The Home Health and Hospice Care Nurse Staffing Study (HHHCNSS) assesses nurse staffing and related issues in home health and hospice agencies. In 2022, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HHHCNSS to 303 Texas home health and hospice agencies with a patient census of at least 250. Respondents provided data for 85 agencies for a response rate of 28.1%. These agencies were representative of Texas home health and hospice agencies by geographic designation and agency type. Data is compared to 2017 numbers as the 2019 survey had too low of a response rate to report. It is important to note that between the 2017 and 2022 HHHCNSS, the COVID-19 pandemic occurred.

This report presents the relevant findings of this survey related to staffing practices at Texas home health and hospice agencies. It also describes the need for additional nursing staff as well as the impact of COVID-19 on nurse staffing.

Staff Mix

The 85 responding agencies reported a total of 1,794 full-time equivalents (FTEs). Figure 1 presents the percent of filled home health and hospice FTE positions reported by respondents by nursing staff type.

- Registered nurses (RNs) made up the largest proportion of nursing staff positions (43.7%).
- 25.4% of nursing staff were home health and nursing aides (HHAs/NAs/CNAs).
- Licensed vocational nurses (LVNs) made up almost one third of nursing staff positions (30.9%).

Table 1 displays the nursing staff mix by region.

- Respondents in Central Texas reported having the highest proportion of RNs (51.7%), while respondents in North Texas had the lowest (38.2%).
- The Rio Grande Valley and the Panhandle had higher proportions of LVNs than RNs. The Rio Grande Valley reported that 40.3% of nursing staff were RNs and 52.7% were LVNs while the Panhandle reported 42.0% RNs and 50.7% LVNs.
- North Texas had the lowest proportion of LVNs with only 19.5%.
- North Texas respondents reported the highest proportion of HHAs/NAs/CNAs positions (42.3%), an increase from 30.2% in 2017. The lowest proportions of HHAs/NAs/CNAs was in Central Texas (3.5%) and East Texas (3.6%).
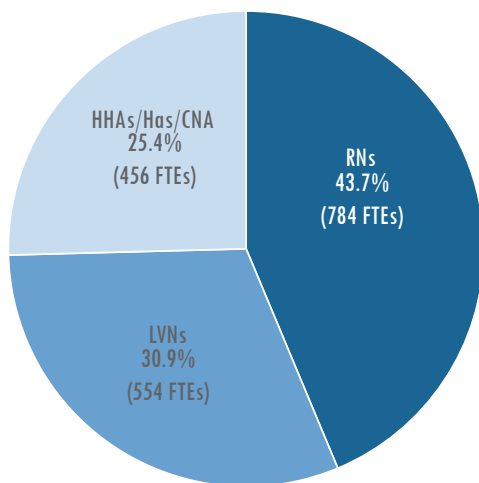
Figure 1. Nursing staff mix

HHAs/Has/CNA 25.4% (456 FTEs)
RNs 43.7% (784 FTEs)
LVNs 30.9% (554 FTEs)

Table 1. Nursing staff mix by region

Region	RNs	LVNs	HHAs/NAs/CNAs
Panhandle	42.0%	50.7%	7.2%
Rio Grande Valley	40.3%	52.7%	7.0%
North Texas	38.2%	19.5%	42.3%
East Texas	50.9%	45.5%	3.6%
Gulf Coast	49.0%	26.8%	24.3%
Central Texas	51.7%	44.8%	3.5%
South Texas	50.2%	35.3%	14.5%
West Texas	44.0%	36.5%	19.5%

Non-Regularly Scheduled Staff

Respondents were asked to provide the number of non-regularly scheduled FTE nursing staff employed as of January 21, 2022. Respondents reported employing a total of 379 non-regularly scheduled FTEs. Figure 2 presents the percentage of temporary staff by nursing staff type.

- 48.3% of temporary nursing staff were RNs, which represented the largest proportion of temporary staff.

- Temporary HHAs/HAs/CNAs FTEs comprised the lowest proportion of temporary nursing staff (16.6%).

