



MASSACHUSETTS
Health & Hospital
ASSOCIATION

Massachusetts Post-Acute Care Hospitals:

Workforce Vacancies & Trends

March 2024



Post-Acute Care Hospital Workforce Survey

Healthcare workforce shortages are placing enormous stresses on patients, caregivers, and provider organizations throughout the entire care continuum. The Massachusetts Health & Hospital Association (MHA) estimates there are 19,000 job vacancies in the state's acute care hospitals alone.

In the Summer of 2023, MHA conducted a survey to see how the worker shortages are specifically affecting its post-acute care hospital members.

The survey sought information on:

- 56 positions, including budgeted and vacant Full-Time Equivalents (FTEs)*, to determine how many were unfilled.
- The average hourly wage of positions in 2019 (pre-pandemic) and in 2023.

MHA sent the survey to 12 inpatient rehabilitation hospitals (IRFs) and long-term acute care hospitals (LTACHs) across the state. IRFs are healthcare organizations that provide intensive rehabilitation therapy, physician supervision, and nursing care, with physicians, nurses, and therapists coordinating that care. LTACHs serve patients with more complex needs than patients who go to IRFs. These patients require longer hospital stays (often more than 25 days) and require prolonged, highly specialized care.

The organizations that responded to the survey represent 66% of all post-acute care hospital FTEs in the state, as well as 60% of total post-acute care hospital beds (weighted average) in the state.

The survey findings help demonstrate how workforce shortages in the post-acute care sector contribute to the overall patient “throughput” problem, resulting in the inability to transfer patients from one care setting to the next in a timely manner.

*Full-time equivalent (FTE) employees equal the number of employees on full-time schedules plus the number of employees on part-time schedules converted to a full-time basis. Assuming a standard 40-hour work week, two employees each working 20 hours a week would equal one FTE.

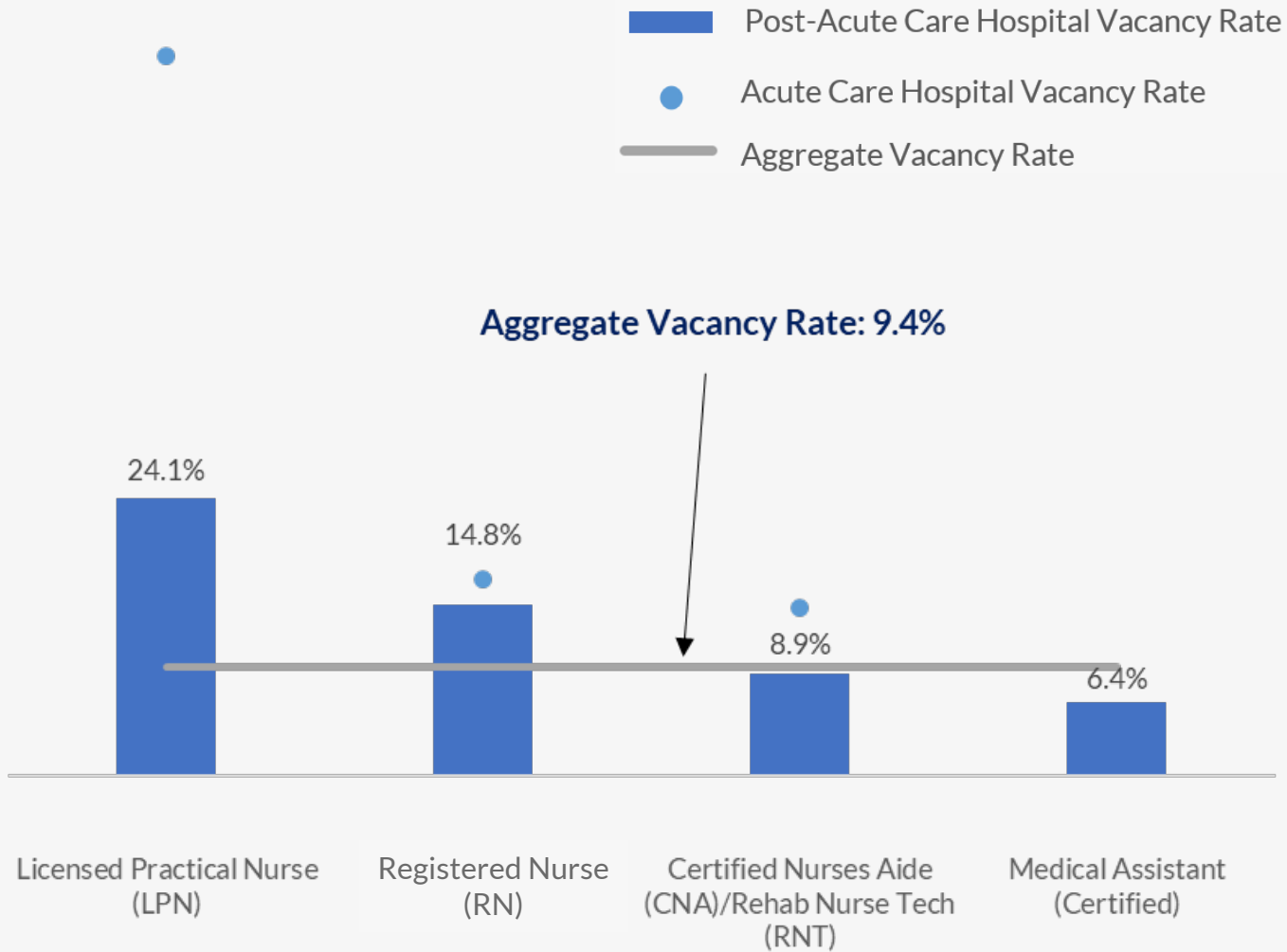
Post-Acute Care Hospital Workforce Survey

