

2013

Home Health & Hospice Care Nurse Staffing Study



Texas Center for Nursing Workforce Studies

Texas Center for Nursing Workforce Studies Advisory Committee

Statewide Health Coordinating Council

Texas Department of State Health Services Center for Health Statistics



Table of Contents



Contributors to the Report	4
Texas Center for Nursing Workforce Studies Advisory Committee	5
2013 Home Health & Hospice Care Nurse Staffing Study Taskforce	6
Texas Center for Nursing Workforce Studies	6
Texas Center for Nursing Workforce Studies Advisory Committee	7
Statewide Health Coordinating Council	7
Center for Health Statistics	7
Executive Summary	8
Introduction	9
Design & Methods	11
Survey Instrument	11
Data Collection	11
Strategies to Increase Response Rate	11
Survey Mail-Outs	11
Email Announcements from the Texas Center for Nursing Workforce Studies	11
Phone Calls	11
Distribution of Survey at Professional Meetings	12
Email and Newsletter Announcements by Outside Organizations	12
Population & Survey Respondents	12
Response Rate and Respondent Demographics	12
Staffing	14
Staff Mix	14
Vacancy and Turnover Rates	14
Facility Vacancy Rate	14
State and Regional Vacancy Rates	14
Turnover	17
Comparison of Vacancy and Turnover to Other Employer Surveys	19

Table of Contents Continued

Use of Temporary Staff	19
Future Nurse Staffing Needs	20
Recruitment & Retention Strategies	22
Difficulty Recruiting Staff	22
Weeks to Fill Positions	22
Hiring Preferences	24
Retention Strategies	26
Consequences of Inadequate Nurse Staffing	26
Discussion	27
Recommendations	28
Conclusion	29
References	30
Appendix A: Texas Counties and Regions	31
Appendix B: Survey Instrument	35
Appendix C: Operational Definitions	42
Appendix D: Methods of Calculation: Vacancy and Turnover Rates	43
Appendix E: Vacancy and Turnover Maps	44
Appendix F: Agency Population Map	50

Contributors to the Report

Texas Center for Nursing Workforce Studies (TCNWS)
Center for Health Statistics
Texas Department of State Health Services

Amy Brown, MA
Joanne Delk, MS
Pam Lauer, MPH
Allison Dubin, MPH
Timothy Hawkins
Cate Campbell, MPH

Research Specialist, TCNWS
Research Specialist, TCNWS
Program Director, TCNWS
Program Specialist, TCNWS
Program Specialist, TCNWS
Research Specialist, TCNWS

For further information concerning this report, please contact the TCNWS at
(512) 776- 6723 or by email (TCNWS@dshs.texas.gov).

Contact Information:

Texas Center for Nursing Workforce Studies
Center for Health Services – MC 1898
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

<http://www.dshs.state.tx.us/chs/cnws/>

Texas Center for Nursing Workforce Studies Advisory Committee

Chairs:

Richard Beard, RN, BS, CMSRN
Co-Chair

David Marshall, JD, DNP, RN, NEA-BC, CENP
Co-Chair

Members:

Gail Acuna, RN, MA

Donna Carlin, MSN, RN

Jennifer DM Cook, PhD, MBA, RN

Patti Hamilton, PhD, RN

Rachel Hammon, BSN, RN

Pearl E. Merritt, Ed.D., MS, MSN, RN, FAAN

Jay Norwood, MSN, RN

Lula Pelayo, PhD, RN

M'Lissa Quintanilla, LVN

Vicky Ragsdale, PhD, RN

Betty Sims, RN, MSN, EdD

Elizabeth Sjoberg, JD, RN

Lisa Taylor, PhD, RN, CNS, FNP

Katherine Thomas, MN, RN, FAAN

Sally Harper Williams

Cindy Zolnierek, PhD, RN

Representing:

Texas Statewide Health Coordinating Council
(SHCC)

Texas Organization of Nurse Executives
(TONE)

Representing:

St. David's Healthcare Institute for Learning

Texas Higher Education Coordinating Board

Texas Nurses Association

Texas Woman's University

Texas Association of Home Care (TAHC)

Texas Tech University Health Science Center

Texas Department of State Health Services

Alamo Colleges

Licensed Vocational Nurses Association of Texas

Leading Age Texas

Texas Association of Vocational Nurse Educators

Texas Hospital Association

University of Texas at Arlington School of Nursing

Texas Board of Nursing

Public Member

Texas Nurses Association

2013 Home Health & Hospice Care Nurse Staffing Study Taskforce

Chair:

Pearl E. Merritt, Ed.D., MS, MSN, RN, FAAN

Representing:

Texas Center for Nursing Workforce Studies Advisory Committee

Members:

Suzy Brown, RN

Jettie Eddleman, BSN, RN

Amy Hillen, RN

Dana Madison, RN, BSN, MBA

Vickie Ragsdale, Ph.D., RN

Cheryl Waters, RN, MSN

Legacy of Love Hospice, Panhandle Region

Texas Association for Home Care & Hospice, Central Texas Region

PSA Healthcare Austin, Central Texas Region

Calvert Home Health Care, Ltd, Panhandle Region


Leading Age Texas Representative, Texas Center for Nursing Workforce Studies Advisory Committee

Buckner Hospice, Central Texas Region

The following is a description of the key organizations that were instrumental in the development and production of this report.

The Texas Center for Nursing Workforce Studies

The Texas Center for Nursing Workforce Studies (TCNWS) was established under the governance of the Statewide Health Coordinating Council (SHCC). The Center for Health Statistics at the Department of State Health Services provides administrative oversight. TCNWS serves as a resource for data and research on the nursing workforce in Texas. TCNWS is charged to collect and analyze data and publish reports related to educational and employment trends of nursing professionals; the supply and demand of nursing professionals; nursing workforce demographics; migration of nursing professionals; and other issues concerning nursing professionals in Texas as determined necessary by the Texas Center for Nursing Workforce Studies Advisory Committee (TCNWSAC) and SHCC.

needed in order to avoid duplication of efforts in gathering data; to avoid overloading employers and educators with completing a large number of duplicative surveys; to share resources in the development and implementation of studies; and to establish better sources of data and methods for providing data to legislators, policy makers and key stakeholders. TCNWS is currently working on several statewide studies that will provide current and pertinent supply and demand trends on the nursing workforce in Texas. More information about TCNWS or TCNWSAC, as well as published reports and information on the nursing workforce are available on the TCNWS website: <http://www.dshs.state.tx.us/chs/cnws/>. 

One of the roles of TCNWS includes collaboration and coordination with other organizations (such as Texas Board of Nursing, Texas Higher Education Coordinating Board, Texas Nurses Association, Texas Hospital Association, and regional healthcare organizations and educational councils) that gather and use nursing workforce data. Coordination is

Texas Center for Nursing Workforce Studies Advisory Committee

In response to the passage of House Bill 3126 from the 78th Regular Legislative Session, TCNWS and TCNWSAC were established in 2004. TCNWSAC was added to the structure of the SHCC and serves as a steering committee for TCNWS. This is a 21-member committee with representation from nursing and healthcare organizations, employers of nurses, state agencies, nurse researchers, and nurse educators as well as a consumer member. A list of the members of TCNWSAC is located on page 5.

TCNWSAC is charged with the following responsibilities:

- Develop priorities and an operations plan for TCNWS;
- Review, critique, and develop policy recommendations regarding nursing workforce issues;
- Identify other issues concerning nursing professionals in Texas that need further study; and
- Critique and analyze reports and information coming from TCNWS before dissemination.

Statewide Health Coordinating Council

In accordance with Chapter 104-105 of the Health and Safety Code, the purpose of the SHCC is to ensure health care services and facilities are available to all citizens through the development of health planning activities. The SHCC is a 17-member council, with 13 members appointed by the governor and four members representing the following state agencies: Department of Aging and Disability Services, Department of State Health Services, Health and Human Services Commission, and the Texas Higher Education Coordinating Board.

The SHCC meets quarterly and oversees the Health Professions Resource Center (HPRC) and TCNWS in the Center for Health Statistics (CHS) as well as the TCNWSAC. Information on the State Health Plan, telemedicine and telehealth, primary care and health professions workforce issues, and tracking of selected legislation are available at the following website: <http://www.dshs.state.tx.us/chs/shcc/>.

Center for Health Statistics

CHS is the Department of State Health Services' focal point for the collection, analysis, and dissemination of useful health-related information to evaluate and improve public health in Texas.

The mission of the Center for Health Statistics is accomplished by:

- Evaluating existing data systems for availability, quality, and quantity;
- Defining data needs and analytic approaches for addressing these needs;
- Adopting standards for data collection, summarization, and dissemination;
- Coordinating, integrating, and providing access to data;
- Providing guidance and education on the use and application of data;
- Providing data analysis and interpretation; and
- Initiating participation of stakeholders while ensuring the privacy of the citizens of Texas.

The Center for Health Statistics is organized into two branches to address health-related information needs in Texas:

- The Health Information Resources Branch (Community Assessment, Data Management, Data Matching, Data Dissemination, and Geographic Information Systems).
- The Health Provider Resources Branch (Health Professions Resource Center, Hospital Survey Unit, and Texas Center for Nursing Workforce Studies).

Health professions workforce information and assorted health-related reports produced through CHS are available at the following website: <http://www.dshs.state.tx.us/chs/>.

Executive Summary

- The composition of licensed professional care staff within Texas home health and hospice agencies was more balanced between RNs and LVNs than the staff mix in the hospital and governmental public health settings and utilized fewer aide staff than the long term care setting.
 - RNs comprised 41.6% of licensed professional staff within Texas home health and hospice agencies.
 - LVNs made up 31.2% of staff positions in the home health and hospice workforce.
 - HHAs/NAs/CNAs accounted for 26.5% of staff positions.
- Vacancy rates for RNs, LVNs, and various aide positions were higher in Texas home health and hospice agencies compared to both hospitals and governmental public health agencies.
 - The statewide position vacancy rate for RNs remained stable between 2011 and 2013, at approximately 16.0%.
 - Among Texas home health and hospice agencies, almost two-thirds (63.3%) reported no vacancy for RNs and more than two-thirds reported zero LVN (67.8%) and HHA (71.9%) vacancies.
 - The vacancy rate for LVNs in Texas home health and hospice agencies has increased by approximately 4.2% since 2011.
 - Since 2011, the vacancy rate for HHAs in Texas home health and hospice agencies has increased by 12.2%.
 - Vacancy rates for RNs, LVNs, and HHAs in home health-only agencies were higher than the vacancy rates for those personnel in hospice-only agencies.
- Median facility turnover rates in Texas home health and hospice agencies were comparable to those found in Texas hospitals for both RNs and LVNs. Median facility turnover for NAs was much lower in the home health and hospice setting than in hospitals.
 - Approximately two-fifths of responding agencies reported no turnover for RNs. A little over half of all agencies (51.9%) reported no turnover for HHAs.
 - Median turnover rates at the state level for RNs and LVNs were 22.0% and 20.0%, respectively. Turnover at the state level was lowest for HHAs, with a reported median of 0.0%.
 - Turnover for all three types of staff was higher in hospice-only agencies than in home health-only agencies.
- Multiple findings corroborate the importance of past relevant nursing experience when recruiting and retaining quality personnel:
 - 58.3% of responding agencies reported difficulty recruiting RNs with home health experience and 75.4% reported difficulty recruiting RNs with hospice experience.
 - Experienced RNs were generally harder to recruit than other staff.
 - Approximately three-fifths of respondents found it was either very easy or easy to recruit RNs licensed less than 1 year.
- The causes and consequences of inadequate staffing were evident in the following findings:
 - A majority of responding agencies expected that they would need more of the following staff over the next two years: RNs with relevant experience, LVNs, and home health aides. Note that RNs were the only staff type broken down by experience level in the survey.
 - Facility growth was expected to drive the need for more experienced personnel, as reported by over half (51.0%) of agencies.
 - Half of all agencies reported using temporary staff to fill RN positions. A majority of agencies did not use temporary staff for either LVNs or HHAs.
 - Three-fifths of respondents indicated having experienced a variety of consequences due to inadequate staffing, with increased workloads being the most frequently cited (41.4% of respondents).

Introduction

Home health care is currently one of the fastest growing healthcare settings. Between 2006 and 2016, the Bureau of Labor Statistics projects that job growth for registered nurses in the home health care sector will be 39.5%, which is greater than the projected growth for registered nurses in the hospital sector (21.6%) (as cited in Carter, 2009, p.198). This growth is spurred by multiple factors. The dearth of nurses in all healthcare settings (Anthony and Milone-Nuzzo, 2005) is partly consequence of simple demographics—the 65 and older segment of the population is growing rapidly relative to the rest of the population and represents one in every eight Americans (Administration on Aging, 2012). Longer life spans translate into an increased prevalence of chronic diseases and conditions, resulting in even more demand on healthcare providers (Landers, 2010).

The aging of the current population is implicated in the growing need for healthcare professionals in virtually every setting. However, the faster rate of growth for nurses in home health settings as opposed to other healthcare settings may be due in part to the specific needs of the population that access those services. That is, among the elderly, the comfort of home and the inconvenience of multiple office visits make home health care an attractive alternative (Landers, 2010). Moreover, there is evidence that patient outcomes for home health are comparable or superior to outcomes for the hospitalized (Boling, et al., 2013). According to Landers (2010), rapid growth in the home health setting can also be attributed to technological advances that have made medical equipment increasingly portable, increased demand by health consumers for more options and convenience in accessing healthcare, and rapidly rising healthcare costs that could be lowered through the delivery of home health services.

The trend of growth for nurses in home health at the national level is similar to that at the state level. In Texas, from 2007 to 2011, the number of RNs working in home health increased by 33.6%, whereas the RN workforce as a whole only increased by 18.6% (Texas Center for Nursing Workforce Studies, 2007 and 2011). A shortage of nurses has negative implications for both the nursing workforce and

the consumers of healthcare. For example, a nursing shortage contributes to increased workloads spread among fewer workers which in turn can affect morale and retention of those scarce workers (Ellenbecker and Cushman, 2012; Aponto-Soto, Olson, Viernes, Parisi and Krause, 2005). Recipients of healthcare are also affected since morale and work-related stressors can have significant impacts on quality of care (Stanton 2004). An increase in workload among home health nurses may impact vacancy and turnover in this setting. Home health is tied with outpatient hospital care as the second largest employment setting for active, licensed nurses in Texas (Health Professions Resource Center, 2013). As such, the staffing, recruitment, and retention of nurses and other staff in this setting require close attention in the ongoing shortage of nurses to identify and meet the needs of both the nursing workforce and health consumers.

This report includes data on two nurse types working in Texas home health and hospice agencies: registered nurses (RNs) and licensed vocational nurses (LVNs). Though data was collected on advanced practice



registered nurses (APRNs), as of 2013, APRNs represent less than 1 percent of the nursing staff in responding home health and hospice agencies (see Figure 1). Due to the low number of APRNs working in home health and hospice agencies, APRNs were excluded in all other analyses.

In addition to RNs and LVNs, this study collected data on various aides that work in the home health setting. This includes home health aides (HHAs)

and other nurse aides (NAs). For the purposes of this report, all aide staff are reported in one comprehensive category. For operational definitions of all staff, please see Appendix C.

Each nurse type involves a different scope of practice. According to the Texas Board of Nursing (BON), RNs provide “nursing services that require substantial specialized judgment and skill” (BON, 2013a). The RN “may engage in independent nursing practice without supervision by another health care provider” (BON, 2013a). The RN may be responsible for supervising one or more LVNs. LVNs must practice “under the supervision of a RN, APRN, physician, physician assistant, podiatrist or dentist” (BON, 2013b) and use “a systematic problem-solving process in the care of multiple patients with predictable health

care needs to provide individualized, goal-directed nursing care” (BON, 2013b).

The 2013 Home Health and Hospice Care Nurse Staffing Study (HHCNSS) was undertaken in order to more fully understand the home health and hospice nursing population in Texas by surveying all applicable agencies in Texas. This is the second year that the TCNWS has administered the HHCNSS. Data from this survey are instrumental in determining the need for home health and hospice nurses needed in Texas. The results of this study will serve as a resource for TCNWS’ Advisory Committee, the Texas Governor’s Office, and the Texas Legislature in establishing legislative priorities and making legislative and policy decisions. 🇹🇽

Survey Instrument

TCNWS established a taskforce of home health and hospice care experts to assist in the development and implementation of the 2013 Home Health & Hospice Care Nurse Staffing Study (HHCNSS). The taskforce was involved in revising the survey instrument (see Appendix C) from 2011 to ensure that it assessed all current nursing workforce issues being faced by home health and hospice care agencies and that it was user-friendly. The 2013 survey instrument was largely unchanged from the 2011 survey. As in 2011, the instrument was aligned with the National Forum of State Nursing Workforce Centers' Demand Minimum Dataset. This dataset includes 8 variables that the National Forum recommends all states collect in surveys on employers of nurses. In 2013, questions were added regarding the employment of nursing informaticists and to assess the perceived importance of a Bachelor of Science degree in nursing within agencies. Additionally, the categories of experienced registered nurses (RNs) assessed on the questions regarding weeks to fill positions, future nursing personnel needs and experience recruiting nurses were expanded to include categories for RNs with and without home health or hospice care experience. The 2013 HHCNSS survey instrument and its operational definitions can be found in Appendices B and C, respectively.

