

2024 Hospital Nurse Staffing Study

Dear Chief Nursing Officer:

The Texas Center for Nursing Workforce Studies (TCNWS) at the Department of State Health Services is asking all Chief Nursing Officers/Directors of Nursing of hospitals in Texas to complete a short survey in spring 2024. Data collected from this survey will help guide stakeholders and legislators in developing policy recommendations and establishing legislative priorities. TCNWS is the only organization that collects this important information.

This letter and the attached materials will provide you with the information on how to complete this valuable survey. You can see the full results from the 2022 Hospital Nurse Staffing Survey (HNSS) at <https://dshs.texas.gov/chs/cnws/Nurse-Staffing-Studies.aspx>.

How to Submit the Survey

- **Online:** Visit <https://www.dshs.texas.gov/texas-center-nursing-workforce-studies/employer-nurse-staffing-studies/2024-HNSS> and complete the survey by Friday March 15th, 2024.
- **By Mail, Fax or Email:** We encourage you to complete the survey online but you may also submit a completed copy of the survey by fax to 512-776-7344, by scan and email to TCNWS@dshs.texas.gov or by mail to:

Department of State Health Services
Center for Health Statistics—MC1898
Texas Center for Nursing Workforce Studies
P.O. Box 149347
Austin, TX 78714 - 9347

Materials Needed

In this packet you will find the survey and operational definitions. We suggest using the paper copy of the survey to help gather the information you will need to complete the survey online. Having all the information you need in front of you when you log in to the online survey will make the process easier.

Reporting & Confidentiality

We are committed to making sure that the findings from this survey get disseminated widely. **Please be assured that your survey responses will be strictly confidential. All findings will be reported in aggregate form only. Individual facility data will not be identified.** By participating in this survey you are helping in the development of health policy and assisting programs in addressing the nursing shortage.

Contact Information

If you have any questions or concerns, please contact the Texas Center for Nursing Workforce Studies at 512-517-6902, or by email at TCNWS@dshs.texas.gov.

Sincerely,

Pam Lauer

Program Director for the Texas Center for Nursing Workforce Studies





Welcome to the 2024 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 assessing 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, March 15th, 2024.**

Survey Link: Scan the QR code to the right or visit <http://www.dshs.texas.gov/chs/nursingworkforce/> to complete the online survey using your paper survey as a reference.



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

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. 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

In questions 4-5, please provide staffing numbers for all registered nurses (RNs), licensed vocational nurses (LVNs), certified nurse aides (CNAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), and certified nurse midwives (CNMs). ONLY include direct patient care staff. Please enter "N/A" if your hospital does not employ the particular type of nurse.

4. Please report **FTEs** (full-time equivalents) as defined by your organization in this question.

	On 1/1/2024:				In the next fiscal year:
	Total budgeted paid FTE positions	Total number of occupied FTE positions	Contract, agency, and traveling staff FTEs employed	Per diem FTEs employed	Additional number of FTEs your organization expects to budget
RNs					
LVNs					
NPs					
CNSs					
CRNAs					
CNMs					
CNAs					

5. Please report a **head count** in this question. Do not include agency, contract, or traveling nurses.

	Number of workers employed 1/1/23:		Number of workers employed 12/31/23:		Total number of separations (voluntary and involuntary) during 1/1/2023 - 12/31/2023
	Full-time	Part-time	Full-time	Part-time	
RNs					
LVNs					
NPs					
CNSs					
CRNAs					
CNMs					
CNAs					

6. What was the turnover rate (voluntary and involuntary), as calculated by your organization, of first-year RNs during 1/1/2023-12/31/2023?