MHA's survey asked post-acute care hospital respondents about their:



The survey also asked questions relating to the number of contract, temporary, and travel staff employed to fill the vacancies.

The survey revealed there are 534 open positions and 432 vacant FTEs across Massachusetts post-acute care hospitals.



Please Note: MHA's acute care and post-acute care workforce surveys did not collect information on the same positions in all cases. Therefore, comparisons between some job positions are not available. The Aggregate Vacancy Rate is for all surveyed positions in post-acute care hospitals.

The Acute Care Hospital Vacancy Rate for registered nurses is only for medical/surgical registered nurses.

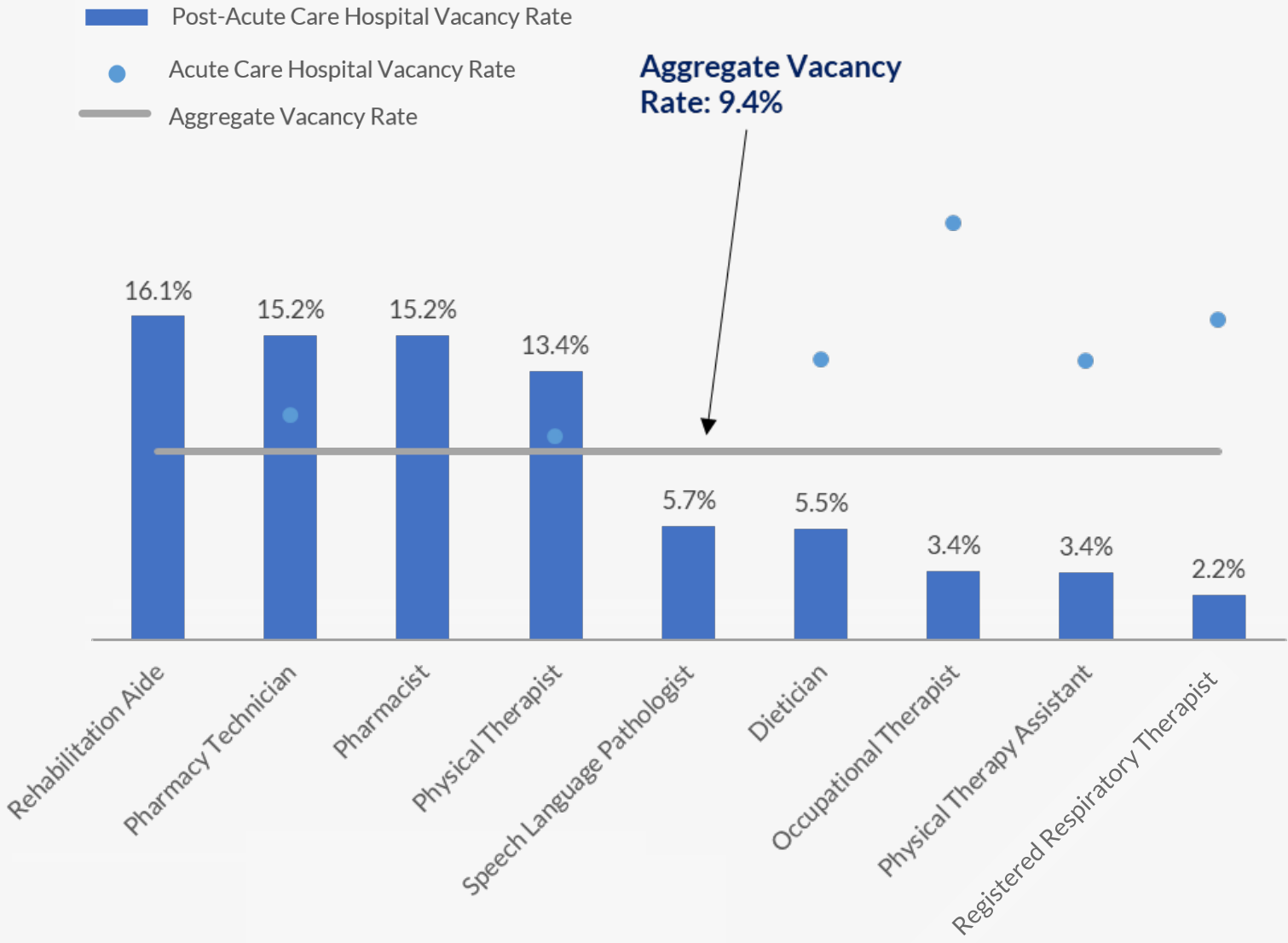
Direct Care Staff Vacancies

While post-acute care hospitals are experiencing vacancies across many positions, some positions are experiencing higher vacancy rates than others.

Overall, the aggregate vacancy rate for positions in MHA member post-acute care hospitals was 9.4%.

