



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

This report presents 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 consequences of inadequate nurse staffing.

## Staff Mix

Figure 1 presents the percent of filled home health and hospice full-time equivalent (FTE) positions reported by respondents by nursing staff type.

- Registered nurses (RNs) made up the largest proportion of nursing staff positions (44.5%).
- 21.6% of nursing staff were home health and nursing aides (HHAs/NAs/CNAs).
- Licensed vocational nurses (LVNs) made up roughly one third of nursing staff positions (33.4%).
- Advanced practice RNs (APRNs) composed 0.5% of nursing staff positions.

Table 1 displays the nursing staff mix by region.

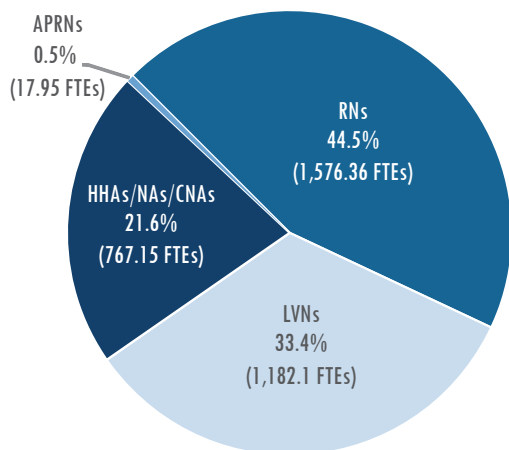
- Respondents in the Panhandle reported having the highest proportion of RNs (54.6%), while respondents in the Rio Grande Valley had the lowest (34.5%).

- The Rio Grande Valley was the only region with a higher proportion of LVNs (51.2%) than RNs (34.5%).
- North Texas respondents reported the highest proportion of HHA/NA/CNA positions (30.2%) compared to the lowest proportion in the Rio Grande Valley (13.5%).

Table 1. Nursing staff mix by region

Region	RNs	APRNs	LVNs	HHAs/NAs/CNAs
Central Texas	52.0%	0.6%	22.5%	24.9%
East Texas	45.4%	0.9%	33.2%	20.5%
Gulf Coast	47.3%	0.8%	27.4%	24.5%
North Texas	45.7%	0.4%	23.7%	30.2%
Panhandle	54.6%	0.0%	22.7%	22.7%
Rio Grande Valley	34.5%	0.8%	51.2%	13.5%
South Texas	43.6%	0.4%	39.3%	16.7%
West Texas	38.5%	0.4%	32.4%	28.7%

Figure 1. Nursing staff mix



## Nurse Informaticists

In 2017, 15 respondents reported employing a total of 42 nurse informaticists. Table 2 (page 2) shows the number of nurse informaticists by agency type.

- The majority of nurse informaticists were in home health agencies (70.0%)

**Table 2. Number of nurse informaticists by agency type**

Agency Type	Number of Nurse Informaticists (Percentage of all Nurse Informaticists)
Home Health	28 (70.0%)
Hospice	5 (12.5%)
Combined	7 (17.5%)

### Non-Regularly Scheduled Staff

Respondents were asked to provide the number of non-regularly scheduled FTE nursing staff employed as of January 27, 2017. Respondents reported employing a total of 919.72 non-regularly scheduled FTEs. Figure 2 presents the percentage of temporary staff by nursing staff type.

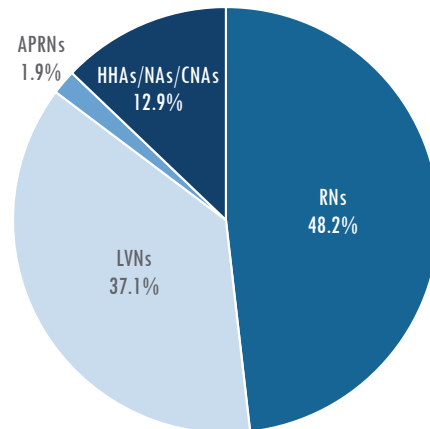
- 48.2% of temporary nursing staff were RNs, which represented the largest proportion of temporary staff.
- Temporary APRN FTEs comprised the lowest proportion of temporary nursing staff (1.9%).

### RN Degree Type

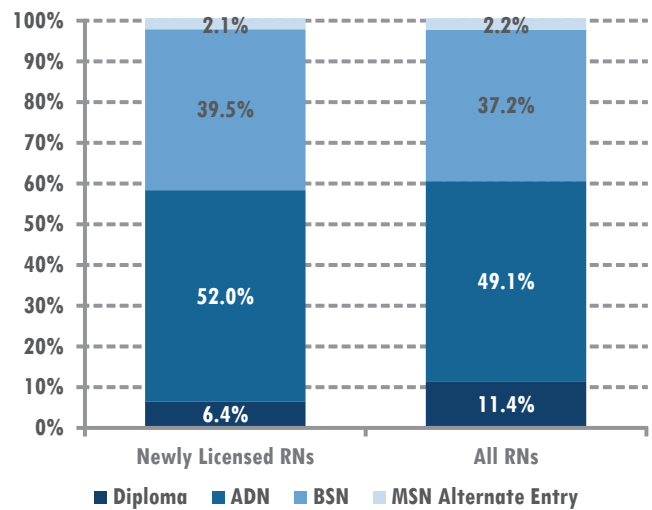
Respondents reported the degree types of newly licensed RNs hired and of all RNs employed during the agency's last fiscal year (Figure 3).

