

North Carolina Health Workforce Sentinel Network

Questionnaire Preview

Thank you for choosing to participate in the North Carolina Health Workforce Sentinel Network. The Sentinel Network gathers information from the state's healthcare sector and makes this information available for policy makers, educators, and employers to address current needs and concerns. The COVID-19 pandemic has drastically affected the healthcare environment, so you will see questions that ask about its impacts on your organization and how your organization has responded. We realize that there is much uncertainty at this time, but we thank you for adding your voice to the Sentinel Network to provide the information needed to craft relevant solutions to your critical health workforce needs.

By participating, you will:

- Help ensure the state's health workforce is adequate and prepared to respond to the transforming health care environment, including responses to the COVID-19 pandemic.
- Inform and have access to current and actionable information about emerging workforce needs and demand trends in similar employer groups.

Sentinel Network findings will be available at nc.sentinelnetwork.org shortly after the survey closes. To keep the current information current and understand trends, we will be repeating this process in 6 months; we look forward to your feedback, which will help us make improvements for next time. Thank you for contributing this essential information so we can collectively innovate solutions.

Before starting the survey, you may also [preview the questions and format here \[link disabled\]](#).

The Sentinel Network is an initiative conducted collaboratively by North Carolina Area Health Education Centers (NC AHEC) and the University of North Carolina's Program for Health Workforce Research and Policy within the Cecil G. Sheps Center for Health Services Research. Funding to initiate the North Carolina Sentinel Network came from NC AHEC.

Overview

The subsequent questions will ask about:

- **Occupations filled by your organization**
- **Recent workforce demand changes:**
 - Occupations for which you have had exceptionally long vacancies, and possible reasons why
 - Other changes in demand for specific occupations
- **Retention/Turnover Problems:**
 - For which occupations and why
- **New occupations and roles:**
 - Any new healthcare occupations in your workforce
 - Different ways you are deploying your existing workforce
- **Recent changes in workforce priorities:**
 - Recent changes in orientation/onboarding of new employees
 - Changing needs for training your existing workforce

Note: All questions will ask you to indicate how the COVID-19 has affected your organization.

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Contact Information

Q01: Primary Contact who is providing data to the Sentinel Network.

Confidentiality: Please be assured that data you provide to the Sentinel Network will be kept confidential. Your organization's data will be reported in aggregate form with data from other similar organizations. Great care will be taken to ensure that no individual organization's responses can be identified in reports.

**required*

- First Name _____
- Last Name _____
- Position Title _____
- Organization Name* _____
- Organization Address _____
- City _____
- State NC _____
- Postal code _____
- Email Address* _____
- Phone Number _____

Q02: Are there others at your organization who might be able to provide workforce demand information that you're not able to provide, such as for different facility types or occupations? If so, please provide their **name and email address and/or phone number** and we will invite them to participate.

Facility/Organization Types

Q03: Which of the following best describes the facilities/organizations for which you will provide data to the Sentinel Network? (check all that apply)

NOTE: If you are not able to report for all of your organization, please select only the facility types/organizational units for which you can respond. If there are others in your organization who can respond for the other facilities/units in your organization, please ask them to register and complete the questionnaire or provide their contact information in the comment box at the end

If you select more than one facility/unit type, the subsequent questions about health workforce demand will be asked for each facility/unit type

This list doesn't include every possible facility/organization type; if you don't see an option that fits your situation, please choose "other" in one of the categories and describe your facility/organization. We want to hear from you!

Hospital

- Acute care hospital (more than 25 beds)
- Acute care hospital (25 beds or fewer)
- Freestanding Evaluation & Treatment facility
- Psychiatric hospital
- Psychiatric unit at a community hospital
- Secure withdrawal management facility
- Specialty hospital (including long term care, rehab, children's)
- Other hospital type (specify) _____

Residential Treatment Facility

- Group home or family care home
- Intellectual or developmental disability (IDD) residential facility
- Intermediate care facility
- Psychiatric residential treatment facility
- Substance use disorder residential treatment facility
- Other residential treatment facility (specify) _____

Office or Clinic

- Behavioral-mental health clinic
- Chiropractor's office
- Dentist office/dental clinic
- Federally qualified health center (FQHC)
- Local health department
- Other community clinic providing care on a free or sliding scale
- Optometrist's office
- Podiatrist's office
- Primary care medical clinic (not FQHC or community clinic)
- Psychosocial rehabilitation facility
- Specialty medical clinic (type) _____
- Other office or clinic (specify) _____

