

Appendix A

HNSS Taskforce Membership

Chair:

- Sally Harper Williams- Workforce Center Director, DFWHC Foundation, representing TCNWS Advisory Committee and North Texas

Members:

- Gail Acuna, DNP, MA, BSN, RN – Division AVP Clinical Excellence, St. David's Healthcare, 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
- Elizabeth Sjoberg, JD, RN – Former Associate General Counsel, Texas Hospital Association
- 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
- Lynn Vance, MSN, RN – Senior Director of Nursing Resources, Seton Premiere Staffing & Language Services, representing Central Texas

**Hospital Nurse Staffing Survey
(HNSS)
Survey Instrument**



Texas Center for Nursing Workforce Studies
Department of State Health Services



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Welcome to the 2017 Hospital Nurse Staffing Survey (HNSS)

Purpose: The primary purpose of this survey is to assess nurse staffing and related issues 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: Your completed survey is due by **Friday, May 12th, 2017**.

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.texas.gov.

For the purpose of this survey, please include data for all hospital services except clinics.

1. Hospital Information:

Hospital Name:

State License #:

Contact Person:

Contact Title:

Contact Email:

Contact Phone Number:

CNO Name (if different from Contact Person):

CNO Email:

Please provide your hospital's address:

Physical Address:	
Mailing Address (if different from above):	
City:	
State:	
Zip:	

2. Number of beds

Number of Licensed Beds:	
Number of Staffed Beds:	



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 designated by the American Nurses Credentialing Center)
- Designated trauma center
- Rural hospital

- Inability to fill existing RN positions
- Other (Please specify):

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

5. Does your hospital's board have any RN members?

- No
- Yes, and they have voting privileges
- Yes, but they do not have voting privileges
- Not applicable or unknown

Staffing

6. Please indicate the type of change, if any, in the number of budgeted direct patient care RN FTEs on staff in the past year.

- Increased (Continue to question 7)
- Decreased (Skip to question 8)
- No change (Skip to question 9)

7. What are the reasons your organization has increased budgeted direct patient care RN FTEs on staff in the past year? Select all that apply and then skip to question 9.

- 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):

8. What are the reasons your organization has reduced budgeted direct patient care RN FTEs on staff in the past year? 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

9. 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):

	1-30 days	31-60 days	61-90 days	91 days or more	N/A
Adult Medical/Surgical	<input type="radio"/>				
Pediatric Medical/Surgical	<input type="radio"/>				
Adult Intensive Care/Critical Care (include ICU, CCU, SICU)	<input type="radio"/>				
Pediatric Intensive Care/Critical Care (includes ICU, CCU, SICU)	<input type="radio"/>				
Obstetrics/Gynecology/Labor & Delivery	<input type="radio"/>				
Neonatal ICU	<input type="radio"/>				
Operating Room/Recovery Care (including outpatient)	<input type="radio"/>				
Emergency Department	<input type="radio"/>				
Psych/Mental Health/Substance Abuse	<input type="radio"/>				
Other Direct Patient Care RNs	<input type="radio"/>				

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

- Within Texas
- In states outside of Texas
- Internationally
- Other (Please specify):

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



12. Which of these nursing staff recruitment and retention strategies are used by your hospital? 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 dinners/luncheons, 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 nursing staff to the organization	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for RNs/LVNs/APRNs	<input type="checkbox"/>	<input type="checkbox"/>
Career ladder positions for nurse aides	<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"/>
Financial assistance in receiving certifications or further education	<input type="checkbox"/>	<input type="checkbox"/>
Payback for unused sick/vacation time	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>

13. In your opinion, what interventions would have the greatest impact on retention of nurses and other direct patient care staff in your hospital? Select all that apply.

- Pay increase
- Employee recognition
- Adequate staffing
- Other (Please specify):

14. What consequences has your hospital 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 administrative staff to cover nursing duties
- Other (Please specify):

15. On a scale from 1 to 4, where 1=most important and 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 (hospital or specialty) nursing experience
- ___ Past nursing experience in a non-hospital setting
- ___ Bilingual
- ___ Bachelor's in nursing or higher education

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

17. Please indicate the number of newly licensed RNs, by degree, that were hired by your organization during your organization's last fiscal year, and the total number of RNs, by degree, employed by your organization during the last fiscal year.

