

Central Florida Nurse Employer Pilot Survey: Results for Skilled Nursing Facilities

Introduction and Methods

The Florida Center for Nursing (FCN), a state entity charged with tracking and addressing the nursing shortage in Florida, conducted a nurse employer survey in the Central Florida area in April and May of 2007. This Central Florida study is the pilot project for a larger, statewide demand survey set to begin in July 2007. The study's purpose is to understand current and future employer needs so that solutions to the shortage can be better tailored to Florida's nurse employers. The pilot survey was fielded to all licensed home health agencies, long term care facilities, ambulatory surgical facilities, and public health departments in Orange, Lake, Osceola, Seminole, and Sumter counties. A survey fielded to area hospitals was completed earlier in the year by Partners for a Healthy Community, with support from FCN. A report of results will be available at the Partners website at www.workforcecentralflorida.com/phc. This report details results obtained within the long term care industry specific to facilities offering skilled nursing care.

A list of all skilled nursing facilities in the five-county area was obtained from the Agency for Health Care Administration (AHCA), the regulatory body licensing most health care facilities in the state. A total of 66 facilities were identified, and all skilled nursing facilities in the area were given the opportunity to participate in the study. The AHCA list provides not only the address, phone number, and county of the facility but also the name of the facility administrator, to whom the surveys were addressed. The survey utilized a self-administered questionnaire delivered by U.S. mail. A total of four contacts were made by mail with potential respondents. The first contact contained a cover letter, the questionnaire (shown as an appendix to this report), and a self-addressed stamped envelope for returns. The second contact was a reminder letter sent to those who had not responded during the first two weeks of the study. The third mailing contained a replacement questionnaire, and the fourth mailing cautioned non-respondents that the final deadline for receipt of the survey was growing near. Mailings were sent approximately two weeks apart.

After four mailings and nearly ten weeks, responses were obtained from only 12 of 66 facilities. **The response rate for this industry group was 18.2 percent. Typically, response rates above 50 percent are needed for reliable results that can be safely interpreted. Since our survey of skilled nursing facilities falls short of this mark by more than 30 percent, results must be interpreted cautiously.** It is unknown whether results apply to all skilled nursing facilities in the area or whether there are systematic differences between respondents and non-respondents that shape the content of these results.

The pilot survey offered respondents the opportunity to comment on the content of the questionnaire, and changes reflecting those comments will be made to the instrument before fielding of the statewide survey begins in July 2007. This report is intended as a preview of the types of analyses that could be performed – and used to shape health policy for the betterment of nursing and nurse employers – if an acceptable response rate is attained in the statewide study.

Results

Facility administrators were asked for the number of permanent full-time equivalent (FTE) employees they had on January 1, 2007 in each of four categories of nursing personnel. The 12 facilities responding to this survey employed a total 1,284 FTEs, the majority of which (67%) were Certified Nursing Assistants (CNAs). On average, the facilities employed around 9.4 Registered Nurses (RN) FTEs and 25.6 Licensed Practical Nurse (LPN) FTEs. Facilities responding to this survey used mostly permanent and scheduled workers. When asked how many per diem or agency/contract nurses were employed, the facilities reported a total of only 56 additional workers. The average facility employs 2 additional LPNs on a per diem or contract basis and less than a single additional RN. These averages obscure substantial variability in the staff sizes of skilled nursing facilities. The number of employed RNs, for example, ranges from 2 to 30. Also, note that most facilities did not report employing Advanced Registered Nurse Practitioners (ARNPs). A single permanent FTE was reported by one facility, and another facility employed 3 ARNPs on a per diem or contract basis. For this reason, the remainder of this report focuses on RNs, LPNs, and CNAs.

Table 1. Long Term Care Facility Staff Sizes

	Employed FTEs as Part of Permanent Staff		Employed Per Diem, Agency, or other Temporary Nurses	
	Total #	Average #	Total #	Average #
RNs	112.7	9.4	6	0.5
ARNPs	1.0	0.1	3	0.2
LPNs	307.6	25.6	18	2.0
CNAs	862.7	78.4	29	2.6
Total Nursing Staff Reported	1284		56	

We used staff size information to compute proportions representing the skill mix of permanent and temporary skilled nursing facility staff. The numbers reported in Table 1 represent the total number of employees counted, while the proportions reported in Figure 1 were computed by combining *only* the responses of facilities that provided complete data on all three employee types. More than two-thirds of all nursing personnel are CNAs. Among licensed nurses, LPNs comprise the largest group. Only 8 percent of nursing personnel across responding facilities are RNs.