Data Collection

The 2013 HHCNSS was launched on June 3, 2013. A link to the web-based survey along with the survey instrument, cover letter, operational definitions and instructions was sent out to all licensed and certified home health and hospice agencies by email, if provided in the Department of Aging and Disability Services (DADS) database. For those without email contact information, TCNWS called the agencies to obtain this information. Survey materials were also distributed by mail on July 5, 2013. Materials in this second mailing included the survey instrument, cover letter, operational definitions, and instructions. Agencies were strongly encouraged to complete the survey online; however, faxed, emailed and mailed submissions were also accepted.

The initial survey deadline was July 12, 2013; however,

the deadline was extended to July 26, 2013, and then again to August 31, 2013 to allow the submission of additional surveys. Surveys were accepted until September 12, 2013.

Strategies to Increase Response Rate

As part of a strategy to increase survey response rate, a process of multiple announcements and reminders was implemented as follows:

Survey mail-outs

The survey was mailed to agencies at two time points – once at the beginning of the survey period (June 3, 2013) and once to announce the extension of the survey period (July 12, 2013).

Email announcements from the Texas Center for Nursing Workforce

Studies

- Email announcements and reminders were made throughout the survey period.
- June 4, 2013 – Initial announcement of the survey. The email included the survey materials and the survey deadline of July 12, 2013
- June 24, 2013 – Reminder email with a link to the survey and a reminder of the July 12, 2013 deadline
- July 8, 2013 – Reminder email with a link to the survey and a reminder of the July 12, 2013 deadline
- July 15, 2013 – Announcement of survey deadline extension to July 26, 2013 and a link to the survey materials
- July 30, 2013 – Announcement of survey deadline extension to August 30, 2013 and notice that this would be the final deadline
- August 26, 2013 – Final reminder to complete the survey by August 30, 2013 and a link to survey materials

Phone calls

Follow-up phone calls were made by the Texas Center for Nursing Workforce Studies throughout the survey period to encourage participation from the non-respondents and those that had started but not completed the survey.

Distribution of survey at professional meetings

The Texas Association of Home Care and Hospice (TAHCH) distributed a paper copy of the survey to attendees of the July 2013 Administrators conference. Additionally TCNWS had an exhibit at TAHCH's annual meeting in August 2013 to advertise and distribute the survey to agency administrators.

Email and newsletter announcements by outside organizations

DADS mentioned the survey in their 'DADS Alerts' to Home Health and Hospice agencies and provided a link to the survey and survey materials. Emails were sent on June 10, 2013, July 15, 2013, and August 12, 2013.

The Texas New Mexico Hospice Organization mentioned the survey in their weekly members' newsletter for the duration of the study period. In addition to these efforts, the HHCNSS taskforce members made phone calls and sent emails to agency administrators throughout the survey period to encourage them to complete the survey.

Population & Survey Respondents

As recommended by the National Forum of State Nursing Workforce Centers' Demand Minimum Dataset, the survey population was limited to licensed and certified home health and hospice agencies. This minimizes the inclusion of agencies that do not provide skilled nursing care. A list of all licensed and certified home health and hospice agencies that held active licenses in Texas as of April 1, 2013 was obtained from DADS, the regulatory body licensing all home and community support services agencies in the state. Surveys were sent to the administrators of the 3,059 parent agencies listed. During the data

collection period, 42 parent agencies were found to be closed, and 11 parent¹ agencies reported that they did not employ skilled nursing staff. The resulting population of parent agencies was 3,006. Parent agencies were asked to include data in their survey for all licensed and certified branch offices and/or alternative delivery sites they oversaw. A total of 1,278 agencies submitted surveys as of September 12, 2013.

Response Rate and Respondent Demographics

Of the 3,006 home health and hospice agencies in the population, 1,278 submitted a survey for a final response rate of 42.5%. Table 1 shows the response rate by MSA designation and the survey respondents and population broken down by MSA designation. Agencies in non-metro border counties responded to the survey at the highest rate (55.3%), but they make up the smallest percentage of the survey respondents and population, 1.6% and 1.3% respectively. Conversely, agencies in metropolitan non-border counties make up the largest percent of the survey respondents and population (75.8% and 78.8%), but had the lowest response rate (40.9%). The breakdown of the responding agencies by MSA designation was not significantly different from that of the total population of agencies ($p>0.05$).

Table 2 shows the response rate by provider type (i.e. home health, hospice, and mixed). The response rate among provider types was generally representative of the agency population. Mixed agencies comprise approximately two percent of the population and also comprised two percent of the responding agencies. Home health agencies were slightly overrepresented and hospice was slightly underrepresented; however,

Table 1. Survey response rate, respondents and population distributions by MSA designation

	Number of responding agencies	Response rate by MSA designation	Percent of responding agencies by MSA designation	Percent of population by MSA designation
Metropolitan				
Border	166	48.5%	13.0%	11.4%
Non-Border	969	40.9%	75.8%	78.8%
Non-Metropolitan				
Border	21	55.3%	1.6%	1.3%
Non-Border	122	47.3%	9.5%	8.6%

¹Parent agency refers to an agency that develops and maintains administrative control and provides supervision of branch offices and alternative delivery sites.

the response rate among provider types was not significantly different ($p>0.05$).

Table 3 shows the response rate by agency size, as determined by the census data provided by DADS. The DADS census number represents the count of unique clients in a 12-month period. The response rate among census bins was not significantly different ($p>0.05$).

Table 4 shows that the response rate by region was generally representative of the agency population. The North Texas region was slightly overrepresented and the Rio Grande Valley region was slightly underrepresented. Figure 1 shows how regions compared to one another.

Table 2. Responding agencies by provider type

	Number of responding agencies	Response rate by provider type
Hospice only	176	36.2%
L&CHHS only	1077	43.7%
Mixed	25	44.6%

Table 3. Responding home health and hospice agencies by census bin^a

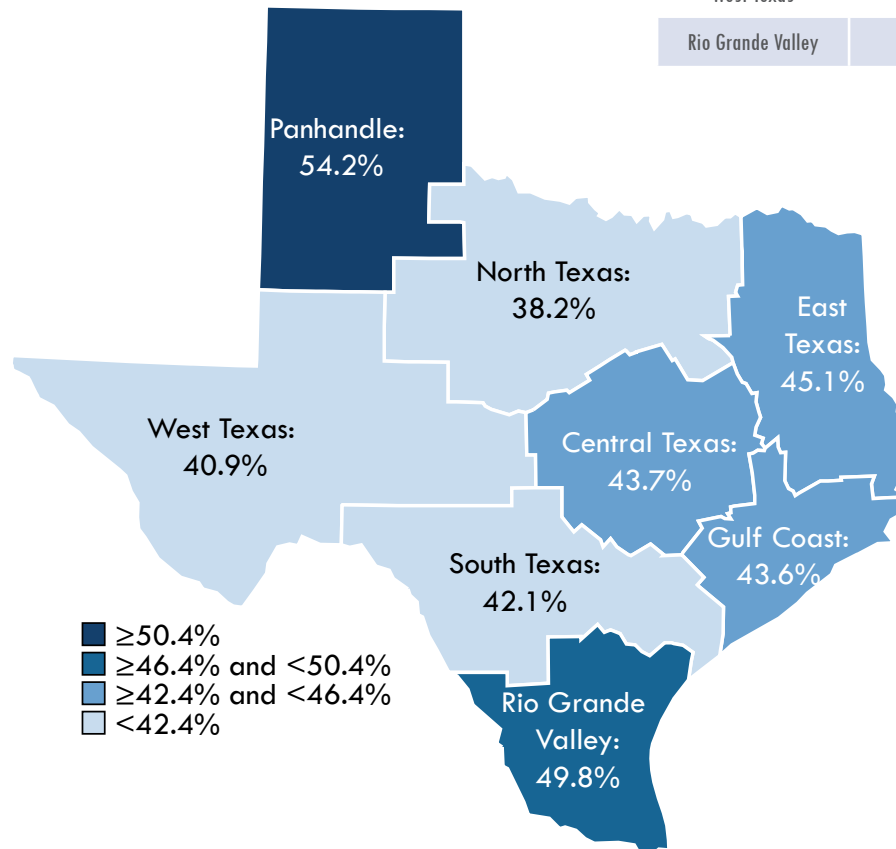
	Number of responding agencies	Response rate by census bin
<51	598	42.4%
51-150	427	45.6%
151-300	146	42.9%
>300	61	35.1%

a - Census information was not available for 146 agencies and these agencies are not described in this table.

Table 4. Responding home health and hospice agencies by region

	Number of responding agencies	Response rate by region
Panhandle	39	54.2%
North Texas	381	38.2%
East Texas	83	45.1%
Gulf Coast	405	43.6%
Central Texas	55	43.7%
South Texas	118	42.1%
West Texas	52	40.9%
Rio Grande Valley	145	49.8%

Figure 1. Response rates by region

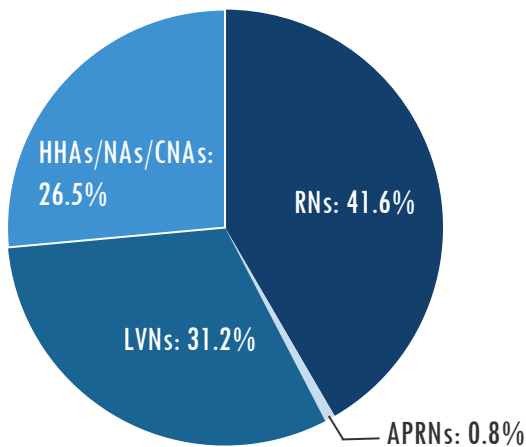


Staff Mix

Figure 2 presents the percent of filled home health and hospice staff positions in responding agencies by type of personnel. The mix in 2013 was very similar to that found in home health and hospice agencies in the 2011 survey [RNs = 38.6%, LVNs = 35.3%, HHAs = 25.6%, and APRNs = 0.4%] (TCNWS, 2011). Of the 1,278 responding agencies, only 60 reported having APRNs on staff.

The staffing mix in home health and hospice agencies was very different from the staffing composition found in the hospital setting. Figure 3 shows the staff mix among nursing professionals in Texas hospitals in 2012 (HNSS 2012). In hospitals, almost three-quarters of nursing positions were filled by RNs; however, in home health and hospice agencies only 41.6% of positions were filled by RNs. Conversely, LVNs and HHAs made up a larger proportion of

Figure 2. Staff mix of responding agencies, 2013



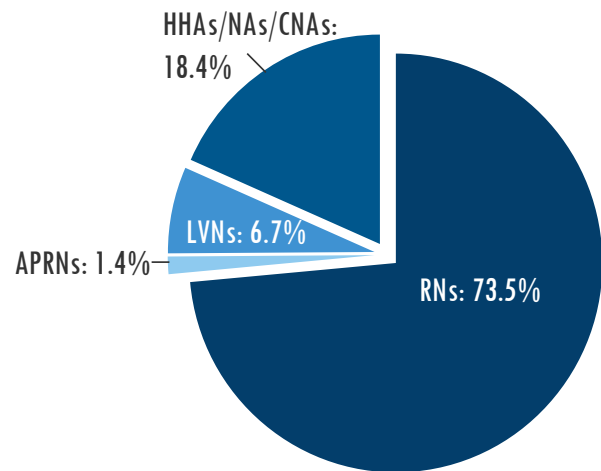
the nursing workforce in home health and hospice agencies when compared to hospitals. LVNs filled 6.7% of positions in hospitals, whereas they constituted 31.2% of the labor force in home health and hospice agencies. A similar difference is seen with HHAs (18.4% in hospitals vs 26.5% in home health and hospice).

Vacancy and Turnover Rates

Vacancy and turnover rates are among the key measures for assessing a nursing workforce shortage. The method for calculating both vacancy and turnover

rates is described in Appendix D. The Institute of Medicine has asserted that vacancy rates “are widely accepted as evidence of supply shortages of RNs” (IOM, 2011, p.388) and can be used to estimate current and future nursing shortages. Vacancy rates

Figure 3. Staff mix of Texas hospitals in 2012



provide a measure of an agency’s ability to attract qualified staff, while turnover rates are an indicator of the ability to retain staff.

Facility Vacancy Rate

Vacancy rates were assessed for April 30, 2013. Table 5 presents the percent of agencies experiencing various levels of vacancy for the different nurse types. The majority of agencies experienced zero vacancy for each of the three nurse types (RNs = 63.3%, LVNs = 67.8%, and HHAs = 71.9%).

State and Regional Vacancy Rates

Figure 4 presents vacancy rates for RNs, LVNs, and HHAs in home health and hospice agencies at the state level and by Texas region (defined in Appendix B). The statewide vacancy rates for RNs, LVNs, and HHAs are very similar – 16.0%, 17.5%, and 15.6% respectively. The vacancy rate was much lower in the Panhandle and East Texas regions for all three nurse types. The South Texas, West Texas and Rio Grande Valley regions also had lower vacancy rates when compared to the state average for all nurse types. Conversely, the responding agencies in the Gulf Coast region experienced the highest vacancy rates in the

Table 5. Vacancy rate categories for all agencies by staff type

	n	Vacancy Rate Categories				
		0%	≥ 0% and < 25%	≥ 25% and < 50%	≥ 50% and < 75%	≥ 75%
RNs	775	63.3%	11.9%	18.3%	5.3%	1.2%
LVNs	998	67.8%	7.5%	14.1%	4.7%	5.8%
HHAs	910	71.9%	5.6%	13.1%	4.5%	4.9%

Figure 4. State and regional vacancy rates by staff type

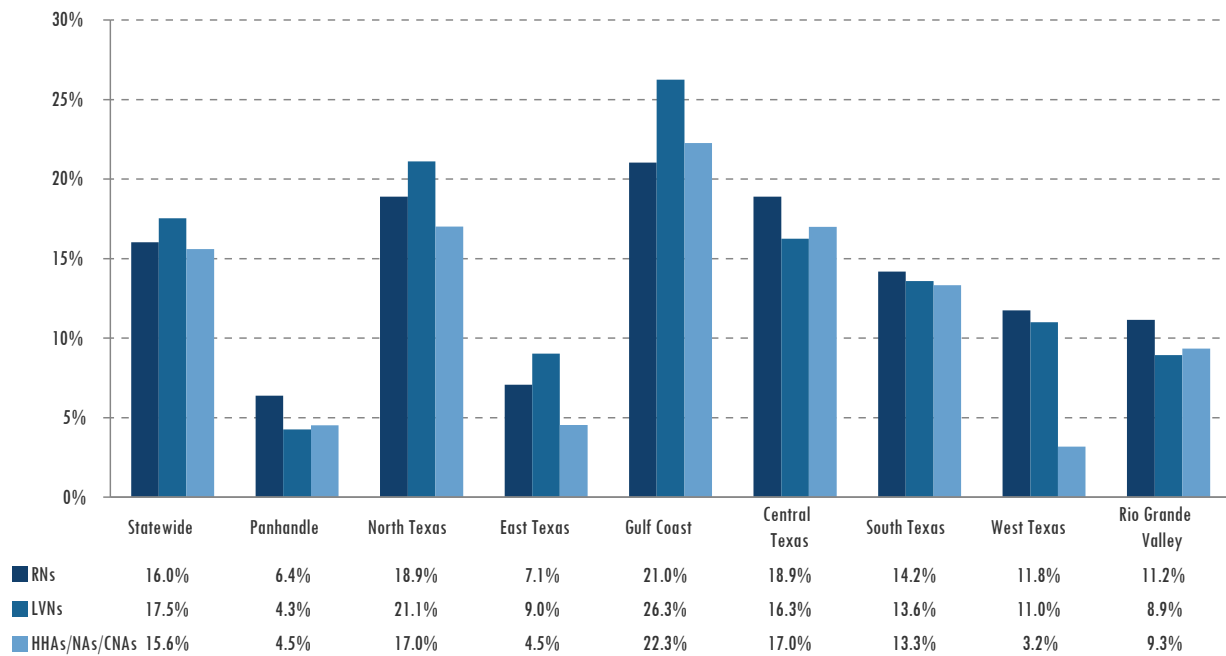
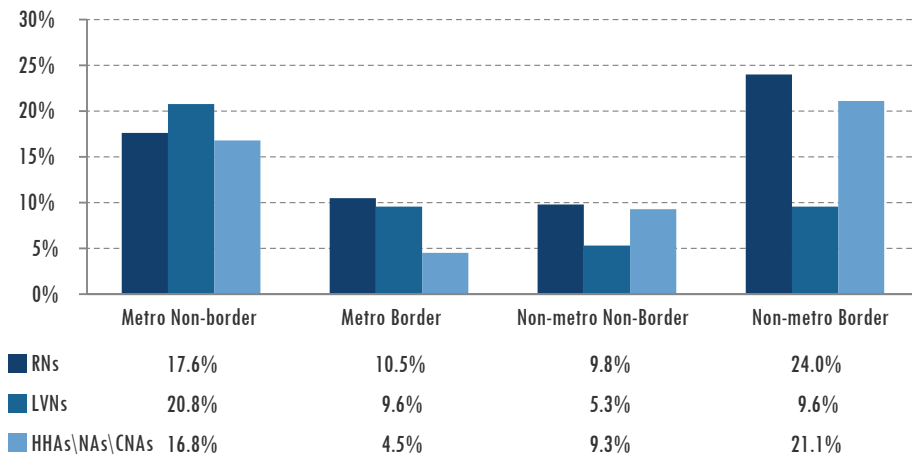
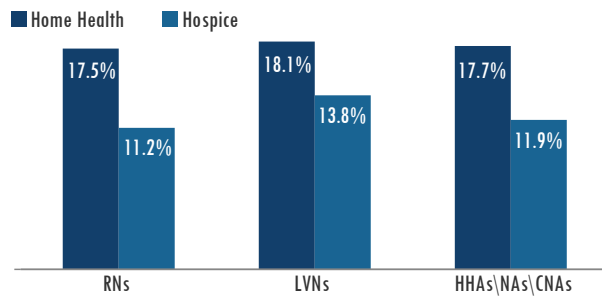


Figure 5. MSA county designation vacancy rates by staff type



Vacancy rates were also calculated by counties' MSA designations. As seen in Figure 5, non-metro border areas experienced the highest vacancy among two nurse types - RNs had a vacancy rate of almost one-quarter while HHAs had a vacancy rate of a little over one-fifth. The demand for LVNs in non-metro

Figure 6. Staff vacancy rate by agency type



border areas was about half that of both HHAs and RNs in those county types. Metro non-border counties experienced the highest demand for all three personnel, as each nurse type vacancy rate exceeded 15%.

Figure 6 displays vacancy rates by provider type – home health or hospice. Agencies that provided both types of care are excluded from this analysis. Home health agencies reported experiencing more vacancies than hospice agencies for all three nurse types (RNs: 17.5% vs 11.2%, LVNs: 18.1% vs 13.8%, and HHAs: 17.7% vs 11.9%). This same trend was seen in the

data collected in the 2011 HHCNSS survey (Home Health: RNs = 17.6%, LVNs = 17.8%, and HHAs = 16.2%; Hospice: RNs = 9.1%, LVNs = 6.1%, and HHAs = 7.2%).

Figures 7, 8, and 9 depict vacancy rates from 2011 and 2013 for comparison; however, it is important to remember that these data are from two different sets of respondents and are not directly comparable. Figure 7 shows the vacancy rate for RNs by region for 2011 and 2013. The statewide vacancy was almost identical for 2011 and 2013 (15.9% vs 16.0%, respectively). The vacancy rate also remained stable between 2011 and 2013 for North Texas (18.5% vs 18.9%) and Gulf Coast (20.5% vs 21.0%) regions. Between the 2011 and 2013 surveys, the vacancy rate increased in the Central Texas (16.0% vs 18.9%), South Texas (11.9% vs 14.2%) and West Texas (8.9% vs 11.8%) regions. Decreases between 2011 and 2013 were seen in the Panhandle (11.0% vs 6.4%), East Texas (10.1% vs 7.1%) and Rio Grande Valley (13.4% vs 11.2%) regions.

Statewide vacancy rates for both LVNs (Figure 8) and HHAs (Figure 9) showed less stability between 2011 and 2013 than the vacancy rates for RNs over this period (Figure 7). In the Panhandle, South and East Texas regions, similar trends are occurring across all three nurse types. In the Panhandle as well as East Texas, rates of vacancy have decreased between 2011 and 2013 for RNs, LVNs, and HHAs, while the South Texas region is seeing increasing rates of vacancy over time for these nurse types.

Some nurse types experienced vacancy stability

Figure 7. Regional RN vacancy rate, 2011 and 2013

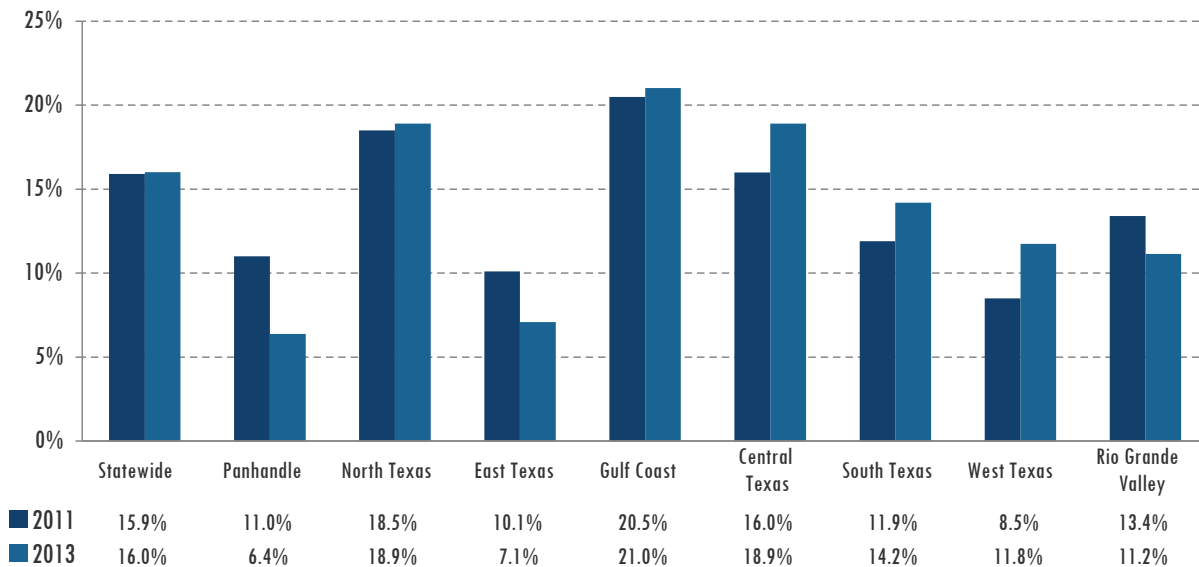


Figure 8. Regional LVN vacancy rate, 2011 and 2013

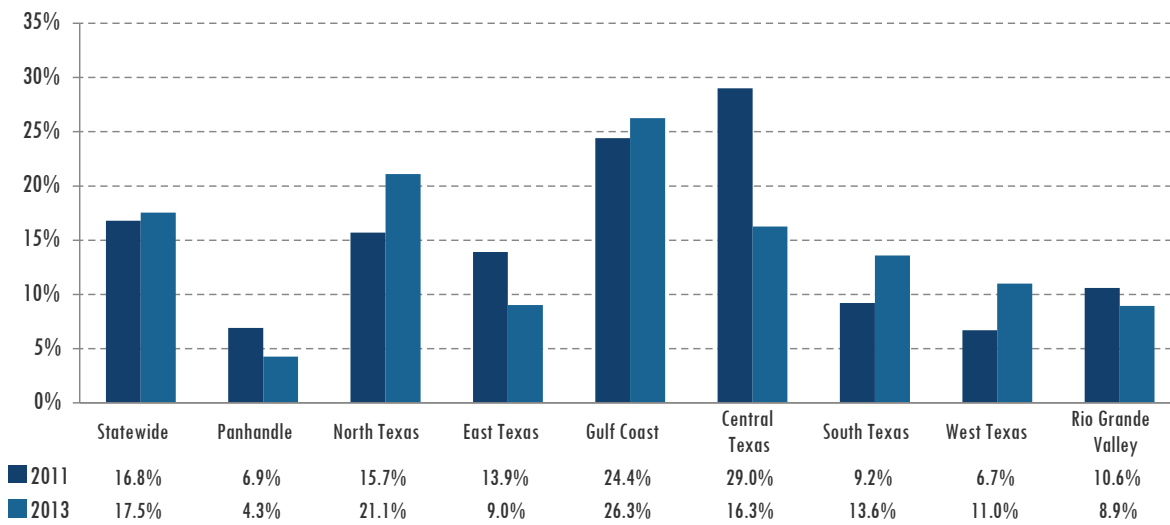
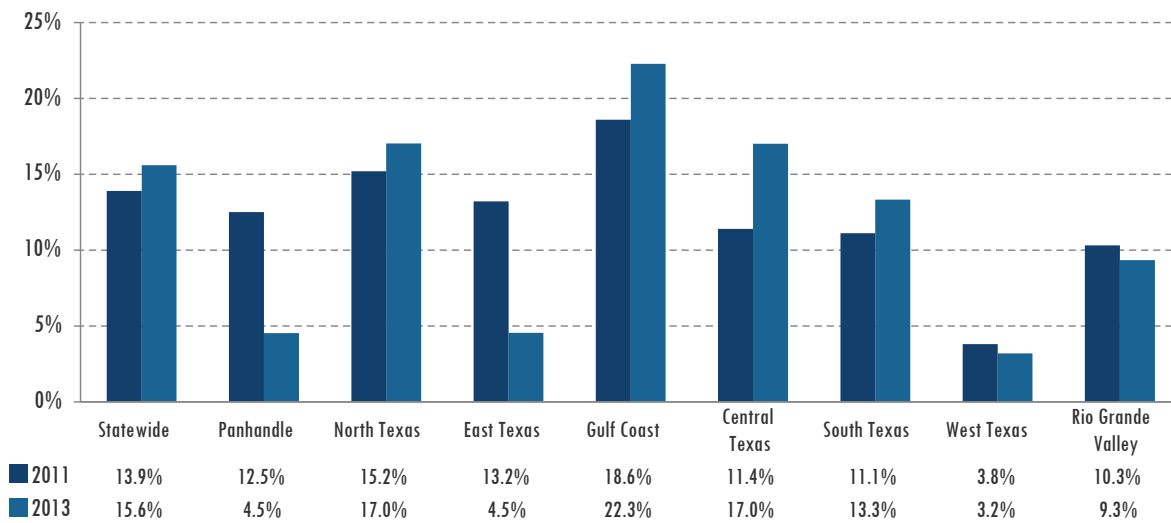


Figure 9. Regional HHA vacancy rate, 2011 and 2013



in some regions. For example, RNs in both North Texas and the Gulf Coast had similar rates of vacancy between 2011 and 2013. HHAs also saw stability in vacancy rates in the West Texas region across this time.

Turnover

Turnover rates were calculated for the calendar year 2012. The turnover rate for each facility is calculated by dividing the number of separations experienced in one year by the average number of positions in that facility over the course of that year. The resulting calculation is then multiplied by 100 to ease

interpretation. Each of the 1,278 responding facilities' rates of turnover is grouped in Table 6 into one of six categories. Each column displays the percentage of agencies that have rates of turnover that fall between two specific values. As seen in Table 6, approximately two-fifths to one-half of all agencies do not experience turnover for the three different staff types.

Figure 10 shows median facility turnover rates for RNs, LVNs, and HHAs in responding home health and hospice agencies at the state level and by Texas Region (defined in Appendix A). The median is a measure of central tendency that is not affected by

extreme values. The interpretation of the median facility turnover rate is that half of facilities have a turnover rate greater than or equal to the median value, and half of all facilities have a rate that is lower than or equal to that median value. A median

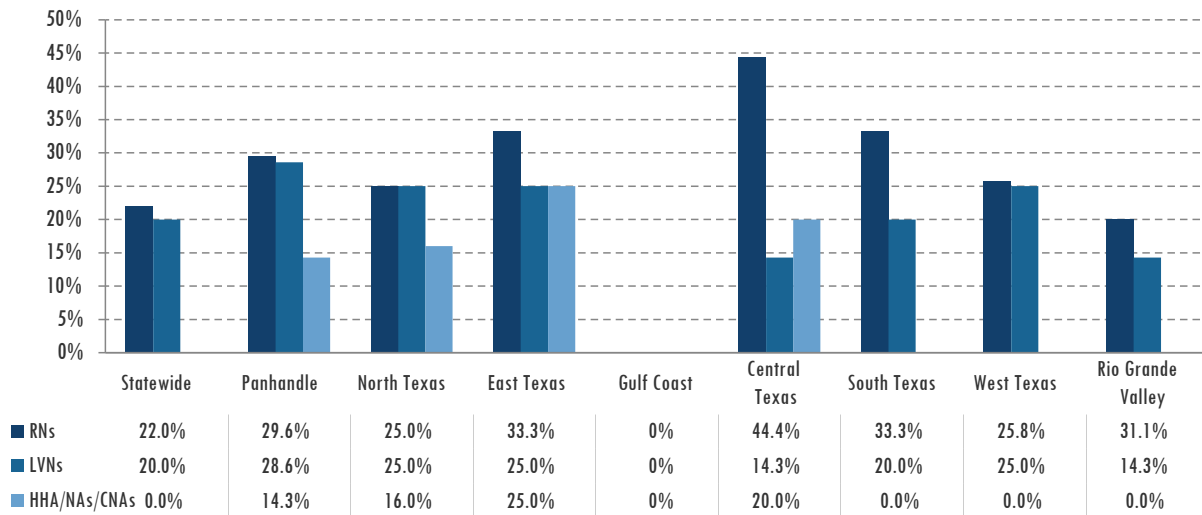
agencies, had a median facility turnover rate of 0% for all three nurse types. The median facility turnover rate for RNs varied greatly across the eight regions, and all regions except the Gulf Coast had a greater median facility turnover rate than the statewide

Table 6. Turnover rate categories for all agencies by staff type

	n ^a	Turnover Rate Categories					
		0%	≥ 0% and < 25%	≥ 25% and < 50%	≥ 50% and < 75%	≥ 75% and ≤ 100%	>100%
RNs	1242	39.3%	15.9%	22.0%	8.1%	1.2%	6.4%
LVNs	1046	42.9%	14.0%	19.4%	8.3%	5.8%	7.0%
HHAs	1064	51.9%	8.4%	17.7%	8.1%	4.9%	6.0%

a - number of agencies responding to question

Figure 10. Median agency turnover rates in Texas regions by staff type



of zero means that half of all agencies experienced zero turnover. The median, rather than the mean, is reported because the mean can be skewed by outlier values, which can mask broader patterns in the data. Because between two-fifths and one-half of facilities experience no turnover for each of the staff types (see Table 6), it is better to use the median so that the prevailing pattern--that many agencies experience little to no turnover--is not masked by a few facilities' experience of high rates of turnover.

The statewide median facility turnover rates were very similar for RNs and LVNs (22.0% vs 20.0%, respectively), and 0% for HHAs. The Gulf Coast region, which encompassed 32% of responding

agencies in the Central Texas region experienced the greatest RN turnover (44.4%), followed by South Texas and East Texas (33.3%), Rio Grande Valley (31.1%), Panhandle (29.6%), West Texas (25.8%), and North Texas (25.0%). Excluding the Gulf Coast, there was less variation in median facility turnover rates for LVNs by region. Of note, despite having the highest RN turnover rate, the responding Central Texas agencies reported having a lower than average LVN turnover rate (14.3%). Half of the regions (South and West Texas, Gulf Coast and Rio Grande Valley) had a HHA median facility turnover rate of 0%.

Figure 11 shows the median facility turnover rates by

Figure 11. Median facility turnover rates in MSA designations by staff type

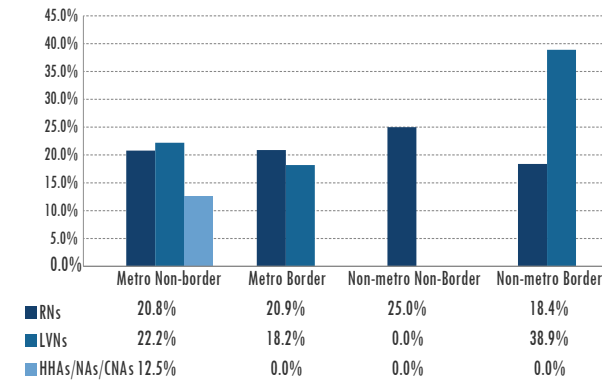
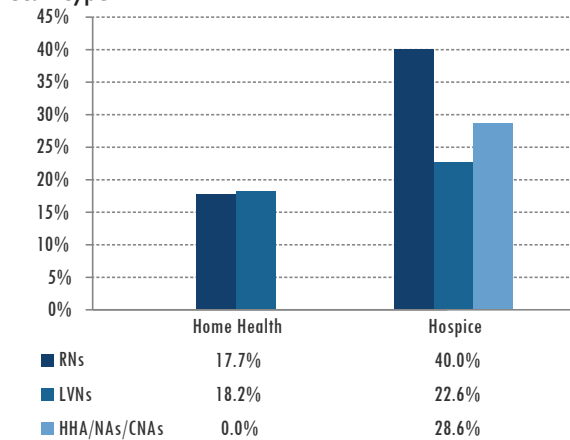


Figure 12. Median facility turnover rates in facility type by staff type



MSA designation. Among responding agencies, the median facility turnover rate for RNs was highest in the non-metro non-border counties while median facility turnover for LVNs was highest in non-metro border counties. Metro non-border counties were the only county type that had median facility turnover greater than zero. The RN median facility turnover rate was somewhat similar between county types, with a range of 18.4% in non-metro border counties to 25.0% in non-metro non-border counties. The range for median facility turnover amongst LVNs was widest, from 0.0% in the non-metro non-border counties to 38.9% in non-metro border counties. Figure 12 shows the median facility turnover rate broken down by hospice only and home health only providers. Agencies that provided both hospice and home health services were not included in this analysis. The median facility turnover rate was higher for all nurse types in the responding hospice agencies

compared to home health agencies (RNs = 40.0% vs 17.7%, LVNs = 22.6% vs 18.2%, HHAs 28.6% vs 0.0%).

Comparison of Vacancy and Turnover to Other Nurse

Employer Data

Tables 7 and 8 provide information for comparative purposes between settings. Data were derived from other TCNWS staffing studies, including the 2013 Texas Governmental Public Health Nurse Staffing Study (TGPHNSS) and the 2012 Hospital Nurse Staffing Study (HNSS). In 2013, the home health setting had higher vacancy rates for both RNs and LVNs when compared to either the governmental public health setting or the hospital setting. For the two settings in which data were available for NAs, the home health setting also had higher vacancy than in the hospital setting. With respect to turnover, the hospital and home health settings had comparable median facility turnover rates for LVNs and RNs, as seen in Table 8. The highest median facility turnover rate in the facility was among NAs in the hospital setting.

