

Texas Center for Nursing Workforce Studies

Department of State Health Services



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Welcome to the 2017 Home Health and Hospice Care Nurse Staffing Survey (HHHCNSS)

Purpose: The primary purpose of this survey is to assess nurse staffing and related issues in Texas home health and hospice agencies. 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 Cate Campbell by phone at [512-776-2365](tel:512-776-2365) or by email at TCNWS@dshs.texas.gov.

1. Please provide the following information about your agency.

Agency Name:

License # (for tracking purposes only):

Name of administrator:

Email address of administrator:

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

Name of person submitting survey:

Title of person submitting survey:

Email address of person submitting survey:

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

2. Please enter the total number of billable and non-billable nursing visits during 1/1/2016 - 12/31/2016 regardless of length of time of the visit or payment source. Include all visits made during the reporting period, including visits for patients already on service at the beginning of the reporting period.

3. If your agency declined any patients during 1/1/2016 - 12/31/2016 due to not having available staff to provide the necessary care, please enter the number of patients declined. Enter "0" if applicable.

4. Does your agency'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

5. Please provide the following information for all branch offices and/or alternative delivery sites whose data are included in this survey.

	Address	Name of Contact Person	Email Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Staffing

The next four questions will help us understand the current and future need for nursing personnel in the licensed and certified home health and hospice agencies in Texas. The data collected in this section will be used to calculate vacancy and turnover rates to indicate the severity of a shortage regionally and statewide.

6. Please note that you are to report FTEs (full-time equivalents) in this question. Only include regularly scheduled direct patient care staff. Enter "0" if you have no positions of a given type.

	Total number of FTEs occupied as of January 27, 2017	Total number of vacant FTEs being recruited as of January 27, 2017	Total number of vacant FTEs on hold or frozen as of January 27, 2017
Registered Nurses (RNs)			
Advanced Practice Registered Nurses (APRNs) (only include nurses practicing in an APRN role)			
Licensed Vocational Nurses (LVNs)			
Home Health or Nursing Aides (HHAs/NAs/CNAs)			

7. Please report the total number of full-time and part-time direct patient care staff employed in this agency. This is the head count of all full- and part- time workers employed in this agency. Only include regularly scheduled direct patient care staff. Do NOT include temporary staff (agency, contract, or traveling nurses) in these counts. Enter "0" if you have no employees of a given type.

	Full-time workers employed as of 1/1/2016	Full-time workers employed as of 12/31/2016	Part-time workers employed as of 1/1/2016	Part-time workers employed as of 12/31/2016
RNs				
APRNs (only include nurses practicing in an APRN role)				
LVNs				
HHAs/NAs/CNAs				

8. Please provide the total number of separations during January 1, 2016 - December 31, 2016. Only include voluntary and involuntary terminations or separations of regularly scheduled direct patient care staff. Do NOT include temporary staff (agency, contract, or traveling nurses) in these counts. Enter "0" if you have no employees of a given type. Please note that you are to report a head count in this question, not FTEs.

	Total number of separations during 1/1/2016-12/31/2016
RNs	
APRNs (only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

9. How many non-regularly scheduled nursing staff did your agency employ as of January 27, 2017? Please note that you are to report FTEs in this question. Include any temporary staff employed on an as needed basis or used as a method of interim staffing. Only include direct patient care staff. Enter "0" if none.

	Non-regularly scheduled staff FTEs employed on 1/27/2017
RNs	
APRNs (only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

10. If you could hire as many direct patient care nursing staff as needed to meet patient demand, how many additional FTEs would you hire in the next fiscal year? Enter "0" if no additional staff are needed.

	Additional FTEs
RNs	
APRNs (only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

11. Where do you currently focus your RN recruitment efforts? Select all that apply.

- Within Texas
- In states outside of Texas
- Internationally
- Other (Please specify):

12. If you focus your RN recruitment efforts outside of Texas, please describe why.

13. Which of these nursing staff recruitment and retention strategies are used by your agency? 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 time off	<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 HHAs/NAs/CNAs	<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"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>

14. In your opinion, what interventions would have the greatest impact on retention of nurses and other direct patient care staff at your agency?

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

15. Over the next 2 years, do you expect your agency to need fewer, more, or about the same number of the following types of nursing personnel? Please note, if you do not employ a certain nurse type and do not plan on hiring any please select "same."

	Fewer	Same	More
RNs licensed less than 1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with no home health or hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with home health experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs (only include nurses practicing in an APRN role)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HHAs/NAs/CNAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please specify why your agency will need fewer, more, or about the same number of each type of nursing personnel over the next 2 years. Select all that apply.

	Patient Census	Patient Acuity	Budget Concerns	Other (Please specify):
RNs licensed less than 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RNs licensed more than 1 year, with no home health or hospice experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RNs licensed more than 1 year, with home health experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RNs licensed more than 1 year, with hospice experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APRNs (only include nurses practicing in an APRN role)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LVNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HHAs/NAs/CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. Please rate your experience in the past year with recruiting these types of nursing personnel:

	Very easy to recruit	Easy to recruit	Neither easy nor difficult to recruit	Difficult to recruit	Very difficult to recruit	N/A
RNs licensed less than 1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with no home health or hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with home health experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs (only include nurses practicing in an APRN role)	<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"/>
HHAs/NAs/CNAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please describe your experience in the past year with recruiting these types of nursing personnel:

RNs licensed less than 1 year	
RNs licensed more than 1 year, with no home health or hospice experience	
RNs licensed more than 1 year, with home health experience	
RNs licensed more than 1 year, with hospice experience	
APRNs (only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

19. Please indicate the average number of days it currently takes your organization to fill direct patient 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 licensed less than 1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with no home health or hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with home health experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year, with hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs (only include nurses practicing in an APRN role)	<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"/>
HHAs/NAs/CNAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ___ Past relevant (home health or hospice) nursing experience
- ___ Past nursing experience in a setting other than home health or hospice
- ___ Bilingual
- ___ Bachelor's in nursing or higher education

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

22. What consequences has your agency 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 patient/family complaints
- Increased absenteeism
- Increased number of incident reports
- Difficulty completing required documentation on time
- Use of administrative staff to cover nursing visits
- Other (Please specify):

23. Please indicate the number of newly licensed RNs, by degree, that were hired by your organization during your organization’s last fiscal year, and the total number of RNs, by degree, employed by your organization during the last fiscal year.

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

24. Please provide the following information regarding nursing informaticists within your agency as of January 27, 2017. Enter “0” where applicable.

	Headcount as of January 27, 2017
Number of nursing informaticists employed	
Number of vacant nursing informaticist positions	

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 a newly licensed nurse that facilitates transition to practice.

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

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

Does your agency offer the following program type?	Please identify the nurses who are eligible for the transition to practice program offered by your agency.	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 26)	<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"/>		

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

27. Please identify how the transition to practice program is coordinated in your agency.

- 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.

28. 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 Home Health and Hospice Care Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, contact Cate Campbell by phone at [512-776-2365](tel:512-776-2365) or by email at TCNWS@dshs.texas.gov.