

# Texas Center for Nursing Workforce Studies

## Department of State Health Services



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### Welcome to the 2017 Long Term Care Nurse Staffing Survey (LTCNSS)

**Purpose:** The primary purpose of this survey is to assess nurse staffing and related issues in Texas long term care facilities. The information in this survey will serve as a guide for the development of policy recommendations by the Texas Center for Nursing Workforce Studies Advisory Committee. The data you provide will also be instrumental in developing projections for the number of nurses needed in Texas. Your participation in this study is completely voluntary but highly encouraged.

**Due Date:** Your completed survey is due by **Friday, July 21st, 2017**.

**Confidentiality Agreement:** Your responses are completely confidential. We will report aggregate findings (statewide and regional results) only.

If you have questions at any time about the survey or the procedures, you may contact Frank Gonzalez by phone at [512-776-2806](tel:512-776-2806) or by email at [TCNWS@dshs.texas.gov](mailto:TCNWS@dshs.texas.gov).

#### 1. Please provide the following information about your nursing facility.

Facility Name:

TX DADS facility license # (for tracking purposes only):

Name of facility administrator:

Email address of administrator:

Phone # of administrator (xxx-xxx-xxxx):

Name of person submitting survey (if different from administrator):

Title of person submitting survey:

Email address of person submitting survey:

Phone # of person submitting survey (xxx-xxx-xxxx):

#### 2. Please provide your facility's physical address.

Address:	
City:	
State:	
Zip:	

#### 3. What is the maximum number of hours per week that is considered part-time in your organization?

#### 4. Does your facility's board have any RN members?

- No
- Yes, and they have voting privileges
- Yes, but they do not have voting privileges
- Not applicable or unknown

### Director of Nursing Information

**5. Does your nursing facility have a Director of Nursing position?**

- Yes (Continue to question 6)
- No (Skip to question 15)

**6. What is the highest degree that the Director of Nursing holds?**

- Diploma in nursing
- Associate's in nursing
- Bachelor's in nursing
- Bachelor's in a field other than nursing
- Master's in nursing
- Master's in a field other than nursing
- Other (Please specify):

**7. About how long has the Director of Nursing held this position at this facility?**

- Less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years
- Longer than 6 years

**8. About how long has the Director of Nursing worked in long term care in any capacity at any nursing facility?**

- Less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years
- Longer than 6 years

**9. In your opinion, what issues contribute to any turnover of Directors of Nursing in your long term care facility? Select all that apply.**

- DON turnover is not an issue in my facility
- Staffing issues
- Expectations of residents and/or residents' family
- Exhaustion and burnout
- Fear of litigation
- Burden of regulatory requirements
- Lack of administrative and/or corporate support
- Pay and/or benefits not commensurate with job duties and responsibilities
- Excessive paperwork
- Lack of nursing knowledge
- Lack of management and/or leadership skills
- Lack of experience in long term care setting
- Other (Please specify):

**The following four questions ask about orientation to the Director of Nursing position.**

**10. Are you the Director of Nursing?**

- Yes (Continue to question 11)
- No (Skip to question 14)

**11. Did you receive orientation to the Director of Nursing position?**

- Yes
- No

**12. How well did the orientation prepare you for the Director of Nursing role?**

- Very poorly
- Poorly
- Adequately
- Well
- Very well

**13. If the orientation was inadequate, please specify the reasons why.**

**14. What is the annual salary of the Director of Nursing at this facility?**

- <\$40,000
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000+

### Nurse Background

**15. How many of the RNs currently on staff have a certification in the following specialties? If none, enter "0" in the box.**

Gerontological	
Rehabilitation	
Certified Dementia Practitioner	
Nursing Administration	
Other (Please specify):	

**16. Do the following disciplines provide services in your facility? Select all that apply.**

- Nurse Practitioners
- Clinical Nurse Specialists
- Geriatricians (MD/DO)
- Physician's Assistants
- Other Primary Care Physicians (excluding Medical Director)
- Other Specialist Physicians (such as podiatrists)

**17. How many of the facility’s staff have been employed at this facility for 1 year or longer? You may need to contact your corporate office or Human Resources Department for assistance with this information. Please enter the number in this box. If none, enter “N/A” in the box.**

	Number of staff employed at this facility 1 year or longer
Registered Nurses (RNs) - Direct Resident Care	
Registered Nurses (RNs) - Administrative	
Licensed Vocational Nurses (LVNs) - Direct Resident Care	
Licensed Vocational Nurses (LVNs) - Administrative	
Advanced Practice Registered Nurses (APRNs) - Direct Resident Care	
Advanced Practice Registered Nurses (APRNs) - Administrative	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

