

Appendix A

HNSS Taskforce Membership

Chair:

- Elizabeth Sjoberg, JD, RN – Taskforce Chair, Associate General Counsel, Texas Hospital Association and representing TCNWS Advisory Committee

Members:

- Gail Acuna, RN, MA – Director of Academy of Clinical Excellence, St. David's Healthcare Institute for Learning, representing TCNWS Advisory Committee and Central Texas
- Pamela Bradshaw, RN, MSN, MBA, NEA-BC, CCRN – Chief Nursing Officer, Shannon Medical Center, representing West Texas
- Caryn Iverson, PhD, RN, MSN – Chief Nursing Officer, Las Palmas Medical Center, representing West Texas
- David Marshall, JD, DNP, RN, CENP, NEA-BC – Chief Nursing & Patient Care Services Officer, University of Texas Medical Branch, representing TCNWS Advisory Committee and the Gulf Coast
- Cindy Stout, DNP, RN, NEA-BC – Chief Nursing Officer, Del Sol Medical Center, representing West Texas
- Remy Tolentino, MSN, RN, NEA-BC – Vice President Nursing Workforce and Leadership Development Baylor Scott & White Health, representing the TCNWS Advisory Committee and North Texas
- Sally Harper Williams- Workforce Center Director, DFWHC Foundation, representing TCNWS Advisory Committee and North Texas

**Hospital Nurse Staffing Survey
(HNSS)
Survey Instrument**



Texas Center for Nursing Workforce Studies

Department of State Health Services



P.O. Box 149347 • Austin, TX 78714-9347 • Phone: 512-776-2365 • www.dshs.state.tx.us/chs/cnws

Welcome to the 2016 Hospital Nurse Staffing Survey (HNSS)

Purpose: The primary purpose of this survey is to assess the size and effects of the nursing shortage in Texas Hospitals. 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: The survey deadline has been extended to **June 3rd**.

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

Please note that question numbers may not directly correspond with numbering on the online version of this survey.

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.state.tx.us.

For the purpose of this survey, please include data for all hospital services except clinics.

1. Please provide the following information for your individual hospital (NOT hospital system).

Hospital Name:

State License #:

Physical Address:

Mailing Address (if different from above):

City, County, State, Zip Code:

Contact Person:

Contact Title:

Contact Email:

Contact Phone Number:

CNO Name (if different from Contact Person):

CNO Email:

2. Number of beds

Number of Licensed Beds:	<input type="text"/>
Number of Staffed Beds:	<input type="text"/>

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For assistance, contact the TCNWS at 512-776-2365 or by email at TCNWS@dshs.state.tx.us.



3. Please indicate which of the following designations apply to your hospital. Select all that apply.

- Teaching hospital (As verified by the Council on Teaching Hospitals)
- Magnet hospital
- Pathway to Excellence organization (As designate by the American Nurses Credentialing Center)
- Designated trauma center
- Rural hospital

4. What level trauma center corresponds to your hospital?

- Level 1 Trauma Center
- Level 2 Trauma Center
- Level 3 Trauma Center
- Level 4 Trauma Center
- N/A

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

6. Does your hospital's board have any RN members?

- Yes
- No
- N/A

7. Does that RN board member have full voting privileges?

- Yes
- No
- N/A

Staffing

8. Please indicate the type of change, if any, in the number of budgeted direct patient care RN FTEs on staff in the past two years.

- Increased (Continue to question 9)
- Decreased (Skip to question 10)
- No change (Skip to question 11)

9. What are the reasons your organization has increased budgeted direct patient care RN FTEs on staff in the past two years? Select all that apply and then skip to question 11.

- Patient volume
- Patient acuity
- Decrease in nurse/patient levels
- Addition of new beds
- Addition of new units and services
- Transforming LVN positions to RN positions
- Implementation of electronic medical records
- Staffing committee request/recommendation
- Other (Please specify):

10. What are the reasons your organization has reduced budgeted direct patient care RN FTEs on staff in the past two years? Select all that apply.

- Patient volume
- Patient acuity
- Closing or reducing size of units or departments
- Enhanced efficiency through work redesign
- Change in delivery model
- Net revenue concerns
- Ability to accomplish some "RN tasks" with nurse aides and LVNs
- Inability to fill existing RN positions
- Other (Please specify):

11. Please indicate the average number of days it currently takes your organization to fill direct patient care RN positions in the following specialty areas (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
Adult Medical/Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Medical/Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Intensive Care/Critical Care (include ICU, CCU, SICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Intensive Care/Critical Care (includes ICU, CCU, SICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics/Gynecology/Labor & Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Room/Recovery Care (including outpatient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psych/Mental Health/Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Direct Patient Care RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

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

14. Which of these nurse staffing recruitment strategies are used by your hospital? 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/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"/>

15. Which of these nurse staffing retention strategies are used by your hospital? 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"/>
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/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"/>

16. 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 nurse managers/administrators to cover nursing duties
- Other (Please specify): _____



17. 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 (hospital or specialty) nursing experience
- ___ Past nursing experience in a non-hospital setting
- ___ Bilingual
- ___ Bachelor's in nursing or higher education

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

19. In your opinion, how important is a bachelor's in nursing education for RN staff at your agency?

- Unimportant
- Of little importance
- Moderately important
- Important
- Very Important

20. Please provide the following information regarding nursing informaticists within your hospital during the week of January 18 – January 24, 2016. Enter "0" as applicable.

