

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, non-profit, 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 summarizes the various measures reported in the HNSS reports as they pertain to State Hospitals in Texas. The salient findings presented here highlight points of concern and differences between State Hospital nurse staffing measures and those of non-State Hospitals.

State Hospital Characteristics

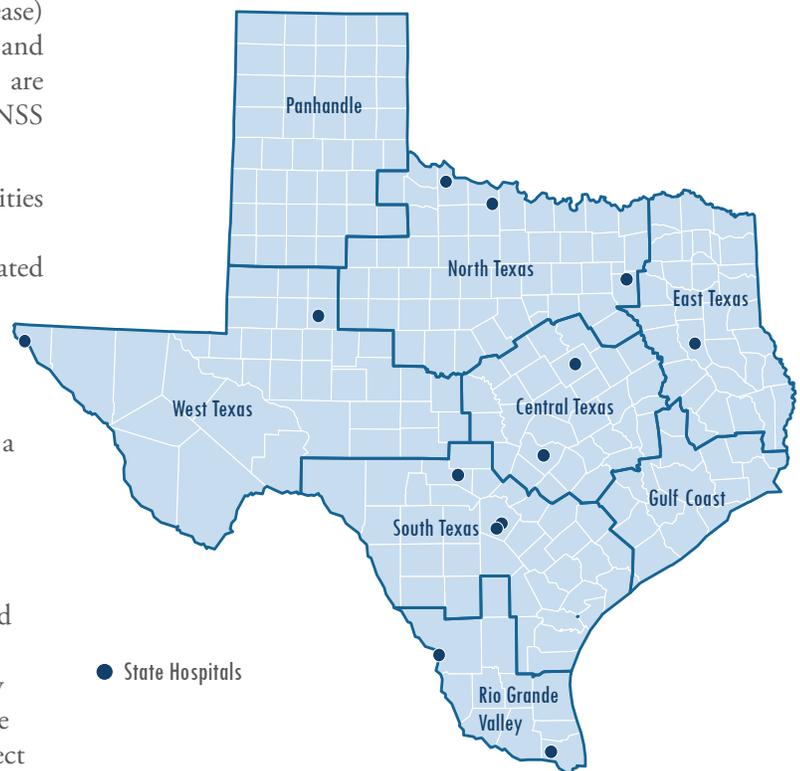
State Hospitals are inpatient mental health facilities (with the exception of the Texas Center for Infectious Disease) operated using public funds from the State of Texas and controlled by an agency of state government. There are 13 State Hospitals which are located in 6 of the 8 HNSS regions (see Figure 1).

- Eight out of 13 (61.5%) State Hospital facilities responded to the 2014 HNSS.
- Four of the responding State Hospitals were located in metropolitan, non-border counties. Two hospitals were in metropolitan, border counties and two were in non-metropolitan, non-border counties.
- Among responding State Hospitals, there were a total of 1,625 beds.
- In five of these hospitals, all beds were staffed.

Staffing

- All eight responding State Hospitals reported recruiting employees only in Texas.
- The hospitals reported recruiting only psychological/mental health/substance abuse registered nurse (RN) positions and other direct patient care RNs.
- Two hospitals reported the average length of psych/mental health/substance abuse RN position vacancy to be 60 or fewer days while five reported the average length of vacancies to be between 61 and 90 days.
- One hospital reported an increase in the number of budgeted direct patient care RN FTEs on staff and seven hospitals reported no change.

Figure 1. State Hospitals in Texas



Vacancy and Turnover Rates

Table 1 shows the two methods of calculating vacancy rates and compares these rates in State Hospitals against non-State Hospitals.

- The position vacancy rate was lower in State Hospitals than non-State Hospitals for RN, advanced practice registered nurse (APRN), and nurse aide (NA) positions.
- The State Hospital median facility vacancy rate was lower than the median facility vacancy rate for non-State Hospitals for RNs and NAs.
- The median facility vacancy rate for licensed vocational nurses (LVNs) and APRNs was 0% in both state and non-State Hospitals.

Table 1. Vacancy rates in State Hospitals and non-state hospitals

	n		Position Vacancy Rate		Median Facility Vacancy Rate	
	State Hospitals	Non-State Hospitals	State Hospitals	Non-State Hospitals	State Hospitals	Non-State Hospitals
RNs	8	379	4.7%	8.1%	3.6%	6.5%
APRNs	5	139	5.6%	8.7%	0.0%	0.0%
LVNs	8	360	4.9%	3.2%	0.0%	0.0%
NAs	7	370	3.6%	9.5%	3.7%	5.8%

Figure 2 shows that the position vacancy rate for RNs, LVNs, and NAs has remained relatively stable since 2010, while the rate for APRNs decreased from 28.6% in 2012 to 4.7% in 2014.

