

Chapter Needs Assessment – SWGA Chapter of AACN

The following is a sample of a Chapter Needs Assessment. This particular assessment was developed for the Southwest Georgia Chapter of AACN in June 2008 using Survey Monkey.

Feel free to copy this survey for your own chapter's use.

AACN Chapter assessment survey (chapters may modify to meet

1. About you

ANY RN IN CRITICAL CARE OR ACUTE CARE MAY PARTICIPATE. YOU DO NOT NEED TO BE A MEMBER TO PARTICIPATE.

In an effort to better serve you, our local AACN chapter would like to find out a few things about you. The following questions were developed to help us understand your preferences, issues, and competing demands. Please provide us with any information that you think will help us in meeting your needs as a critical care/acute care nurse in our community.

Completing the survey will make you eligible for a \$50.00 prepaid gas card. (LOCAL AACN ELECTED OFFICERS MAY PARTICIPATE IN THE SURVEY, BUT ARE NOT ELIGIBLE TO WIN).

Thank you for answering the questions.

1. I am considered:

- Full time
- Part time
- PRN

2. My role is primarily as a:

- Staff nurse
- Nurse Leader
- CNS/NP
- Nurse Educator
- case manager nurse/informatics/quality improvement nurse
- Other

3. My unit/primary patient population is considered:

- A traditional ICU
- A stepdown/progressive care unit
- A general Medical Surgical unit
- A unit that is not ICU, but frequently has critically ill patients (ED, PACU, Dialysis, Cath Lab, etc)
- Other

4. I have been working:

- | | less than 2 years | 2-5 years | 6-10 years | 11-15 years | more than 15 years |
|------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I have been in nursing practice for: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have been working in critical care/acute care for: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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5. I am:

	Yes	No, but I would like to join	No, and I am not interested in joining
A member of National AACN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A member of the local Southwest GA AACN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Do you have any of the following certifications:

	Yes	No, and I am not interested	No, but I want to achieve this in the near future
CCRN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCCN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CMC(AACN cardiac medical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CMS(AACN cardiac surgical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other nursing certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Which schedule most closely resembles your work schedule:

- Monday to Thursday 7 am to 7 pm
- Monday to Thursday 7 pm to 7 am
- Friday to Sunday 7 am to 7 pm
- Friday to Sunday 7 pm to 7 am
- Monday to Friday business hours
- Variable work schedule

Variable - please specify

8. AACN educational inservices and board meetings are typically 1 hour long. I would prefer to attend these:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

AACN Chapter assessment survey (chapters may modify to meet

9. Likelihood to attend classes/meetings between the following hours:

	Probably could attend	Probably couldn't attend
0730-0930	<input type="radio"/>	<input type="radio"/>
0930-1130	<input type="radio"/>	<input type="radio"/>
1130-1330	<input type="radio"/>	<input type="radio"/>
1330-1530	<input type="radio"/>	<input type="radio"/>
1530-1730	<input type="radio"/>	<input type="radio"/>
1730-1930	<input type="radio"/>	<input type="radio"/>
1930-2130	<input type="radio"/>	<input type="radio"/>

10. Conferences are typically 8 hours long. I would prefer to attend a conference on a:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

11. Please indicate which institution is your primary employer.

- Albany State University
- Archbold Medical Center
- Colquitt Regional Medical Center
- Crisp Regional Medical Center
- Darton College
- HCA Palymra Medical Center
- Phoebe Putney Memorial Hospital
- Sumter Regional Medical Center
- Tift Regional Medical Center
- Thomas University

Other (please specify)

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2. Clinical Role

Please let us know what types of patients and experiences you have as a nurse in your area

1. Please tell us how frequently you care for people in each of the following age groups.

	Frequently	Occasionally	Rarely	Never
Late adulthood >65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle adulthood 40-64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early adulthood 20-39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescents 13-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children 1-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
infants <1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Thinking about types of patient problems. Please indicate how frequently you care for patients with diseases/injuries of this nature.

