



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

This report addresses where agencies recruited to fill open registered nurse (RN) positions, whether within Texas, a state outside of Texas, or internationally. Additionally, this report provides important data on the length (in weeks) that agencies' nursing positions remained unfilled, level of difficulty recruiting nursing personnel, and recruitment and retention strategies.

Recruitment

Table 1 presents RN recruitment location by geographic designation.

- Agencies in all geographic designations recruited RNs predominately from Texas.
- Non-metropolitan, border counties reported the most use of out-of-state recruiting (5.9%).
- Only 8 agencies reported recruiting RNs internationally.
- 20 agencies reported other methods of recruitment, including corporate and job search websites.

- Common reasons cited for recruiting outside of Texas included increasing the applicant pool and the need for agencies bordering other states to recruit locally.

Agencies were asked to rate their experience recruiting nursing personnel, from 1 (easy) to 5 (difficult). Results are displayed in Figures 1 and 2.

- Almost half (47.8%) of responding agencies reported that RNs licensed less than one year were easy to recruit.

Table 1. Where agencies recruit RN positions, by geographic designation

Place of Recruitment		Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	Texas
		n	117	764	17	81
Texas	%	93.6%	95.9%	100.0%	96.4%	95.7%
States Outside of Texas	n	3	25	1	2	31
	%	2.4%	3.1%	5.9%	2.4%	3.0%
Internationally	n	0	7	1	0	8
	%	0.0%	0.9%	5.9%	0.0%	0.8%

n=number of agencies reporting recruiting in this location
 %=percentage of agencies reporting recruiting in this location

Figure 1. Agency experience recruiting RN personnel

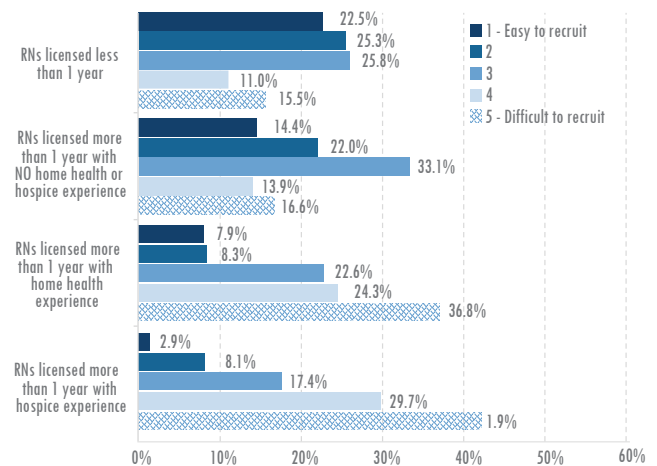
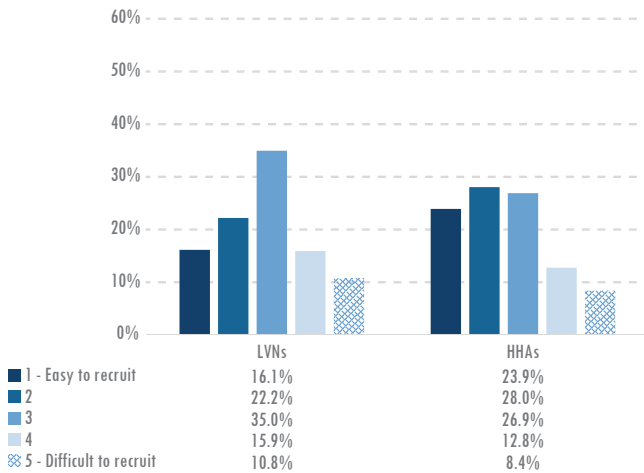


Figure 2. Agency experience recruiting LVNs and HHAs



- Experienced RNs with relevant experience were harder to recruit. Only 16.2% of home health agencies found it easy to recruit RNs with home health experience, and even fewer hospice agencies (11.0%) found it easy to recruit RNs with hospice experience.
- Agencies found it easier to hire LVNs and HHAs, with only 26.7% reporting difficulty hiring LVNs and 21.2% reporting difficulty hiring HHAs.

Filling Positions

Agencies were asked to report the average number of weeks it currently takes to fill different types of nursing positions. Table 2 shows the median number of weeks it takes responding agencies to fill these nursing positions.

- Agencies in non-metropolitan counties had a higher average number of weeks to fill positions.

Figure 3 shows the percent of nursing positions that were filled within 1-2 weeks, 3-4 weeks, 5-8 weeks, or 9 or more weeks.

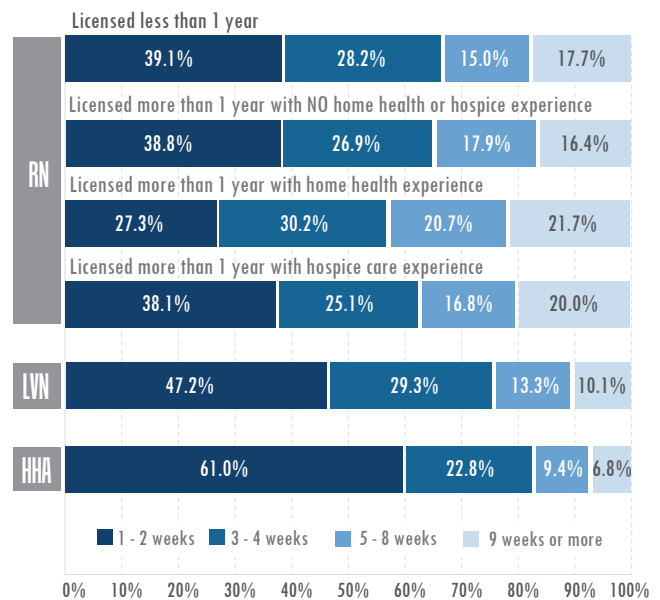
Table 2. Median number of weeks to fill positions, by geographic designation and staff type

	Metro Border	Metro Non-Border	Non-Metro Border	Non-Metro Non-Border	Texas
RNs licensed less than 1 year	3.0	3.0	5.0	4.0	3.0
RNs licensed more than 1 year with NO home health or hospice experience	2.0	3.0	5.0	4.0	3.0
RNs licensed more than 1 year with home health experience ^a	3.0	4.0	6.0	6.0	4.0
RNs licensed more than 1 year with hospice care experience ^b	4.0	5.0	14.5	7.0	5.0
LVNs	2.0	3.0	4.0	3.0	3.0
HHAs/NA/CNAs	2.0	2.0	2.0	3.0	2.0

^aHospice only agencies are excluded from analysis

^bHome health only agencies are excluded from analysis

Figure 3. Number of weeks to fill nursing positions by position type



- LVN and HHA positions took the least amount of time to fill, with 47.2% of LVN positions and 61.0% of HHA positions being filled within 2 weeks.
- Overall, it takes less time to recruit RN positions in home health and hospice agencies than in hospitals. Home Health and Hospice agencies most commonly filled positions within 4 weeks, while Texas hospitals most commonly filled positions in between 31 and 60 days in 2014.¹



Table 3 shows the number and percent of agencies that use various strategies to recruit and retain nursing staff.

- The most frequently selected retention strategies were the same in 2013 and 2015: paid vacation days, mileage reimbursement, and flexible scheduling or job sharing.
- 14.1% of respondents reported not using any strategy to recruit or retain employees.
- Strategies varied across geographic designations. Agencies in metropolitan counties were approximately twice as likely to offer health insurance, retirement plans, paid vacation days, and mileage reimbursement as agencies in non-metropolitan counties.
- Strategies also varied by agency size. Agencies with a patient census of 151 or more were much more likely to offer health insurance, retirement plans, paid vacation days, and mileage reimbursement than agencies with a patient census of less than 151.
- “Other” strategies used by agencies included a free tablet or computer (13 agencies) and on-call pay (7 agencies).

¹ Center for Nursing Workforce Studies, “2014 Hospital Nurse Staffing Survey – Recruitment and Retention,” http://www.dshs.state.tx.us/chs/cnws/2014_HNSS_Recruitment-and-Retention.pdf

Table 3. Recruitment and retention strategies used by agencies

Strategy	# of Agencies	% of Agencies
Paid vacation days	586	57.3%
Mileage reimbursement	510	49.9%
Flexible scheduling or job sharing	491	48.0%
Health insurance	439	42.9%
Employee recognition programs	412	40.3%
Reimbursement for workshops/conferences	396	38.7%
Cell phone allowance	321	31.4%
Retirement plan	213	20.8%
Bonus for recruiting nursing staff to the agency	151	14.8%
Merit bonus	140	13.7%
Payback for unused sick/vacation time	136	13.3%
Career ladder positions for RNs/LVNs/APRNs	128	12.5%
Company car	121	11.8%
Sign-on bonus	104	10.2%
Tuition (reimbursement or direct payment for employees/new hires)	99	9.7%
Shift differential	66	6.5%
Career ladder positions for HHAs/NAs/CNAs	49	4.8%
Sabbatical	9	0.9%
Other strategies	54	5.3%
No strategies	144	14.1%

Conclusion

The findings of the 2015 HHHCNSS show that most home health and hospice agencies focused their recruitment efforts within Texas. Agencies found it more difficult to recruit RNs, especially those with home health and hospice experience, than LVNs or HHAs. Vacant RN positions also took longer to fill than LVN or HHA positions.

The top employee benefits offered by responding agencies to home health and hospice nurses were paid vacation days (57.3% of reporting agencies), mileage reimbursement (49.9% of reporting agencies), and flexible scheduling or job sharing (48.0% of reporting agencies).



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

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

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

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

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

Recommendation Four: Identify factors influencing recruitment and retention of nurses.

Turnover rates continue to be high for RN and LVN positions, and of agencies that experienced turnover, around half reported rates of 50% or higher. High vacancy and turnover rates can lead to negative outcomes that affect quality of care, such as losing experienced staff and increasing the workload and stress levels of existing staff.¹ High vacancy and turnover is also costly to agencies due to the high cost associated with overtime and recruiting qualified nurses. Over half of responding agencies found it difficult or very difficult to recruit RNs with home health and hospice experience (61.1% of home health agencies and 71.6% of hospice agencies).

In order to decrease vacancy and turnover and compete with hospitals and other employment settings, home health and hospice agencies need to offer more recruitment and retention incentives. Responding agencies reported using the following strategies to recruit and retain nursing staff:

- Paid vacation days – 57.3% of agencies (vs. 90.7% of hospitals)
- Health insurance – 42.9% of agencies (vs. 90.9% of hospitals)
- Retirement plan – 20.8% of agencies (vs. 79.4% of hospitals)

Home care administrators and managers should identify and evaluate specific factors influencing workforce recruitment and retention and implement innovative strategies that would further improve recruitment and retention of their nursing staff. Since most home health and hospice agencies in Texas are relatively small (58.2% had 150 or fewer unique clients in a 12-month period), these strategies could involve collaborations or affiliations with professional associations, with multiple agencies working together to provide insurance pools and other incentives.

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