

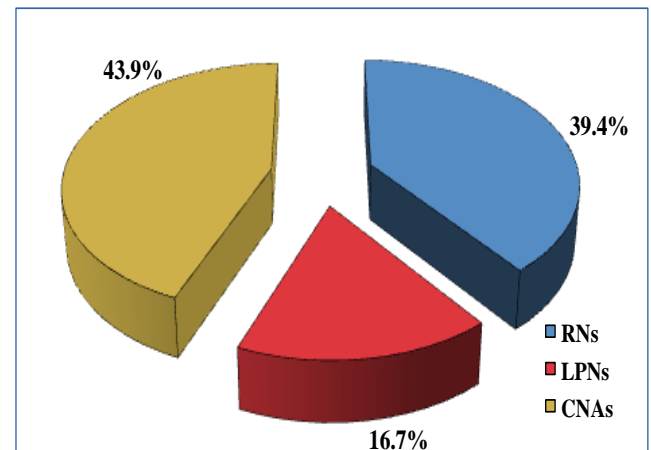
Data in this report are from the Florida Center for Nursing 2009 Nurse Employer Survey, conducted from August through October 2009. All 840 Medicare/Medicaid certified home health agencies within the state of Florida were mailed this survey, and 213 (25.4%) responded. For complete results and analysis, see the report [Workforce Demand in Nursing-Intensive Healthcare Settings: 2009 Vacancies and 2011 Growth Projections](#). Superscripts (<sup>1,2</sup>, etc) reference endnotes with detailed information on the last page of this report.

**Table 1. Employee Status as of June 30, 2009**

Nurse Type	% permanent full-time	% permanent part-time	% per diem/agency
RNs	40.1	14.7	45.2
LPNs	29.5	20.9	49.7
CNAs	13.3	25.8	60.9

*In home health agencies, 40% of RNs, 29.5% of LPNs, and 13% of CNAs are full-time employees. In addition, between 45% and 61% of home-health agency nurses are per diem/agency employees. The nursing staff mix is fairly evenly distributed between RNs (39.4%) and CNAs (43.9%), and LPNs comprise 16.7% of the staff mix.*

**Figure 1. Nursing Staff Mix**



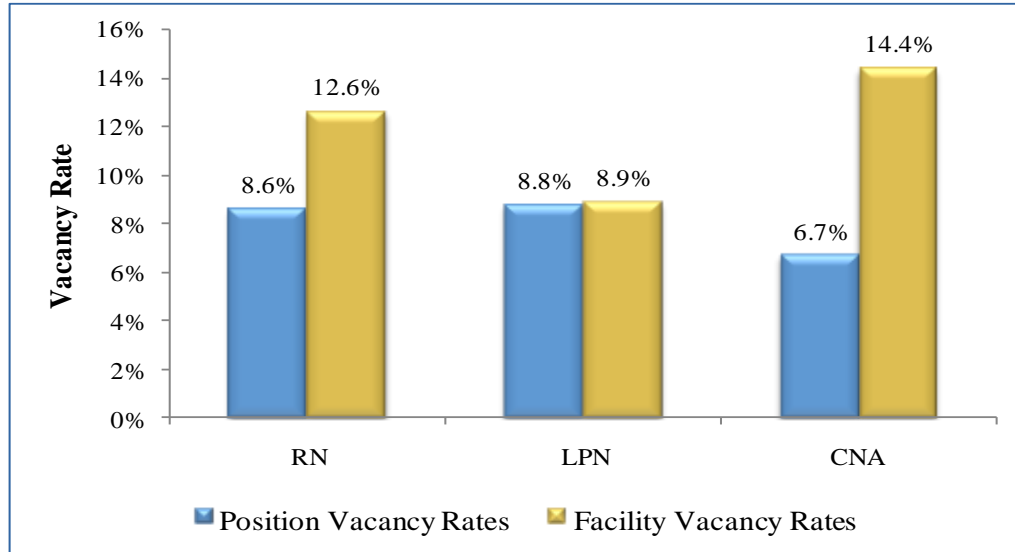
*We estimated there were approximately 1,800 nursing vacancies in home health agencies, about half of which were for RNs. The average number of RN vacancies per facility is 1.1. Estimated vacancies for all facilities were calculated from responding facilities. About one-third of home health agencies reported their actual need for RNs was greater than the number of budgeted positions.*

**Table 2. Estimated Vacancies and Need for Additional Budgeted Positions as of June 30, 2009<sup>1</sup>**

Type	# estimated vacancies	% needing additional positions
RNs	963	33.8
LPNs	365	20.0
CNAs	477	14.5

**Staff Model:** Because the home health industry in Florida employs several dominant business models, the survey inquired about industry business and staffing models. Twenty-three percent of responding agencies reported that they used mostly permanent, regularly scheduled employees. About half (56%) reported that they used a mixture of permanent, regularly scheduled employees and per diem, agency, or other temporary personnel. The remainder (21%) reported that they used mostly per diem, agency, or other temporary personnel.

