2022 LONG TERM CARE NURSE STAFFING STUDY

HIGHLIGHTS AND RECOMMENDATIONS

The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. During the spring and summer of 2022, the Texas Center for Nursing Workforce Studies (TCNWS) administered the LTCNSS to directors of nursing (DONs) or facility administrators of 1,201 Texas nursing facilities. A total of 330 facilities participated for a final response rate of 27.5%. It is important to note that between the 2019 and 2022 LTCNSS, the COVID-19 pandemic occurred.

This report presents highlights and recommendations from the findings of the 2022 LTCNSS. The full set of LTCNSS reports contain more detail on each topic.

2022 LTCNSS: Vacancy and Turnover

Nurse vacancy and turnover rates are among the key measures for assessing a nursing workforce shortage, the severity of the shortage, and changes in the nursing labor market over time. High vacancy and turnover rates can lead to negative outcomes that can affect quality of care such as losing experienced staff and increasing the workload and stress levels of existing staff.[1]

The position vacancy rate describes the proportion of all full-time equivalent (FTE) positions vacant across all responding hospitals in an area. The median facility turnover rate describes the mid-point of responses for each hospital.

Vacancy Rates

RN Position Vacancy Rate

- Direct resident care RNs had the highest position vacancy rates in the state at 27.3% compared to the hospital RN vacancy rate of 17.6% in 2022.

LVN Position Vacancy Rate

- The statewide position vacancy rate for direct resident care LVNs was 19.5% which was higher than in 2019 (5.4%).

Nurse Aide Position Vacancy Rate

- The statewide position vacancy rate for CNAs and CMAs increased from 10.1% and 6.0% in 2019 to 21.2% and 18.6% in 2022, respectively.

Turnover Rates

RN Median Facility Turnover Rate

- The median facility turnover rate among direct resident care RNs in long term care facilities was 66.7%. This is an increased from 2019 (48.1%).
- Administrative RNs had lower turnover rates than their direct resident care counterparts, with a median of 33.3%.

LVN Turnover Rate

- The median facility turnover rate for direct resident care LVNs was 57.1%, an increase from 2019 (44.4%).

Nurse Aide Turnover Rate

- CNAs and CMAs had a median facility turnover rate of 0.0% in 2022, a decrease from 67.4% and 22.2% in 2019, respectively.

[1]American Association of Colleges of Nursing, "Nursing Shortage Fact Sheet", 2012, http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf

2022 LTCNSS: Staffing

Nurse Staffing

Long term care facilities reported employing registered nurses (RNs), licensed vocational nurses (LVNs), advanced practice registered nurses (APRNs), certified nurse aides (CNAs), certifed medical aides (CMAs), and restorative nurse assistants (RNAs).

- CNAs made up the majority (56.0%) of the direct resident care staff within long term care facilities.
- Direct resident care LVNs were more numerous than their administrative counterparts.
- More than half of responding facilities reported they would need more RNs, LVNs, and CNAs over the next two years.
- The number of contract RN and LVN FTEs increased every year between 2018 and 2021.
- Contract RN and LVN cost increased from $97,497.70 in 2018 to $8,617,168.20 in 2021.

Recruitment and Hiring Practices

- The most frequently selected recruitment and retention strategies in 2022 were paid vacation days, health insurance, and employee recognition programs. These remained unchanged from 2019.

Filling Positions

- The majority of nursing position types are filled in 31 or more days.

2022 LTCNSS: Directors of Nursing

315 of 330 responding facilities reported having a director of nursing (DON) at the time of data submission.

- In 2022, 223 out of 314 (71.0%) DONs had 6 or more years experience in long term care, comparable to 70.5% in 2019.
- 145 of 315 (46.0%) DONs held their current position for less than 1 year.
- Though 295 out of 313 (94.2%) DONs had a nursing degree, just 44.1% had a bachelor's degree or higher in nursing.
- The majority (59.0%) of DONs had salaries greater than $100,000.