	Number of newly licensed RN applicants hired	Number of all RNs employed
Diploma		
ADN		
BSN		
MSN Alternate Entry		

18. Please provide the following information regarding nursing informaticists within your hospital during the week of January 23 – January 29, 2017. Enter "0" as applicable.

Number of nursing informaticists employed during the week of January 23-January 29, 2017	
Number of vacant nursing informaticist positions during the week of January 23-January 29, 2017	



In questions 19-22, please provide staffing numbers for all RNs, just first-year RNs, LVNs, and NAs. Staffing questions about APRNs are in the following section.

19. 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.

	Total number of FTE positions occupied during the week of 01/23/2017 -01/29/2017	Total number of vacant FTEs being recruited during the week of 01/23/2017 -01/29/2017	Total number of vacant FTEs on hold/frozen during the week of 01/23/2017 -01/29/2017	Additional number of FTEs your organization expects to budget next fiscal year
First-year Registered Nurses (RNs)				
All Registered Nurses (RNs)				
Licensed Vocational Nurses (LVNs)				
Nurse Aides (NAs)				

20. 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.

	Number of full-time workers employed 01/01/16	Number of full-time workers employed 12/31/16	Number of part-time workers employed 01/01/16	Number of part-time workers employed 12/31/16	Number of per diem workers employed 01/01/16	Number of per diem workers employed 12/31/16
First-year RNs						
All RNs						
LVNs						
NAs						

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 a **head count** in this question.

	Total number of separations during 01/01/2016 - 12/31/2016
First-year RNs	
All RNs	
LVNs	
NAs	

22. 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.

	Contract, agency, and traveling staff FTEs employed during 01/23/2017 -01/29/2017
All RNs	
LVNs	
NAs	



23. Please indicate whether your hospital directly employs the following APRN types or whether the hospital contracts APRN services through another entity. Check all that apply.

	My hospital directly employs this type of APRN.	My hospital uses the following APRN types who are employed by a private provider group and credentialed by the healthcare organization.	My hospital contracts the following APRN services through an outside agency.	I am unsure how my hospital employs or contracts this type of APRN.	My hospital does not employ this type of RN.
Nurse Practitioners (NPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Specialists (CNSs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Registered Nurse Anesthetists (CRNAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Nurse Midwives (CNMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 24-26 only pertain to hospitals that directly employ APRNs. If your hospital contracts APRNs, please proceed to question 27. If you are unsure whether your hospital employs or contracts APRNs or your hospital does not employ APRNs, please proceed to question 28.

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 use the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

	Total number of FTE positions occupied during the week of 01/23/2017 -01/29/2017	Total number of vacant FTEs being recruited during the week of 01/23/2017 -01/29/2017	Total number of vacant FTEs on hold/frozen during the week of 01/23/2017 -01/29/2017	Additional number of FTEs your organization expects to budget next fiscal year
NPs				
CNSs				
CRNAs				
CNMs				

25. 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.

	Number of full-time workers employed 01/01/16	Number of full-time workers employed 12/31/16	Number of part-time workers employed 01/01/16	Number of part-time workers employed 12/31/16	Number of per diem workers employed 01/01/16	Number of per diem workers employed 12/31/16
NPs						
CNSs						
CRNAs						
CNMs						



26. 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.

	Total number of separations during 01/01/2016 - 12/31/2016
NPs	
CNSs	
CRNAs	
CNMs	

27. 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.

	Contract, agency, and traveling staff FTEs employed during 01/23/2017 -01/29/2017
NPs	
CNSs	
CRNAs	
CNMs	

28. Please indicate the methods of interim staffing used and the hours and costs of interim staffing methods used in your hospital from 1/1/2016 through 12/31/2016 for all direct patient care licensed nursing staff. This information can be obtained from your organization's Chief Financial Officer.

	Method Used	Hours	Cost
Voluntary overtime	<input type="checkbox"/>		
In-house staffing pool	<input type="checkbox"/>		
Contract/traveling nurses	<input type="checkbox"/>		
Per diem nurses	<input type="checkbox"/>		
Temporary staffing agencies	<input type="checkbox"/>		
Use of managerial staff to cover duties of absent RNs or vacant positions	<input type="checkbox"/>		
Other interim staffing methods (Please specify):	<input type="checkbox"/>		

Transition to Practice

The Institute of Medicine's Future of Nursing: Leading Change, Advancing Health report made 8 recommendations for the field of nursing. Recommendation 3 from this report is "Implement nurse residency programs." In response to this recommendation, the Texas Center for Nursing Workforce Studies and its Advisory Committee are gathering information on transition to practice programs in nurse employment settings. For the purpose of this survey, transition to practice programs are defined as formal programs of active learning for:

- newly licensed registered nurses (RNs) and licensed vocational nurses (VNs) designed to support their progression from education to practice
- experienced nurses who transition to a new practice setting or specialty
- newly licensed advanced practice registered nurses (APRNs) transitioning to a new practice setting, specialty, or role.

Nurse residency – a series of learning sessions and work experiences that occurs continuously over a predetermined period of time and is designed to assist new employees as they transition to their first professional nursing role. For the purpose of this survey, nurse residency programs are geared toward newly licensed nurses, or nurses licensed for less than one year.

Nurse fellowship – a series of learning sessions and work experiences that occurs continuously over a predetermined period of time and is designed to assist experienced nurses to master new clinical settings or newly certified or licensed advanced practice nurses to master new settings, specialties, or roles.

Student Nurse internship/externship – a training program designed for upper-level nursing students to further develop nursing skills and assist in the successful transfer from educational to clinical settings.

Preceptorship/Mentorship – A formal, one-on-one teaching-learning relationship of predetermined length between a competent preceptor or mentor and a newly licensed nurse that facilitates transition to practice.



Employment model – Under this model, transition to practice programs hire nurses as permanent employees of the health care organization prior to entry into the program.

Non-employment model – Under this model, organizations engage nurses for the duration of the transition to practice program without a commitment for continued employment.

Please tell us about your transition to practice program by answering the following questions.

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

Does your hospital offer the following program type?	Please identify the nurses who are eligible for the transition to practice program offered by your hospital.	Please indicate whether your transition to practice program is an employment or non-employment model.		Length of program in <u>weeks</u>	Number of participants in program during last fiscal year
		Employment Model	Non-employment Model		
<input type="checkbox"/> Nurse Residency	<input type="checkbox"/> Newly licensed VNs <input type="checkbox"/> Newly licensed RNs	○	○		
<input type="checkbox"/> Nurse Fellowship	<input type="checkbox"/> Experienced VNs transitioning to new setting or specialty <input type="checkbox"/> Experienced RNs transitioning to new setting or specialty <input type="checkbox"/> Newly licensed/certified APRNs <input type="checkbox"/> Experienced APRNs transitioning to new setting or specialty	○	○		
<input type="checkbox"/> Student Nurse Internship/Externship	<input type="checkbox"/> VN Students <input type="checkbox"/> RN Students	○	○		
<input type="checkbox"/> Preceptorship/Mentorship (independent of a residency, fellowship, or internship/externship)	<input type="checkbox"/> Newly licensed VNs <input type="checkbox"/> Newly licensed RNs <input type="checkbox"/> Newly licensed/certified APRNs <input type="checkbox"/> Experienced VNs transitioning to new setting or specialty <input type="checkbox"/> Experienced RNs transitioning to new setting or specialty <input type="checkbox"/> Experienced APRNs transitioning to new setting or specialty	○	○		
<input type="checkbox"/> Other program (Please describe in question 30)	<input type="checkbox"/> Newly licensed VNs <input type="checkbox"/> Newly licensed RNs <input type="checkbox"/> Newly licensed/certified APRNs <input type="checkbox"/> Experienced VNs transitioning to new setting or specialty <input type="checkbox"/> Experienced RNs transitioning to new setting or specialty <input type="checkbox"/> Experienced APRNs transitioning to new setting or specialty <input type="checkbox"/> VN Students <input type="checkbox"/> RN Students	○	○		

30. If “Other” transition to practice models are offered, please describe them below.



31. Please identify how the transition to practice program is coordinated in your hospital.

- There is dedicated transition to practice program coordinator position.
- Coordination of the transition to practice program is done by the Chief Nursing Officer or Director of Nursing.
- Coordination of the transition to practice program is done by a nurse manager.
- Other (Please specify):

- I am unsure.

32. 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):

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 2017 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](tel:512-776-2365) or by email at TCNWS@dshs.texas.gov.



**Hospital Nurse Staffing Survey
(HNSS)
Operational Definitions**



2017 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/>

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/>

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>

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>

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>

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.



2017 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/>

Employment model – Under this model, transition to practice programs hire nurses as permanent employees of the health care organization prior to entry into the program.

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>



2017 Hospital Nurse Staffing Study 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>

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/>

Newly Licensed RNs - an RN who has been licensed for less than one year.

Non-employment model – Under this model, organizations engage nurses for the duration of the transition to practice program without a commitment for continued employment.

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>

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's/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>

Nurse Residency – a series of learning sessions and work experiences that occurs continuously over a predetermined period of time and is designed to assist new employees as they transition to their first professional nursing role. For the purpose of this survey, nurse residency programs are geared toward newly licensed nurses, or nurses licensed for less than one year.

Nurse Fellowship – a series of learning sessions and work experiences that occurs continuously over a predetermined period of time and is designed to assist experienced nurses to master new clinical settings or newly certified or licensed advanced practice nurses to master new settings, specialties, or roles.

Overtime - the additional hours worked beyond a nurse’s regularly scheduled hours for which your organization compensates at an overtime rate.

2017 Hospital Nurse Staffing Study 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/>

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/> 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>>

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>

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>

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:** “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/>

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/>



2017 Hospital Nurse Staffing Study Operational Definitions

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

Preceptorship/Mentorship – A formal, one-on-one teaching-learning relationship of predetermined length between a competent preceptor or mentor and a newly licensed nurse that facilitates transition to practice.

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>

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.

http://www.nursingworkforcecenters.org/resources/files/Nurse_Demand_Dataset.pdf

Staffed beds - the number of beds regularly available (those set up and staffed for use). Report only operating beds, not constructed bed capacity. Include all bed facilities that are set up and staffed for use by inpatients who have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, post anesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital. **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/>

Student Nurse Internship/Externship – a training program designed for upper-level nursing students to further develop nursing skills and assist in the successful transfer from educational to clinical settings.



2017 Hospital Nurse Staffing Study Operational Definitions

Teaching Hospital – individual hospitals, health systems, and health networks that deliver medical care to patients and provide clinical education and training for preparing healthcare professionals, as verified through membership in the Council of Teaching Hospitals (COTH). **Source:** Association of American Medical Colleges. <https://www.aamc.org/about/membership/378786/teachinghospitals.html>

Temporary Staffing Agencies – agencies through which nurses contract in order to provide nursing services to an organization, rather than being employed by the organization itself. **Source:** Page, AEK. (2008). Temporary, Agency, and Other Contingent Workers. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US), chapter 27.

Transition to Practice Program – formal programs of active learning for:

- newly licensed registered nurses (RNs) and licensed vocational nurses (VNs) designed to support their progression from education to practice
- experienced nurses who transition to a new practice setting or specialty
- newly licensed advanced practice registered nurses (APRNs) transitioning to a new practice setting, specialty, or role.

Trauma Center - a hospital that is designated as a trauma facility by the Texas Department of State Health Services to provide emergency and specialized intensive care to critically ill and injured patients. Level I: a comprehensive trauma facility that manages major and severe trauma patients. Level II: a major trauma facility that provides services similar to a Level I trauma facility, although research and some medical specialty areas are not required. Level III: a general trauma facility that provides resuscitation, stabilization and assessment of injury victims and either provides treatment or arranges for appropriate transfer to a higher level trauma facility. Level IV: a basic trauma facility that provides resuscitation and stabilization, and arranges for appropriate transfer of major and severe trauma patients to a higher-level trauma facility. **Source:** Texas Administrative Code, Chapter 25, Part 1, Chapter 157, Subchapter A, Rule 157.2.



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 82 Metropolitan and 172 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.

