



The Ideal Hospital Project's
Work Environment Survey 2006-2007
Supplement to the Annual Report

July 2007

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Introduction

The 2006 Work Environment Survey is part of the quality improvement project, *The Ideal Hospital Project*, developed by the Gulf Coast Health Services Steering Committee (GCHSSC). This committee consists of a regional partnership including the Greater Houston Partnership, the Gulf Coast Workforce Board, participating hospitals, and nursing schools. The Work Environment project is funded in part by a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Nurse Education, Practice and Retention Program.

The Gulf Coast region consists of 13 counties facing a substantial current nurse shortage and large expected annual growth rates for nursing jobs. All or parts of each of the 13 counties in the region have been designated as underserved by the Bureau of Primary Health Care, Health Resources and Services Administration. The region has 17 hospitals that are classified as rural or are located in Medically Underserved Areas (MUAs) or Health Professional Shortage Areas (HPSAs). The current nursing workforce does not reflect the great ethnic diversity of the Gulf Coast region, especially the limited English proficiency of many residents.

The GCHSSC Work Environment Workgroup developed an industry model rather than an individual organization approach for improving the work environment. This model creates a shared vision of the ideal hospital work environment and measures progress toward this ideal. It encourages and supports participating hospitals to share best practices with others in the region. The “how’s” of the model, such as which practices to modify as first priorities, are left up to the individual hospitals so that they may customize their improvement plan according to their needs. The model is dynamic. Annual survey reviews accommodate adjustments to the vision and to current industry norms as participating hospitals make improvements. The analysis can be aggregated at both hospital and industry levels, so it also establishes a mechanism for individual and collective accountability.

The model incorporates four steps:

- 1. Envisioning the Ideal Work Environment.** The Gulf Coast Health Services Steering Committee participating hospitals have identified the key dimensions of the ideal hospital work environment and set the highest standards of performance possible. These ideal statements contain definitions, standards, example best practices, and measures of effectiveness for these five dimensions (see Appendix A).
- 2. Assessing the Current Work Environment.** Each participating hospital shares measurement data and examples of best practices in return for a customized report, comparing that hospital’s performance to the industry norm. Individual comparative data is only given to the hospital owner of the data. Other reports are anonymous.
- 3. Defining the Industry Norm.** The industry norm or standard is established by determining the median performance of all participating hospitals on each measure.
- 4. Recognizing Outstanding Performance and Sharing Best Practices.** A best practice regional learning exchange encourages and facilitates the sharing of best practices. Annually, a conference is held to recognize outstanding participation and innovative best practices. This event also enables participants from different hospitals to develop networks among interested professionals in the area. Information from the learning exchange is posted on the Steering Committee’s website thereby creating a clearinghouse of information.

The model's primary strategy is to establish best practices that change the work environments in hospitals consistent with the Ideal Work Environment Model. These types of activities enhance collaboration and communication among nurses and other health professionals, including physicians, as well as promote the full involvement of nursing professionals in organizational and clinical decision-making.

The Ideal Work Environment Model includes:

- **Professionalism:** Professional behavior standards are developed and disseminated to all employees and are modeled by hospital executives. In the ideal work environment, part of executive pay is contingent on demonstrated professionalism.
- **Interpersonal Communications and Teamwork:** Hospital leaders create an open environment that supports the free sharing of information, as evidenced by listening behaviors, so that all providers contribute their expertise and participate in decision making without being belittled or ridiculed by staff with more power and greater status, and without fear of retaliation. These competencies are established on a multidisciplinary basis and are related to patient care outcomes, not to the preferences, needs, or desires of the patient care professional, ensuring that the system is patient-driven, not provider-driven.
- **Staff training and development:** The hospital makes a strong commitment to lifelong learning for all staff, including financial support, career counseling, mentoring, leadership and management training, cross-cultural skills training, and to methods that include collaboration with institutions of higher education and utilize cutting-edge technology.
- **Environmental factors:** Front-line staff participate in strategic and operational decision-making, implement practices to ensure a safe work environment, and participate in scheduling and workload decision making that is data-driven and supports the principles of balanced work and family life. In addition, work is designed to be meaningful and rewarding and to accommodate older patient care professionals.
- **Economic considerations:** Healthcare professionals are compensated at levels that encourage them to continue in direct patient care positions. That includes setting salaries so that point-of-service professionals are compensated well and in a way that is superior to those working in less stressful work environments within and outside of hospitals. Compensation and the work environment create positive career options, thus increasing retention. Finally, compensation is based on demonstrated core competencies.

The Gulf Coast Health Services Steering Committee believes that by successfully implementing best practices from the many hospitals participating in this project, all hospitals can improve their work environments and achieve substantial success on measures such as job satisfaction, employee satisfaction, patient treatment outcomes and financial performance. These strategies are similar to, but more ambitious than, those characteristics required for Magnet Hospital certification. In addition, the Steering Committee believes that creating a positive work environment is one strategy to increase the attractiveness of the healthcare professions, especially nursing, to the diverse array of potential employees in the region. If so, the nursing workforce will grow to reflect more closely the diversity of the region's population. This will tend to increase the cultural competency of the healthcare staff and to improve the care of patients.

Methodology

Survey Development

The 2006 Work Environment Survey is very similar to Work Environment Surveys of 2003 through 2005. It is the fourth in a series of annual surveys repeated as part of the continuing process to improve the work environments in area hospitals. Repeated measurements enable the identification of trends in performance improvement and track relationships between performance drivers and successful outcomes.

The 2006 Work Environment Survey's measures were developed by the Work Environment Workgroup, a subcommittee of the Gulf Coast Health Services Steering Committee (see *The Ideal Hospital Project's Work Environment Survey 2006-2007 Annual Report* for a list of members). This volunteer group, consisting of leaders in human resources and nursing from regional hospitals as well as academicians and consultants, has significant experience in hospital administration, hospital outcomes measurement, benchmarking, and survey design. Members used the Work Environment Survey 2005 as a starting place for the development of the 2006 survey. A survey review committee of the Work Environment Workgroup considered revisions regarding deletions, additions, or changes to the survey for 2006. Members considered the perceived importance of the measures, their reliability, and the ability or willingness of hospitals to provide data in the manner requested. The Project Coordinator compiled their information and presented a summary recommendation report to the Work Environment Workgroup. Suggested changes were adopted by the Workgroup.

The timing of the survey was changed in response to hospital complaints that the survey deadline coincided with end of year activities. So the survey data entry period was changed to extend from September 15 to December 15, 2005. However, hospitals started survey data entry but were unable to complete the surveys on time. The survey data entry was finally closed March 28, 2007.

Most of the 2006 survey data collection items and formulas had no changes from 2005. Two items-- three-year turnover and three-year retention-- were eliminated. It was felt by members that it was redundant to collect this information since the project had three years of past data on these measures from previous surveys. Secondly, to allow for research interests, the decision was made to re-emphasize LVN data in the 2006 survey. In 2005, hospital representatives felt that fewer LVNs were being utilized and that data on nurse practitioners and physician's assistants (NP/PA) would be of greater interest, so NP/PA was substituted for LVN in turnover, retention and vacancy measures. LVN was also eliminated from the ethnicity and gender data measures. In 2006, all previous LVN measures were reinstated (and NP/PA measures were also retained).

Research interests also prompted additional changes. Measures regarding nurse training and education were added to the survey: the percentages of RNs employed in hospitals who were trained as clinical nurse specialists, nurse practitioners, physician assistants, and/or nurses certified in specialties were requested as were the percentages of nurses with ADN, BSN, MSN, and PhD degrees. Five measures of employee safety were added: OSHA reportable back injuries per hour worked, workers' compensation claims per hour worked, workers' compensation claims with paid days off due to injury per payroll day, and unpaid days off due to injury per payroll day, and needlestick injuries per hour worked. Lastly, two measures of patient safety were added: inpatient falls per inpatient day and falls with injuries per inpatient day. The survey is presented in Appendix Table 1.

Methodology *continued*

Time Demands

Due to concerns about the length and complexity of the survey, participants were asked to track and report the hours needed to complete the survey. Fewer than one-third of respondents provided this information. The percentage of hospitals reporting this information is nearly the same as in 2005.

Table 1 shows the time reported by all respondents. The median is the 50th percentile. There was a very wide disparity in the time needed to complete the survey.

Table 1
Hours to Complete the Survey
Reported by Hospitals in the Gulf Coast Region 2006

	Number of Hospitals Reporting	Median	Minimum	Maximum
All Hospitals	17 hospitals	6 hours	2 hours	30 hours

Survey Participation Rate

Table 2 shows the participation rate and beds accounted for by participating hospitals. In total, five new hospitals joined the survey in 2006 and three hospitals that had participated in 2005 did not participate in 2006. The list of hospitals participating is shown in Appendix Table 3.

Table 2
Participation Rate
Reported by Hospitals in the Gulf Coast Region 2006

	Participants	Total in Region	Percentage of Total in Region	Year 4 Project Goal	Percentage of Goal Achieved
Hospitals	48	119	40.3%	50	96.0%
Hospital Beds	12,334	20,715	59.5%	(80%)	74.4%
DSH* Beds	4,061	5,828	69.7%	(80%)	87.1%

* DSH = Disproportionate Share Hospital

Demographics

Participating Hospital Employees

The distribution of healthcare employees in the participating hospitals is shown in Table 3. The totals represent the number of full-time and part-time employees in each category as of September 30, 2006. The number of RNs exceeds the sum of LVNs, NP/PAs, pharmacists, and other licensed and certified clinical providers. Not all participating hospitals reported information about the number of hospital employees. However 45 hospitals reported the number of RNs, and 44 reported the number of LVNs and all employees. Other categories had lower reporting, with 22 hospitals reporting the number of NP/PAs, 34 reporting the number of pharmacists, and 23 reporting the number of other licensed and certified clinical care staff.

Table 3
Participating Hospital Employee Population
Reported by Hospitals in the Gulf Coast Region 2006

	Total Number of Employees	Percentage of Total Employees
All RNs	15,057	27.1
All LVNs	1,567	2.8
All NP/PAs	560	1
All Pharmacists	669	1.2
All Other Licensed/Certified Clinical Providers	5,437	9.8
All Employees	55,615	100

Demographics *continued*

Ethnic Distribution

Table 4 shows the ethnic distribution of employees in the participating hospitals as of September 30, 2006. Ethnicity information was collected for RNs, LVNs, and all employees. Of the 48 hospitals, 46 submitted RN information, 44 submitted LVN information, and 47 submitted all employee information.

In 2006, hospitals showed similar proportions of white and minority employees among the three categories as were reported in the past years (RN: 46% white and 51% minority; LVN: 38% white and 59% minority; and all employee: 39% white and 60% minority). There were slight changes in proportions among minorities for RNs from 2005 to 2006 (a decrease from 5% to 0% Pacific Islander RNs, an increase from 20% to 25% Asian RNs). A high proportion of employees in all categories were designated as having ethnicity information not available (3% of RNs and LVNs; 1.2% of all employees).

Table 4
Ethnic Distribution of Employees
Reported by Hospitals in the Gulf Coast Region 2006

	Hospital Population	Percentage of Total Hospital Population
RNs		
White	7,219	46.0
Total Minorities	7,980	51.0
Black	2,876	18.4
Hispanic	1,114	7.1
American Indian	68	.4
Asian	3,922	25.1
Pacific Islander	0	0
Information Not Available	462	3.0
LVNs		
White	618	38.2
Total Minorities	953	58.8
Black	617	38.1
Hispanic	210	12.9
American Indian	7	.4
Asian	118	7.3
Pacific Islander	1	.1
Information Not Available	49	3.0
All Employees		
White	23,220	39.1
Total Minorities	35,489	59.7
Black	17,352	29.2
Hispanic	8,516	14.3
American Indian	231	.4
Asian	9,310	15.7
Pacific Islander	80	.1
Information Not Available	749	1.2

Demographics *continued*

Ethnic Distribution continued

Table 5 shows the total RN minorities employed by participating hospitals compared to the total regional RN minorities working in area hospitals. Participating hospitals have historically employed a majority of the hospital-employed minority nurses in the region as documented by the Texas Board of Nurse Examiners (BNE).

