



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

Fax: 512-776-7344 • Phone: 512-776-6723 • www.dshs.state.tx.us/chs/cnws

Welcome to the 2015 Home Health and Hospice Care Nurse Staffing Survey (HHHCNSS)

Purpose: 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.

Access to the Survey Link

<http://www.dshs.state.tx.us/chs/cnws/HHHCNSS>

Due Date: Your completed survey is due by Friday, July 10, 2015.

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 or by email at TCNWS@dshs.state.tx.us.

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 #:
Name of administrator:
E-mail address of administrator:
Phone number of administrator (xxx-xxx-xxxx):
Name of person submitting survey:
Title of person submitting survey:
Phone number of person submitting survey (xxx-xxx-xxxx):
E-mail address of person submitting survey:

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2. County where parent agency is located: *

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			
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16			

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4. Please enter the total number of billable and non-billable nursing visits during January 1, 2014- December 31, 2014 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, 2014- December 31, 2014 due to not having available staff to provide the necessary care, please enter the number of patients declined. Enter "0" if applicable. *

6. Does your agency's board have any RN members?* If no, skip to question 8.

- Yes
- No

7. If "yes" to question 6, does that RN board member have voting privileges?

- Yes
- No

Staffing

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.

Questions 8 through 11 will help us understand the current and future need for 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.

8. 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, 2015</u>	Total number of <u>vacant FTEs</u> currently being recruited as of <u>April 30, 2015</u>	Total number of vacant FTEs <u>on hold or frozen</u> as of <u>April 30, 2015</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)			

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9. 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	

10. 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>01/01/14</u>	Full-time workers employed as of <u>12/31/14</u>	Part-time workers employed as of <u>01/01/14</u>	Part-time workers employed as of <u>12/31/14</u>
RNs				
APRNs (Only include nurses practicing in an APRN role)				
LVNs				
HHAs/NAs/CNAs				

11. Please provide the total number of separations during January 1, 2014 - December 31, 2014. 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. *

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

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12. How many non-regularly scheduled nursing staff did your agency employ as of April 30, 2015? Please note that you are to report FTEs in this question. 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	

13. 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	

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

- Within Texas
- In states outside of Texas
- Internationally
- Other (Please Specify) _____

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

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16. Over the next 2 years, do you expect your agency to need fewer, more, or about the same number of the following types of nursing personnel? Please note, if you do not employ a certain nurse type and do not plan on hiring any please select "same." *

	Fewer	Same	More
RNs licensed less than 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNs licensed more than 1 year with NO home health or hospice experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNs licensed more than 1 year with home health experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNs licensed more than 1 year with hospice care experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRNs (Only include nurses practicing in an APRN role)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LVNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HHAs/NAs/CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please specify why you expect your agency to need fewer, more, or about the same number of nursing personnel in the next 2 years.

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

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

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

20. On a scale from 1 (most important) to 4 (least important), please rank in order of importance when hiring RNs, the weight you assign the following attributes. Use each number only once. *

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

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

22. 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

Hiring of Newly Licensed RN Graduates

In the report, *The Future of Nursing: Leading Change, Advancing Health*, which was published by the Committee on the Robert Wood Johnson Foundation Initiative in the Institute of Medicine, there is a section that discusses the issues involved in the transition of newly licensed RNs from school to professional nursing practice. The following questions are intended to inform stakeholders of current trends regarding transition into practice type programs for newly licensed RNs in Texas.

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

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

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

25. 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 agency.	Please indicate whether your transition to practice program is an employment or non-employment model.	Length of program in weeks.	Number of new nursing graduates 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		

26. Please select up to 3 main outcomes that have resulted in your organization as a result of your transition to 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) _____

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27. Please provide the following information regarding nursing informaticists within your agency as of April 30, 2015. Enter “0” as applicable.*

Number of <u>nursing informaticists</u> employed as of <u>April 30, 2015</u>	
Number of vacant <u>nursing informaticists</u> positions as of <u>April 30, 2015</u>	

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

- | | |
|---|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Flexible scheduling or job sharing |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Shift differential |
| <input type="checkbox"/> Retirement plan | <input type="checkbox"/> Merit bonus |
| <input type="checkbox"/> Paid vacation days | <input type="checkbox"/> Sabbatical |
| <input type="checkbox"/> Employee recognition programs (employee of the month, staff dinners/luncheons, etc.) | <input type="checkbox"/> Tuition (reimbursement or direct payment for employees/new hires) |
| <input type="checkbox"/> Reimbursement for workshops/conferences | <input type="checkbox"/> Payback for unused sick/vacation time |
| <input type="checkbox"/> Sign-on bonus | <input type="checkbox"/> Mileage reimbursement |
| <input type="checkbox"/> Bonus for recruiting nursing staff to the organization | <input type="checkbox"/> Cell phone allowance |
| <input type="checkbox"/> Career ladder positions for RNs/LVNs/APRNs | <input type="checkbox"/> Other (<i>Please specify in the box below</i>) |
| <input type="checkbox"/> Career ladder positions for HHAs/NAs/CNAs | |

Other:

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

- | | |
|---|--|
| <input type="checkbox"/> NONE – We had an adequate supply of nursing personnel. | <input type="checkbox"/> Increased use of temporary/agency nurses |
| <input type="checkbox"/> Increased workloads | <input type="checkbox"/> Delays in providing care |
| <input type="checkbox"/> Low nursing staff morale | <input type="checkbox"/> Increased patient/family complaints |
| <input type="checkbox"/> Declined referrals | <input type="checkbox"/> Increased absenteeism |
| <input type="checkbox"/> Inability to expand services | <input type="checkbox"/> Increased number of incident reports |
| <input type="checkbox"/> Increase in voluntary overtime | <input type="checkbox"/> Difficulty in completing required documentation on time |
| <input type="checkbox"/> Delayed admissions | <input type="checkbox"/> Using administrative staff to cover nursing visits |
| <input type="checkbox"/> Wage increases | <input type="checkbox"/> Other (<i>Please specify in the box below</i>) |
| <input type="checkbox"/> Increased nursing staff turnover | |

Other:

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Additional Comments and Suggestions

Please use the space below to make comments about this survey, including any circumstances that have affected your staffing numbers.

You have reached the end of the 2015 Home Health and Hospice Care Nurse Staffing Survey. Thank you for your participation. Please contact TCNWS@dshs.state.tx.us if you have any questions regarding this survey or if you need any corrections made to your survey.