

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 and summer of 2022, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HNSS to the Chief Nursing Officers/Directors of Nursing of 657 Texas hospitals. These included for-profit, nonprofit, public, and Texas Health and Human Services Commission-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; outpatient or community-based clinics were not included. Respondents provided data for 333 hospitals for a response rate of 50.7%. It is important to note that between the 2019 and 2022 HNSS, the COVID-19 pandemic occurred.

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 findings presented here highlight points of concern and differences between staffing measures in rural and non-rural hospitals.

## Rural Designations

For the purposes of the HNSS, rural hospitals are those that have 100 or fewer beds or are 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:<sup>1</sup>

- Is located in a State that has established a State Medicare Rural Hospital Flexibility Program;
- Is designated by the State as a CAH;
- Is located in a rural area or an area that is treated as rural;
- Is located either more than 35-miles from the nearest hospital or CAH or more than 15 miles in areas with mountainous terrain or only secondary roads; OR prior to January 1, 2006, were certified as a CAH based on State designation as a “necessary provider” of health care services to residents in the area.
- Maintains no more than 25 inpatient beds that can be used for either inpatient or swing-bed services;
- Maintains an annual average length of stay of 96 hours or less per patient for acute inpatient care (excluding swing-bed services and beds that are within distinct part units);
- Furnishes 24-hour emergency care services 7 days a week.

CAHs are located in 75 counties in Texas.

- 49 of 88 CAHs (55.7%) in Texas responded to the 2022 HNSS.
- The majority of the responding CAHs (35) were in non-metropolitan, non-border counties. 14 were in metropolitan, non-border counties.
- 1 of the reporting hospitals was 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 45 rural hospitals that do not have a CAH designation.

**Table 1. Critical access hospitals and rural hospitals in Texas**

	CAH	Non-CAH	Total
Rural	49	45	94
Non-rural	0	239	239
<b>Total</b>	<b>49</b>	<b>284</b>	<b>333</b>

This report will compare the 49 CAHs, 45 rural non-CAHs (hospitals that reported that they were rural but do not have a CAH designation), and 239 non-rural hospitals (hospitals that are not rural and do not have a CAH designation).

<sup>1</sup> Centers for Medicare & Medicaid Services. Critical Access Hospitals. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs>

## Staffing

Table 2 presents the nursing staff mix in responding CAHs, rural non-CAHs, non-rural hospitals.

- CAHs and rural non-CAHs had a lower proportion of RNs and a higher percentage of LVNs than non-rural hospitals.

**Table 2. Nursing staff mix in CAHs, rural non-CAHs, and non-rural hospitals**

	CAHs	Rural Non-CAHs	Non-rural Hospitals
RNs	57.0%	67.4%	77.6%
LVNs	19.3%	13.7%	3.1%
NAs	17.7%	15.5%	16.4%
APRNs	6.1%	3.5%	3.0%

Table 3 displays the percentage of responding hospitals reporting changes in budgeted direct patient care RN FTEs.

- Responding CAHs were more likely to report no change and less likely to report an increase in budgeted FTEs than rural non-CAHs and non-rural hospitals.

**Table 3. Percentage of CAHs, rural non-CAHs, and non-rural hospitals reporting changes in budgeted direct patient care RN FTEs in the past year**

	% of CAHs	% of Rural Non-CAHs	% of Non-rural Hospitals
Increased	40.8%	46.7%	55.2%
Decreased	6.1%	15.6%	8.8%
No Change	53.1%	37.8%	36.0%

## Vacancy and Turnover Rates

Table 4 provides information on position vacancy rates in responding 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	46	17.2%	42	18.4%	197	17.5%
APRNs	27	2.2%	21	13.4%	79	12.8%
LVNs	46	13.6%	39	19.3%	151	24.8%
NAs	43	17.8%	37	14.0%	180	17.1%

- The position vacancy rates in CAHs ranged from 2.2% among APRNs to 17.8% among NAs.

- The position vacancy rates in rural non-CAHs were higher than in CAHs and non-rural hospitals for all nursing staff types except NAs.

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

- Turnover for all nursing staff types was lowest in CAHs and highest in rural non-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	46	22.2%	34	30.1%	182	28.7%
LVNs	44	4.0%	33	28.6%	134	22.1%
NAs	44	22.2%	31	40.0%	162	39.1%

## Conclusion

49 of 88 CAHs (55.7%) in Texas responded to the 2022 HNSS. 53.1% of responding CAHs reported no change in the number of budgeted direct care RN FTEs in the past year. Responding CAHs were more likely to report no change and less likely to report an increase in budgeted FTEs than rural non-CAHs and non-rural hospitals.

The position vacancy rates in CAHs ranged from 2.2% among APRNs to 17.8% among NAs. Position vacancy rates in rural non-CAHs were higher than in CAHs and non-rural hospitals for all nursing staff types except NAs. Turnover for all nursing staff types was lowest in CAHs and highest in rural non-CAHs.

