



## The Home Care Provider Workforce in New York

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# **The Home Care Provider Workforce in New York**

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## **Preface**

This report summarizes the results of a 2005 survey of New York's home health agencies conducted by the New York Center for Health Workforce Studies. The survey was designed to better understand the workforce needs of the state's home care agencies as well as to learn more about their emergency preparedness plans and the extent to which these plans were linked to local government efforts to develop community-wide emergency preparedness. The Home Care Association of New York State provided funding to support this study.

This report was prepared at the Center for Health Workforce Studies by Robert Martiniano and Jean Moore. The Center is a not-for-profit research organization operating under the auspices of the School of Public Health at the University at Albany, State University of New York, and Health Research, Incorporated (HRI). The ideas expressed in this report are those of the Center for Health Workforce Studies and do not necessarily represent the views or the positions of the University at Albany, the State University of New York, the School of Public Health, HRI, or the Home Care Association of New York State.

## **Background**

The health care industry, including home care, recognizes the importance of effective emergency planning, given recent concerns about the health system's capacity to respond to large scale emergencies, whether terrorism, natural disasters, or infectious diseases. A critical lesson learned from Hurricane Katrina was the need for health care providers within a community to work with each other and with local government to assure a coordinated response to a local emergency. However, the feasibility of an emergency plan could be constrained by health workforce shortages. It is widely recognized that the recruitment and retention of workers is a pressing issue for home care agencies across the state. Unfortunately, there is little data available to systematically document and assess the extent of the problem, to estimate the resources that would be required to address these problems, and to gauge its impact on emergency preparedness in home care.

To learn more about this, the Center for Health Workforce Studies surveyed all home care agencies in New York on their emergency planning activities and on recruitment and retention problems. Home care agencies were asked to provide information on their clinical workforce, including vacancies, turnover, and perceived recruitment and retention difficulties. A telephone interview of a sample of survey respondents was conducted to gather information on their emergency planning activities and to learn more about their concerns regarding the workforce shortages their agencies faced.

## **Key Findings**

### **Emergency Planning**

- All of the agencies<sup>1</sup> interviewed had emergency plans, and all those plans were linked with local government emergency planning, either at the county level or with New York City.
- All agencies believed their staff were adequately trained and equipped to handle most types of emergencies. Agencies were extremely confident in the ability of their staff to handle emergencies such as snowstorms, but less confident in their ability to deal with bioterrorism or major disasters like Hurricane Katrina in New Orleans.

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<sup>1</sup> The use of the term "agency" in this report refers to survey respondents which may operate one or more home care programs.

- About half of agencies described arrangements with other providers to add more clinical staff during an emergency. Almost 60% of agencies described arrangements to provide staff to other health care providers during an emergency.
- About half of the agencies reported the potential to increase their patient capacity (surge capacity) by at least 10% during an emergency.

### **Staffing Issues**

- Registered nurses (RNs) were identified as the occupation that posed the most recruitment difficulty statewide, and this was more problematic for agencies downstate<sup>2</sup> than upstate.
- Statewide, agency vacancy rates were highest for RNs followed by home health aides (HHAs).
- On a statewide basis, agencies reported taking more than three months to fill a vacant RN position, with downstate agencies taking longer than upstate agencies to fill RN vacancies.
- Agencies statewide reported less difficulty retaining staff than recruiting them.
- When asked which occupations posed the most retention difficulty, agencies reported personal care aides, followed by RNs, HHAs, and licensed practical nurses (LPNs).
- When calculating turnover rates by occupation, HHAs had the highest rate of turnover, followed by RNs, and personal care aides. Upstate agencies had significantly higher turnover rates for personal care aides than downstate agencies.

### **Background**

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<sup>2</sup> This report presents statewide findings as well as finding for the three downstate regions(New York City, Long Island, and Hudson River regions), and the remaining five upstate regions. (See Figure 1)

systematically document and assess the extent of the problem, to estimate the resources that would be required to address these problems, and to gauge its impact on emergency preparedness in home care.

To learn more about this, the Center for Health Workforce Studies surveyed all home care agencies in New York on their emergency planning activities and on recruitment and retention problems. Home care agencies were asked to provide information on their clinical workforce, including vacancies, turnover, and perceived recruitment and retention difficulties. A telephone interview of a sample of survey respondents was conducted to gather information on their emergency planning activities and to learn more about their concerns regarding the workforce shortages their agencies faced.

