

The Home Health and Hospice Care Nurse Staffing Study (HHHCNSS) assesses nurse staffing and related issues in home health and hospice agencies. In 2024, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HHHCNSS to 435 Texas home health and hospice agencies with a patient census of at least 200. Respondents provided data for 77 agencies for a response rate of 17.7%. Due to the low response rate, data is only reported at the state level.

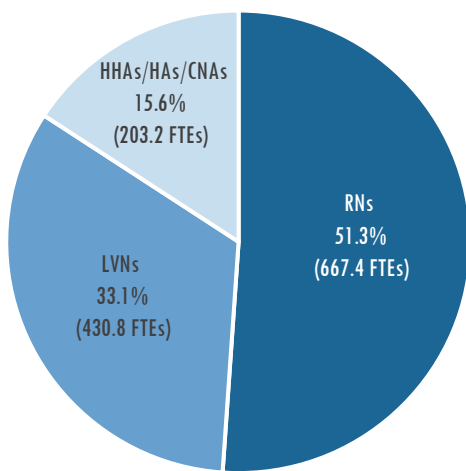
This report presents the relevant findings of this survey related to staffing practices at Texas home health and hospice agencies. It also describes the need for additional nursing staff.

Staff Mix

The 77 responding agencies reported a total of 1,301.4 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 (51.3%), an increase from 43.7% in 2022.
- 15.6% of nursing staff were home health and nursing aides (HHAs/HAs/CNAs), a decrease from 25.4% in 2022.
- Licensed vocational nurses (LVNs) made up one third of nursing staff positions (33.1%), an increase from 30.9% in 2022.

Figure 1. Nursing staff mix

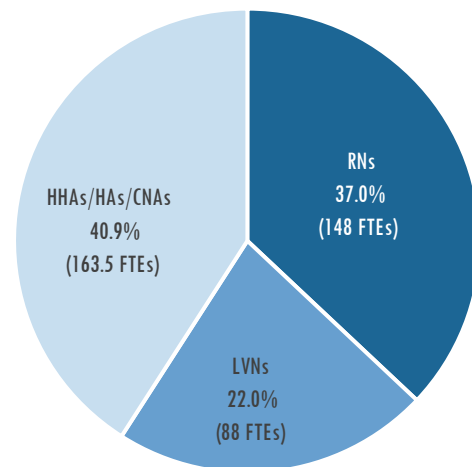


Non-Regularly Scheduled Staff

Respondents were asked to provide the number of non-regularly scheduled FTE nursing staff employed as of January 1, 2024. Respondents reported employing a total of 399.5 non-regularly scheduled FTEs. Figure 2 presents the percentage of temporary staff by nursing staff type.

- 37.0% of temporary nursing staff were RNs, a decrease from 48.3% in 2022.
- Temporary HHAs/HAs/CNAs FTEs comprised the largest proportion of temporary nursing staff (40.9%).
- Only 22.0% of temporary nursing staff were LVNs, representing the lowest proportion, a decrease from 35.1% in 2022.

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 1).

- Respondents reported they would hire a total of 515.7 staff FTEs in the next fiscal year to meet patient demand if able.
- 65 of 77 respondents (84.4%) would hire additional RNs if able, compared to 75.3% in 2022.

Table 1. Number of additional FTEs respondents would hire next fiscal year if able, by nursing staff type

