

# LEAP Organizational Learning Readiness Survey

(Updated 10/07)

Evaluation of the long-term care facility's learning readiness focuses on assessment of three key areas. These are: management style, readiness for learning, and capacity to implement and sustain LEAP.

We ask that the facility's **administrator** and **director of nursing** each complete a survey. Additionally, you may copy this survey for others in your organization to gain additional insight. Please respond to each item in the survey. We will compile the results and provide your facility with a summary of our assessment.

Name of Your Organization

Mailing Address (street, city/town, state, zip code)

Name and Title of Person Completing this Survey

Telephone Number

Fax Number

Email Address

Approximately how many registered nurses and licensed practical nurses do you have in your facility?

Number of RNs and LPNs	Category
	Less than 5
	5 to 9
	10 to 19
	20 to 29
	30 to 39
	40 to 49
	50 or more

Approximately how many certified nurse assistants do you have in your facility?

Number of CNAs	Category
	Less than 10
	10 to 29
	30 to 49
	50 to 69
	70 to 89
	90 to 119
	120 or more

In the next section, please indicate how you feel about each statement.

	Almost never	Seldom	Occasionally	Frequently	Almost always
1. Some employees fear for their jobs.					
2. Management includes employees in organizational decisions.					
3. Management encourages employees to give their best effort.					
4. Most employees feel secure working here and therefore do not leave.					
5. Even though employees have good benefits, they tend to give minimal job performance.					
6. Most employees seem content in their positions and are not interested in job promotion.					
7. Management is respected by employees.					
8. Employees feel a part of the organization.					
9. Managers regularly recognize employees for their job performance.					
10. There is a feeling of teamwork in this organization among managers and employees.					
11. Employees are enthusiastic about improving job performance.					
12. Employees are valued by this organization.					
13. This organization encourages employees to learn and develop new skills.					
14. Employees and managers in this organization have the capacity to apply new knowledge to future clinical situations.					
15. The climate of our organization recognizes the importance of learning.					
16. Upper management supports the vision of a "learning environment" that supports learning and development across all levels of staff and managers.					
17. Our managers have the capacity to be mentors and coaches to facilitate learning					

among staff.					
18. Our organization believes staff should feel empowered and participate in learning and development experiences.					
19. Following trends in our organization's practice, management, and staff through benchmarking would be valuable and utilized for evaluation purposes.					
20. Our organization supports creativity to improve care practices for our residents.					

Your organization's readiness to participate in LEAP also needs to focus on necessary resources, including funding, time, and equipment. Please check off all those items your organization will commit to implementing LEAP.

	Check all that apply
Support for Train-the-Trainer participant (2 day workshop)	
Time commitment and coverage for each nurse (3 hrs weekly x 6 weeks)	
Time commitment and coverage for each CNA (2 hrs weekly x 7 weeks)	
Funding for CNA Level II promotion (recommended \$0.50 per hr increase)	
DVD and television	
Computer with CD-Rom and Printer	
Internet connection	
Room for class training. and supplies (Flipcharts and markers)	

Thank you for completing this self-assessment. We will provide you results of your self-assessment within the next few weeks. Please complete the information about your organization.

**Only complete this section if your facility has not made arrangements for LEAP training.**

Would you be interested in a LEAP workshop in your state?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Unsure at this time

Would your organization be interested in hosting the 2-day LEAP Train-the-Trainer workshop?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Unsure at this time

When would you like to have your facility participate in the LEAP Train-the-Trainer program? (please indicate first, second, and third choices)

Choice (indicate 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> options)	Month
	December 2007
	January 2008
	February 2008
	March 2008
	April 2008
	May 2008

	June 2008
	July 2008
	August 2008
	October 2008
	November2008
	December 2008
	Not Sure at this time

Thank you for completing the Organizational Learning Readiness Survey!

You may return the completed survey to the LEAP Program,  
Mather LifeWays Institute of Aging in several ways:

- Return the completed survey by fax at (847) 492-6789, attention LEAP Program
- Request an electronic version of the survey ([leap@matherlifeways.com](mailto:leap@matherlifeways.com))
- Questions? Call Cecilia Grefalda at (847) 492-7444
- Mail the completed survey to:

LEAP Program  
Mather LifeWays Institute on Aging  
1603 Orrington Avenue, Suite 1800  
Evanston, IL 60201