### **Methodology**

A survey of all Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCP), Hospice Programs, and Licensed Home Care Service Agencies (LHCSAs) in New York was conducted from May to September of 2005.

The following are abridged definitions for home health programs licensed or certified by the New York State Department of Health taken from Articles 36 and 40 of the New York State Public Health Law:

- CHHAs provide nursing care and a variety of medically related services in the home to individuals who are sick or disabled.
- LTHHCPs provide medical, nursing, and rehabilitative services to individuals who are medically eligible for placement in a nursing home, but who choose to remain at home.
- LHCSAs provide hourly nursing care and homemaker, housekeeper, personal-care attendants, and other health and social services.
- Hospice programs provide a coordinated program of home and inpatient care for terminally ill patients, including physical, psychological, social, and spiritual support and care.

Based on mailing lists provided by the Home Care Association of New York State, more than 1,220 distinct programs operated by just over 900 agencies were identified and surveyed. Agencies had the option of completing a paper survey or an on-line survey. Agencies operating more than one program, e.g., CHHA, hospice, or LTHHCP, were asked to fill out one survey for each individual program. Agencies that operated two or more LHCSAs were given the option of aggregating their data and reporting it on one survey form. For purposes of this report, the term “agency” refers to a survey respondent; regardless of the number of programs that agency operates.

An initial mailing was sent in May and a follow up mailing was sent to those who did not submit a survey after the first mailing. Response rates varied by program type and were as follows:

- 44% of CHHAs;
- 41% of Hospices Programs;
- 34% of LTHHCPs; and
- 20% of LHCSAs.

The survey requested information on:

- the number of filled budgeted positions, full- and part-time, on 12/31/04;
- the number of vacant budgeted positions, full- and part-time, on 12/31/04;
- the number of budgeted positions filled with temporary or contract staff, full- and part-time, on 12/31/04;
- the number of employees on the payroll as of 12/31/04;
- the number of employees whose employment ended between 1/1/04 and 12/31/04;
- the average number of months to fill a vacant position;
- the difficulty of recruiting individuals in a specific occupation; and
- the difficulty of retaining individuals in a specific occupation.

To describe recruitment or retention difficulties, survey respondents were asked to indicate the level of difficulty on a Likert scale, from 1 (‘very easy’) to 5 (‘very difficult’). A copy of the survey tool is included as an attachment to this report.

Vacancy rates were calculated by dividing the number of budgeted vacant positions (full- and part-time) by the number of filled budgeted positions (full- and part-time) plus the number of vacant budgeted positions (full- and part-time). Turnover rates were calculated by dividing the number of employees whose employment ended between 1/1/04 and 12/31/04 by the number of employees whose employment ended between 1/1/04 and 12/31/04 plus the number of employees on the payroll as of 12/31/04.

The survey collected data on eleven occupations that are typically found in home care agencies, including:

- Registered nurses;
- Licensed practical nurses;
- Physical therapists;
- Occupational therapists;
- Speech pathologists;
- Respiratory therapists;
- Social workers;
- Personal care aides;
- Dietitians/Nutritionists;
- Home health aides; and
- Homemakers/Housekeepers.

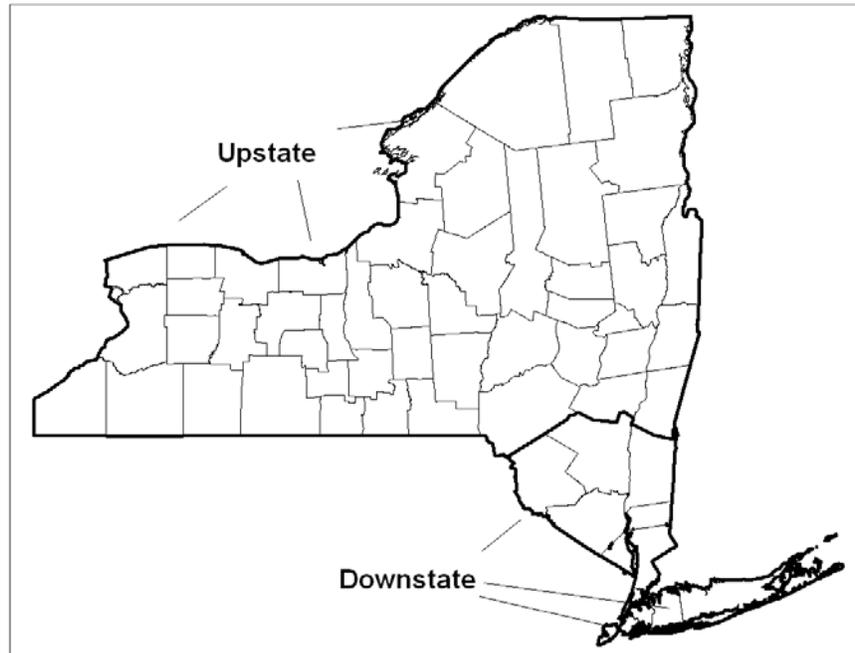
Additionally, administrators or human resource directors at a random sample of CHHAs, LTHHCPS, and Hospice Programs across the state were interviewed by telephone and asked more in-depth questions on recruitment and retention issues and emergency planning, including the agency's current emergency preparedness plan, staff training on the emergency plan, and agreements with other agencies related to surge capacity. The interview questions used for the telephone survey are included as an attachment to this report.

