

N. ADDENDUM to
Mississippi State Department of Health
Division of Licensure and Certification
Division of Aging and Adult Services

2006 ANNUAL SURVEY

The Office of Nursing Workforce, in cooperation with the Mississippi State Department of Health, requests your assistance in providing additional information for the following categories: Administration; RNs; LPNs; and Aides, Orderlies, and Attendants. 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.

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 2007	Total # of FTEs intend to have in 2008
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) Quality Assurance/ Performance Improvement				
(c) Clinical Nurse Specialists				
(d) Inservice Educators				
(e) Nurse Practitioners				
(f) Other RNs (List)				
-----	_____	_____	_____	_____
-----	_____	_____	_____	_____
TOTAL ALL RN CATEGORIES				
C. Licensed Practical Nurses				
D. Ancillary Personnel (CNAs, Nurse Techs, Orderlies)				
E. Other Nursing Service Personnel				
TOTAL ALL NURSING PERSONNEL CATEGORIES				

- 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

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. How many LPNs work in your facility pursuant to a privilege under a compact license from a state other than MS? _____

6. How many RNs work in your facility pursuant to a privilege under a compact license from a state other than MS? _____

7. 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? _____%

8. RN Turnover

- (a) Total # of RN terminations for any reason for the most recent 12 months _____
- (b) Average # of employed RN FTEs for the most recent 12 months _____

9. 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 (2006)	Number you INTEND to employ next year (2007)	Number you INTEND to employ in two years(2008)
Diploma			
Associate Degree			
Baccalaureate Degree			
Masters Degree			
Doctoral Degree			
TOTAL- All educational levels			

10. Continuing Education

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

- (1) _____ (2) _____

11. CONTACT INFORMATION: Please provide contact information in case there is a need for clarification.

Name of Institution:

County: **ONW USE ONLY:PHD** WIN District

Name: Title:

Telephone Number: Ext.: