



The Home Health and Hospice Care Nurse Staffing Study (HHHCNSS) assesses nurse staffing and related issues in home health and hospice agencies. During the summer of 2015, the TCNWS administered the HHHCNSS to 3,148 Texas home health and hospice agencies. 1,023 (32.5%) agencies responded to the survey. The agencies that completed the 2015 HHHCNSS were representative of all Texas home health and hospice agencies by metropolitan and border status, patient census, and agency type.

Most health professionals are aware of a potential nursing shortage, but many are less mindful of how the shortage will affect healthcare service providers individually.<sup>1</sup> There is a shortage of nursing personnel in home healthcare because the number of home health nurses has declined.<sup>2</sup> Analyzing nurse staffing practices is imperative to better understand any challenges home health agencies face. This report presents the relevant findings of this survey related to staffing practices at Texas home health and hospice agencies. It also reviews changes in home health and hospice agencies' numbers of occupied and vacant nurse positions, the reasons for these changes, additional nurses needed to meet patient demand, temporary nurses, nurse informaticists and how the country's recent economic recession has impacted staffing practices.

<sup>1</sup> Carter, Andy. 2009. "Nursing Shortage Predicted to Be Hardest on Home Healthcare." *Home Healthcare Nurse*. 27(3), 198.

<sup>2</sup> Cushman, M., & Ellenbecker, C. H. 2008. "Home care nursing shortage 2007." *Caring: National Association for Home Care Magazine*, 27(1), 42.

Staffing

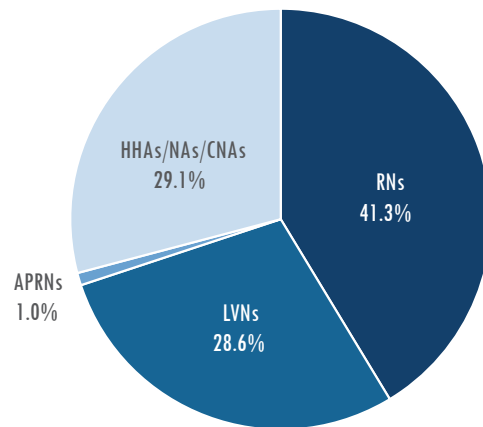
Figure 1 presents the percent of filled home health and hospice staff positions in responding agencies by nurse type. The mix in 2015 was similar to that found in home health and hospice agencies in 2013 HHHCNSS.

- Registered nurses (RN) made up the largest proportion of nurses in home health and hospice agencies (41.3%), which was similar to 2013 (41.6%).
- 29.1% of nursing personnel were home health or nurse aides (HHA/NA/CNA). This was an increase from the 2013 HHHCNSS (26.5%).
- The proportion of licensed vocational nurses (LVN) decreased from 31.2% in 2013 to 28.6% in 2015.
- Advanced practice registered nurses (APRN) comprised 1.0% of all nursing personnel in home health and hospice agencies. The proportion of APRNs was similar to the 2013 HHHCNSS (0.8%).

Table 1 (page 2) displays the number of occupied and vacant full-time equivalent (FTE) positions in Texas by nurse type.

- RNs were the most numerous nurse type in Texas

Figure 1. 2015 HHHCNSS nursing staff mix



home health and hospice agencies and had a vacancy rate of 16.7%.

- Agencies reported a total of 92.4 APRN FTEs in the Texas, which was the lowest among nurse type. APRNs also had the highest vacancy rate (19.9%).
- More than half of responding agencies (60.4%) that reported RN FTEs reported 0 RN vacancies, while 65.7% that reported LVN FTEs reported zero LVN vacancies, and 88.4% that reported APRN FTEs reported 0 APRN vacancies.

