Current Status of Demand Data Collection
&
Challenges and Best Practices
among 4 States:
Florida, Louisiana, Texas and Utah
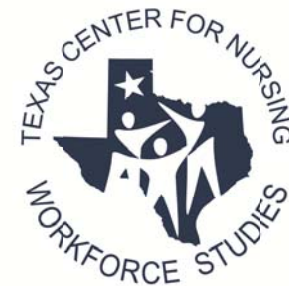
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Table 1. Current Status of Demand Data Collection Among 4 States

	Methods of Data Collection	Implementation of Forum MDS	Additional elements collected through demand data collection	How is data integrated into state level demand projection model?
Louisiana	• Phone calls were made to employers prior to launching the survey to verify contact information for the person that would be responsible for completing the survey. • Electronic survey (form-field) or paper and pencil surveys were available • Surveys were specific to employment setting. • Type of survey (electronic vs paper and pencil) was based on employer's preference. • Surveys could be returned electronically via email as an attachment, mailed via the US postal system in the self-addressed envelope that was provided by the Center for Nursing, or faxed. • Follow-up emails or letters were sent out at the end of week 2, week 4, and week 6. Surveys were also sent out with the 4th week follow-up email or letter. Follow-up calls were made after week 6. • Surveys were in the field for approximately 8 weeks. • Data was collected in-house by the staff and all surveys were assigned a unique identifier based upon the industry type. • Double data entry was completed by in-house staff and temporary staff. • Data verification was conducted in-house; errors in data entry were corrected accordingly.	• In 2014 Forum MDS for Demand was included in the survey with some modifications based on findings from the 2010 Nurse Employer Survey • Number of full and part-time nurses employed instead of FTE • Number of contract, agency, and per diem employed instead of FTE • Number of full and part-time positions intend to employ over the next year instead of FTE	The Louisiana Center for Nursing used the 2009 and 2013 Florida Center for Nursing Employer Survey as a model when developing both the 2010 and 2014 Nurse Employer Survey. • Vacant positions (full and part-time) • Recruitment difficulty • Educational preparation of RNs • Hiring of new grads • Preference for BSN graduates • Pay differential for BSN vs AD or Diploma • Support for advanced education • Data needed to determine turnover rates • How have turnover rates changed • Number of nurses hired by the healthcare facility within the last year • Nurses needed with specialized skills	This is the first year (2015) that LCN will have current demand data since the development of our forecasting model in 2013. The goal is to first determine how the projections compare with findings from the Employer Survey, and secondly, based on these findings, make revisions as needed in the assumptions within the forecast model.

Table 1. Current Status of Demand Data Collection Among 4 States (Continued)

	Methods of Data Collection	Implementation of Forum MDS	Additional elements collected through demand data collection	How is data integrated into state level demand projection model?
Florida	• Primarily hard copy distributing by standard mail unless a request to respond electronically is made. If so, a Word document is sent to the individual requestor.	• All MDS elements are incorporated in the questionnaire with the exception of FTEs; we ask for the number of full-time positions instead	• Nurse residency programs • Education • Hiring new graduates • Recruitment • Emerging roles	Florida-specific data as well as data from various national sources are integrated into HRSA's forecasting model to develop projections for the state.
Texas	• All aspects of data collection are done in-house by TCNWS staff • Online survey using Qualtrics • 2 mail outs of paper survey with instructions and operational definitions; includes link to online survey, and data brochure from previous survey • Accept online, mailed, emailed, or faxed surveys • Phone calls encouraging facilities to participate made by TCNWS staff • Data collected for 8 weeks • Surveys specific to employment setting, two settings at a time every biennium (hospitals, long term care, home health/hospice, governmental public health) • CNO or Administrator contact info is obtained from state mandated surveys or regulatory/facility licensing divisions	• All Demand MDS questions have been incorporated into TCNWS employer surveys	• Facility characteristics • Recruitment and retention strategies • Where facility recruits (in Texas, other states, internationally) • Methods, hours, and costs of interim staffing • Questions about transition to practice programs • Questions related to hiring of newly licensed RNs	Texas currently doesn't have/produce state level projections

Table 1. Current Status of Demand Data Collection Among 4 States (Continued)

	Methods of Data Collection	Implementation of Forum MDS	Additional elements collected through demand data collection	How is data integrated into state level demand projection model?
Utah	• Matched RN licensing list to state wage reporting records to get a list of RN employers in the state. • Collaborated with the four major hospital systems in the state to have them respond to the survey for their organizations. • Online survey with Qualtrics sent to 205 employers with email addresses we could obtain. • Paper surveys sent to ~1,000 employers identified as employing RNs • Data collection in house by Utah Nursing Workforce Information Center staff	• All Demand MDS questions have been incorporated into the Utah Nursing Workforce Demand Survey	• Facility type, service population size of the employing organization, bed numbers, facility location, perceptions of workforce such as: change of employed RN numbers into future, challenge of recruiting, thoughts on national nursing shortage	Demand data will be compared to supply data concurrently being gathered.