Table 7. Statewide position vacancy rates by setting and nurse type

	HHCNSS, 2013	TGPHNSS, 2013	HNSS, 2012
RNs	16.0%	12.9%	8.1%
LVNs	17.5%	11.8%	5.2%
NAs ^a	15.6%	----- ^b	7.5%

^a includes NAs, HHAs, and CNAs

^b the 2013 Texas Governmental Public Health Nurse Staffing Study did not collect data on NAs/HHAs/CNAs

Table 8. Statewide median facility turnover rates by setting and nurse type

	HHCNSS, 2013	TGPHNSS, 2013	HNSS, 2012
RNs	22.0%	0.0%	21.4%
LVNs	20.0%	0.0%	20.0%
NAs ^a	0.0%	----- ^b	30.7%

^a includes NAs, HHAs, and CNAs

^b the 2013 Texas Governmental Public Health Nurse Staffing Study did not collect data on NAs/HHAs/CNAs

Use of Temporary Staff

Agencies reported the number of non-regularly scheduled direct care nursing staff—temporary staff employed on an as needed basis or used as a method of interim staffing— as full-time equivalents for April

Table 9. Use of temporary staff percent categories by staff type

	n	Percent Categories				
		0%	> 0% and ≤25%	> 25% and ≤50%	> 50% and ≤75%	>75% and ≤100%
RNs	1200	50.3%	11.7%	28.8%	8.3%	0.9%
LVNs	949	55.4%	9.2%	26.6%	6.7%	2.1%
HHAs	868	61.3%	8.6%	22.6%	5.5%	2.0%

30, 2013. The 1,278 responding agencies reported using 1,830 RN FTEs, 1,402 LVN FTEs, and 1,216 HHA FTEs. Table 9 shows the percentage of agencies using various levels of temporary staff to fill FTE nurse positions on April 30, 2013. The majority of agencies did not use any temporary staff.

Future Nurse Staffing Needs

Agencies reported whether they anticipated needing fewer, the same, or more, skilled nurses over the next two years by nurse type and experience level. Results to this question are displayed in Table 10. The majority of responding agencies indicated they will have an increased need for RNs with relevant experience in the next two years.

Additionally, about half of agencies anticipated needing more LVNs (52.2%) and HHAs (50.1%). Only 12.3% of agencies reported needing more RNs licensed less than one year and 14.4% needed RN's licensed more than 1 year with no relevant experience. Although some agencies are making use of newly licensed graduates, the results seem to align with BON's position on the employment of new graduates in home health and hospice settings: "the

Board strongly discourages newly licensed nurses from accepting employment in any independent living environment setting until the new nurse achieves twelve (12) to eighteen (18) months of nursing experience in an acute health care setting (such as a hospital)." (BON, 2013).

The responses to the open-ended survey question "please specify why your agency will need fewer, more, or about the same number of nursing personnel in the next two years" were coded into one of 12 exclusive categories (see Table 11). Finally, responses were analyzed with respect to possible relationships between response categories, in an effort to construct a narrative from the emergent themes. The majority of survey respondents (86.5%) provided a response to this open-ended question.

Of those who responded to this survey question, 51% expected to need more nurses due to facility growth. For those who indicated they would need more nurses, growth in the agency and the population that the agency serves a common explanation for why more nursing personnel was needed. Many agencies had either experienced growth or anticipated growth in the near future and wanted to be prepared to meet

Table 10. Forecasting of need for 2 year period by nurse type^{ab}

	Fewer		Same		More	
	n	%	n	%	n	%
RNs licensed less than 1 year	468	37.3	633	50.4	155	12.3
RNs licensed more than 1 year with NO home health or hospice experience	448	35.7	627	49.9	181	14.4
RNs licensed more than 1 year with home health experience ^a	50	4.6	322	29.8	710	65.6
RNs licensed more than 1 year with hospice experience ^b	6	3.0	43	21.6	150	75.4
APRNs	517	41.2	654	52.1	85	6.8
LVNs	117	9.3	483	38.5	656	52.2
Home Health Aides	110	8.8	517	41.2	629	50.1

a - Hospice only agencies are excluded from analysis

b - Home Health only agencies are excluded from analysis

Table 11. Reasons for future nurse staffing changes

Staffing response category	Percent of responses
Expect growth in facility	51.0%
Stable census/adequate staffing	11.4%
Hiring contingent upon census	10.1%
Staffing issues/unqualified applicants	9.6%
Slow business/declines in patient census	7.4%
Government rules/regulations	3.0%
Position not used or needed in agency	2.1%
Other	2.0%
No turnover	1.5%
Time and difficulty training nurses	1.0%
Increasing competition from other facilities	0.7%
Quality of service	0.2%

patient census—was the deciding factor on whether they would need more, fewer, or the same number of nurses. Still others explained the limitations of unqualified applicants and how time-consuming and difficult it is training nurses with no home health or hospice experience. 🇺🇸

the increased need. Other respondents explicitly stated that their facility was adding services (such as a hospice component in addition to home health) or delivery sites, with institutional growth as the driving force. Almost 10% of responses cited staffing issues as contributing to the need for more nurses. Turnover among nursing personnel was a salient issue, as was the aging and retirement of experienced nurses. Seeking qualified and experienced personnel to maintain a high quality of care was expressed as prompting the need for more nurses.

A little less than one-fifth (18.8%) of respondents indicated that they would need either the same or fewer nurses, at 11.4% and 7.4%, respectively. The stability or decline of the patient census was implicated as the driving force behind nurse staffing in these particular responses. External sources of constraint, such as competing agencies in the area (.07%) and increasing government regulations, processes, and scrutiny (3.0%) that sometimes resulted in loss of government payments for services. Others indicated they would need the same amount of nursing personnel because they did not experience turnover or do not use a particular nursing type, at 1.5% and 2.1% respectively.

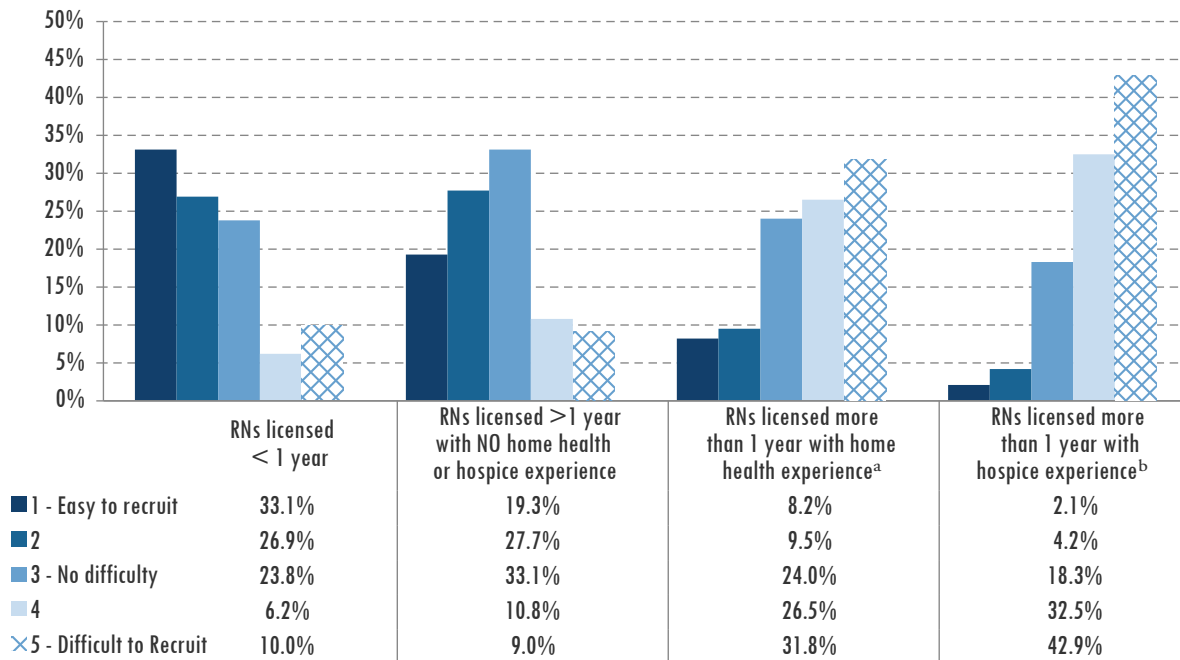
Other responses did not comment specifically on the need for nursing personnel in any particular direction, but provided insight into some issues pertaining to the recruitment and retention of nurses. 10.1% said that their agency's growth—in other words, their

Recruitment & Retention Strategies

Difficulty recruiting staff

Agencies were asked to rate their experience recruiting nursing personnel, from 1 (easy) to 5 (difficult). Results are displayed in Figures 13 and 14. A selection of 1 or 2 indicated ease in recruitment relative to selection of a 4 or 5, which indicated difficulty. A selection of 3 indicated neither difficulty nor ease in recruitment. A majority of agencies (60%) reported that RNs with less than one year experience were easy to recruit. Additionally, close to half of agencies (47%) reported having an easy time hiring RNs with more than one year nursing experience, but without relevant experience. However, agencies reported that experienced RNs with relevant experience (i.e. home health or hospice) were more difficult to recruit. Only 17.7% of home health agencies found it easy to recruit RNs with home health experience, and even fewer hospice agencies (6.3%) found it easy to recruit RNs with hospice experience. The majority of agencies found it easy to recruit LVNs and HHAs (LVNs = 56.3% and HHAs = 59.0%), as seen in Figure 13.

Figure 13. RN personnel by ease of recruitment



^aHospice only agencies are excluded from analysis

^bHome health only agencies are excluded from analysis

Weeks to fill positions

Table 12 displays the median number of weeks it took for agencies to fill skilled nursing positions. Statewide and in all Texas regions, it took responding agencies longer to hire RNs licensed more than one year with no home health or hospice experience (3 weeks) than RNs licensed less than one year (2 weeks). It also took them longer to hire RNs with either home health or hospice experience (4 and 5 weeks, respectively) than RNs without experience. Overall, it took responding agencies the longest to hire RNs with home health or hospice experience and the least weeks to hire HHAs (2 weeks).

Between 2011 and 2013, it took responding agencies about the same number of weeks to hire LVNs and HHAs. The time it took agencies to hire new RNs decreased in North Texas, Central Texas, and West Texas. It increased in the Panhandle. The 2011 survey only included “experienced RNs;” it did not distinguish between home health and hospice experience. In general, the time it took to hire experienced RNs decreased in the Panhandle, Gulf Coast, South Texas, and West Texas between 2011 and 2013.

Figure 14. LVNs and HHAs by ease of recruitment

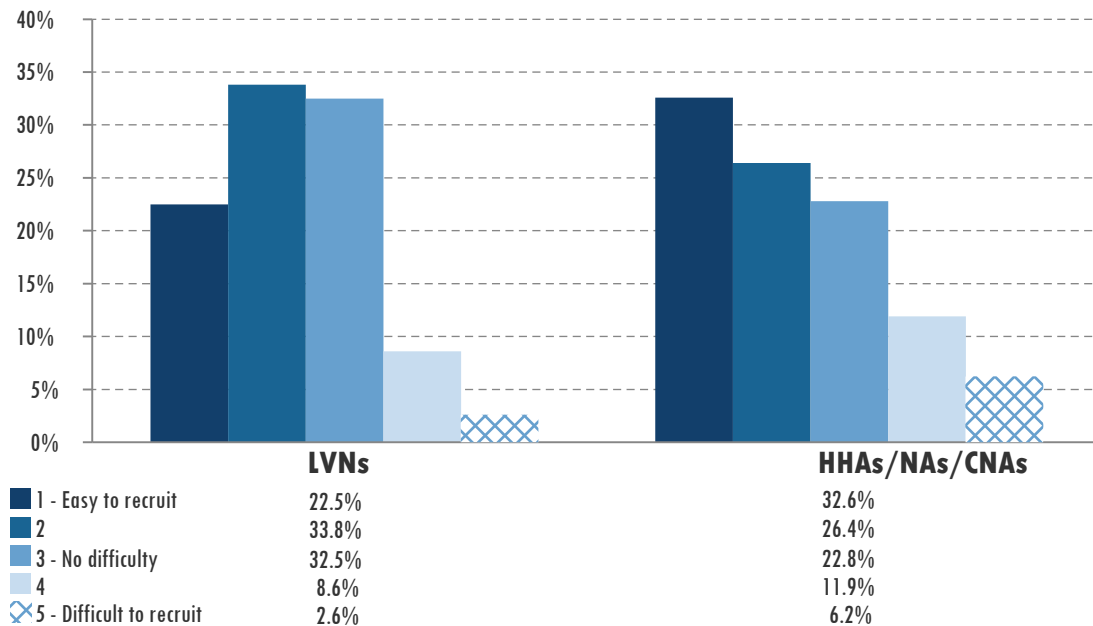


Table 13 shows that on average it took responding agencies in non-metro counties longer to fill skilled nursing positions than in metro counties (RNs with home health experience: metro = 4 weeks, non-metro = 5 weeks; RNs with hospice experience: metro = 4 weeks, non-metro = 6 weeks).

Table 14 shows that the median number of weeks it took responding agencies to fill positions did not vary much between home health and hospice

agencies, although it took slightly longer to hire RNs in hospice agencies (RNs licensed less than 1 year: Home Health = 2 weeks, Hospice = 3 weeks; RNs licensed more than 1 year: Home Health = 3 weeks, Hospice = 4 weeks).

Table 12. Median weeks to fill positions, region by staff type^{ab}

	Panhandle	North Texas	East Texas	Gulf Coast	Central Texas	South Texas	West Texas	Rio Grande Valley	Statewide
RNs licensed less than 1 year	2	2	3	3	3	2	2	2	2
RNs licensed more than 1 year with NO home health or hospice experience	4	3	3	3	3	3	3	2	3
RNs licensed more than 1 year with home health experience ^a	4	4	4	4	6	4	5	3	4
RNs licensed more than 1 year with hospice experience ^b	5	5	3	4	5	4	4	6	4
LVNs	2	2	2	3	3	2	3	2	2
Home Health Aides	2	2	2	2	2	2	2	2	2

a - Hospice only agencies are excluded from analysis

b - Home Health only agencies are excluded from analysis

Table 13. Median number of weeks to fill positions, MSA designation by staff type^{ab}

	Metro	Non-metro	Border	Non-border	Metro/non-border	Metro/border	Non-metro/non-border	Non-metro/border
RNs licensed less than 1 year	2.0	3.0	2.0	2.5	2.5	2.0	3.0	3.5
RNs licensed more than 1 year with NO home health or hospice experience	3.0	4.0	2.0	3.0	3.0	2.0	4.0	3.0
RNs licensed more than 1 year with home health experience ^a	4.0	5.0	3.0	4.0	4.0	3.0	5.0	5.0
RNs licensed more than 1 year with hospice experience ^b	4.0	6.0	5.0	4.0	4.0	3.8	5.0	11.0
LVNs	2.0	2.8	2.0	2.5	2.5	2.0	3.0	2.3
Home Health Aides	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.5

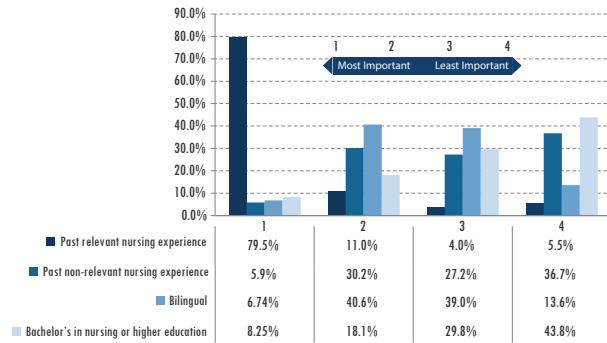
a - Hospice only agencies are excluded from analysis

b- Home health only agencies are excluded from this analysis

Table 14. Median number of weeks to fill positions, setting type by staff type

	Home Health	Hospice	Mixed
RNs licensed less than 1 year	2.0	3.0	2.0
RNs licensed more than 1 year with NO home health or hospice experience	3.0	4.0	3.0
LVNs	2.5	2.0	2.0
Home Health Aides	2.0	2.0	2.0

Figure 15. Importance of attributes when hiring RNs



Approximately one-fifth of respondents (19.2%) did not provide a response to this question. The responses were coded into 12 broad categories. Results are displayed in Figure 17. Please note that responses were coded into exclusive categories. The attribute most frequently mentioned among the open-ended responses was a desire for previous nursing experience in a setting other than home health and hospice. The remaining attributes included: teamwork (7.0%), computer skills (6.3%), documentation skills (5.2%),

Figure 16. Importance of bachelor's in nursing education for RN staff

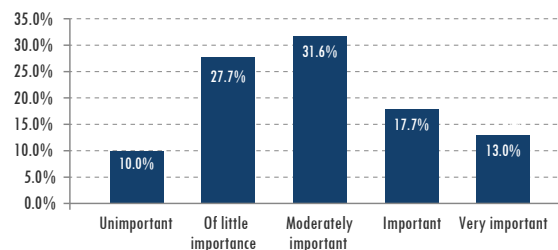


Figure 17. Other attributes sought in staff



independence and autonomy (3.8%), leadership/management/supervisory skills (3.8%), organizational skills (3.1%) and professional appearance (2.6%).

