

Central Florida Nurse Employer Pilot Survey: Results for Home Health Agencies

Introduction and Methods

The Florida Center for Nursing (FCN), a state entity charged with tracking and addressing the nursing shortage in Florida, conducted a nurse employer survey in the Central Florida area in April and May of 2007. This Central Florida study is the pilot project for a larger, statewide demand survey set to begin in July 2007. The study's purpose is to understand current and future employer needs so that solutions to the shortage can be better tailored to Florida's nurse employers. The pilot survey was fielded to all licensed home health agencies, long term care facilities, ambulatory surgical facilities, and public health departments in Orange, Lake, Osceola, Seminole, and Sumter counties. A survey fielded to area hospitals was completed earlier in the year by Partners for a Healthy Community, with support from FCN. A report of results will be available at the Partners website at www.workforcecentralflorida.com/phc. This report details results obtained within the home health industry.

A list of all licensed home health agencies in the five-county area was obtained from the Agency for Health Care Administration (AHCA), the regulatory body licensing most health care facilities in the state. A total of 85 agencies were identified, and all licensed agencies in the area were given the opportunity to participate in the study. The AHCA list provides not only the address, phone number, and county of the agency but also the name of the agency administrator, to whom the surveys were addressed. The survey utilized a self-administered questionnaire delivered by U.S. mail. A total of four contacts were made by mail with potential respondents. The first contact contained a cover letter, the questionnaire (shown as an appendix to this report), and a self-addressed stamped envelope for returns. The second contact was a reminder letter sent to those who had not responded during the first two weeks of the study. The third mailing contained a replacement questionnaire, and the fourth mailing cautioned non-respondents that the final deadline for receipt of the survey was growing near. Mailings were sent approximately two weeks apart.

After four mailings and nearly ten weeks, responses were obtained from only 23 of 85 home health agencies. **The response rate for this industry group was 27.4 percent. Typically, response rates above 50 percent are needed for reliable results that can be safely interpreted. Since our survey of home health agencies falls short of this mark by more than 20 percent, results must be interpreted cautiously.** It is unknown whether results apply to all home health agencies in the area or whether there are systematic differences between respondents and non-respondents that shape the content of these results.

The pilot survey offered respondents the opportunity to comment on the content of the questionnaire, and changes reflecting those comments will be made to the instrument before fielding of the statewide survey begins in July 2007. This report is intended as a preview of the types of analyses that could be performed – and used to shape health policy for the betterment of nursing and nurse employers – if an acceptable response rate is attained in the statewide study.

Results

Agencies were asked for the number of permanent full-time equivalent (FTE) employees they had on January 1, 2007 in each of four categories of nursing personnel. The 23 home health agencies responding to this survey reported a total of 289.1 permanent FTEs, the bulk of which were home health aides or certified nursing assistants (HHAs/CNAs). The permanent staff sizes at home health agencies in Central Florida are typically quite small, with the average agency employing fewer than 4 Registered Nurse (RN) FTEs. Most agencies also employ a sizable number of per diem or contract/agency nurses. A total of 458 temporary workers were reported by respondents, and on average, each agency employs 3.4 temporary RNs to supplement permanent staff. Averages can be misleading in this industry, however. A few agencies responding to our survey operate exclusively with per diem or other contract staff, while others operate exclusively with permanent, regularly scheduled staff. Most responding agencies employed both types of personnel.

Table 1. Home Health Agency Staff Sizes as of January 1, 2007

	Employed FTEs as Part of Permanent Staff		Employed Per Diem, Agency, or other Temporary Nurses	
	Total #	Average #	Total #	Average #
RNs	78.0	3.7	75	3.4
ARNPs	0.0	0.0	0	0.0
LPNs	39.5	1.9	56	2.8
Home Health Aides	171.6	8.6	327	16.4
Total Nursing Staff Reported	289.1		458	

We used staff size information to compute proportions representing the skill mix of permanent and temporary home health staff. The numbers reported in Table 1 represent the total number of employees counted, while the proportions reported in Figure 1 were computed by combining *only* the responses of agencies that provided complete data on all three employee types. Note that none of the 23 responding agencies employed ARNPs on January 1, 2007. About 62 percent of permanent staff members are HHAs and 38 percent are licensed nurses. Results show that the temporary worker pool is weighted more heavily towards HHAs (unlicensed personnel), while the permanent staff pool is weighted more towards licensed nurses.