Table 2: Challenges and Best Practices in Collecting Demand Data

|	Challenges	Best Practices	Other Comments
Florida	• Participation, particularly from home health and skilled nursing facilities • Transitioning to a paperless survey	• Partnering with organizations that provide participant incentives • Multiple mail-outs and e-mails to participating facilities	
Louisiana	• Obtaining good response rates from all healthcare settings – getting employers to buy into the importance of the information that will be gained from the survey • The time involved in verifying contact information for employers, calling employers, and sending out follow-up emails and/or letters	• Get stakeholders involved early on in the process • Verify employer contact information prior to sending out the surveys • Work with nursing organizations and industry organizations to provide incentives to employers to complete the survey (e.g., 2 free tickets to the Annual Nightingale Gala). • Make surveys available in more than one format • Share findings from the survey with the various industry types making the findings pertinent to their specific industry (e.g., hospital, long-term care, home health, etc.).	In Louisiana, we have had the privilege of working with a consultant that has helped us with performing bias analysis and imputations that can be used to estimate vacant positions, separations, and estimated growth in number of positions for non-responding employers according to industry.
Texas	• Participation (surveys are voluntary) • Participation from non-hospital settings (home health and hospice, long term care) • Dedicating staff resources to making phone calls • Timelines are long	• Use of taskforce comprised of experts in that employment setting representing different regions across the state • Multiple mail-outs and emails to facility administrators • Survey both online and on paper • Promoting survey and previous survey results at conferences and events across the state	
Utah	• Identifying facilities (amongst thousands) that were suitable to survey for this project • Finding the appropriate person within an organization to fill out the survey. Sometimes it is multiple people.		

About the Centers

The Florida Center for Nursing is a state workforce center that serves as the definitive source for information, research, and strategies addressing the dynamic workforce needs in Florida. Established in Florida statute (F.S. 464.0195), its purpose is to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources. By collecting, analyzing, and reporting on the nursing workforce, the Center seeks to ensure an adequate supply of direct care providers for the health of all Floridians.

The Louisiana Center for Nursing (LCN), a division of the Louisiana State Board of Nursing, collects, analyzes and reports the registered nurse workforce data utilizing established nursing supply, demand, and predictor models to forecast registered nurse resource needs to the Louisiana Health Works Commission. LCN evaluates registered nurse education capacity, and develops strategies for increasing educational access, retention and mobility, including opportunity for minority and underrepresented groups. In addition, LCN addresses key workforce issues and contributes to nursing workforce policy development; develops and supports new and existing nursing workforce initiatives; and works with key stakeholders to address critical nursing workforce issues.
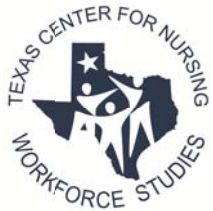
In response to mounting concern about Texas' nurse shortage, the Texas Legislature created the Texas Center for Nursing Workforce Studies (TCNWS) under the governance of the Statewide Health Coordinating Council (SHCC). The TCNWS serves as a resource for data and research on the nursing workforce in Texas. This includes collecting and analyzing data on nurses in Texas in regard to: educational and employment trends, supply and demand trends, nursing workforce demographics, and migration of nurses.

The mission of the Utah Medical Education Council (UMEC) is "To conduct health care workforce research, to advise on Utah's health care training needs, and to influence graduate medical education financing policies. In 2013, the Utah legislature expanded UMEC health care workforce research responsibilities to include nursing. In association with its enlarged legislative mandate, the UMEC has accepted the designation as the Nursing Workforce Information Center, has become an active member of the Utah Action Coalition for Health (UACH), has developed an online RN workforce survey and is gearing up to conduct an in-depth paper survey to meet the minimum dataset requirements for nursing.