7. Please specify how many contract RN and LVN FTEs (includes staffing agency and traveling nurses; excludes Regional Advisory Council (RAC) nurses provided by the State) your hospital employed and the actual cost (NOT budgeted cost) of those FTEs during the following calendar years:

	Year	Contract, agency, and traveling nurse FTEs employed	Cost
LVN	2022		
	2023		
RN	2022		
	2023		

8. 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 9]
- Decreased [Skip to question 10]
- No change [Skip to question 10]

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

- Patient volume
- Patient acuity
- Decrease in nurse/patient ratios
- Addition of new beds
- Addition of new units and services
- Transforming LVN positions to RN positions
- Staffing committee request/recommendation
- Other (Please specify):

10. Where did you focus your RN recruitment efforts over the past year? Select all that apply.

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

11. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric Medical/Surgical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Intensive Care/ Critical Care (include ICU, CCU, SICU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric Intensive Care/ Critical Care (includes ICU, CCU, SICU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology/ Labor & Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neonatal ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operating Room/ Recovery Care (including outpatient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psych/Mental Health/ Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Direct Patient Care RNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Which of these nursing staff recruitment and retention strategies does your hospital use? Select all that apply.

- NONE
- Health insurance
- Retirement plan
- Paid time off (PTO)
- Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)
- Reimbursement for workshops/conferences
- Sign-on bonus
- Bonus for recruiting nursing staff to the organization
- Career ladder positions for RNs/LVNs/APRNs
- Career ladder positions for nurse aides
- Flexible scheduling or job sharing
- Shift differential
- Merit bonus
- Sabbatical
- Tuition (reimbursement or direct payment for employees/new hires)
- Financial assistance in receiving certifications or further education
- Payback for unused sick/vacation time
- Other (Please specify):

13. In the past 3 years (since the pandemic) has your organization implemented new onboarding strategies?

- No
- Yes (please specify):

14. What career development opportunities does your organization offer for nursing professionals?

15. Regarding newly licensed nurses, what gaps in curriculum/educational preparation have you noticed?

Note: newly licensed nurses are defined as those who have had a license for less than a year.

Workplace Violence

The following questions relate to your organization's practices and strategies to prevent workplace 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, verbal abuse, and use of a weapon. Workplace violence can be perpetrated by anyone including patients, visitors, peers, and other healthcare providers or staff.

Please note that data from this survey is reported in aggregate and responses by individual facilities will not be reported.

****During the 88th Texas Legislative Session, Senate Bill (SB) 240 ([Texas Health and Safety Code, Title 4, Subtitle H, Chapter 331 - Workplace Violence Prevention](#)) was signed into law and requires Texas healthcare facilities to “adopt, implement, and enforce a written workplace violence prevention policy” and a “written workplace violence prevention plan.” Facilities must comply with SB 240's provisions by September 1, 2024. Each facility must establish a workplace violence prevention committee or authorize an existing facility committee to develop the workplace violence prevention plan. Facilities are defined as:**

- Home and community support services agencies that are licensed or licensed and certified to provide home health services and that employ at least two registered nurses
- Licensed hospitals and hospitals maintained or operated by a Texas state agency that are exempt from licensing
- Licensed nursing facilities that employ at least two registered nurses
- Licensed ambulatory surgical centers
- Freestanding emergency medical care facilities; and
- Licensed mental hospitals

16. Before receiving this survey, were you aware of the passing of SB 240?

- Yes
- No

17. Is your facility already meeting the requirements of SB 240?

- Yes, our facility already meets the requirements.
- No, but our facility is working on implementing the different requirements.
- No, our facility needs assistance or resources in order to implement the requirements.

18. Please select what aspects of the Texas Health and Safety Code, Title 4, Subtitle H, Chapter 331 your facility needs assistance or resources in order to implement. Select all that apply.

