

Charting the Course for Home Health Quality: Action Steps for Achieving Sustainable Improvement

Building a Home Health Care Workforce to Meet the Quality Imperative

Executive Summary

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THE ISSUE

How has the nursing workforce responded over the 1990s to the policy and delivery system changes that have occurred in home health care and what are the challenges posed by the current nursing shortage to provide quality patient care? The decade of the 1990s brought significant shifts in the organization and financing of health care services, and concomitant swings in the nursing workforce. During the first half of the decade home health care use, aided by a decade of liberalizing coverage policies, skyrocketed. The second half of the decade was punctuated with the passage of the Balanced Budget Act (BBA) of 1997 and implementation of a Medicare prospective payment system for home health care. In the first two years after the passage of the BBA the total number of Medicare home health visits fell by 55 percent and total Medicare payments were cut in half. Since then shortages of RNs in home health have been reported by industry sources, with turnover and retention becoming growing problems in the home health nursing workforce.

As the home health care industry adjusts to the new Medicare prospective payment system, the falling rates of service use have stabilized and are starting to slowly rise, leading to *a renewed demand for nurses. What challenges will the home care industry face in meeting this demand and what work place features will promote the effective deployment of its nursing workforce?*

PAPER OBJECTIVES

This paper examines *how the nursing workforce has responded* over the 1990s to the policy and delivery system changes that have occurred in home health care, *explores the challenges* posed by the current nursing shortage, *reviews the gaps in our knowledge of the staffing-outcomes relationship in home health care* and its implications for quality, and *offers recommendations* on ways to advance quality patient care through

strengthening the home health nursing workforce and its deployment.

In particular, the paper examines recent data on the *job satisfaction* of home health nurses relative to others in the nursing field and raises concerns about low satisfaction among *middle managers*. It also examines the *difficulties involved in defining the requisite numbers, skills and nursing resources* necessary to assure safe and high quality home health care to meet the growing needs posed by the changing demographics of the population and their preferences for care.

FINDINGS

Home Health Nursing Workforce Trends

- The period between 1992 and 1996 saw the largest growth in the nursing workforce in the 20 years since the federal government began to systematically assess workforce trends. One of the principal contributors to this substantial growth in nursing employment was home health care. *Home health care employment jumped 75 percent between 1992 and 1996, and was responsible for nearly 30 percent of the net total job growth over this 4-year period.*
- This increase in home health jobs was *realized equally by field nurses* working on the front lines of patient care and *by nurses in managerial and other positions.*
- *That job growth completely reversed course in the subsequent four years, specifically affecting home health care.* Home health care, in contrast, posted a dramatic *23 percent decline in employment.* Its job losses nearly equaled those added by hospitals. And like the job growth in the previous period, the *losses were borne equally by staff nurses and by nurses employed in other positions.*

- This steep decline in home health care jobs seems to have been *stemmed by the end of the decade*.
- *Looking ahead*, between 2000 and 2020, the demands that will be placed on the health care system by an aging population and escalating health care technology will require nearly doubling the number of home health nurses. Moreover, the demand for home health nurses is projected to grow at twice the rate as that of nurses overall during the period.

Challenges in Addressing the Home Health Care Nursing Shortage

- Declining interest in nursing education by incoming students and growing *discontent in the workplace* over working conditions have left home health care and other settings with vacancies that have been hard to fill.
- Job satisfaction is a significant predictor of turnover, and provides a window into the working conditions nurses face as well as an indicator of the likelihood of loss from the workforce. *Home health nurses are among the least satisfied among all nurses across settings*. Overall, only 67 percent reported being satisfied with their job, comparable to those working in hospitals and only somewhat higher than nurses working in nursing homes, though contrasting sharply with 78 and 76 percent in ambulatory and community-based care. Moreover, satisfaction is particularly low relative to 86 percent of workers in general and 88 percent of professional workers who report being satisfied with their job.
- Home health *staff nurses* report satisfaction levels that are lower than all other settings except for nursing homes.
- Satisfaction levels for *middle managers* in home care fall between those of staff

nurses and top management across the board, and are lower than the levels reported by nurses in other non-staff and non-managerial roles. These relatively low levels of job satisfaction among middle managers indicate that the burnout and frustration that has been widely reported for staff nurses appear to be shared to a substantial degree in a number of settings by those in supervisory and managerial roles.

Outcomes Research in Home Health Care: The Empirical Base for Determining “Adequate” Staffing Levels and Effective Deployment Strategies

- Trying to establish minimum staffing ratios in the absence of a clear understanding of how and why different staffing levels affect outcomes may result in ratios that overestimate or underestimate what is really needed to improve patient care. However, *the evidence base upon which to make these decisions is lacking in home health care*.
- *Notably absent is an assessment of the differential contribution of nursing to the outcomes under investigation*. That is, what structural features of home health nursing were influential in achieving the desired outcomes.

IMPLICATIONS AND RECOMMENDATIONS FOR HOME HEALTH CARE

There is need for more *concerted action on the part of home health care administrators, policymakers, payers, and researchers to improve the delineation and measurement of home health outcomes and to design and test models of high-quality and cost-effective care* that are likely to achieve these outcomes. A *targeted agenda of outcomes research that explores the contribution of nursing care* to a broad set of patient outcomes will be a critical adjunct to that effort.

However, improving our understanding the relationship between nursing interventions and patient outcomes is only half of the equation. *Creating a work environment that has as its goal building and maintaining a high-quality home health nursing workforce to achieve these outcomes*, must likewise be pursued.

- Because managerial support has been identified by staff nurses as a critical component of the work environment that contributes not only to job satisfaction but to quality patient care as well, it will be important to *bolster the role of middle managers so that they are able to provide the support needed by field staff*.
- *More flexibility in the design of work hours and job structure, opportunities for career growth and advancement, continuing education, professional development, and recognition for their contributions* should also be enhanced as key contributors to the job satisfaction and retention of the home health nursing workforce.
- One strategy to enhance the recognition of nursing's contribution is *by involving nurses directly in the design and implementation of studies* that seek to elicit nursing's role in meeting the goals of home health care. Adopting such an approach would have the benefit of involving nurses more directly in the design of their work and the workplace, would provide opportunity for professional development, and could add to an evidence base of outcomes research in home health care that is sorely needed.

Building and sustaining a high quality nursing workforce in home health care will require solutions that embrace the confluence of forces that characterize home health care in the 21st century---a volatile policy environment that is transforming the industry, a growing demand for services by

an aging population, and predictions of significant shortfalls in health care workers. Linking the workforce and service delivery patterns to patient outcomes will be crucial to the guiding the development of workplace solutions and policy initiatives that ensure quality care and effective work environments that facilitate that care.