An open-ended survey question asked respondents to “describe your experiences recruiting nursing personnel in the past year.” The responses to this question were coded into six broad categories that emerged from the data (see Table 15). These categories were: difficulty recruiting/barriers to recruitment, retention issues, have not recruited/needed to recruit, methods of recruitment, no difficulty, and other. Responses were coded into these categories until saturation of themes was achieved. In other words, coding continued well past the point in which no new categories were emerging from the data. Responses were coded exclusively into one of these 6 categories. Finally, responses were analyzed with respect to possible relationships between response categories, in an effort to construct a narrative from the emergent themes. 21.8% of the 1278 survey respondents did not provide an answer to this particular survey question.

The largest response category was difficulty recruiting/barriers to recruitment, in which respondents explained specific problems they had faced in trying to recruit nursing personnel. Almost half of the

Table 15. Recruitment experience response categories by percent of responses

Recruitment response category	Percent of responses
No difficulty recruiting	14.0%
Difficulty recruiting/barriers to recruitment	48.3%
Retention issues	11.2%
Have not needed to recruit	11.2%
Recruiting method	10.2%
Other response	5.0%

respondents explicitly spoke to having difficulties recruiting personnel. In contrast, 14.0% indicated that recruiting was easy, while 11.2% of responses indicated that recruiting personnel was unnecessary due to adequate staffing. Unlike those who have experienced difficulty and can usually point to specific reasons, the majority of those who reported experiencing no difficulty did not cite specific reasons why things had gone well.

Of those who did specify a barrier, many indicated that lack of home health and hospice experience was an issue among applicants. Some respondents elaborated on the point that some recruits were experienced in other settings (in which, presumably, transferability of skills may have been an issue) or were newly licensed with little total nursing experience. Other reasons given for difficulty recruiting included competition from other facilities and attracting nurses to work in a rural setting.

10.2% of the responses did not indicate precisely whether recruitment was easy or difficult, but explained the recruitment process. Both advertising (in print and online) and referrals/word of mouth were cited as methods for recruiting personnel, although the responses were quite mixed with respect to the success of each of these methods. Other responses did not specify a particular method of recruitment, but indicated that they received few responses when seeking personnel. It is unclear, however, whether the lack of responses is due to their choice of recruiting method or another confounding factor such as geographical location.

Retention issues were mentioned by 11.2% of respondents, in which the poor quality of existing personnel was heavily discussed. High turnover was cited as a particularly pressing issue, especially in the first six months of employment. The dissatisfaction with working conditions, such as too much paperwork and pay that is not commensurate with duties, was discussed as a possible reason for staffing difficulties. Others indicated that some agencies appeared to have excellent retention, since it seemed that exceptionally qualified personnel were not looking for work. In other words, some respondents explained how they tried not to lose their best personnel to other employers and how personnel were afraid to leave a great opportunity in the current economy. This seemed to be related to the idea echoed by several respondents that if nurses are currently on the market,

they are therefore undesirable employees in some fundamental way. Some felt that personnel were often spread too thin, because many personnel are working multiple part-time jobs, and felt that they were not performing as well as they could be.

Retention Strategies

Table 16 shows the strategies used by home health and hospice agencies to retain skilled nursing staff. Paid vacation days was the most frequently selected retention strategy (61.8% of agencies), followed by mileage reimbursement (51.2%), flexible scheduling or job sharing (50.2%), health insurance (49.8%), and reimbursement for workshops (45.7%). The second most frequently selected retention strategy, mileage reimbursement, was not on the list of strategies in 2011 but was included in 2013 based on

Table 16. Number and percent of agencies using various strategies to retain skilled staff^{ab}

	n	%
No retention strategy used	120	9.8%
Paid vacation days	756	61.8%
Mileage reimbursement	627	51.2%
Flexible scheduling or job sharing	614	50.2%
Health Insurance	607	49.8%
Reimbursement for workshops	559	45.7%
Employee recognition programs	509	41.6%
Cell phone allowance	441	36.0%
Retirement plan	314	25.7%
Company car	242	19.8%
Career ladder positions for RNs/LVNs/APRNs	197	16.1%
Merit bonus	182	14.9%
Bonus for recruiting nursing staff to the agency	178	14.5%
Payback for unused sick/vacation time	158	12.9%
Tuition	146	11.9%
Career ladder positions for HHAs	110	9.0%
Sign-on bonus	104	8.5%
Shift differential	74	6.0%
Sabbatical	11	0.9%
Other strategy	128	10.5%

a - Hospice only agencies are excluded from analysis

b - Home Health only agencies are excluded from analysis

its prevalence in the free text field of “other strategies” in 2011.

Consequences of Inadequate Nurse Staffing

Agencies were asked to select all of the applicable consequences their agency experienced in the past year resulting from an inadequate supply of nursing personnel. Table 17 lists the consequences of an inadequate supply of nursing personnel in order of frequency. Consistent with the 2011 finding, increased workload was the most frequently selected consequence of having an inadequate supply of nursing personnel. Inability to expand services was the second most cited consequence in 2011 by 30.6% of agencies; in 2013, the number of agencies citing that particular consequence had dropped to only 23.4% of agencies.

Table 17. Consequences of inadequate staffing^{ab}

	n	%
No consequence - Reported having adequate staff	503	40.7%
Increased workloads	512	41.4%
Difficulty completing required documentation on time	343	27.8%
Using administrative staff to cover nursing visits	333	26.9%
Inability to expand services	289	23.4%
Low nursing staff morale	207	16.7%
Increased nursing staff turnover	205	16.6%
Declined referrals	150	12.1%
Delayed admissions	147	11.9%
Wage increases	123	10.0%
Increase voluntary overtime	115	9.3%
Delays in providing care	76	6.1%
Increased use of temporary/agency nurses	68	5.5%
Increased patient/family complaints	61	4.9%
Increased absenteeism	51	4.1%
Increased number of incident reports	21	1.7%
Other consequences	47	3.8%

a - Hospice only agencies are excluded from analysis

b - Home Health only agencies are excluded from analysis

Discussion

The results of this study provide an accurate picture of the current state of the home health and hospice nursing workforce in Texas. The response rate between the 2011 and 2013 iteration of the Home Health and Hospice Nurse Staffing study improved, from 22.0% to 42.5% of all agencies, respectively. Moreover, the responding agencies were representative of all home health and hospice agencies in Texas by provider type, MSA designation, and patient census. There were several key findings that highlight areas of need in regards to nursing personnel in Texas' home health and hospice agencies.

The recruitment and retention of experienced RNs continues to impact home health and hospice agencies. Between 2011 and 2013, the RN vacancy rate has neither increased nor decreased. Although the vacancy rates for both LVNs and HHAs have increased slightly during this interval, the retention of RNs seems especially important when considering multiple measures in tandem. Amongst home health and hospice agencies, over half of the staff is comprised of LVNs, HHAs, NAs, and CNAs. In the hospital setting, only a quarter of the staff is made up of those particular personnel. Responding agencies also indicated it was exceptionally difficult to recruit

RNs that have experience in home health and hospice (Figure 12) and that it took about twice as long to fill RN positions as it did to fill LVN and HHA positions (Figures 9 and 10). Because the majority of RNs in Texas work in the hospital setting, future research could examine how to make home health and hospice a more attractive employment setting to RNs if agencies are indicating there is a demand that is not being met.

It is important to keep geography in mind when assessing and responding to the nursing shortage. Some regions of Texas seem to be experiencing need more acutely than other regions. The Gulf Coast region experienced particularly high rates of vacancy—greater than 20 percent—for all nurse types. This may be due, in part, to the high proportion of non-border metropolitan counties located in this region. It is less clear why urban areas are experiencing greater rates of vacancy than rural areas. Home health/hospice nurses in metropolitan counties may have more choice in terms of employment that is not available to non-metropolitan nurses. Future research should seek to examine structural factors that may be driving regional and county level differences in the attraction and retention of all nurse types. 🇺🇸

Recommendations

Based on the results of the 2013 Home Health and Hospice Nurse Staffing Study, the 2013 Home Health and Hospice Care Nurse Staffing Study Task Force and the Texas Center for Nursing Workforce Studies Advisory Committee make the following recommendations aimed at improving workforce planning and delivery of care in home health and hospice settings:

Recommendation One: Promote a better understanding of nursing services in the home health and hospice setting

Study results indicated that home care employers valued past home health or hospice nursing experience as the most desirable attribute when hiring new staff. To promote a better understanding of home health and hospice nursing services, 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 for nursing faculty and students (such as in the RN to BSN and graduate nursing programs).

Recommendation Two: Develop transition to practice programs for the home health and hospice setting

After home health or hospice specific experience, general nursing experience was the second most desirable attribute employers in this setting sought when hiring new staff. Home health and hospice agencies should develop a transition to practice program for experienced RNs and LVNs who have worked in other settings in order to prepare them to function as a home health and hospice nurse in a home-based setting especially emphasizing frail elderly adults and special needs pediatric populations. Such a transition program should help teach care coordination across the spectrum.

Recommendation Three: Serve as resources to the nursing community

These findings show that newly licensed nurses were relatively easy to recruit, but need further experience and/or training to do well in the home health and hospice setting. Administrators and nurses from home health and hospice agencies should serve as resources to nurse educators in providing guidance in the development of curriculum and teaching-learning strategies for classroom, web based and simulated learning and clinical practice experiences for nursing students based upon the knowledge, competencies, and skills needed for home health and hospice nurses.

Recommendation Four: Identify factors influencing recruitment and retention of nurses

According to survey respondents, an aging population and growing demand for home health and hospice services were implicated in driving the need for personnel experienced in home health and hospice care. Responding agencies reported using from one to 14 of 18 listed strategies to recruit and retain nursing staff. Home care administrators and managers should identify and evaluate specific factors influencing their workforce recruitment and retention and implement innovative strategies that would further improve recruitment and retention of their nursing staff.

Recommendation Five: Implement strategies to decrease documentation

In 2013, home health and hospice agencies reported that increased workloads are the most common consequence of inadequate staffing followed by difficulty completing required documentation. To promote job satisfaction and enhance the efficiency and effectiveness of patient care and operation of the agency, home health and hospice agencies should continue to implement strategies to minimize paperwork burdens while continuing to adhere to state and federal requirements regarding documentation in the home health/hospice setting. Strategies include reducing the documentation time required and develop new documentation models that reduce the real or perceived paperwork burden, and increase the use of technology to decrease paperwork.

Conclusion

This study provides essential Texas home health and hospice staffing data on nurse vacancy and turnover, interim staffing, and future staffing needs. It is evident from the data that home health and hospice nurses in Texas make up a small but rapidly growing part of the Texas healthcare system. However, home health and hospice agencies face particular challenges with vacancy and retention that should be addressed. Efforts to educate, recruit, and retain nurses must remain a priority for legislators and policymakers.

This report is designed to be a source of data and information for legislators, policy makers, and public health leaders who need this information in order to develop legislation and policy in response to the nursing workforce needs in the home health and hospice setting. This report is also a resource for those who are planning projects, developing proposals, and conducting research regarding the Texas home health and hospice nursing workforce. 🇹🇽

References

- Administration on Aging. (2012). "A Profile of older Americans: 2012." Retrieved from: http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2012/docs/2012profile.pdf
- Anthony, A. and Milone-Nuzzo, P. (2005). Factors attracting and keeping nurses in home care. *Home Healthcare Nurse* 23(6): 372-77.
- Aponte-Soto, L., Olson, L., Viernes, A., Parisi, M., Krause, M.K. (2005). Best practices in nursing staff retention for hospice care organizations. *Caring* 35-41.
- Boling, P.A., Chandekar, R.V., Hungate, B., Purvis, M., Selby-Penczak, R., Abbey, L.J. (2013). Improving outcomes and lowering costs by applying advanced models of in-home care. *Cleveland Clinic Journal of Medicine* 80(1): 7-14.
- Carter, A. (2009). VNAA News: Nursing shortage predicted to be hardest on home healthcare. *Home Healthcare Nurse* 27(3):198.
- Ellenbecker, C.H. and Cushman, M. (2012). Home healthcare nurse retention and patient outcome model: Discussion and model development. *Journal of Advanced Nursing* 68(8): 1881-93.
- Health Professions Resource Center. (2013). 2013 Board of Nursing relicensure file. <http://www.dshs.state.tx.us/chs/hprc/default.shtm>.
- IOM (Institute of Medicine). (2011). *The Future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Landers, S. (2010). Why health care is going home." *The New England Journal of Medicine* 363(18):1690-91.
- Stanton, Mark W. (2004). "Hospital nurse staffing and quality of care." *Research in Action* 14: 1-9.
- Texas Board of Nursing (BON). (2013a). NPA, Ch. 301.002(2), Definition of Professional Nursing.
- Texas Board of Nursing (BON). (2013b). NPA, Ch. 301.002(5), Definition of Vocational Nursing.
- Texas Board of Nursing (BON). (2005). Guidelines for Determining APN Scope of Practice. Available at: <http://www.bon.texas.gov/practice/apn-scopeofpractice.html>.
- Texas Board of Nursing (BON). (2013). FAQ - GNs, GVNs, and Newly Licensed Nurses Practicing in Home Health Settings. Available at: http://www.bon.texas.gov/faq_nursing_practice.asp#t10.
- Texas Center for Nursing Workforce Studies. (2013). *Nursing workforce in Texas – 2011: Demographics and trends*.
- Texas Center for Nursing Workforce Studies. (2007). *Nursing workforce in Texas – 2007: Demographics and trends*.
- U.S. Department of Health and Human Services Health Resources and Services Administration. (2010). *The Registered nurse population: Findings from the 2008 National Sample Survey of Registered Nurses*.
- U.S. Department of Labor, Bureau of Labor Statistics. (2007). *National employment matrix, employment by industry, occupation, and percent distribution, 2006 and projected 2016*.

Appendix A: Texas Counties and Regions

Texas County Designation – Metropolitan

This study designates each of the 254 Texas counties as “Metropolitan” or “Non-metropolitan.”

Metropolitan statistical areas are defined by the United States Office of Management and Budget (OMB) according to published standards applied to 2000 Census Bureau data. Conceptually, a metropolitan statistical area is a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core.

Each metropolitan statistical area must have at least one urbanized area of 50,000 or more inhabitants.

The Metropolitan and Non-metropolitan Statistical Area Standards do not equate to an urban-rural classification; all counties included in Metropolitan and Non-metropolitan Statistical Areas and many other counties contain both urban and rural territory and populations.

Texas has 77 Metropolitan and 177 Non-Metropolitan counties based on this designation.

Texas County Designation – Border

This study uses the Border/Non-border designation for Texas counties defined by the “La Paz Agreement,” which states that the border region is 100 kilometers north and south of the U.S. – Mexico border.

This border designation includes 32 Texas counties:

Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

The remaining 222 counties are Non-Border.

Four of the 32 border counties are designated as Metropolitan.

