Fall 2021

North Carolina Health Workforce Sentinel Network
Findings Brief: Hospitals

During October and November 2021, healthcare employers in North Carolina reported on their current workforce needs. Employers answered a series of questions about staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly May-October, 2021). This brief summarizes the responses from **hospitals** to some of these questions. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at nc.sentinelnetwork.org/findings/.

39 Hospital Responses

31 Acute Care Hospitals (more than 25 beds)
4 Acute Care Hospitals (25 beds or fewer)
4 Specialty Hospitals (inc. long term, rehab, children's)

Top occupations with exceptionally long vacancies
(% of 39 responding hospitals reporting long vacancies for these occupations):

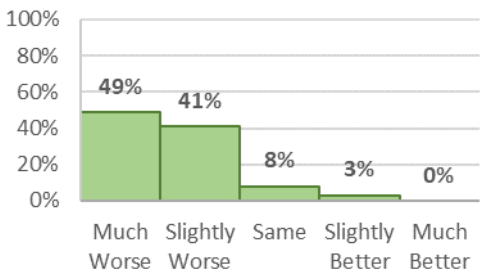
1. Registered Nurse (32 – 83%)
2. Certified Nursing Assistant (29 – 74%)
3. Respiratory Therapist (22 – 56%)
4. Environmental Services (19 – 49%)
5. Medical/Clinical Lab Technician (14 – 36%)

- Almost all small hospitals (25 beds or fewer) reported long vacancies for physicians/surgeons (3 of 4), but only 29% (9 of 31) of large hospitals (more than 25 beds) reported long physician/surgeon vacancies
- Specialty hospitals reported very few occupations with long vacancies (only 1 response each for two occupations)

Reasons for long vacancies and high turnover reported by hospitals:

[Registered Nurses] *"Unable to offer competitive salary"*
[Registered Nurses] "*Absolutely not enough to go around – minimal applicants*"
[Registered Nurses] "*Registered Nurses leaving bedside to take higher paying jobs as travel nurses*"
[Nursing Assistants] "*Continued wage inflation in all industries, fear of hospital setting, overall shrinking workforce*"
[Environmental Services] "*Entry-level positions have tremendous salary pressure from area businesses*"

In the past 6 months, has COVID-19's impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 37 responses to this question)



Comments on COVID-19 workforce impact over May-October 2021:

[Much worse] "*People are exhausted. Wage wars are raging. Traveling has become rampant. Resilience is low.*"

[Much Worse] "*Higher acuity, increased patient volumes, higher turnover and vacancies*"

[Slightly worse] *"Higher turnover"*

[Slightly Worse] *"Mental and physical fatigue as the pandemic continues"*

[Same] "*Still experiencing the same workforce shortages as the COVID-19 pandemic lingers"*

[Slightly Better] *"Compared to the previous 6 months, we had another spike, but it lasted a shorter period of time, and is back down to lower levels now"*

What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
Registered Nurses and Respiratory Therapists	**Some suggested better funding to compete with contract agencies on wages.** *"Increased cost coverage so we can pay higher wages"* *"First and foremost, more funds to critical access hospitals to provide more competitive payment for RNs"* **Many suggested placing restrictions on travel/contract agencies.** *"Contract/Travel Nurses are getting paid too much. Price gouging is unfair"* *"Stop high payment of non taxable benefits through travel assignments"* *"Put greater guardrails on contract agencies; this dynamic has to change; price controls are necessary"* **Others suggested increased training and pipeline program capacity.** *"Must open up and hire more faculty at nursing schools"* *"Community Colleges and Universities need to accept more students into these programs"* *"Assist with a program in NC high schools to promote health care careers"*
Affordable Local Housing for Staff	**One response suggested that housing supply could alleviate wage pressure.** *"[A]ll mid-sized cities are seeing a drastic uptick in ex-urban flight. [T]his is putting massive strain on housing supplies, which in turn is leading to workers clamoring for more pay in order to achieve a living wage, particularly in the wage range healthcare roles align to. NC must pour effort into supply-side improvements in housing inventory across its metropolitan areas, or inflation is going to wreck our healthcare system"*

How has your facility's staffing arrangements/configurations affected your ability to respond to patient demand in the past 6 months?