2022 LTCNSS: COVID-19

Consequences of COVID-19

- The top 3 consequences were insufficient staffing (76.7%), nurses leaving for travel jobs (68.2%), and nurses leaving due to COVID illness (58.8%).
- 70 facilites (21.7%) used APRN or ancillary staff (physical therapists, certified registered nurse anesthetists, respiratory technicians, etc.) in nontraditional roles to support RN staff.

Changes to Staffing Model Due to COVID-19

- Nearly one-quarter of facilities (24.2%) started using agency nurses. Only 4.3% these facilities planned to keep these changes.
- 15.2% of facilities started using more flexible hours, and the majority of these facilities planned to continue these changes.

Vaccination

- 270 facilities (83.1%) mandated COVID-19 vaccination of staff. Of these, 171 (63.3%) reported losing staff because of the mandate.
- The median vaccination rate of 309 responding facilities was 90%, and the mean was 81.0%.

Recommendation 1: Ensure adequate compensation for long term care staff retention and recruitment

The majority of facilities reported they would need more direct resident care (DRC) RNs (56.6%), DRC LVNs (56.3%), and CNAs (73.0%) over the next two years. DRC RNs and APRNs had the highest position vacancy rates in the state (27.3% and 32.6%). Comparatively, RNs in hospitals had a vacancy rate of 17.6% in 2022. The statewide position vacancy rates for all DRC nursing staff have increased since 2019 among long term care facilities.

In 2019, over half of survey respondents to the LTCNSS ranked pay increases as the most effective strategy for recruiting and retaining staff. In 2022, median wages for DRC RNs and LVNs were both below the national median wages. The median hourly wages at the national level for staff working in skilled nursing facilities are $35.52 for RNs (compared to $35 for experienced DRC RNs in Texas) and $30.50 for LVNs (compared to $27 for experience DRC LVNs in Texas).

- Staff experience and longevity should be recognized through incremental wage increases over time. Increasing wages for nursing positions will help in recruitment and retention efforts.
- Nurse researchers should study the effect of long term care nursing staff turnover on economic (e.g. costs of turnover, loss of human capital, cost of unrealized community/public health outcomes) and non-economic (e.g. quality of care) issues. Depending on the outcomes of these studies, facilities, policymakers, and stakeholders will better understand the urgency of this situation and better understand the steps needed to address staffing turnover.
- In 2018, the THCA Crisis Report reported that 86% of Texas nursing homes had allowable costs that exceed Medicaid reimbursement.[2] According to a 2014 study, facilities were being reimbursed, on average, $20 less per patient than the cost of their care.[3] Medicaid reimbursement rates need to be reevaluated to ensure that long term care facilities are able to increase wages for their employees.

Supporting the following recommendations from the National Imperative[4] could allow facilities to better recruit and retain their nursing staff:

- Recommendations #2: "The committee concluded that the successful recruitment and retention of a high-quality nursing home workforce depends on providing more than "adequate" compensation for their work. Rather, competitive compensation is needed (comparable to other health care settings and job opportunities) for their current and expanding roles in conjunction with the many different types of efforts that will be needed to improve the desirability of these jobs" (pg. 509).
- Recommendation 2A: "Federal and state governments, together with nursing homes, should ensure competitive wages and benefits (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff. Mechanisms that should be considered include wage floors, requirements for having a minimum percentage of service rates directed to labor costs for the provision of clinical care, wage pass-through requirements, and student loan forgiveness" (pg. 509).

Recommendation 2: Create a more robust recruitment plan

- Long term care facilities should evaluate which of their recruitment and retention strategies are effective. In past iterations of the LTCNSS, the strategies used to recruit and retain staff differed from those believed to be most impactful. Utilizing their knowledge of impact, these facilities should ensure that they are not wasting resources offering benefits that do not matter to their nursing staff. This should also allow facilities to focus on how to operationalize known effective strategies, such as increased compensation.
- In 2022, similar to 2019, close to 90% of LTCNSS respondents reported the provision of health insurance for their staff. However, it was unclear whether this insurance was available for licensed and unlicensed staff alike, as well as whether insurance was affordable for either. LTC facilities should ensure their benefits are accessible for all nursing staff.