County Name	HHCNSS Region	Metropolitan Status	Border Status
Anderson	East Texas	Non-Metro	Non-Border
Andrews	West Texas	Non-Metro	Non-Border
Angelina	East Texas	Non-Metro	Non-Border
Aransas	Rio Grande Valley	Metro	Non-Border
Archer	North Texas	Metro	Non-Border
Armstrong	Panhandle	Metro	Non-Border
Atascosa	South Texas	Metro	Non-Border
Austin	Gulf Coast	Metro	Non-Border
Bailey	Panhandle	Non-Metro	Non-Border
Bandera	South Texas	Metro	Non-Border
Bastrop	Central Texas	Metro	Non-Border
Baylor	North Texas	Non-Metro	Non-Border
Bee	Rio Grande Valley	Non-Metro	Non-Border
Bell	Central Texas	Metro	Non-Border
Bexar	South Texas	Metro	Non-Border
Blanco	Central Texas	Non-Metro	Non-Border
Borden	West Texas	Non-Metro	Non-Border
Bosque	Central Texas	Non-Metro	Non-Border
Bowie	East Texas	Metro	Non-Border
Brazoria	Gulf Coast	Metro	Non-Border
Brazos	Central Texas	Metro	Non-Border
Brewster	West Texas	Non-Metro	Border
Briscoe	Panhandle	Non-Metro	Non-Border
Brooks	Rio Grande Valley	Non-Metro	Border
Brown	North Texas	Non-Metro	Non-Border
Burleson	Central Texas	Metro	Non-Border
Burnet	Central Texas	Non-Metro	Non-Border
Caldwell	Central Texas	Metro	Non-Border
Calhoun	South Texas	Metro	Non-Border
Callahan	North Texas	Metro	Non-Border
Cameron	Rio Grande Valley	Metro	Border
Camp	East Texas	Non-Metro	Non-Border
Carson	Panhandle	Metro	Non-Border
Cass	East Texas	Non-Metro	Non-Border
Castro	Panhandle	Non-Metro	Non-Border
Chambers	Gulf Coast	Metro	Non-Border
Cherokee	East Texas	Non-Metro	Non-Border
Childress	Panhandle	Non-Metro	Non-Border
Clay	North Texas	Metro	Non-Border
Cochran	Panhandle	Non-Metro	Non-Border
Coke	West Texas	Non-Metro	Non-Border
Coleman	North Texas	Non-Metro	Non-Border
Collin	North Texas	Metro	Non-Border
Collingsworth	Panhandle	Non-Metro	Non-Border

County Name	HHCNS Region	Metropolitan Status	Border Status
Colorado	Gulf Coast	Non-Metro	Non-Border
Comal	South Texas	Metro	Non-Border
Comanche	North Texas	Non-Metro	Non-Border
Concho	West Texas	Non-Metro	Non-Border
Cooke	North Texas	Non-Metro	Non-Border
Coryell	Central Texas	Metro	Non-Border
Cottle	North Texas	Non-Metro	Non-Border
Crane	West Texas	Non-Metro	Non-Border
Crockett	West Texas	Non-Metro	Border
Crosby	Panhandle	Metro Non-	Border
Culberson	West Texas	Non-Metro	Border
Dallam	Panhandle	Non-Metro	Non-Border
Dallas	North Texas	Metro	Non-Border
Dawson	West Texas	Non-Metro	Non-Border
Deaf Smith	Panhandle	Non-Metro	Non-Border
Delta	East Texas	Metro	Non-Border
Denton	North Texas	Metro	Non-Border
DeWitt	South Texas	Non-Metro	Non-Border
Dickens	Panhandle	Non-Metro	Non-Border
Dimmit	South Texas	Non-Metro	Border
Donley	Panhandle	Non-Metro	Non-Border
Duval	Rio Grande Valley	Non-Metro	Border
Eastland	North Texas	Non-Metro	Non-Border
Ector	West Texas	Metro	Non-Border
Edwards	South Texas	Non-Metro	Border
Ellis	North Texas	Metro	Non-Border
El Paso	West Texas	Metro	Border
Erath	North Texas	Non-Metro	Non-Border
Falls	Central Texas	Non-Metro	Non-Border
Fannin	North Texas	Non-Metro	Non-Border
Fayette	Central Texas	Non-Metro	Non-Border
Fisher	North Texas	Non-Metro	Non-Border
Floyd	Panhandle	Non-Metro	Non-Border
Foard	North Texas	Non-Metro	Non-Border
Fort Bend	Gulf Coast	Metro	Non-Border
Franklin	East Texas	Non-Metro	Non-Border
Freestone	Central Texas	Non-Metro	Non-Border
Frio	South Texas	Non-Metro	Border
Gaines	West Texas	Non-Metro	Non-Border
Galveston	Gulf Coast	Metro	Non-Border
Garza	Panhandle	Non-Metro	Non-Border
Gillespie	South Texas	Non-Metro	Non-Border
Glasscock	West Texas	Non-Metro	Non-Border
Goliad	South Texas	Metro	Non-Border
Gonzales	South Texas	Non-Metro	Non-Border
Gray	Panhandle	Non-Metro	Non-Border
Grayson	North Texas	Metro	Non-Border

County Name	HHCNS Region	Metropolitan Status	Border Status
Gregg	East Texas	Metro	Non-Border
Grimes	Central Texas	Non-Metro	Non-Border
Guadalupe	South Texas	Metro	Non-Border
Hale	Panhandle	Non-Metro	Non-Border
Hall	Panhandle	Non-Metro	Non-Border
Hamilton	Central Texas	Non-Metro	Non-Border
Hansford	Panhandle	Non-Metro	Non-Border
Hardeman	North Texas	Non-Metro	Non-Border
Hardin	Gulf Coast	Metro	Non-Border
Harris	Gulf Coast	Metro	Non-Border
Harrison	East Texas	Non-Metro	Non-Border
Hartley	Panhandle	Non-Metro	Non-Border
Haskell	North Texas	Non-Metro	Non-Border
Hays	Central Texas	Metro	Non-Border
Hemphill	Panhandle	Non-Metro	Non-Border
Henderson	East Texas	Non-Metro	Non-Border
Hidalgo	Rio Grande Valley	Metro	Border
Hill	Central Texas	Non-Metro	Non-Border
Hockley	Panhandle	Non-Metro	Non-Border
Hood	North Texas	Non-Metro	Non-Border
Hopkins	East Texas	Non-Metro	Non-Border
Houston	East Texas	Non-Metro	Non-Border
Howard	West Texas	Non-Metro	Non-Border
Hudspeth	West Texas		Non-Metro
Hunt	North Texas	Metro	Non-Border
Hutchinson	Panhandle	Non-Metro	Non-Border
Irion	West Texas	Metro	Non-Border
Jack	North Texas	Non-Metro	Non-Border
Jackson	South Texas	Non-Metro	Non-Border
Jasper	East Texas	Non-Metro	Non-Border
Jeff Davis	West Texas	Non-Metro	Border
Jefferson	Gulf Coast	Metro	Non-Border
Jim Hogg	Rio Grande Valley	Non-Metro	Border
Jim Wells	Rio Grande	Valley	Non-Metro
Johnson	North Texas	Metro	Non-Border
Jones	North Texas	Metro	Non-Border
Karnes	South Texas	Non-Metro	Non-Border
Kaufman	North Texas	Metro	Non-Border
Kendall	South Texas	Metro	Non-Border
Kenedy	Rio Grande Valley	Non-Metro	Border
Kent	North Texas	Non-Metro	Non-Border
Kerr	South Texas	Non-Metro	Non-Border
Kimble	West Texas	Non-Metro	Non-Border
King	Panhandle	Non-Metro	Non-Border
Kinney	South Texas	Non-Metro	Border
Kleberg	Rio Grande Valley	Non-Metro	Non-Border
Knox	North Texas	Non-Metro	Non-Border

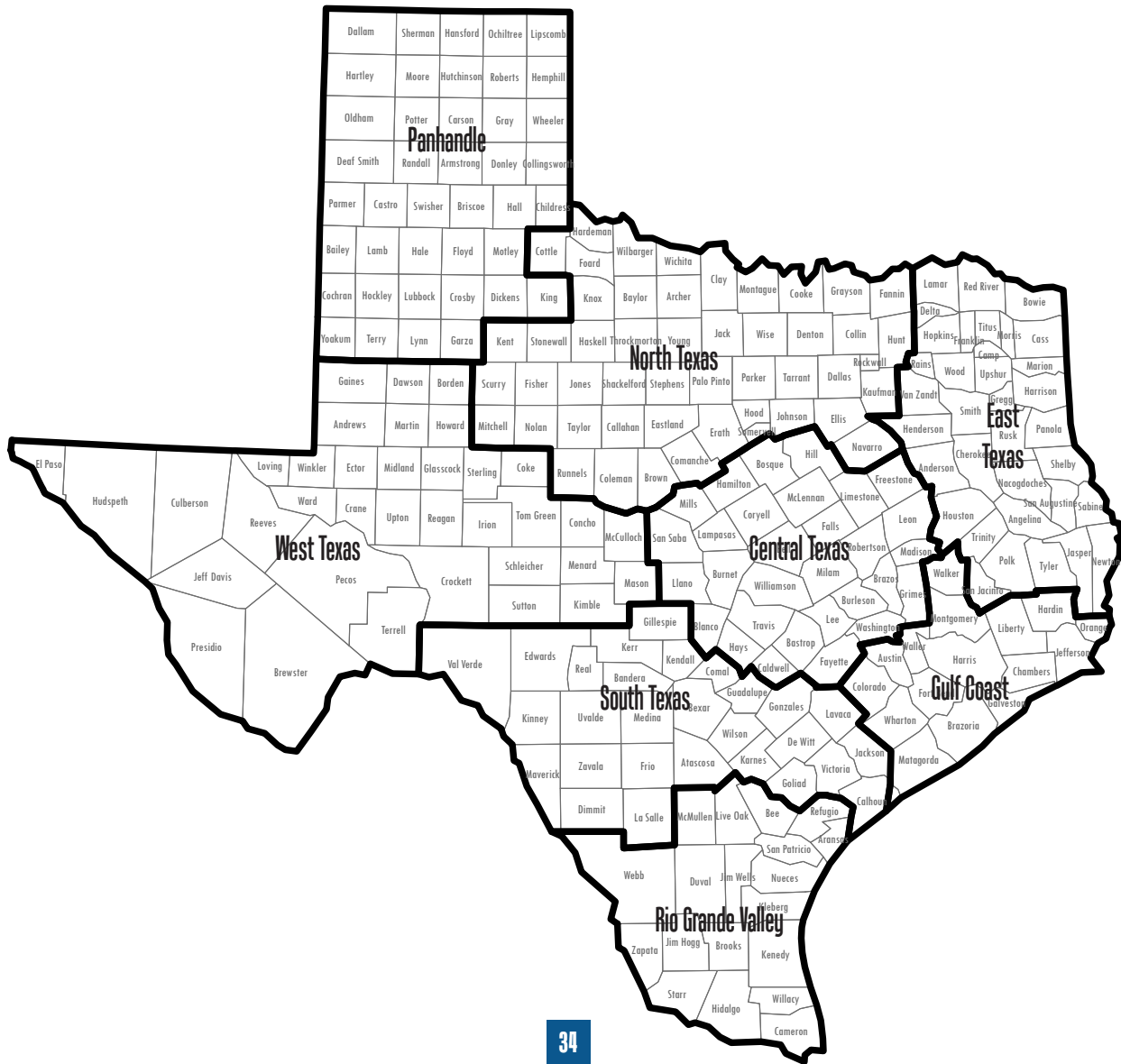
County Name	HHCNS Region	Metropolitan Status	Border Status
Lamar	East Texas	Non-Metro	Non-Border
Lamb	Panhandle	Non-Metro	Non-Border
Lampasas	Central Texas	Metro	Non-Border
La Salle	South Texas	Non-Metro	Border
Lavaca	South Texas	Non-Metro	Non-Border
Lee	Central Texas	Non-Metro	Non-Border
Leon	Central Texas	Non-Metro	Non-Border
Liberty	Gulf Coast	Metro	Non-Border
Limestone	Central Texas	Non-Metro	Non-Border
Lipscomb	Panhandle	Non-Metro	Non-Border
Live Oak	Rio Grande Valley	Non-Metro	Non-Border
Llano	Central Texas	Non-Metro	Non-Border
Loving	West Texas	Non-Metro	Non-Border
Lubbock	Panhandle	Metro	Non-Border
Lynn	Panhandle	Non-Metro	Non-Border
McCulloch	West Texas	Non-Metro	Non-Border
McLennan	Central Texas	Metro	Non-Border
McMullen	Rio Grande Valley	Non-Metro	Border
Madison	Central Texas	Non-Metro	Non-Border
Marion	East Texas	Non-Metro	Non-Border
Martin	West Texas	Non-Metro	Non-Border
Mason	West Texas	Non-Metro	Non-Border
Matagorda	Gulf Coast	Non-Metro	Non-Border
Maverick	South Texas	Non-Metro	Border
Medina	South Texas	Metro	Non-Border
Menard	West Texas	Non-Metro	Non-Border
Midland	West Texas	Metro	Non-Border
Milam	Central Texas	Non-Metro	Non-Border
Mills	Central Texas	Non-Metro	Non-Border
Mitchell	North Texas	Non-Metro	Non-Border
Montague	North Texas	Non-Metro	Non-Border
Montgomery	Gulf Coast	Metro	Non-Border
Moore	Panhandle	Non-Metro	Non-Border
Morris	East Texas	Non-Metro	Non-Border
Motley	Panhandle	Non-Metro	Non-Border
Nacogdoches	East Texas	Non-Metro	Non-Border
Navarro	North Texas	Non-Metro	Non-Border
Newton	East Texas	Non-Metro	Non-Border
Nolan	North Texas	Non-Metro	Non-Border
Nueces	Rio Grande Valley	Metro	Non-Border
Ochiltree	Panhandle	Non-Metro	Non-Border
Oldham	Panhandle	Non-Metro	Non-Border
Orange	Gulf Coast	Metro	Non-Border
Palo Pinto	North Texas	Non-Metro	Non-Border
Panola	East Texas	Non-Metro	Non-Border
Parker	North Texas	Metro	Non-Border
Parmer	Panhandle	Non-Metro	Non-Border

County Name	HHCNS Region	Metropolitan Status	Border Status
Pecos	West Texas	Non-Metro	Border
Polk	East Texas	Non-Metro	Non-Border
Potter	Panhandle	Metro	Non-Border
Presidio	West Texas	Non-Metro	Border
Rains	East Texas	Non-Metro	Non-Border
Randall	Panhandle	Metro	Non-Border
Reagan	West Texas	Non-Metro	Non-Border
Real	South Texas	Non-Metro	Border
Red River	East Texas	Non-Metro	Non-Border
Reeves	West Texas	Non-Metro	Border
Refugio	Rio Grande Valley	Non-Metro	Non-Border
Roberts	Panhandle	Non-Metro	Non-Border
Robertson	Central Texas	Metro	Non-Border
Rockwall	North Texas	Metro	Non-Border
Runnels	North Texas	Non-Metro	Non-Border
Rusk	East Texas	Metro	Non-Border
Sabine	East Texas	Non-Metro	Non-Border
San Augustine	East Texas	Non-Metro	Non-Border
San Jacinto	East Texas	Metro	Non-Border
San Patricio	Rio Grande Valley	Metro	Non-Border
San Saba	Central Texas	Non-Metro	Non-Border
Schleicher	West Texas	Non-Metro	Non-Border
Scurry	North Texas	Non-Metro	Non-Border
Shackelford	North Texas	Non-Metro	Non-Border
Shelby	East Texas	Non-Metro	Non-Border
Sherman	Panhandle	Non-Metro	Non-Border
Smith	East Texas	Metro	Non-Border
Somervell	North Texas	Non-Metro	Non-Border
Starr	Rio Grande Valley	Non-Metro	Border
Stephens	North Texas	Non-Metro	Non-Border
Sterling	West Texas	Non-Metro	Non-Border
Stonewall	North Texas	Non-Metro	Non-Border
Sutton	West Texas	Non-Metro	Border
Swisher	Panhandle	Non-Metro	Non-Border
Tarrant	North Texas	Metro	Non-Border
Taylor	North Texas	Metro	Non-Border
Terrell	West Texas	Non-Metro	Border
Terry	Panhandle	Non-Metro	Non-Border
Throckmorton	North Texas	Non-Metro	Non-Border
Titus	East Texas	Non-Metro	Non-Border
Tom Green	West Texas	Metro	Non-Border
Travis	Central Texas	Metro	Non-Border
Trinity	East Texas	Non-Metro	Non-Border
Tyler	East Texas	Non-Metro	Non-Border
Upshur	East Texas	Metro	Non-Border
Upton	West Texas	Non-Metro	Non-Border
Uvalde	South Texas	Non-Metro	Border

County Name	HHCNSS Region	Metropolitan Status	Border Status
Val Verde	South Texas	Non-Metro	Border
Van Zandt	East Texas	Non-Metro	Non-Border
Victoria	South Texas	Metro	Non-Border
Walker	Gulf Coast	Non-Metro	Non-Border
Waller	Gulf Coast	Metro	Non-Border
Ward	West Texas	Non-Metro	Non-Border
Washington	Central Texas	Non-Metro	Non-Border
Webb	Rio Grande Valley	Metro	Border
Wharton	Gulf Coast	Non-Metro	Non-Border
Wheeler	Panhandle	Non-Metro	Non-Border
Wichita	North Texas	Metro	Non-Border

County Name	HHCNSS Region	Metropolitan Status	Border Status
Wilbarger	North Texas	Non-Metro	Non-Border
Willacy	Rio Grande Valley	Non-Metro	Border
Williamson	Central Texas	Metro	Non-Border
Wilson	South Texas	Metro	Non-Border
Winkler	West Texas	Non-Metro	Non-Border
Wise	North Texas	Metro	Non-Border
Wood	East Texas	Non-Metro	Non-Border
Yoakum	Panhandle	Non-Metro	Non-Border
Young	North Texas	Non-Metro	Non-Border
Zapata	Rio Grande Valley	Non-Metro	Border
Zavala	South Texas	Non-Metro	Border

2013 HHCNSS Regions



Appendix B: Survey Instrument

Only include data for the

LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

Please complete one survey per agency license number.

Questions with an "*" are required.

1. Please provide the following information about your agency.*

Agency Name:

License No. (for survey tracking purposes only)

Name of administrator:

Email address of admin:

Phone No. of admin (xxx-xxx-xxxx):

Name of person submitting survey:

Title of person submitting survey:

Phone No. of person submitting survey (xxx-xxx-xxxx):

Email of person submitting survey:

2. County Located (Parent Agency): *

Questions with an "*" are required.

2013 HHCNSS

Only include data for the

LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

3. Please provide the following information for all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites whose data are included in this survey.

	Address	Name of Contact Person	Email Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Questions with an “*” are required.

2013 HHCNSS

Only include data for the

LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

4. Please enter the total number of **billable and non-billable nursing visits** during **January 1, 2012- December 31, 2012** regardless of length of time of the visit or payment source. Include all visits made during the reporting period, including visits for patients already on service at the beginning of the reporting period. *

5. If your agency declined any patients during **January 1, 2012- December 31, 2012** due to not having available staff to provide the necessary care, please enter the number of patients declined. Enter "0" if applicable. *

Questions 6 through 9 will help us understand the current and future need of nursing personnel in the licensed and certified home health and hospice agencies in Texas. The data collected in this section will be used to calculate vacancy and turnover rates to indicate the severity of a shortage regionally and statewide.

