

North Carolina Health Workforce Sentinel Network *Findings Brief: Home Health/Hospice*

During October and November 2021, healthcare employers in North Carolina reported on their current workforce needs. Employers answered a series of questions about staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly May-October, 2021). This brief summarizes the responses from **home health/hospice organizations** to some of these questions. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at nc.sentinelnetwork.org/findings/.

32 Home Health/Hospice Responses

22 Home care or home health services
10 Hospice or palliative care services

Top occupations with exceptionally long vacancies

(% of 32 responding home health/hospice organizations reporting long vacancies for these occupations):

1. Certified Nursing Assistant (14 – 44%)
2. Registered Nurse (13– 41%)
3. Home Health/Care Aide (11 – 34%)
4. Licensed Practical Nurse (8 – 25%)
5. Personal Care Aide (6 – 19%)

Among all home health/home care and hospice/palliative care respondents:

- Home care/home health services organizations reported particular needs for CNAs (11 of 22) and home health/home care aides (11 of 22)
- Hospice/palliative care organizations reported particular needs for RNs (6 of 10) and LPNs (4 of 10)

Reasons for long vacancies and high turnover reported by home health and hospice organizations:

[Certified Nursing Assistant] *“[V]ery few applicants that are qualified and those that are request higher wages”*

[Certified Nursing Assistant] *“[G]rowth has increased due to Covid, but we are not able to keep up with the manpower”*

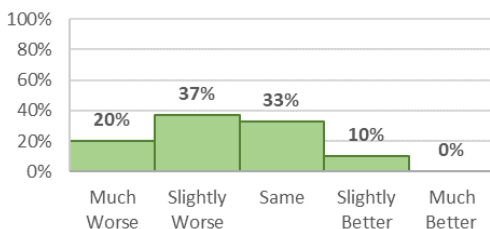
[Home Health/Care Aide] *“We advertise for open positions with very few responses. Fast food services are paying higher than we can due to the reimbursement rate we received from the state”*

[Registered Nurse] *“Biggest impact is with RNs and filling RN Case Manager positions. Talent competition and rising hourly rates is making RNs look for highest paying positions like travel nurse jobs”*

[Personal Care Aide] *“Minimal number of applicants submitting any applications or showing up for interviews if scheduled”*

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?

(% of 30 responses to this question)



Comments on COVID-19 workforce impact over May-October 2021:

[Much Worse] *“August and Sept were bad with more cases”*

[Slightly Worse] *“Decreased candidate pool for open positions”*

[Slightly Worse] *“Employee concerns about vaccination – not wanting to be vaccinated”*

[Same] *“We have steadily been working to fill vacancies and it has not become more or less challenging over the past 6 months”*

[Same] *“Haven’t seen much change related to COVID”*

[Slightly Better] *“As the rules on quarantining have been changed and more frequent testing, we have been able to reduce exposure”*

NC Sentinel Findings Brief: Home Health/Hospice

What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
<p>Certified Nursing Assistants (CNAs)</p>	<p>Some suggested allowing organizations train PCAs to be CNAs on-site, or supporting staff attendance of off-hours CNA classes. <i>“[M]ake more classes available”</i> <i>“Need more CNA classes available during hours that aides could continue to work. Aides need assistance to pay for their classes”</i> <i>“Allow the agency to train PCA to meet client’s needs”</i></p> <p>Some suggested increased reimbursement to allow for higher wages. <i>[R]aise reimbursement amounts so we can pay individuals an honest liveable wage”</i> <i>“Increase pay for providers”</i> <i>“Increase Medicaid reimbursement rates to enable agencies to increase hourly wages”</i></p> <p>Others suggested increasing supply through license reciprocity or continuing to allow Patient Care Aides (PCAs) to perform some CNA tasks. <i>“Approve CNA licensure reciprocity”</i> <i>“Continue to allow experienced PCA’s [sic] to handle CNA-type tasks”</i></p>
<p>Simplified Processes</p>	<p>Responses offered a variety of suggestions around reducing administrative burdens. <i>“Medicaid clients still require much more administrative work than private pay, long-term care insurance, or VA clients”</i> <i>“Lack of accuracy in hospital referrals – primary care md is incorrect, phone number [sic] are incorrect – causing delay in care”</i></p>

How has your facility’s staffing arrangements/configurations affected your ability to respond to patient demand in the past 6 months?

Many reported receiving more referrals than limited staff can handle and having to turn away clients. Responses indicated that existing staff are stretched thin, working longer hours, and filling in gaps.

“Our employees are having to work longer hours to see the patients”

“We continue to have referrals and requests for home care services, but very few applicants to provide services”

To what extent have you observed burnout as a workforce issue in the past 6 months?

Many reported staff struggling to find work/life balance during the pandemic because staff are being asked to work more and longer hours. Some organizations report not seeing any significant burnout issues.

“Burnout is high among my CNAs because we have to ask them to cover so many clients that are short staffed. That becomes a problem in the long run”

“RN case managers and other staff have reported burnout due to the workload and less work/life balance”

“[Burnout] has not posed a significant problem for us”

Have there been changes in your facility’s priorities regarding orientation/onboarding for new employees, or training required for your existing workforce?

Some organizations have added infection control, COVID, and personal protective equipment (PPE) topics to onboarding and training. One converted to Zoom orientation. One tried sending videos to watch before employees started, but found that employees did not watch them. Some added additional programming to train less-experienced hires.

“We developed and rolled out a PCA training program to build skills among employees that don’t have a lot of skills”

“Due to pandemic our initial orientation went to zoom”

Has your facility deployed its existing workforce in significantly new roles, or employ any new healthcare occupations?

Few new roles were reported. Some reported that CNAs, home health aides, and personal care aides were splitting schedules in new ways to meet basic needs, and helping with scheduling when not providing direct care. Some reported that CNAs doing more in-home visits to decrease RN visits and CNAs helping in vaccine clinics.

“Using [CNAs] in more in the home for more than just baths, vital signs, and check ins to decrease RN visits”

“[Home Health/Care Aides and PCA]s assisted with scheduling during the time they are not providing direct patient care”

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Fall 2021 Sentinel Network questionnaire (Oct-Nov 2021). Generalizability of these findings to the broader North Carolina health care system may be limited.

About the North Carolina Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses from all types of health care organizations and to join the network to provide information on your organization’s workforce needs and challenges, visit: <https://nc.sentinelnetwork.org/>

Questions? Contact: nc@sentinelnetwork.org