**Figure 2. Full-Time Equivalent Vacancy Rates as of June 30, 2009<sup>2</sup>**



*The **position vacancy rate** is the proportion of Full-time Equivalent (FTE) positions that are vacant across all responding home health agencies. The **facility vacancy rate** is calculated for each facility, and each facility has equal influence on the average regardless of staff size. The home health position vacancy rate for RNs is 8.6%, whereas the average facility vacancy rate is 12.6%. Workforce planners commonly use position vacancy rates to calculate the demand for nursing labor, and facility administrators use the facility vacancy rate to benchmark their facility against the average facility.*

**Table 3. Full-Time Equivalent Facility Vacancy Rates as of June 30, 2009<sup>2</sup>**

Type	Average Facility Rate (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
RNs	12.6%	0.0	4.0	20.0
LPNs	8.9%	0.0	0.0	2.1
CNAs	14.4%	0.0	0.0	6.5

**Recession Effects:**

- Almost 50% of the home health agencies who responded to our survey indicated that the recession had no effect on their business.
- However, other agencies indicated that they were unable to hire and had to cut back on personnel because business was slower and the patient/client census was down.
- “Reduction in census equals reduction in staff.”
- Some home health agencies also reported they cannot accept referrals because of lack of staff.

**Table 4. Separations (Turnovers) between July 1, 2008 and June 30, 2009<sup>3</sup>**

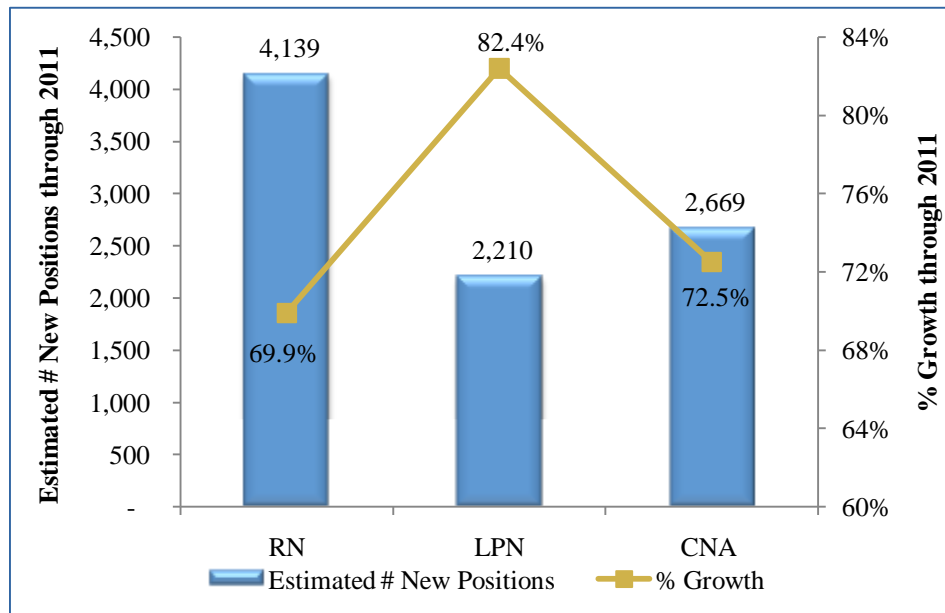
Type	# separations	average # separations
RNs	342	2.4
LPNs	139	1.1
CNAs	265	2.1

*Home health agencies responding to our survey reported 746 separations between July 2008 and June 2009, and averaged 2.4 RN separations per facility. The average facility-level turnover rate ranged from 24% for LPNs to 55% for CNAs.*

**Table 5. Facility-Level Turnover Rates (July 1, 2008 through June 30, 2009)<sup>4</sup>**

Type	N	Average Rate (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
RNs	136	33.1	0.0	18.2	50.0
LPNs	97	23.9	0.0	0.0	33.3
CNAs	82	55.3	0.0	2.6	35.7