Figure 2. Position vacancy rates in State Hospitals, 2010-2014

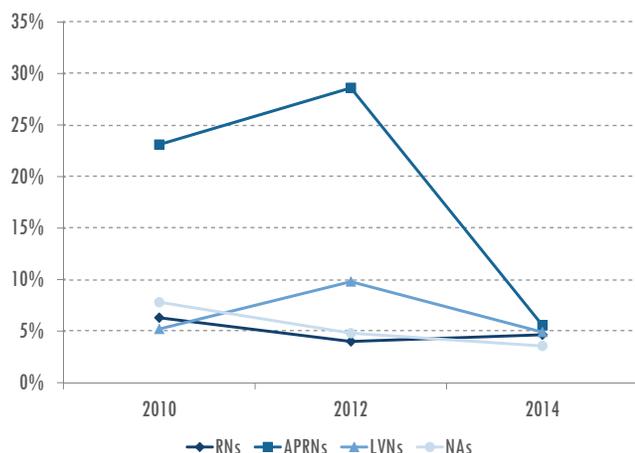


Figure 3 shows turnover rates by nurse type in state and non-State Hospitals.

- All eight reporting State Hospitals provided turnover data for RNs, LVNs, NAs, and APRNs.
- With the exception of RNs, turnover rates in State Hospitals were comparable to rates seen in other facilities.

Figure 3. Turnover rates in State Hospitals and non-state hospitals

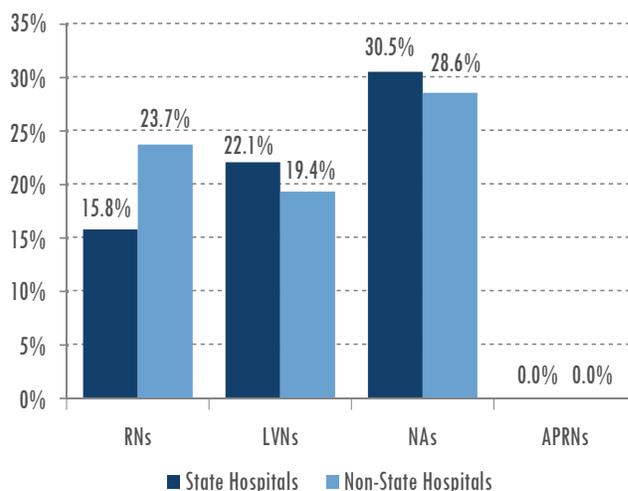
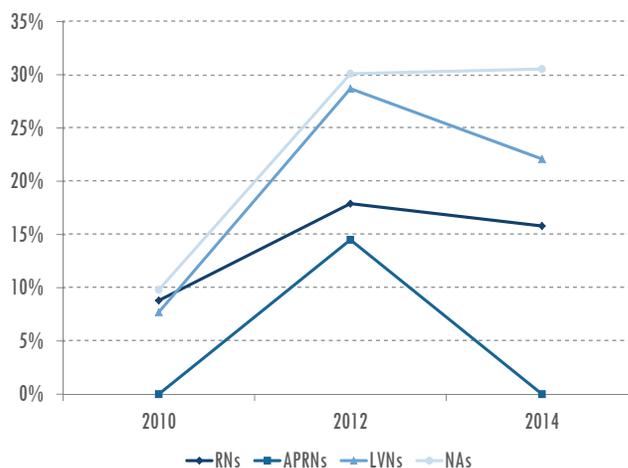


Figure 4 shows that the median facility turnover rate has increased overall for RNs, LVNs, and NAs since 2010. The rate was 0% for APRNs in 2010 and 2014 but jumped to 14.5% in 2012. Stable vacancy rates and high turnover may indicate that State Hospitals do not have trouble filling nursing positions.

Figure 4. Turnover rates in State Hospitals, 2010-2014



For more information on vacancy and turnover rates and how they are calculated please see the 2014 HNSS Vacancy and Turnover Report or the 2014 HNSS Design and Methods Report.

Methods of Interim Staffing

The State Hospitals that responded to the 2014 HNSS reported the use of only three methods of interim staffing: voluntary overtime, per diem nurses, and the use of temporary staffing agencies.

Table 2 includes the hours and costs* associated with the use of interim staffing methods.

- Reporting State Hospitals have most often utilized voluntary overtime as their chosen method of interim staffing since 2010.
- State Hospitals spent less on voluntary overtime per hour than on per diem nurses or temporary staffing agencies.
- State Hospitals have also incurred far lower costs per hour on interim staffing than non-State Hospitals since 2010, although the cost of interim staffing in State Hospitals has fluctuated (\$19.93 in 2010 and \$17.69 in 2012).
- State Hospitals reported using temporary staffing agencies and per diem nurses for the first time in 2014.

For more information on methods of interim staffing please see the 2014 HNSS Methods of Interim Staffing Report or the 2014 HNSS Design and Methods Report.

Table 2. Hours and cost* of interim staffing in State Hospitals

	n	State Hospitals Hours	State Hospitals Cost*	State Hospitals Cost/Hr	Non-State Hospitals Cost/Hr
Voluntary Overtime	2	23,519	\$441,891.67	\$18.79	\$33.97
In-house Staffing Pool	0	-	-	-	\$32.46
Contract/Traveling Nurses	0	-	-	-	\$58.65
Per Diem Nurses	1	2,665	\$74,620.00	\$28.00	\$38.26
Temporary Staffing Agencies	1	2,510	\$119,279.00	\$47.52	\$47.89
Use of Managerial Staff	0	-	-	-	\$51.82
Other	0	-	-	-	\$41.02
Total	-	28,694	\$635,790.67	\$22.16	\$38.00

*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.