Number of nursing informaticists employed during the week of January 18-January 24, 2016	
Number of vacant nursing informaticists positions during the week of January 18-January 24, 2016	

In questions 21-25, please provide staffing numbers for all RNs, just first-year RNs, LVNs, and NAs. Staffing questions about APRNs start on Question 26.

21. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

	Total number of FTE positions occupied during the week of 01/18/2016 -01/24/2016	Total number of vacant FTEs being recruited during the week of 01/18/2016 -01/24/2016	Total number of vacant FTEs on hold/frozen during the week of 01/18/2016 -01/24/2016	Additional number of FTEs your organization expects to budget next fiscal year
All Registered Nurses (RNs)				
First-year RNs				
Licensed Vocational Nurses (LVNs)				
Nurse Aides (NAs)				

22. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report a head count in this question.

	Number of full-time workers employed 01/01/15	Number of full-time workers employed 12/31/15	Number of part-time workers employed 01/01/15	Number of part-time workers employed 12/31/15	Number of per diem workers employed 01/01/15	Number of per diem workers employed 12/31/15
All Registered Nurses (RNs)						
First-year RNs						
Licensed Vocational Nurses (LVNs)						
Nurse Aides (NAs)						



23. Please provide the number of nurses employed during the week of 01/18/2016-01/24/2016 by age category.

	<25 years old	25-29 years old	30-39 years old	40-49 years old	50-61 years old	62 and older
Registered Nurses (RNs)						

24. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report a head count in this question.

	Total number of separations during 01/01/2015 - 12/31/2015
All Registered Nurses (RNs)	
First-year RNs	
Licensed Vocational Nurses (LVNs)	
Nurse Aides (NAs)	

25. ONLY include direct patient care staff. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

	Contract, agency, and traveling staff FTEs employed during 01/18/2016 -01/24/2016
All Registered Nurses (RNs)	
Licensed Vocational Nurses (LVNs)	
Nurse Aides (NAs)	

26. Please indicate whether your hospital directly employs the following APRN types or whether the hospital contracts APRN services through another entity.

	My hospital directly employs this type of APRN.	My hospital contracts this APRN service through another entity.	I am unsure whether my hospital directly employs or contracts this type of APRN.	My hospital does not employ this type of APRN.
Nurse Practitioners (NP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Specialists (CNS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Registered Nurse Anesthetists (CRNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Nurse Midwives (CNM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 27-29 only pertain to hospitals that directly employ APRNs. If your hospital contracts APRNs, please proceed to question 30. If you are unsure whether your hospital employs or contracts APRNs or your hospital does not employ APRNs, please proceed to question 31.

27. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

	Total number of FTE positions occupied during the week of 01/18/2016 -01/24/2016	Total number of vacant FTEs being recruited during the week of 01/18/2016 -01/24/2016	Total number of vacant FTEs on hold/frozen during the week of 01/18/2016 -01/24/2016	Additional number of FTEs your organization expects to budget next fiscal year
Nurse Practitioners (NP)				
Clinical Nurse Specialists (CNS)				
Certified Registered Nurse Anesthetists (CRNA)				
Certified Nurse Midwives (CNM)				



28. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report a head count in this question.

	Number of full-time workers employed 01/01/15	Number of full-time workers employed 12/31/15	Number of part-time workers employed 01/01/15	Number of part-time workers employed 12/31/15	Number of per diem workers employed 01/01/15	Number of per diem workers employed 12/31/15
NP						
CNS						
CRNA						
CNM						

29. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report a head count in this question.

	Total number of separations during 01/01/2015 - 12/31/2015
NP	
CNS	
CRNA	
CNM	

30. ONLY include direct patient care staff. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

	Contract, agency, and traveling staff FTEs employed during 01/18/2016 -01/24/2016
NP	
CNS	
CRNA	
CNM	

Methods and Costs of Interim Staffing

31. Please indicate the methods of interim staffing employed in your hospital. Select all that apply.

- Voluntary overtime
- In-house staffing pool
- Contract/traveling nurses
- Per diem nurses
- Temporary staffing agencies
- Use of managerial staff
- Other interim staffing methods (Please specify):

32. Please indicate the hours and costs of interim staffing methods used in your hospital from 1/1/2015 through 12/31/2015 for all direct patient care licensed nursing staff. This information can be obtained from your organization's Chief Financial Officer.

	Hours	Cost
Voluntary overtime		
In-house staffing pool		
Contract/traveling nurses		
Per diem nurses		
Temporary staffing agencies		
Use of managerial staff		
Other interim staffing methods		



Hiring of Newly Licensed RN Graduates

33. How has the current economic climate affected your nurse staffing and hiring practices in regard to newly licensed RNs? Please indicate no effect if appropriate.

