



NJCCN - Long Term Care

Dear Colleague:

The New Jersey Collaborating Center for Nursing (NJCCN) is preparing to initiate the New Jersey Health Care Facility Nurse Report. The questions that comprise this report are being asked nationwide as part of the Nurse Minimum Data Set (N-MDS). Attached to this email you will find a list of the definitions of the terms necessary for successful completion.

The data we are requesting are from 2012-2013. Organizations will NOT be identified in any of the reporting. All data will then be aggregated to the state level in an effort to estimate the future need for nursing services in New Jersey.

We request that you complete the report by October 4, 2013.

For your convenience you may print out a copy of the survey, gather your data and then go back and input the data to complete the survey. [Click here to open the PDF in a new window.](#)

This survey has been designed with formatting to support ease of completion and is best completed using a desktop or laptop computer rather than a mobile device.

Thank you in advance for participating in this important report. If you should have any questions or need assistance of any type please contact Allison Creary at acreary@rutgers.edu or by phone at 848-932-0423.

Sincerely,

Jeannie Cimiotti

Jeannie P. Cimiotti, PhD, RN
Executive Director
New Jersey Collaborating Center for Nursing
Rutgers, The State University of New Jersey
110 Paterson Street, 3rd Floor
New Brunswick, NJ 08901

Mary Johansen

Mary L. Johansen PhD, NE-BC, RN
Associate Director
New Jersey Collaborating Center for Nursing
Rutgers, The State University of New Jersey
110 Paterson Street, 3rd Floor
New Brunswick, NJ 08901

Please provide the following information for your Long Term Care facility(s).

*You may take this survey more than once.

Facility Name:

Physical Address:

Mailing Address:
(if different from above)

City:

State:

Zip Code:

County:

Contact Person:

Contact Phone Number:

CNO/Administrator Name:
(if different from Contact Person)

CNO/Administrator Email:

Please indicate the number of individual facilities represented in this report.

Please provide the following information for your facility(s). This section will help us understand your facility's current and future need for nursing personnel. Please report on the number of employees. Please DO NOT include per-diem staff, contract/agency nurses, or other temporary personnel in these counts. A rough estimate would be helpful if exact numbers are not known. This will help us project the employment growth for the nursing industry.

Please enter "0" if your facility does not employ the particular type of nurse.

	RNs	APNs (Employed by your organization)	LPNs	CNAs/PCAs (Unlicensed direct care assistants/nurse aides)
Please report the number of full-time equivalent positions (FTEs) currently occupied for each type of nursing personnel.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please report the number of FTE vacancies currently being Recruited/On Hold (frozen).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please report the average number of full-time workers employed on June 30, 2013.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please report the average number of part-time workers employed on June 30, 2013. (Do not include agency, contract or traveling nurses.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please report the number of APNs that are employed by private practice and are NOT employed by your organization.

What is the maximum hours per week that is considered part-time in your organization?

Please enter "0" if your facility does not employ the particular type of nurse.

	RNs	APNs (Employed by your organization)	LPNs	CNAs (Unlicensed direct care assistants/nurse aides)
Please report the per-diem workers employed on June 30, 2013.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please report the number of contract, agency and traveler FTE nurses currently employed. (Please report 0 if your facility does not employ the particular type of nurse.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please report the number of nurses leaving your organization (separations) on June 30, 2013.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please report the number of FTEs the organization intends to employ during the next 12 months.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you hiring new graduate RNs?

- Yes
- No

What are your most difficult speciality areas to recruit? (Select all that apply)

- Rehabilitation RNs
- Advanced Practice Nurses
- RNs
- LPNs
- CNAs/PCAs
- Other:

Does your organization have a planned transition-into-practice type of program for new professional nursing graduates (also called residency, internship, new nursing graduate's orientation, transition-to-practice, mentoring or preceptor program)?

- Yes
- No

If yes, please describe your organization's transition-into-practice type program.

Please indicate whether your transition-into-practice type program is an employment or non-employment model.

- Employment
- Non-employment

Please indicate the length of your organization's transition-into-practice type program in weeks.

Does your organization require a BSN for employment?

Yes

No

Does your organization provide an on-site RN to BSN program?

Yes

No

Does your organization require a BSN for clinical ladder and leadership positions?

Yes

No

Please provide any additional comments and suggestions.