

Healthcare Vacancy Baseline and Benchmarks Survey

This survey has been developed by the Brevard Healthcare Workforce Consortium Staffing Committee. Data from this survey will be aggregated and used as baseline information to develop appropriate staffing goals for the Consortium. Annual data must be collected and aggregated in order to determine progress towards developed Consortium goals. We are asking Consortium industry representatives as well as representatives from Consortium healthcare education partners for baseline data now and will request benchmark data yearly. If you are a healthcare education partner representative, please formulate answers based only on healthcare educator staff vacancies. All data will be aggregated. Survey participants will receive a copy of the aggregated results. Thank you for your participation. Only with good data can progress toward the strengthening of our talent pipeline be gauged.

1. Which category best describes your organization?
 - a. Hospital or Hospital System
 - b. Subacute Care Facility
 - c. Skilled Nursing Facility
 - d. Assisting Living Facility
 - e. Progressive Care Community
 - f. Private Practice
 - g. Home Health Agency
 - h. Home Companion Agency
 - i. Medical Staffing Company
 - j. Healthcare Education Institution
 - k. Home Companion Care Agency
 - l. Other: Please Explain: _____
2. How many individuals does your organization employ?
 - a. 10 or less
 - b. 11 – 50
 - c. 51 – 100

- d. More than 100
3. Which mechanisms does your organization use to hire? (Please choose all that apply)
- a. Full-time, direct hire
 - b. Part-time, direct hire
 - c. Per Diem
 - d. 1099
 - e. Other: Please explain: _____
4. Are you able and willing to provide vacancy rate information for benchmark purposes so that the Brevard Healthcare Consortium can determine appropriate performance measures as well as measure progress in meeting performance goals?
- a. Yes (If yes, go to question 5)
 - b. No (Please explain): _____
(If no, go to question 17)
5. What is your current overall employee vacancy rate? (Please answer in percentage format) _____%
6. What was your overall vacancy rate for the following fiscal years (please answer in percentage format):
- a. 2016 _____%
 - b. 2015 _____%
 - c. 2014 _____%
 - d. 2013 _____%
 - e. 2012 _____%
7. What is your first year retention rate for 2016? (Please answer in percentage format) _____%
8. Please list (in order from most to least common) the top five reasons for overall employee turnover.
- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

9. What is your current clinical/direct patient care employee vacancy rate? (Please answer in percentage format or N/A) _____%

10. What was your clinical/direct patient care employee vacancy rate for the following fiscal years (please answer in percentage format or N/A):

a. 2016 _____%

b. 2015 _____%

c. 2014 _____%

d. 2013 _____%

e. 2012 _____%

11. Please list (in order from most to least common) the top five reasons for clinical/direct patient care employee turnover.

a. _____

b. _____

c. _____

d. _____

e. _____

12. What is your turnover rate during the first 90 days for clinical/direct patient care employees for 2016? (please answer in percentage formant or N/A) _____%

13. Does your organization provide peer shadowing or peer mentoring for clinical/direct patient care employees during the first 90 days of employment?

a. Yes

b. No

c. N/A

14. Does your organization solicit input from clinical/direct patient care employees for vacancy reduction/employee retention initiatives?

a. Yes

b. No

c. N/A

15. Did your organization hire temporary help to fill vacancies in 2016?

f. Yes

i. What was the cost to your organization for filling positions with temporary employees in 2016?

\$ _____

g. No

16. Did your organization turn potential consumers away from receiving services because of inadequate staffing in 2016?

h. Yes

i. How many consumers were you not able to serve in 2016? _____

ii. In dollar figures how much revenue did you lose in 2016 as a result? \$ _____

i. No

17. Information must be gathered on an annual basis in order to gauge progress towards established goals. Whom from your organization would be the appropriate contact for receipt of this information?

j. Name: _____

k. Title: _____

l. Department: _____

m. Organization: _____

n. Phone: _____

o. Email: _____

Thank you for completing this survey.