**Please indicate the type of facility you represent:**

|  |  |  |
| --- | --- | --- |
|  General Medical/Surgical Hospital |  Hospice |  Skilled Nursing Facility |
|  Specialty Hospital   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Home Health Agency |  Assisted Living Center |

1. **What is the service population of your organization?**

|  |  |  |
| --- | --- | --- |
|  0-25,000 people |  25,000 – 100,000 people |  100,000 + people |

1. **What type of area is your facility located?**

|  |  |  |
| --- | --- | --- |
|  Urban |  Rural |  Suburban |

1. ***If applicable*, please indicate the number of beds in your organization?**

|  |  |  |  |
| --- | --- | --- | --- |
|  0-50 |  51-100 |  101-200 |  201 or more |

1. **Please indicate the number of Full-time and Part-time Nurses currently employed at your organization on ENTER DATE (e.g. “As of August 27th, 2014”)**

|  |  |  |
| --- | --- | --- |
|  | # of Full-time  Employees | # of Part-time  Employees |
| REGISTERED NURSES | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| ADVANCED PRACTICE NURSES: *(CNM, CRNA, NP, CNS)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| LICENSED PRACTICAL NURSES: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| CERTIFIED NURSING ASSISTANTS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|

1. **How many FTE positions are currently occupied on ENTER DATE (e.g. “As of August 27th, 2014”):**

|  |  |
| --- | --- |
|  | Total # of FTEs |
| RNs | **\_\_\_\_\_\_\_\_\_\_** |
| APNs | **\_\_\_\_\_\_\_\_\_\_** |
| LPNs | **\_\_\_\_\_\_\_\_\_\_** |
| CNAs |  |

1. **Please indicate the number of FULL-TIME employees in each age cohort:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age Cohort | RNs  *Direct Care* | RNs  *Indirect Care* | APNs | LPNs | CNAs |
| *Under Age 30* | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| *Age 31 – 45* | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| *Age 46 - 65* | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| *Over Age 65* | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |

1. **Please indicate the number of Per-Diem and Contract/Agency/Traveling Nurses currently employed at your organization ENTER DATE (e.g. “As of August 27th, 2014”):**

|  |  |  |
| --- | --- | --- |
|  | # of Per Diem  Workers  (# Workers) | # of Contract/ Agency/  Traveling Workers  (# FTES) |
| RNs | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|
| APNs | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|
| LPNs | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|
| CNAs | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|

1. **Please indicate the number of VACANT Full-time and Part-time positions currently being actively recruited ENTER DATE (e.g. “As of August 27th, 2014”)**

|  |  |  |
| --- | --- | --- |
|  | # of FULL-TIME Vacant Positions Being Recruited | # of PART-TIME Vacant  Positions Being Recruited |
| RNs | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| APNs | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| LPNs | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
| CNAs | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|

1. **What is the current approximate vacancy rate for nursing professionals at your facility?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Low | Average | High |
| RNs | 🞏 | 🞏 | 🞏 |
| APNs | 🞏 | 🞏 | 🞏 |
| LPNs | 🞏 | 🞏 | 🞏 |
| CNAs | 🞏 | 🞏 | 🞏 |

1. **Please mark the TOP THREE Nursing areas that have been the MOST DIFFICULT to FILL over the last year:**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Case Managers/ Discharge Planners | 🞏 | Nurse Practitioners (all types) |
| 🞏 | Critical Care | 🞏 | Neurological |
| 🞏 | Cardiac/Cardiovascular Care | 🞏 | Occupational Health |
| 🞏 | Chronic Care | 🞏 | Operating Room |
| 🞏 | Dermatology | 🞏 | Oncology |
| 🞏 | Emergency or Trauma Care | 🞏 | Pediatrics |
| 🞏 | Gastrointestinal | 🞏 | Pediatrics (Critical Care) |
| 🞏 | General Medical Surgical | 🞏 | Pre- and Post-Op Care |
| 🞏 | Gynecology/Obstetrics | 🞏 | Primary Care |
| 🞏 | Hospice | 🞏 | Psychiatric/Mental Health |
| 🞏 | Infectious/Communicable Disease | 🞏 | Pulmonary |
| 🞏 | Labor and Delivery/ Postpartum Care | 🞏 | Radiology |
| 🞏 | Nurse Administrators | 🞏 | Rehabilitation |
| 🞏 | Nurse Anesthetists | 🞏 | Telemetry |
| 🞏 | Nurse Midwives | 🞏 | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Please indicate the number of Nurses who LEFT your organization (voluntary or involuntarily) over the last year YEAR FROM SURVEY DATE:**

|  |  |
| --- | --- |
|  | # Workers who Left |
| RNs | \_\_\_\_\_\_\_\_\_\_\_ |
|
| APNs | \_\_\_\_\_\_\_\_\_\_\_ |
|
| LPNs | \_\_\_\_\_\_\_\_\_\_\_ |
|
| CNAs | \_\_\_\_\_\_\_\_\_\_\_ |
|

1. **How has the total number of nursing professionals at your facility changed over the last year?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | More | Fewer | The Same |
| RNs | 🞏 | 🞏 | 🞏 |
| APNs | 🞏 | 🞏 | 🞏 |
| LPNs | 🞏 | 🞏 | 🞏 |
| CNAs | 🞏 | 🞏 | 🞏 |

1. **Please indicate the number of NEW Nursing positions you intend to create over the next year:**

|  |  |  |
| --- | --- | --- |
|  | # of FULL-TIME  Workers | # of PART-TIME  Workers |
| RNs | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
|
| APNs | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
|
| LPNs | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
|
| CNAs | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
|

1. **How do you expect the number of nursing professionals at your facility to change over the next year?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | More | Fewer | The Same |
| RNs | 🞏 | 🞏 | 🞏 |
| APNs | 🞏 | 🞏 | 🞏 |
| LPNs | 🞏 | 🞏 | 🞏 |
| CNAs | 🞏 | 🞏 | 🞏 |

1. **How challenging is it to recruit the following Nursing professionals to your facility?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Easy | Somewhat Easy | Neutral | Somewhat Difficult | Very Difficult |
| RNs | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| APNs | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| LPNs | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| CNAs | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. **Recent national workforce reports on RNs suggest that there is a current and intensifying shortage of RNs. If you have experienced such staffing shortages, please mark the top three coping techniques you’ve employed:**

|  |  |  |
| --- | --- | --- |
|  | | Check if Yes |
| Increased current staff’s load. | 🞏 | |
| Increased current staff’s hours. | 🞏 | |
| Hired less qualified staff. | 🞏 | |
| Decreased the number of patients/clients seen | 🞏 | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | |

**Thank You for Your Participation.**

Please Return the Survey Using the Enclosed Prepaid Return Envelope.