Table 5
Hospital-Employed Minority Nurses
Reported by Hospitals in the Gulf Coast Region 2006

	Number of Minority RNs Reported Employed in Participating Hospitals	Number of Hospital- Employed Minority RNs in the Region As Reported by BNE	Percentage of Hospital- Employed Minority RNs in Participating Hospitals
2003	7,941	8,504	93.4
2004	7,399	9,488*	78.0
2005	7,642	9,488*	80.5
2006	7,980	9,488*	84.1

* Data were reported as of September 2005.

Demographics *continued*

Gender Distribution

Table 6 shows the gender distribution of RNs and all employees as of September 30, 2006 for participating hospitals. Of the 48 hospitals, 44 submitted RN information, 43 submitted LVN information, and 45 submitted all employee information.

Gender information shows no real changes in the proportion of females to males in RN and all employee categories in 2006 compared to 2005. (LVN data were not collected in 2005.) Approximately 91% of RNs and LVNs are female, while approximately 77% of all employees are females.

Table 6
Gender Distribution
Reported by Hospitals in the Gulf Coast Region 2006

	Hospital Population 2006	Percentage of Total Hospital Population for that Group in 2006	Percentage of Total Hospital Population for that Group in 2005
RN			
Female	14,064	90.7	90.7
Male	1,445	9.3	9.3
LVN			
Female	1,419	91.4	NA
Male	133	8.6	NA
All Employee			
Female	45,373	76.9	76.8
Male	13,649	23.1	23.2

NA = Data were not collected in 2005.

Internal Training Provided

Information regarding annual training hours and programs was collected by the survey. Internal training program hours were reported for all employees and RNs only. Approximately half of reporting hospitals provided these data.

Internal training programs are defined as those provided in-house to staff. The ratio of internal training hours per employee was calculated by dividing the total training hours reported for each group by the total headcount (full-time and part-time) of that group as of September 30, 2006. Percent of internal training hours conducted using computers was calculated by dividing total internal training hours by the number of hours provided using computers. Percent of internal training hours devoted to supervisory/management training was calculated by dividing all employee total training hours by the number of training hours provided to supervisors/managers. Training hours per supervisory/management employee were calculated by dividing the number of all supervisory/management training hours by the number of supervisors and managers.

Table 7 shows average employee training hours per employee. Approximately half of hospitals reported this data in 2006. RNs were provided a greater number of training hours per employee than all employees. The number of hours of supervisory/management training hours per supervisor or manager is comparable to the number of training hours per RN. The range of these data is very wide.

The median ratio of training hours per employee has decreased since 2005 for all categories.

Table 7
Annual Employee Training Hours Per Employee
Reported by Hospitals in the Gulf Coast Region 2006

	Number of Hospitals Reporting 2006	Range 2006	Median 2006	Median 2005	Median 2004	Median 2003
Medians for All Employees						
Internal Hours Per Employee	24	.03 – 113.71	9.55	16.67	15.75	10.35
Supervisory/Management Hours per Supervisor/Manager	23	.05 – 90	11.24	15.96	4	NA
Medians for RNs						
Internal Hours Per Employee	25	0 – 213	11	21	35	45.18

Table 8 shows the median percentage of total training hours that is specialty training. The median percentage of training hours that was provided as computerized training is nearly four times the median in 2005. The median percentage of total training hours that was provided as supervisory and management training is near the 2005 level.

Table 8
Percentage of Specialty Internal Training Hours
Reported by Hospitals in the Gulf Coast Region 2006

	Number of Hospitals Reporting 2006	Range 2006	Median 2006	Median 2005	Median 2004
Computer Training Hours as a Percentage of Total Training Hours	22	2.21 - 100.00	44.89	12.22	12.00
Supervisory/Management Training Hours as a Percentage of Total Training Hours	24	.04 – 100.00	10.24	11.63	4.00

Part-Time Employee Retention

Just as for full-time employees, annual general turnover, voluntary turnover, retention, and vacancy rate data were collected for part-time employees in the following employee categories: all employees, RNs, LVNs, NP/PAs, pharmacists, and other licensed staff. The same measures and data collection strategies were used to collect part-time employee data as are described for full-time employees in the *Annual Report*. Generally fewer hospitals provided part-time employee data than full-time employee data.

Hospitals reported that just under 10% of all employees worked part-time, with significant differences in the percent of part-timers working in other employee categories. The total number of part-time employees compared to the total number of full-time employees working in participating hospitals on September 30, 2006 is displayed in Table 9.

Table 9
Comparison of the Number of Full-Time and Part-Time Employees
Reported by Hospitals in the Gulf Coast Region 2006

Employee Category	Number of Full-Time Employees	Number of Part-Time Employees	Part-Time Employees as Percentage of Total Employees
All Employees	50,305	5,310	9.55%
RNs	13,059	1,998	13.27%
LVNs	1,356	211	13.46%
NP/PAs	523	37	6.6%
Pharmacists	551	118	17.64%
Other Licensed Staff	4,651	786	14.46%

Table 10 shows the ranges and medians for retention-related measures of reporting hospitals in 2006, as well as medians for survey years 2003, 2004, and 2005 if they were available. Data on part-time employee retention measures were not collected in 2002. The ranges are very wide for these data.

Table 10
Part-Time Employee Retention Measures
Reported by Hospitals in the Gulf Coast Region 2006