- In 2019, just 5.1% of facilities ranked employee recognition as having the greatest impact on retention but over 85% of facilities used employee recognition programs as a strategy to recruit and retain staff in 2022. Leadership should ensure there is adequate appreciation/recognition of and respect for the valuable contributions of all levels of the nursing staff, including CNAs. This could include a strengthening of the relationship between supervisors and nursing staff, as well as rewarding staff for providing safe, quality care.

Recommendation 3: Continuing Education for Long Term Care Directors of Nursing

Stakeholders should develop and implement solutions to ensure the transition into the role of the DON for the first time and support DONs as they learn to effectively fulfill their role in a new long term care setting, specifically:

- Create a high-quality transition to practice program for new DONs including extended, intermittent training; training on managing the regulatory process; and participation in a long-term mentoring program paired with an experienced DON.
- Facilities identify continuing education opportunities to support DONs.

Recommendation 4: Lessons from COVID-19

The top 3 consequences facilities experience from the COVID-19 pandemic were insufficient staffing (76.7%), nurses leaving for travel jobs (68.2%), and nurses leaving due to COVID illness (58.8%). Facilities implemented the following staffing model changes due to COVID-19: used agency nurses (24.2%), used flexible hours (15.2%), increased staff (15.2%), and increased pay (12.5%). Some, not all, facilities indicated that they would keep these changes as the pandemic declines.

- Facilities maintain staffing model changes they used during COVID-19 if these changes aided in staff feeling valued, protected, and supported.
- Policy makers, stakeholders, and facilities should evaluate mandatory in services to determine the impact on staffing needs.

Supporting the following recommendation from the National Imperative could allow facilities to better support and protect their nursing staff:

- "RECOMMENDATION 2B: CMS should enhance the current minimum staffing requirements for every nursing home to include:
- Onsite direct-care RN coverage (in addition to the director of nursing) at a minimum of a 24-hour, 7-days-per-week basis with additional RN coverage that reflects resident census, acuity, case mix, and the professional nursing needs for residents as determined by the residents' assessments and care plans;
- A full-time social worker with a minimum of bachelor's degree in social work from a program accredited by the Council on Social Work Education and 1 year of supervised social work experience in a health care setting (including field placements and internships) working directly with individuals to address behavioral and psychosocial care; and
- An infection prevention and control specialist who is an RN, advanced practice RN, or a physician at a level of dedicated time sufficient to meet the needs of the size and case mix of the nursing home" (pg. 510-511)

Recommendation 5: Partnerships with Educational Programs

Over 50% of facilities said they would need more CNAs, LVNs, and RNs over the next two years. Over 50% of facilities said they would need the same number of APRNs, CMAs, and RNAs over the next two years.

- Long term care facilities should join with other long term care facilities in partnerships with local community colleges and other educational programs to provide educational and clinical experiences for faculty and students.
- An innovative strategy used by Hendrick Health, removes the barrier of 10:1 nursing student to instructor during clinical rotations by employing students as Nurse Techs who can receive credit while working at the facilities. This could be a useful strategy for facilities that can accommodate more students at their facility.[5]

[2]THCA. May 2018. https://txhca.org/texas-healthcare-briefing-may-2018/

[3]THCA. August 2016. https://txhca.org/state-not-meeting-texas-nursing-home-costs-for-taking-care-of-medicaid-residents/

[4]The National Imperative to Improve Nursing Home Quality. 2022. https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our

[5]Holland et al. 2022. "Investing in the Healthcare Workforce of Rural West Central Texas." Hendrick Health