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
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 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).

<table>
<thead>
<tr>
<th>Hospital Name:</th>
<th>Contact Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State License #:</th>
<th>Contact Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address:</th>
<th>Contact Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from above):</th>
<th>CNO Name (if different from Contact Person):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, County, State, Zip Code:</th>
<th>CNO Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Number of Licensed Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Number of beds

<table>
<thead>
<tr>
<th>Number of Staffed Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
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

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):

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>1-30 days</th>
<th>31-60 days</th>
<th>61-90 days</th>
<th>91 days or more</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medical/Surgical</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pediatric Medical/Surgical</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Adult Intensive Care/Critical Care (include ICU, CCU, SICU)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pediatric Intensive Care/Critical Care (includes ICU, CCU, SICU)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Obstetrics/Gynecology/Labor &amp; Delivery</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Operating Room/Recovery Care (including outpatient)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Psych/Mental Health/Substance Abuse</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other Direct Patient Care RNs</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Full-time employees</th>
<th>Part-time employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Health insurance</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Retirement plan</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Paid vacation days</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Employee recognition programs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reimbursement for workshops/conferences</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sign-on bonus</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bonus for recruiting nursing staff to the organization</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Career ladder positions for RNS/LVNs/APRNs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Career ladder positions for NAs/CNAs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Flexible scheduling or job sharing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shift differential</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Merit bonus</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sabbatical</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tuition (reimbursement or direct payment for employees/new hires)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Financial assistance in receiving certifications or further education</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Payback for unused sick/vacation time</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

15. Which of these nurse staffing retention strategies are used by your hospital? Select all that apply.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Full-time employees</th>
<th>Part-time employees</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Retirement plan</td>
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<td>☐</td>
</tr>
<tr>
<td>Paid vacation days</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Employee recognition programs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reimbursement for workshops/conferences</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Career ladder positions for RNS/LVNs/APRNs</td>
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<tr>
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<td>☐</td>
</tr>
<tr>
<td>Flexible scheduling or job sharing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shift differential</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Merit bonus</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sabbatical</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Tuition (reimbursement or direct payment for employees/new hires)</td>
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<td>☐</td>
</tr>
<tr>
<td>Financial assistance in receiving certifications or further education</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Payback for unused sick/vacation time</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Number of nursing informaticists employed during the week of January 18-January 24, 2016</th>
<th>Number of vacant nursing informaticists positions during the week of January 18-January 24, 2016</th>
</tr>
</thead>
</table>

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.

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

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.

<table>
<thead>
<tr>
<th></th>
<th>Number of full-time workers employed 01/01/15</th>
<th>Number of full-time workers employed 12/31/15</th>
<th>Number of part-time workers employed 01/01/15</th>
<th>Number of part-time workers employed 12/31/15</th>
<th>Number of per diem workers employed 01/01/15</th>
<th>Number of per diem workers employed 12/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Registered Nurses (RNs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-year RNs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Vocational Nurses (LVNs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Aides (NAs)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
23. Please provide the number of nurses employed during the week of 01/18/2016-01/24/2016 by age category.

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt;25 years old</th>
<th>25-29 years old</th>
<th>30-39 years old</th>
<th>40-49 years old</th>
<th>50-61 years old</th>
<th>62 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses (RNs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Total number of separations during 01/01/2015 - 12/31/2015</th>
<th>Contract, agency, and traveling staff FTEs employed during 01/18/2016 - 01/24/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Registered Nurses (RNs)</td>
<td>All Registered Nurses (RNs)</td>
</tr>
<tr>
<td>First-year RNs</td>
<td>Licensed Vocational Nurses (LVNs)</td>
</tr>
<tr>
<td>Licensed Vocational Nurses (LVNs)</td>
<td>Nurse Aides (NAs)</td>
</tr>
<tr>
<td>Nurse Aides (NAs)</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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.

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

<table>
<thead>
<tr>
<th>APRN Type</th>
<th>My hospital directly employs this type of APRN.</th>
<th>My hospital contracts this APRN service through another entity.</th>
<th>I am unsure whether my hospital directly employs or contracts this type of APRN.</th>
<th>My hospital does not employ this type of APRN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners (NP)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Clinical Nurse Specialists (CNS)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetists (CRNA)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Certified Nurse Midwives (CNM)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.
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.

<table>
<thead>
<tr>
<th></th>
<th>Number of full-time workers employed 01/01/15</th>
<th>Number of full-time workers employed 12/31/15</th>
<th>Number of part-time workers employed 01/01/15</th>
<th>Number of part-time workers employed 12/31/15</th>
<th>Number of per diem workers employed 01/01/15</th>
<th>Number of per diem workers employed 12/31/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNS</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CRNA</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CNM</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Total number of separations during 01/01/2015 - 12/31/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
<td></td>
</tr>
<tr>
<td>CNS</td>
<td></td>
</tr>
<tr>
<td>CRNA</td>
<td></td>
</tr>
<tr>
<td>CNM</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Contract, agency, and traveling staff FTEs employed during 01/18/2016 - 01/24/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
<td></td>
</tr>
<tr>
<td>CNS</td>
<td></td>
</tr>
<tr>
<td>CRNA</td>
<td></td>
</tr>
<tr>
<td>CNM</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Contract, agency, and traveling staff FTEs employed during 01/18/2016 - 01/24/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Voluntary overtime</td>
</tr>
<tr>
<td>In-house staffing pool</td>
</tr>
<tr>
<td>Contract/traveling nurses</td>
</tr>
<tr>
<td>Per diem nurses</td>
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<tr>
<td>Temporary staffing agencies</td>
</tr>
<tr>
<td>Use of managerial staff</td>
</tr>
<tr>
<td>Other interim staffing methods</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Number of newly licensed RN applicants hired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
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<td>BSN</td>
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<tr>
<td>MSN Alternate Entry</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Transition to Practice Program</th>
<th>Employment Model</th>
<th>Non-employment Model</th>
<th>Length of program in weeks</th>
<th>Number of new nursing graduates that participated in program during last fiscal year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency/Internship/Fellowship</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation for new nursing graduates</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentoring or Preceptor Program</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify):</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. 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 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.
Appendix C

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/](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/](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](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](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](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
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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](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](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/](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](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/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](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.
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/](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/](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](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](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](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](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:**
2016 Hospital Nurse Staffing Study
Operational Definitions


**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.
Appendix D

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:


The remaining 222 counties are Non-Border.

Four of the 32 border counties are designated as Metropolitan.
## 2016 Texas Counties, Alphabetical Order

<table>
<thead>
<tr>
<th>County Name</th>
<th>HNSS Region</th>
<th>Metropolitan Status</th>
<th>Border Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>Panhandle</td>
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