Figure 2. Percentage of non-regularly scheduled nursing staff by nursing staff type
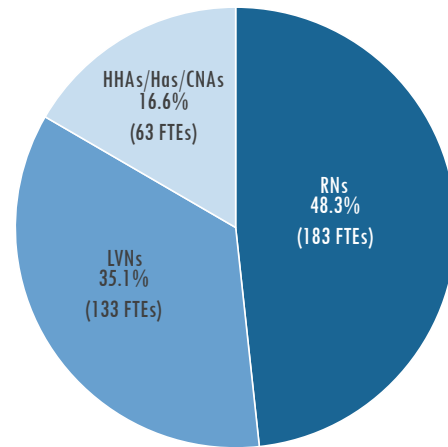
Additional Staff Needed

Respondents were asked how many additional FTEs they would hire in the next fiscal year if they were able to hire as many direct patient care nursing staff needed to meet patient demand (Table 2).

- Respondents reported they would hire a total of 528 nursing staff FTEs in the next fiscal year to meet patient demand if able.

- 64 of 85 respondents (75.3%) would hire additional RNs if able.

Respondents were asked if they would need fewer, more, or about the same number of nursing staff over the next 2 years (Figure 3, page 3).

- 45 of 69 responding agencies (65.2%) reported they would need more RNs with no home health or hospice experience.

- 69 out of 82 responding agencies (84.1%) reported they would need more RNs with more than 1 year of home health and/or hospice experience.

- 63 out of 78 responding agencies (80.8%) reported they would need more LVNs.

- 41 of 71 responding agencies (57.7%) reported they would need more HHAs/HAs/CNAs.

Respondents were also asked why they would need fewer, more, or about the same number of nursing personnel over the next two years. Table 3 shows these reasons selected by respondents who indicated needing more nursing staff .

- Respondents most commonly selected patient census as their reason for needing more nursing staff, regardless of nursing staff type.

Table 2. Number of additional FTEs respondents would hire next fiscal year if able, by nursing staff type

Nursing Staff Type	n	Additional FTEs
RNs	64	176
LVNs	63	186
HHAs/NAs/CNAs	56	166
Total	-	528

Note: n=number of respondents that reported additional nursing staff

- "Other" reasons written in by respondents for needing more nursing staff over the next 2 years included staffing shortage and inexperience (8 responses).

Table 3. Reasons respondents need more nursing staff over the next 2 years

	RNs licensed more than 1 year with NO home health or hospice experiencence (n=69)	RNs licensed more than 1 year with home health and/or hospice experience (n=82)	LVNs (n=78)	HHAs/HAs/CNAs (n=71)
Patient Census	50	69	70	55
Patient Acuity	23	32	26	18
Budget concerns	11	9	15	10
Retiring Staff	8	15	11	6
Staffing Turnover	33	30	27	16
Other	4	2	1	1