Preliminary analysis of the data showed little difference in survey responses based on agency size or program type. Agency location was the one factor that appeared to result in differences in

survey responses. Consequently, the presentation of findings is based on agency location, but not on agency size or types of programs operated. In addition, agencies that were not providing services directly (e.g., LHCSAs that only provide staff to other home care agencies or agencies that were just starting up and not yet providing services) were not included in the presentation of findings.

Initially, the Center planned to analyze the data regionally, using the eight New York State Health Service Agency regions. However, in reviewing the survey responses, agencies reported significant service area overlap across the eight regions, making it difficult to analyze and report region-specific responses. Consequently, this report presents statewide findings as well as findings for the three downstate regions (New York City, Long Island, and Hudson River regions), and the remaining five upstate regions (Figure 1).

**Figure 1**  
**Regions of Analysis**



Few respondents reported employing occupational therapists, speech pathologists, respiratory therapists, dietitians/nutritionists, and homemakers/housekeepers. This limited the ability to draw valid conclusions about the recruitment and retention of home care workers in these occupations. Consequently, these five occupations were excluded from the analysis and are not presented in this report.

Data tables on recruitment or retention listed average survey responses based on the Likert scale previously described, on a scale of 1 to 5, with a rating of 2.5 indicating neither difficult nor easy. Tables depicting vacancy or turnover rates group percent of respondents by three categories: high (rates of 10% or more), medium (rates between 5% and 9.9%), and low (rates below 5%).

## **Survey Results**

### **Emergency Planning Linkages**

All of the agencies interviewed had an emergency plan, and all the plans were linked with local government emergency planning, either at the county level or New York City. The vast majority of agencies also linked their emergency plans to other health care providers in their area or health care provider associations. In some rural areas, agencies reported that their emergency plans were linked to the plans of local sheriff's departments.

### **Staff Training**

All but one of the agencies had informed their staff about their emergency plan. The agency that had not informed their staff had recently begun rolling out the emergency plan and had only informed executive staff. Most agencies informed their staff of their emergency plans through in-service programs. Agencies also used staff meetings and new employee orientations to inform their staff about emergency plans. All agencies indicated there was one emergency response training program for all their staff, regardless of title or clinical function. The majority of agencies indicated they had specific CBRNE (chemical, biological, radiologic, nuclear, and explosive) training for their professional staff (69%) and their paraprofessional staff (62%).

### **Emergency Preparedness**

All agencies believed their staff were adequately trained and equipped to handle most types of emergencies. Agencies were extremely confident in the ability of their staff to handle emergencies such as snowstorms, but less confident in their ability to deal with bioterrorism or major disasters like Hurricane Katrina in New Orleans. Most agencies indicated that at least 90% of their staff responded to past emergencies, whether actual emergencies or drills.

### **Staffing Arrangements During an Emergency**

Nearly half of agencies interviewed indicated having arrangements with other health care providers to add staff during an emergency. Almost 60% of agencies indicated they had arrangements to provide staff to other health care providers during an emergency. Slightly more than half of the agencies indicated they could increase their patient capacity during an emergency.

by at least 10%. Forty percent of the agencies were not able to determine the extent to which patient capacity could be increased during an emergency.

**Recruitment Difficulties**

Statewide, registered nurses (RNs) posed the most recruitment difficulty for home care agencies. Recruitment of RNs was more problematic for downstate agencies than for upstate agencies. Home health aides and personal care aides were also difficult to recruit, and this was more problematic for agencies in the upstate regions (Figure 2).