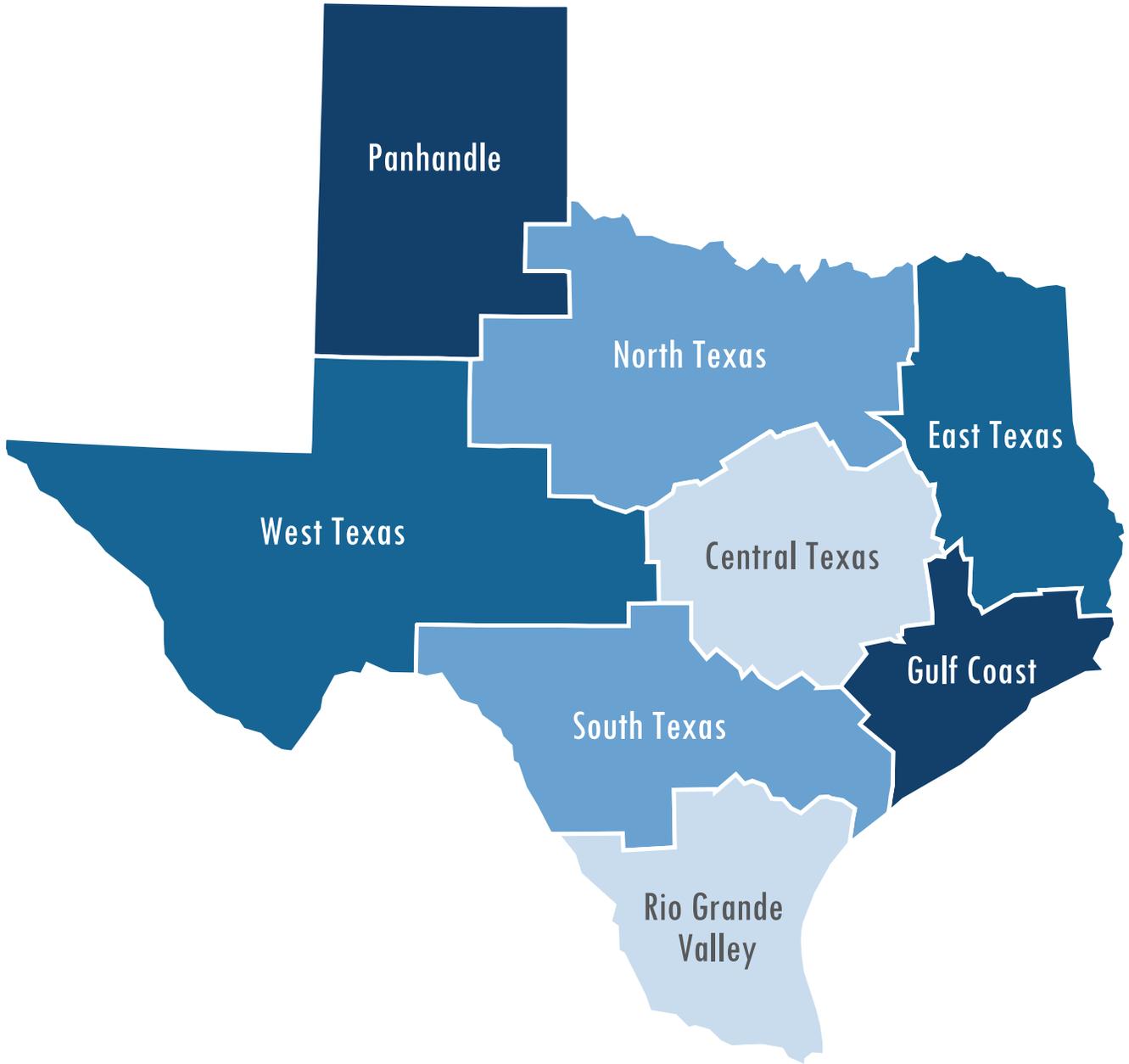
This border designation includes 32 Texas counties:

Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

The remaining 222 counties are Non-Border.

Five of the 32 border counties are designated as Metropolitan.

