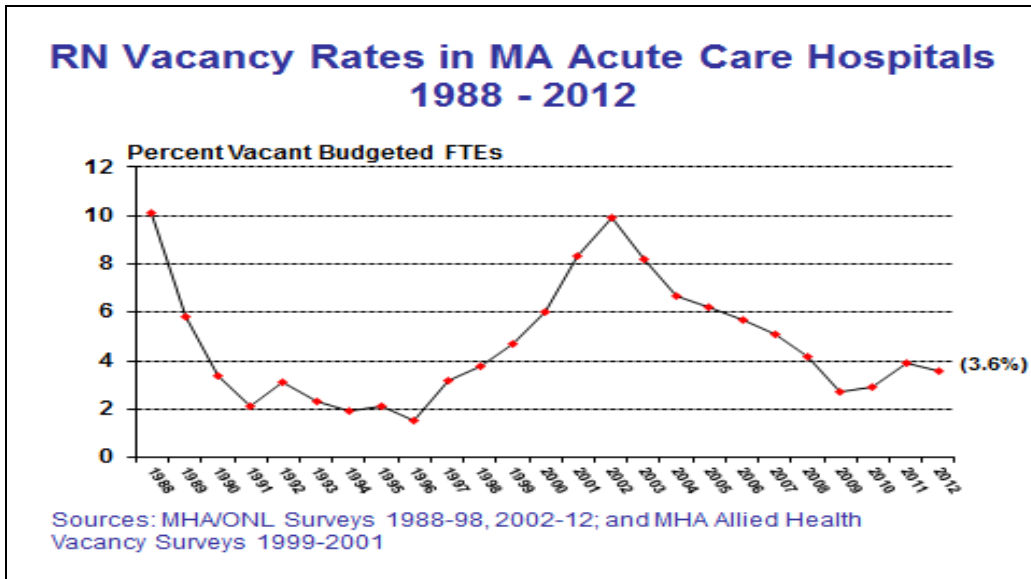
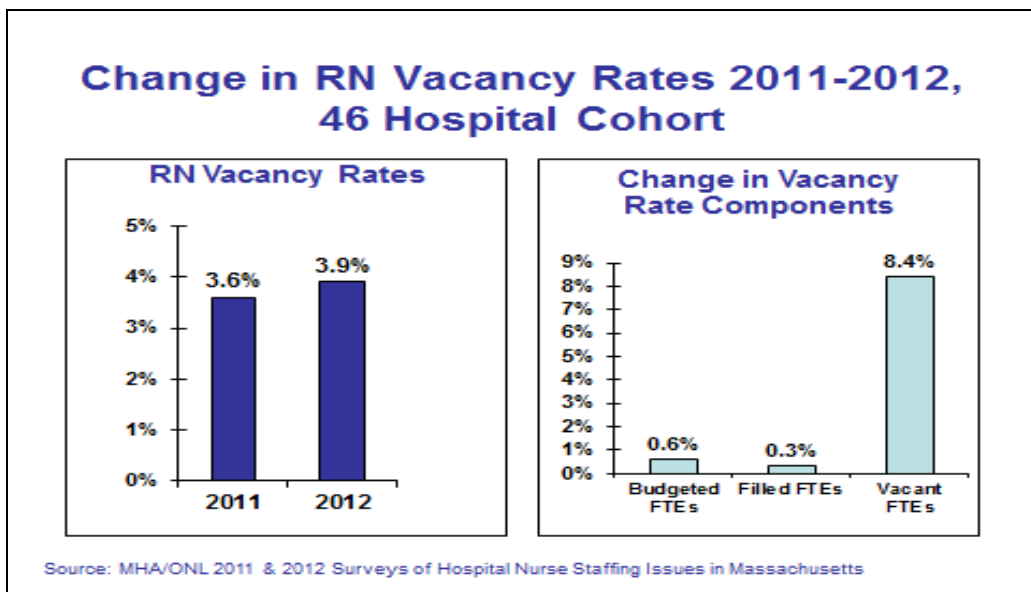


**Massachusetts Hospital Association & Organization of Nurse Leaders MA & RI
Survey of Hospital Nurse Staffing Issues in Massachusetts, 2012
Highlights**