**Figure 2**  
**Perceived Difficulty<sup>3</sup> Recruiting Staff by Occupation**

Occupation	Perceived Difficulty Recruiting Staff		
	Statewide	Downstate	Upstate
Registered Nurses	3.88	4.01	3.73
Personal Care Aides	3.39	3.09	4.17
Home Health Aides	3.36	3.23	3.47
LPNs	2.88	3.22	2.65
Social Workers	2.83	2.70	2.95
Physical Therapists	2.77	2.54	2.97

**Vacancy Rates by Occupation<sup>4</sup>**

Statewide, agencies reported the highest vacancy rates for RNs. Thirty percent of the agencies reported high RN vacancy rates and more than 26% reported high vacancy rates for home health aides. Nearly 20% of the agencies reported high social worker vacancy rates (Figure 3).

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<sup>3</sup> Survey respondents were asked to rate recruitment difficulties on a scale of 1 through 5, with 1 being “very easy” and 5 being “very difficult.”

<sup>4</sup> Vacancy rates were calculated by dividing the number of budgeted vacant positions (full- and part-time) by the number of filled budgeted positions (full- and part-time) plus the number of vacant budgeted positions (full- and part-time).

**Figure 3**  
**Statewide Vacancy Rates by Occupation**

Occupation	Vacancy Rates		
	Low	Medium	High
Home Health Aides	67.0%	6.6%	26.4%
LPNs	75.0%	1.7%	23.3%
Personal Care Aides	74.3%	5.7%	20.0%
Physical Therapists	76.9%	2.6%	20.5%
Registered Nurses	58.0%	12.0%	30.0%
Social Workers	75.0%	5.9%	19.1%

More than one-third of the downstate agencies reported high vacancy rates for RNs and LPNs. While fewer upstate agencies reported high vacancy rates for RNs and LPNs, they did report high vacancy rates for personal care aides (33.3%), social workers (29.4%), and home health aides (28%) (Figures 4 and 5).

**Figure 4**  
**Downstate Vacancy Rates by Occupation**

Occupation	Vacancy Rates		
	Low	Medium	High
LPNs	65.2%	0.0%	34.8%
Registered Nurses	57.0%	8.9%	34.1%
Home Health Aides	68.3%	7.3%	24.4%
Social Workers	71.9%	9.4%	18.7%
Physical Therapists	75.0%	8.3%	16.7%
Personal Care Aides	76.9%	7.7%	15.4%

**Figure 5**  
**Upstate Vacancy Rates by Occupation**

Occupation	Vacancy Rates		
	Low	Medium	High
Personal Care Aides	66.7%	0.0%	33.3%
Social Workers	77.8%	2.8%	29.4%
Home Health Aides	66.0%	6%	28.0%
Registered Nurses	59.1%	15.5%	25.4%
Physical Therapists	82.4%	0.0%	17.7%
LPNs	81.1%	2.7%	16.2%

### Time Needed to Fill Vacant Position

Statewide, agencies reported that, on average, it took more than three months to fill a vacant RN position, with downstate agencies taking longer than upstate agencies to fill these vacancies. Downstate agencies reported that, on average, filling a vacant LPN position took a little longer than filling a vacant RN position, 3.7 and 3.5 months, respectively. Upstate agencies reported, on average, that physical therapist positions took the longest to fill, at just over 3 months (Figure 6).

**Figure 6**

#### Average Number of Months to Fill a Vacancy by Occupation

Occupation	Average Time to Fill Vacancies (in months)		
	Statewide	Downstate	Upstate
Registered Nurses	3.13	3.54	2.70
LPNs	2.87	3.72	2.12
Physical Therapists	2.83	2.50	3.06
Social Workers	2.45	2.33	2.68
Home Health Aides	2.04	1.85	2.20
Personal Care Aides	1.33	1.09	2.40

### Turnover Rates<sup>5</sup>

More than 61% of agencies statewide reported high turnover rates for home health aides, while more than 54% reported high turnover rates for RNs. Almost 76% of agencies reported low turnover rates for physical therapists, and more than 69% of the agencies reported low turnover rates for social workers (Figure 7).

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<sup>5</sup> Turnover rates were calculated by dividing the number of employees whose employment ended between 1/1/04 and 12/31/04 by the number of employees whose employment ended between 1/1/04 and 12/31/04 plus the number of employees on the payroll as of 12/31/04.