- The proportions of degree type were similar between newly licensed RNs and all RNs.

**Figure 2. Percentage of non-regularly scheduled nursing staff by nursing staff type**



**Figure 3. Newly licensed RNs hired and all RNs employed last fiscal year by degree 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 3).

- Respondents reported they would hire a total of 832.75 nursing staff FTEs in the next fiscal year to meet patient demand if they were able.
- A majority of respondents would not hire any APRNs or HHAs/NAs/CNAs in the next fiscal year.
- 98 of 209 respondents (46.9%) would not hire any LVNs, and 70 of 212 respondents (33.0%) would not hire any RNs.

**Table 3. Number of additional FTEs respondents would hire next fiscal year if able, by nursing staff type**

Nursing Staff Type	n	Additional FTEs
RNs	142	335
APRNs	8	30
LVNs	111	282.75
HHAs/NAs/CNAs	81	185
Total	-	832.75

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



Respondents were asked if they would need fewer, more, or about the same number of nursing staff over the next 2 years (Figure 4).

- 121 of 179 home health agency respondents (67.6%) reported they would need more RNs with more than 1 year of home health experience.
- 35 of 41 hospice agency respondents (85.4%) forecasted needing more RNs with more than 1 year of hospice care experience.
- A majority of respondents reported they would need about the same number of RNs licensed less than 1 year, RNs licensed more than 1 year with no home health or hospice experience, and APRNs.
- 107 of 213 respondents (50.2%) reported needing more LVNs, and 86 of 213 respondents (40.4%) reported needing more HHAs/NAs/CNAs over the next two years.

Respondents were also asked why they would need fewer, more, or about the same number of nursing personnel over the next two years. Table 4 shows these reasons selected by respondents who indicated needing more nursing staff.

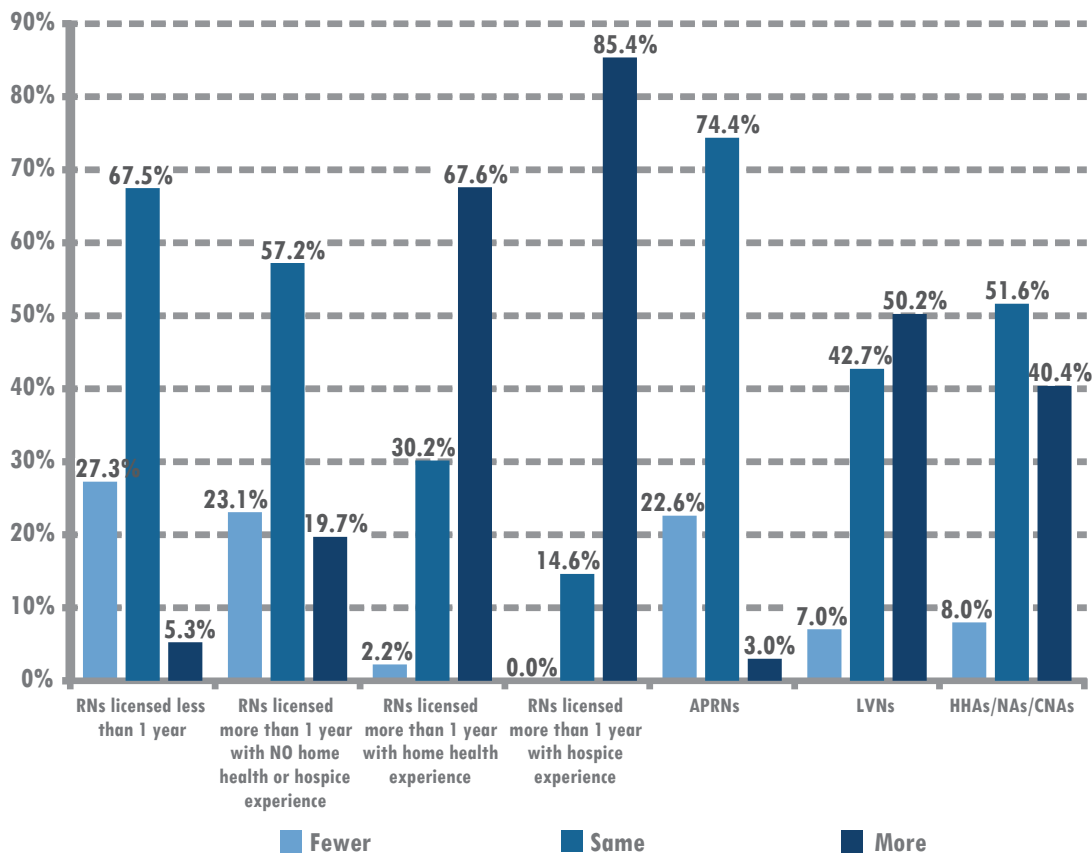
- Respondents most commonly selected patient census as their reason for needing more nursing staff, regardless of nursing staff type.
- “Other” reasons written in by respondents for needing more nursing staff over the next 2 years included growth or expansion (14 responses).

**Table 4. Reasons respondents need more nursing staff over the next 2 years**

Nursing Staff Type	Patient Census	Patient Acuity	Budget Concerns	Other
RNs licensed less than 1 year (n=11)	81.8%	18.2%	9.1%	18.2%
RNs licensed more than 1 year with NO home health or hospice experience (n=38)	81.6%	36.8%	2.6%	10.5%
RNs licensed more than 1 year with home health experience (n=116)	87.1%	44.0%	7.8%	8.6%
RNs licensed more than 1 year with hospice experience (n=34)	82.4%	47.1%	8.8%	5.9%
APRNs (n=5)	60.0%	40.0%	40.0%	20.0%
LVNs (n=104)	93.3%	26.0%	11.5%	3.8%
HHAs/NAs/CNAs (n=85)	95.3%	17.6%	3.5%	5.9%

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

**Figure 4. Forecasting the need for nursing staff over the next 2 years**



## Consequences of Inadequate Staffing

Respondents selected consequences they experienced in the past year due to an inadequate supply of nursing personnel (Table 5).

- 61 of 216 respondents (28.2%) reported having an adequate supply of nursing personnel and did not experience any consequences.
- The most common consequences were increased workloads, difficulty completing required documentation on time, and using administrative staff to cover nursing visits.
- Though the top three consequences were the same in the 2015 HHHCNSS, a larger proportion of respondents in 2015 reported an adequate supply of nursing personnel and experienced no consequences (32.6%).<sup>1</sup>

Respondents were asked for the number of patients they declined, if any, from January 1, 2016 to December 31, 2016 due to not having available staff to provide the necessary care.

- 48 respondents reported declining a total of 2,084 patients due to not having available staff to provide necessary care.
- 157 of 205 respondents (76.6%) did not decline any patients.

Table 6 shows the difference in vacancy and turnover rates between respondents that experienced consequences of inadequate staffing and those that did not.

- For all nursing staff types, position vacancy rates and median facility turnover rates were higher for respondents that experienced consequences than those that did not, with the exception of HHA/NA/CNA median turnover rates, which were both 0%.

<sup>1</sup>The 2015 HHHCNSS statistics cited here were recalculated for agencies with a patient census of 250 or greater. These results may not match those in the 2015 HHHCNSS reports.

**Table 5. Number and percentage of respondents experiencing consequences of inadequate staffing (n=216)**

Consequence	Number of Respondents	Percentage of Respondents
Increased workloads	128	59.3%
Difficulty completing required documentation on time	100	46.3%
Using administrative staff to cover nursing visits	93	43.1%
Low nursing staff morale	71	32.9%
NONE, we had an adequate supply of nursing personnel	61	28.2%
Inability to expand services	58	26.9%
Increased nursing staff turnover	54	25.0%
Increase in voluntary overtime	37	17.1%
Delayed admissions	37	17.1%
Declined referrals	30	13.9%
Wage increases	30	13.9%
Increased patient/family complaints	28	13.0%
Delays in providing care	20	9.3%
Increased use of temporary/agency nurses	16	7.4%
Increased absenteeism	12	5.6%
Increased number of incident reports	8	3.7%
Other	2	0.9%

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

**Table 6. Vacancy and turnover by whether or not respondents experienced consequences of inadequate staffing and nursing staff type**

		Experienced Consequences	Did Not Experience Consequences
RNs	Vacancy	13.0%	8.7%
	Turnover	33.3%	14.3%
LVNs	Vacancy	9.2%	8.0%
	Turnover	25.0%	1.0%
HHAs/NA/CNAs	Vacancy	11.9%	8.0%
	Turnover	0.0%	0.0%

## Conclusion

RNs made up the largest proportion of nursing staff in home health and hospice agencies (44.5%), followed by LVNs (33.4%), HHAs/NA/CNAs (21.6%), and APRNs (0.5%). The Panhandle reported the highest proportion of RNs (54.6%), while the Rio Grande Valley reported

the highest proportion of LVNs (51.2%).

Respondents would add 832.75 nursing personnel FTEs in the next fiscal year in order to meet patient demand if they were able to do so.



121 of 179 home health agency respondents (67.6%) reported they would need more RNs with more than 1 year of home health experience over the next two years, and 35 of 41 hospice agency respondents (85.4%) forecasted needing more RNs with more than 1 year of hospice care experience. Over half of respondents reported they would need the same amount of RNs licensed less than 1 year and RNs licensed more than 1 year with no home health or hospice experience over the next two years.

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

