

Please Submit by November 8, 2019

**Center for Health Workforce Studies (CHWS)**  
**Performing Provider System (PPS) Workforce Survey**  
(The survey information should be as of September 30<sup>th</sup>, 2019)

**One Survey Per Facility Type Required.**

**Section I**

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

**Section II**

<b>Titles (Check all that apply)</b>	<sup>(a)</sup>	<sup>(b)</sup> <b>Number (Head-count)</b>	<sup>(c)</sup> <b>FTEs</b>	<sup>(d)</sup> <b>Number of Vacancies</b>	<sup>(e)</sup> <b>Full-Time Hours</b>	<sup>(f)</sup> <b>Avg. Hourly Wage</b>	<sup>(g)</sup> <b>Fringe Benefit Rate (%)</b>	<sup>(h)</sup> <b>CBA</b>
<b>Physicians (Except psychiatrists)</b>								
01. Primary Care								Y N
02. Other Specialties								Y N
<b>Physician Assistants</b>								
03. Primary Care								Y N
04. Other Specialties								Y N
<b>Nurse Practitioners (Except psychiatric NPs)</b>								
05. Primary Care								Y N
06. Other Specialties								Y N
<b>Midwives</b>								
07. Midwives								Y N
<b>Nursing</b>								
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
<b>Clinical Support</b>							
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
<b>Behavioral Health (Except Social Workers providing Case / Care Management, etc.)</b>							
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
<b>Nursing Care Managers / Coordinators / Navigators / Coaches</b>							
27. RN Care Coordinators / Case Managers / Care Transitions							Y N
28. LPN Care Coordinators/Case Managers							Y N
<b>Social Worker Case Management / Care Management</b>							
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
<b>Patient Education</b>							
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
<b>Non-licensed Care Coordination / Case Management / Care Management / Patient Navigators / Community Health Workers (Except RNs, LPNs, and social workers)</b>							
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 ...	
<b>Administrative Staff -- All Titles</b>							
42. Executive Staff							Y N
43. Financial							Y N
44. Human Resources							Y N
45. Other							Y N
<b>Administrative Support -- All Titles</b>							
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
<b>56. Janitors and Cleaners</b>							
							Y N
<b>Health Information Technology</b>							
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
<b>Home Health Care</b>							
62. Certified Home Health Aides							Y N
63. Personal Care Aides							Y N
64. Other							Y N
<b>Other Allied Health</b>							
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](mailto:surveys@chwsny.org). Please remember to rename using your PPS name, organization name, and location.