34. Please indicate the number of newly licensed RNs, by degree, that were hired by your organization during your organization's last fiscal year.

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

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

	Please select all of the types of transition to practice programs used by your hospital.	Please indicate whether your transition to practice program is an employment or non-employment model.		Length of program in <u>weeks</u>	Number of new nursing graduates that participated in program during last fiscal year
		Employment Model	Non-employment Model		
Residency/Internship/Fellowship	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>		
Orientation for new nursing graduates	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>		
Mentoring or Preceptor Program	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>		
Other (Please specify):	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>		

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Increased number of new graduates applying for RN positions in your organization. <input type="checkbox"/> Decreased turnover of newly licensed RNs in the first year of employment. <input type="checkbox"/> Improved clinical decision making abilities among first year nurses. <input type="checkbox"/> Improved clinical competence in patient care among first year nurses. | <ul style="list-style-type: none"> <input type="checkbox"/> Improved communication skills among first year nurses with physicians, other health professionals, staff, patients, and families. <input type="checkbox"/> Improved organization and prioritizing skills in clinical practice among first year nurses. <input type="checkbox"/> Improved ability to incorporate research-based evidence in clinical practice among first year nurses. <input type="checkbox"/> 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 2016 Hospital Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, contact Cate Campbell by phone at 512-776-2365 or by email at TCNWS@dshs.state.tx.us.



**Hospital Nurse Staffing Survey
(HNSS)
Operational Definitions**



2016 Hospital Nurse Staffing Study Operational Definitions

Adult Intensive Care/Critical Care (ICU) – a hospital work area that provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians’ orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. Includes mixed intensive care units. **Source:** “Section C, pg. 6.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Adult Medical/Surgical – a hospital work area that provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and non-surgical, on the basis of physicians’ orders and approved nursing care plans. **Source:** TCNWS modified version of “General medical and surgical” found in “Section B, pg. 4” and “General medical-surgical care” found in “Section C, pg. 6.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Certified Nurse Midwives (CNMs) – an RN educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives. **Source:** Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives. 23 Jan. 2014. <http://www.midwife.org/Our-Scope-of-Practice>

Certified Registered Nurse Anesthetists (CRNAs) - an RN who possesses a baccalaureate degree and a minimum of one year of critical care experience, through a graduate or post-graduate nurse anesthesia education program, has passed a national certification examination, and provides anesthesia and anesthesia-related care. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/nursing-service-care-delivery-workforce.html>

Clinical Nurse Specialists (CNS) - an RN who through a formal post-basic education program has developed expertise within a specialty area of nursing practice. In addition to the delivery of direct patient/client care, the role may include consultative, educational, research, and/or administrative components. Certification and/or state recognition may be required for practice as a CNS. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/nursing-service-care-delivery-workforce.html>

Contract/Traveling nurses - nurses who provide their services to an organization on a short-term or periodic basis. They include temporary staff, independent contractors, and seasonal hires. **Source:** Committee on the Work Environment for Nurses and Patient Safety, Board on Health Care Services. (2004). *Keeping patients safe: transforming the work environment of nurses*. Washington, DC: National Academies Press, p. 74.



2016 Hospital Nurse Staffing Study Operational Definitions

Emergency Department – hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care. [They provide health services] after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient’s health in serious jeopardy. **Source:** TCNWS modified version of “Emergency services” and “Emergency department” found in “Section C, pg. 8.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Experienced RNs - an RN who has one or more years of nursing experience involving direct patient care.

Full-time - a nurse who works a full work week and full work year, as defined by the employer. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/employment-terminology.html>

Full-time Equivalents (FTEs) - the equivalent of one (1) full-time employee working for one year or a staff position budgeted for 2,080 hours per year. This is generally calculated as 40 hours per week for 52 weeks (or other variations such as 80 hours in a 14 day time frame), for a total of 2,080 paid hours per year. This includes both productive and non-productive (vacation, sick, holiday, education, etc.) time. Two employees each working 20 hours per week for one year would be the same as one FTE. **Sources:** Finkler, S. (2001). *Budgeting Concepts for Nurse Managers*. 3rd Ed. Philadelphia: W.B. Saunders, p. 394 and *Hospital Report Care Act, Draft Rules*, August 30, 2004. Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/employment-terminology.html>

In-house staffing pool – also known as a “float pool”; a group of budgeted FTE RNs on hospital staff who are not permanently assigned to one hospital department or unit; instead they are assigned on an “as needed” basis to units throughout the hospital to provide direct patient care. This staffing arrangement can be used to cover unfilled budgeted nursing positions, the absence of permanent staff, or increased workload.

