



Welcome to the 2024 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 assessing 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, March 15th, 2024.**

Survey Link: Scan the QR code to the right or visit <http://www.dshs.texas.gov/nursingworkforce/> to complete the online survey using your paper survey as a reference.



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

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

Facility Name:

TX HHS 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. Number of beds.

Please keep in mind this will be reported in aggregate only.

Number of Licensed Beds:	
Number of Staffed Beds:	

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

Staffing

The following two questions help us understand the current and future need for personnel in long term care facilities in Texas. Please provide staffing numbers for registered nurses (RNs), licensed vocational nurses (LVNs), advanced practice RNs (APRNs), Certified Nurse Aides (CNAs/NAs), Restorative Nurse Aides (RNAs), and Certified Medication Aides (CMAs). Only include staff that are employed directly by your facility. Please enter "N/A" if your facility does not employ the particular type of staff.

5. Please report FTEs (full-time equivalents) in this question.

	On 1/1/2024:				In the next fiscal year:
	Budgeted paid FTEs	Total number of occupied paid FTE positions	Contract, agency, and traveling staff FTEs employed	Per diem FTEs employed	Additional number of FTEs your organization expects to budget
RNs - Direct Resident Care					
RNs - Administrative					
LVNs - Direct Resident Care					
LVNs - Administrative					
APRNs - Direct Resident Care					
APRNs - Administrative					
Certified Nurse Aides (CNAs/ NAs)					
Medication Aides (CMAs)					
Restorative Nurse Aides (RNAs)					

6. Please report a head count in this question. Do not include agency, contract, or traveling nurses.

	Number of workers employed 1/1/23:		Number of workers employed 12/31/23:		Total number of separations (voluntary and involuntary) during 1/1/2023 - 12/31/2023
	Full-time	Part-time	Full-time	Part-time	
RNs - Direct Resident Care					
RNs - Administrative					
LVNs - Direct Resident Care					
LVNs - Administrative					
APRNs - Direct Resident Care					
APRNs - Administrative					
Certified Nurse Aides (CNAs/ NAs)					
Medication Aides (CMAs)					
Restorative Nurse Aides (RNAs)					

7. 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.

Please report a head count in this question. Do not include agency, contract, or traveling nurses.

	Number of staff employed at this facility 1 year or longer
RNs - Direct Resident Care	
RNs - Administrative	
LVNs - Direct Resident Care	
LVNs - Administrative	
APRNs - Direct Resident Care	
APRNs - Administrative	
Certified Nurse Aides (CNAs/NAs)	
Medication Aides (CMAs)	
Restorative Nurse Aides (RNAs)	

8. Please specify how many contract RN and LVN FTEs (includes agency and traveling nurses; excludes Regional Advisory Council (RAC) nurses provided by the State) your facility employed and the cost of those FTEs during the following calendar years:

	Year	Contract, agency, and traveling nurse FTEs employed	Cost
LVN	2022		
	2023		
RN	2022		
	2023		

9. Where did you focus your RN recruitment efforts over the past year? Select all that apply.

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

10. Which of these nursing staff recruitment and retention strategies does your facility use? Select all that apply.

- NONE
- Health insurance offered
- Health insurance with employer contribution
- Retirement plan offered
- Retirement plan with employer contribution
- Paid time off
- Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)
- Reimbursement for workshops/conferences
- Sign-on bonus
- Bonus for recruiting nursing staff to the organization
- Career ladder positions for RNs/LVNs/APRNs
- Career ladder positions for CNAs/CMAs
- Flexible scheduling or job sharing
- Shift differential
- Merit bonus
- Sabbatical
- Tuition (reimbursement or direct payment for employees/new hires)
- Financial assistance in receiving certifications or further education
- Payback for unused sick/vacation time
- Safety Incentives (bonus or awards given for being accident free)
- Childcare assistance
- Other (Please specify):

11. Please indicate the average number of days it currently takes your organization to fill direct resident care staff 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"/>				
LVNs	<input type="radio"/>				
APRNs	<input type="radio"/>				
CNAs/NAs	<input type="radio"/>				
CMAs	<input type="radio"/>				
RNAs	<input type="radio"/>				

12. Over the next 2 years, will your facility need fewer, more, or about the same number of the following types of staff?