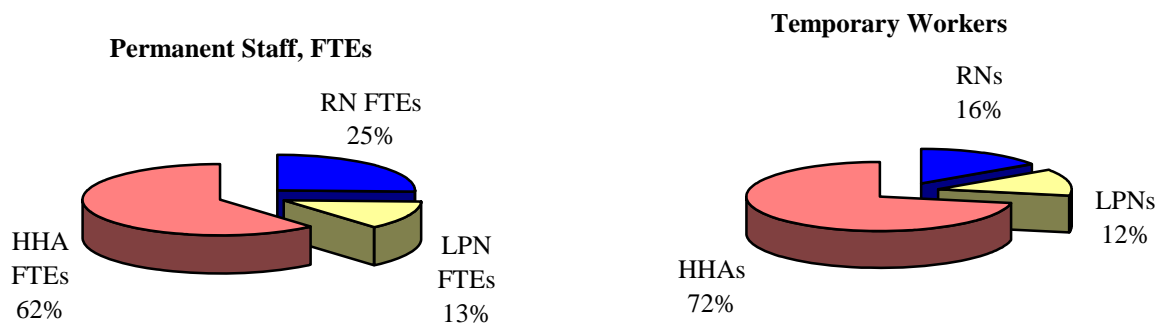


Figure 1. Skill Mix of Permanent and Temporary Staff as of January 1, 2007

Responding home health agencies reported a total of 197.5 vacant FTEs as of January 1, 2007. It should be noted that this number of vacancies reflects the impact of a single large agency seeking to double its staff size. As a result, most of its budgeted positions for 2007 are still unfilled. Though it is a strong outlier, we retain these vacancies in the total number of vacant FTEs because they represent current need for nurses in Central Florida. We excluded this case when computing position vacancy rates, or the total number of budgeted positions among all respondents that are vacant. Still, the high vacancy rates shown in Table 2 reflect the fact that many other agencies in the area are struggling to grow their current staff sizes.

Vacancy rates reflect difficulty in attaining desired staffing levels given the number of budgeted positions. However, they may not reflect the number of nurses that are needed to provide quality patient care. We asked home health agencies whether the number of budgeted positions they were allotted was sufficient for the provision of quality care. As Table 2 shows, many agencies felt that it was not. About 36 percent of respondents felt they needed additional positions for RNs, and almost 47 percent felt they needed additional positions for Licensed Practical Nurses (LPNs).

Table 2. Current Staffing Needs of Home Health Agencies

	Total # of Vacant FTEs	Position Vacancy Rate*	% Reporting Unmet Need for FTEs
RNs	64.5	22.1%	36.4%
LPNs	58.5	57.9%	46.7%
Home Health Aides	74.5	25.9%	27.8%
Total Vacancies	197.5		

*Computed as (Total Vacant Positions / Total Budgeted Positions)*100, using all cases not missing data on vacant and budgeted positions. One extreme outlier was removed; the agency is in the process of doubling its staff.

Taken together, vacancy rates and reported unmet need illustrate the strong current need (both perceived and budgeted) for nursing personnel. In addition to current need, many home health agencies plan significant growth over the next two years. Figure 2 below shows the total number of new positions that home health agencies plan to budget between 2007 and 2009. A total of 507.5 FTEs will be added to current budgets for personnel over the next two years. The magnitude of this growth is clearer when growth is expressed as a percentage of current staffing levels. Responding agencies combined will increase RN staffing levels by nearly 122%, and LPN staffing will be increased by almost 157%.