Licensed Beds - the total number of beds authorized by the state licensing (certifying) agency. **Source:** “Section D, pg. 16” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Licensed Vocational Nurses (LVNs) - an individual who holds a current license to practice as a practical or vocational nurse in at least one jurisdiction of the United States. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/regulatory-terminology.html>



2016 Hospital Nurse Staffing Study Operational Definitions

Magnet Hospital – a hospital that has been awarded this status by the American Nurses Credentialing Center based on successfully meeting specified standards that show the hospital’s ability to attract and retain top talent, improve patient care, safety, and satisfaction, foster a collaborative culture, advance nursing standards and practice, and grow business and financial success. **Source:** American Nurses Credentialing Center (ANCC). <http://www.nursecredentialing.org/Magnet/ProgramOverview>

Mentoring or Preceptor Program - A formal, one-on-one teaching-learning relationship of predetermined length between a competent preceptor or mentor and a new nurse graduate that facilitates transition to practice. **Source:** National Council of State Boards of Nursing. https://www.ncsbn.org/Final_08_reg_model.pdf

Neonatal Intensive Care Unit (NICU) – a hospital unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU. **Source:** “Section C, pg. 6.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Newly Licensed RNs - an RN who has been licensed for less than one year.

Nurse Aides (NAs) - individuals who assist nursing staff in the provision of basic care to clients and who work under the supervision of licensed nursing personnel. Included in, but not limited to, this category are nurse aides, nursing assistants, orderlies, attendants, personal care aides, medication technicians, unlicensed assistive personnel and home health aides. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/regulatory-terminology.html>

Nursing Informaticist - a registered nurse who integrates nursing science, computer science, and information science in identifying, collecting, processing, and managing data and information to support nursing practice, administration, education, research, and the expansion of nursing knowledge.

Nurse Practitioners (NPs) - an RN prepared in a formal, post-basic nurse practitioner program, who functions in an independent primary health care provider role addressing the full range of patient's/client's health problems and needs within an area of specialization. Certification and/or state recognition may be required for practice as an NP. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/nursing-service-care-delivery-workforce.html>

Overtime - the additional hours worked beyond a nurse’s regularly scheduled hours for which your organization compensates at an overtime rate.



2016 Hospital Nurse Staffing Study Operational Definitions

Obstetrics/Gynecology/Labor & Delivery – a hospital work area that provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs. **Source:** “Section B, pg. 4.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014. <http://www.dshs.state.tx.us/chs/hosp/>

Operating/Recovery Care - a unit/room of a hospital in which surgical procedures requiring anesthesia are performed on patients who do or do not remain in the hospital overnight. The surgery may be performed in operating suites or specially designated surgical suites for outpatient surgery. After the surgical procedure is completed, the patient is moved to the post-anesthesia recovery unit, where their status is monitored and documented until their healthcare provider makes the decision to discharge them.

Source: TCNWS modified version of “Outpatient surgery” found in “Section C, pg. 12,” “Operating room” found in “Section D, pg. 18.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/> and “Postanesthesia Care Standards for the Certified Registered Nurse Anesthetist.” American Association of Nurse Anesthetists. 21 Jan. 2014 <<http://www.aana.com/resources2/professionalpractice/Documents/PPM%20PACU%20Standards.pdf>>

Orientation - The process of introducing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting. **Source:** National Council of State Boards of Nursing. https://www.ncsbn.org/Final_08_reg_model.pdf

Pathway to Excellence® - the American Nurses Credentialing Center (ANCC) designates a Pathway to Excellence organization based on the confirmed presence of a set of characteristics known as “The Pathway to Excellence Criteria” in the facility. Foundational quality initiatives in creating a positive work environment, as defined by nurses and supported by research, are documented by way of a thorough review process. These criteria are integrated into operating policies, procedures, and management practices and are paramount to a positive nursing practice environment that impacts nurse job satisfaction and retention. **Source:** American Nurses Credentialing Center (ANCC). <http://nursecredentialing.org/Pathway.aspx>

Part-time - a nurse who works less than full-time, as defined by the employer. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/employment-terminology.html>

Pediatric Critical Care – a hospital work area that provides care to pediatric patients that are of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. **Source:**



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“Section C, pg. 6.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Pediatric Medical/Surgical - a hospital work area that provides diagnostic and therapeutic services to pediatric patients for a variety of medical conditions, both surgical and non-surgical, on the basis of physicians’ orders and approved nursing care plans. **Source:** TCNWS modified version of “General medical and surgical” found in “Section B, pg. 4” and “Pediatric medical-surgical care” found in “Section C, pg. 6.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Per diem - an arrangement wherein a nurse is employed directly on an as-needed basis and usually has no benefits. Per diem nurses may be unit based. **Source:** The Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset. http://www.nursingworkforcecenters.org/resources/files/Nurse_Demand_Dataset.pdf

Psychiatric/Mental Health - a hospital work area that provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians’ orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons. **Source:** “Section C, pg. 6.” 2012 Annual Survey of Hospitals. Texas Department of State Health Services. 21 Jan. 2014 <http://www.dshs.state.tx.us/chs/hosp/>

Registered Nurses (RNs) - an individual who holds a current license to practice within the scope of professional nursing in at least one jurisdiction of the United States. Includes diploma RNs, ADNs, and BSNs. **Source:** Interagency Collaborative on Nursing Statistics (ICONS). <http://www.iconsdata.org/regulatory-terminology.html>