6. Please note that you are to report FTEs (full-time equivalents) in this question. Only include **regularly scheduled** direct patient care staff. Enter "0" if you have no positions of a given type. *

	Total number of FTEs currently occupied as of April 30, 2013	Total number of vacant FTEs currently being recruited as of April 30, 2013	Total number of vacant FTEs on hold or frozen as of April 30, 2013
Registered Nurses (RNs)			
Advanced Practice Registered Nurses (APRNs) (Only include nurses practicing in an APRN role)			
Licensed Vocational Nurses (LVNs)			
Home Health or Nursing Aides (HHAs/NAs/CNAs)			

7. If you could hire as many direct patient care nursing staff as needed to meet patient demand, how many **additional** FTEs would you hire in the next fiscal year? Enter "0" if no additional staff are needed. *

	FTEs
RNs	
APRNs (Only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

Only include data for the

LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

8. Please report the total number of full-time and part-time direct patient care staff employed in this agency. This is the head count of all full- and part-time direct patient care staff employed in this agency. Only include regularly scheduled direct patient care staff. Do NOT include contract/agency nurses in these counts. Enter "0" if you have no employees of a given type. *

	Full-time workers employed as of <u>01/01/12</u>	Full-time workers employed as of <u>12/31/12</u>	Part-time workers employed as of <u>01/01/12</u>	Part-time workers employed as of <u>12/31/12</u>
RNs				
APRNs (Only include nurses practicing in an APRN role)				
LVNs				
HHAs/NAs/CNAs				

9. Please provide the total number of separations during January 1, 2012 - December 31, 2012. Only include voluntary and involuntary terminations or separations of regularly scheduled direct patient care staff. Do NOT include contract/agency nurses in these counts. Enter "0" if you have no employees of a given type. Please note that you are to report a head count in this question. *

	Headcount
RNs	
APRNs (Only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

10. Please note that you are to report FTEs in this question. How many non-regularly scheduled nursing staff did your agency employ as of April 30, 2013? Please include any temporary staff employed on an as needed basis or used as a method of interim staffing. Only include direct patient care staff. Enter "0" if none. *

	FTEs
RNs	
APRNs (Only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

11. Please report the average number of weeks it currently takes to fill these positions. Enter "N/A" if your agency does not recruit the particular type of nursing personnel.

	Number of weeks
RNs licensed less than 1 year	
RNs licensed more than 1 year with NO home health or hospice experience	
RNs licensed more than 1 year with home health experience	
RNs licensed more than 1 year with hospice care experience	
APRNs (Only include nurses practicing in an APRN role)	
LVNs	
HHAs/NAs/CNAs	

Only include data for the

LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

12. Over the next 2 years, will your agency need fewer, more, or about the same number of the following types of nursing personnel? *

	Fewer	Same	More
RNs licensed less than 1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year with NO home health or hospice experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year with home health experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RNs licensed more than 1 year with hospice care experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APRNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HHAs/NAs/CNAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please specify why your agency will need fewer, more, or about the same number of nursing personnel in the next 2 years.

14. Please rate your experience in the past year with recruiting these types of nursing personnel: *

	Easy			Difficult		N/A
	To				To	
	Recruit				Recruit	
RNs licensed less than 1 year	1	2	3	4	5	
RNs licensed more than 1 year with NO home health or hospice experience	1	2	3	4	5	
RNs licensed more than 1 year with home health experience	1	2	3	4	5	
RNs licensed more than 1 year with hospice care experience	1	2	3	4	5	
APRNs (only include nurses practicing in an APRN role)	1	2	3	4	5	
LVNs	1	2	3	4	5	
HHAs/NAs/CNAs	1	2	3	4	5	

15. Please describe your experiences recruiting nursing personnel in the past year.

Only include data for the

LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

16. On a scale from 1 to 4, where 1=most important, please rank in order of importance when hiring RNs, the weight you assign the following attributes:

- Past relevant (home health or hospice) nursing experience
- Past non-relevant nursing experience
- Bilingual
- Bachelor’s in nursing or higher education

17. Please state any other key attributes you look for when hiring RN staff.

18. In your opinion, how important is bachelor’s in nursing education for RN staff at your agency?

- a. Unimportant
- b. Of little importance
- c. Moderately important
- d. Important
- e. Very important

19. Please provide the following information regarding nursing informaticists within your agency as of April 30, 2013? Enter "0" where applicable. *

	Headcount as of <u>April 30, 2013</u>
Number of nursing informaticists employed	
Number of vacant nursing informaticists positions	

20. Which of these nursing staff retention/recruitment strategies are used by this agency? *Select all that apply.* *

- NONE
- Health insurance
- Retirement plan
- Paid vacation days
- Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)
- Reimbursement for workshops/conferences
- Sign-on bonus
- Bonus for recruiting nursing staff to the agency
- Career ladder positions for RNs/LVNs/APRNs
- Career ladder positions for HHAs/NAs/CNAs
- Flexible scheduling or job sharing
- Shift differential
- Merit bonus
- Sabbatical
- Company car
- Tuition (reimbursement or direct payment for employees/new hires)
- Payback for unused sick/vacation time
- Mileage reimbursement
- Cell phone allowance
- Other (*please specify*)

Only include data for the

LICENSED AND CERTIFIED parent agency and all LICENSED AND CERTIFIED branch offices and/or alternative delivery sites operating under the parent agency.

21. What consequences has your agency experienced in the past year as a result of an inadequate supply of nursing personnel? *Select all that apply.* *

- We had an adequate supply of nursing personnel.
- Increased workloads
- Low nursing staff morale
- Declined referrals
- Inability to expand services
- Increase in voluntary overtime
- Delayed admissions
- Wage increases
- Increased nursing staff turnover
- Increased use of temporary/agency nurses
- Delays in providing care
- Increased patient/family complaints
- Increased absenteeism
- Increased number of incident reports
- Difficulty completing required documentation on time
- Using administrative staff to cover nursing visits
- Other (*please specify*)

22. Please use the space below to make comments about this survey.

Appendix C: Operational Definitions

Home Health and Hospice Care Nurse Staffing Study

(HHCNSS)

Operational Definitions

Administrator - The person who is responsible for the day-to-day operations of an agency.

Advanced practice registered nurse - A registered nurse approved by the Board of Nursing to practice as an advanced practice nurse based on completing an advanced educational program acceptable to the Board. The term includes a nurse practitioner, nurse-midwife, nurse anesthetist, and a clinical nurse specialist.

Agency - A home and community support services agency.

Alternate delivery site - A facility or site, including a residential unit or an inpatient unit:

- (A) that is owned or operated by an agency providing hospice services;
- (B) that is not the hospice's principal place of business. For the purposes of this definition, the hospice's principal place of business is the parent office for the hospice;
- (C) that is located in the geographical area served by the hospice; and
- (D) from which the hospice provides hospice services.

Branch office - A facility or site in the service area of a parent agency from which home health or personal assistance services are delivered or where active client records are maintained. This does not include inactive records that are stored at an unlicensed site.

Experienced RNs - an RN who has one or more years of nursing experience involving direct patient care.

Full-time - a nurse who works a full work week and full work year, as defined by the employer.

Full-time equivalents (FTEs) - the equivalent of one (1) full-time employee working for one year or a staff position budgeted for 2,080 hours per year. This is generally calculated as 40 hours per week for 52 weeks (or other

variations such as 80 hours in a 14 day time frame), for a total of 2,080 paid hours per year. This includes both productive and non-productive (vacation, sick, holiday, education, etc.) time. Two employees each working 20 hours per week for one year would be the same as one FTE.

Home health aide - An individual working for an agency who meets at least one of the requirements for home health aides as defined in §97.701 of the Texas Administration Code.

Licensed and Certified Home Health / Hospice Agency - a home and community support services agency, or portion of the agency that is licensed to provide home health/hospice services through the Department of Aging and Disability Services (DADS) and is certified by an official of the Department of Health and Human Services as in compliance with conditions of participation in Social Security Act, Title XVIII (42 United States Code (USC) §1395 et seq.).

Licensed Vocational Nurses (LVNs) - an individual who holds a current license to practice as a practical or vocational nurse in Texas or a compact state.

Newly Licensed RNs - an RN who has been licensed for less than one year.

Nurse Aides (NAs) - individuals who assist nursing staff in the provision of basic care to clients and who work under the supervision of licensed nursing personnel. Included in, but not limited to, this category are certified nurse aides, nurse aides, nursing assistants, orderlies, attendants, personal care aides, medication technicians, unlicensed assistive personnel and home health aides.

Parent agency - an agency that develops and maintains administrative controls and provides supervision of branch offices and alternate delivery sites.

Part-time - a nurse who works less than full-time, as defined by the employer.

Registered Nurses (RNs) - an individual who holds a current license to practice within the scope of professional nursing in Texas or a compact state. This includes diploma degree RNs, associate degree RNs, and

baccalaureate degree RNs.

Separations - the number of people (head count) who left your organization in the specified time frame. Include voluntary and involuntary terminations or separations. Do NOT count contract/temporary labor, students in training, travelers or separations due to illness or death in the termination or separation numbers. Do not include within-organization transfers.

Visits - direct face-to-face contact with a client for the

purpose of delivering service regardless of length of time of the visit or payment source. Include all visits made during the report year, including visits for patients already on service at the beginning of the report year.

Appendix D: Methods of Calculation: Vacancy and Turnover Rates

Vacancy

This report provides the position vacancy rate and the median facility vacancy rate for each of the nurse types. The two methods for calculating vacancy rates describe two different considerations: the position vacancy rate describes the proportion of all full-time equivalent (FTE) positions that are vacant across all responding agencies, whereas the median facility vacancy rate provides the midpoint of vacancy rates among all agencies, regardless of agency or staff size.

In this report, the regional position vacancy rate was calculated by taking the sum of all vacant RN FTE positions in each DSHS health service region, dividing it by the total of all FTE positions, occupied or vacant, in each region and multiplying by 100. This was also done for the statewide position vacancy rate and for the MSA/border designation position vacancy rate. FTE positions are defined as the total number of occupied and vacant FTE positions in the agency. Vacant FTE positions are defined as the total number of FTE positions that were vacant in the agency regardless of whether they were being actively recruited or were on hold or frozen.

Regional position vacancy rate = $(\sum \text{Vacant FTE positions being recruited, on hold or frozen in a region}) / (\sum \text{Occupied and vacant FTE positions in a region}) \times 100$

MSA/Border Designation position vacancy rate = $(\sum \text{Vacant FTE positions being recruited, on hold or frozen in an MSA/border designation}) / (\sum \text{Occupied and vacant FTE positions in an MSA/border designation}) \times 100$

Statewide position vacancy rate = $(\sum \text{Vacant FTE}$

positions being recruited, on hold or frozen across the state) / $(\sum \text{Occupied and vacant FTE positions across the state}) \times 100$

The facility vacancy rate was calculated by dividing the number of vacant FTE positions in an agency by the total number of FTE positions (occupied and vacant) in that agency and multiplying by 100. Median values were used over mean values because medians are less sensitive to outliers.

Facility vacancy rate = $(\sum \text{Vacant FTEs being recruited, on hold or frozen in a facility}) / (\sum \text{Occupied and vacant FTE positions in a facility}) \times 100$

When vacancy rate is calculated for each individual agency, the median facility vacancy rate represents the middle value for all agencies.

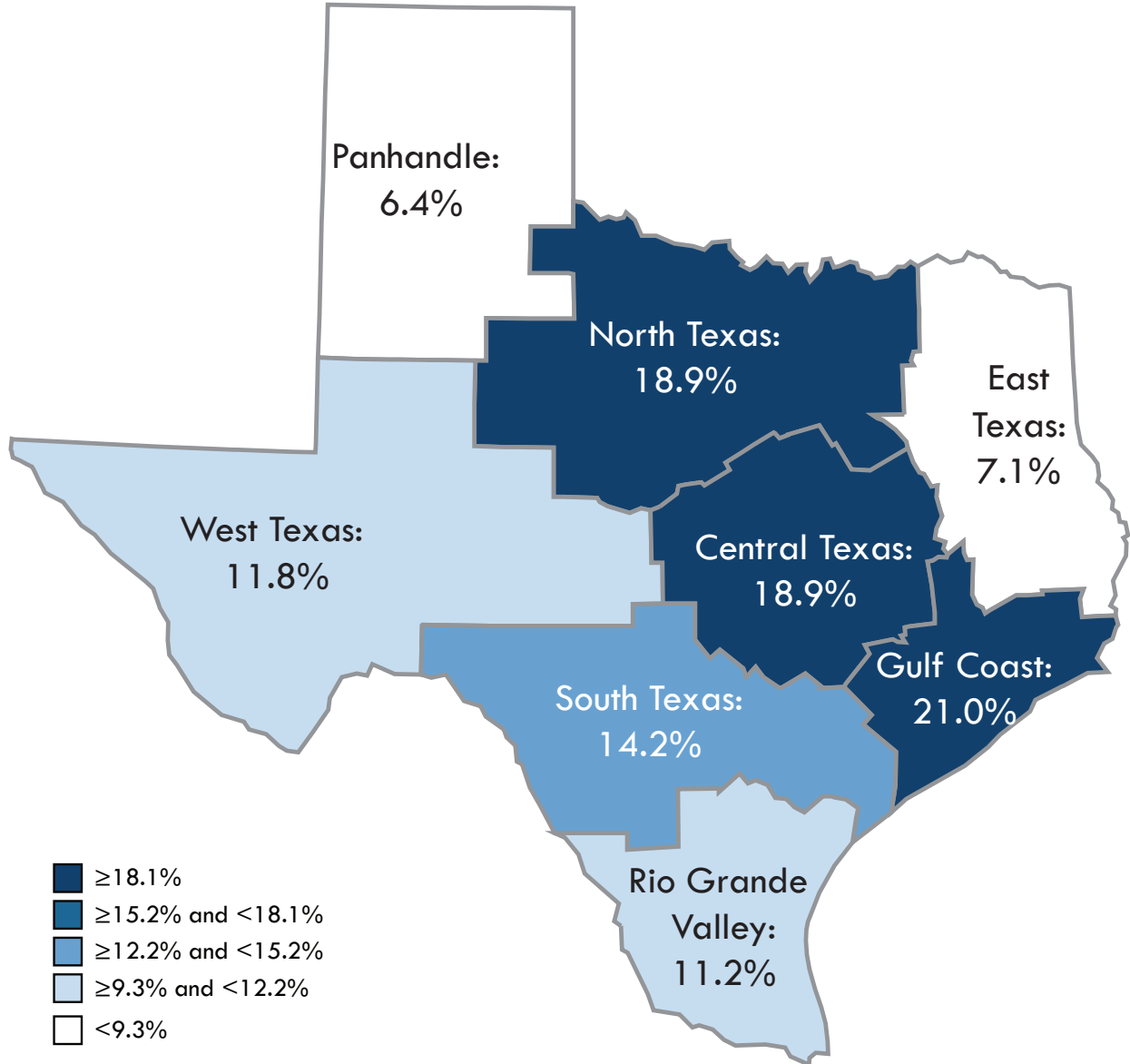
Turnover

The facility turnover rate was calculated by dividing the total number of separations in an agency by the average number of employees (both full-time and part-time) the agency had during the reporting period (01/01/2012 to 12/31/2012). That number was then multiplied by 100. The survey instrument asked agencies to provide the number of full and part-time positions at two points (1/1/2012 and 12/31/2012) and the numbers provided were then used to calculate the average number of employees.

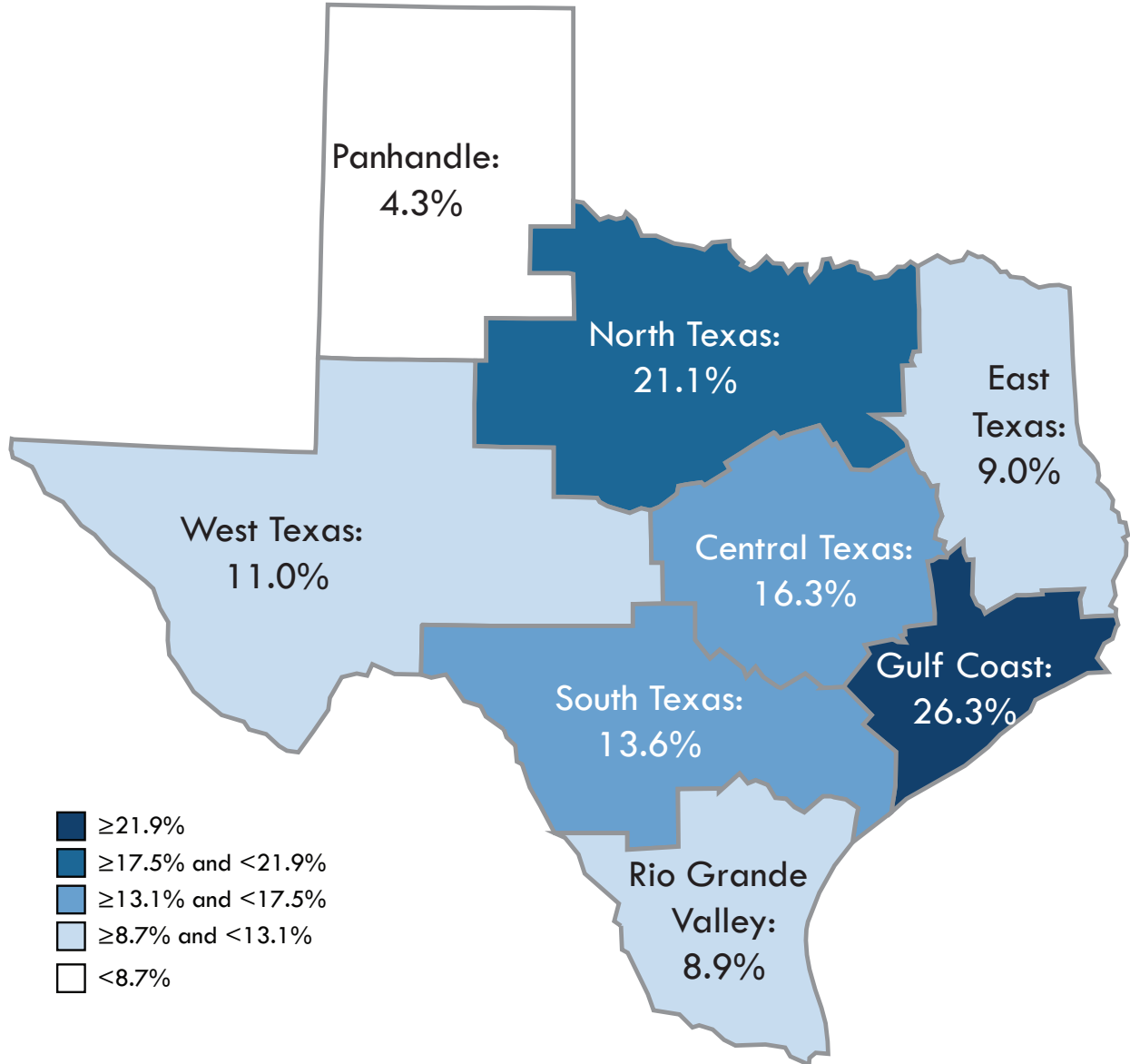
Facility turnover rate = $\text{Total Number of Separations} \times 100 / (\text{Average \# Full-time}) + (\text{Average \# Part-time})$

When turnover rate is calculated for each individual agency, the median facility turnover rate represents the middle value for all agencies.