Home Health, Home Care, Community-Based Behavioral Health, Hospice and Palliative Care

- Designated Crisis Responder (DCR) services
- Home care or home health service
- Hospice or palliative care service
- Mobile crisis outreach team
- Other out-of-facility behavioral health service (specify) _____

Medical & Diagnostic Laboratory

- Medical and diagnostic laboratory

Nursing & Personal Care Facility

- Adult family home
- Assisted living facility
- Nursing home or skilled nursing facility
- Retirement community/Independent living facility
- Other nursing/personal care facility (specify) _____

Pharmacy

- Community/retail pharmacy
- Hospital/clinical pharmacy
- Other pharmacy (specify) _____

Other Health Care Facility Type

- Higher education / research organization
- Public health organization
- School
- Other health care facility/organization type (specify) _____
- Other health care facility/organization type (specify) _____
- Other health care facility/organization type (specify) _____

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Facility/Organization Location

Q4: In which North Carolina counties does your organization's [facility type] provide services? Please select only those counties for which you are able to report health workforce information.

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alamance | <input type="checkbox"/> Franklin | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Alexander | <input type="checkbox"/> Gaston | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Alleghany | <input type="checkbox"/> Gates | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Anson | <input type="checkbox"/> Graham | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Ashe | <input type="checkbox"/> Granville | <input type="checkbox"/> Person |
| <input type="checkbox"/> Avery | <input type="checkbox"/> Greene | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Guilford | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Halifax | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Harnett | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Haywood | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Buncombe | <input type="checkbox"/> Henderson | <input type="checkbox"/> Rockingham |
| <input type="checkbox"/> Burke | <input type="checkbox"/> Hertford | <input type="checkbox"/> Rowan |
| <input type="checkbox"/> Cabarrus | <input type="checkbox"/> Hoke | <input type="checkbox"/> Rutherford |
| <input type="checkbox"/> Caldwell | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Iredell | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Jackson | <input type="checkbox"/> Stanly |
| <input type="checkbox"/> Caswell | <input type="checkbox"/> Johnston | <input type="checkbox"/> Stokes |
| <input type="checkbox"/> Catawba | <input type="checkbox"/> Jones | <input type="checkbox"/> Surry |
| <input type="checkbox"/> Chatham | <input type="checkbox"/> Lee | <input type="checkbox"/> Swain |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Transylvania |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Macon | <input type="checkbox"/> Union |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Madison | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Martin | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> McDowell | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Mecklenburg | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Watauga |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Davidson | <input type="checkbox"/> Moore | <input type="checkbox"/> Wilkes |
| <input type="checkbox"/> Davie | <input type="checkbox"/> Nash | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> New Hanover | <input type="checkbox"/> Yadkin |
| <input type="checkbox"/> Durham | <input type="checkbox"/> Northampton | <input type="checkbox"/> Yancey |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Onslow | |
| <input type="checkbox"/> Forsyth | <input type="checkbox"/> Orange | |

Q4b. In general, does your [facility type] provide services to:

- mostly urban residents
- mostly rural residents
- a combination of urban and rural residents

Facility Workforce

Q05: Following is a list of occupations commonly employed in health care.

For which occupations employed at your [facility type] have you recently (within the past ~6 months) experienced workforce demand changes (e.g. more demand than usual, less demand, staff needed new skills)?

Subsequent questions will refer to the occupations you select from this list.

Please be sure to include in your selections below occupations that have been affected by the COVID-19 pandemic. Then use the comment boxes in the questions that follow to explain how COVID-19 has impacted your facility where applicable.

The occupations below are grouped based on federal coding classifications. Please check each group carefully to locate the occupations that are relevant to your situation.

