

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

During June of 2022, healthcare employers in North Carolina reported on their current workforce needs by answering 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 January-June, 2022). This brief summarizes the responses from **home health and 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/.

29 Home Health/Hospice Responses

- 19 Home care or home health services
- 10 Hospice or palliative care services

Top occupations with exceptionally long vacancies

(% of 29 responding home health and hospice organizations reporting long vacancies for these occupations):

1. Registered Nurse (18 – 62%)
2. Certified Nursing Assistant (14 – 48%)
3. Home Health Aide/Home Care Aide (7 – 24%)
4. Personal Care Aide (6 – 21%)
5. Licensed Practical Nurse (5 – 17%)

■ Outside of the top five, additional occupations reported to have extraordinarily long vacancies by one or more organizations included: chaplain, grief and bereavement counselor, data analyst, laundry staff, and human resources personnel, among others.

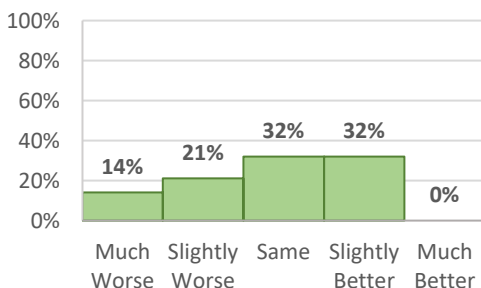
Reasons for long vacancies and high turnover reported by home health and hospice organizations:

[Registered Nurse] *“We are primarily reimbursed via Medicaid for our services and the state reimbursement rates are not competitive with the hospitals. We have a talent supply issue to begin with and the pay rates we can offer do not compete. Pediatric home care needs are growing and the nursing supply is low”*

[Certified Nursing Assistant] *“There simply are not enough [Nursing Assistants] based on demand. We have offered top pay, benefits, etc to no prevail...”*

[Home Health Aide/Home Care Aide] *“Salaries and wages for this position have grown faster than the organization can reasonably respond to prevailing market trends. That’s still the case considering the organization has adopted a minimum starting wage of \$15/hour which is adjusted based on the applicants’ experience”*

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 28 responses to this question)



Comments on COVID-19 workforce impact over January-June 2022:

[Much Worse]: *“We are continuing to lose 1-2 staff every month and still haven’t replaced the ones we lost when COVID first hit. Losses are outpacing hires”*

[Slightly Worse]: *“Still in dire need of Certified Nursing Assistants. Gas prices bearing down on home care services...”*

[Same]: *“The last 6-months have been difficult. The already tight labor constraints which began in 2021 have persisted well-into 2022. Labor costs have grown significantly and it’s becoming more and more difficult to balance internal equity of incumbent staff with the salary demands of incoming staff”*

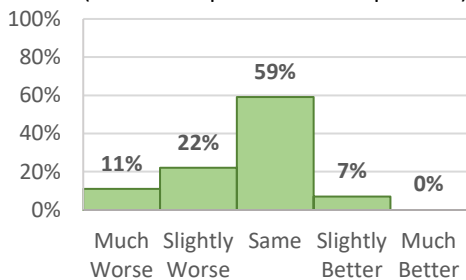
[Slightly Better]: *“Seem to see pick up in applicant activity but only slightly. Less concern about PPE or COVID risk by seeing patients”*

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

Need	Suggested Changes
<p>More job applicants and the ability to recruit staff</p>	<p>Several suggested increasing funding to training programs or faculty. <i>"Increase funding for community college programming to build applicant pool [of qualified clinical staff]"</i> <i>"[Need] more CNA grants & more CNA schools [for] more trained employees"</i> <i>"Possibly improve Nursing Faculty pay to incentivize...more RN faculty in local programs, producing more RNs so qualified RN...candidates are not turned away"</i> <i>"[Need] LPN to RN bridge programs at more local colleges/universities with state/county funding for applicants"</i></p> <p>One suggested increasing immigration to increase potential staff. <i>"[Need] increased immigration [for] more employees"</i></p> <p>Many expressed a need to increase staff wages, primarily through increased reimbursement. <i>"Increase Medicaid reimbursement...to be competitive with the other healthcare options"</i> <i>"Increase...reimbursement [for] wage/benefit increases"</i> <i>"[Need to] increase the direct care workers hourly pay...starting out pay should be 15 dollars"</i> <i>"[Need] higher Medicaid rates [for] higher pay"</i></p>
<p>Ability to better retain staff</p>	<p>Several suggested ways to lighten the workload of existing staff. <i>"Telephonic visits reduce the burden on existing staff"</i> <i>"Allow for better utilization of Personal Care Aides with proper supervision of [Registered Nurses] to assess their skills"</i></p> <p>One suggested offering more training opportunities. <i>"Continual training and professional development [for] retention"</i></p>

In the past 6 months, has the impact of staff shortages on your facility's capacity to provide care gotten better, stayed the same, or gotten worse?

(% of 27 responses to this question)

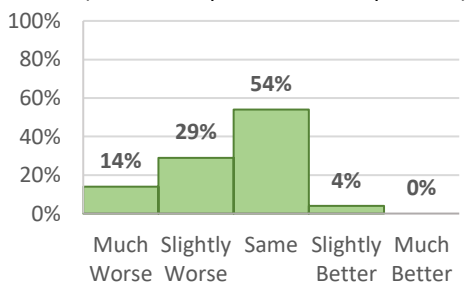


[Slightly Worse] *"Once again, not able to meet demand for taking on additional clients due to [Nursing Assistant] shortage"*

--No other comments were submitted with responses--

In the past 6 months, has burnout as a workforce issue at your facility gotten better, stayed the same, or gotten worse?

(% of 28 responses to this question)



[Much Worse] *"Employees are tired. Worried over gas prices, cost of living going up. They need more money per hour"*

[Slightly Worse] *"Clinical employees do not want to have an on-call rotation as part of their position responsibility. They are looking for better work life balance"*

--No other comments were submitted with responses--

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

Very few redeployments or new roles were reported. Some clinical staff took on housekeeping and office roles, while some office staff took on additional duties. One response reported adding nurses and office staff to manage new admissions, and another reported adding a variety of staff to serve pediatric patients.

Redeployment: *“Added housekeeping duties to [Personal Care Aides] due to lack of a housekeeper in that building”*

Redeployment: *“Office Staff...have had to cover in the field quite a bit”*

New Occupations: *“We obtained two new licenses and [added] RNs to help with admissions...and added [office personnel]”*

New Occupation: *“[Adding LPN]...have not used LPNs in our hospice program prior, plan of care to include LPN role and appropriate scope of service”*

New Occupations: *“[Added] Behavioral Technician...Habilitation Technician...Qualified Personnel...[and others]...to offer...services to the pediatric home care population”*

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Spring 2022 Sentinel Network questionnaire (June 2022). 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