- No assistance or resources needed, my facility is working toward implementing these requirements.
- Workplace violence prevention committee
- Workplace violence prevention policy
- Workplace violence prevention plan - adopting a workplace violence definition
- Workplace violence prevention plan - workplace violence prevention training
- Workplace violence prevention plan - system for responding to and investigating violent incidents
- Workplace violence prevention plan - addressing physical security and safety
- Workplace violence prevention plan - soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
- Workplace violence prevention plan - allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
- Workplace violence prevention plan - adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee

19. What strategies has your facility implemented to prevent or reduce workplace violence? Select all that apply.

- Having a workplace violence definition
- Staff training
- System for responding to and investing violent incidents
- Addressing physical security and safety
- Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
- Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
- Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee
- Alarms and monitors (including panic buttons)
- Assessment of work areas for risk factors
- Screening patients for risk of violence
- Investigation of reported incidents
- Personal alarms
- Restricted access
- Restricted, reduced, or limited visitors
- Emergency response team
- Static or rounding security personnel
- Availability of escorts
- Chaperones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reduced crowding in clinical environment
- Exit strategies
- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
- Use of a flagging system to alert staff of high-risk patients based on previous incidents
- Tracking of incidents and analysis of data by role
- Use of virtual sitters
- Advanced weapons detection system
- Other (Please specify):

20. Which of the strategies implemented at your facility has been most successful in preventing workplace violence? Select only one option.

- Having a workplace violence definition
- Staff training
- System for responding to and investing violent incidents
- Addressing physical security and safety
- Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
- Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
- Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee
- Alarms and monitors (including panic buttons)
- Assessment of work areas for risk factors
- Screening patients for risk of violence
- Investigation of reported incidents
- Personal alarms
- Restricted access
- Restricted, reduced, or limited visitors
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- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
- Use of a flagging system to alert staff of high-risk patients based on previous incidents
- Tracking of incidents and analysis of data by role
- Use of virtual sitters
- Advanced weapons detection system
- Other (Please specify):

21. If your organization has a nurse 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

22. What does your facility use to track incidents of workplace violence?

- My facility doesn't currently track incidents of workplace violence
- An incident reporting system/software
- A spreadsheet
- Other (please specify):

23. Please indicate whether your facility tracks any of the following types of violence against employees or providers. Select all that apply.

- All incidents of physical assault
- Only incidents of physical assault reported to law enforcement
- Incidents of threat
- Incidents of sexual harassment
- Incidents of verbal abuse
- Use of a weapon
- My organization does not currently track incidents of workplace violence

24. Please indicate the types of incidents employees or providers are required to report. Select all that apply.

- Workplace violence incidents are not required to report
- Physical assault from patient or visitor
- Physical assault from staff or health care provider
- Threat from patient or visitor
- Threat from staff or health care provider
- Sexual harassment from patient or visitor
- Sexual harassment from staff or health care provider
- Verbal abuse from patient or visitor
- Verbal abuse from staff or health care provider
- Use of a weapon from patient or visitor
- Use of a weapon from staff or health care provider

25. Please indicate how your facility 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 plan or policy.

26. Please indicate the elements of reported incidents that are evaluated. Select all that apply.

- Reported incidents are not evaluated
- Number of violent incidents reported
- Costs associated with incidents (e.g. worker's compensation)
- Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)
- Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow-up)
- Location or unit in which incidents occurred
- Time at which incidents occurred
- Characteristics of the perpetrator
- Characteristics of provider or employee(s) involved in incident(s) (degree, years of experience, etc)
- Procedures being conducted at time of incidents
- Staffing levels at time of incidents
- Whether victims completed workplace violence prevention training prior to incidents
- Involvement of security personnel or law enforcement in incidents
- The number of providers or employees who leave because of a workplace violence incident
- Other (please specify):

27. In the past year, how has your organization's experience of workplace violence changed?

	Increased	Decreased	Stayed the same
Incidents:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incident Reporting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Is follow-up support, such as counseling, made available to providers or employees at your facility who are subjected to workplace violence?