- No workforce demand changes for any occupations at this facility/ organization type**

Counselors & Social Workers

- | | |
|---|--|
| <input type="checkbox"/> Chemical Dependency Professional/Substance Abuse and Behavioral Disorder Counselor | <input type="checkbox"/> Marriage and Family Therapist |
| <input type="checkbox"/> Child, Family and School Social Worker | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Community Health Worker | <input type="checkbox"/> Mental Health and Substance Abuse Social Worker |
| <input type="checkbox"/> Healthcare Social Worker | <input type="checkbox"/> Peer Counselor |

Nurses/Nursing

- Certified Nurse Anesthetist
- Certified Nursing Assistant
- Certified Nurse Midwife
- Licensed Practical Nurse/Licensed Vocational Nurse
- Nurse Practitioner (NP) *if one or more NP specialty, specify* _____
- Registered Nurse (RN) *if one or more RN specialty, specify* _____

Physicians/Surgeons

- | | |
|--|---|
| <input type="checkbox"/> Anesthesiologist | <input type="checkbox"/> Pediatric Subspecialist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Pathologist |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Psychiatrist, Child |
| <input type="checkbox"/> Emergency Medicine Physician | <input type="checkbox"/> Psychiatrist, not Child |
| <input type="checkbox"/> Family Medicine Physician | <input type="checkbox"/> Radiologist |
| <input type="checkbox"/> General Internal Medicine Physician | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Surgeon, General |
| <input type="checkbox"/> Obstetricians and Gynecologist | <input type="checkbox"/> Surgeon, Specialty |
| <input type="checkbox"/> Pediatrician, General | <input type="checkbox"/> Physicians/Surgeons, Other (specify) |

Psychologists

- Psychologist, Clinical and Counseling
 Psychologist, School

Healthcare Diagnosing or Treating Practitioners (not physicians or nurses)

- | | |
|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Radiation Therapist |
| <input type="checkbox"/> Dietitian or Nutritionist | <input type="checkbox"/> Recreational Therapist |
| <input type="checkbox"/> Exercise Physiologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Optometrist | |

Health Technologists and Technicians

- | | |
|---|--|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medical Records Specialist |
| <input type="checkbox"/> Cardiovascular Technologist or Technician | <input type="checkbox"/> Nuclear Medicine Technologist |
| <input type="checkbox"/> Diagnostic Medical Sonographer | <input type="checkbox"/> Ophthalmic Medical Technician |
| <input type="checkbox"/> Dietetic Technician | <input type="checkbox"/> Optician, Dispensing |
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Orthotist and Prosthetist |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Health Information Technologists and Medical Registrar | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Psychiatric Technician |
| <input type="checkbox"/> Magnetic Resonance Imaging Technologist | <input type="checkbox"/> Radiologic Technologist and Technician (not including Diagnostic Medical Sonographer or MRI Technologist) |
| <input type="checkbox"/> Medical and Clinical Laboratory Technician | <input type="checkbox"/> Respiratory Therapy Technician |
| <input type="checkbox"/> Medical and Clinical Laboratory Technologist | <input type="checkbox"/> Surgical Assistant |
| <input type="checkbox"/> Medical Dosimetrist | <input type="checkbox"/> Surgical Technologist |

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Healthcare Support Occupations

- Care Manager
- Chaplain
- Dental Assistant
- Direct Support Professional
- Home Health Aide/Home Care Aide
- Massage Therapist
- Medication Aide
- Medical Assistant
- Medical Equipment Preparer
- Medical Transcriptionist
- Occupational Therapy Aide
- Occupational Therapy Assistant
- Orderly/Patient Transporter
- Personal Care Aide
- Pharmacy Aide/Clerk
- Phlebotomist
- Physical Therapist Aide
- Physical Therapist Assistant
- Psychiatric Aide

Other (please specify one per line option as needed)

- Administrator/Director
- Environmental Services
- Human Resources Personnel
- Office Staff/Front Desk Staff/Scheduler
- Other (specify) _____
- Other (specify) _____
- Other (specify) _____

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Recent Workforce Demand Changes

Q6: Recently (within the past ~6 months), has your **[facility type]** experienced **exceptionally long vacancies** for any open positions (i.e. posted job vacancies that went unfilled for longer than usual) in the occupation types you selected?

	Has this occupation experienced exceptionally long vacancies recently?				If yes, please explain
	Yes, due to not enough qualified applicants	Yes, due to salary/ wage/ benefits issues (please specify)	Yes, due to other reasons (please specify)	No, this occupation has not experienced exceptionally long vacancies	
Occupation 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide details to further describe reasons for your response. If the COVID-19 pandemic has affected these vacancies, please describe.
Occupation 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q7: Recently (in the past ~6 months), did your [facility type] experience higher or lower demand for specific occupations?

