

**2014 North Dakota**

**Long Term Care Survey**

The North Dakota Center for Nursing is interested in continuing to track the state nursing workforce and the work environment. Individual facility data will be confidential and results from this survey will only be reported in the aggregate. If you have questions, call Patricia Moulton at 701-365-0408 or[patricia.moulton@ndcenterfornursing.org](mailto:patricia.moulton@ndcenterfornursing.org)

Please email this survey to Patricia Moulton at [patricia.moulton@ndcenterfornursing.org](mailto:patricia.moulton@ndcenterfornursing.org), fax to 701-235-6706 or mail to ND Center for Nursing 417 Main Avenue Suite #402 Fargo, ND 58103 by **August 31, 2014.** Please note that the survey continues through page 7 of this document.

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Name of Long Term Care Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip code

Name of survey completer (will not be included in final analysis- is only for clarification of questions)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role in your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The ND Center for Nursing is interested in determining how North Dakota’s long term care facilities align with ANCC Pathway to Excellence criteria. The Pathway to Excellence program as an alternative to Magnet Designation is designed to recognize health care organizations with positive practice environments where nurses excel. The questions below are the pre-assessment for this program. Please think about your current environment and indicate to the best of your ability whether each of these items have been implemented in your facility. Please circle yes or no for each of the following questions.

|  |  |  |
| --- | --- | --- |
| 1) Are Certified Nurse Assistants (CNAs) included in the nursing community? | Y | N |
| 2) Are RNs, LPNs, and/or CNAs involved in decision-making and all phases of projects that affect nursing, including quality processes? | Y | N |
| 3) Is there evidence that a delineated nursing shared governance model is in place and integrated throughout the organization? | Y | N |
| 4) Is there a policy indicating mandatory overtime is not required for nursing staff? | Y | N |
| 5) Is the development of policy/procedures evidence-based and are at least two of these being implemented? | Y | N |
| 6) Is there input from RNs, LPNs, and CNAs on staffing plans and do they serve on nursing and facility committees? | Y | N |
| 7) Are protective security measures in place for residents and staff? | Y | N |
| 8) Are prevention measures in place to decrease injury, illness, and accidents? | Y | N |
| 9) Do RNs, LPNs, and/or CNAs actively participate on safety committees and in product evaluation? | Y | N |
| 10) Are policies in place to address resident abuse and neglect? | Y | N |
| 11) Are policies in place to address the use of restraints and falls prevention? | Y | N |
| 12) Are employee support structures in place for reporting and addressing work environment events or concerns? | Y | N |
| 13) Are supportive processes in the work environment perceived as restorative and/or holistic? | Y | N |
| 14) Is there a person-centered model of care present? | Y | N |
| 15) Is the person-centered model of care well understood by all staff? | Y | N |
| 16) Are non-adversarial, non-retaliatory, and alternative dispute resolution mechanisms in place to address concerns about the professional practice of healthcare professionals? | Y | N |
| 17) Are there systems to assess quality of resident care as well as rights and culturally sensitive needs of residents? | Y | N |
| 18) Are error prevention and management procedures disseminated to all staff on an ongoing basis? | Y | N |
| 19) Do orientation activities incorporate general and specific mandatory training requirements? | Y | N |
| 20) Does nursing orientation involve a personalized plan with close supervision of the orientee/new nurse by peers and supervisors providing timely feedback? | Y | N |
| 21) Do staffing patterns accommodate the orientation activities of new nurses? | Y | N |
| 22) Is a cross orientation program in place if assigned to multiple staffing areas? | Y | N |
| 23) Are nurses provided education/training to serve as a preceptor and receive feedback? | Y | N |
| 24) Is the DON a registered nurse (RN)? | Y | N |
| 25) If the DON does not currently hold a BSN, is there a written plan demonstrating active progression toward certification in management or administration and/or degree advancement? | Y | N |
| 26) Is the DON accessible and an advocate for residents and direct care staff? | Y | N |
| 27) Is the DON an advocate for quality of care? | Y | N |
| 28) Is continuing education supported and geared toward the RNs, LPNs, and/or CNAs roles and responsibilities? | Y | N |
| 29) Are there examples of development opportunities through mentoring of staff in both the clinical and administrative arenas? | Y | N |
| 30) Is there a process for nurses that facilitates the development of competence, recognition and/or advancement. | Y | N |
| 31) Can we demonstrate that nurses’ wages and salaries are competitive, market adjusted and commensurate with education, expertise, experience and longevity? | Y | N |
| 32) Is incentive pay based on performance and goal achievement? | Y | N |
| 33) Are opportunities and rewards or incentives offered to nurses who serve as outstanding role models for exceptional service? | Y | N |
| 34) Do external entities, such as community and nursing organizations, recognize the nurses employed at the healthcare organization for the accomplishments and contribution to the community and/or profession? | Y | N |
| 35) Are flexible staffing options provided? | Y | N |
| 36) In addition to Employee Assistance Programs, are other health and wellness support services in place? | Y | N |
| 37) Are RNs, LPNs, and CNAs involved in developing their work schedule to meet organizational and personal needs? | Y | N |
| 38) Are mechanisms in place that foster and support collaborative interdisciplinary initiatives? | Y | N |
| 39) Are established procedures utilized to constructively manage interdisciplinary conflict? | Y | N |
| 40) Does the nurse manager participate in self evaluation, development, and achievement of predetermined goals? | Y | N |
| 41) Is the nurse manager able to describe examples in which s/he has advocated for residents, direct care nurses, and nursing staff? | Y | N |
| 42) Do both staff and peers have input to manager’s/supervisor’s evaluation? | Y | N |
| 43) Is the nurse manager’s performance evaluated on outcome measures? | Y | N |
| 44) Are incentives awards provided for nurse managers achieving outcomes beneficial to the resident and/or organization? | Y | N |
| 45) Is there a current written nursing quality plan? | Y | N |
| 46) Do direct care nurses actively participate in outcome based quality initiatives? | Y | N |
| 47) Are evidence-based practices utilized by direct care nurses and nursing staff? | Y | N |