HNSS Region Map



2017 Texas Counties, Alphabetical Order

County Name	HNSS Region	Metropolitan Status	Border Status
Anderson	East Texas	Non-Metro	Non-Border
Andrews	West Texas	Non-Metro	Non-Border
Angelina	East Texas	Non-Metro	Non-Border
Aranas	Rio Grande Valley	Metro	Non-Border
Archer	North Texas	Metro	Non-Border
Armstrong	Panhandle	Metro	Non-Border
Atascosa	South Texas	Metro	Non-Border
Austin	Gulf Coast	Metro	Non-Border
Bailey	Panhandle	Non-Metro	Non-Border
Bandera	South Texas	Metro	Non-Border
Bastrop	Central Texas	Metro	Non-Border
Baylor	North Texas	Non-Metro	Non-Border
Bee	Rio Grande Valley	Non-Metro	Non-Border
Bell	Central Texas	Metro	Non-Border
Bexar	South Texas	Metro	Non-Border
Blanco	Central Texas	Non-Metro	Non-Border
Borden	West Texas	Non-Metro	Non-Border
Bosque	Central Texas	Non-Metro	Non-Border
Bowie	East Texas	Metro	Non-Border
Brazoria	Gulf Coast	Metro	Non-Border
Brazos	Central Texas	Metro	Non-Border
Brewster	West Texas	Non-Metro	Border
Briscoe	Panhandle	Non-Metro	Non-Border
Brooks	Rio Grande Valley	Non-Metro	Border
Brown	North Texas	Non-Metro	Non-Border
Burleson	Central Texas	Metro	Non-Border
Burnet	Central Texas	Non-Metro	Non-Border
Caldwell	Central Texas	Metro	Non-Border
Calhoun	South Texas	Metro	Non-Border
Callahan	North Texas	Metro	Non-Border
Cameron	Rio Grande Valley	Metro	Border
Camp	East Texas	Non-Metro	Non-Border
Carson	Panhandle	Metro	Non-Border
Cass	East Texas	Non-Metro	Non-Border
Castro	Panhandle	Non-Metro	Non-Border
Chambers	Gulf Coast	Metro	Non-Border
Cherokee	East Texas	Non-Metro	Non-Border
Childress	Panhandle	Non-Metro	Non-Border
Clay	North Texas	Metro	Non-Border
Cochran	Panhandle	Non-Metro	Non-Border
Coke	West Texas	Non-Metro	Non-Border
Coleman	North Texas	Non-Metro	Non-Border
Collin	North Texas	Metro	Non-Border
Collingsworth	Panhandle	Non-Metro	Non-Border
Colorado	Gulf Coast	Non-Metro	Non-Border
Comal	South Texas	Metro	Non-Border
Comanche	North Texas	Non-Metro	Non-Border

County Name	HNSS Region	Metropolitan Status	Border Status
Concho	West Texas	Non-Metro	Non-Border
Cooke	North Texas	Non-Metro	Non-Border
Coryell	Central Texas	Metro	Non-Border
Cottle	North Texas	Non-Metro	Non-Border
Crane	West Texas	Non-Metro	Non-Border
Crockett	West Texas	Non-Metro	Border
Crosby	Panhandle	Metro Non-	Border
Culberson	West Texas	Non-Metro	Border
Dallam	Panhandle	Non-Metro	Non-Border
Dallas	North Texas	Metro	Non-Border
Dawson	West Texas	Non-Metro	Non-Border
Deaf Smith	Panhandle	Non-Metro	Non-Border
Delta	East Texas	Metro	Non-Border
Denton	North Texas	Metro	Non-Border
DeWitt	South Texas	Non-Metro	Non-Border
Dickens	Panhandle	Non-Metro	Non-Border
Dimmit	South Texas	Non-Metro	Border
Donley	Panhandle	Non-Metro	Non-Border
Duval	Rio Grande Valley	Non-Metro	Border
Eastland	North Texas	Non-Metro	Non-Border
Ector	West Texas	Metro	Non-Border
Edwards	South Texas	Non-Metro	Border
Ellis	North Texas	Metro	Non-Border
El Paso	West Texas	Metro	Border
Erath	North Texas	Non-Metro	Non-Border
Falls	Central Texas	Non-Metro	Non-Border
Fannin	North Texas	Non-Metro	Non-Border
Fayette	Central Texas	Non-Metro	Non-Border
Fisher	North Texas	Non-Metro	Non-Border
Floyd	Panhandle	Non-Metro	Non-Border
Foard	North Texas	Non-Metro	Non-Border
Fort Bend	Gulf Coast	Metro	Non-Border
Franklin	East Texas	Non-Metro	Non-Border
Freestone	Central Texas	Non-Metro	Non-Border
Frio	South Texas	Non-Metro	Border
Gaines	West Texas	Non-Metro	Non-Border
Galveston	Gulf Coast	Metro	Non-Border
Garza	Panhandle	Non-Metro	Non-Border
Gillespie	South Texas	Non-Metro	Non-Border
Glasscock	West Texas	Non-Metro	Non-Border
Goliad	South Texas	Metro	Non-Border
Gonzales	South Texas	Non-Metro	Non-Border
Gray	Panhandle	Non-Metro	Non-Border
Grayson	North Texas	Metro	Non-Border
Gregg	East Texas	Metro	Non-Border
Grimes	Central Texas	Non-Metro	Non-Border
Guadalupe	South Texas	Metro	Non-Border