**Table 1. Number of occupied and vacant FTE positions in Texas by nurse type**

	n	Total Occupied FTE Positions	Total Vacant FTE Positions	Statewide Position Vacancy Rate	Number of Agencies that Reported Zero Vacancies
RNs	990	3,992	801	16.7%	598
LVNs	805	2,762	614	18.2%	529
APRNs	69	92	23	19.9%	61
HHAs	745	2,812	517	15.5%	513

n=number of agencies in Texas that reported each nurse type

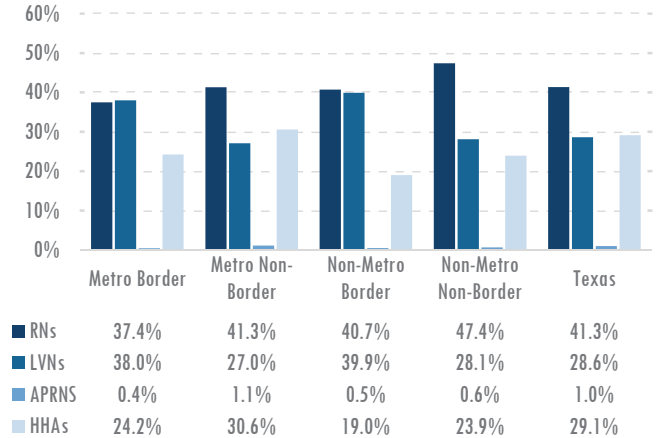
Figure 2 displays the nurse staff mix by geographic designation.

- Non-metro, non-border counties reported having the highest proportion of RNs (47.4% of positions in non-metro, non-border counties).
- Border counties reported higher proportions of

LVNs (38.0% in metro counties and 39.9% in non-metro counties).

- Metro counties reported higher proportions of HHAs (24.2% in border counties and 30.6% in non-border counties).

**Figure 2. Staff mix by geographic designation**



## Nurse Informaticists

In 2015, 73 responding home health and hospice agencies reported employing a total of 257 nurse informaticists. Table 2 shows the number of nurse informaticists by geographic designation.

- Metro, non-border counties had the highest proportion of nurse informaticists (85.4%).
- There were no nurse informaticists employed in non-metro, border counties.
- 59.1% of nurse informaticists were employed in agencies that had 151 or more unique clients per year.

**Table 2. Number of nurse informaticists by geographic designation**

Geographic Designation	Number of Nurse Informaticists (% of all Nurse Informaticists)
Metro Border	25 (9.6%)
Metro Non-Border	219 (85.4%)
Non-Metro Border	0 (0%)
Non-Metro Non-Border	13 (5.1%)
Texas	257

## Additional Staff Needed

Table 3 shows the number of FTEs that responding home health and hospice agencies expect to budget in the next fiscal year, by nurse type and geographic designation.

- The agencies responding to this survey reported they expect to add 3,743.4 nursing FTEs in the next fiscal year.
- Agencies in metro, non-border counties expected to add the largest proportion of nursing FTEs in the next fiscal year.

**Table 3. Number of additional FTEs agencies plan to budget next fiscal year by nurse type and geographic designation**

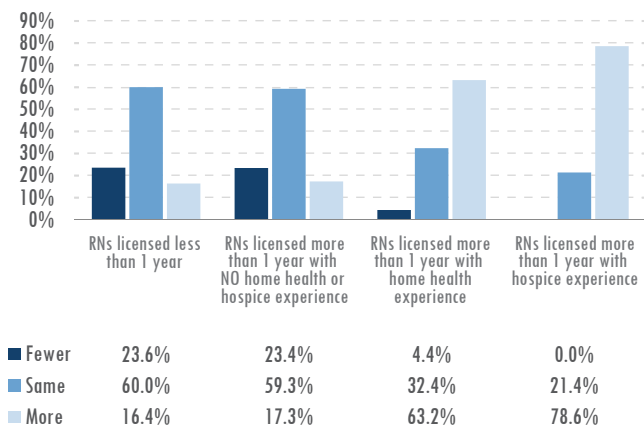
	n	Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	Texas
RNs	644	108.5	1,103.9	13.0	73.5	1,298.9
LVNs	550	126.0	997.9	13.0	43.0	1,179.9
APRNs	67	6.0	62.8	0	7.0	75.8
HHAs	505	67.0	1,045.9	6.0	70.0	1,188.9
Total	-	307.5	3,210.4	32.0	193.5	3,743.4



- Agencies in non-metro, border counties expected to hire a total of 32 FTEs, which was the lowest of all geographic designations.