Residency - A series of learning sessions and work experiences that occurs continuously over a 12-month period and that is designed to assist new employees as they transition to their first professional nursing role. Intended for direct care roles in the acute care hospital setting. **Source:** Commission on Collegiate Nursing Education. <http://www.aacn.nche.edu/ccne-accreditation/resstandards08.pdf>

Rural hospital – a hospital that meets at least one of the following criteria: has 100 or fewer beds, 4000 or fewer admissions, or is located outside a Metropolitan Statistical Area. **Source:** American Hospital Association. <http://www.aha.org/advocacy-issues/rural/index.shtml>

Separations - the number of people (head count) who left your organization in the specified time frame. Include voluntary and involuntary terminations or separations. Do NOT count per diem workers, contract/temporary labor, students in training, travelers, or separations due to illness or death in the termination or separation numbers. Do not include within-organization transfers. **Source:** The Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.



Texas County and HNSS Region Designations

Texas County Designation – Metropolitan

This study designates each of the 254 Texas counties as “Metropolitan” or “Non-metropolitan.”

Metropolitan statistical areas are defined by the United States Office of Management and Budget (OMB) according to published standards applied to 2000 Census Bureau data. Conceptually, a metropolitan statistical area is a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core.

Each metropolitan statistical area must have at least one urbanized area of 50,000 or more inhabitants.

The Metropolitan and Non-metropolitan Statistical Area Standards do not equate to an urban-rural classification; all counties included in Metropolitan and Non-metropolitan Statistical Areas and many other counties contain both urban and rural territory and populations.

Texas has 77 Metropolitan and 177 Non-Metropolitan counties based on this designation.

Texas County Designation – Border

This study uses the Border/Non-border designation for Texas counties defined by the “La Paz Agreement,” which states that the border region is 100 kilometers north and south of the U.S. – Mexico border.

This border designation includes 32 Texas counties:

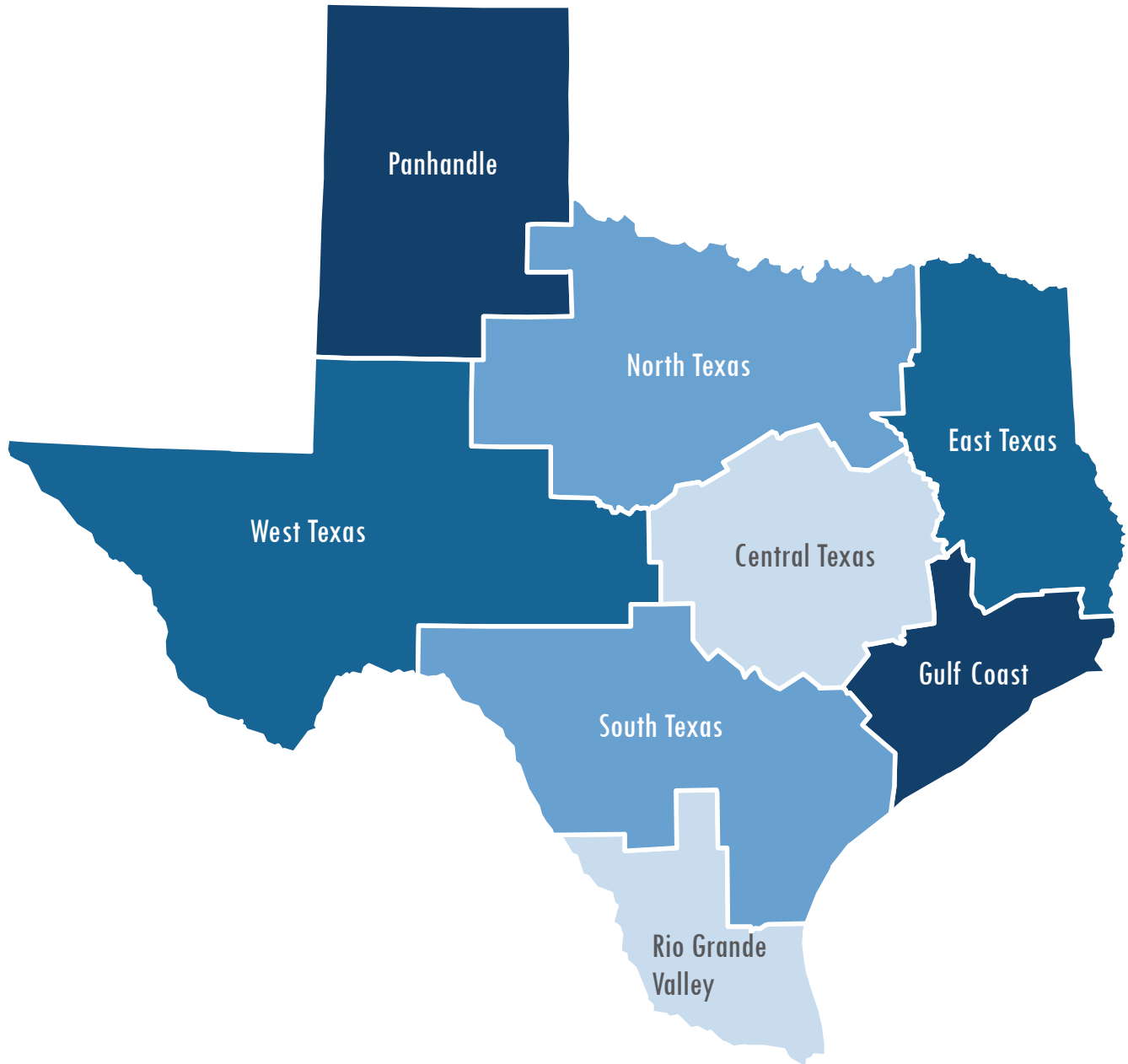
Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