Measure	Number Reporting 2006	Range 2006	Median 2006	Median 2005	Median 2004	Median 2003
General Turnover (%)						
All Employees	38	0 – 80.70	22.35	32.48	27.62	36.42
RN	36	0 – 200.00	18.34	20.70	23.19	29.96
LVN	28	0 – 200.00	7.69	NA	0.00	50.00
NP/PA	4	0 – 50.00	17.36	0.00	NA	NA
Pharmacist	18	0 – 200.00	0.00	0.00	0.00	64.91
Other Licensed Staff	17	0 – 78.57	23.08	30.77	24.82	50.00
Voluntary Turnover (%)						
All Employees	34	0 – 70.18	12.16	NA	NA	NA
RN	32	0 – 94.12	11.17	NA	NA	NA
LVN	26	0 – 200.00	0.00	NA	NA	NA
NP/PA	4	0 – 50.00	17.32	NA	NA	NA
Pharmacist	17	0 – 200.00	0.00	NA	NA	NA
Other Licensed Staff	17	0 – 100.00	14.94	NA	NA	NA
Retention (%)						
All Employees	32	43.37 – 100.00	90.38	74.82	71.43	NA
RN	34	3.01 – 100.00	87.30	78.02	80.59	NA
LVN	28	0 – 100.00	75.00	NA	50.00	NA
NP/PA	3	71.43 – 100.00	100.00	100.00	NA	NA
Pharmacist	18	33.33 – 100.00	100.00	100.00	62.68	NA
Other Licensed Staff	12	21.43 – 100.00	78.81	69.05	77.98	NA
Vacancies Compared to Budgeted Positions (%)						
All Employees	32	0 – 26.14	8.44	4.49	6.52	5.26
RN	33	0 – 100.00	4.44	3.75	4.72	5.66
LVN	24	0 – 100.00	0.00	NA	0.00	30.00
NP/PA	7	0 – 100.00	7.14	0.00	NA	NA
Pharmacist	20	0 – 100.00	0.00	0.00	0.00	31.54
Other Licensed Staff	28	0 – 100.00	5.40	3.85	6.61	8.07
Vacancies Compared to Headcount (%)						
All Employees	32	0 – 60.00	8.79	4.72	6.82	5.46
RN	32	0 – 76.47	4.07	4.27	5.26	6.13
LVN	24	0 – 200.00	0.00	NA	0.00	35.00
NP/PA	5	0 – 23.53	0.00	0.00	NA	NA
Pharmacist	20	0 – 100.00	0.00	0.00	0.00	65.00
Other Licensed Staff	22	0 – 200.00	0.89	1.72	3.07	8.97



Appendices

Appendix Table 1 Work Environment Survey 2006

Instructions

- **Surveys must be completed by December 15, 2006.**
- **No data is permanently recorded in your hospital's file until the survey is closed. Until the survey data entry is closed, you may enter, modify or delete data from your survey.**
- **Each time you enter or modify data, click on the SAVE button to save the data.** If you exit without clicking the SAVE button, the newly entered data is not saved and you will exit the survey with the data the same as when you opened the survey that time.
- **If your hospital is part of a multi-hospital system, please report data for each hospital separately.** Contact Donde Batten, dbatten1@houston.rr.com, if you need an ID code in order to access and enter data for a hospital.
- **Select the NA box if you have no data available for a data item.** Each data item has a NA (Not Available) box next to the data field. By clicking on that box, it is clear that you do not have data for that item; it was not skipped and is not equal to a zero.
- **If the value for a data item is zero, make sure to enter 0 in that data field.** Otherwise, it will look like a blank. For example, if you have no male RNs, enter 0; if you have no data on male RNs, leave the data field blank and click on the NA box.
- **There are several data checkpoints to the survey.** For example, when you enter data into the retention data fields, the survey will calculate the retention rate and display it for you to review. You cannot enter data into the data checkpoint. Please review the data checkpoints so you know that your data is correct.
- **In the survey, when specific data is entered in one field, it will automatically be populated in other locations in the survey.** For example, All Employee Headcount on 9/30/06 is shown repeatedly throughout the survey. Once entered at the first data entry location, that number automatically is placed at the other locations as a data checkpoint. You can only change that number in the first data entry location.
- **You can print the entire survey, showing any entered data, by clicking the print icon on each page.** The survey will print onto 8.5 x 11 inch paper when the page margins are set to 0.25 inches. If the page margins are set larger, the page may cut off. If you have difficulty re-setting the margins, [click here](#).
- **Please complete all data items by entering data or checking NA.** While we hope that you will be able to provide data for all the measures requested, we understand that this is sometimes not possible. Contact Donde Batten, dbatten1@houston.rr.com, if you have questions regarding data that can be used to respond to a particular item.

Professionalism Measures

Performance Appraisal Data

Please report data and time period of the most recent annual performance period available.

1. % of performance appraisals earning the highest possible overall performance rating: for RNs only and for all employees
2. Performance appraisal rating scale and descriptors used by your organization
3. Average performance appraisal rating: for RNs only and for all employees
4. Period covered by the most recent annual performance appraisal period

Interpersonal Communication and Teamwork Measures

Nursing Employee and Patient Satisfaction Data

Please report data for the most recent survey period available and provide the dates of service covered by that survey. If RN only data is not available, use the organization group that best reflects nurses' opinions.

1. Nurse satisfaction survey (select one): Hospital developed, vendor developed
2. Name of vendor if Pre-Packaged
3. Rating scale and descriptors used in the nurse satisfaction survey
4. Period covered by the employee satisfaction survey
5. % of nursing staff reporting the highest level of job satisfaction possible on the employee satisfaction survey
6. Average nurse job satisfaction rating based on the rating scale (e.g., enter 3.5 on a 5 point scale, rather than 70% satisfied)
7. Average nurse satisfaction with supervisor based on the rating scale (e.g., enter 3.5 on a 5 point scale, rather than 70% satisfied)
8. Average nurse satisfaction with physician working relationships based on the rating scale (e.g., enter 3.5 on a 5 point scale, rather than 70% satisfied)
9. % of nursing staff intending to leave the hospital during the next year. (Calculate % intending to leave using the following formula: (the number of RNs giving a positive response to intent to leave the hospital during the next year) divided by (the number of RNs)).
10. Patient Satisfaction Survey – select one: hospital developed, vendor developed
11. Name of vendor if Pre-Packaged
12. Rating scale and descriptors used in the patient satisfaction survey
13. Period covered by most recent patient satisfaction survey
14. % of patients reporting the highest level of overall satisfaction with the most recent hospital encounter on the patient satisfaction survey
15. % of patients reporting the highest level of “satisfaction with nursing care” on the most recent hospital encounter on the patient satisfaction survey
16. Average patient satisfaction rating based on the rating scale (e.g., enter 3.5 on a 5 point scale, rather than 70% satisfied).

Staff Training and Development Measures

Ethnicity Data

Please report ethnicity data as of 9/30/06. Report data only for hospital employees, full-time (FT) and part-time (PT). Do not include research entities, academic organizations, or other subsidiary organizations.

