



The Home Health and Hospice Care Nurse Staffing Study (HHHCNSS) assesses nurse staffing and related issues in home health and hospice agencies. In 2017, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HHHCNSS to 925 Texas home health and hospice agencies with a patient census of at least 250. Respondents provided data for 222 agencies for a response rate of 24.0%. These agencies were representative of Texas home health and hospice agencies by region, patient census, and agency type.

This report presents highlights and recommendations from the findings of the 2017 HHHCNSS. The full set of HHHCNSS reports contain more detail on each topic.

2017 HHHCNSS: Vacancy and Turnover

Nurse vacancy and turnover rates are among the key measures for assessing a nursing workforce shortage, the severity of the shortage, and changes in the nursing labor market over time. High vacancy and turnover rates can lead to negative outcomes that can affect quality of care such as losing experienced staff and increasing the workload and stress levels of existing staff.¹

The position vacancy rate describes the proportion of all full time equivalent (FTE) positions vacant across all responding agencies in an area. The median facility turnover rate describes the mid-point of responses for each agency.

Vacancy Rates

- The median facility vacancy rate for registered nurses (RNs), licensed vocational nurses (LVNs), and home health and nurse aides (HHAs/NAs/CNAs) was 0%.

RN Position Vacancy Rate

- The statewide position vacancy rate was 12.4% for RN positions, down from 14.3% in 2015.

LVN Position Vacancy Rate

- The position vacancy rate for LVN positions fell from 14.1% in 2015 to 8.9% in 2017.
- LVNs had the lowest position vacancy rate of the nursing staff types.

HHA/NA/CNA Position Vacancy Rate

- The statewide position vacancy rate increased from 9.5% in 2015 to 10.5% in 2017 for HHA/NA/CNA positions.

Turnover Rates

RN Median Facility Turnover Rate

- The median facility turnover rate for RNs remained unchanged from 2015 to 2017 at 28.6%.
- Respondents that experienced no RN turnover were more likely to be smaller agencies (250 to 1,000 unique clients per year) and more likely to be home health agencies.

LVN Median Facility Turnover Rate

- The median facility turnover rate for LVNs decreased slightly from 22.2% in 2015 to 21.7% in 2017.

HHA/NA/CNA Median Facility Turnover Rate

- For HHAs/NAs/CNAs, the median facility turnover rate dropped from 12.5% in 2015 to 0% in 2017, and was the lowest among nursing staff types.

¹ American Association of Colleges of Nursing, "Nursing Shortage Fact Sheet", 2012, <http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf>

2017 HHCNSS: Staffing

Respondents reported employing RNs, advanced practice RNs (APRNs), LVNs, and HHAs/NAs/CNAs.

- RNs made up the largest proportion (44.5%) of the nursing staff mix within Texas home health and hospice agencies.
- 33.4% of nursing staff were LVNs, 21.6% were HHAs/NAs/CNAs, and 0.5% were APRNs.
- Respondents would add 832.75 nursing staff FTEs in the next fiscal year to meet patient demand if they were able to do so.
- 121 of 179 home health agency respondents

(67.6%) reported they would need more RNs with more than 1 year of home health experience, and 35 of 41 hospice agency respondents (85.4%) forecasted needing more RNs with more than 1 year of hospice care experience.

- 155 of 216 respondents (71.8%) experienced consequences as a result of an inadequate nursing staff supply.
 - The most common consequences were increased workloads, difficulty completing required documentation on time, and using administrative staff to cover nursing visits.

2017 HHCNSS: Recruitment and Retention

- Most respondents ranked past relevant nursing experience as the most important attribute they look for in potential RN hires.
- Nearly all respondents focused RN recruitment efforts in Texas.
- Respondents found it more difficult to recruit RNs, especially those with home health or hospice experience, than HHAs/NAs/CNAs.
- RN positions took the longest to fill among nursing staff positions, especially RNs with home health or hospice experience.

- Recruitment and retention strategies used varied by full-time and part-time employees.
 - The top three strategies respondents offered full-time employees were health insurance, paid time off, and employee recognition programs.
 - The top three strategies respondents offered part-time employees were employee recognition programs, flexible scheduling or job sharing, and reimbursement for workshops/conferences.
 - The majority of respondents believed that a pay increase would have the greatest impact on retention.