**Figure 7  
Statewide Turnover Rates by Occupation**

Occupation	Turnover Rates		
	Low	Medium	High
Home Health Aides	31.3%	7.3%	61.4%
Registered Nurses	36.9%	8.7%	54.4%
Personal Care Aides	44.4%	11.1%	44.5%
LPNs	59.4%	1.6%	39.1%
Social Workers	69.1%	2.9%	28.0%
Physical Therapists	75.7%	0.0%	24.3%

More than half of agencies statewide reported high turnover rates for RNs. More than three-quarters of upstate agencies reported high turnover rates for home health aides, much higher than turnover rates reported by downstate agencies. Well over half of upstate agencies also reported high turnover rates for personal care aides (Figures 8 and 9).

**Figure 8  
Upstate New York Turnover Rates by Occupation**

Occupation	Turnover Rates		
	Low	Medium	High
Home Health Aides	18.0%	6.0%	76.0%
Personal Care Aides	44.4%	0.0%	55.6%
Registered Nurses	33.3%	12.5%	54.2%
LPNs	67.6%	0.0%	33.4%
Social Workers	67.6%	2.9%	29.5%
Physical Therapists	72.7%	0.0%	27.3%

**Figure 9  
Downstate New York Turnover Rates by Occupation**

Occupation	Turnover Rates		
	Low	Medium	High
Registered Nurses	40.2%	5.2%	54.6%
LPNs	48.1%	3.7%	48.2%
Home Health Aides	45.7%	8.7%	45.6%
Personal Care Aides	44.4%	14.8%	40.8%
Social Workers	70.6%	2.9%	26.5%
Physical Therapists	80.0%	0.0%	20.0%

### Perceived Difficulty Retaining Staff

Overall, agencies reported less difficulty retaining staff than recruiting them. Statewide, agencies reported the most difficulty retaining personal care aides, RNs, home health aides, and LPNs. Downstate agencies reported greater difficulty retaining RNs and LPNs, while upstate agencies indicated greater difficulty retaining home health aides and personal care aides (Figure 10).

**Figure 10**  
**Perceived Difficulty Retaining Staff by Occupation**

Occupation	Perceived Difficulty Retaining Staff		
	Statewide	Downstate	Upstate
Personal Care Aides	3.13	3.00	3.46
Registered Nurses	2.91	3.06	2.75
Home Health Aides	2.88	2.71	3.04
LPNs	2.87	3.38	2.21
Physical Therapists	2.22	2.25	2.19
Social Workers	2.19	2.16	2.21

### Staffing Arrangements

The vast majority of agencies had contracts with other agencies for staff. Most of these staffing contracts were for home health aides. Some agencies reported using staffing contracts for therapy services. The three top reasons cited for using staffing contracts were lack of available workers, budget constraints, and program size.

### RN Recruitment and Retention Issues

Agencies indicated the two major reasons for RN recruitment difficulties were the general shortage of RNs and the competition for RNs locally among health care providers. Agencies indicated the major reason for RN retention problems was job dissatisfaction, and two of the reasons commonly cited for this dissatisfaction were too much paperwork and the highly autonomous nature of RN jobs in home care.

Most agencies interviewed indicated they did not hire newly graduated RNs, citing concern about the need for prior nursing experience, given their independent work environment.

### **Physical Therapists**

Slightly more than half of the agencies employed or contracted for physical therapists. The two major reasons cited for recruitment difficulties were competition for physical therapists and shortages of physical therapists. Many respondents indicated physical therapists preferred to contract with multiple agencies rather than be directly employed by one. A few agencies indicated they were having physical therapist retention problems that were attributed to salary levels and paperwork requirements.

### **Home Health Aides**

Agencies indicated the four main reasons for home health aide recruitment difficulties were competition for home health aides among providers, general shortages of home health aides, low salaries, and program budget constraints that did not allow for salary increases. The three reasons cited for home health aide retention problems were lack of full-time jobs, low salaries, and lack of career mobility.

### **Differences in Recruiting and Retaining Full-Time versus Part-Time Employees**

About half of agencies cited differences in recruitment and retention of full-time versus part-time employees, but the differences varied depending on the approach used. Some agencies indicated it was easier to recruit and retain part-time employees because of schedule flexibility and per diem status. Conversely, several other agencies indicated it was more difficult recruiting and retaining part-time employees because part-time work usually entailed nights and weekends, a less attractive option for workers generally.

### **Bilingual Staff**

The vast majority of the agencies indicated they needed or used bilingual staff. The need was greatest for bilingual home health aides. Agencies also reported need for bilingual RNs and social workers. While the language needed the most was Spanish, several additional languages were identified including Russian, Cantonese, and Mandarin.