Agencies were asked to report if they would need fewer, more, or about the same number of nursing personnel over the next 2 years. Figure 3 presents the forecasted need of RNs over the next 2 years.

**Figure 3. Forecasting the need for RNs over the next 2 years**

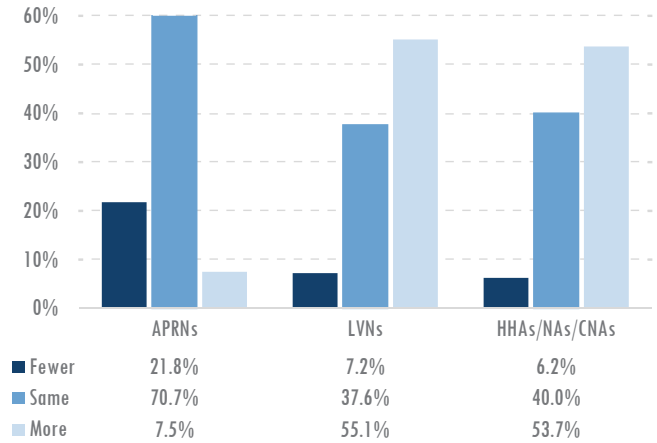


- 63.2% of home health agencies reported they would need more RNs with more than 1 year of home health experience.
- 78.6% of hospice agencies forecasted needing more RNs with more than 1 year of hospice care experience.

- Over half of agencies reported they would need the same amount of RNs licensed less than 1 year and RNs licensed more than 1 year with no home health or hospice experience.

Figure 4 shows the forecasting of need in the next 2 years for LVNs and HHAs.

**Figure 4. Forecasting the need for APRNs, LVNs, and HHAs over the next 2 years**



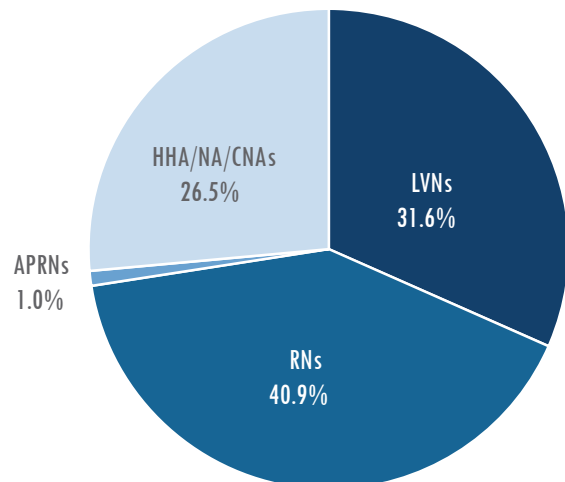
- 55.1% of responding agencies reported needing more LVNs and 53.7% reported needing more HHAs over the next two years.
- The majority of agencies (70.7%) reported they would need about the same number of APRNs over the next 2 years.

## Contract, Agency, and Traveling Staff

Home health and hospice agencies were asked to provide the number of non-regularly scheduled FTE nursing staff employed as of April 30, 2015. Responding agencies reported employing a total of 3,275.2 non-regularly scheduled FTEs. Figure 5 presents the percentage of temporary staff by nurse type.

- 40.9% of temporary nursing personnel were RNs, which represented the largest proportion of temporary staff.
- Temporary APRN FTEs comprised the lowest proportion of temporary nursing personnel (1.0%).

**Figure 5. Percentage of non-regularly scheduled nursing personnel by nurse type**



## Consequences of Inadequate Staffing

The 2015 HHHCNSS asked agencies to select consequences their agency experienced in the past year due to an inadequate supply of nursing personnel. Table 4 shows the number and percentage of home health and hospice agencies that experienced consequences of inadequate nursing personnel.

