

North Carolina Health Workforce Sentinel Network *Findings Brief: Hospitals*

During June of 2022, healthcare employers in North Carolina reported on their current workforce needs by answering 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 January-June, 2022). 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/.

34 Hospital Responses

- 21 Acute Care Hospitals (more than 25 beds)
- 7 Acute Care Hospitals (25 beds or fewer)
- 6 Specialty Hospitals (inc. long term, rehab, children’s)

Top occupations with exceptionally long vacancies

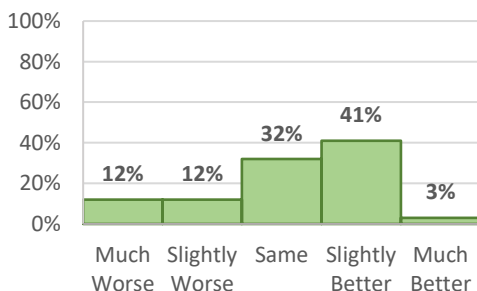
(% of 34 responding hospitals reporting long vacancies for these occupations):

1. Registered Nurse (28 – 82%)
 2. Certified Nursing Assistant (26 – 76%)
 3. Physician/Surgeon (20 – 59%)
 4. Respiratory Therapist (19 – 56%)
 5. Environmental Services (15 – 44%)
 5. Surgical Technologist (15 – 44%)
- Both small hospitals (25 beds or fewer) and large hospitals (more than 25 beds) reported long vacancies for physicians/surgeons (4 of 7 small hospitals; 16 of 21 large hospitals), but no specialty hospitals reported long vacancies for physicians/surgeons (0 of 6).
 - Specialty hospitals reporting more occupations with long vacancies (8) than in Fall 2021 (2), primarily in nursing.

Reasons for long vacancies and high turnover reported by hospitals:

- [Registered Nurses] *“competing with travel nurse opportunities, insurance and pharmacy “work from home” opportunities; burnout/turnover secondary to covid-19”*
- [Certified Nursing Assistant] *“Difficult to recruit to a rural setting without public transportation - esp with gas prices”*
- [Physician/Surgeon] *“...Supply is limited and demands on expected compensation is a constant discussion”*
- [Environmental Services] *“Evenings, nights and weekends has been the most challenging to fill...In some cases, staff...didn't want to run the risk of working in EVS in a place where COVID was treated”*
- [Surgical Technologist] *“Surgical volume for us has increased nearly 20%, and number of applicants for this position has not kept pace with staffing needs”*

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 34 responses to this question)



Comments on COVID-19 workforce impact over January-June 2022:

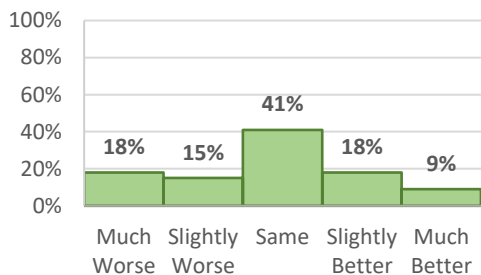
- [Much worse] *“Low morale, lack of good leadership, unrealistic expectations, lack of appropriate support, wages, Sicker patients, ‘burnout”*
- [Slightly worse] *“It is getting more and more difficult to compete with jobs outside of healthcare”*
- [Same] *“The ability to hire and retain has essentially remained the same over the past 6 months”*
- [Slightly Better] *“The covid volumes have decreased therefore some of the demand on current staff have decreased. However recruitment and retention are still problematic due to labor shortages and cost being driven up by competition and travel agencies”*

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

Need	Suggested Changes
Nursing Staff	<p>Many suggested increased training and pipeline program capacity. “[M]ore efficient process for foreign trained nurses to enter the country and begin work” “Ensure there are enough nursing school seats to meet demand” “Need accelerated programs to produce more CNAs” “Incentivize students with grants/scholarships to enter nursing programs”</p> <p>Some suggested placing restrictions on travel/contract agencies. “Regulate the travel staffing industry” “There needs to be some attention on [travel agency pricing], it felt like prices were hiking up just for profit for these companies”</p> <p>Some suggested additional regulatory changes. “Broaden the scope of the LPN” “Move to a single model under one governing body for CNAs instead of CNA 1 and CNA 2”</p>
Workforce Safety	<p>Two responses suggested implementing stronger supports for worker safety. “Implement workforce violence legislation to protect healthcare workers from all assaults, including from behavioral health patients” “Mental and physical safety of staff must be assured so they can provide the best care possible”</p>
Telehealth Support	<p>Several responses suggested increased or ensured reimbursement for telehealth services. “Payment parity for...telehealth services which would allow additional access for patient[s]” “Reimbursement is a concern and will continue to be one for healthcare orgs”</p>

In the past 6 months, has the impact of staff shortages on your facility’s capacity to provide care gotten better, stayed the same, or gotten worse?