**18. Over the next 2 years, will your facility need fewer, more, or about the same number of the following types of direct resident care staff?**

	Fewer	Same	More
RNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse Aides (NAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Aides (CMAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**19. Please specify why your facility will need fewer, more, or about the same number of each type of direct resident care staff over the next 2 years. Select all that apply.**

	Patient Census	Patient Acuity	Budget Concerns	Other (Please specify):
RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LVNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CMAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Staffing

The following four questions help us understand the current and future need for personnel in long term care facilities in Texas. The data collected in this section will be used to calculate vacancy and turnover rates that indicate the severity of a regional and statewide shortage of nurses and other personnel. Please provide staffing numbers for RNs, LVNs, APRNs, NAs, and CMAs. Only include nurses that are employed directly by your facility.

**20. ONLY include staff directly employed by your facility. Please enter “N/A” if your facility does not employ a particular type of staff. Please note that you are to report FTEs (full-time equivalents) in this question.**

	Total number of FTE positions occupied on 01/27/2017	Total number of vacant FTEs being recruited on 01/27/2017	Total number of vacant FTEs on hold/frozen on 01/27/2017	Additional number of FTEs your organization expects to budget next fiscal year
RNs - Direct Resident Care				
RNs - Administrative				
LVNs - Direct Resident Care				
LVNs - Administrative				
APRNs - Direct Resident Care				
APRNs - Administrative				
Nurse Aides (NAs)				
Medication Aides (CMAs)				

**21. ONLY include staff directly employed by your facility. Do not include temporary staff (agency, contract, or traveling nurses) in this section. Please enter "N/A" if your facility does not employ a particular type of staff. Please note that you are to report a head count in this question. Also note that full and part time are as defined by your organization.**

	Number of full-time workers employed 01/01/16	Number of full-time workers employed 12/31/16	Number of part-time workers employed 01/01/16	Number of part-time workers employed 12/31/16	Number of per diem workers employed 01/01/16	Number of per diem workers employed 12/31/16
RNs - Direct Resident Care						
RNs - Administrative						
LVNs - Direct Resident Care						
LVNs - Administrative						
APRNs - Direct Resident Care						
APRNs - Administrative						
Nurse Aides (NAs)						
Medication Aides (CMAs)						

**22. ONLY include staff directly employed by your facility. Do not include temporary staff (agency, contract, or traveling nurses) in this section. Please note that you are to report a head count in this question.**

	Total number of separations during 01/01/2016 - 12/31/2016
RNs - Direct Resident Care	
RNs - Administrative	
LVNs - Direct Resident Care	
LVNs - Administrative	
APRNs - Direct Resident Care	
APRNs - Administrative	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

**23. This question relates only to temporary staff not directly employed by your facility. DO NOT include per diem nurses in this question. Please note that you are to report FTEs (full-time equivalents) in this question.**

	Contract, agency, and traveling staff FTEs employed on 01/27/2017
RNs - Direct Resident Care	
RNs - Administrative	
LVNs - Direct Resident Care	
LVNs - Administrative	
APRNs - Direct Resident Care	
APRNs - Administrative	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

## Methods and Costs of Interim Staffing

**24. Please indicate the methods of interim staffing used and the hours and costs of interim staffing methods used in your facility from 1/1/2016 through 12/31/2016 for all direct resident care licensed nursing staff. This information can be obtained from your organization's Chief Financial Officer.**

	Method Used	Hours	Cost
Voluntary overtime	<input type="checkbox"/>		
In-house staffing pool	<input type="checkbox"/>		
Contract/traveling nurses	<input type="checkbox"/>		
Per diem nurses	<input type="checkbox"/>		
Temporary staffing agencies	<input type="checkbox"/>		
Use of managerial or administrative staff to cover duties of absent RNs or vacant positions	<input type="checkbox"/>		
Other interim staffing methods (Please specify):	<input type="checkbox"/>		

## Recruitment and Retention

25. Please rate your experience in the past year with recruiting each type of direct resident care staff. Please select "N/A" if your facility does not recruit a particular type of staff.

	Very easy to recruit	Easy to recruit	Neither easy nor difficult to recruit	Difficult to recruit	Very difficult to recruit	N/A
RNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CMAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Please describe your experience in the past year with recruiting each type of direct resident care staff.