However, the vacancy rate for both licensed practical nurses (LPNs) and registered nurses (RNs) is slightly higher than the aggregate vacancy rate for these hospitals.

LPNs and RNs are essential to post-acute care hospitals and these organizations must compete with other settings such as nursing homes for those professionals (for LPNs, in particular).



Allied Health Vacancies

Other healthcare positions, known as “allied health” roles, are also critical to post-acute care hospitals and the patients they serve. Post-acute care organizations face significant challenges in recruiting and retaining personnel in these allied roles.

For rehabilitation aides, pharmacists, and physical therapists, the vacancy rates remain high - much higher than the aggregate vacancy rate for these settings.

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Direct Care Wage Trends

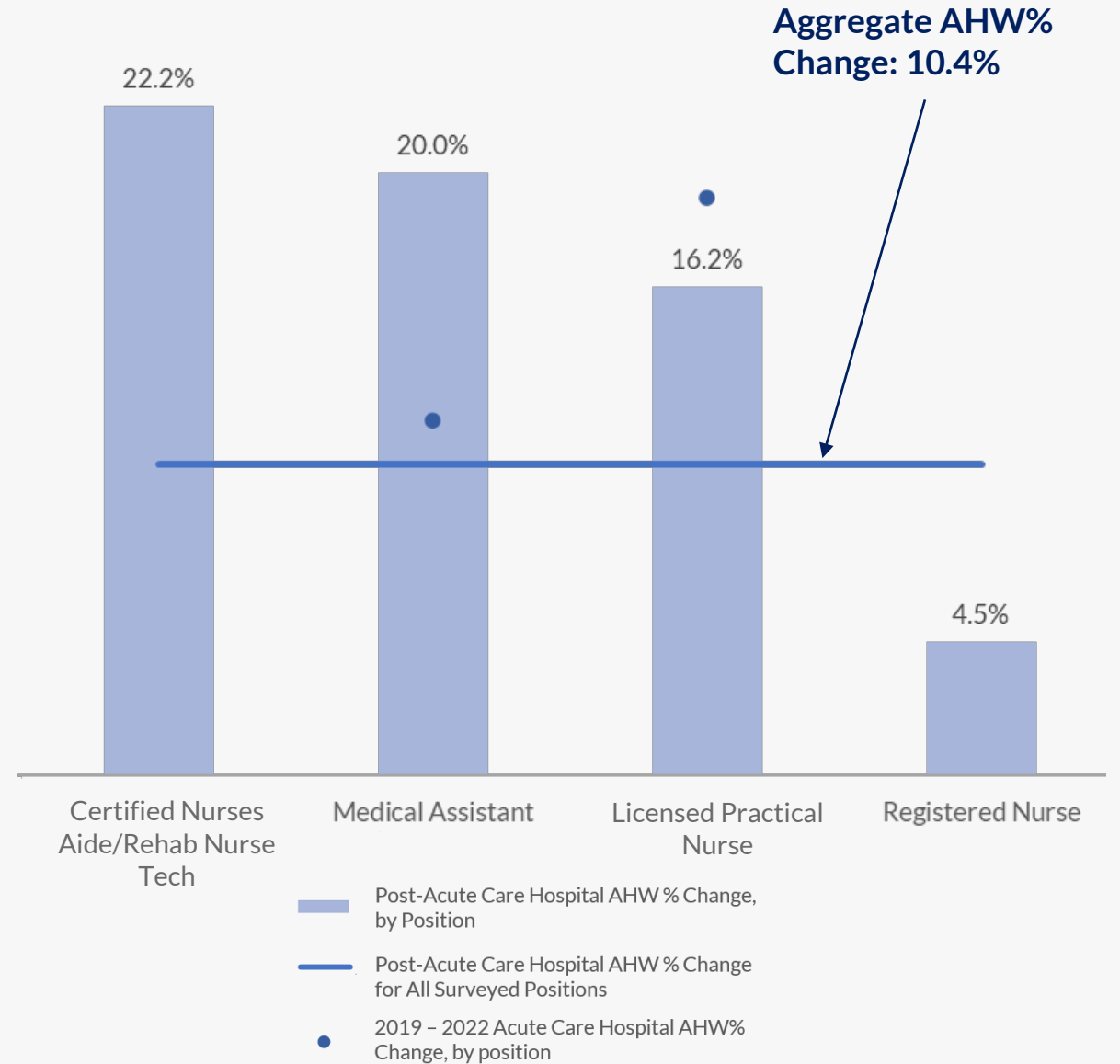
The low supply and high demand for healthcare workers has had a drastic effect on wages. Aggregate hourly wages (AHW) for key roles at post-acute care hospitals have risen significantly.