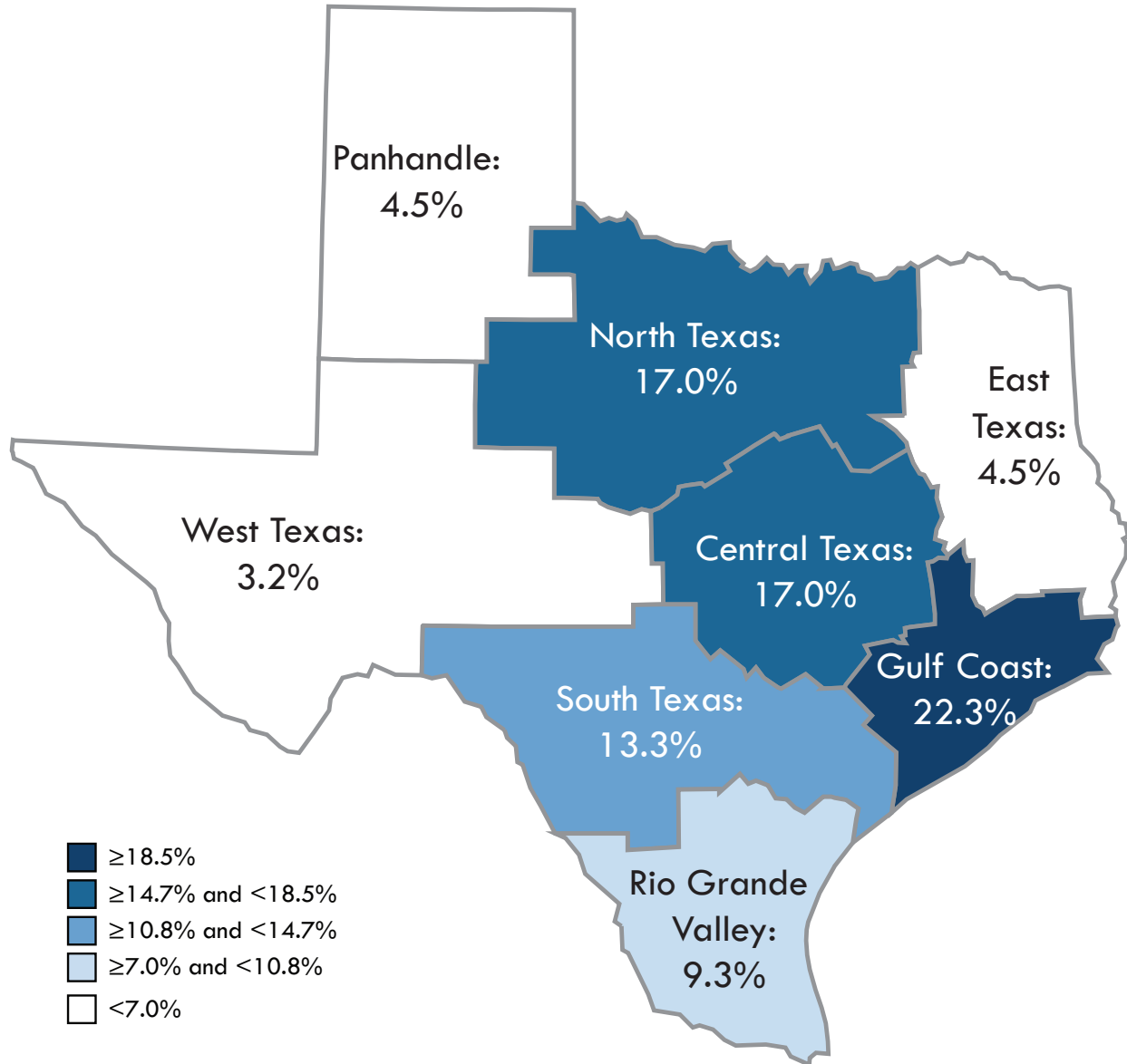
2013 RN vacancy rates by health service region



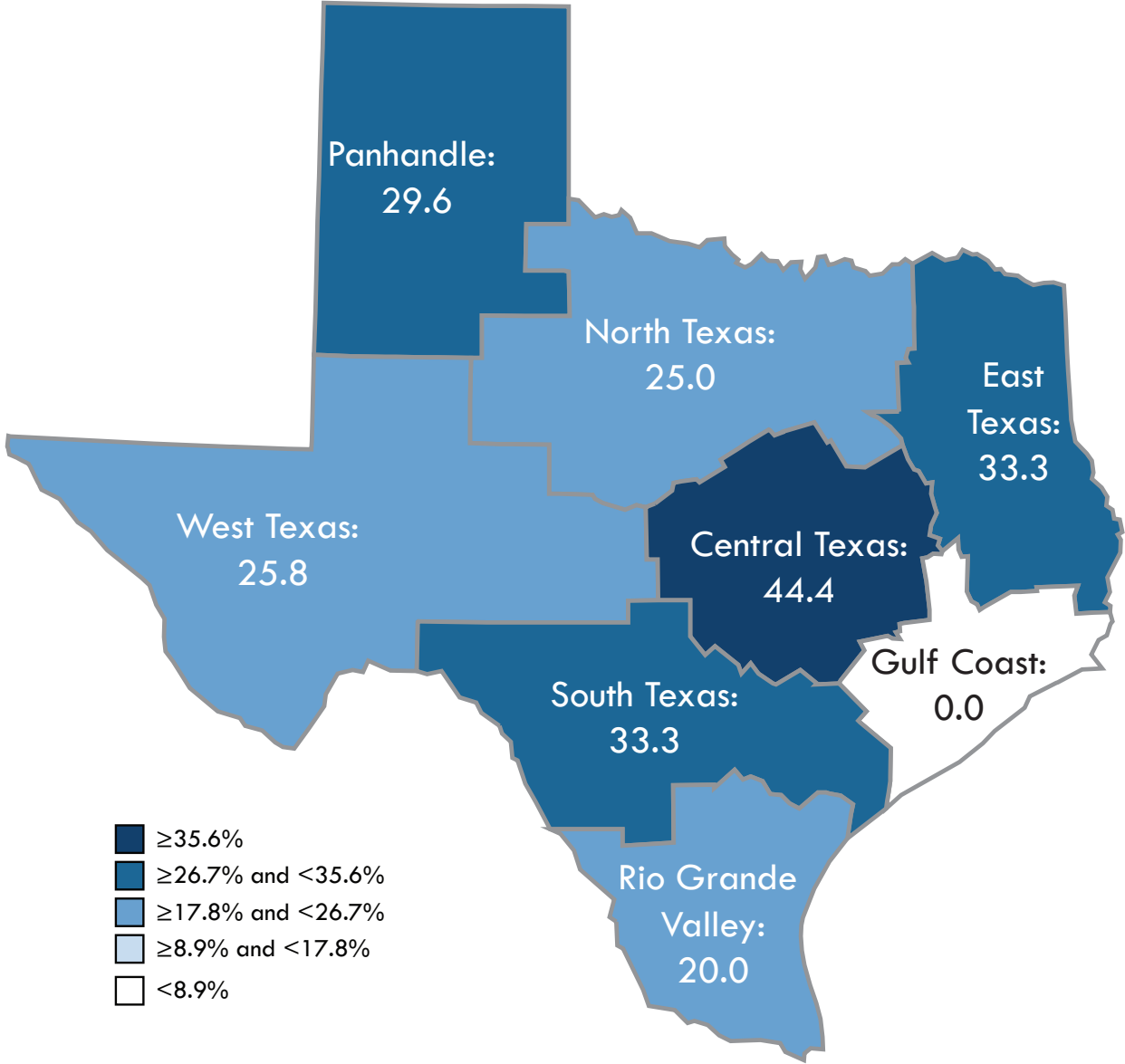
2013 LVN vacancy rates by health service region



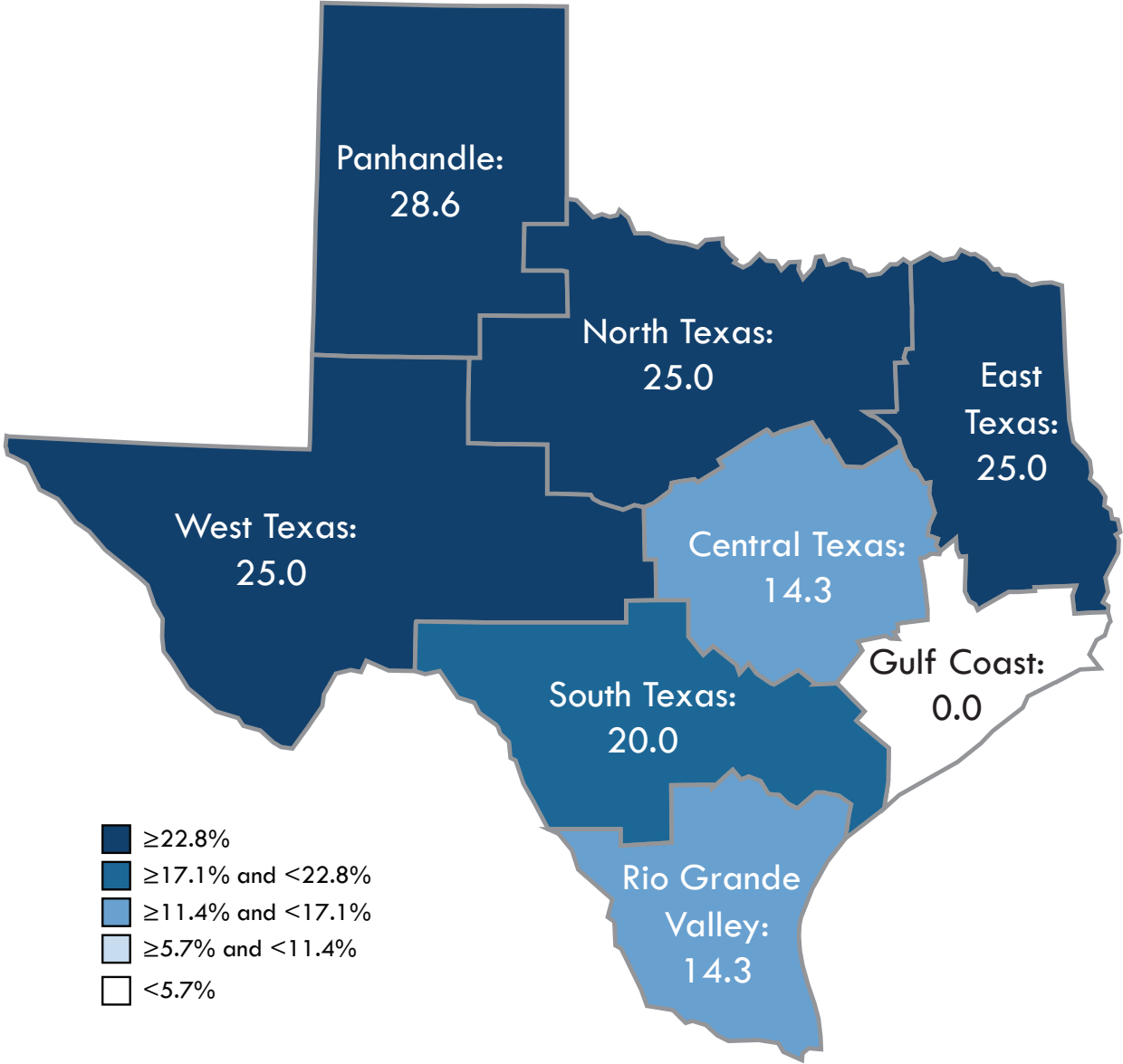
2013 HHA/NA/CNA vacancy rates by health service region



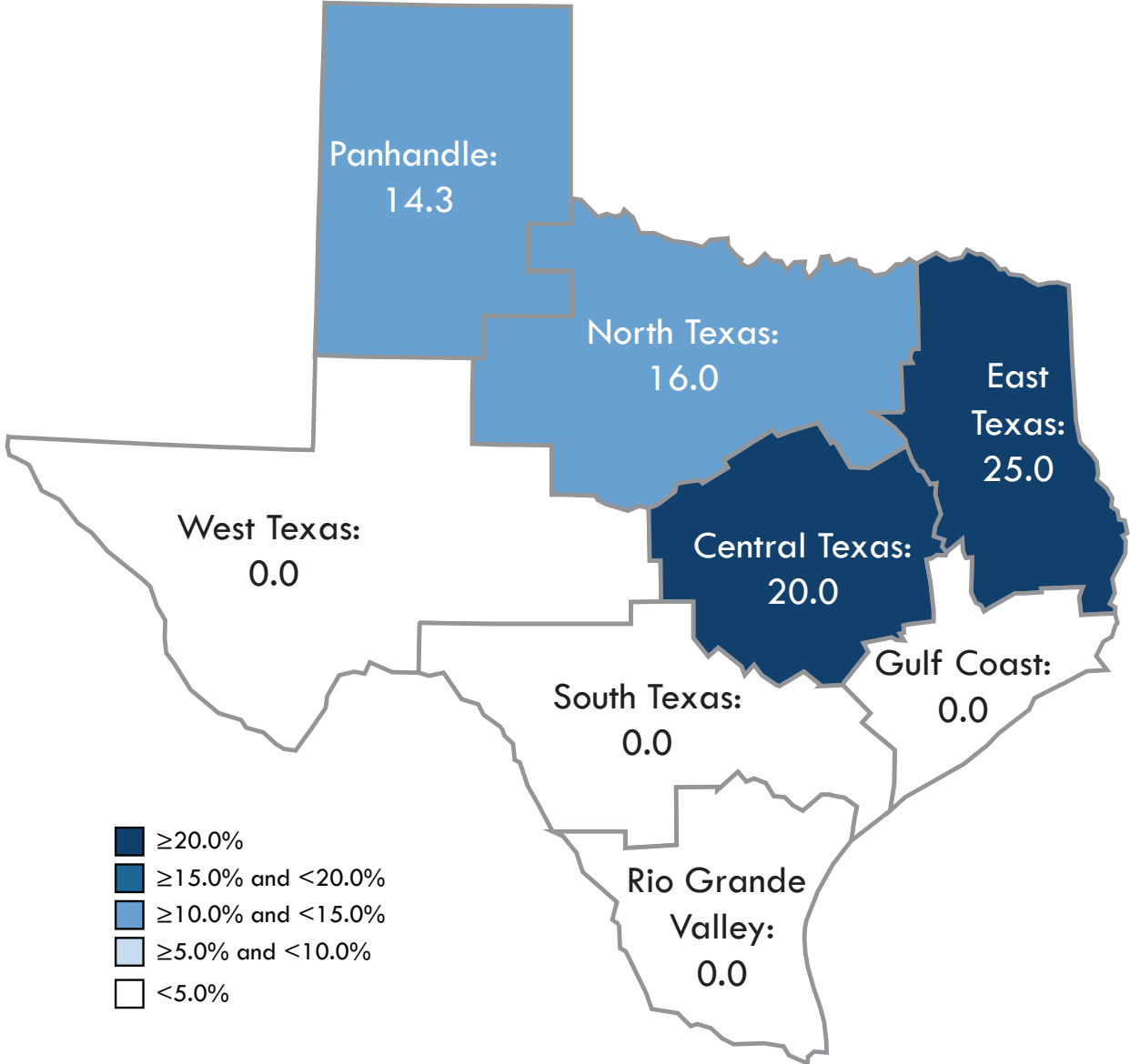
2013 Median RN turnover by health service region



2013 Median LVN turnover by health service region



2013 Median HHA/NA/CNA turnover by health service region



Appendix F: Agency Population Map