	Describe your experience
RNs	
LVNs	
APRNs	
NAs	
CMAs	

27. Please indicate the average number of days it currently takes your organization to fill direct resident care positions (from when the job requisition is posted until the job offer is accepted):

	1-30 days	31-60 days	61-90 days	91 days or more	N/A
RNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CMAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Which of these nursing staff recruitment and retention strategies are used by your facility? Select all that apply.

Strategy	Full-time employees	Part-time employees
NONE	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan	<input type="checkbox"/>	<input type="checkbox"/>
Paid vacation days	<input type="checkbox"/>	<input type="checkbox"/>
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement for workshops/conferences	<input type="checkbox"/>	<input type="checkbox"/>
Sign-on bonus	<input type="checkbox"/>	<input type="checkbox"/>
Bonus for recruiting nursing staff to the organization	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for RNs/LVNs/APRNs	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for NAs/CMAs	<input type="checkbox"/>	<input type="checkbox"/>
Flexible scheduling or job sharing	<input type="checkbox"/>	<input type="checkbox"/>
Shift differential	<input type="checkbox"/>	<input type="checkbox"/>
Merit bonus	<input type="checkbox"/>	<input type="checkbox"/>
Sabbatical	<input type="checkbox"/>	<input type="checkbox"/>
Tuition (reimbursement or direct payment for employees/new hires)	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance in receiving certifications or further education	<input type="checkbox"/>	<input type="checkbox"/>
Payback for unused sick/vacation time	<input type="checkbox"/>	<input type="checkbox"/>
Safety incentives (bonus or awards given for being accident free)	<input type="checkbox"/>	<input type="checkbox"/>
Childcare assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>

29. In your opinion, what interventions would have the greatest impact on retention of nurses and other direct resident care staff at your nursing facility? Select all that apply.

- Pay increase
- Employee recognition
- Adequate staffing
- Other (Please specify):

**30. On a scale from 1 to 4, where 1=most important and 4=least important, please rank in order of importance when hiring RNs, the weight you assign the following attributes. Use each number only once.**

- Past relevant (long term care) nursing experience
- Past nursing experience in a non-long-term-care setting
- Bilingual
- Bachelor's in nursing or higher education

**31. Please state any other key attributes you look for when hiring RN staff.**

**32. What consequences has your facility experienced in the past year as a result of an inadequate supply of nursing personnel? Select all that apply.**

- NONE - We had an adequate supply of nursing personnel.
- Increased workloads
- Low nursing staff morale
- Declined referrals
- Inability to expand services
- Increase in voluntary overtime
- Delayed admissions
- Wage increases
- Increased nursing staff turnover
- Increased use of temporary/agency nurses
- Delays in providing care
- Increased resident/family complaints
- Increased absenteeism
- Increased number of incident reports
- Difficulty completing required documentation on time
- Use of administrative staff to cover nursing duties
- Use of medication aide staff to cover nursing duties
- Other (Please specify):

**33. Please indicate the number of newly licensed RNs, by degree, that were hired by your facility during your facility's last fiscal year, and the total number of RNs, by degree, employed by your facility during the last fiscal year.**

	Number of newly licensed RN applicants <b>hired</b>	Number of <b>all</b> RNs employed
Diploma		
ADN		
BSN		
MSN Alternate Entry		

**34. If hired today, what would be the hourly wage for each type of staff at this facility? Enter "N/A" if your facility does not employ a particular type of staff.**

	Entry-level hourly wages	Maximum experienced-level hourly wages
RNs - Direct Resident Care		
RNs - Administrative		
LVNs - Direct Resident Care		
LVNs - Administrative		
APRNs - Direct Resident Care		
APRNs - Administrative		
NAs		
CMAs		

## Transition to Practice

The Institute of Medicine's Future of Nursing: Leading Change, Advancing Health report made 8 recommendations for the field of nursing. Recommendation 3 from this report is "Implement nurse residency programs." In response to this recommendation, the Texas Center for Nursing Workforce Studies and its Advisory Committee are gathering information on transition to practice programs in nurse employment settings. For the purpose of this survey, transition to practice programs are defined as formal programs of active learning for:

- newly licensed registered nurses (RNs) and licensed vocational nurses (VNs) designed to support their progression from education to practice
- experienced nurses who transition to a new practice setting or specialty
- newly licensed advanced practice registered nurses (APRNs) transitioning to a new practice setting, specialty, or role.