All requested information is for HEADCOUNT numbers, rather than FTEs. Exclude contract or agency staff members not on the hospital's payroll. "Headcount" refers to the number of individuals (part-time and full-time) on the hospital's payroll. "Total Employees" includes all full-time and part-time staff that work in the hospital, including RNs and all other employees in the hospital.

Ethnicity	Number of RN Employees	Number of LVN Employees	Total Employees
Information Not Available			
White (not Hispanic)			
Total Minorities*			
Black or African-American			
Hispanic or Latino			
American Indian or Alaskan Native			
Asian			
Hawaiian Native or Pacific Islander			
All Employees*			

*Calculated fields

Gender and Average Age Data

Please report gender and average age data as of 9/30/06. Report data only for hospital employees, full-time (FT) and part-time (PT). Do not include research entities, academic organizations, or other subsidiary organizations.

All requested information is for HEADCOUNT numbers, rather than FTEs. Exclude contract or agency staff members not on the hospital's payroll. "Headcount" refers to the number of individuals (part-time and full-time) on the hospital's payroll. "Total Employees" includes all full-time and part-time staff that work in the hospital, including RNs, LVNs, and all other employees in the hospital.

"Average age" means the average of the ages of all employees in that category (for example, the average age of all female RNs may be 42.5 years).

Gender	Number of RN Employees	Number of LVN Employees	Total Employees
Female			
Male			
All Employees*			

* Calculated Fields

Average Age	RN Employees	Total Employees
Female		
Male		

Employee Training Data

Please report annual data between 10/01/05 and 9/30/06. Report data only for hospital employees, full-time (FT) and part-time (PT). Do not include research entities, academic organizations, or other subsidiary organizations.

“Internal training program hours” are those provided in-house to staff.

“Internal management training hours” refers to program hours designed to help supervisors and managers improve their ability to supervise and manage staff and fulfill hospital administrative responsibilities.

1. Number of internal training hours for all employees
2. Number of internal training hours delivered to all employees using computer-based or distance learning
3. Number of internal management training hours for all supervisory and management staff
4. Number of supervisory and management staff (for all employees)
5. Number of internal training hours for RN employees

Number of Specialty Certified Nurses and Education Level of RNs

Please report data as of 9/30/06. Report data only for hospital employees, full-time (FT) and part-time (PT). Do not include research entities, academic organizations, or other subsidiary organizations. All requested information is for HEADCOUNT numbers, rather than FTEs. Exclude contract or agency staff members not on the hospital’s payroll. “Headcount” refers to the number of individuals (part-time or full-time) on the hospital’s payroll.

Specialty RNs	Number of RN Employees
CNS (Clinical Nurse Specialist)	
NP (Nurse Practitioner)	
PA (Physician Assistant)	
Certified in Specialty	

Education Level of RNs	Number of RN Employees
AND	
BSN	
MSN	
PhD	
Total Number of RNs*	

*Calculated Field

Environmental Factors Measures

Agency and Overtime Utilization Data

Please include all RN hours including contract and traveler RNs, measured annually between 10/01/05 and 9/30/06, for the following measures:

1. Number of agency RN hours worked (including contract and traveler RNs)
2. Number of hours of employed RN overtime worked
3. Number of productive hours of employed RNs worked

Staffing Mix Data

Please report annual data, measured between 10/01/05 and 9/30/06:

1. Number of hours of RN productive time
2. Number of hours of LVN productive time
3. Number of hours of Patient Care Assistant productive time
4. Number of total hours of RN/LVN/PCA productive time*

* Calculated field

Patient to RN Ratios

Please report data as of 9/30/06. Patient to RN Ratios are reported as nursing care Hours per Patient Day (HPPD).

These are direct hours of nursing care that are patient related, including nursing activities that occur away from the patient (e.g., care coordination, documentation time, treatment planning). This does not include indirect hours, nonproductive time, or all paid hours (e.g., vacation, sick time, orientation, education leave). It also does not include committee time if the staff person is replaced by another direct care provider.

Calculated nursing care HPPD using the following formula: (Total number of direct RN nursing care hours) divided by (Patient/resident/client census for the same 24 hours).

1. Nursing care HPPD for ICU RNs
2. Nursing care HPPD for medical unit RNs

Turnover Data

Please report data only for hospital employees, full-time (FT) and part-time (PT). Do not include research entities, academic organizations, or other subsidiary organizations.

All requested information is for HEADCOUNT numbers, rather than FTEs. Exclude contract or agency staff members not on the hospital's payroll.

“Headcount” refers to the number of individuals (part-time and full-time) on the hospital's payroll.

“Terminations” refers to the number of individuals (part-time and full-time) deleted from a hospital's payroll for any reason including transfers to another hospital within a multi-hospital system.

“Voluntary Terminations” includes the number of individuals (part-time and full-time) deleted from a hospital's payroll excluding those due to death, illness, pregnancy, relocation, retirement, performance or disciplinary action, cutbacks due to mergers, cyclical layoffs, permanent reductions in force, per diem, consultants, temporary or agency status, and students in training. “Total Employees” includes all full-time and part-time staff that work in the hospital, including RNs, LVNs, NPs/PAs (Nurse

Practitioners/Physicians’ Assistants), Pharmacists, Other Licensed Staff, and all other employees in the hospital.

Check “NA” if data is not available or if you did not employ any individuals in that job category.

	One-Year Turnover Rate			
	Headcount On 10/01/05	Headcount On 9/30/06	Number of Terminations From 10/01/05 to 9/30/06	Number of Voluntary Terminations From 10/01/05 to 9/30/06
Total Employees Full-Time Part-Time				
RN Employees Full-Time Part-Time				
LVN Employees Full-Time Part-Time				
NP/PA Employees Full-Time Part-Time				
Pharmacist Employees Full-Time Part-Time				
Other Licensed or Certified Clinical Staff Full-Time Part-Time				

Retention Data

Please report data only for hospital employees, full-time (FT) and part-time (PT). Do not include research entities, academic organizations, or other subsidiary organizations. All requested information is for HEADCOUNT numbers, rather than FTEs. Exclude contract or agency staff members not on the hospital’s payroll. “Headcount” refers to the number of individuals (part-time and full-time) on the hospital’s payroll. “Total Employees” includes all full-time and part-time staff that work in the hospital, including RNs, LVNs, NPs/PAs (Nurse Practitioners/Physicians’ Assistants), Pharmacists, Other Licensed Staff, and all other employees in the hospital.

