

# Texas Center for Nursing Workforce Studies

## Department of State Health Services



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### Welcome to the 2016 Long Term Care Nurse Staffing Survey (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.

**Due Date:** Your completed survey is due by **Friday, May 6th, 2016**.

**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 Cate Campbell by phone at [512-776-2365](tel:512-776-2365) or by email at [TCNWS@dshs.state.tx.us](mailto:TCNWS@dshs.state.tx.us).

**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:	
City:	
State:	
Zip:	

**3. What was the resident census for this nursing facility as of February 26, 2016?**

**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 a field other than nursing
- Master's in nursing
- Master's in a 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.)

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 your long term care facility? Select all that apply.

- DON turnover is not an issue in my facility
- Staffing issues
- Expectations of residents and/or residents' family
- Exhaustion and burnout
- Fear of litigation
- Burden of regulatory requirements
- Lack of administrative and/or corporate support
- Pay and/or benefits not commensurate with job duties and responsibilities
- Excessive paperwork
- Lack of nursing knowledge
- Lack of management and/or leadership skills
- Lack of experience in long term care setting
- Other (Please specify):

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 certification in the following specialties? If none, enter "0" in the box.

Gerontological	
Rehabilitation	
Certified Dementia Practitioner	
Nursing Administration	
Other (Please specify):	

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 Primary Care Physicians (excluding Medical Director)
- Other Specialist Physicians (such as podiatrists)

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.

	Number of staff employed at this facility 1 year or longer
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

The following four questions 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. Please note that you are to report FTEs (full-time equivalents) in this question.**

	Total number of FTE positions occupied on 02/26/2016	Total number of vacant FTEs being recruited on 02/26/2016	Total number of vacant FTEs on hold/frozen on 02/26/2016	Additional number of FTEs your organization expects to budget next fiscal year
RNs - Direct Resident Care				
RNs - Administrative				
LVNs - Direct Resident Care				
LVNs - Administrative				
APRNs				
Nurse Aides (NAs)				
Medication Aides (CMAs)				

**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 01/01/15	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
RNs - Direct Resident Care						
RNs - Administrative						
LVNs - Direct Resident Care						
LVNs - Administrative						
APRNs						
Nurse Aides (NAs)						
Medication Aides (CMAs)						

**16. 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
RNs - Direct Resident Care						

**17. 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.**

	Total number of separations during 01/01/2015 - 12/31/2015
RNs - Direct Resident Care	
RNs - Administrative	
LVNs - Direct Resident Care	
LVNs - Administrative	
APRNs	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

**18. 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.**

	Contract, agency, and traveling staff FTEs employed on 02/26/2016
RNs - Direct Resident Care	
RNs - Administrative	
LVNs - Direct Resident Care	
LVNs - Administrative	
APRNs	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

### Methods and Costs of Interim Staffing

**19. 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 (Please specify):

**20. Please indicate the hours and costs of interim staffing methods used in your facility 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		

### Forecasting Future Need

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

	Fewer	Same	More
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"/>

**22. Please specify why your facility will need fewer, more, or about the same number of each type of staff over the next 2 years.**

	Specify Why
RNs	
LVNs	
APRNs	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

**23. Please rate 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	Easy to recruit	Neither easy nor difficult to recruit	Difficult to recruit	Very difficult to recruit	N/A
RNs	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
APRNs	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
CMAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**24. Please 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.**

	Describe your experience
RNs	
LVNs	
APRNs	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

**25. 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	
Nurse Aides (NAs)	
Medication Aides (CMAs)	

**26. Which of these nursing staff recruitment strategies are used by this facility? 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 luncheons/dinners, 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 other staff to facility	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for RNs/LVNs/APRNs	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for NAs/CMAs	<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"/>
Payback for unused sick/vacation time	<input type="checkbox"/>	<input type="checkbox"/>
Safety incentives (bonus or awards given for being accident free)	<input type="checkbox"/>	<input type="checkbox"/>
Childcare assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

**27. Which of these nursing staff retention strategies are used by this facility? 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 luncheons/dinners, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement for workshops/conferences	<input type="checkbox"/>	<input type="checkbox"/>
Bonus for recruiting other staff to facility	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for RNs/LVNs/APRNs	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for NAs/CMAs	<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"/>
Payback for unused sick/vacation time	<input type="checkbox"/>	<input type="checkbox"/>
Safety incentives (bonus or awards given for being accident free)	<input type="checkbox"/>	<input type="checkbox"/>
Childcare assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

**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?**

**29. 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 long term care nursing experience
- \_\_\_ Past nursing experience in non-long term care facilities
- \_\_\_ Bilingual
- \_\_\_ Bachelor's in nursing or higher education

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

**31. 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

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

	Entry-level hourly wages	Maximum experienced-level hourly wages
RNs - Direct Resident Care		
RNs - Administrative		
LVNs - Direct Resident Care		
LVNs - Administrative		
APRNs		
NAs		
CMAs		

**33. 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 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):

**34. 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 <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"/>		

**35. 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 Long Term Care Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, contact Cate Campbell by phone at [512-776-2365](tel:512-776-2365) or by email at [TCNWS@dshs.state.tx.us](mailto:TCNWS@dshs.state.tx.us).

## 2016 Addendum on Workplace Violence Against Nurses

**Purpose:** The primary purpose of this section is to assess practices and strategies used by employers to prevent workplace violence against nurses. 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 information you provide will be instrumental in shaping legislation geared toward preventing workplace violence against nurses in Texas. Your participation in this study is completely voluntary but highly encouraged.