- Yes
- No [Skip to question 30]
- I don't know/I am unsure [Skip to question 30]

29. If you answered "Yes" to question 28, please select the types of support made available. Select all that apply.

- Peer support - qualified trained peers
- Counseling through Employee Assistance Program
- Critical Incident Stress Management Intervention
- Other (please specify):

30. Please fill out the table below regarding the types of workplace violence prevention training your facility requires at the time of this survey.

	Frequency of required training	Competency Evaluation
Workplace violence awareness training	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on proper techniques for de-escalation	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on specific evasion techniques	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on proper patient containment measures	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on identifying characteristics associated with aggressive and violent behavior	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Training on Trauma Informed Care	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed
Other (Please specify):	<input type="radio"/> Not required <input type="radio"/> Only the initial training is required <input type="radio"/> Initial training and ongoing training are required	<input type="radio"/> Competency is assessed after initial training only <input type="radio"/> Competency is assessed after initial training and ongoing trainings <input type="radio"/> Competency is not assessed

31. Please use the space below to make any comments related to workplace violence.

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 2024 Hospital Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, contact the Texas Center for Nursing Workforce Studies by email at TCNWS@dshs.texas.gov.

2024 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. 23." 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/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. 22" 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/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. December 2021. <https://www.midwife.org/Full-Practice-Authority>

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: TCNWS modified definition from the American Association of Nurse Anesthesiology. March 2022. <https://www.aana.com/membership/become-a-crna/crna-fact-sheet>

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:** TCNWS modified definition from the National Association of Clinical Nurse Specialists. March 2022. <https://nacns.org/about-us/what-is-a-cns/>

Contract/Agency/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.

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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. 25.” 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/chs/hosp/>

Full-time - a nurse who works a full work week and full work year, as defined by the employer. **Source:** TCNWS modified definition from The National Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.

https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.pdf

Full-time Equivalent (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.

Licensed Beds - the total number of beds authorized by the state licensing (certifying) agency. **Source:** “Section E, pg. 31” 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/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:** The National Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.

https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.pdf

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. 23.” 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/chs/hosp/>

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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:** The National Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.

https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.pdf

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:** TCNWS modified definition from the American Association of Nurse Practitioners. <https://www.aanp.org/about/all-about-nps/whats-a-nurse-practitioner>

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. 22." 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/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. 27," "Operating room" found in "Section E, pg. 32." 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/chs/hosp/> and "Postanesthesia Care Standards for the Certified Registered Nurse Anesthetist." American Association of Nurse Anesthetists. https://canainc.org/wp-content/uploads/2018/06/CANA-AANA-Post-Anesthesia-Standards-for-CRNA-Practice_2013.pdf?msclkid=899d2567a54011ecb8f77c2038c20b0e

Part-time - a nurse who works less than full-time, as defined by the employer. **Source:** The National Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.

https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.pdf

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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. 23.” 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/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 C, pg. 23” and “Pediatric medical-surgical care” found in “Section C, pg. 23.” 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/chs/hosp/>

Per diem - A per diem nurse is utilized by a provider agency either by [1] being a regular employee who is not scheduled for regular work but must be available for sporadic work with the option to say yes or no to the work offer, or [2] employed by a staffing service that has a contract to provide temporary and sporadic staffing to a provider agency and the nurse is a regular employee of the staffing service. A per diem nurse can have work relationships with a variety of units and a variety of provider agencies at the same time. Some employers require a minimum hours of work commitment for nurses to remain on a per diem status. This is to maintain competency with policies, procedures, and facility orientations. Additional requirements may include schedule requirements such as one weekend a month or some holiday work. **Source:** The National Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.

https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.pdf

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. 24.” 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/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:** The National Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.

https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.pdf

2024 Hospital Nurse Staffing Study Operational Definitions

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 National Forum of State Nursing Workforce Centers Minimum Nurse Demand Dataset.
https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.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 E, pg. 31" 2022 Annual Survey of Hospitals. Texas Department of State Health Services. <https://www.dshs.texas.gov/chs/hosp/>