Note: n=number of respondents that reported needing more nursing staff

Figure 3. Forecasting the need for nursing staff over the next 2 years
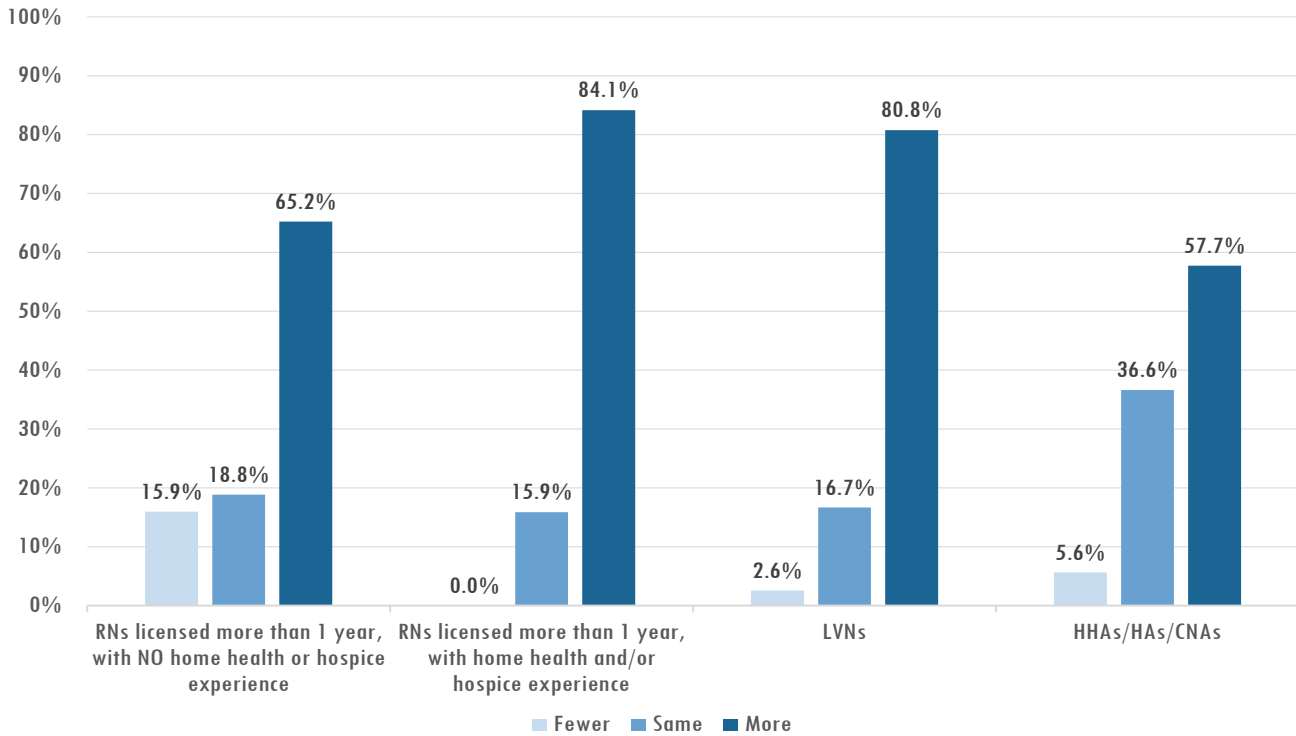
Recruitment and Retention

41 out of the 85 responding agencies (48.2%) declined patients during 2021 for a total of 4,874 declined patients due to not having available staff to provide the necessary care.

Table 4 presents the number of agencies that found it difficult to fill nursing positions. It also shows how long it took to fill the positions.

- RNs with at least a year of home health and/or hospice experience were the most difficult positions to fill with 88.2% of agencies indicating it was difficult.
- 34.1% of responding agencies also said that experienced home health and/or hospice RN positions took 91+ days to fill.
- HHAs/NAs/CNAs were found to be the least difficult positions to fill (comparatively) and 42.4% of responding agencies said the positions were filled in 1-30 days.

Table 4. Percentage of respondents that indicated they had difficulty filling nursing positions and how long it took to fill those positions

	RNs licensed more than 1 year with NO home health or hospice experiencence	RNs licensed more than 1 year with home health and/or hospice experience	LVNs	HHAs/HAs/CNAs
Percent of agencies that indicated they had difficulty filling nursing positions	60.0%	88.2%	65.9%	48.2%
Average length to fill positions				
1-30 days	22.1%	17.1%	26.3%	42.4%
31-60 days	38.2%	29.3%	34.2%	25.4%
61-90 days	13.2%	19.5%	17.1%	11.9%
91+ days	26.5%	34.1%	22.4%	20.3%

Table 5. Number and percentage of respondents engaging in each recruitment and retention strategy (n=78)

Recruitment and Retention Strategies	Number of Respondents	Percentage of Respondents
Health insurance	67	85.9%
Paid time off	65	83.3%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	58	74.4%
Retirement plan	43	55.1%
Flexible scheduling or job sharing	40	51.3%
Bonus for recruiting nursing staff to the organization	37	47.4%
Sign-on bonus	35	44.9%
Reimbursement for workshops/conferences	34	43.6%
Career ladder positions for RNs/LVNs/APRNs	29	37.2%
Tuition (reimursement or direct payment for employees/ new hires)	26	33.3%
Payback for unused sick/vacation time	26	33.3%
Financial assistance in receiving certifications or further education	20	25.6%
Merit Bonus	19	24.4%
Shift differential	17	21.8%
Career Ladder Positions for HHAs/NAs/CNAs	15	19.2%
Other	12	15.4%
Sabbatical	0	0.0%

Note: Respondents could select more than one recruitment/retention strategy; n=number of respondents who selected at least one recruitment/retention strategy

Table 5 lists the type of recruitment and retention strategies agencies engage in to increase and maintain staffing.