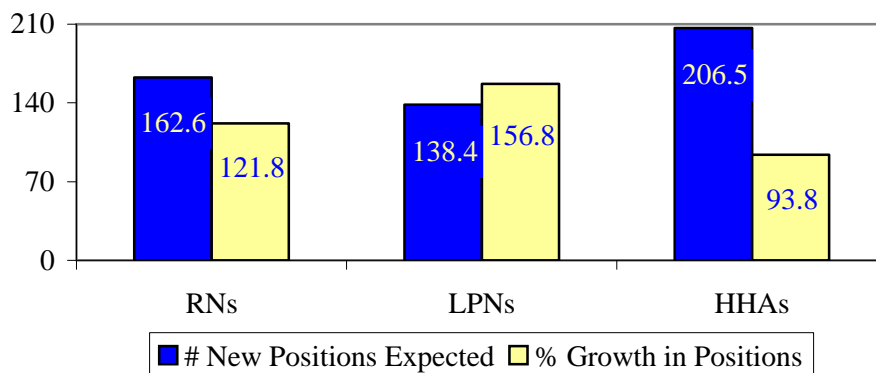


Figure 2. Expected Growth Through Calendar Year 2009

Another indication of workforce instability in an industry is the amount of staff turnover experienced by employers. Home health agencies were asked to report the number of employees leaving the agency (separations, or turnovers) during 2006. This information was used to compute turnover rates for each agency. Agencies were also asked whether the turnover they experienced in 2006 was higher, lower, or about the same as turnover in 2005.

Table 3 reports median agency turnover rates. The highest rates were reported for home health aides, where fully 50 percent of staff persons turned over during the year. Although lower for RNs and LPNs, responding agencies still reported that nearly 30 percent of employees left during the year. Around one-third of the agencies reported that turnover had increased since 2005. It should be pointed out that turnover rates at the facility-level can be inflated when staff sizes are very small. For example, if an agency employs three RNs and one leaves during the year, that agency has an RN turnover rate of 33.3 percent.

Table 3. Separations and Turnover Rates in 2006

	Separations During 2006	Median Turnover Rate for 2006*	% Reporting Increased Turnover Since 2005
RNs	55	30.3%	31.2%
LPNs	21	28.6%	27.3%
HHAs	163	50.0%	31.2%

*Computed as (Separations/Average # Employees)*100, using all cases not missing data on separations or # employees. The median rate is the rate at which half of cases fall above and half of cases fall below.

Vacancies and turnover can lead health care providers to increase their use of overtime or contract/agency staff to stay on top of workloads. We asked home health agencies what percentage of their nursing budget was spent on overtime and temporary staff. The average percent spent on overtime was relatively low at 4.7, but this varied quite a bit across agencies. Almost half reported spending nothing for overtime pay, but others spent as much as 30 percent of their budgets on overtime. The average percent spent on agency staffing was 12.7, but this also varied substantially across agencies. Since some agencies rely exclusively on contract staff, the vast majority (up to 98%) of their nursing budgets were spent on agency and contract staff. Others rely exclusively on permanent staff, so almost half reported spending nothing for agency workers.

Table 4. Recruiting Difficulty and Average Weeks to Fill Positions in 2006

Position*	Percent Reporting Recruiting Difficulty	Average # Weeks to Fill Positions
HHAs	16.7	2.9
LPNs	26.7	3.2
Staff RNs	85.0	5.8
Case Managers	71.4	6.5
Nurse Administrators	83.3	8.5

*Table includes only positions for which 4 or more agencies reported weeks to fill.

Agencies were asked about their experiences in recruiting and hiring employees to fill specialized positions. Most of the positions included on the survey were either not used by a

majority of agencies, or the agency did not hire for the position during the 2006 calendar year. In Table 4, we report only on positions for which four or more agencies reported.

The most difficult positions to fill were reported to be Staff RN, Nurse Administrator, and Case Manager. More than 70 percent of responding agencies judged these positions to be difficult to fill. The average number of weeks it took to fill these three positions supports their assessment. It took agencies an average of 8.5 weeks (more than two months) to fill nurse administration positions, for example.

Finally, we asked respondents what consequences, if any, their agency had experienced as a result of an inadequate nurse supply. This question was asked in open-ended format so that agency administrators could state in their own words what problems they have had. Seven of the 23 agencies reported no consequences, but many others provided specific examples of difficulty the agency has faced as a result of the nursing shortage. The most frequently cited problem, reported by nine agencies, was that they had to turn down referrals, patients, and cases as a result of short-staffing. Other problems mentioned were:

- loss of income/business
- administrators/owners working cases in the field
- limitations in ability to expand
- short patient visits

Conclusions

The results of our pilot survey highlight the current and future workforce needs faced by responding home health agencies. High vacancy rates, unmet need for budgeted positions, expectations of growth, and high turnover characterize the average agency responding to the survey. If representative of the entire population of home health agencies in the area, the results suggest that inclusion of the home health industry in the statewide employer survey is imperative.