The remaining 222 counties are Non-Border.

Four of the 32 border counties are designated as Metropolitan.



HNSS Region Map



2016 Texas Counties, Alphabetical Order

County Name	HNSS Region	Metropolitan Status	Border Status
Anderson	East Texas	Non-Metro	Non-Border
Andrews	West Texas	Non-Metro	Non-Border
Angelina	East Texas	Non-Metro	Non-Border
Aranas	Rio Grande Valley	Metro	Non-Border
Archer	North Texas	Metro	Non-Border
Armstrong	Panhandle	Metro	Non-Border
Atascosa	South Texas	Metro	Non-Border
Austin	Gulf Coast	Metro	Non-Border
Bailey	Panhandle	Non-Metro	Non-Border
Bandera	South Texas	Metro	Non-Border
Bastrop	Central Texas	Metro	Non-Border
Baylor	North Texas	Non-Metro	Non-Border
Bee	Rio Grande Valley	Non-Metro	Non-Border
Bell	Central Texas	Metro	Non-Border
Bexar	South Texas	Metro	Non-Border
Blanco	Central Texas	Non-Metro	Non-Border
Borden	West Texas	Non-Metro	Non-Border
Bosque	Central Texas	Non-Metro	Non-Border
Bowie	East Texas	Metro	Non-Border
Brazoria	Gulf Coast	Metro	Non-Border
Brazos	Central Texas	Metro	Non-Border
Brewster	West Texas	Non-Metro	Border
Briscoe	Panhandle	Non-Metro	Non-Border
Brooks	Rio Grande Valley	Non-Metro	Border
Brown	North Texas	Non-Metro	Non-Border
Burleson	Central Texas	Metro	Non-Border
Burnet	Central Texas	Non-Metro	Non-Border
Caldwell	Central Texas	Metro	Non-Border
Calhoun	South Texas	Metro	Non-Border
Callahan	North Texas	Metro	Non-Border
Cameron	Rio Grande Valley	Metro	Border
Camp	East Texas	Non-Metro	Non-Border
Carson	Panhandle	Metro	Non-Border
Cass	East Texas	Non-Metro	Non-Border
Castro	Panhandle	Non-Metro	Non-Border
Chambers	Gulf Coast	Metro	Non-Border
Cherokee	East Texas	Non-Metro	Non-Border
Childress	Panhandle	Non-Metro	Non-Border
Clay	North Texas	Metro	Non-Border
Cochran	Panhandle	Non-Metro	Non-Border
Coke	West Texas	Non-Metro	Non-Border
Coleman	North Texas	Non-Metro	Non-Border
Collin	North Texas	Metro	Non-Border
Collingsworth	Panhandle	Non-Metro	Non-Border
Colorado	Gulf Coast	Non-Metro	Non-Border
Comal	South Texas	Metro	Non-Border
Comanche	North Texas	Non-Metro	Non-Border

County Name	HNSS Region	Metropolitan Status	Border Status
Concho	West Texas	Non-Metro	Non-Border
Cooke	North Texas	Non-Metro	Non-Border
Coryell	Central Texas	Metro	Non-Border
Cottle	North Texas	Non-Metro	Non-Border
Crane	West Texas	Non-Metro	Non-Border
Crockett	West Texas	Non-Metro	Border
Crosby	Panhandle	Metro Non-	Border
Culberson	West Texas	Non-Metro	Border
Dallam	Panhandle	Non-Metro	Non-Border
Dallas	North Texas	Metro	Non-Border
Dawson	West Texas	Non-Metro	Non-Border
Deaf Smith	Panhandle	Non-Metro	Non-Border
Delta	East Texas	Metro	Non-Border
Denton	North Texas	Metro	Non-Border
DeWitt	South Texas	Non-Metro	Non-Border
Dickens	Panhandle	Non-Metro	Non-Border
Dimmit	South Texas	Non-Metro	Border
Donley	Panhandle	Non-Metro	Non-Border
Duval	Rio Grande Valley	Non-Metro	Border
Eastland	North Texas	Non-Metro	Non-Border
Ector	West Texas	Metro	Non-Border
Edwards	South Texas	Non-Metro	Border
Ellis	North Texas	Metro	Non-Border
El Paso	West Texas	Metro	Border
Erath	North Texas	Non-Metro	Non-Border
Falls	Central Texas	Non-Metro	Non-Border
Fannin	North Texas	Non-Metro	Non-Border
Fayette	Central Texas	Non-Metro	Non-Border
Fisher	North Texas	Non-Metro	Non-Border
Floyd	Panhandle	Non-Metro	Non-Border
Foard	North Texas	Non-Metro	Non-Border
Fort Bend	Gulf Coast	Metro	Non-Border
Franklin	East Texas	Non-Metro	Non-Border
Freestone	Central Texas	Non-Metro	Non-Border
Frio	South Texas	Non-Metro	Border
Gaines	West Texas	Non-Metro	Non-Border
Galveston	Gulf Coast	Metro	Non-Border
Garza	Panhandle	Non-Metro	Non-Border
Gillespie	South Texas	Non-Metro	Non-Border
Glasscock	West Texas	Non-Metro	Non-Border
Goliad	South Texas	Metro	Non-Border
Gonzales	South Texas	Non-Metro	Non-Border
Gray	Panhandle	Non-Metro	Non-Border
Grayson	North Texas	Metro	Non-Border
Gregg	East Texas	Metro	Non-Border
Grimes	Central Texas	Non-Metro	Non-Border
Guadalupe	South Texas	Metro	Non-Border