For example, the wages for certified nurse aides have risen by more than 20%.

Wages for licensed practical nurses have increased more than 16%.

Post-acute care hospitals are competing with all parts of the healthcare continuum, including acute care hospitals, for workers.

While post-acute care organizations increased their wages dramatically for LPNs, acute care hospitals – competing for the same workers – were able to pay a higher average hourly wage.

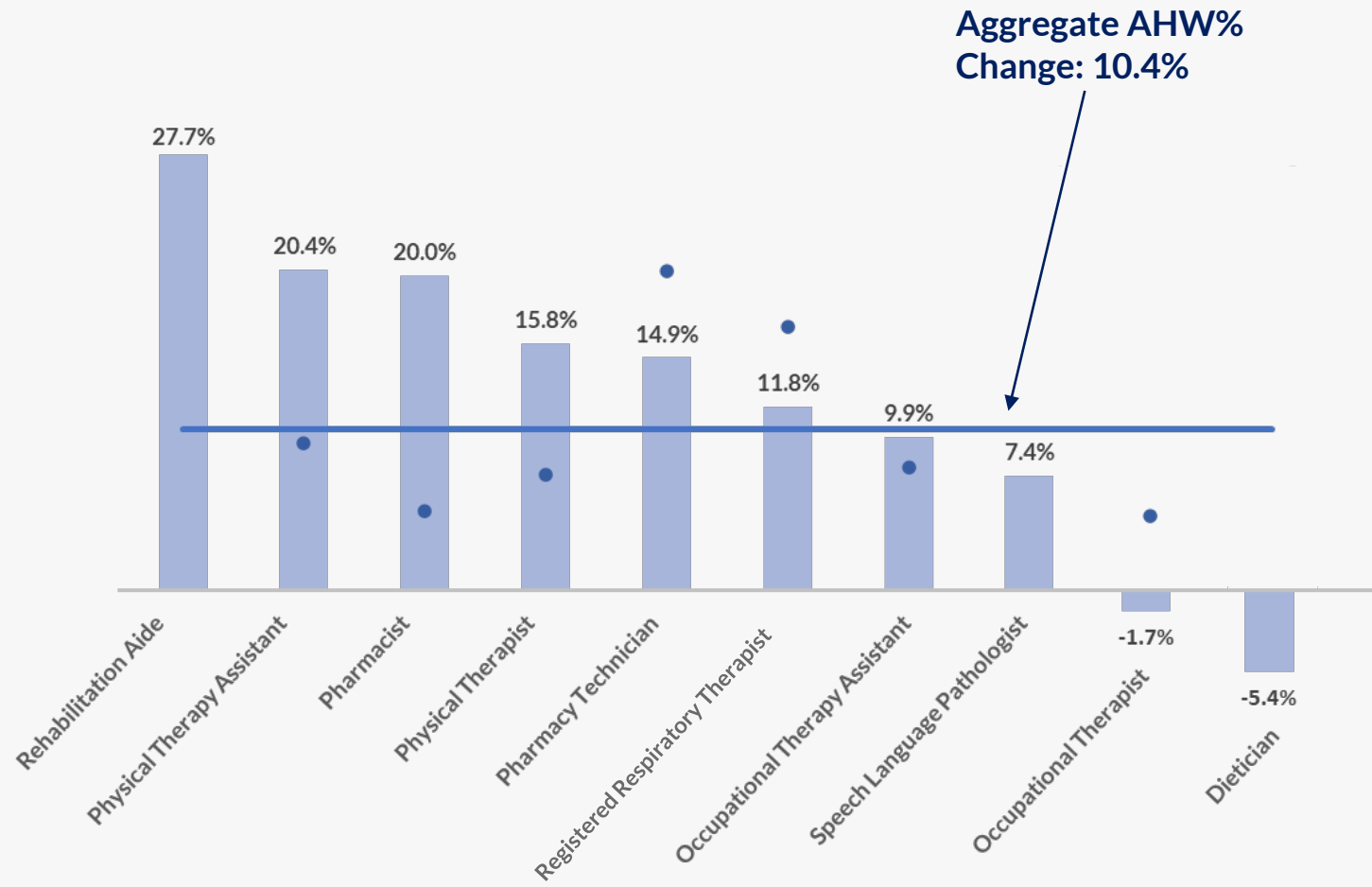


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Allied Health Wage Trends

The COVID-19 pandemic destabilized all parts of the healthcare system. Post-acute providers were not immune to the dramatic changes that occurred from pre-pandemic (2019) to the wind-down of COVID-19 in 2023.

Notably, for those positions that are critical to rehabilitation hospitals, the increases in average hourly wages increased significantly from 2019 to 2023 – particularly for rehabilitation aides, physical therapists and their assistants, and for pharmacists. The wage increases for these positions was much higher than the aggregate change in wages for the rehab hospitals.



- Post-Acute Care Hospital AHW % Change, by Position
- Post-Acute Care Hospital AHW % Change for All Surveyed Positions
- 2019 - 2022 Acute Care Hospital AHW% Change, by position

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Recruitment and Retention: Barriers and Solutions



Post-acute care hospitals were asked about the biggest barriers they face in filling open positions. The most common answer was: “Not enough applicants.” These organizations are competing with acute care hospitals and other care settings that may be considered less demanding or offering more flexibility. Additionally, applicants for jobs at post-acute care organizations are declining offers and opting for roles in higher-wage settings.



When asked what support is needed to attract and retain staff, the post-acute hospitals placed additional wages, salaries, and bonuses at the top of the list, followed by the creation of career ladders for certified nurses aides (CNAs) and RNs.

Ranked on a scale of 1 (least significant) to 5 (most significant):