For one-year retention, report the total number of employees on staff for the time period beginning 10/01/05. Report the total number FROM THAT SPECIFIC GROUP who remain on staff at the end of the time period ending 9/30/06. For example, a hospital reports 100 nurses on staff as of October 1, 2005. Of these 100 nurses, 80 remain on staff on September 30, 2006.

Check “NA” if data is not available or if you did not employ any individuals in that job category.

	One-Year Retention Rate		
	Headcount of Employees on Staff 10/01/05	Headcount of Employees Remaining on Staff 9/30/06	One-Year Retention Rate*
Total Employees Full-Time Part-Time			

RN Employees Full-Time Part-Time			
LVN Employees Full-Time Part-Time			
NP/PA Employees Full-Time Part-Time			
Pharmacist Employees Full-Time Part-Time			
Other Licensed or Certified Clinical Staff Full-Time Part-Time			

*Calculated Fields

Vacancy Data

Please report data only for hospital employees, full-time (FT) and part-time (PT). Do not include research entities, academic organizations, or other subsidiary organizations.

All requested information is for HEADCOUNT numbers, rather than FTEs. Exclude contract or agency staff members not on the hospital's payroll.

“Headcount” refers to the number of individuals (part-time and full-time) on the hospital’s payroll. “Total Employees” includes all full-time and part-time staff that work in the hospital, including RNs, LVNs, NPs/PAs (Nurse Practitioners/Physicians’ Assistants), Pharmacists, Other Licensed Staff, and all other employees in the hospital.

Check “NA” if data is not available or if you did not employ any individuals in that job category.

	Number of budgeted positions as of 9/30/05	Number of Vacancies in budgeted positions as of 9/30/05
Total Employees Full-Time Part-Time		
RN Employees Full-Time Part-Time		
LVN Employees Full-Time Part-Time		
NP/PA Employees Full-Time Part-Time		
Pharmacist Employees Full-Time Part-Time		
Other Licensed or Certified Clinical Staff Full-Time Part-Time		

Tenure Data

Please report data as of 9/30/06:

1. Total years of service for all employees*
2. Total years of service for all RN employees*

*The survey will provide the following Calculated Fields:

- a. All employee Tenure (total years of service / headcount on 9/30/06)
- b. RN Tenure (total years of service / headcount on 9/30/06)

Patient Outcome Data

Please report your annual rates using the following prescribed formulas, measured between 10/01/05 and 9/30/06:

1. Medication Error Rate = Number of Medication Errors ÷ Number of Total Medication Doses
2. ICU Central Line Infection Rate = Number of ICU Central Line Infections ÷ Number of Total ICU Central Line Days
3. Ventilator Pneumonia Rate = Number of Hospital Acquired Ventilator Pneumonias ÷ Number of Ventilator Days
4. % Surgical Site Infections = Number of Post-Op Wound Infections ÷ Number of Surgical Cases
5. % Falls Prevalence = Number of Inpatient Falls ÷ Number of Inpatient Days
6. Falls Prevalence Rate = Number of Inpatient Falls with Injuries ÷ Number of Inpatient Days

Economic Considerations Measures

Financial Results

Please report your operating margin for the most recent year-end data using the following formula (revenues should be exclusive of investment, interest, and other non-patient care income):

1. % Operating Margin = (Net Revenue – Expenses) ÷ Net Revenue
2. Date and time period of year-end calculation

Workers' Compensation

Please report your Workers' Compensation and Lost Time Information, measured between 10/01/05 to 9/30/06. Report data for nurses only and for all employees, as indicated:

1. % of OSHA Reportable Back Injuries = Number of OSHA Reportable Back Injuries ÷ Total Number of Hours Worked
2. % of Workers' Compensation Claims = Number of Workers' Compensation Claims ÷ Total Numbers of Hours Worked
3. % Workers' Compensation Claims with Paid Days Off Due to Injury = Number of Workers' Compensation Claims with Paid Days Off Due to Injury ÷ Number of Total Payroll Days
4. % Unpaid Days Off Due to Injury = Number of Unpaid Days Off Due to Injury ÷ Number of Total Payroll Days
5. % of Needlestick Injuries (for Nurses only) = Number of Needlestick Injuries (for Nurses only) ÷ Total Number of Hours Worked (for Nurses only)

Number of Hours to Complete Survey+ _____

Thank you for participating in the Work Environment Survey 2006!

Appendix Table 2
Dimensions of an Ideal Hospital Work Environment

Professionalism	
Core Values Include Professionalism	The hospital operates with a limited number of core values that include elements of professionalism, at least one of which relates to the treatment of hospital staff. These values permeate the organization from top to bottom.
Board Supports Professionalism	The CEO and board establish policies that support organizational core values, specifically including the professional behavior they expect of all patient care staff, including physicians with hospital privileges.
Senior Leadership Participates in Establishing Professionalism as a Value	The chief executive officer and other senior leaders establish and actively monitor professional behavior related to core values among staff and physicians. These leaders' behavior exemplifies the organization's values, specifically professionalism.
Part of Executives' Pay is Contingent on Professionalism	A part of the chief executive officer's and senior executives' pay is contingent on system-wide improvements in professionalism.
Behavior is Measured and Rewarded Based on Well-Known Professional Standards and Expectations	A code of professional conduct is widely publicized, displayed, well known and accepted by staff throughout the hospital. Statements of expected professional behaviors are included in professional's position descriptions, new employee orientation, and the evaluation system. A clearly communicated system for rewarding examples of professional behavior is in place, along with a process for remediation and sanctions where necessary. Senior leaders measure progress toward identified benchmarks and share status information with all professional staff.
Selection, Evaluation, and Credentialing of Physicians and Staff Incorporate Professionalism	All physicians, professionals, and leadership staff are selected, evaluated, and credentialed using a competency-based model which includes those attributes of professionalism that most directly affect patient outcomes. All professional and leadership staff are evaluated using 360° performance evaluations, which incorporate professionalism. Mechanisms providing immediate and ongoing feedback on professional behavior are used without fear of retaliation. For example, such systems may use praise/early concern cards that list and describe the attributes of outstanding professionalism.
Professionalism is Incorporated into the Organizational Structure	All institutional structures incorporate professional behaviors into their policies and decision-making. Senior leaders, board members, and a representative cross-section of professionals form a Professional Council charged with improving professionalism in staff relationships.