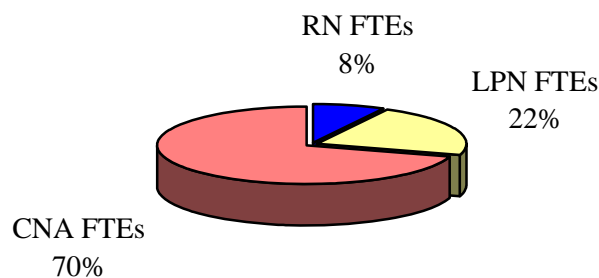


Figure 1. Skill Mix of Permanent Staff in Long Term Care Facilities

Responding skilled nursing facilities reported a total of 131.0 vacant FTEs as of January 1, 2007. The bulk of vacancies were for CNA positions. Only 11 RN positions and 39 LPN positions were open across the 12 facilities. The vacancy rates reported in Table 2, while combining information from all cases providing complete data, may be higher than what would be found if all facilities had responded to the survey. When proportions are computed from smaller numbers, a single additional vacancy could increase that proportion significantly. As they stand here, the vacancy rates are not ideal at near 10 percent, but neither are they remarkably high.

Vacancy rates reflect difficulty in attaining desired staffing levels given the number of budgeted positions. However, they may not reflect the number of nurses that are needed to provide quality patient care. We asked skilled nursing facilities whether the number of budgeted positions they were allotted was sufficient for the provision of quality care. As Table 2 shows, the majority of facilities felt that it was. Less than 10 percent reported unmet need for RN FTEs. More administrators perceived unmet need for LPNs and CNAs, but more than 70 percent still felt their budgeted positions were adequate.

Table 2. Current Staffing Needs of Long Term Care Facilities

	Total # of Vacant FTEs	Position Vacancy Rate*	% Reporting Unmet Need for FTEs
RNs	11.0	9.6%	9.1%
LPNs	39.0	12.2%	18.2%
CNAs	81.0	9.6%	27.3%
Total Vacancies	131.0		

*Computed as (Total Vacant Positions / Total Budgeted Positions)*100, using all cases not missing data on vacant and budgeted positions.

Taken together, the number of vacancies and reported unmet need suggest that responding skilled nursing facilities, as a group, are satisfied with their current staffing levels. In addition to current need, we asked administrators about their plans for staffing growth over the next two years. As Figure 2 shows, very little growth is expected. Combined, the facilities may expect to increase the total number of RN FTEs by only 3.5. Fewer than 10 additional FTEs were identified for LPNs and CNAs. When expressed as a percentage, the facilities expected to expand RN staff by 6.2 percent and LPN staff by 4.6 percent.