	Change in the usual demand?			If yes, please explain
	Yes, higher demand (please specify)	Yes, lower demand (please specify)	No change in demand	
Occupation 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Provide details to further describe reasons your response. If the COVID-19 pandemic has affected demand, please describe.
Occupation 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q8: Recently, (in the past ~6 months) for which occupation(s) has worker retention/turnover been a problem for your [facility type]?

					If yes, please explain
	Yes, due to salary/wage/benefits issues (please specify)	Yes, due to workload/patient acuity issues (please specify)	Yes, due to other reasons (please specify)	No, this occupation has not experienced retention/turnover issues	Provide details to further explain your response. If the COVID-19 pandemic has affected retention/turnover, please describe.
Occupation 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Occupation 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

New Occupations and Roles

Q9: Recently (in the past ~6 months), did your [facility type] employ any **new healthcare occupations** (that it did not employ previously)?

Yes

No

If yes, what **new healthcare occupations** did you employ at your [facility type]?

	Please add in any new occupations	In what roles are you using them and how do they meet your organization's needs? Were these changes in response to the COVID-19 pandemic?
Occupation		
Occupation		
Occupation		

Q10: Recently (in the past ~6 months), did your [facility type] deploy any of your existing workforce in significantly different roles? If yes, please describe the new role(s) and how they met your organization's needs.

	Has this occupation been deployed in a significantly different role?		If yes, please describe the new role(s) and how they met your organization's needs? Were these changes in response to the COVID-19 pandemic?
	Yes	No	
Occupation 1	<input type="radio"/>	<input type="radio"/>	
Occupation 2	<input type="radio"/>	<input type="radio"/>	
...	<input type="radio"/>	<input type="radio"/>	

Q11: Recently (in the past ~6 months), have there been changes in your **[facility type]'s orientation/onboarding for new employees** (i.e. to improve the match between new employees' skills/training and your facility's needs)?

	Changes in orientation/onboarding for new employees?		If yes, please describe the new role(s) and how they met your organization's needs? Were these changes in response to the COVID-19 pandemic?
	Yes	No	
Occupation 1	<input type="radio"/>	<input type="radio"/>	
Occupation 2	<input type="radio"/>	<input type="radio"/>	
...	<input type="radio"/>	<input type="radio"/>	

Q12: Recently (in the past ~6 months), have there been changes in your **[Facility type]**'s training required for your existing (incumbent) workforce?

	Changes in training required for your existing (incumbent) workforce?		If yes, please describe the types of changes in training for existing (incumbent) workers and how they met your organization's needs. Which, if any, were in response to the COVID-19 pandemic.
	Yes	No	
Occupation 1	<input type="radio"/>	<input type="radio"/>	
Occupation 2	<input type="radio"/>	<input type="radio"/>	
...	<input type="radio"/>	<input type="radio"/>	

Additional question about your [facility type]'s workforce needs.

C1: In the past 6 months, has COVID-19's impact on your workforce gotten better, stayed the same, or gotten worse?

- Much better
- Slightly better
- Same
- Slightly worse
- Much worse

C1a: Please explain your choice:

C2: How has your [facility types]'s staffing arrangements/configurations affected your ability to respond to patient demand in the past 6 months?

C3: What are your top workforce needs that could be alleviated by new or modified policies, regulations, and/or payment rules?

Top workforce needs	Related policy/regulatory/payment solution
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

C4: To what extent have you observed burnout as a workforce issue in the past 6 months? Please explain.

C5: How have employer and/or government vaccine mandates affected staffing at your [facility type]?

C6: Thinking of your experiences over the past 6 months, please describe the workforce impact, if any, of the use of telehealth at your [facility type] (including telemedicine, teledentistry, and/or telebehavioral health)

Q19: Please provide any other observations or clarifications that you would like to share about recent changes in health workforce demand occurring at your organization/facility.

Q20: Do you have any questions about participating in the Sentinel Network, or additional information about your organization that you would like to provide?



Your answers have been submitted. Thank you for providing information from your organization to the North Carolina Health Workforce Sentinel Network! Please close your browser tab to exit. For more information, please contact our Project Manager at nc@sentinelnetwork.org

Aggregate Sentinel Network findings will be displayed on its website approximately one month after closing each round of data collection. You will be contacted by Sentinel Network staff in about 6 months inviting you to complete this brief survey again. By collecting data twice a year, the Sentinel Network will be able to describe health workforce demand trends and support health workforce planning across the state.