Hospital Nurse Staffing Study

Rural and Critical Access Hospitals 2016

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 2016, the TCNWS administered the HNSS to 666 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. 345 (51.8%) hospitals responded to the survey.

This report summarizes the various measures reported in the HNSS reports as they pertain to critical access hospitals (CAHs) and other rural hospitals in Texas. The salient findings presented here highlight points of concern and differences between rural and non-rural nurse staffing measures and those in other hospitals.

Rural Designations

The HNSS asks respondents to identify whether or not their facility is a rural hospital. Rural hospitals must have 100 or fewer beds, 4,000 or fewer admissions, or be located outside a metropolitan statistical area. Rural hospitals do not receive federal funding unless they are also designated critical access hospitals.

Critical Access Hospitals

A facility that meets the following criteria may be designated by the Center for Medicare and Medicaid Services as a CAH:

- Is located in a state that has established a Medicare rural hospital flexibility program with the Center for Medicare and Medicaid Services; and
- Is located in a rural area or is treated as rural; and
- Is located more than a 35-mile drive from any other hospital or CAH (in mountainous terrain or in areas with only secondary roads available, the mileage criterion is 15 miles); and
- Maintains no more than 25 inpatient beds; and
- Maintains an annual average length of stay of 96 hours per patient for acute inpatient care; and
- Complies with all CAH Conditions of Participation, including the requirement to provide 24-hour emergency care services seven days per week; and
- Has been designated by the State as a CAH; and
- Is currently participating in Medicare as a rural public, non-profit or for-profit hospital; or was a participating hospital that ceased operation during the ten year period from November 29, 1989 to November 29, 1999; or is a health clinic or health center that was downsized from a hospital.

CAHs are located in 73 counties in Texas.

- 53 of 80 CAHs (66.3%) in Texas responded to the 2016 HNSS.
- The majority of the responding CAHs (41) were in non-metropolitan, non-border counties. Eight were in metropolitan, non-border counties and four were in non-metropolitan, border counties.
- Two of the reporting hospitals were designated as Pathway to Excellence hospitals. None were Magnet Hospitals.

Table 1 shows the overlap between CAHs and rural hospitals in Texas. All CAHs are rural hospitals, but there are 108 rural hospitals that do not have a CAH designation.

Table 1. Critical access hospitals and rural hospitals in Texas

	CAH	Non-CAH	Total
Rural	53	78	131
Non-rural	0	214	214
Total	53	292	345

This report will compare the 53 CAHs, 78 rural non-CAHs (hospitals that reported that they were rural but do not have a CAH designation), and 214 non-rural hospitals (hospitals that are not rural and do not have a CAH designation).

Table 2 displays the percentage of hospitals reporting changes in budgeted direct patient care RN FTEs.

- CAHs were much more likely to report no change in budgeted FTEs than rural non-CAHs and non-rural hospitals.

Table 2. Percentage of CAHs, rural non-CAHs, and non-rural hospitals reporting changes in budgeted direct patient care RN FTEs

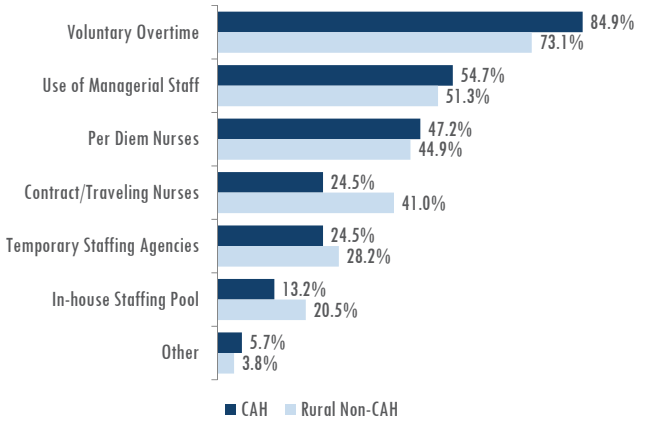
	% of CAHs	% of Rural Non-CAHs	% of Non-rural Hospitals
Increased	34.0%	42.3%	61.7%
Decreased	7.5%	17.9%	10.7%
No Change	58.5%	39.7%	27.6%

Figure 1 shows the percentage of CAHs and other rural hospitals using each type of interim staffing method.

- Voluntary overtime was the most commonly used method in CAHs and other rural hospitals.
- CAHs were less likely than other rural hospitals to use contract/traveling nurses, staffing agencies, and in-house staffing pools.

Table 3 shows the total hours and cost* for each interim staffing method.

Figure 1. Percentage of rural hospitals using interim staffing methods



- The total cost per hour of interim staffing in CAHs was lower than that in rural non-CAHs and non-rural hospitals.

Table 3. Hours and cost* of interim staffing in CAHs

	n	CAH Hours	CAH Cost*	CAHs Cost/Hr	Rural Non-CAHs Cost/Hr	Non-rural Hospitals Cost/Hr
Voluntary Overtime	10	17,903	$590,487.99	$32.98	$38.92	$47.77
In-house Staffing Pool	1	1,504	$46,439.52	$30.88	$18.90	$37.03
Contract/Traveling Nurses	0	-	-	-	$54.60	$58.90
Per Diem Nurses	4	2,486	$49,213.00	$19.80	$30.36	$30.98
Temporary Staffing Agencies	4	3,339	$161,527.53	$48.38	$22.02	$54.21
Use of Managerial Staff	6	1,912	$82,114.28	$42.95	$36.12	$42.50
Other	2	1,752	$60,984.00	$34.81	$43.76	$51.50
Total	-	28,896	$990,766.32	$34.29	$36.25	$45.10

*The analysis on cost of interim staffing is to demonstrate the cost differential between staffing methods, and is not intended for use in estimating nurse wages; Note: n=the number of CAHs that reported hours and cost for the interim staffing method.

Vacancy and Turnover Rates

Table 4 provides information on position vacancy rates at CAHs, rural non-CAHs, and non-rural hospitals.

Table 4. Position vacancy rates in CAHs, rural non-CAHs, and non-rural hospitals

	CAH		Rural Non-CAH		Non-rural	
	n	Position Vacancy Rate	n	Position Vacancy Rate	n	Position Vacancy Rate
RNs	49	10.5%	58	7.6%	183	9.9%
First-year RNs*	21	11.0%	28	28.6%	122	9.3%
APRNs	24	15.0%	27	26.4%	81	9.4%
LVNs	47	4.5%	54	3.1%	122	10.4%
NAs	40	5.4%	53	5.9%	168	9.3%

* First-year RNs are included in the "all RNs" totals.

- The position vacancy rates in CAHs ranged from 4.5% among LVNs to 15% among APRNs.
- The position vacancy rate for RN positions among CAHs was higher than rural non-CAHs and non-rural hospitals.

Data in table 5 represent the median turnover rates in CAHs, rural non-CAHs, and non-rural hospitals.

- Turnover for all position types was lowest in CAHs.

Table 5. Median facility turnover rates in CAHs, rural non-CAHs, and non-rural hospitals

	CAH		Rural Non-CAH		Non-rural	
	n	Median Facility Turnover Rate	n	Median Facility Turnover Rate	n	Median Facility Turnover Rate
RNs	45	16.0%	50	23.4%	164	22.2%
First-year RNs*	22	0.0%	32	0.0%	121	20.7%
LVNs	45	14.3%	48	15.4%	118	16.7%
NAs	38	21.6%	46	23.2%	149	32.0%

* First-year RNs are included in the "all RNs" totals.

Conclusion

53 of 80 critical access hospitals (66.3%) in Texas responded to the 2016 HNSS. 58.5% of CAHs reported no change in the number of budgeted direct care RN FTEs in the past 2 years. CAHs were much more likely to report no change in budgeted FTEs than rural non-CAHs and non-rural hospitals. Voluntary overtime was the most commonly used method in CAHs and other rural hospitals. The total cost per hour of interim staffing in CAHs was lower than that in rural non-CAHs and non-rural hospitals.

The position vacancy rates in CAHs ranged from 4.5% among LVNs to 15% among APRNs. The position vacancy rate for RN positions among CAHs was higher than rural non-CAHs and non-rural hospitals. Turnover for all position types was lower in CAHs than in other rural hospitals or non-rural hospitals.