

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%.

This report presents the results of the 2022 LTCNSS related to the effects of the COVID-19 pandemic in Texas long term care facilities. The findings summarize consequences experienced due to COVID-19, changes in staffing models, and COVID-19 vaccination.

Consequences and Changes Due to COVID-19

Facilities were asked to select consequences their facility had experienced as a result of COVID-19 (Table 1).

- 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%).
- Facilities in metropolitan counties were more likely to have experienced all consequences except reduced inpatient bed capacity.
- 8 facilities responded that they had not experienced any consequences due to COVID-19.
- Other consequences included nurses leaving due to COVID vaccine mandate (8 facilities), needing to increase nurse pay (7 facilities), drop in census (6 facilities), and nurse burnout (5 facilities).

70 facilities (21.7%) used APRN or ancillary staff (physical therapists, certified registered nurse anesthetists, respiratory technicians, etc.) in nontraditional roles to support RN staff.

Figure 1. Percent of responding facilities reporting changes to staffing models due to COVID-19 (n=256)

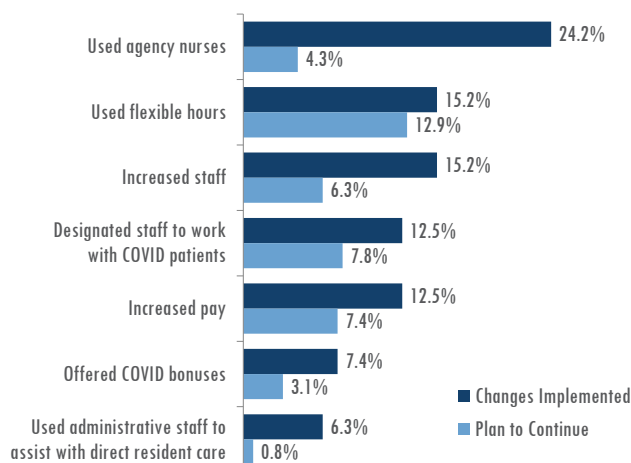


Table 1. Number and percent of responding facilities experiencing consequences due to COVID-19 (n=330)

Consequence of COVID-19	# of Facilities	% of Facilities
Insufficient staffing	253	76.7%
Nurses leaving for travel nurse jobs	225	68.2%
Nurses leaving due to COVID illness	194	58.8%
Nurses leaving the profession	186	56.4%
Nurses retiring early	114	34.5%
Financial instability	99	30.0%
Reduced inpatient bed capacity	67	20.3%
Other	45	13.6%
My facility did not experience any consequences due to COVID	8	2.4%

Responding facilities listed changes they had made to staffing models as a result of COVID-19, as well as the changes they planned to continue long-term. Some of the most common responses are shown in Figure 1.

- 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.

COVID-19 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%.
- The majority of facilities held COVID-19 vaccine clinics: 117 for the public and staff, 197 only for staff, and 5 only for the public (Table 2).

Table 2. Number and percent of responding facilities that hosted COVID-19 vaccine clinics (n=326)

Did Facility Host COVID-19 Vaccine Clinics?	# of Facilities	% of Facilities
Yes, for the public	5	1.5%
Yes, for staff	197	60.4%
Yes, for the public and staff	117	35.9%
No	7	2.1%

TCNWS Advisory Committee Recommendations (2022)

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 Imperative¹ 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)

¹The National Imperative to Improve Nursing Home Quality. 2022. <https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our>

