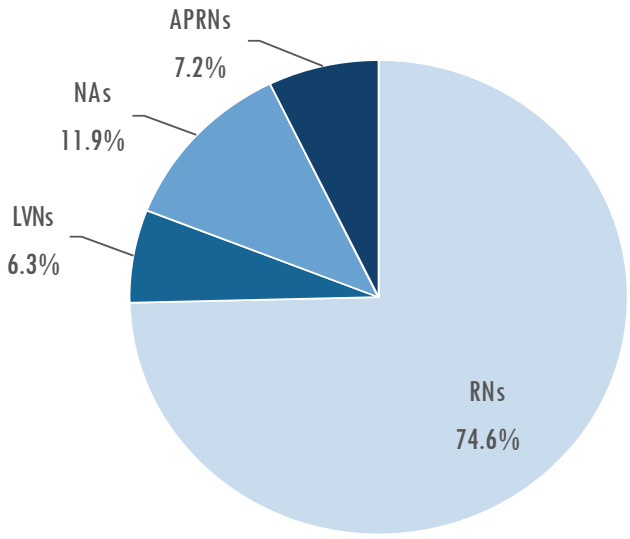


Table 7. Contract, agency, or traveling nurse FTEs employed by nurse type and region (1/19/2014 through 1/25/2014)

	n	Panhandle	North Texas	East Texas	Gulf Coast	Central Texas	South Texas	Rio Grande Valley	West Texas	Texas
RNs	331	61.9	985.8	801.9	124.9	610.3	490.5	68.9	105.2	3,249.4
LVNs	296	12.0	59.0	36.0	24.0	88.8	8.7	16.4	31.0	275.8
NAs	296	22.0	141.0	34.0	6.0	227.6	48.6	13.0	24.0	516.2
NPs	147	6.0	4.0	15.0	1.0	24.8	5.0	15.0	19.0	89.8
CNSs	35	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CRNAs	87	18.0	33.0	42.0	10.0	36.0	14.0	5.0	60.0	218.0
CNMs	11	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0	5.0

n = number of responding hospitals

Consequences of Inadequate Supply of Nurses

All 428 hospitals responded to a question asking them to select consequences their agency had experienced in the past year as a result of an inadequate supply of nursing personnel (Table 8).

- The majority of hospitals said they had experienced an increase in voluntary overtime and increased workloads.
- Less than 10% of hospitals reported inability to expand services, increased number of incident reports, or declined referrals.
- "Other" consequences included poor community reputation.

Table 8. Number and percent of responding hospitals experiencing consequences of inadequate nursing supply

	# of Hospitals	% of Hospitals
Increase in voluntary overtime	261	61.0%
Increased workloads	225	52.6%
Increased use of temporary/agency nurses	208	48.6%
Low nursing staff morale	174	40.7%
Using administrative staff to cover nursing visits	136	31.8%
Increased nursing staff turnover	127	29.7%
Difficulty completing required documentation on time	103	24.1%
Delayed admissions	100	23.4%
We had an adequate supply	88	20.6%
Increased absenteeism	62	14.5%
Increased patient/family complaints	59	13.8%
Delays in providing care	52	12.1%
Wage increases	48	11.2%
Inability to expand services	41	9.6%
Increased number of incident reports	36	8.4%
Declined referrals	29	6.8%
Other	21	4.9%