**Figure 3. Estimated Growth in Total Number of Employees through 2011<sup>5</sup>**



*We estimated that home health agencies will create over 9,000 new nursing positions through 2011, about half of which will be RN positions. Home health agencies responding to our survey expect 70% to 80% growth in budgeted nursing positions through 2011.*

**Table 6. Recruitment Difficulty and Future Need for Experienced RNs<sup>6</sup>**

Nurse Type	N	% Reporting Recruitment Difficulty	Average Weeks to Fill	% Needing More Over Next Two Years
Home health aides	155	13.6	3.8	50.3
LPNs	148	20.3	3.4	56.1
Home Care Staff RNs	172	50.6	5.1	68.9
Infusion specialists	70	61.4	4.5	35.2
Oncology specialists	35	60.0	5.8	20.3
Quality/Infection Control	39	46.2	6.2	31.5
Case Managers	71	52.1	5.8	47.7
In-service Educators	39	38.5	5.2	22.7
Nurse Administrators	61	65.6	9.7	21.7
MSN-prepared CNS	26	61.5	8.3	10.4
NPs (all types)	27	51.9	6.0	15.3

*Home health agencies responding to our survey report difficulty recruiting nurses with specialized skills, such as infusion specialists, oncology specialists, nurse administrators, CNS, and NPs. Home health agencies report they will need more home health aides, LPNs, home care staff RNs, and case managers over the next two years.*

**Overtime and Outside Staffing:** Responding home health agencies reported spending an average of 3.2 percent of their nursing budgets on overtime pay for nursing personnel and 8.3 percent on outside staffing.

**Recession Effects:**

- Home health agencies reported more people applied for available positions. However, they also report that many applicants are unqualified, such as inexperienced new graduates and those out of the workforce for some time. “Nurses have come out of retirement with minimal skills and outdated knowledge levels.”
- Agencies report they are unable to accept referrals because they lack staff with specializations in infusion, oncology, physical, occupational, and speech therapy.

## Home Health Agency Notes

1. Details on calculations for estimated vacancies can be found in the report *2009 Nurse Employer Survey Technical Documentation*, [http://www.flcenterfornursing.org/files/NES\\_Demand\\_Technical.pdf](http://www.flcenterfornursing.org/files/NES_Demand_Technical.pdf). Average number of vacancies was calculated using data from survey respondents only.

% Needing Additional Positions - Respondents were asked to evaluate how the number of budgeted positions compared with their actual need for positions. This statistic reports the proportion saying their need was *greater* than the number of budgeted positions.

2. Facility vacancy rates include cases providing complete data for both filled and vacant positions (N). Facilities not employing a personnel type are excluded from calculations. Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Facility-level vacancy rates are computed with the following formula:  $(\text{vacant FTEs} / (\text{filled FTEs} + \text{vacant FTEs})) * 100$ . When the average of facility-level rates is computed, each facility has equal influence on the average regardless of facility sizes or staff sizes.

Position vacancy rates are computed based on cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Position vacancy rates are computed with the following formula:  $(\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$ , following the preferred definition of Reiner et al. (Reinier, K. et al. (2005). "Measuring the Nursing Workforce: Clarifying the Definitions." *Medical Care Research and Review* 62(6): 741-755. ). Position vacancy rates represent the proportion of all FTEs that are vacant.

3. Separations include all permanent/regularly scheduled employees, but not temporary, agency, or per diem employees. Separations do not include persons hired but never reporting for work or persons moving from one position to another within the facility.
4. Facility-level turnover rates were computed by dividing the total number of separations by the total number of employees as of June 30, 2009. Facilities not employing a personnel type were excluded.
5. Respondents were asked to project the total number of new positions they intend to create through 2011. This table provides information about the expected growth in *new positions* over the course of two years. Details on calculations for estimated growth can be found in the report *2009 Nurse Employer Survey Technical Documentation*, [http://www.flcenterfornursing.org/files/NES\\_Demand\\_Technical.pdf](http://www.flcenterfornursing.org/files/NES_Demand_Technical.pdf). Percentage growth is the two-year percentage increase expected by survey respondents.
6. Reports of recruitment difficulty are based on respondents selecting "4" or "5" on a five-point scale of difficulty. Recruitment difficulty and weeks to fill are based on the facility's experience in hiring over the *past year*. Facilities not employing or not hiring a specific nurse type did not provide data, resulting in small sample sizes for some items. N in this table represents the number of facilities who provided data on recruitment difficulty. A larger number of facilities may have provided data regarding future need, while some facilities may have been unable to provide data on weeks to fill.