<p>Professionalism cont'd</p> <p>Team Training Creates an Environment of Professionalism</p> <p>Professionalism is Demonstrated in Medical Error Reporting</p>	<p>Patient care staff and physicians attend a series of joint training programs covering the non-technical aspects of working together as a member of an integrated, professional team.</p> <p>Professional behavior exhibited by staff and physicians includes the timely and blameless recording of all medical errors, and vigorous discussions of ways to prevent such errors in the future.</p>
<p>Interpersonal Communications and Teamwork</p> <p>Open Environment Facilitates Communication</p> <p>Shared Decision Making is Practiced</p> <p>Communication and Team Behavior Competencies are Demonstrated</p> <p>Hospital is Recognized as One of Best Places to Work in the Region</p>	<p>An open environment supports the free sharing of information, as evidenced by patient care professionals' listening, asking questions, requesting clarification of directions, questioning decisions, and contributing their expertise toward superior patient care and positive outcomes.</p> <p>Patient care professionals, especially nurses, share in decision making regarding patient care without being belittled or ridiculed by staff with more power and greater status and without fear of retaliation.</p> <p>Individually and as a team, all staff (including physicians) demonstrate established, well-known interpersonal communications and team-based behavioral competencies. This multidisciplinary team approach mitigates professional "silos" and assures a systematic, coordinated patient care practice. Education and/or credentialing on communication/professionalism formalize the importance of these competencies to the organization. These behavioral competencies are related to patient care outcomes, not to the preferences, needs, or desires of the patient care professional, ensuring that the system is patient-driven, not provider-driven.</p> <p>Patient care professionals recognize the hospital as one of the best places in the Gulf Coast region to work, specifically because of its team-oriented environment.</p>



Staff Training and Development	
A Strong Commitment to Lifelong Learning is Demonstrated	Hospital management has made a strong commitment to lifelong learning for all staff, encouraging and financially supporting the professional and personal development of staff, both on and off the job.
Staff Pursuit of Career Development is Supported	The hospital provides financial assistance and manager/peer support to encourage staff to pursue career development opportunities.
Career Counseling is Available On-Site	The hospital provides career counseling on-site, including information about well-defined paths to career goals within as well as outside of the hospital and healthcare industry.
Ongoing, Comprehensive Mentoring Programs are Provided	The hospital provides ongoing and comprehensive mentoring programs for professionals and leaders to foster improved performance, ongoing development, and satisfaction.
Senior Leaders and Managers Receive Ongoing Training	Senior leaders and managers throughout the organization receive ongoing training to develop their leadership and management skills and establish expected behaviors, especially management training for professional and technical staff in supervisory and management positions.
Training Supports Diverse Work Environments	Hospital staff (including physicians with privileges) receive training in managing and working in environments that are increasingly diverse ethnically, racially, and socio-economically.
Training Supports Business Issues	The hospital provides programs to teach staff the knowledge and skills they need to understand and participate in discussions of organizational strategic and operational issues.
Staff Instructors are Provided for Nursing Schools	The hospital provides paid opportunities for qualified staff to teach in area nursing schools or provides financial assistance for nursing schools to hire faculty.
Hospital Collaborates with Providers of Education for Career and Professional Development	The hospital collaborates with providers of education in order to: design knowledge and skill development curricula, which prepare students for patient care careers, and provide professional development opportunities for employees.
Cutting Edge Technology is Used for Delivery of Training	The hospital uses cutting-edge technology for the design and delivery of staff training and development and provides training in new technologies.



Environmental Factors	
Staff Regularly Participate in Decision Making	Executives and direct patient care professionals, including nurses, regularly participate in strategic and operational decision making throughout the hospital.
Factors Affecting Retention are Identified	The hospital continually strives to improve its retention of patient care professionals, including nurses and other staff difficult to recruit and retain, by using an independent entity to survey those employees who continue to work at the hospital, as well as those who leave, to determine what factors affect their decisions.
A Safe Work Environment is Created	The hospital creates a safe work environment. For example, the hospital has systems in place for reducing needle stick injuries and back injuries resulting from a lack of ergonomic devices.
Decisions About Staff Workload are Data-Driven	Decisions about staff workloads are driven primarily by data indicating quality of care, cost effective care and patient satisfaction outcomes, which are benchmarked against recognized industry standards.
Schedules Support Balanced Work and Home Life	The hospital supports the principles of balanced work and home life, specifically including staffing and scheduling mechanisms that accommodate the professional and personal needs and preferences of all professional staff, especially nurses. The hospital provides on-site child-care or child-care referral services and stipends for use at nearby child-care centers.
Preceptors are Dedicated	The hospital dedicates experienced nurses to the sole assignment of serving as preceptors/mentors for new nurses for up to 18 months after they are hired.
Work is Designed to be Meaningful and Rewarding	The hospital has designed processes, procedures, and job responsibilities that continually promote a positive work environment and improve patient care outcomes, making work more meaningful and rewarding for nurses and other patient care professionals.
Patients and Staff Have Positive Perceptions of Staff	Patients and staff have positive attitudes toward patient care staff both within their hospital and across the industry as a whole.
Accommodations are Provided for Older Patient Care Professionals	The hospital has taken specific action to make the work environment more accommodating for older patient care professionals, especially nurses. For example, they provide ergonomic equipment, early retirement options that encourage retention, part-time work options, and staffing and workload adjustments.
A Fun Work Atmosphere is Created	Management consciously creates a cheerful, enjoyable, and fun work atmosphere for all staff.