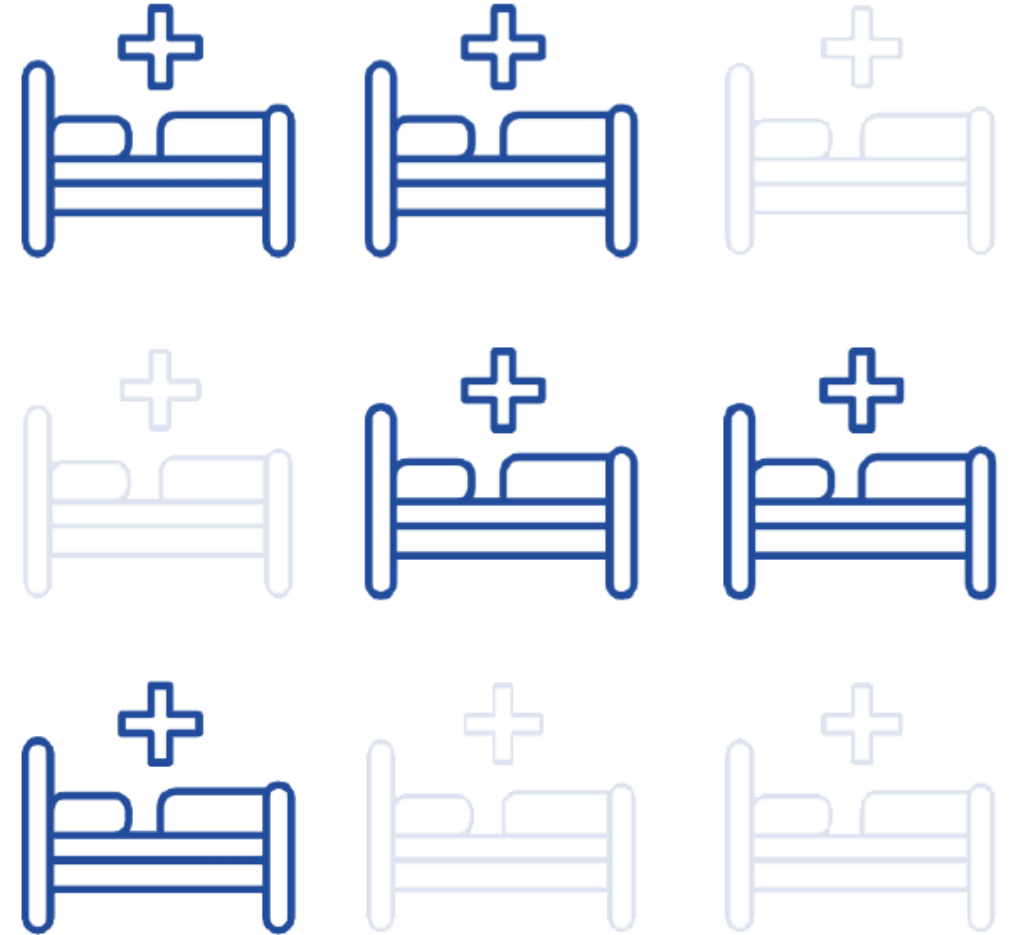
Barrier to Filling Open Positions	Average Ranking
Not enough applicants	4.4
Limited applicants due to the nature of the facility and/or the level of care	3.9
Applicants refusing offers because of pay rate	3.3

Support Needed to Attract and Retain Staff	Average Ranking
Additional wages, salaries, and/or bonuses for staff	4.1
Career ladders for CNAs and RNs	3.7
Expand loan payment support	3.3
Additional reimbursement from public and private insurers to support workforce attraction and retention	3.3