However, our pilot effort did not achieve the response rate needed to generalize results to all home health agencies in the area. Many agencies commented on the content of the questionnaire, noting that it was difficult and time-consuming to complete. Unfortunately, the industries hardest hit by a nursing shortage are likely to have administrators with the least amount of time available for completing questionnaires. And without detailed staffing figures, it is impossible to quantify the workforce needs of an agency in a standardized way.

Smaller agencies and those operating exclusively with per diem or contract staff found that many of the items were not easy for an agency of that type to answer. The FCN is working to revise the questionnaire so that it better applies to home health agencies with a variety of business models. As well, we will forge partnerships with trade and nursing associations to improve the perceived credibility of the survey effort. Over time, we hope that these efforts will improve our visibility in the nurse employer community and increase the probability of home health agency response to our surveys.



Florida Center for Nursing – Central Florida Survey of Home Health Agencies

The Florida Center for Nursing is working to address the nursing shortage in our state, and we need your help in order to effectively plan for the future. We are asking administrators in Central Florida home health agencies to complete this brief survey describing your current and future need for nursing personnel. Your responses are completely confidential. We will combine responses from all home health agencies in the area and report aggregate findings only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>.

1. This item series will help us understand your agency’s current and future need for nursing personnel. We know that agencies use different budgeting periods, but in order to standardize across agencies we need information by **calendar years**. If your records do not track the proportion of a full-time equivalent (FTE) position each employee fills, use 1.0 for full-time employees and 0.5 for part-time employees.

Please enter “0” if appropriate.	Total # of budgeted FTEs as of January 1, 2007*	Total # of employed FTEs as of January 1, 2007*	Total # of vacant FTEs being actively recruited as of January 1, 2007*	Total # budgeted FTEs expected for calendar year 2008 ⁺	Total # budgeted FTEs expected for calendar year 2009 ⁺
a. Registered Nurses (excluding ARNPs)					
b. Advanced Registered Nurse Practitioners					
c. Licensed Practical Nurses					
d. Home Health aides / direct care assistants					

*Do not include per diem staff or other temporary personnel used to supplement permanent full or part-time staff.

⁺A rough estimate would be helpful if exact numbers are not known.

2. How many per diem, agency, or other temporary nurses did your agency employ **as of January 1, 2007**? Include all nurses not counted as part of the agency’s budgeted or employed FTEs in #1. Enter “0” if appropriate.

- a. RNs _____
- b. ARNPs _____
- c. LPNs _____
- d. HH Aides _____

3. In your opinion, is the number of FTEs your agency **needs** to provide quality patient care greater than, equal to, or less than the number of FTEs currently budgeted for each type? [Remember, your responses are confidential.]

- a. RNs Greater Equal Less
- b. ARNPs Greater Equal Less
- c. LPNs Greater Equal Less
- d. HH Aides Greater Equal Less

4. Approximately what percent of your **2006** calendar year’s nursing budget was spent on:

- a. Outside staffing agencies (both long and short term) _____ %
- b. Overtime for all nursing personnel _____ %

5. Do you expect these expenditures to be higher, about the same, or lower for calendar year 2007?

- a. Higher About the same Lower
- b. Higher About the same Lower

6. What consequences did your agency experience in **2006** as a result of an inadequate supply of nursing personnel? Indicate “none” if appropriate.

(survey continues on back)

7. This item series measures turnover* during calendar year 2006. When reporting the number of persons who left, please include both voluntary and involuntary leavers. Do not count those who moved from one position to another within your agency, or persons hired but never reporting for work. Include only **permanent employees**, and **count both full and part-time employees**. Please enter "0" if appropriate.

	A. Total # of persons who left during 2006	B. Total # of persons employed on January 1, 2006	C. Total # of persons employed on December 31, 2006	How have turnover rates changed since 2005?			
				Increased	Stayed the same	Decreased	Does not apply
a. RNs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ARNPs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. LPNs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HH Aides				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Your turnover rate will be computed as $[A \div ((B + C) / 2)] * 100$. You do not need to perform the calculation yourself.

8. Please report your experience in 2006 with recruiting and hiring these types of nursing employees:

	Did Not Employ in 2006	Did Not Hire in 2006 <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average number of weeks it took to fill these positions in 2006	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
				1	2	3					
Home health aides / direct care assistants	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care Staff RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality / Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers / Discharge Planners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN-prepared Clinical Nurse Specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners (all types)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us better understand your nursing needs. Please return this survey today in the prepaid envelope provided.