- 4 agencies indicated that they do not engage in any recruitment or retention strateges.
- Of the provided list, health insurance was the most common strategy with 85.9% saying they provided it.
- Of the 12 agencies that selected "other" for the recruitment/retention strategies, 6 mentioned some sort of car or mileage program incentive. 1 agency offered phone and internet reimbursement. Other strategies included higher salaries, paid holidays, retention bonuses, quarterly bonuses, and birthday bonuses.
- Agencies were also asked to rank the importance of recruitment and retention interventions. 36 agencies said a pay increase would have the greatest impact on nurse retention. 15 agencies indicated that effective management/leadership is the intervention to have the greatest impact on retention of nurses and other direct patient care staff.
- Only 1 agency said that employee recognition has the greatest impact on retention.

Impact of COVID-19

Respondents selected consequences they experienced due to the COVID-19 pandemic (Table 6).

- Only 4 of the 78 responding agencies (5.1%) reported having no consequences due to COVID-19.
- The most common consequences were insufficient staffing, nurses leaving for travel nurse jobs, increased number of declined patients, and nurses leaving due to COVID-19 illness.
- "Other" responses included employee death due to COVID-19, nurses not wanting to see COVID-19 positive patients, and patient census being limited because they were not able to see their doctors or didn't want nurses in their homes for fear of infection.

Table 6. Number and percentage of respondents experiencing consequences due to COVID-19 (n=78)

Consequence	Number of Respondents	Percentage of Respondents
Insufficient staffing	53	67.9%
Nurses leaving for travel nurse jobs	44	56.4%
Increased number of declined patients	42	53.8%
Nurses leaving due to COVID illness	40	51.3%
Financial instability	27	34.6%
Nurses leaving the profession	19	24.4%
Nurses retiring early	17	21.8%
Other	13	16.7%
No consequences due to COVID-19	4	5.1%

Note: Respondents could select more than one consequence; n=number of respondents who selected at least one consequence

Table 7 lists the changes in staffing models reported by 69 agencies.

- 19 of the 69 responding agencies (27.5%) didn't make any changes to their staffing models.
- The most reported change to staffing models was increased pay and increased bonuses reported by 9 of the 69 reporting agencies (13.0%).
- Agencies also implemented telehealth visits, increased safety precautions and personal protective equipment (PPE) to prevent COVID spread, and increased staffing to help with an increased patient census due to COVID.

Agencies were also asked which of these changes they would continue implementing as COVID slows.

- 16 agencies said they would continue implementing all changes they started due to COVID.
- 16 agencies said they would continue increasing staffing, both general and PRN, as needed and continue strengthening recruitment efforts.
- 7 agencies indicated they would continue with increased payments, bonuses, and incentives.

Table 7. Number and percentage of respondents who changed their staffing models due to COVID-19 (n=69)

Changes in staffing model	Number of Respondents	Percentage of Respondents
No changes to staffing model	19	27.5%
Increased pay and/or added bonuses	9	13.0%
Incorporated telehealth visits	6	8.7%
Increased PPE and COVID safety precautions	6	8.7%
Increased staffing and use of staffing agencies	6	8.7%
Administrators helped in the field when needed	5	7.2%
Increased recruiting efforts	4	5.8%
Used certain nurses specifically for COVID patients to decrease risk of infection	4	5.8%
Hired more "as needed" nurses (PRNs)	3	4.3%
Increased education and training of existing nurses	3	4.3%

Note: Respondents could select more than one staffing model change; n=number of respondents who wrote in at least one change

Conclusion

RNs made up the largest proportion of nursing staff in home health and hospice agencies (43.7%), followed by LVNs (30.9%), and HHAs/NAs/CNAs (25.4%). Central Texas reported the highest proportion of RNs (51.7%), the Rio Grande Valley reported the highest proportion of LVNs (52.7%), and North Texas reported the highest proportion of HHAs/NAs/CNAs (42.3%).

Respondents would reportedly add 528 nursing FTEs in the next fiscal year in order to meet patient demand if they were able.