Please complete the table below using the definitions and instructions on the next page and your most recent report. Only report #11 if this is something you track within your organization.

Date of current report used to fill in data (i.e. March 31, Dec 31st) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Current Report as of Date Above** | | | | | | **Average Current Reporting Year** | | | |  |
|  | **1.**  **Current number of Full-time Equivalent**  FTE | 2.  **Number of FTE (Full-time equivalent) vacancies**  **FTE** | 3.  **Number of FTE Per Diem**  **FTE** | 4.  **Number of FTE contract, agency or traveling**  FTE | 5.  **Current**  **Hourly**  **Starting Salary**  $ | 6  **Current Hourly**  **Average Salary**  $ | 7  **Average head count Full-Time**  Head Count | 8.  **Average head count Part-Time**  Head Count | 9.  **Total Head Count of separation**  Head Count | 10.  **Average # of weeks to fill vacancy**  **#** | **11. External Turnover Rate of Graduates within their first year**  **%** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Unlicensed Staff (CNAs, UAPs, medication assistants, medical assistants) |  |  |  |  |  |  |  |  |  |  |  |
| LPN |  |  |  |  |  |  |  |  |  |  |  |
| RN |  |  |  |  |  |  |  |  |  |  |  |
| NP |  |  |  |  |  |  |  |  |  |  |  |
| CRNA |  |  |  |  |  |  |  |  |  |  |  |
| CNS |  |  |  |  |  |  |  |  |  |  |  |
| CNM |  |  |  |  |  |  |  |  |  |  |  |

**SURVEY CONTINUES AFTER THE TABLE DIRECTIONS ON PAGE 6**

**Table Completion Instructions**

1. Indicate the **current number of Full-time Equivalent (FTE)** and part-time equivalent nurses for each setting and category as of end of last reporting year. This can be computed in either of two ways:

* Add total FTEs. For example, if there are 5 full-time employees (1.0 FTE each), 3 half-time employees (0.5 FTE each), and one quarter-time employee (0.25 FTE), the total FTEs = 5.0 + 1.5 + 0.25 = 6.75.
* Divide the total hours worked in a week for that particular employee category by the number of hours in a standard work week. For example, if there are 270 social work hours worked in your hospital in a week, and an FTE at your institution is 40 hours, Social work = 6.75 FTEs (270 hours / 40 hours). .

1. Indicate the **number of FTE (Full-time equivalent) vacancies** currently being recruited or on hold/frozen as of end of last reporting year.
2. Indicate the current **number of FTE Per Diem** workers employed as of end of last reporting year. Per diem workers include employees that are employed directly on an as needed basis and usually have no benefits.
3. Please indicate the current **number of FTE contract, agency or traveling** workers employed as of end of last reporting year.
4. List the current starting hourly wage in your facility for each setting and category as of end of last reporting year. Starting wage is the average hourly wage paid when professionals are first hired as a new employee.
5. List the current average hourly wage paid for all employees in this category as of end of last reporting year.
6. Indicate the **average head count of full-time** professionals employed over your last reporting year for your facility for each setting and category.
7. Indicate the **average head count of part-time** professionals employed over your last reporting year for your facility for each setting and category.
8. Indicate the **total head count of separations** over your last reporting year. These include voluntary and involuntary terminations or separations/resignations. Do not count per diem workers, contract/temporary labor, and students in training, travelers or separations due to illness or death. Do not include within-organization transfers.
9. Average number of weeks to fill a vacancy for each category.
10. **External Turnover Rate of Graduates within their first year-** please estimate your long term care facility turnover rate of nurses within their first year of graduation using your turnover rate definitions- if you track this item.

**SURVEY CONTINUE ON NEXT PAGE**

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**Please check your long term care facility’s status for each of these programs:**

**ANCC Magnet Recognition Program**- The Magnet Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice.

We currently have Magnet Designation

We have held Magnet Designation in the past, but not currently.

We are in the process of applying for Magnet Designation.

We are thinking /planning for applying for a Magnet Designation.

We are not thinking /planning for Magnet Designation.

We were not aware of the Magnet Program.

Comments about the Magnet Recognition Program:

**ANCC Pathway to Excellence Program (ANCC)**: The Pathway to Excellence Program recognizes health care organizations for positive practice environments where nurses excel. It is derived from the Texas Nurse Friendly program which was developed for rural and small hospitals in Texas.

We currently have Pathway to Excellence Designation

We have held Pathway to Excellence Designation in the past, but not currently.

We are in the process of applying for Pathway to Excellence Designation.

We are thinking /planning for applying for a Pathway to Excellence Designation.

We are not thinking /planning for Pathway to Excellence Designation.

We were not aware of the Pathway to Excellence Program.

Comments about the Pathway to Excellence Program:

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**What is your biggest workforce issue?**

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**Transition to Practice Program**

Do you currently have a transition to practice or a nurse residency program at your facility (beyond basic orientation)?  Yes  No

If yes, please describe the program (how long, is a mentor assigned, are nurses

participating in cohorts etc.)

If no, have you attempted to have a transition to practice program or has one been discussed?

If no, would your facility be interested in participating in an online statewide transition to practice program?

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**LPN Recruitment and Retention**

What is your biggest workforce issue regarding LPN recruitment and retention?

What strategies have you utilized to increase LPN recruitment and retention?

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We are currently working on designing a statewide long term care work environment program and a set of strategies for recruitment and retention for LPNs. Would you like to join our ND Center for Nursing Leadership Team Work Environment Workgroup to design these program? The group meets via teleconference call approximately 5-6 times per year.  Yes  No

If yes, please include your contact information below: