



Utah Medical Education Council
230 South 500 East, Suite 210
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«Business_Name»
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«CITY», «STATE», «ZIP»

Utah Medical Education Council 2015 Nursing Demand Survey

Dear «FirstLast_Name»,

The Utah Medical Education Council (UMEC, www.utahmec.org) was created in 1997 with the mission to conduct healthcare workforce research. The UMEC's mission includes advising on Utah's medical workforce needs, influencing graduate medical education financing policies, and working with state legislators, schools of medicine, and numerous healthcare organizations to ensure that Utah's healthcare workforce is sufficient to serve Utah communities. The UMEC, in conjunction with the Utah Nurses Association, and the Utah Organization of Nurse Leaders, would like to invite you to participate in the state's first comprehensive Nursing Workforce Report.

You are receiving this survey because your worksite is registered as an organization that hires nursing professionals. Provided this is the case, please help make sure the attached survey is given to the individual within your organization who is best suited to answer the survey questions (for example, Chief Nursing Officers, Nursing Administrators, and Human Resources Personnel tend to be ideal individuals). In addition, it is important to know that the information provided below is kept strictly confidential and will only be reported in aggregate.

Your participation in this survey will be crucial for helping Utah's nursing schools, the legislature, and various healthcare organizations prepare for future healthcare scenarios as they relate to nursing professionals. Please return the completed survey in the envelope provided. Thank you for providing important information in support of the nursing profession.

Sincerely,

Richard Campbell
Executive Director
Utah Medical Education Council

Utah's Nursing Workforce, 2015: Demand Survey

Does your facility currently employ nursing professionals (Licensed Practical Nurses, Certified Nursing Assistants, Registered Nurses, and/or Advanced Practice Nurses)? Yes No

- a) If **YES**, please fill out the rest of the survey below and return in the prepaid envelope.
 b) If **NO**, please stop here and return the survey in the prepaid envelope.

1. Please indicate the type of facility you represent:

- Ambulatory Care Setting Home Health Agency Skilled Nursing Facility
 Assisted Living Center Hospice Specialty Hospital
 General Medical/Surgical Hospital Long-Term Care Facility Other: _____

2. Please indicate the number of Full-time and Part-time Nurses currently employed at your facility (as of February 1st, 2015) Full-time = Over 36 hours worked per week, Part-time = 1 - 35 hours worked per week

	# Full-Time Employees	# Part-Time Employees
Certified Nursing Assistants (CNAs)	_____	_____
Licensed Practical Nurses (LPNs)	_____	_____
Registered Nurses (RNs)	_____	_____
Advanced Practical Nurses (CNMs, CRNAs, NPs, CNSs)	_____	_____

3. How many Full-Time Equivalent (FTE) positions are currently occupied at your facility (as of February 1st, 2015) To find FTEs, divide each individual nurse hours per week by 40, then sum. EX: Someone working 36 hours per week (36/40) = .90 FTE.

Total # FTEs		Total #FTEs by APRN type	
CNAs	_____	CNMs	_____
LPNs	_____	CRNAs	_____
RNs	_____	NPs	_____
APRNs	_____	CNSs	_____

4. Please indicate the number of Per-Diem and Contract/Agency/Traveling Nurses currently employed by your facility (as of February 1st, 2015)

	# of Per-Diem Workers	# of Contract/ Agency/ Traveling FTEs
CNAs	_____	_____
LPNs	_____	_____
RNs	_____	_____
APRNs	_____	_____

5. Please indicate the **number of VACANT Full-Time and Part-Time positions** currently being actively recruited at your facility (as of February 1st. 2015):

	# of VACANT Full-Time Positions	# of VACANT Part-Time Positions
CNAs	_____	_____
LPNs	_____	_____
RNs	_____	_____
APRNs	_____	_____

6. How would you define the current vacancy rate for each nursing profession at your facility?

	Low	Average	High
CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please mark the **TOP THREE** nursing areas that have been the **MOST DIFFICULT TO FILL** at your facility:

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

8. Please indicate the **number of nurses who LEFT your organization** (voluntarily or involuntarily) since January 31st, 2014:

	# Workers who LEFT
CNAs	_____
LPNs	_____
RNs	_____
APRNs	_____

9. Please indicate the number of NEW positions your organization intends to create over the next year (through February 1st, 2016):

	# of NEW Full-Time Positions	# of NEW Part-Time Positions
CNAs	_____	_____
LPNs	_____	_____
RNs	_____	_____
APRNs	_____	_____

10. How has the total number of nursing professionals at your facility changed over the LAST year?

	Fewer	Same	More
CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How do you expect the number of nursing professionals at your facility to change over the COMING year?

	Fewer	Same	More
CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How challenging is it to recruit the following nursing professionals to your facility?

	Very Difficult	Somewhat Difficult	Neutral	Somewhat Easy	Very Easy
CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Recent national reports 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

- | | | |
|---|--|---|
| <input type="checkbox"/> Increased current staff's workload | <input type="checkbox"/> Increased hours of current staff | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hired less qualified staff | <input type="checkbox"/> Decreased the number of patients/clients seen | <input type="checkbox"/> Not Applicable |

THANK YOU FOR YOUR PARTICIPATION

Please return the survey using the enclosed prepaid return envelope