County Name	HNSR Region	Metropolitan Status	Border Status
Hale	Panhandle	Non-Metro	Non-Border
Hall	Panhandle	Non-Metro	Non-Border
Hamilton	Central Texas	Non-Metro	Non-Border
Hansford	Panhandle	Non-Metro	Non-Border
Hardeman	North Texas	Non-Metro	Non-Border
Hardin	Gulf Coast	Metro	Non-Border
Harris	Gulf Coast	Metro	Non-Border
Harrison	East Texas	Non-Metro	Non-Border
Hartley	Panhandle	Non-Metro	Non-Border
Haskell	North Texas	Non-Metro	Non-Border
Hays	Central Texas	Metro	Non-Border
Hemphill	Panhandle	Non-Metro	Non-Border
Henderson	East Texas	Non-Metro	Non-Border
Hidalgo	Rio Grande Valley	Metro	Border
Hill	Central Texas	Non-Metro	Non-Border
Hockley	Panhandle	Non-Metro	Non-Border
Hood	North Texas	Non-Metro	Non-Border
Hopkins	East Texas	Non-Metro	Non-Border
Houston	East Texas	Non-Metro	Non-Border
Howard	West Texas	Non-Metro	Non-Border
Hudspeth	West Texas	Non-Metro	Non-Metro
Hunt	North Texas	Metro	Non-Border
Hutchinson	Panhandle	Non-Metro	Non-Border
Irion	West Texas	Metro	Non-Border
Jack	North Texas	Non-Metro	Non-Border
Jackson	South Texas	Non-Metro	Non-Border
Jasper	East Texas	Non-Metro	Non-Border
Jeff Davis	West Texas	Non-Metro	Border
Jefferson	Gulf Coast	Metro	Non-Border
Jim Hogg	Rio Grande Valley	Non-Metro	Border
Jim Wells	Rio Grande Valley	Valley	Non-Metro
Johnson	North Texas	Metro	Non-Border
Jones	North Texas	Metro	Non-Border
Karnes	South Texas	Non-Metro	Non-Border
Kaufman	North Texas	Metro	Non-Border
Kendall	South Texas	Metro	Non-Border
Kenedy	Rio Grande Valley	Non-Metro	Border
Kent	North Texas	Non-Metro	Non-Border
Kerr	South Texas	Non-Metro	Non-Border
Kimble	West Texas	Non-Metro	Non-Border
King	Panhandle	Non-Metro	Non-Border
Kinney	South Texas	Non-Metro	Border
Kleberg	Rio Grande Valley	Non-Metro	Non-Border
Knox	North Texas	Non-Metro	Non-Border
Lamar	East Texas	Non-Metro	Non-Border
Lamb	Panhandle	Non-Metro	Non-Border
Lampasas	Central Texas	Metro	Non-Border
La Salle	South Texas	Non-Metro	Border