Many reported inadequate staff, higher patient loads on staff, and more contract/travel staffing needed.

"*We have had to limit bed capacity and hire more contract nurses*"

"We have increased our traveler assignments in various units to assist with continuing to staff beds and care for our community"

To what extent have you observed burnout as a workforce issue in the past 6 months?

Almost every hospital response included comments on increased burnout.

"*[Burnout] is the greatest issue! It may manifest in various ways, but it is the reason for the deficit of certified talent*"

"Everyone is overworked due to staffing shortages and the lack of vacation"

"Burnout is a constant state of being for nearly every role in our system; when we have positions left vacant for months on end across all skills, even calm roles become stressful, leading to turnover in a vicious cycle"

Have there been changes in your facility's priorities regarding orientation/onboarding for new employees, or training required for your existing workforce?

Some report efforts to expedite onboarding/training and more use of virtual or hybrid onboarding/training. Many provide additional COVID-related training (cleaning, infection control, etc.). One instituted suicide prevention training for all staff.

"Enhanced training on infection prevention specific to COVID protocols and training on suicide risk assessment for all based on growing mental health concerns--for all staff"

NC Sentinel Findings Brief: Hospitals

Has your facility deployed its existing workforce in significantly new roles, or employ any new healthcare occupations?

Many reported new COVID-related roles being created, with new types of staff hired into them or existing workforce redeployed to them. Roles were also created to reduce pressure on bedside staff. Some members of hospital leadership were redeployed or helped with staffing, and in another response, operating room staff were redeployed instead of being laid off when elective surgeries were canceled.

New Occupation: *"Health Screener – screened anyone entering facilities for symptoms of COVID-19"*

New Occupation: *"RN Taskers/RN Observers – began using RN taskers to help bedside RNs with routine tasks any registered nurse could perform who typically does not provide daily patient care. This continues to be a support during patient census surge during high demand periods"*

Redeployment *"All leaders were redeployed to support the team due to volume and acuity"*

Redeployment: *"Deployed [Environmental Services] employees as support staff for Patient Observers as needed when CNA staff were needed at the bedside"*

Hospital/Clinical Pharmacy

11 Responses

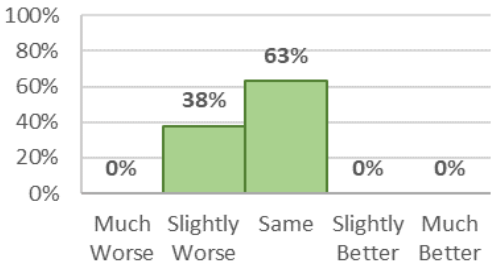
Top occupations with exceptionally long vacancies
(percent of the respondents indicating these positions were affected)

1. Pharmacy technician (11– 100%)
2. Pharmacist (2 – 18%)

- All responses indicated long vacancies for technicians

  "Retail pharmacies paying higher salaries with covid pay"

In the past 6 months, has COVID-19's impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 8 responses to this question)



Comments on COVID-19 workforce impact over May-Oct 2021:

[Slightly Worse] *"Staffing shortages"*

[Slightly Worse] *"Supply chain issues from COVID have caused delays in receiving items"*

[Same] **"***Remains stable"*

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Fall 2021 Sentinel Network questionnaire (Oct-Nov 2021). Generalizability of these findings to the broader North Carolina health care system may be limited.

About the North Carolina Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses from all types of health care organizations and to join the network to provide information on your organization's workforce needs and challenges, visit: https://nc.sentinelnetwork.org/

Questions? Contact: nc@sentinelnetwork.org