Structured education program for career advancement	3.1

Workforce Shortages: Downstream Effects and Cost Beds Taken Offline

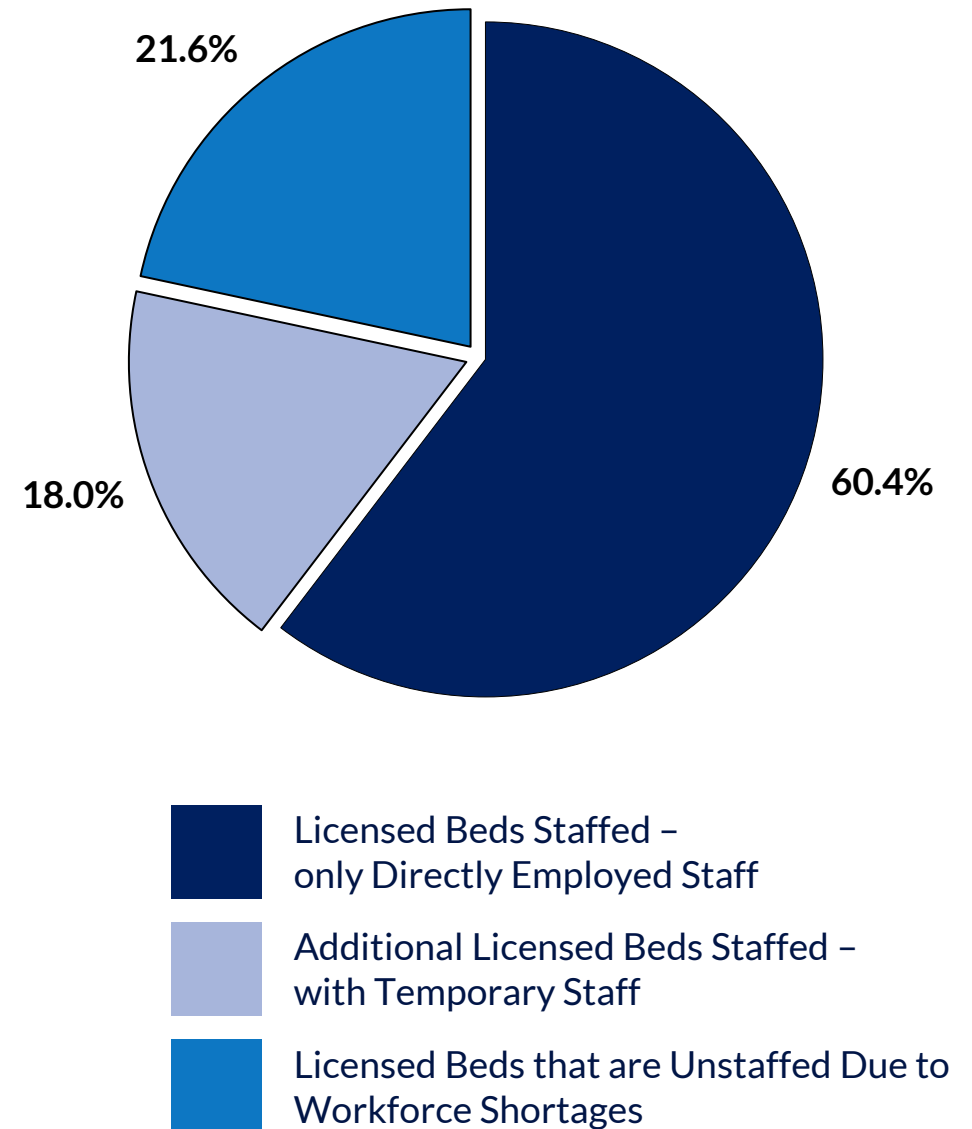
With workforce vacancies come numerous problems for patients and the healthcare system at-large. Without an ample level of staff, post-acute care hospitals cannot accept new patients. At the time of the survey, a total of 190 licensed beds at post-acute care hospitals – or nearly 21% of available beds – were unable to be used due to lack of workers.