County Name	HNSR Region	Metropolitan Status	Border Status
Hale	Panhandle	Non-Metro	Non-Border
Hall	Panhandle	Non-Metro	Non-Border
Hamilton	Central Texas	Non-Metro	Non-Border
Hansford	Panhandle	Non-Metro	Non-Border
Hardeman	North Texas	Non-Metro	Non-Border
Hardin	Gulf Coast	Metro	Non-Border
Harris	Gulf Coast	Metro	Non-Border
Harrison	East Texas	Non-Metro	Non-Border
Hartley	Panhandle	Non-Metro	Non-Border
Haskell	North Texas	Non-Metro	Non-Border
Hays	Central Texas	Metro	Non-Border
Hemphill	Panhandle	Non-Metro	Non-Border
Henderson	East Texas	Non-Metro	Non-Border
Hidalgo	Rio Grande Valley	Metro	Border
Hill	Central Texas	Non-Metro	Non-Border
Hockley	Panhandle	Non-Metro	Non-Border
Hood	North Texas	Non-Metro	Non-Border
Hopkins	East Texas	Non-Metro	Non-Border
Houston	East Texas	Non-Metro	Non-Border
Howard	West Texas	Non-Metro	Non-Border
Hudspeth	West Texas	Non-Metro	Non-Metro
Hunt	North Texas	Metro	Non-Border
Hutchinson	Panhandle	Non-Metro	Non-Border
Irion	West Texas	Metro	Non-Border
Jack	North Texas	Non-Metro	Non-Border
Jackson	South Texas	Non-Metro	Non-Border
Jasper	East Texas	Non-Metro	Non-Border
Jeff Davis	West Texas	Non-Metro	Border
Jefferson	Gulf Coast	Metro	Non-Border
Jim Hogg	Rio Grande Valley	Non-Metro	Border
Jim Wells	Rio Grande Valley	Valley	Non-Metro
Johnson	North Texas	Metro	Non-Border
Jones	North Texas	Metro	Non-Border
Karnes	South Texas	Non-Metro	Non-Border
Kaufman	North Texas	Metro	Non-Border
Kendall	South Texas	Metro	Non-Border
Kenedy	Rio Grande Valley	Non-Metro	Border
Kent	North Texas	Non-Metro	Non-Border
Kerr	South Texas	Non-Metro	Non-Border
Kimble	West Texas	Non-Metro	Non-Border
King	Panhandle	Non-Metro	Non-Border
Kinney	South Texas	Non-Metro	Border
Kleberg	Rio Grande Valley	Non-Metro	Non-Border
Knox	North Texas	Non-Metro	Non-Border
Lamar	East Texas	Non-Metro	Non-Border
Lamb	Panhandle	Non-Metro	Non-Border
Lampasas	Central Texas	Metro	Non-Border
La Salle	South Texas	Non-Metro	Border

County Name	HNSR Region	Metropolitan Status	Border Status
Lavaca	South Texas	Non-Metro	Non-Border
Lee	Central Texas	Non-Metro	Non-Border
Leon	Central Texas	Non-Metro	Non-Border
Liberty	Gulf Coast	Metro	Non-Border
Limestone	Central Texas	Non-Metro	Non-Border
Lipscomb	Panhandle	Non-Metro	Non-Border
Live Oak	Rio Grande Valley	Non-Metro	Non-Border
Llano	Central Texas	Non-Metro	Non-Border
Loving	West Texas	Non-Metro	Non-Border
Lubbock	Panhandle	Metro	Non-Border
Lynn	Panhandle	Non-Metro	Non-Border
McCulloch	West Texas	Non-Metro	Non-Border
McLennan	Central Texas	Metro	Non-Border
McMullen	Rio Grande Valley	Non-Metro	Border
Madison	Central Texas	Non-Metro	Non-Border
Marion	East Texas	Non-Metro	Non-Border
Martin	West Texas	Non-Metro	Non-Border
Mason	West Texas	Non-Metro	Non-Border
Matagorda	Gulf Coast	Non-Metro	Non-Border
Maverick	South Texas	Non-Metro	Border
Medina	South Texas	Metro	Non-Border
Menard	West Texas	Non-Metro	Non-Border
Midland	West Texas	Metro	Non-Border
Milam	Central Texas	Non-Metro	Non-Border
Mills	Central Texas	Non-Metro	Non-Border
Mitchell	North Texas	Non-Metro	Non-Border
Montague	North Texas	Non-Metro	Non-Border
Montgomery	Gulf Coast	Metro	Non-Border
Moore	Panhandle	Non-Metro	Non-Border
Morris	East Texas	Non-Metro	Non-Border
Motley	Panhandle	Non-Metro	Non-Border
Nacogdoches	East Texas	Non-Metro	Non-Border
Navarro	North Texas	Non-Metro	Non-Border
Newton	East Texas	Non-Metro	Non-Border
Nolan	North Texas	Non-Metro	Non-Border
Nueces	Rio Grande Valley	Metro	Non-Border
Ochiltree	Panhandle	Non-Metro	Non-Border
Oldham	Panhandle	Non-Metro	Non-Border
Orange	Gulf Coast	Metro	Non-Border
Palo Pinto	North Texas	Non-Metro	Non-Border
Panola	East Texas	Non-Metro	Non-Border
Parker	North Texas	Metro	Non-Border
Parmer	Panhandle	Non-Metro	Non-Border
Pecos	West Texas	Non-Metro	Border
Polk	East Texas	Non-Metro	Non-Border
Potter	Panhandle	Metro	Non-Border
Presidio	West Texas	Non-Metro	Border
Rains	East Texas	Non-Metro	Non-Border



County Name	HHHCNSS Region	Metropolitan Status	Border Status
Randall	Panhandle	Metro	Non-Border
Reagan	West Texas	Non-Metro	Non-Border
Real	South Texas	Non-Metro	Border
Red River	East Texas	Non-Metro	Non-Border
Reeves	West Texas	Non-Metro	Border
Refugio	Rio Grande Valley	Non-Metro	Non-Border
Roberts	Panhandle	Non-Metro	Non-Border
Robertson	Central Texas	Metro	Non-Border
Rockwall	North Texas	Metro	Non-Border
Runnels	North Texas	Non-Metro	Non-Border
Rusk	East Texas	Metro	Non-Border
Sabine	East Texas	Non-Metro	Non-Border
San Augustine	East Texas	Non-Metro	Non-Border
San Jacinto	East Texas	Metro	Non-Border
San Patricio	Rio Grande Valley	Metro	Non-Border
San Saba	Central Texas	Non-Metro	Non-Border
Schleicher	West Texas	Non-Metro	Non-Border
Scurry	North Texas	Non-Metro	Non-Border
Shackelford	North Texas	Non-Metro	Non-Border
Shelby	East Texas	Non-Metro	Non-Border
Sherman	Panhandle	Non-Metro	Non-Border
Smith	East Texas	Metro	Non-Border
Somervell	North Texas	Non-Metro	Non-Border
Starr	Rio Grande Valley	Non-Metro	Border
Stephens	North Texas	Non-Metro	Non-Border
Sterling	West Texas	Non-Metro	Non-Border
Stonewall	North Texas	Non-Metro	Non-Border
Sutton	West Texas	Non-Metro	Border
Swisher	Panhandle	Non-Metro	Non-Border
Tarrant	North Texas	Metro	Non-Border
Taylor	North Texas	Metro	Non-Border
Terrell	West Texas	Non-Metro	Border
Terry	Panhandle	Non-Metro	Non-Border
Throckmorton	North Texas	Non-Metro	Non-Border
Titus	East Texas	Non-Metro	Non-Border
Tom Green	West Texas	Metro	Non-Border
Travis	Central Texas	Metro	Non-Border
Trinity	East Texas	Non-Metro	Non-Border
Tyler	East Texas	Non-Metro	Non-Border
Upshur	East Texas	Metro	Non-Border
Upton	West Texas	Non-Metro	Non-Border
Uvalde	South Texas	Non-Metro	Border
Wilbarger	North Texas	Non-Metro	Non-Border
Willacy	Rio Grande Valley	Non-Metro	Border
Williamson	Central Texas	Metro	Non-Border
Wilson	South Texas	Metro	Non-Border
Winkler	West Texas	Non-Metro	Non-Border
Wise	North Texas	Metro	Non-Border

County Name	HHHCNSS Region	Metropolitan Status	Border Status
Wood	East Texas	Non-Metro	Non-Border
Yoakum	Panhandle	Non-Metro	Non-Border
Young	North Texas	Non-Metro	Non-Border
Zapata	Rio Grande Valley	Non-Metro	Border
Zavala	South Texas	Non-Metro	Border