**Table 4. Number and percentage of home health and hospice agencies experiencing consequences of inadequate staffing**

Consequence	Number of Agencies	Percentage of Agencies
Increased workload	384	37.5%
Difficulty completing required documentation on time	264	25.8%
Using administrative nursing staff to cover nursing visits	222	21.7%
Low nursing staff morale	165	16.1%
Increased nursing staff turnover	130	12.7%
Declined referrals	128	12.5%
Delayed admissions	125	12.2%
Wage increases	111	10.9%
Delays in providing care	80	7.8%
Increase in voluntary overtime	72	7.0%
Increased use of temporary/agency nurses	64	6.3%
Increased patient/resident and/or family complaints	45	4.4%
Increased absenteeism	44	4.3%
Increased number of incident reports	6	0.6%
Other	17	1.7%
None, we had an adequate supply of nursing personnel	457	44.7%

- 44.7% of agencies reported having an adequate supply of nursing personnel and did not experience any consequences.

- The most common consequences were increased workload, difficulty completing required documentation on time, and using administrative staff to cover nursing visits.
- Since 2013, the percentage of agencies experiencing the top three consequences decreased.
- The most common consequence in 2014 long term care agencies in Texas was also increased workload (59.1%), followed by increase in voluntary overtime (57.8%) and using administrative staff to cover nurse duties (57.3%).<sup>3</sup>

Table 5 shows the difference in vacancy and turnover rates between agencies that experienced consequences of inadequate staffing and those that did not.

- For all nurse types, position vacancy rates and median facility turnover rates were higher in agencies that experienced consequences than those that did not.

**Table 5. Vacancy and turnover by whether or not agencies experienced consequences of inadequate staffing**

		Experienced Consequences	Did Not Experience Consequences
RNs	Vacancy	19.9%	9.5%
	Turnover	30.0%	0.0%
LVNs	Vacancy	22.1%	10.0%
	Turnover	20.0%	0.0%
HHAs	Vacancy	17.2%	11.8%
	Turnover	13.1%	0.0%

<sup>3</sup> Center for Nursing Workforce Studies, "2014 Long Term Care Nurse Staffing Survey – Recruitment and Retention" [http://www.dshs.state.tx.us/chs/cnws/2014\\_LTCNSS\\_Recruitment-and-Retention.pdf](http://www.dshs.state.tx.us/chs/cnws/2014_LTCNSS_Recruitment-and-Retention.pdf)

## Conclusion

Registered nurses (RN) made up the largest proportions of nurses in home health and hospice agencies (41.3%), followed by HHAs (29.1%), LVNs (28.6%), and APRNs (1.0%). Border counties reported higher proportions of LVNs, while metropolitan counties reported higher proportions of HHAs.

Responding agencies reported they expect to add 3,743.4 nursing FTEs in the next fiscal year. 63.2% of home health agencies reported they would need more RNs with more than 1 year of home health experience.

78.6% of hospice agencies forecasted needing more RNs with more than 1 year of hospice care experience.

Over half of agencies reported they would need the same amount of RNs licensed less than 1 year and RNs licensed more than 1 year with no home health or hospice experience.



### **Recommendation Three: Research ways to decrease stress and increase job satisfaction in home health and hospice nurses.**

Home health and hospice nurses experience unique stressors, including long drive times in rural areas and the pressure of practicing in an independent environment. This in addition to inadequate staffing led 16.1% of responding agencies to say they had experienced low nursing staff morale. Home health and hospice agencies are also unique in that they serve many high acuity patients and experience surges in admissions. This means that in the case of inadequate staffing, 37.5% of responding agencies had experienced an increase in nursing workload and 21.7% had to use administrative staff to cover nursing visits.

Stress and poor job satisfaction cause nurses to move around from agency to agency. This can be seen through the high vacancy and turnover rates in home health and hospice. Vacancy rates have been rising, from 15.9% in 2011 to 16.7% in 2015 for RNs and from 16.8% in 2011 to 18.2% in 2015 for LVNs. Of agencies that experienced turnover, around half reported rates of 50% or higher.

In order to reduce turnover and improve retention, managers and leaders in home health and hospice should pay attention to the work environment to determine why nurses move from job to job. Most research on drivers of job satisfaction has been done in the acute care/inpatient setting. Further research is needed on:

- Drivers of job satisfaction in the home health and hospice setting
- Better mechanisms to cover workloads when vacancies exist
- Flexible staffing models to accommodate patient churn in the home health and hospice setting