County Name	HNSR Region	Metropolitan Status	Border Status
Lavaca	South Texas	Non-Metro	Non-Border
Lee	Central Texas	Non-Metro	Non-Border
Leon	Central Texas	Non-Metro	Non-Border
Liberty	Gulf Coast	Metro	Non-Border
Limestone	Central Texas	Non-Metro	Non-Border
Lipscomb	Panhandle	Non-Metro	Non-Border
Live Oak	Rio Grande Valley	Non-Metro	Non-Border
Llano	Central Texas	Non-Metro	Non-Border
Loving	West Texas	Non-Metro	Non-Border
Lubbock	Panhandle	Metro	Non-Border
Lynn	Panhandle	Non-Metro	Non-Border
McCulloch	West Texas	Non-Metro	Non-Border
McLennan	Central Texas	Metro	Non-Border
McMullen	Rio Grande Valley	Non-Metro	Border
Madison	Central Texas	Non-Metro	Non-Border
Marion	East Texas	Non-Metro	Non-Border
Martin	West Texas	Non-Metro	Non-Border
Mason	West Texas	Non-Metro	Non-Border
Matagorda	Gulf Coast	Non-Metro	Non-Border
Maverick	South Texas	Non-Metro	Border
Medina	South Texas	Metro	Non-Border
Menard	West Texas	Non-Metro	Non-Border
Midland	West Texas	Metro	Non-Border
Milam	Central Texas	Non-Metro	Non-Border
Mills	Central Texas	Non-Metro	Non-Border
Mitchell	North Texas	Non-Metro	Non-Border
Montague	North Texas	Non-Metro	Non-Border
Montgomery	Gulf Coast	Metro	Non-Border
Moore	Panhandle	Non-Metro	Non-Border
Morris	East Texas	Non-Metro	Non-Border
Motley	Panhandle	Non-Metro	Non-Border
Nacogdoches	East Texas	Non-Metro	Non-Border
Navarro	North Texas	Non-Metro	Non-Border
Newton	East Texas	Non-Metro	Non-Border
Nolan	North Texas	Non-Metro	Non-Border
Nueces	Rio Grande Valley	Metro	Non-Border
Ochiltree	Panhandle	Non-Metro	Non-Border
Oldham	Panhandle	Non-Metro	Non-Border
Orange	Gulf Coast	Metro	Non-Border
Palo Pinto	North Texas	Non-Metro	Non-Border
Panola	East Texas	Non-Metro	Non-Border
Parker	North Texas	Metro	Non-Border
Parmer	Panhandle	Non-Metro	Non-Border
Pecos	West Texas	Non-Metro	Border
Polk	East Texas	Non-Metro	Non-Border
Potter	Panhandle	Metro	Non-Border
Presidio	West Texas	Non-Metro	Border
Rains	East Texas	Non-Metro	Non-Border



County Name	HHHCNSS Region	Metropolitan Status	Border Status
Randall	Panhandle	Metro	Non-Border
Reagan	West Texas	Non-Metro	Non-Border
Real	South Texas	Non-Metro	Border
Red River	East Texas	Non-Metro	Non-Border
Reeves	West Texas	Non-Metro	Border
Refugio	Rio Grande Valley	Non-Metro	Non-Border
Roberts	Panhandle	Non-Metro	Non-Border
Robertson	Central Texas	Metro	Non-Border
Rockwall	North Texas	Metro	Non-Border
Runnels	North Texas	Non-Metro	Non-Border
Rusk	East Texas	Metro	Non-Border
Sabine	East Texas	Non-Metro	Non-Border
San Augustine	East Texas	Non-Metro	Non-Border
San Jacinto	East Texas	Metro	Non-Border
San Patricio	Rio Grande Valley	Metro	Non-Border
San Saba	Central Texas	Non-Metro	Non-Border
Schleicher	West Texas	Non-Metro	Non-Border
Scurry	North Texas	Non-Metro	Non-Border
Shackelford	North Texas	Non-Metro	Non-Border
Shelby	East Texas	Non-Metro	Non-Border
Sherman	Panhandle	Non-Metro	Non-Border
Smith	East Texas	Metro	Non-Border
Somervell	North Texas	Non-Metro	Non-Border
Starr	Rio Grande Valley	Non-Metro	Border
Stephens	North Texas	Non-Metro	Non-Border
Sterling	West Texas	Non-Metro	Non-Border
Stonewall	North Texas	Non-Metro	Non-Border
Sutton	West Texas	Non-Metro	Border
Swisher	Panhandle	Non-Metro	Non-Border
Tarrant	North Texas	Metro	Non-Border
Taylor	North Texas	Metro	Non-Border
Terrell	West Texas	Non-Metro	Border
Terry	Panhandle	Non-Metro	Non-Border
Throckmorton	North Texas	Non-Metro	Non-Border
Titus	East Texas	Non-Metro	Non-Border
Tom Green	West Texas	Metro	Non-Border
Travis	Central Texas	Metro	Non-Border
Trinity	East Texas	Non-Metro	Non-Border
Tyler	East Texas	Non-Metro	Non-Border
Upshur	East Texas	Metro	Non-Border
Upton	West Texas	Non-Metro	Non-Border
Uvalde	South Texas	Non-Metro	Border
Wilbarger	North Texas	Non-Metro	Non-Border
Willacy	Rio Grande Valley	Non-Metro	Border
Williamson	Central Texas	Metro	Non-Border
Wilson	South Texas	Metro	Non-Border
Winkler	West Texas	Non-Metro	Non-Border
Wise	North Texas	Metro	Non-Border

County Name	HHHCNSS Region	Metropolitan Status	Border Status
Wood	East Texas	Non-Metro	Non-Border
Yoakum	Panhandle	Non-Metro	Non-Border
Young	North Texas	Non-Metro	Non-Border
Zapata	Rio Grande Valley	Non-Metro	Border
Zavala	South Texas	Non-Metro	Border

