

Home Health Nursing Study 2009

Vermont Health Workforce Assessment Survey

Prepared by:

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Why was this survey done?

One factor in assuring access to quality health care for all Vermonters is an ongoing understanding of the state's health workforce resources. To this end, the Office of Nursing Workforce Research, Planning, and Development conducted the Health Workforce Assessment Survey in February, 2009. The following is the 2009 report from 8 of 11 Vermont home health agencies surveyed (72% response rate).

Who was surveyed?

In February 2009, the Vermont Health Workforce Survey was sent to home health agency executive directors. Each director was asked to participate in the data collection with assistance from human resources and other department heads.

What was learned

Not one agency reported a greater need for nurses than had been budgeted. Vacancy rates vary according to nursing position in the home health setting:

Average Vacancy Rate (Range)

RN	3% (0-13%)
LNA	2% (0-5%)
Clinical Managers	1% (0-4%)
Clinical Nurse Specialist	0% (0%)*
LPN	0% (0%)*

* Only 2 agencies reported employing CNSs and 7 reported employing LPNs.

Average Turnover Rate (Range)

LPN	52% (0-300%)*
LNA	29% (0-67%)
RN	28% (0-50%)
Clinical Managers	22% (0-75%)
Clinical Nurse Specialist	0% (0%)

* Four agencies reported nine LPNs leaving

Recruitment incentives:

- 75% of home health agencies reported an adequate impact from starting salaries on recruitment.
- 50% of home health agencies reported a pay differential for RN educational preparation.
- 38% of home health agencies reported a pay differential for credentialed RNs.

Weeks to fill nursing positions:

- The RN position was reported to be filled in an average of 6.7 weeks, with 63% of the agencies reporting current RN vacancies.
- The LPN position was reported to be filled in an average of 2.3 weeks.
- None (0%) of the agencies reported current LPN vacancies.
- The LNA position was reported to be filled in an average of 3.3 weeks with 43% of the agencies reporting current LNA vacancies.

Impact of Shortages

	Never	Several times a year	Monthly	Weekly	Daily	Missing or n/a
Curtailed plans for acquiring new technology	75%	25%				
Delayed or diverted admissions	75%	12.5%	12.5%			
Reduced service hours	75%	12.5%	12.5%			
Mandatory staff overtime	75%	12.5%	12.5%			
Decreased patient satisfaction	87.5%	12.5%				
Increased patient complaints	87.5%	12.5%				
Decreased staff satisfaction	37.5%	62.5%				
Curtailed plans for facility expansion	No 100%					
Discontinued clinical programs	No 100%					

Respondents' comments about Home Health Workforce Issues

“Home health and hospice use Electronic Medical Record systems, telehealth and a wide variety of those technologies. Nurses who struggle with (and are unwilling to adapt) to current technologies are not good candidates for home care.”

“Home health is unique and requires additional training not readily available at the ADN or even BSN level — additional curriculum focused on home health environment is greatly needed.”

“It is still difficult to find really strong (clinically) candidates that we can afford.”

“We have complaints intermittently about service, but they are usually personality clashes or unhappiness with time of visit and the like.”

The following steps were taken and reported to assure that nurses age 50 years and older can be retained in the home health workforce:

- Solid benefits — good salaries
- One-on-one training in laptop technology
- Offer per diem/flexible hours and alternate work assignments
- Mentoring and strong orientation,
- Reward and recognition programs
- Opportunities to be a part of decision making

Conclusions

Despite great improvements in vacancy and turnover rates compared to 2003, 2005 and 2007, challenges persist in finding strong candidates for home health nursing positions.

The widespread use of Electronic Medical Record systems and other technologies has added a new level of complexity that can make recruitment challenging. At a time when new graduates are not finding as many hospital jobs, home health agencies might be well served by having more opportunities to expose students to home-care nursing. If vacancy rates remain low and staffing is adequate, it may be an ideal time to explore more educational and home health agency partnerships.