

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

In Nov. through Dec. 2022, healthcare employers in North Carolina reported on their current workforce needs related to staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly June - Dec. 2022). This brief summarizes the responses from **hospitals**.

More findings and responses from other health care settings may be viewed at nc.sentinelnetwork.org/findings/.

19 Hospital Responses	3	Acute care hospital (25 beds or fewer)
	16	Acute care hospital (more than 25 beds)

Exceptionally long vacancies

by Hospital Facility Type

Acute care hospital (25 beds or fewer):

- Registered Nurse (100% of respondents)
- 67% (2 out of 3) noted shortages in: Physician/surgeons, CNAs, Environmental Services, LPNs, and Radiologic Technologist and Technicians

Acute care hospital (more than 25 beds):

- Registered Nurse (94% of respondents)
- Certified Nursing Assistant (75%)
- Certified Registered Nurse Anesthetist (69%)

Reasons for Long Vacancies

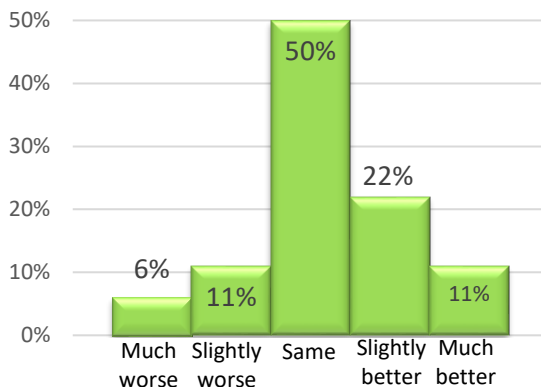
Respondents noted salary, recruitment (having a smaller candidate pool, and struggling to find qualified candidates especially related to physicians) and childcare challenges related to filling vacancies:

“A smaller qualified candidate pool with less experience expecting higher compensation [makes hiring challenging].”

“RN hiring is excruciating and getting worse. NC has a horrible shortfall of nurses, and our region in particular is troubled by astronomical wage demands and low supply.”

Impact of COVID-19

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



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

[Slightly Worse]: *“Burnout continues to burden our overall health system.”*

[Same]: *“The requirement of the COVID vaccine has impacted our ability to hire in our rural area.”*

“We are short-staffed due to so many leaving in our department. We had more than 50% turnover in the last year. Everyone is so tired.”

[Slightly Better]: *“The average daily census for patients hospitalized due to COVID has decreased over the past six months.”*

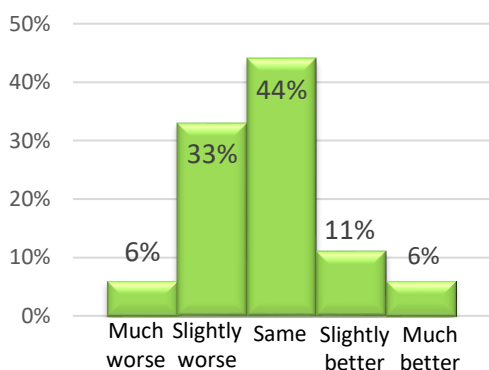
[Much Better]: *“Not only has the overall number of COVID patients declined, our processes for mitigating COVID for patients and staff have continued to mature.”*

Top workforce needs that changes to policy, regulations, or payment could alleviate

Need	Suggested Changes
Hire more staff	<ul style="list-style-type: none"> • Hold supplemental staffing agencies accountable for excessive rates • Establish state or federal regulation regarding compensation rates for travelers and/or travel assignments (e.g., mile radius requirements) • Establish better reimbursement rates and less denials for insurance companies • Allow more community colleges and universities in NC to offer additional educational programs in areas of workforce shortages • Offer financial incentives to entice labor market participants to pursue clinical training • Establish state-level zoning standards or incentives to support middle-market rental housing for healthcare workers

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 18 responses to this question)



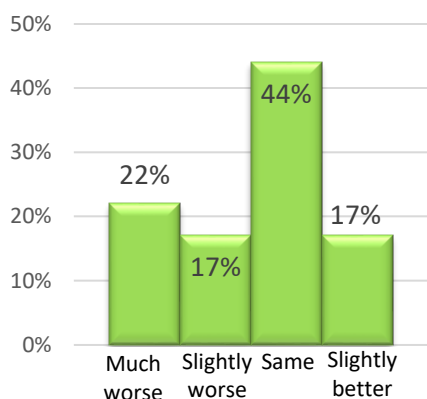
[Slightly Worse] “Turnover continues to hover around a 30% annualized rate.”

“The clinical staff shortages present as existential risks to our institution. We use contract labor to shore up operations, and we are struggling with margin significantly.”

“We are supplementing in different ways but overall feeling the impact for patient flow and staffing challenges.”

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

(% of 18 responses to this question)



[Much Worse] “While the number of COVID patients has decreased, the daily inpatient census has remained at capacity for more than 18 months. With employee turnover remaining high, our teammates are working longer shifts and additional shifts to fill in the gaps.” – More than 25 bed acute care hospital

“Problems with existing staff feelings about the use of travel/contract staff, more conversation about compensation, and overall less engagement when trying to re-focus on quality/service work. Leadership is dealing with burnout more than before as well, and also staffing significantly more in most areas to supplement vacancy issues.” – More than 25 bed acute care hospital

[Slightly Worse] “Burnout is why most people leave.”

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 (Nov. - Dec. 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