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| **Vermont Health**  **Workforce Survey**  **Hospital Health Employees** |

Project funded by:

HRSA Nurse Education, Practice and Retention: Career Ladder

Grant# D65HP05247

and

The Vermont Agency of Human Services

“Center for Nursing” Grant

Information provided on this survey will be kept confidential

If you have questions about the survey,

please contact Mary Val Palumbo DNP, APRN, Director,

Office of Nursing Workforce Research, Planning, and Development

at (802) 656-0023, or at mary.palumbo@uvm.edu

**STAFFING**

**START HERE:** FTEs (Full-Time Equivalents) can be computed 2 ways:

1. You can add total FTEs. For example, if there are 5 full-time Staff RNs (1.0 FTE each), 3 half-time Staff RNs (0.5 FTE each), and one quarter-time Staff RN (0.25 FTE), the total FTEs for Staff RNs = 5.0 + 1.5 + 0.25 = 6.75.
2. Or, you can divide the total FTEs for that job type by the number of hours in a standard work week. For example, if you employ 270 Staff RN FTEs, and an FTE at your institution is 40 hours, Staff RNs = 6.75 FTEs (270 ÷ 40).

If your hospital does not employ anyone in a specific position (e.g. Med Tech), write ‘0’ in the first column (#FTEs currently employed) and leave the remaining columns blank for that position. *Please do not leave any blanks in the first column.*

Please fill in the following information **as of February 15, 2007** except when directed otherwise. This form relates to **hospital personnel only**. Do not include staff working in long term care, home health, or outpatient provider offices.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position | #  FTEs  currently employed1  Write ‘0’ if you employ no one in this position  *Do not include travelers* | | #  FTE vacancies currently being recruited  *Do not include travelers* | #  Actual  full-time workers em-ployed  *Head count* | #  Actual  part-time2 workers em-ployed  *Head count* | #  Per diem3 workers em-ployed  *Head count* | #  Agency / traveling FTEs em-ployed  *“0” if none* | #  Con-tracted FTEs employed  *“0” if none* | #  Workers leaving5 your organ-ization between 2/15/06 – 2/15/07  *Head count* | In your opinion, is actual need greater than, equal to, or less than budgeted FTEs for this position? |
| ***Clinical Laboratory*** | |  |  |  |  |  |  |  |  |  |
| Medical Tech-nologist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Medical Lab  Tech |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| ***Radiology Staff*** | |  |  |  |  |  |  |  |  |  |
| Radiologic Tech-nologist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Radiation Therapist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Nuclear Medicine Tech |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Ultra-sound Tech / Sono-grapher |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| ***Therapeutic Services*** | |  |  |  |  |  |  |  |  |  |
| Occu-pational Therapist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Certified Occu-pational Therapist Assistant |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |

1. Total FTEs currently employed, including both full-time and part-time employees.
2. Part-time is any position less than 1 FTE.
3. Per diem: on call or not regularly scheduled, no benefits included.
4. Number of people (head count). Include voluntary and involuntary terminations or separations. Do not count per diem workers, contract/temporary labor, or travelers in the termination or separation numbers. Do not include within-organization transfers.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position | #  FTEs  currently employed1  Write ‘0’ if you employ no one in this position  *Do not include travelers* | | #  FTE vacancies currently being recruited  *Do not include travelers* | #  Actual  full-time workers em-ployed  *Head count* | #  Actual  part-time2 workers em-ployed  *Head count* | #  Per diem workers em-ployed  *Head count* | #  Agency / traveling FTEs em-ployed  *“0” if none* | #  Con-tracted FTEs employed  *“0” if none* | #  Workers leaving4 your organ-ization between 2/15/06 – 2/15/07  *Head count* | In your opinion, is actual need greater than, equal to, or less than budgeted FTEs for this position? |
| Physical Therapist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Physical Therapy Assistant |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Speech Therapist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Respira-tory Therapist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| ***Other*** | |  |  |  |  |  |  |  |  |  |
| Operating Room Tech |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Central Sterile Re-processor Tech |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Pharma-cist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Pharmacy Tech |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Social Worker |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Dietician / Nutritionist |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Dietetic Tech-nician |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |
| Other position  \_\_\_\_\_\_\_\_ |  | |  |  |  |  |  |  |  | □ Greater  □ Equal  □ Less |

Please turn to the last page.

1. Does your organization need health care professionals with specialized skills who are currently not available?

□ Yes □ No □ Don’t know

If yes, please list up to 3 types of skilled professionals who are needed but not currently available.

(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How does your institution cover for current staff vacancies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. In the last year (Feb. 15, 2006 to Feb. 15, 2007), please indicate the number of weeks required to fill each of these full-time positions. Or check if you had no vacancies in the last year, or do not employ this position at your institution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Average time to fill position | OR | We had no vacancies in last year | We do not employ this position |
| Medical Technologist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Medical Lab Tech | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Radiologic Technologist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Radiation Therapist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Nuclear Medicine Tech | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Ultrasound Tech / Sonographer | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Occupational Therapist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Certified Occupational Therapist Asst. | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Physical Therapist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Physical Therapy Assistant | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Speech Therapist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Respiratory Therapist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Operating Room Tech | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Central Sterile Reprocessor Tech | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Pharmacist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Pharmacy Tech | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Social Worker | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Dietician / Nutritionist | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |
| Dietetic Technician | \_\_\_\_\_\_\_\_ # weeks |  | □ | □ |

Do you have any additional comments regarding health professional staffing or about this survey?

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

Your survey responses are confidential and will be released only as summaries in which no individual organization’s answers can be identified. We are requesting the name of the person completing this form, however, in case we have questions about the data:

(Optional) Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for your time!

The Office of Nursing Workforce Research, Planning, and Development is funded by the Vermont Agency of Human Services,

and is located at the University of Vermont's College of Nursing and Health Sciences