

The Hospital Nurse Staffing Survey (HNSS) assesses the size and effects of the nursing shortage in hospitals, Texas’ largest employer of nurses. During the spring of 2024, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HNSS to the Chief Nursing Officers/Directors of Nursing of 739 Texas hospitals. These included for-profit, nonprofit, public, and Texas Health and Human Services Commission-operated hospitals, as well as hospitals linked to academic institutions; military hospitals were not surveyed. The facilities surveyed were general acute care, psychiatric, special, behavioral, and rehabilitation hospitals; outpatient or community-based clinics were not included. Respondents provided data for 297 hospitals for a response rate of 40.2%.

This report summarizes the various measures reported in the HNSS reports as they pertain to critical access hospitals (CAHs) and other rural hospitals in Texas. The findings presented here highlight differences in staffing measures between rural and non-rural hospitals.

The following report presents data pertaining to Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), Advanced Practice Registered Nurses (APRNs) and Nurse Aides (NAs).

## Rural Designations

For the purposes of the HNSS, rural hospitals were identified by the Texas Organization of Rural and Community Hospitals (TORCH). Rural hospitals do not receive federal funding unless they are also designated critical access hospitals.

### Critical Access Hospitals

A facility that meets the following criteria may be designated by the Center for Medicare and Medicaid Services as a CAH:<sup>1</sup>

- Is located in a State that has established a State Medicare Rural Hospital Flexibility Program;
- Is designated by the State as a CAH;
- Is located in a rural area or an area that is treated as rural;
- Is located either more than 35 miles from the nearest hospital or CAH or more than 15 miles in areas with mountainous terrain or only secondary roads; OR prior to January 1, 2006, were certified as a CAH based on State designation as a “necessary provider” of health care services to residents in the area.
- Maintains no more than 25 inpatient beds that can be used for either inpatient or swing-bed services;
- Maintains an annual average length of stay of 96 hours or less per patient for acute inpatient care (excluding swing-bed services and beds that are within distinct part units);
- Furnishes 24-hour emergency care services 7 days a week.

CAHs are located in 78 counties in Texas.

- 50 of 86 CAHs (58.1%) in Texas responded to the 2024 HNSS.
- The majority of the responding CAHs (70.0%) were in non-metropolitan, non-border counties. 18.0% were in metropolitan, non-border counties.
- 1 of the reporting hospitals was designated as a Pathway to Excellence hospital. None were Magnet hospitals or Teaching hospitals.

Table 1 shows the overlap between responding CAHs and rural hospitals in Texas. All but 3 CAHs are rural hospitals, but there are 24 rural hospitals that do not have a CAH designation.

**Table 1. Critical access hospitals and rural hospitals in Texas**

	CAH	Non-CAH	Total
Rural	47	24	71
Non-rural	3	223	226
Total	50	247	297

This report will compare the 50 CAHs, 24 rural non-CAHs (hospitals that reported that they were rural but do not have a CAH designation), and 223 non-rural hospitals (hospitals that are not rural and do not have a CAH designation).

<sup>1</sup> Centers for Medicare & Medicaid Services. Critical Access Hospitals. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs>

## Staffing

Table 2 presents the nursing staff mix in responding CAHs, rural non-CAHs, non-rural hospitals.

- CAHs and rural non-CAHs had a lower proportion of RNs and a higher percentage of LVNs than non-rural, non-CAHs.
- CAHs had a higher percentage of NAs compared to non-CAHs.

**Table 2. Nursing staff mix in CAHs, rural non-CAHs, and non-rural, non-CAHs**

Staff Type	CAHs	Rural Non-CAHs	Non-rural, non-CAHs
RNs	61.0%	79.2%	80.5%
LVNs	16.4%	10.2%	3.6%
NAs	18.4%	7.9%	11.7%
APRNs	4.2%	2.7%	4.2%

Table 3 displays the percentage of responding hospitals reporting changes in budgeted direct patient care RN FTEs.

- Responding CAHs were more likely to report no change and less likely to report an increase in budgeted FTEs than rural non-CAHs and non-rural, non-CAHs.

**Table 3. Percentage of CAHs, rural non-CAHs, and non-rural hospitals reporting changes in budgeted direct patient care RN FTEs in the past year**

	% of CAHs	% of Rural Non-CAHs	% of Non-rural, non-CAHs
Increased	24.0%	37.5%	55.6%
Decreased	2.0%	4.2%	8.1%
No Change	74.0%	58.3%	36.3%

## Vacancy and Turnover Rates

Table 4 provides information on position vacancy rates in responding CAHs, rural non-CAHs, and non-rural, non-CAHs.

- Vacancy rates were higher in non-rural, non-CAHs for all nurse types except APRNs.

**Table 4. Position vacancy rates in CAHs, rural non-CAHs, and non-rural, non-CAHs**

Staff Type	CAH		Rural Non-CAH		Non-rural, non-CAHs	
	n	Position Vacancy Rate	n	Position Vacancy Rate	n	Position Vacancy Rate
RNs	43	11.6%	19	14.3%	155	16.5%
LVNs	41	16.2%	20	14.7%	162	22.5%
APRNs	42	27.3%	19	7.6%	182	23.9%
NAs	43	10.4%	16	12.5%	172	14.4%

Data in table 5 represent the median turnover rates in responding CAHs, rural non-CAHs, and non-rural, non-CAHs.

- Turnover was highest in CAHs for RNs, non-rural non-CAHs for LVNs, and rural non-CAHs for NAs.

**Table 5. Median facility turnover rates in CAHs, rural non-CAHs, and non-rural, non-CAHs**

Staff Type	CAH		Rural Non-CAH		Non-rural, non-CAHs	
	n	Median Facility Turnover Rate	n	Median Facility Turnover Rate	n	Median Facility Turnover Rate
RNs	43	18.2%	22	15.4%	204	17.4%
LVNs	42	13.6%	19	21.1%	152	23.1%
NAs	39	22.2%	16	41.4%	130	32.7%