<p>Environmental Factors cont'd</p> <p>Staff Receive Recognition for Excellent Work</p>	<p>Executives, managers, supervisors, and co-workers recognize staff members' excellent work outcomes, processes, and products. Team and individual accomplishments are celebrated publicly as well as privately.</p>
<p>Economic Considerations</p> <p>Total Compensation is High for Point-of-Service Jobs</p> <p>Patient Care Total Compensation is Superior to Less Stressful Work</p> <p>Compensation and Work Environment Create Positive Career Options, Increasing Retention</p> <p>Compensation is Based on Demonstrated Core Competencies</p>	<p>Compensation and benefits packages are designed to pay patient care professionals well who work at the point-of-service.</p> <p>Compensation and benefits packages for patient care professionals are superior to those available in less stressful work environments within and outside of healthcare.</p> <p>Compensation and benefits combine with a positive work environment to present desirable career options and improve the retention of professionals.</p> <p>Compensation is based on the demonstration of core competencies, including the non-technical aspects of professionalism.</p>

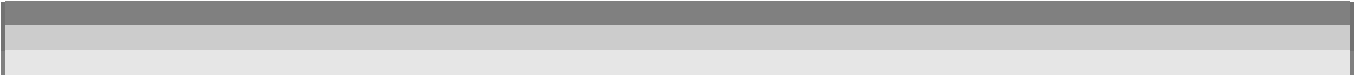
Appendix Table 3
Ideal Hospital Project Participants 2003 through 2006

Participating Hospitals	2003	2004	2005	2006
Angleton Danbury Medical Center	No	No	No	Yes
Bayshore Medical Center	Yes	Yes	Yes	Yes
Bayside Community Hospital	Yes	Yes	No	Yes
Bellville General Hospital	Yes	Yes	Yes	Yes
Brazosport Memorial Hospital	Yes	Yes	Yes	Yes
CHRISTUS St. Catherine	No	Yes	Yes	Yes
CHRISTUS St. John Hospital	Yes	Yes	Yes	Yes
Clear Lake Regional Medical Center	Yes	Yes	Yes	Yes
Clear Lake Rehabilitation Hospital	No	No	No	Yes
Colorado-Fayette Medical Center	No	Yes	Yes	Yes
Conroe Regional Medical Center	Yes	Yes	Yes	Yes
Cornerstone Hospital – Bellaire	No	No	No	Yes
Cornerstone Hospital – Clear Lake	No	No	No	Yes
Devereux Texas Treatment Network	Yes	No	No	No
Dubuis Hospital of Houston	Yes	Yes	Yes	Yes
East Houston Regional Medical Center	Yes	Yes	Yes	Yes
El Campo Memorial Hospital	Yes	Yes	No	No
Harris County Hospital District				
Ben Taub General Hospital	Yes	Yes	Yes	Yes
LBJ General Hospital	Yes	Yes	Yes	Yes
Quentin Mease Community Hospital	Yes	Yes	No	Yes
Huntsville Memorial Hospital	No	Yes	No	No
Kindred Hospital Bay Area	No	No	Yes	Yes
Kindred Hospital Houston	No	No	Yes	Yes
Kindred Hospital Houston Northwest	No	No	Yes	Yes
Kingwood Medical Center	Yes	Yes	Yes	Yes
Mainland Medical Center	Yes	Yes	Yes	Yes
Memorial Hermann Continuing Care Hospital	Yes	Yes	Yes	Yes
Memorial Hermann Children’s Hospital	Yes	Yes	Yes	Yes
Memorial Hermann Fort Bend Hospital	Yes	Yes	Yes	No
Memorial Hermann Hospital	Yes	Yes	Yes	Yes
Memorial Hermann Katy Hospital	Yes	Yes	Yes	No
Memorial Hermann Memorial City Hospital	Yes	Yes	Yes	No
Memorial Hermann Northwest Hospital	Yes	Yes	Yes	Yes
Memorial Hermann Southeast Hospital	Yes	Yes	Yes	Yes
Memorial Hermann Southwest Hospital	Yes	No	No	No
Memorial Hermann The Institute for Rehabilitation and Research	Yes	Yes	No	Yes
Memorial Hermann The Woodlands Hospital	Yes	Yes	Yes	Yes

Participating Hospitals	2003	2004	2005	2006
Methodist Sugar Land Hospital	Yes	Yes	Yes	Yes
Methodist Willowbrook Hospital	Yes	Yes	Yes	Yes
Michael E DeBakey VA Medical Center	Yes	Yes	Yes	Yes
Northeast Medical Center Hospital	No	No	No	Yes
Palacios Community Medical Center	No	No	Yes	Yes
Park Plaza Specialty Hospital	No	Yes	No	No
Oak Bend Memorial Hospital	Yes	No	No	No
San Jacinto Methodist Hospital	Yes	Yes	Yes	Yes
Shriners Hospitals for Children – Houston	Yes	Yes	Yes	Yes
Shriners Hospitals for Children - Galveston	No	Yes	Yes	Yes
Spring Branch Medical Center	Yes	Yes	Yes	Yes
SSH Houston Heights	Yes	Yes	Yes	No
St. Joseph Hospital	Yes	Yes	Yes	Yes
St. Luke's Episcopal Hospital	Yes	Yes	No	No
St. Luke's Community Medical Center				
The Woodlands	NA	Yes	No	No
Sweeny Community Hospital	Yes	No	No	Yes
Texas Children's Hospital	Yes	Yes	Yes	Yes
Texas Orthopedic Hospital	Yes	Yes	Yes	Yes
Texas West Oaks Hospital	Yes	Yes	No	No
The Methodist Hospital	Yes	Yes	Yes	Yes
The University of Texas M.D. Anderson Cancer Center	Yes	Yes	Yes	Yes
The Woman's Hospital of Texas	Yes	Yes	Yes	Yes
Triumph Hospital Northwest	No	Yes	No	No
University of Texas Medical Branch	Yes	Yes	Yes	Yes
West Houston Medical Center	No	Yes	Yes	Yes
Total Hospitals	45	49	43	48
Total Hospital Beds Represented	13,678	13,827	12,527	12,334

NA = Data not available since hospital was not open at that time.

Note: The reduction in 2006 bed count compared to 2005 is the result of updated licensed bed count information and non-participation of some of the larger hospitals in the region.



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