

Please Submit by December 1st, 2017

Center for Health Workforce Studies (CHWS)
Performing Provider System (PPS) Workforce Survey
(The survey information should be as of September 30th, 2017)

One Survey Per Facility Type Required.

Section I

Organization / Facility Name			
Street Address		City	
Primary Contact		Zip Code	
Email Address		Phone #	
PPS Network(s)	The NewYork-Presbyterian Hospital	NewYork-Presbyterian Queens	
Facility Type			
Full-Time Hours	Same for all employees?	Yes specify...	No (specify for each title in column 'e')
Fringe Benefit Rate %	Same for all employees?	Yes specify...	No (specify for each title in column 'g')
Are you responding for:	A Single Site	Multiple Sites	How many? Select ... (specify in Section III)

Section II

Titles (Check all that apply)	(a) Number (b) (Head-count)	(c) FTEs	(d) Number of Vacancies	(e) Full-Time Hours	(f) Avg. Hourly Wage	(g) Fringe Benefit Rate (%)	(h) CBA
Physicians (Except psychiatrists)							
01. Primary Care							Y N
02. Other Specialties							Y N
Physician Assistants							
03. Primary Care							Y N
04. Other Specialties							Y N
Nurse Practitioners (Except psychiatric NPs)							
05. Primary Care							Y N
06. Other Specialties							Y N
Midwives							
07. Midwives							Y N
Nursing							
08. Nurse Managers / Supervisors							Y N
09. Staff Registered Nurses							Y N
10. Other Registered Nurses (Staff Development, Utilization Review, etc.)							Y N
11. Licensed Practical Nurses (LPNs)							Y N
12. Other							Y N

(a) Titles (Check all that apply)	(b) Number (Head-count)	(c) FTEs	(d) Number of Vacancies	(e) Full-Time Hours	(f) Avg. Hourly Wage	(g) Fringe Benefit Rate (%)	(h) CBA
Clinical Support							
13. Medical Assistants							Y N
14. Nurse Aides / Assistants (CNAs)							Y N
15. Patient Care Techs							Y N
16. Clinical Laboratory Technologists and Technicians							Y N
17. Other							Y N
Behavioral Health (Except Social Workers providing Case / Care Management, etc.)							
18. Psychiatrists							Y N
19. Psychologists							Y N
20. Psychiatric Nurse Practitioners							Y N
21. Licensed Clinical Social Workers							Y N
22. Substance Abuse and Behavioral Disorder Counselors							Y N
23. Other Mental Health / Substance Abuse Titles Requiring Certification							Y N
24. Social & Human Service Assistants							Y N
25. Psychiatric Aides / Techs							Y N
26. Other							Y N
Nursing Care Managers / Coordinators / Navigators / Coaches							
27. RN Care Coordinators / Case Managers / Care Transitions							Y N
28. LPN Care Coordinators/Case Managers							Y N
Social Worker Case Management / Care Management							
29. Bachelor's Social Work							Y N
30. Licensed Masters Social Workers							Y N
31. Social Worker Care Coordinators / Case Managers / Care Transitions							Y N
32. Other							Y N
Patient Education							
33. Certified Asthma Educators							Y N
34. Certified Diabetes Educators							Y N
35. Health Coaches							Y N
36. Health Educators							Y N
37. Other							Y N

(a) Titles (Check all that apply)	(b) Number (Head- count)	(c) FTEs	(d) Number of Vacancies	(e) Full- Time Hours	(f) Avg. Hourly Wage	(g) Fringe Benefit Rate (%)	(h) CBA
Non-licensed Care Coordination / Case Management / Care Management / Patient Navigators / Community Health Workers (Except RNs, LPNs, and social workers)							
38. Care Managers / Coordinators ➤ <i>Minimum Requirements for this Title</i>							Y N
	<u>Experience</u> ⇒		Select ...		<u>Degree</u> ⇒	Select ...	
39. Patient or Care Navigators ➤ <i>Minimum Requirements for this Title</i>							Y N
	<u>Experience</u> ⇒		Select ...		<u>Degree</u> ⇒	Select ...	
40. Community Health Workers ➤ <i>Minimum Requirements for this Title</i>							Y N
	<u>Experience</u> ⇒		Select ...		<u>Degree</u> ⇒	Select ...	
41. Peer Support Workers ➤ <i>Minimum Requirements for this Title</i>							Y N
	<u>Experience</u> ⇒		Select ...		<u>Degree</u> ⇒	Select ...	
Administrative Staff -- All Titles							
42. Executive Staff							Y N
43. Financial							Y N
44. Human Resources							Y N
45. Other							Y N
Administrative Support -- All Titles							
46. Office Clerks							Y N
47. Secretaries & Admin. Assistants							Y N
48. Coders / Billers							Y N
49. Dietary / Food Service							Y N
50. Financial Service Representatives							Y N
51. Housekeeping							Y N
52. Medical Interpreters							Y N
53. Patient Service Representatives							Y N
54. Transportation							Y N
55. Other							Y N
56. Janitors and Cleaners							
							Y N
Health Information Technology							
57. Health Information Tech Managers							Y N
58. Hardware Maintenance							Y N
59. Software Programmers							Y N
60. Technical Support							Y N
61. Other							Y N

(a) Titles (Check all that apply)	(b) Number (Head-count)	(c) FTEs	(d) Number of Vacancies	(e) Full-Time Hours	(f) Avg. Hourly Wage	(g) Fringe Benefit Rate (%)	(h) CBA
Home Health Care							
62. Certified Home Health Aides							Y N
63. Personal Care Aides							Y N
64. Other							Y N
Other Allied Health							
65. Nutritionists / Dieticians							Y N
66. Occupational Therapists							Y N
67. Occupational Therapy Assistants /Aides							Y N
68. Pharmacists							Y N
69. Pharmacy Technicians							Y N
70. Physical Therapists							Y N
71. Physical Therapy Assistants / Aides							Y N
72. Respiratory Therapists							Y N
73. Speech Language Pathologists							Y N
74. Other							Y N

Section III

If you are submitting for multiple sites, please indicate below the organization names, addresses, cities and zip codes of all the sites whose data is captured on this survey.

Site 02: Organization Name	Street Address	City	Zip Code
Site 03: Organization Name	Street Address	City	Zip Code
Site 04: Organization Name	Street Address	City	Zip Code
Site 05: Organization Name	Street Address	City	Zip Code
Site 06: Organization Name	Street Address	City	Zip Code
Site 07: Organization Name	Street Address	City	Zip Code
Site 08: Organization Name	Street Address	City	Zip Code
Site 09: Organization Name	Street Address	City	Zip Code
Site 10: Organization Name	Street Address	City	Zip Code
Site 11: Organization Name	Street Address	City	Zip Code
Site 12: Organization Name	Street Address	City	Zip Code
Site 13: Organization Name	Street Address	City	Zip Code
Site 14: Organization Name	Street Address	City	Zip Code
Site 15: Organization Name	Street Address	City	Zip Code

* To submit your responses, please save the PDF with responses to your computer, email as an attachment to surveys@chwsny.org. Please remember to rename using your PPS name, organization name, and location.