



**Texas Center for Nursing Workforce Studies
Department of State Health Services**

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Welcome to the 2014 Long Term Care Nurse Staffing Study (LTCNSS)

Purpose: The primary purpose of this survey is to assess the size and effects of the nursing shortage in Texas long term care facilities. The information in this survey will serve as a guide for the development of policy recommendations by the Texas Center for Nursing Workforce Studies Advisory Committee. The data you provide will also be instrumental in 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://www.dshs.state.tx.us/chs/cnws/LTCNSS/>

Due Date: Your completed survey is due by Wednesday, April 30, 2014.

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 Amy Brown by phone at [512-776-6164](tel:512-776-6164) or by email at tcnws@dshs.texas.gov .

Questions marked with an * are required.

Facility Information

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

Facility name: *

TX DADS facility license # (for tracking purposes only): *

Name of facility administrator: *

Email address of administrator: *

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

Name of person submitting survey: *

Title of person submitting survey: *

Email address of person submitting survey: *

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

2. Please provide your facility's physical address.

Address 1: *

Address 2

City*

State*

Zip*

3. What was the resident census for this nursing facility as of February 28, 2014? *

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

Director of Nursing Information

5. Does your nursing facility have a Director of Nursing position? If "NO", skip to question 11. *

- Yes
 No

6. What is the highest degree that the Director of Nursing holds? *

- Diploma
 Associate's in nursing
 Bachelor's in nursing
 Bachelor's in field other than nursing
 Master's in nursing
 Master's in field other than nursing
 Other (please specify)

7. About how long has the Director of Nursing held this position at this facility? (Please answer in months.) *

 Months

8. About how long has the Director of Nursing worked in long term care at any nursing facility? *

- Less than 1 year
 1 to 2 years
 2 to 4 years
 4 to 6 years
 6 years or longer

9. In your opinion, what issues contribute to the turnover of Directors of Nursing in nursing facilities? Select all that apply.

- DON Turnover is not an issue in my facility [Please proceed to question 10.]
- Staffing issues
- Expectations of residents and/or residents' family
- Exhaustion and burnout
- Fear of litigation
- Lack of administrative and/or corporate support
- Pay and/or benefits not commensurate with job duties and responsibilities
- Excessive paperwork
- Lack of nursing knowledge
- Lack of management and/or leadership skills
- Lack of experience in long term care setting
- Other (please specify)

10. What is the annual salary of the Director of Nursing at this facility? *

- <\$40,000
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000+

Nurse Background

11. How many of the RNs currently on staff have a specialty certification? (Examples include: gerontological, rehabilitation, nursing administration, etc.) *

12. Do the following disciplines provide services in your facility? Select all that apply. *

- Nurse Practitioners
- Clinical Nurse Specialists
- Geriatricians (MD/DO)
- Physician's Assistant
- Other Physicians (excluding Medical Director)

13. How many of the facility's staff have been employed at this facility for 1 year or longer? You may need to contact your corporate office or Human Resources Department for assistance with this information. Please enter the number in this box. If none, enter "N/A" in the box.

Registered Nurses (RNs)— Direct Resident Care*	
Registered Nurses (RNs) – Administrative*	
Licensed Vocational Nurses (LVNs)—Direct Resident Care*	
Licensed Vocational Nurses (LVNs)— Administrative *	
Advanced Practice Registered Nurses (APRNs) *	
Nurse Aides (NAs) *	
Medication Aides (CMAs) *	

Staffing

Questions 14 through 17 help us understand the current and future need for personnel in long term care facilities in Texas. The data collected in this section will be used to calculate vacancy and turnover rates that indicate the severity of a regional and statewide shortage of nurses and other personnel. Please provide staffing numbers for RNs, LVNs, APRNs, NAs, and CMAs.

14. ONLY include staff directly employed by your facility. Please enter “N/A” if your facility does not employ a particular type of staff and note that you are to report FTEs (full-time equivalents) in this question.

15. ONLY include staff directly employed by your facility. Do not include temporary staff (agency, contract, or traveling nurses) in this section. Please enter “N/A” if your facility does not employ a particular type of staff. Please note that you are to report a head count in this question. Also note that full and part time are as defined by your organization.

	Number of full-time workers employed 01/01/13	Number of full-time workers employed 12/31/13	Number of part-time workers employed 01/01/13	Number of part-time workers employed 12/31/13	Number of per diem workers employed 01/01/13	Number of per diem workers employed 12/31/13
Registered Nurses (RNs)—Direct Resident Care*						
Registered Nurses (RNs) – Administrative*						
Licensed Vocational Nurses (LVNs)—Direct Resident Care*						
Licensed Vocational Nurses (LVNs)—Administrative*						
Advanced Practice Registered Nurses (APRNs)*						
Nurse Aides (NAs)*						
Medication Aides (CMAs)*						

16. ONLY include staff directly employed by your facility. Do not include temporary staff (agency, contract, or traveling nurses) in this section. Please enter “N/A” if your facility does not employ a particular type of staff. Please note that you are to report a head count in this question.

Registered Nurses (RNs)—Direct Resident Care*	
Registered Nurses (RNs) – Administrative*	
Licensed Vocational Nurses (LVNs)—Direct Resident Care*	
Licensed Vocational Nurses (LVNs)—Administrative*	
Advanced Practice Registered Nurses (APRNs) *	
Nurse Aides (NAs) *	
Medication Aides (CMAs) *	

17. This question relates only to temporary staff not directly employed by your facility. DO NOT include per diem nurses in this question. Please enter “N/A” if your facility does not utilize a particular type of staff. Please note that you are to report FTEs (full-time equivalents) in this question.