2017 HHCNSS: Transition to Practice

53 of 219 respondents (24.2%) offered a transition to practice program.

- The most common program was preceptorship/mentorship.

- The majority of transition to practice programs used an employment model.

TCNWS Advisory Committee Recommendations

Recruitment and Retention

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 32.9% of respondents 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, 59.3% of respondents had experienced an increase in nursing workload and 43.1% 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 agencies. Vacancy rates in 2017 (12.4% for RNs and 8.9% for LVNs) were similar to rates in 2011 (11.9% for RNs and 8.7% for LVNs), which was the first year the study was performed. Around half of agencies reported turnover rates of higher than 20%.

- 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. Stakeholders should research ways to decrease stress and increase job satisfaction in home health and hospice nurses, specifically:
 - 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

High vacancy and turnover is also costly to agencies due to the high cost associated with overtime and recruiting qualified nurses. Over half of responding agencies found it difficult or very difficult to recruit RNs with home health and hospice experience (68.5% of home health agency respondents and 77.5% of hospice agency respondents).

- In order to decrease vacancy and turnover and compete with hospitals and other employment settings, home health and hospice agencies need to offer more recruitment and retention incentives, such as:
 - Paid time off – 79.0% of agencies used this strategy compared to 95.4% of hospitals²
 - Health insurance – 79.0% of agencies used this strategy compared to 96.0% of hospitals²
 - Retirement plan – 45.8% of agencies used this strategy compared to 88.2% of hospitals²
- Home care administrators and managers should identify and evaluate factors influencing recruitment and retention of nurses and implement innovative strategies that would further improve recruitment and retention of their nursing staff.
 - Since most home health and hospice agencies in Texas are relatively small, these strategies

could involve collaborations or affiliations with professional associations, with multiple agencies working together to provide insurance pools and other incentives.

Transition to Practice

According to survey respondents, growing demand for home health and hospice services were implicated in driving the need for personnel experienced in home health and hospice care. Study results indicated that most agencies (69.2%) ranked past relevant nursing experience as the most important attribute they looked for when hiring RNs.

Stakeholders should promote a better understanding of nursing services in the home health and hospice setting, specifically:

- Local and regional home health and hospice agencies should collaborate with each other as well as with nursing programs to provide educational and clinical experiences, including content on case management, for nursing faculty and students (such as in the RN to BSN and graduate nursing programs).
- Nursing programs should explore preceptorship and internship opportunities in home health and hospice settings.

Although most agencies valued past relevant nursing experience as the most important attribute they looked for when hiring RNs, and over half of responding agencies found it difficult or very difficult to recruit RNs with home health and hospice experience (68.5% of home health agency respondents and 77.5% of hospice agency respondents). Agencies found it much less difficult to hire RNs with no home health or hospice experience (only 29.7% of agencies found it difficult or very difficult), so innovative solutions are needed to acclimate RNs with no previous home health or hospice experience to this setting.

Traditional hospital-based transition to practice programs for newly licensed nurses will not work in the home health and hospice setting, because the Texas Board of Nursing strongly discourages newly licensed nurses from working in an independent living environment setting until they have 12-18 months of experience in an acute health setting.

Home health and hospice agencies should develop innovative strategies for transition to practice for RNs and LVNs who already have at least 12 months of experience in other settings in order to prepare them to function as

home health and hospice nurses in a home-based setting. Specifically:

- These strategies should especially emphasize frail elderly adults and special needs pediatric populations. Such strategies should help teach care coordination across the lifespan.
- Since the majority of home health and hospice agencies in Texas are relatively small, these strategies should be community collaboratives, with multiple agencies working together to provide transition to practice experiences for their employees.

Discussion

There were other factors outside the scope of this study that were relevant to these recommendations. These factors include workplace violence and safety in the home health and hospice setting, as well as the challenges electronic health records may present.

² Texas Center for Nursing Workforce Studies. (2017). 2017 Hospital Nurse Staffing Study - Recruitment and Retention. <http://www.dshs.texas.gov/chs/cnws/Hospital-Survey-Reports/>