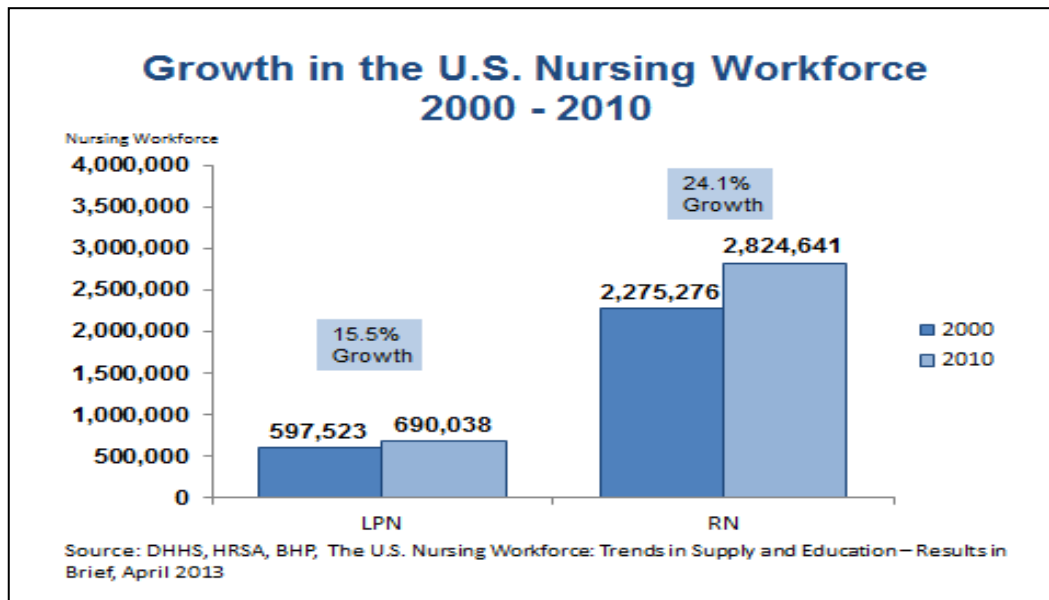
- The vacancy rate for Registered Nurses (RNs) in all responding hospitals was 3.6 percent. Acute care hospitals reported a 3.6 percent vacancy rate, and specialty hospitals reported a 4.3 percent rate.
- The acute care hospital RN vacancy rate declined slightly following two years of increases, and remains just below the median rate of 3.9 percent for the 25 years of data collection. Vacant positions are covered by per diem nurses, staffing pools, on-call staff, overtime, and agency or traveler nurses.



- Among the 46 hospitals that responded to both the 2011 and 2012 surveys, the number of filled RN positions was nearly unchanged (up 0.3 percent), the product of an 8.4 percent increase in vacant positions and 0.6 percent growth in budgeted positions. Note that, for the first time, the direction in the change of vacancy rates differed for the 2012 all hospital cohort (3.6 percent, down from 3.9 percent in 2011) from the same-hospitals cohort, which grew from 3.6 percent to 3.9 percent. Vacancy rates increased in 27 cohort hospitals, dropped in 18, and were unchanged in one.



- National studies (Buerhaus, JAMA, November. 26, 2008) suggest that the drop in vacancy rates observed since 2002 was caused by the reentry to the workforce of older, married nurses responding to increasing RN earnings and the toll of relatively high unemployment rates on their families following the 2001 recession. The recession that began in December 2007 and drove the state unemployment rate to 9.3 percent in December 2009 appears to have reinforced the trend. Improvements in the hospital workplace and widespread private-sector initiatives aimed at increasing the supply of new nurses have also been cited as affecting the trend, as has expansion of nursing education programs that led to unprecedented levels of entry into nursing over the past decade.



- The most authoritative studies (Auerbach, Buerhaus, and Staiger, Health Affairs, December 2011, and same authors NEJM, March 22, 2012) of projected supply and demand for registered nurses suggest that the recent reprieve in the nursing shortage may be short lived, although that forecast is highly dependent itself on uncertain forecasts about growth in the economy and reductions in unemployment:

“...it seems likely that growth in demand for RNs over the next few years will outstrip the projected growth in the workforce, leading to renewed shortages of RNs in the near term.

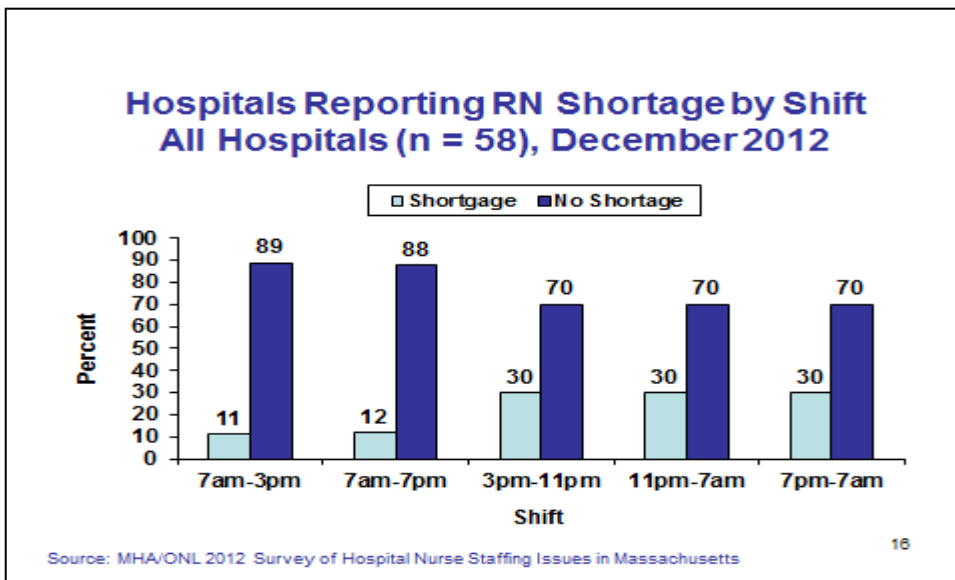
Employers and workforce policymakers should not be lulled into complacency by the current absence of a nursing shortage. Instead, they should anticipate that the current positive effect of a weak economy on the RN labor supply is likely to evaporate as the economy improves and that shortage will reemerge.”

- More recently (NEJM April 18, 2013), the same authors concluded:

“Despite the projections of severe shortages made just 10 years ago, a combination of policy efforts, a responsive education system, private-sector initiatives, and the effects of a recession

has led to unexpected growth in the nursing workforce. If this growth continues, the nursing workforce will be better able to respond to the health care needs of Americans...This outcome is not certain, however, and is less likely if the surge in younger people entering nursing stalls, the workforce continues to grow unevenly across the country, or the nursing workforce is ill prepared to meet the challenges of the fast-changing health care delivery system.”

- Hospital nursing is a 24-hour, 7-day a week service. As reported in past years, the RN vacancies typically are concentrated in evening and night shifts. The 2012 survey found that 30 percent of hospitals reported shortages on “off-shifts,” several times the share that reported day-shift shortages. Nonetheless, these reported perceptions of “off-shift” shortages are far below levels in previous years.



- RN vacancy rates were highest in rehabilitation, inpatient oncology, emergency departments, operating rooms, and medical-surgical units. The lowest rates were in maternal and child health services, pediatrics, psychiatric units, telemetry services and pediatric intensive care units (PICUs).
- Hospitals reported that skilled nursing, neonatal intensive care units, emergency departments, home health, and operating rooms were the services that took longest to fill open RN positions, measured by the share reporting 60 or more days to fill open positions. Fifty (50) percent of hospitals that offered skilled nursing units and 36 percent of hospitals with neonatal intensive care units reported that it took 60 or more days to fill open RN positions. PICUs, pediatrics, ambulatory care, and post-anesthesia care units reported the highest rates of positions filled in fewer than 30 days. Seventy-five (75) percent of hospitals reported filling PICU positions in fewer than 30 days and 59 percent reported filling pediatric positions in fewer than 30 days.
- More hospitals reported increased use of overtime and agency/traveler than declining use in 2012. RN overtime use was reported to have increased compared to the prior year by 37 percent of respondents, remained the same for 40 percent, and decreased for 23 percent. Use of agency

and traveler RNs was reported to have increased from the previous year by 35 percent of respondents, remained the same for 37 percent, and decreased for 28 percent.

The survey results are based on the responses of 61 of 98 hospitals that received the survey in December 2012. The respondents included 48 acute care hospitals and 13 specialty (non-acute care) hospitals. The acute care hospital respondents account for 75 percent of the state's acute care hospital beds. Response rates for specific survey questions may be fewer than 61.