**Nurse residency**— a series of learning sessions and work experiences that occurs continuously over a predetermined period of time and is designed to assist new employees as they transition to their first professional nursing role. For the purpose of this survey, nurse residency programs are geared toward newly licensed nurses, or nurses licensed for less than one year.

**Nurse fellowship** – a series of learning sessions and work experiences that occurs continuously over a predetermined period of time and is designed to assist experienced nurses to master new clinical settings or newly certified or licensed advanced practice nurses to master new settings, specialties, or roles.

**Student Nurse internship/externship** – a training program designed for upper-level nursing students to further develop nursing skills and assist in the successful transfer from educational to clinical settings.

**Preceptorship/Mentorship** – A formal, one-on-one teaching-learning relationship of predetermined length between a competent preceptor or mentor and newly licensed nurse that facilitates transition to practice.

Please tell us about your transition to practice program by answering the following questions.

**35. Please provide the following information on the transition to nursing practice programs your organization uses.**

Does your facility offer the following program type?	Please identify the nurses who are eligible for the transition to practice program offered by your facility.	Please indicate whether your transition to practice program is an employment or non-employment model.		Length of program in <u>weeks</u>	Number of participants in program during last fiscal year
		Employment Model	Non-employment Model		
<input type="checkbox"/> Nurse Residency	<input type="checkbox"/> Newly licensed VN <input type="checkbox"/> Newly licensed RN	<input type="radio"/>	<input type="radio"/>		
<input type="checkbox"/> Nurse Fellowship	<input type="checkbox"/> Experienced VNs transitioning to new setting or specialty <input type="checkbox"/> Experienced RNs transitioning to new setting or specialty <input type="checkbox"/> Newly licensed/certified APRNs <input type="checkbox"/> Experienced APRNs transitioning to new setting or specialty	<input type="radio"/>	<input type="radio"/>		
<input type="checkbox"/> Student Nurse Internship/ Externship	<input type="checkbox"/> VN Students <input type="checkbox"/> RN Students	<input type="radio"/>	<input type="radio"/>		
<input type="checkbox"/> Preceptorship/ Mentorship (independent of a residency, fellowship, or internship/ externship)	<input type="checkbox"/> Newly licensed VNs <input type="checkbox"/> Newly licensed RNs <input type="checkbox"/> Newly licensed/certified APRNs <input type="checkbox"/> Experienced VNs transitioning to new setting or specialty <input type="checkbox"/> Experienced RNs transitioning to new setting or specialty <input type="checkbox"/> Experienced APRNs transitioning to new setting or specialty	<input type="radio"/>	<input type="radio"/>		
<input type="checkbox"/> Other program (Please describe in question 36)	<input type="checkbox"/> Newly licensed VNs <input type="checkbox"/> Newly licensed RNs <input type="checkbox"/> Newly licensed/certified APRNs <input type="checkbox"/> Experienced VNs transitioning to new setting or specialty <input type="checkbox"/> Experienced RNs transitioning to new setting or specialty <input type="checkbox"/> Experienced APRNs transitioning to new setting or specialty <input type="checkbox"/> VN Students <input type="checkbox"/> RN Students	<input type="radio"/>	<input type="radio"/>		

**36. If "Other" transition to practice models are offered, please describe them below.**

**37. Please identify how the transition to practice program is coordinated in your facility.**

- There is dedicated transition to practice program coordinator position.
- Coordination of the transition to practice program is done by the Chief Nursing Officer or Director of Nursing.
- Coordination of the transition to practice program is done by a nurse manager.
- Other (Please specify):

- I am unsure.

**38. Please select up to 3 main outcomes that have resulted in your organization as a result of your transition into practice program.**

- Increased number of new graduates applying for RN positions in your organization.
- Decreased turnover of newly licensed RNs in the first year of employment.
- Improved clinical decision making abilities among first year nurses.
- Improved clinical competence in patient care among first year nurses.
- Improved communication skills among first year nurses with physicians, other health professionals, staff, patients, and families.
- Improved organization and prioritizing skills in clinical practice among first year nurses.
- Improved ability to incorporate research-based evidence in clinical practice among first year nurses.
- Other (Please specify):

## Additional Comments and Suggestions

Please use this space to make any comments or suggestions regarding any section of this survey.

**You have reached the end of the 2017 Long Term Care Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, contact Frank Gonzalez by phone at 512-776-2806 or by email at TCNWS@dshs.texas.gov.**