	Frequently	Occasionally	Rarely	Never
Neurological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatic/GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integumentary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What topics do you think the are best covered by the AACN chapter as opposed to a work inservice?

	Work only	AACN forum	Either
Pharmacuetical updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New technology and equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease management (ACS, Diabetes, Stroke, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concept issues (hemodynamic monitoring, ABG interpretation, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End of life issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective Communication amongst team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AACN Chapter assessment survey (chapters may modify to meet

4. Thinking about your work environment. Please rate the following (1-5) on how well your unit does with the quality of care.

1 - excellent

5 - poor

	N/A	1	2	3	4	5
Elimination of VAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elimination of Vascular access/C-Line infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elimination of pressure ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elimination of urinary tract infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End of Life issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion of family/significant other in the care of the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration and respect of all disciplines on the care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating patient safety issues effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holding each other (care team members) accountable for care issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall standards of care of care on the unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

5. What education topics would you like the chapter to offer?

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3. AACN

1. How familiar are you with the following (1-5):

1 extremely familiar with it

5 not at all familiar with it

	1 extremely familiar	2	3	4	5 not familiar
AACN Certification (CCRN/PCCN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AACN sub specialty certification for cardiac medical and surgical (CMC or CSC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beacon Standards for ICU and Progressive Care Units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crucial Conversations and Crucial Confrontations Healthy Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment Standards Journals - American Journal of Critical Care and Critical Care Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Circle of Excellence Awards held each spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local critical Care conference held each spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Circle of Excellence Awards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Teaching Institute (NTI) held in May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Conference held each September in Atlanta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Did you know or do you believe the following?

	Yes	No	No opinion/Didn't know
AACN rules requires that local members must be current in their national membership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$78.00 annual national membership fee is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$10.00 annual local fee is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford to be a member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AACN now provides free CEU's through their website to members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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3. How well does the local AACN chapter do the following (1-5)

1 very well

5 very poorly

	1 very well	2	3	4	5 very poorly
Communicate about elections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote/advocate for high patient care standards in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate upcoming board meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote/advocate for healthy work environments in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote/advocate for certified nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate upcoming educational events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate about awards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition of individual excellence locally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

4. What method would you prefer for chapter communication/notification of upcoming events:

- An email with the information attached
- Flyer mailed to my home
- Flyer displayed in my unit
- Personal phone call

Other (please specify)

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5. The Mission Statement of AACN:

Patients and their families rely on nurses at the most vulnerable times of their lives. Acute and critical care nurses rely on AACN for expert knowledge and the influence to fulfill their promise to patients and their families. AACN drives excellence because nothing less is acceptable.

How well does the local AACN chapter do to fulfill this mission in our community? (1-5)

1 - Excellent

5 - Poor

1 very well

2

3

4

5 very poorly

Other (please specify)

6. Have you attended a local conference or certification review (8 hour or more program) in the last 3 years?

Yes

No, please skip to question 8

AACN Chapter assessment survey (chapters may modify to meet

7. If you've attended a conference/certification review or local program, please answer the following.

When you think about the program, how well did the chapter do with the implementation of the program (1-5).

1-excellent

5-poor

	1 excellent	2	3	4	5 poor
Quality of the speaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the materials/handouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the venue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the food/catering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of program for our community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

8. When you think about your local AACN chapter. What do you think the primary mission of the chapter should be? Please rank in order of importance.

1 is the most important to 6 is the least important.

	1 most important	2	3	4	5	6 least important
Improvement of the work environment for nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Service Projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotion of high/quality standards when caring for the critically ill and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inservice/continuing education of members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certification preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Represent southwest GA nurses at the regional and national level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If money, time, and resources were not a barrier, what 1 thing could the local chapter do that would absolutely exceed your expectations?

10. What other feedback would you like to give the local AACN chapter?

AACN Chapter assessment survey (chapters may modify to meet

11. To be entered for a raffle for a \$50.00 prepaid Gas card, please enter your name and phone number:

First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone number	<input type="text"/>