When post-acute care hospitals cannot accept new transfers from acute care hospitals, patients become “stuck” in acute care beds as they await an opening at the next level of care. Therefore, it is critical to recruit and retain staff in post-acute care hospitals to improve patient transitions across the care continuum.



Workforce Shortages: Downstream Effects and Cost Effects of Temporary Staffing

The survey also sought to understand the use of temporary staffing and its effect on post-acute care hospitals' capacity. As the chart to the right shows, just 60% of available beds are staffed by workers that are employed directly by the organization. Temporary staff allowed these hospitals to increase capacity by 18%. However, due to workforce shortages, post-acute care hospitals have 190 licensed – but unstaffed – beds. This means that if they could recruit additional workers, they could increase their capacity by 21%.

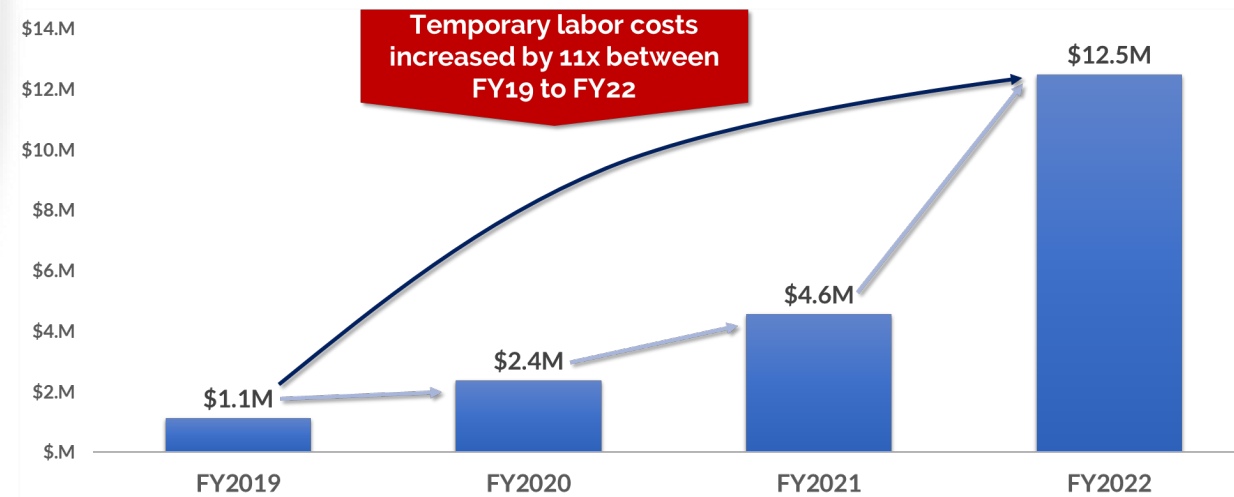
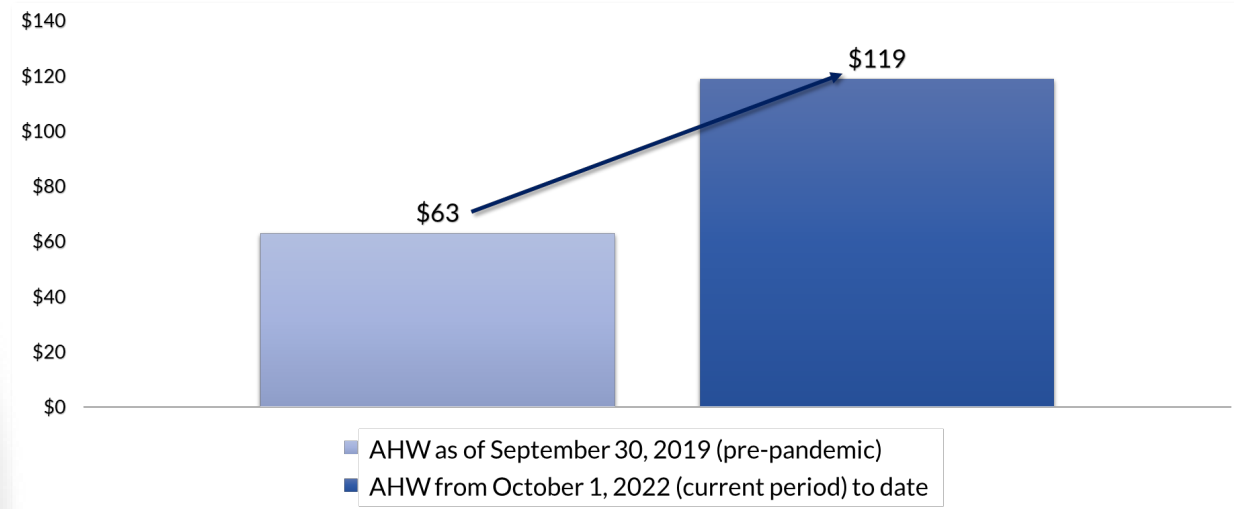


Workforce Shortages: Downstream Effects and Cost Effects of Temporary Staffing

When assessing the effects of temporary staffing on the operations of post-acute hospitals, it is critically important to note that the average hourly wage for these temporary nurses has increased from \$63 per hour in 2019 to \$119 per hour in 2022 – an 89% uptick over a three-year period.

When one accounts for *all spending for temporary staff for all positions* (not just RNs) in post-acute care hospitals, the picture is even more stark.

Total spending for contract labor among all responding hospitals to-date increased from \$1.1 million in 2019 to \$12.5 million in 2022 – an uptick of more than 11 times the 2019 figure. Such temporary labor expenses are unsustainable for these organizations.