(% of 34 responses to this question)



[Much worse] “Wait times have been extended in some settings due to the staffing challenges combined with increased volumes and utilization. The need to continue to rely on contract/traveler nurses remains”

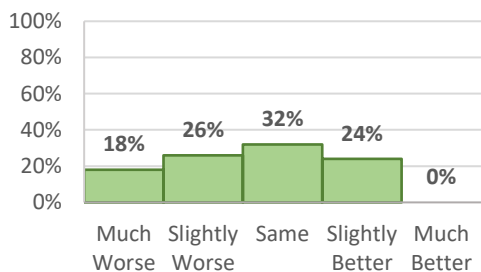
[Slightly worse] “Closure of beds due to staffing”

[Same] “Secondary to turnover and retention issues, the number of staff caring for patients, even with recruiting wins, has stayed the same. Thus there has really been no net gain in employees”

[Slightly better] “We were able to fully open back up our surgical volumes in the acute care space”

In the past 6 months, has burnout as a workforce issue at your facility gotten better, stayed the same, or gotten worse?

(% of 34 responses to this question)



[Much worse] “Mass exodus of experienced staff to travel jobs, despite pay raises, staff are exhausted. Need serious mental health assistance...All healthcare workers that have worked thru the pandemic need a 1 month paid leave for mental health”

[Slightly worse] “[We have] moved past the crisis stage to now realizing the impact/toll that covid has taken”

[Same] “Staff need extended breaks that we cannot provide due to continued patient volumes and acuity”

[Slightly better] “Our staff is still tired but the workload is more manageable right now”

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

Various types of workers redeployed to COVID-related tasks. New roles created for trainees, along with several types of new roles to train, support, or reduce the burden on existing staff.

New Occupation: “Director of Staff Development – education of all staff...not in direct response to COVID-19”

New Occupation: “Emergency Department Concierge – to improve communication, information, and experience in our ED. This has supported the clinical staff in the ED very well, reducing their stress and [the number of patients who leave w/o treatment]”

New Occupation: “Respiratory Therapy Assistant – have focused on using RT students in an assistant role for RT”

New Occupation: “Nurse extern – CNAs who are in their final year of school can move into an extern position to be partnered with an RN mentor to begin...transition into practice”

Redeployment “Had CRNAs supplement respiratory care for vent patients in our COVID ICU”

Redeployment: “Had clinical counselors pivot to telemedicine services to meet the demands of the COVID environment”

Redeployment: “LPNs served in vaccination clinic to perform COVID-19 testing including swabbing, vaccinations, and screening”

Hospital/Clinical Pharmacy

10 Responses

Top occupations with exceptionally long vacancies

(percent of the respondents indicating these positions were affected)

1. Pharmacy technician (3 – 30%)
2. Pharmacist (1 – 10%)

■ In Fall 2021, all 11 responses indicated long vacancies for pharmacy technicians, but in Spring 2022, down to 3 of 10 responses.

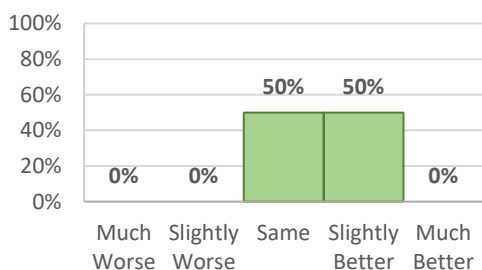
“Supply & demand of staff, wage battles”

Though a technician shortage still exists in some hospitals:

“Due to shortage of techs, pharmacists...performing tech duties”

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?

(% of 10 responses to this question)



Comments on COVID-19 workforce impact over Jan-June 2022:

[Slightly Better] “COVID volumes decreased”

[Slightly Better] “Fewer [COVID-]positive patients and employees”

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Spring 2022 Sentinel Network questionnaire (June 2022). 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