	Fewer	Same	More
RNs - Direct Resident Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs - Administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs - Direct Resident Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs - Administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs - Direct Resident Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs - Administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Nurse Aides (CNAs/NAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Aides (CMAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restorative Nurse Aides (RNAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Census	Acuity	Budget Concerns	Other (Please specify):
RNs - Direct Resident Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RNs - Administrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LVNs - Direct Resident Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LVNs - Administrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APRNs - Direct Resident Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APRNs - Administrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Nurse Aides (CNAs/NAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Aides (CMAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restorative Nurse Aides (RNAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. 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		
Certified Nurse Aides (CNAs/NAs)		
Medication Aides (CMAs)		
Restorative Nurse Aides (RNAs)		

Director of Nursing Information

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

- Yes (Continue to question 16)
- No (Skip to question 21)

16. 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):

17. 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

18. About how long has the Director of Nursing worked in long term care in any capacity at any nursing facility? This should represent the total amount of time in their current position and all previous long term care positions.

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

19. In your opinion, what issues contribute to any turnover of Directors of Nursing (DONs) 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):

20. 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+

Workplace Violence

The following questions relate to your organization's practices and strategies to prevent workplace violence. For the purpose of this section, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, verbal abuse, and use of a weapon. Workplace violence can be perpetrated by anyone including patients, visitors, peers, and other healthcare providers or staff.

Please note that data from this survey is reported in aggregate and responses by individual facilities will not be reported.

****During the 88th Texas Legislative Session, Senate Bill (SB) 240 ([Texas Health and Safety Code, Title 4, Subtitle H, Chapter 331 - Workplace Violence Prevention](#)) was signed into law and requires Texas healthcare facilities to “adopt, implement, and enforce a written workplace violence prevention policy” and a “written workplace violence prevention plan.” Facilities must comply with SB 240's provisions by September 1, 2024. Each facility must establish a workplace violence prevention committee or authorize an existing facility committee to develop the workplace violence prevention plan. Facilities are defined as:**

- Home and community support services agencies that are licensed or licensed and certified to provide home health services and that employ at least two registered nurses
- Licensed hospitals and hospitals maintained or operated by a Texas state agency that are exempt from licensing
- Licensed nursing facilities that employ at least two registered nurses
- Licensed ambulatory surgical centers
- Freestanding emergency medical care facilities; and
- Licensed mental hospitals

21. Before receiving this survey, were you aware of the passing of SB 240?

- Yes
- No

22. Is your facility already meeting the requirements of SB 240?

- Yes, our facility already meets the requirements.
- No, but our facility is working on implementing the different requirements.
- No, our facility needs assistance or resources in order to implement the requirements.

23. Please select what aspects of the Texas Health and Safety Code, Title 4, Subtitle H, Chapter 331 your facility needs assistance or resources in order to implement. Select all that apply.

- No assistance or resources needed, my facility is working toward implementing these requirements.
- Workplace violence prevention committee
- Workplace violence prevention policy
- Workplace violence prevention plan - adopting a workplace violence definition
- Workplace violence prevention plan - workplace violence prevention training
- Workplace violence prevention plan - system for responding to and investigating violent incidents
- Workplace violence prevention plan - addressing physical security and safety
- Workplace violence prevention plan - soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
- Workplace violence prevention plan - allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
- Workplace violence prevention plan - adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee

24. What strategies has your facility implemented to prevent or reduce workplace violence? Select all that apply.

- Having a workplace violence definition
- Staff training
- System for responding to and investing violent incidents
- Addressing physical security and safety
- Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
- Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
- Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee
- Alarms and monitors (including panic buttons)
- Assessment of work areas for risk factors
- Screening patients for risk of violence
- Investigation of reported incidents
- Personal alarms
- Restricted access
- Restricted, reduced, or limited visitors
- Emergency response team
- Static or rounding security personnel
- Availability of escorts
- Chaperones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reduced crowding in clinical environment
- Exit strategies
- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
- Use of a flagging system to alert staff of high-risk patients based on previous incidents
- Tracking of incidents and analysis of data by role
- Use of virtual sitters
- Advanced weapons detection system
- Other (Please specify):

25. Which of the strategies implemented at your facility has been most successful in preventing workplace violence? Select only one option.

- Having a workplace violence definition
- Staff training
- System for responding to and investing violent incidents
- Addressing physical security and safety
- Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
- Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
- Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee
- Alarms and monitors (including panic buttons)
- Assessment of work areas for risk factors
- Screening patients for risk of violence
- Investigation of reported incidents
- Personal alarms
- Restricted access
- Restricted, reduced, or limited visitors
- Emergency response team
- Static or rounding security personnel
- Availability of escorts
- Chaperones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reduced crowding in clinical environment
- Exit strategies
- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
- Use of a flagging system to alert staff of high-risk patients based on previous incidents
- Tracking of incidents and analysis of data by role
- Use of virtual sitters
- Advanced weapons detection system
- Other (Please specify):

26. If your organization has a nurse staffing committee, does it consider incidents of workplace violence in developing and evaluating nurse staffing plans?

- Yes
- No
- I don't know/I am unsure
- Not applicable - My organization does not have a nurse staffing committee

27. What does your facility use to track incidents of workplace violence?

- My facility doesn't currently track incidents of workplace violence
- An incident reporting system/software
- A spreadsheet
- Other (please specify):

28. Please indicate whether your facility tracks any of the following types of violence against employees or providers. Select all that apply.

- My organization does not currently track incidents of workplace violence
- All incidents of physical assault
- Only incidents of physical assault reported to law enforcement
- Incidents of threat
- Incidents of sexual harassment
- Incidents of verbal abuse
- Use of a weapon

29. Please indicate the types of incidents employees or providers are required to report. Select all that apply.

- Workplace violence events are not required to be reported
- Physical assault from patient or visitor
- Physical assault from staff or health care provider
- Threat from patient or visitor
- Threat from staff or health care provider
- Sexual harassment from patient or visitor
- Sexual harassment from staff or health care provider
- Verbal abuse from patient or visitor
- Verbal abuse from staff or health care provider
- Use of a weapon from patient or visitor
- Use of a weapon from staff or health care provider

30. Please indicate how your facility addresses reporting of physical assaults to law enforcement.

- Reporting of physical assaults to law enforcement is encouraged.
- Reporting of physical assaults to law enforcement is required.
- Reporting of physical assaults to law enforcement is not addressed in the plan or policy.

31. Please indicate the elements of reported incidents that are evaluated. Select all that apply.

- Reported incidents are not evaluated
- Number of violent incidents reported
- Costs associated with incidents (e.g. worker's compensation)
- Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)
- Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow-up)
- Location or unit in which incidents occurred
- Time at which incidents occurred
- Characteristics of the perpetrator
- Characteristics of provider or employee(s) involved in incident(s) (degree, years of experience, etc)
- Procedures being conducted at time of incidents
- Staffing levels at time of incidents
- Whether victims completed workplace violence prevention training prior to incidents
- Involvement of security personnel or law enforcement in incidents
- The number of providers or employees who leave because of a workplace violence incident
- Other (please specify):

32. In the past year, how has your organization's experience of workplace violence changed?

	Increased	Decreased	Stayed the same
Incidents:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incident Reporting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Is follow-up support, such as counseling, made available to providers or employees at your facility who are subjected to workplace violence? Yes

- Yes
- No [Skip to question 35]
- I don't know/I am unsure [Skip to question 35]

34. If you answered "Yes" to question 33, please select the types of support made available. Select all that apply.

- Peer support - qualified trained peers
- Counseling through Employee Assistance Program
- Critical Incident Stress Management Intervention
- Other (please specify):

35. Please fill out the table below regarding the types of workplace violence prevention training your facility requires at the time of this survey.

	Frequency of required training	Competency Evaluation
Workplace violence awareness training	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on proper techniques for de-escalation	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on specific evasion techniques	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on proper patient containment measures	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on identifying characteristics associated with aggressive and violent behavior	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on Trauma Informed Care	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Other (Please specify):	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed

36. Please use the space below to make any comments related to workplace violence.

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 2024 Long Term Care Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, contact the Texas Center for Nursing Workforce Studies by email at TCNWS@dshs.texas.gov.