

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

2008 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 2009	Total # of FTEs intend to have in 2010
A. Administration Chief Nurse Executive (CNE), Chief Nursing Officer (CNO), Directors & Nursing Supervisors				
B. Nursing Services				
Registered Nurses (RNs) ONLY				
(a) Staff nurses (all areas)				
(b) Quality Assurance/ Performance Improvement				
(c) Inservice Educators				
(d) Nurse Practitioners				
(e) MDS Coordinator				
(f) Care Plan Coordinator				
(g) Medicare Nurse (RN)				
(h) Other RNs (List) ----- -----	_____	_____	_____	_____
TOTAL ALL RN CATEGORIES				
C. Licensed Practical Nurses				
D. Ancillary Personnel (CNAs, Nurse Techs, Orderlies)				
E. Other Nursing Service Personnel				

- 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 12 months _____
- (b) Average # of employed RN FTEs for the most recent 12 months _____

7. LPN Turnover

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

8. 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.

Highest Educational Level of RN Employees	# of CURRENTLY employed RNs (2008)	# you INTEND to employ next year (2009)	# you INTEND to employ in 2 years (2010)
Diploma			
Associate Degree			
Baccalaureate Degree			
Masters Degree			
Doctoral Degree			
TOTAL			

9. Continuing Education

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

- (1) _____ (2) _____

10. 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 & Ext: _____ Email: _____

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