The Path Forward

Post-acute care hospitals are an essential part of the commonwealth's healthcare system, treating critically ill patients who require sustained, long-term medical care. Without the workforce to support these hospitals, care throughout the system is jeopardized.

To better support post-acute care, the healthcare system must:

- › **Undertake activities to attract, support, and retain staff at post-acute care hospitals**, including wage support and bonuses for workers; career ladders for CNAs and LPNs to become RNs; and expanded loan payment for employees who commit to working at a facility for a set period of time. These actions are especially important to decrease the use of travel staff whose costs have increased unsustainably;
- › **Provide adequate reimbursement to post-acute care hospitals across all-payers**, especially for long-length-of-stay patients for whom there is no discharge placement;
- › **Support a complex care ombudsman program** within the state's Executive Office of Health & Human Services to assist with discharges from post-acute care settings to lower level of care settings to open up capacity in the healthcare system;
- › **Continue to monitor and oversee Medicare Advantage plans that routinely deny care at post-acute care hospitals** for medically necessary care. Recent reports have noted that Medicare Advantage plans have exhibited a pattern of denying prior authorization and payment requests that are covered under traditional Medicare;
- › **Improve the referral process to underutilized settings**, including LTACHs and IRFs, and educate hospital discharge planners about the innovative care that is provided in these settings that can improve patient care and ease capacity constraints.