45 of 69 responding home health and hospice care agencies (65.2%) reported needing more RNs with no home health or hospice experience. 69 out of 82 (84.1%) reported needing more RNs with more than 1 year of home health and/or hospice experience. 63 out of 78 (80.8%) reported needing more LVNs.

74 of the total 85 respondents (87.1%) reported experiencing consequences as a result of the COVID-19 pandemic. The most common consequences experienced were insufficient staffing, nurses leaving for travel nursing jobs, an increased number of declined patients, and nurses leaving due to COVID-19 illness.

50 of the total 85 respondents (58.8%) reported making changes to their staffing models due to COVID-19. The most reported change was an increase in pay and bonuses with 9 agency responses (13.0%). 16 out of 69 agencies (23.2%) said they would continue implementing with all of their staffing model changes.

Recommendation 1

Home health and hospice care need 528 more nursing staff in the next year to meet patient demand. COVID-19 contributed to insufficient staffing, with 67.9% of agencies responding that this has been a consequence throughout the pandemic. Further, 53.8% of responding agencies said that an increased number of declined patients was a consequence of COVID-19. As it stands, a total of 4,874 patients were declined across 80 Texas agencies due to lack of staff in 2021. Without enough nursing staff, patients must wait longer for care or stay in inpatient units until care becomes available. The median facility turnover rate for LVNs and RNs were 30.0% and 26.7%, respectively, and staffing turnover was the second most selected reason that agencies would need more nursing staff over the next 2 years.

According to the 2022 Employer Surveys administered by the Texas Center for Nursing Workforce Studies, 36 agencies indicated that a pay increase is the most effective strategy for recruitment and retention of nursing staff. Nine agencies indicated they increased pay and/or bonuses for their staff due to COVID-19 to retain their staff. However, agency reimbursement is regulated by the inpatient hospital market pay and then lowered based on a factor mandated by the Affordable Care Act meaning hospice agencies will always be reimbursed at a lower rate than hospitals and therefore will not be able to pay their nursing staff as much.[1] This drives competition in the nursing workforce with more nurses choosing to make more money through inpatient care.

- The reimbursement rate for home health and hospice care should be reevaluated so these agencies can offer their nursing staff a more competitive wage.

Recommendation 2

Throughout the pandemic, nurses have been leaving their positions to accept jobs with staffing agencies. According to the Texas Nurses Association, in 2020 pay for nurses generally ranged from $40-$75 an hour. During the pandemic, staffing agencies were increasing those salaries to $90-$150 an hour.[2]

Of the responding agencies, 56.4% said that nurses leaving for travel nurse jobs was a consequence of the pandemic.

Further, 34.6% of responding agencies said that financial instability was a consequence of the pandemic, indicating that increasing pay to compete with these staffing agencies is impossible. Senate Bill 49 in the 87th legislation, prohibiting the use of government funds to pay for travel nurses by hospitals, was filed and reviewed on October 5, 2021. However, this bill was never approved.

- Home health and hospice agencies should support legislation limiting payment for traveling nurses in future legislative sessions in order to avoid nurses leaving for inflated pay.

Recommendation 3

Effective management/leadership was chosen as the most important intervention for recruitment/retention of nursing staff by 19.2% of responding agencies. Recruitment and retention strategies are an important focus as 24.4% of responding agencies said that nurses leaving the profession was a consequence of COVID-19.

- In order to help recruit and retain nursing staff, and to create a more positive work environment, home health and hospice agencies should encourage management/leadership training for their managers. This will help managers learn to navigate their roles in administration and working in the field. This can include trainings in customer service and business empathy.

- Home health and hospice agencies, and nursing programs, should encourage trainings for nursing staff and students to help reduce burnout, cope with stress in the workplace, and develop strategies for work-life balance.

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[1] MLN Matters. (2021). Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospic Pricer for FY 2022. https://www.cms.gov/files/document/mm12354.pdf

[2] Texas Nurses Association. 2021. Practice tip of the week; Staffing provisions explained. https://www.texasnurses.org/news/577810/Practice-Tip-of-the-Week--Staffing-Provisions-Explained.htm#:~:text=Of%20those%2023%2C000%20individuals%2C%206%2C000,per%20hour%20depending%20on%20specialty