**Confidentiality Agreement:** Your responses are completely confidential. Results from this survey will only be reported in aggregate. Individual facilities will not be identified.

**For the purpose of this section, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.**

- 36. Has your organization implemented a program or policy that includes prevention of workplace violence against nurses?**
- Yes [continue to question 2]
  - No [skip to question 9]
- 37. Please indicate the types of incidents this workplace violence prevention program or policy requires nurses to report. Select all that apply.**
- Verbal violence from patient or visitor
  - Verbal violence from staff or health care provider
  - Physical violence from patient or visitor
  - Physical violence from staff or health care provider
  - Incident reporting is not required
- 38. Please indicate how this program or policy addresses reporting of physical assaults to law enforcement.**
- Reporting of physical assaults to law enforcement is encouraged.
  - Reporting of physical assaults to law enforcement is required.
  - Reporting of physical assaults to law enforcement is not addressed in the policy.
- 39. Does your organization periodically evaluate the effectiveness or impact of this workplace violence program or policy?**
- Yes [continue to question 5]
  - No [skip to question 6]
  - I don't know/I am unsure [skip to question 6]
- 40. If you answered "Yes" to question 4, please indicate the elements of the workplace violence program or policy that are evaluated. Select all that apply.**
- Number of violent incidents recorded
  - Costs associated with incidents (e.g. worker's compensation)
  - Injury severity result from incident
  - Location or unit in which incident occurred
  - Time at which incident occurred
  - Perpetrator characteristics
  - Nursing procedure being conducted at time of incident
  - Staffing level at time of incident
  - Other (Please specify):

**For the purpose of this section, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.**

**41. Has your organization changed its program or policy based on these evaluations?**

- Yes
- No
- I don't know/I am unsure

**42. What is included in your organization's workplace violence prevention program or policy? Select all that apply.**

- Workplace violence training
- Assessment of work areas for risk factors
- Required reporting of incidents
- Investigation of reported incidents
- Other (Please specify):

**43. Please indicate whether your organization's workplace violence prevention program or policy addresses training of the following staff types. Select all that apply.**

	Clinical nursing staff	Non-clinical nursing staff
Required in all departments/units	<input type="radio"/>	<input type="radio"/>
Required in specialty areas (e.g. ED, psych) only	<input type="radio"/>	<input type="radio"/>
Voluntary training only	<input type="radio"/>	<input type="radio"/>
Training unavailable	<input type="radio"/>	<input type="radio"/>

**44. Please indicate the types of workplace violence prevention training provided to nurses in your organization.**

- Workplace violence training is not provided.
- Workplace violence awareness training
- Training on proper techniques for de-escalation
- Training on specific evasion techniques
- Training on proper patient containment measures
- Training on identifying characteristics associated with aggressive and violent behavior
- Other (Please specify):

**45. Please indicate the refresher training offered to nurses in your organization.**

	Refresher training is a repeat of original training content	Refresher training is a subset of original training content	Refresher training is not offered
Workplace violence awareness training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on proper techniques for de-escalation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on specific evasion techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on proper patient containment measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on identifying characteristics associated with aggressive and violent behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**47. Is follow-up support, such as counseling, made available to nurses in your organization who are subjected to verbal or physical violence?**

- Yes
- No
- I don't know/I am unsure

**48. Please indicate whether your organization tracks any of the following types of violence against nurses. Select all that apply.**

- Incidents of verbal violence
- Incidents of physical violence
- Incidents of physical violence reported to law enforcement
- My organization does not track incidents of verbal or physical violence

**For the purpose of this section, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.**

**49. Please describe how your organization evaluates tracked data related to incidents of violence against nurses as indicated in question 13.**

**50. What strategies has your organization implemented to prevent or reduce workplace violence against nurses? Select all that apply.**

- Alarms and monitors (including panic buttons)
- Staff training
- Restricted access
- Emergency response team
- Present or rounding security personnel
- Availability of escorts
- Chaperones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reducing crowding
- Exit strategies
- Metal detectors
- Other (please specify)

**51. Please describe the strategies implemented in your organization that have been most successful in preventing workplace violence against nurses.**

**52. Please indicate the types of costs related to workplace violence against nurses your organization tracks. Select all that apply.**

- My organization does not track costs related to workplace violence against nurses.
- Workers' compensation
- Third party insurance
- Absenteeism, accident or injury-related leave
- Replacement workers
- Property damage
- Training or prevention costs
- Other (please specify)

**The next two questions are about your personal experience at your organization. Responses to all questions in this survey will only be reported in aggregate form. Individual respondents will not be identified.**

**53. How would you rate your organization's level of safety as it relate to workplace violence?**

- Not at all safe
- Slightly Safe
- Somewhat unsafe
- Somewhat safe
- Extremely safe

**54. Please tell us about your most recent experience reporting incidents of workplace violence at your current place of employment.**

- I have not reported any incidents of workplace violence at my current place of employment.
- I have reported an incident(s) of workplace violence at my current place of employment and management has taken action on my report.
- I have reported an incident(s) of workplace violence at my current place of employment and I have been kept informed on the progress of actions taken to address my report.
- I have reported an incident(s) of workplace violence at my current place of employment and I have not heard back regarding my report.

**For the purpose of this section, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.**

**55. Please use the space below to make any comments related to workplace violence against nurses.**