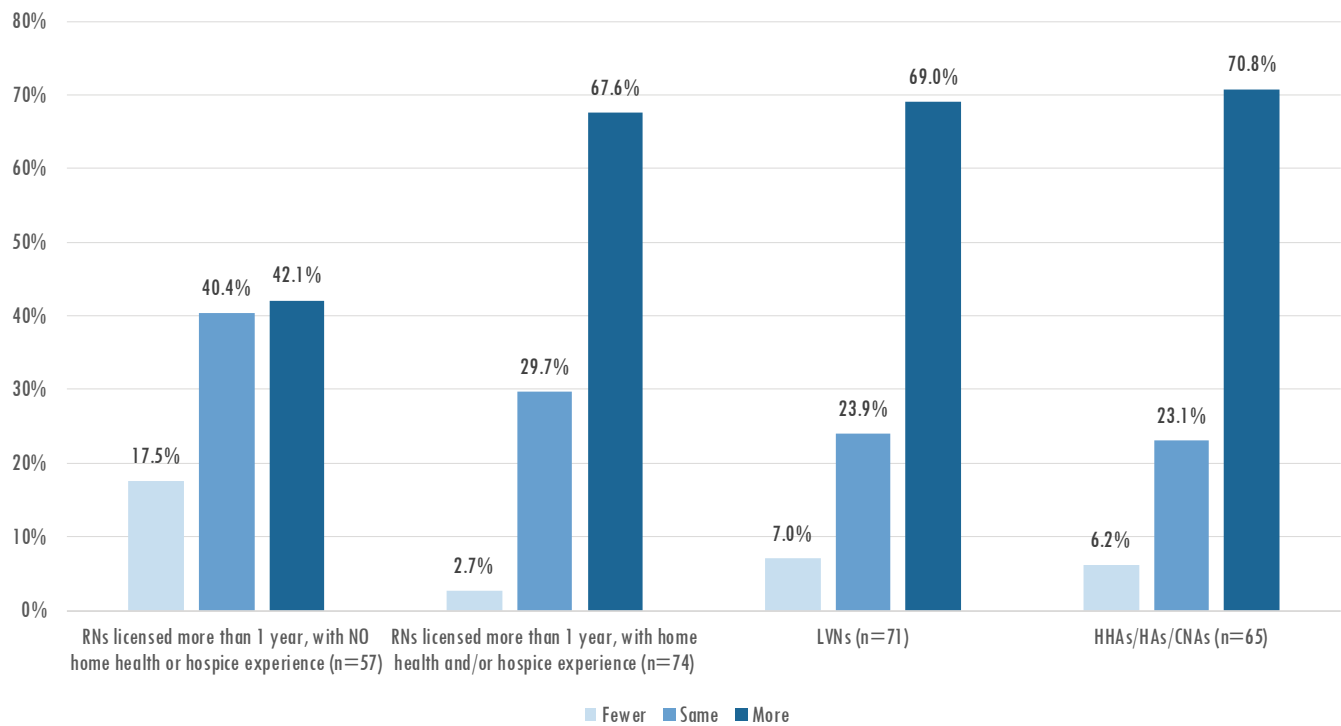
Nursing Staff Type	n	Additional FTEs
RNs	65	220.0
LVNs	64	208.7
HHAs/HAs/CNAs	64	87.0
Total	-	515.7

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 3).

- 50 out of 74 responding agencies (67.6%) reported they would need more RNs with more than 1 year of home health and/or hospice experience, less than the 84.1% in 2022.
- 24 of 57 responding agencies (42.1%) reported they would need more RNs with no home health or hospice experience, compared to 65.2% in 2022.
- 49 out of 71 responding agencies (69.0%) reported they would need more LVNs, less than the 80.8% in 2022.
- 46 of 65 responding agencies (70.8%) reported they would need more HHAs/HAs/CNAs, more than the 57.7% in 2022.

Figure 3. Forecasting the need for nursing staff over the next 2 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 2 shows the 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 difficulty in finding experienced staff (2 responses).

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

	RNs licensed more than 1 year with NO home health or hospice experience (n=57)	RNs licensed more than 1 year with home health and/or hospice experience (n=74)	LVNs (n=71)	HHAs/HAs/CNAs (n=65)
Patient Census	52	70	63	59
Patient Acuity	18	29	22	15
Budget concerns	12	13	10	7
Retiring Staff	7	8	5	4
Staffing Turnover	22	25	23	17
Other	0	0	0	0

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

Recruitment and Retention

34 out of the 77 responding agencies (44.2%) declined patients during 2023, with a total of 6,625 declined patients due to lacking available staff to provide the necessary care.

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

- The proportion of agencies indicating positions were difficult to fill ranged from 42.7% to 47.0%. In 2022, a greater proportion of agencies reported having a difficult time filling each staff type, ranging from 48.2% for HHAs/HAs/CNAs to 88.2% for RNs with more than 1 year of home health and/or hospice experience.
- 34.3% of responding agencies also said that experienced home health and/or hospice RN positions took 91+ days to fill, almost the same as 2022 at 34.1%.
- Agencies said these difficulties stemmed from a lack of applicants (10 agencies) and non-competitive salary (11 agencies).

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 experience	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	47.0%	47.0%	45.6%	42.7%
Average length to fill positions				
1-30 days	46.0%	28.6%	33.3%	39.7%
31-60 days	12.0%	18.6%	33.3%	17.2%
61-90 days	12.0%	18.6%	15.2%	10.3%
91+ days	30.0%	34.3%	18.2%	32.8%



Table 5 lists the type of recruitment and retention strategies agencies engage in to increase and maintain staffing. Agencies could choose more than one strategy.

- 5 agencies indicated that they do not use any recruitment or retention strategies.
- Of the provided list, paid time off was the most common strategy with 72.7% saying they provided it. However, in 2022, health insurance was the most common strategy with 85.9% of agencies reporting.
- Of the 7 agencies that selected “other” for the recruitment/retention strategies, 1 agency reported each of the following: additional pay for difficult patients, holiday bonuses, paid cell phone, Health Savings Account (HSA) with employer contribution, paid mileage, increased PTO, and salary increase/incentive.

Agencies were asked to rank the importance of the following recruitment and retention interventions: pay increase, employee recognition, employer sponsored benefits, adequate staffing, effective management/leadership, and other.

- 42 agencies said a pay increase would have the greatest impact on nurse retention.
- 10 agencies indicated that effective management/leadership is the intervention to have the greatest impact on retention of nurses.
- Only 1 agency said that employee recognition has the greatest impact on retention.
- The importance rankings for recruitment and retention strategies did not change from 2022.

Table 5. Number and percentage of respondents using in each recruitment and retention strategy (n=77)

Recruitment and Retention Strategies	Number of Respondents	Percentage of Respondents
Paid time off	56	72.7%
Flexible scheduling or job sharing	49	63.6%
Gas allowance or use of company car	49	63.6%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	48	62.3%
Health insurance offered	46	59.7%
Health insurance with employer contribution	36	46.8%
Sign-on bonus	32	41.6%
Reimbursement for workshops/conferences	31	40.3%
Bonus for recruiting nursing staff to the organization	31	40.3%
Retirement plan offered	28	36.4%
Retirement plan with employer contribution	26	33.8%
Career ladder positions for RNs/LVNs/APRNs	25	32.5%
Merit bonus	25	32.5%
Financial assistance in receiving certifications or further education	19	24.7%
Payback for unused sick/vacation time	14	18.2%
Career ladder positions for HHAs/NAs/CNAs	13	16.9%
Shift differential	13	16.9%
Tuition (reimbursement or direct payment for employees/new hires)	12	15.6%
Other, please specify	7	9.1%
NONE	5	6.5%
Sabbatical	0	0.0%
Adoption assistance reimbursement	0	0.0%

Conclusion

RNs made up the largest proportion of nursing staff in home health and hospice agencies (51.1%), followed by LVNs (33.1%), and HHAs/HAs/CNAs (15.8%).

Respondents would reportedly add 515.7 nursing FTEs in the next fiscal year in order to meet patient demand if they were able. 24 of 57 responding agencies (42.1%) reported they would need more RNs with no home health or hospice experience. 50 out of 74 responding agencies (67.6%) reported they would need more RNs with more than 1 year of home health and/or hospice experience. 49 out of 71 responding agencies (69.0%) reported they would need more LVNs. 46 of 65 responding agencies (70.8%) reported they would need more HHAs/HAs/CNAs.

34 out of the 77 responding agencies (44.2%) declined patients during 2023 for a total of 6,625 declined patients due to not having available staff to provide the necessary care. The proportion of agencies indicating positions were difficult to fill ranged from 42.7% to 47.0%.

Compared to 2022, agencies reported staffing a larger proportion of HHAs/HAs/CNAs. 2022 respondents reported needing to hire more (528) FTEs to meet patient demand. Agencies reported needing more RNs with no home health experience (65.2%), RNs with home health experience (84.1%), and LVNs (80.8%) in 2022.

