



2013 Home Health and Hospice Care Nurse Staffing Study (HHCNSS) SURVEY FORM

The primary purpose of this survey is to assess the size and effects of the nursing shortage in home health and hospice agencies in Texas. We are asking administrators in each of our state's **licensed and certified** home health and hospice agencies to complete this brief survey describing your current and future need for nursing personnel. The information in this survey will serve as a guide in developing 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.

Complete the survey online at:
<http://2013HHCNSS.questionpro.com>

Due Date: Your completed survey is due by **Friday, July 12, 2013**

Confidentiality Agreement:

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

If you have questions at any time about the survey or the procedures, you may contact Joanne Delk at [512-776-6164](tel:512-776-6164) or by email at tcnws@dshs.texas.gov.

Only include data for the LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

Please complete one survey per agency license number.
Questions with an "*" are required.

1. Please provide the following information about your agency.*

Agency Name:

License No. (for survey tracking purposes only)

Name of administrator:

Email address of admin:

Phone No. of admin (xxx-xxx-xxxx):

Name of person submitting survey:

Title of person submitting survey:

Phone No. of person submitting survey (xxx-xxx-xxxx):

Email of person submitting survey:

2. County Located (Parent Agency): *

Only include data for the LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

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

	Address	Name of Contact Person	Email Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

4. Please enter the total number of billable and non-billable nursing visits during January 1, 2012- December 31, 2012 regardless of length of time of the visit or payment source. Include all visits made during the reporting period, including visits for patients already on service at the beginning of the reporting period. *

5. If your agency declined any patients during January 1, 2012- December 31, 2012 due to not having available staff to provide the necessary care, please enter the number of patients declined. Enter "0" if applicable. *

Questions 6 through 9, on the next page, will help us understand the current and future need of nursing personnel in the licensed and certified home health and hospice agencies in Texas. The data collected in this section will be used to calculate vacancy and turnover rates to indicate the severity of a shortage regionally and statewide.

**Only include data for the
LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites.**

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

	Total number of FTEs <u>currently occupied</u> as of <u>April 30, 2013</u>	Total number of <u>vacant</u> FTEs currently being recruited as of <u>April 30, 2013</u>	Total number of vacant FTEs <u>on hold or frozen</u> as of <u>April 30, 2013</u>
Registered Nurses (RNs)			
Advanced Practice Registered Nurses (APRNs) (Only include nurses practicing in an APRN role)			
Licensed Vocational Nurses (LVNs)			
Home Health or Nursing Aides (HHAs/NAs/CNAs)			

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

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

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

	Full-time workers employed as of <u>01/01/12</u>	Full-time workers employed as of <u>12/31/12</u>	Part-time workers employed as of <u>01/01/12</u>	Part-time workers employed as of <u>12/31/12</u>
RNs				
APRNs (Only include nurses practicing in an APRN role)				
LVNs				
HHAs/NAs/CNAs				

9. Please provide the total number of separations during January 1, 2012 - December 31, 2012. Only include voluntary and involuntary terminations or separations of regularly scheduled direct patient care staff. Do NOT include contract/agency nurses in these counts. Enter "0" if you have no employees of a given type. Please note that you are to report a head count in this question. *

	Headcount
RNs	
APRNs (Only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

10. Please note that you are to report FTEs in this question. How many non-regularly scheduled nursing staff did your agency employ as of April 30, 2013? Please include any temporary staff employed on an as needed basis or used as a method of interim staffing. Only include direct patient care staff. Enter "0" if none. *

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

11. Please report the average number of weeks it currently takes to fill these positions. Enter "N/A" if your agency does not recruit the particular type of nursing personnel.

	Number of weeks
RNs licensed less than 1 year	
RNs licensed more than 1 year with NO home health or hospice experience	
RNs licensed more than 1 year with home health experience	
RNs licensed more than 1 year with hospice care experience	
APRNs (Only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

**Only include data for the
LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites
operating under the parent agency.**

12. Over the next 2 years, will your agency need fewer, more, or about the same number of the following types of nursing personnel? *

	Fewer	Same	More
RNs licensed less than 1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year with NO home health or hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year with home health experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year with hospice care experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HHAs/NAs/CNAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please specify why your agency will need fewer, more, or about the same number of nursing personnel in the next 2 years.

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

	Easy To Recruit					N/A
	1	2	3	4	5	
RNs licensed less than 1 year						
RNs licensed more than 1 year with NO home health or hospice experience						
RNs licensed more than 1 year with home health experience						
RNs licensed more than 1 year with hospice care experience						
APRNs (only include nurses practicing in an APRN role)						
LVNs						
HHAs/NAs/CNAs						

15. Please describe your experiences recruiting nursing personnel in the past year.

16. 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:

- Past relevant (home health or hospice) nursing experience
- Past non-relevant nursing experience
- Bilingual
- Bachelor's in nursing or higher education

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

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

- a. Unimportant
- b. Of little importance
- c. Moderately important
- d. Important
- e. Very important

19. Please provide the following information regarding nursing informaticists within your agency as of April 30, 2013? Enter "0" where applicable. *

	Headcount as of <u>April 30, 2013</u>
Number of nursing informaticists employed	
Number of vacant nursing informaticists positions	

Only include data for the LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

20. Which of these nursing staff retention/recruitment strategies are used by this agency? Select all that apply. *

- NONE
- Health insurance
- Retirement plan
- Paid vacation days
- 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 agency
- Career ladder positions for RNs/LVNs/APRNs
- Career ladder positions for HHAs/NAs/CNAs
- Flexible scheduling or job sharing
- Shift differential
- Merit bonus
- Sabbatical
- Company car
- Tuition (reimbursement or direct payment for employees/new hires)
- Payback for unused sick/vacation time
- Mileage reimbursement
- Cell phone allowance
- Other (please specify)

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

- 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
- Using administrative staff to cover nursing visits
- Other (please specify)

22. Please use the space below to make comments about this survey.

Thank you for the time and effort you have put into completing this survey.

Please submit your survey online no later than **Friday, July 12, 2013.**

You may also submit a complete copy of the survey by fax to 512-776-7344, by scan and email to tcnws@dshs.texas.gov or by mail to:

Texas Center for Nursing Workforce Studies
Center for Health Statistics - Mail Code 1898
Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347