

N. ADDENDUM to
Mississippi State Department of Health
Division of Licensure and Certification
ANNUAL SURVEY OF HOSPITALS - FY 2007

The Office of Nursing Workforce, in cooperation with the Mississippi State Department of Health, requests your assistance in providing additional information for nursing personnel staff. Responses will facilitate strategic planning to assure an appropriately prepared nursing workforce.

1. CURRENT and INTENDED Full-Time Equivalent Positions (FTEs) for Nursing Personnel*:
For each of the following nursing personnel categories, indicate: 1) **current** number of **vacant** full-time equivalent positions (FTEs); 2) total number of **current budgeted** FTEs; 3) number of FTEs you **intend** to have **in the coming year** and 4) number **intended 2 years** from now. Leave blank any categories which have no CURRENT and/or INTENDED FTEs. Indicate part-time positions as follows: half-time position =.5 FTE; quarter time position =.25 FTE. An FTE is a budgeted position of 35 hours or more per week.

*** Please include all nursing personnel even if personnel do not fall under nursing services.**

Nursing Personnel Category (Go to www.monw.org for definitions)	Number of vacant FTE positions	Total # of current budgeted FTEs	Total # of FTEs intend to have in 2008	Total # of FTEs intend to have in 2009
A. Administration Chief Nurse Executive (CNE), Chief Nursing Officer (CNO), Directors & Nursing Supervisors				
B. Nursing Services				
Registered Nurses (RNs) (a) Staff nurses (all areas)				
(b) Case Managers				
(c) Quality Assurance/Performance Improvement				
(d) Infection Control				
(e) In-service Educators				
(f) Patient Educators				
(g) First Assistants				
(h) Other RNs (List) ----- -----				
TOTAL ALL RN CATEGORIES				
C. Licensed Practical Nurses				
D. Ancillary Personnel (CNAs, Nurse Techs, Orderlies)				
E. Nurse Practitioners (NP) (a) Acute Care NP				
(b) Family NP				
(c) Other NPs (List) ----- -----				
F. Certified Registered Nurse Anesthetists				

2. Recruitment of Nursing Personnel

During the current reporting period, have you had difficulty recruiting nursing personnel? Yes No

If **Yes**, please list the categories of nursing personnel you have had trouble recruiting AND/OR the service area where recruitment has been difficult (e.g., critical care):

Category of Nursing Personnel

Service Area

A.

A.

B.

B.

3. Temporary Personnel

- (a) Does your organization use temporary, external agency or traveling personnel? Yes No
- (b) If **YES**, what percentage of nursing services is covered by temporary, external agency or traveling personnel on a typical day? _____%

4. Part-time Personnel

- (a) Does your organization use part-time personnel including internal PRN pools? Yes No
- (b) If **YES**, what percentage of nursing services is covered by part-time personnel? _____%

5. Foreign Trained RNs

- (a) Does your organization use foreign trained registered nurses? Yes No
- (b) If **YES**, what percentage of nursing services is covered with foreign trained RNs? _____%

6. RN Turnover

- (a) Total # of RN terminations for any reason for the most recent months

- (b) Average # of employed RN FTEs for the most recent 12 months
_____ (This number should be similar to the total number of RN positions listed on front page.)

7. Highest Educational Level for RN Employees

Indicate the number of **CURRENT full and part-time RN employees**, regardless of nursing personnel category, whose highest educational level is: Diploma, Associate Degree, Baccalaureate Degree, Masters Degree or Doctoral Degree. Indicate the **number of RNs you intend to employ at each educational level next year and in two years.**

Highest Educational Level of RN Employees	Number of CURRENTLY employed RNs (2007)	Number you INTEND to employ next year (2008)	Number you INTEND to employ in two years (2009)
Diploma			
Associate Degree			
Baccalaureate Degree			
Masters Degree			
Doctoral Degree			
TOTAL			

8. Continuing Education (CE)

List the two most urgent CE needs of your current nursing workforce:

- (1) _____
- (2) _____

9. CONTACT INFORMATION: Please provide contact information in case there is a need for clarification of responses. Thank you for your invaluable assistance.

Name of Institution: _____
 County: _____ ONW USE ONLY: PHD _____ WIN District _____
 Name: _____ Title: _____
 Telephone Number & Ext : _____ Email: _____