Registered Nurses (RNs)—Direct Resident Care*	
Registered Nurses (RNs) – Administrative*	
Licensed Vocational Nurses (LVNs)—Direct Resident Care*	
Licensed Vocational Nurses (LVNs)—Administrative *	
Advanced Practice Registered Nurses (APRNs) *	
Nurse Aides (NAs) *	
Medication Aides (CMAs) *	

Methods and Costs of Interim Staffing

18. Please indicate the methods of interim staffing employed in your facility. Select all that apply.*

- Voluntary overtime
 - In-house staffing pool
 - Temporary staffing agencies
 - Use of managerial staff
 - Other interim staffing methods (please specify)
-

19. Please indicate the hours and costs of interim staffing methods used in your facility from 1/1/2013 through 12/31/2013 for all direct resident care licensed nursing staff. This information can be obtained from your organization’s Chief Financial Officer. Please enter “N/A” if your facility does not use a particular method of interim staffing. *

Voluntary overtime		
In-house staffing pool		
Temporary staffing agencies		
Use of managerial staff		
Other interim staffing methods		

Forecasting Future Need

20. Over the next 2 years, will your agency need fewer, more, or about the same number of the following types of staff? Please specify why your facility will need fewer, more, or about the same number of each type of staff over the next 2 years.

	Fewer	Same	More	Specify Why
RNs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
LVNs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
APRNs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nurse Aides (NAs)*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medication Aides (CMAs)*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Recruitment and Retention

21. Please rate and describe your experience in the past year with recruiting each type of staff. Please select "N/A" if your facility does not recruit a particular type of staff.

	Very easy to recruit	Neither easy nor difficult	Very difficult to recruit	N/A	Describe your experience
RNs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
LVNs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
APRNs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
NAs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CMAs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

22. What is the average number of weeks it currently takes your facility to fill the following position types? Enter "N/A" if your facility does not recruit a particular type of staff.

	Number of Weeks
RNs*	
LVNs*	
APRNs*	
NAs*	
CMAs*	

23. 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 skilled nursing facility experience
- _____ Past non-relevant nursing experience
- _____ Bilingual
- _____ Bachelor's in nursing or higher education

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

25. In your opinion, how important is a bachelor's degree in nursing for RN staff at your facility? *

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

26. If hired today, what would be the hourly wage for each type of staff at this facility? Enter "N/A" if your facility does not employ a particular type of staff.

RNs—Administrative*		
RNs—Direct Resident Care*		
LVNs—Administrative*		
LVNs—Direct Resident Care*		
APRNs*		
NAs*		
CMAs*		

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

- NONE [Please continue to question 28.]
- Health insurance
- Retirement plan
- Paid vacation days
- Employee recognition programs (employee of the month, staff luncheons/dinners, etc.)
- Reimbursement for workshops/conferences
- Sign-on bonus
- Bonus for recruiting other staff to facility
- Career ladder positions for RNs/LVNs/APRNs
- Career ladder positions for NAs/CMAs
- Flexible scheduling or job sharing
- Shift differential
- Merit bonus
- Tuition (reimbursement or direct payment for employees/new hires)
- Payback for unused sick/vacation time
- Safety incentives (bonus or awards given for being accident free)
- Childcare assistance
- Other (please specify)

28. In your opinion, what interventions would have the greatest impact on retention of nurses and other direct resident care staff at your nursing facility?

30. Please provide the following information regarding nursing informaticists within your facility as of February 28, 2014. Enter "N/A" where applicable. *

Number of nursing informaticists employed

Number of vacant nursing informaticist positions

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

- NONE – We had an adequate supply of nursing personnel [Please continue to question 30.]
- Increased workloads
- Low nursing staff morale
- 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 resident/family complaints
- Increased absenteeism
- Increased number of incident reports
- Difficulty completing required documentation on time
- Using administrative staff to cover nursing duties
- Using medication aide staff to cover nurse aide duties
- Other (please specify)

31. 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 facility.		Please indicate whether your transition to practice program is an employment or non-employment model.	Length of program in weeks.	Number of new nursing graduate that participated in program during last fiscal year.
<input type="checkbox"/>	Residency	<input type="radio"/> Employment model <input type="radio"/> Non-employment model		
<input type="checkbox"/>	Internship	<input type="radio"/> Employment model <input type="radio"/> Non-employment model		
<input type="checkbox"/>	Orientation for new nursing graduates	<input type="radio"/> Employment model <input type="radio"/> Non-employment model		
<input type="checkbox"/>	Mentoring or preceptor program	<input type="radio"/> Employment Model <input type="radio"/> Non-employment Model		
<input type="checkbox"/>	Fellowship	<input type="radio"/> Employment Model <input type="radio"/> Non-employment Model		
<input type="checkbox"/>	Other (Please describe below)	<input type="radio"/> Employment Model <input type="radio"/> Non-employment Model		

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

<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 resident care among first year nurses.
<input type="checkbox"/>	Improved communication skills among first year nurses with physicians, other health professionals, staff, residents, 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) :

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

You have reached the end of the 2014 Long Term Care Nurse Staffing Study! Thank you for your participation. If you have any questions or concerns, contact Amy Brown at (512)776-6164 or by email at tcnws@dshs.texas.gov.