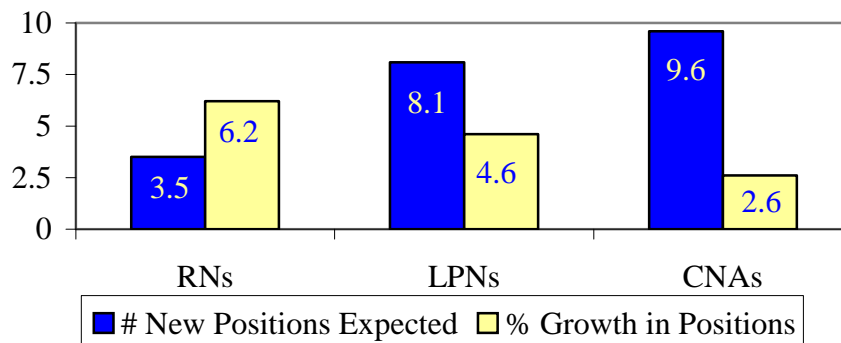


Figure 2. Expected Growth Through Calendar Year 2009

Table 3 shows the number of persons leaving long term care facilities in 2006 (separations, or turnovers) along with the median turnover rate for the year and respondents' assessments of whether turnover has increased or decreased since 2005. The highest turnover rates were computed for LPNs, where 43.1% of employees left during the year. It is difficult to know how representative these rates are due to the low response rate. Skilled nursing facilities are required to report turnover rates to the Agency for Health Care Administration, but they combine RNs and LPNs into a single licensed nurse turnover rate. In 2005, that rate for the state as a whole was around 43 percent – very close to that computed in this study for RNs and LPNs. CNA turnover, on the other hand, is lower than the 39.8 percent reported by AHCA for 2005. Around half of facilities actually felt that CNA turnover had increased since 2005, and almost 43 percent felt that RN and LPN turnover had increased.

Table 3. Separations and Turnover Rates in 2006

	Separations During 2006	Median Turnover Rate for 2006*	% Reporting Increased Turnover Since 2005
RNs	86	38.5%	42.9%
LPNs	114	43.1%	42.9%
CNAs	442	25.0%	50.0%

*Computed as (Separations/Average # Employees)*100, using all cases not missing data on separations or # employees. The median rate is the rate at which half of cases fall above and half of cases fall below.

Vacancies and turnover can lead health care providers to increase their use of overtime or contract/agency staff to meet work demands. We asked skilled nursing facilities what percentage of their nursing budget was spent on overtime or contract/agency staff in 2006. The average percent spent on agency staffing was very low at 2.9 percent, consistent with the figures reported in Table 1 regarding temporary employees. The average percent spent on overtime, however, was much higher at 15 percent. This suggests that the predominant strategy used to compensate for periods of short-staffing is additional hours for existing personnel. About 30 percent of facilities thought they would spend more for overtime in the 2007 calendar year.

Table 4. Recruiting Difficulty and Average Weeks to Fill Positions in 2006

Position*	Percent Reporting Recruiting Difficulty**	Average # Weeks to Fill Positions
CNAs	18.2%	5.6
LPNs	91.9%	11.2
Staff RNs	72.7%	12.8
Unit-level Nurse Managers	66.7%	3.2
Minimum Data Set Nurses	75.0%	2.3

*Table includes only positions for which 4 or more agencies reported weeks to fill.

**Chose “4” or “5” on a five-point scale of recruiting difficulty.

Respondents were asked about their experiences in recruiting and hiring employees to fill specialized positions. Most of the positions included on the survey were either not used by a majority of facilities, or the facility did not hire for the positions in 2006. In Table 4 we report only on positions for which four or more facilities reported.

The most difficult positions to fill were reported to be LPN, Staff RN, and Minimum Data Set Nurse. More than two-thirds of facilities reported that they had difficulty filling those positions. The time it took to fill LPN and Staff RN positions (nearly three months) corroborates their perceptions of difficulty.

Finally, we asked respondents what consequences, if any, their facility had experienced as a result of an inadequate nurse supply. The question was asked in an open-ended format so that facility administrators could state in their own words what problems they have had. In keeping with results reported earlier, most facilities (60%) reported that they had no difficulties. Specific problems mentioned by the remaining facilities were:

- Use of overtime
- Increased expenses associated with overtime, agency staffing, and bonuses
- Lower quality of care and more medication errors
- Staff dissatisfaction and burnout

Conclusions

The results of our pilot survey show that responding skilled nursing facilities are faring better than we expected against the current nursing shortage. Most responding facilities reported relatively few vacancies, and although position vacancy rates (computed using information from all facilities) are higher than what would be ideal, they are not alarming. Turnover rates tend to be high in this industry, but responding facilities reported lower CNA turnover rates than the statewide figures reported to AHCA for CNA turnover in long term care.

However, our pilot effort did not achieve the response rate needed to generalize results to all long term care facilities in the area. Some respondents commented on the content of the questionnaire, noting that it was difficult and time-consuming to complete. Unfortunately, the industries hardest hit by a nursing shortage are likely to have administrators with the least amount of time available for completing questionnaires. And without detailed staffing figures, it is impossible to quantify the workforce needs of a facility or an industry in a standardized way.

The FCN is working to revise the questionnaire so that it is easier to complete but still provides us with information needed to gauge shortage effects within the long term care industry. As well, we will forge partnerships with trade and nursing associations to improve the perceived credibility of the survey effort. Over time, we hope that these efforts will improve our visibility in the nurse employer community and increase the probability of skilled nursing facility response to our surveys.



Florida Center for Nursing – Central Florida Survey of Long Term Care Facilities

The Florida Center for Nursing is working to address the nursing shortage in our state, and we need your help in order to effectively plan for the future. We are asking administrators in Central Florida long term care facilities to complete this brief survey describing your current and future need for nursing personnel. Your responses are completely confidential. We will combine responses from all long term care facilities in the area and report aggregate findings only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>.

1. This item series will help us understand your facility’s current and future need for nursing personnel. We know that facilities use different budgeting periods, but in order to standardize across facilities we need information by **calendar years**. If your records do not track the proportion of a full-time equivalent (FTE) position each employee fills, use 1.0 for full-time employees and 0.5 for part-time employees.

Please enter “0” if appropriate.	Total # of budgeted FTEs as of January 1, 2007*	Total # of employed FTEs as of January 1, 2007*	Total # of vacant FTEs being actively recruited as of January 1, 2007*	Total # budgeted FTEs expected for calendar year 2008 ⁺	Total # budgeted FTEs expected for calendar year 2009 ⁺
a. Registered Nurses (excluding ARNPs)					
b. Advanced Registered Nurse Practitioners					
c. Licensed Practical Nurses					
d. Nursing aides / direct care assistants					

*Do not include per diem staff or other temporary personnel used to supplement permanent full or part-time staff.

⁺A rough estimate would be helpful if exact numbers are not known.

2. How many per diem, agency, or other temporary nurses did your facility employ **as of January 1, 2007**? Include all nurses not counted as part of the facility’s budgeted or employed FTEs in #1. Enter “0” if appropriate.

- a. RNs _____
- b. ARNPs _____
- c. LPNs _____
- d. CNAs _____

3. In your opinion, is the number of FTEs your facility **needs** to provide quality patient care greater than, equal to, or less than the number of FTEs currently budgeted for each type? [Remember, your responses are confidential.]

- a. RNs Greater Equal Less
- b. ARNPs Greater Equal Less
- c. LPNs Greater Equal Less
- d. CNAs Greater Equal Less

4. Approximately what percent of your **2006** calendar year’s nursing budget was spent on:

- a. Outside staffing agencies (both long and short term) _____ %
- b. Overtime for all nursing personnel _____ %

5. Do you expect these expenditures to be higher, about the same, or lower for calendar year 2007?

- a. Higher About the same Lower
- b. Higher About the same Lower

6. What consequences did your facility experience in **2006** as a result of an inadequate supply of nursing personnel? Indicate “none” if appropriate.

(survey continues on back)

7. This item series measures turnover* during calendar year 2006. When reporting the number of persons who left, please include both voluntary and involuntary leavers. Do not count those who moved from one position to another within your facility, or persons hired but never reporting for work. Include only **permanent employees**, and **count both full and part-time employees**. Please enter "0" if appropriate.

	A. Total # of persons who left during 2006	B. Total # of persons employed on January 1, 2006	C. Total # of persons employed on December 31, 2006	How have turnover rates changed since 2005?			
				Increased	Stayed the same	Decreased	Does not apply
a. RNs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ARNPs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. LPNs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. CNAs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Your turnover rate will be computed as $[A \div ((B + C) / 2)] * 100$. You do not need to perform the calculation yourself.

8. Please report your experience in 2006 with recruiting and hiring these types of nursing employees:

	Did Not Employ in 2006	Did Not Hire in 2006 <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average number of weeks it took to fill these positions in 2006	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
				1	2	3					
Nurse aides / direct care assistants	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit-level Nurse Managers	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality / Infection Control RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers / Discharge Planners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Data Set Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN-prepared Clinical Nurse Specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNP / Adult Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us better understand your nursing needs. Please return this survey today in the prepaid envelope provided.