## **Conclusions**

Home health care agencies have developed their emergency plans and linked them to local governmental plans. All agencies believed their staff were adequately trained and equipped to handle most types of emergencies. Agencies were extremely confident in the ability of their staff to handle emergencies such as snowstorms, but less confident in their ability to deal with bio-terrorism or major disasters like Hurricane Katrina in New Orleans. More agencies may need to actively develop staffing arrangements with other health care providers that can facilitate expansion of capacity to serve patients during an emergency.

As with other health sectors, home health care has difficulty recruiting and retaining RNs. Agencies also face the chronic problem of home health aide and personal care aide turnover, especially in upstate regions. Home care is projected to be one of the fastest growing settings in health care. It is critical that home care agencies in New York work collaboratively to develop strategies that can assure a sufficient and stable home care workforce.

## Appendix I

### Center for Health Workforce Studies HOME CARE STAFFING SURVEY

#### Instructions

Please complete a survey for each certified program you operate, i.e., Certified Home Health Agency (CHHA), Hospice Program, and Long Term Home Health Care Program (LTHHCP).

At least one survey should be completed if you operate a Licensed Home Care Services Agency (LHCSA). If you operate a multi-site LHCSA, you may complete one survey for all sites or one survey per site, whichever is more convenient and better represents how you operate your business.

You have the option of responding to this survey by:

- Using the attached survey and mailing it back to the Center in the enclosed envelope; or
- Completing the survey electronically.

The link to the electronic version of the survey can be accessed through the Center's web site at: <http://chws.albany.edu/hcsurvey>. You will need to enter the program's survey ID when completing the on-line survey. Each certified and licensed program has a unique survey ID that is found at the top of each page of the survey. If your survey response covers multiple LHCSA sites, you may use any one of the survey IDs listed. Please be sure in survey response to indicate the number of sites that the survey response is covering.

The Center will be conducting a second, more in-depth 15 minute phone survey on recruitment and retention issues faced by home care organizations with a smaller number of home care organizations. If you are interested in participating in this second survey, please indicate a contact name, phone number, and e-mail address on the first page of the survey.

#### Section I:

Annual Number of Professional Visits: Indicate, if applicable, the total number of patient visits for your program in 2004. This should include all visits by nursing or therapy staff, regardless of the number of individual patients that generated those visits.

Annual Number of Paraprofessional Hours: Indicate, if applicable, the total number of paraprofessional hours for your program in 2004. This should include all hours by home health aides, homemakers, housekeepers, and other paraprofessional staff, regardless of the number of individual patients that generated those hours.

Program Type: Indicate the type of program, i.e., CHHA, Hospice, LTHHCP, or LHCSA. If you are completing a survey for a LHCSA, also indicate the number sites your survey response is for.

Sponsor Type: Indicate whether your program is not-for-profit, for profit, or publicly sponsored.

County(ies) of Service (Select All That Apply): Indicate all the counties for which you provide services or staff.

**Section II:**

**PLEASE NOTE: CONTRACT STAFF ARE WORKERS THAT YOUR AGENCY GETS FROM OTHER AGENCIES UNDER A CONTRACT. THEY DIFFER FROM PER DIEM STAFF EMPLOYED BY YOUR AGENCY THAT WORK ON AN HOURLY BASIS.**

Number of Filled Budgeted Positions on 12/31/04: Indicate the number of positions that were approved or funded at your program and filled with full time and part time staff who were **employed at your program. Since agencies may differ in their definitions of full and part time, each agency may use their own definitions when completing this survey.** Do not include positions that were filled with temporary or contract staff. Do not include approved or funded positions that were vacant (even if those positions were filled with temporary or contract staff). A position filled with more than one individual is still counted as one position. If your program does not use staff in the occupation listed, indicate not applicable (N/A) and ignore the remaining rows for that occupation.

Number of Vacant Budgeted Positions on 12/31/04 for Which Active Recruitment was Underway: Indicate the number of approved or funded positions that were vacant but for which active recruitment was underway. Do not include positions that the program did not plan to fill. Include all positions that were filled with temporary or contract staff but for which the program was actively recruiting to fill with a direct employee.

Number of Budgeted Positions filled with Temporary or Contract Staff on 12/31/04: Indicate the number of budgeted positions that were filled with temporary or contract staff. (Count the number of positions, not the number of individuals who filled them.)

Number of Employees on Payroll on 12/31/04: Indicate the total number of program employees, both full and part time, on the payroll on December 31, 2004. Do not count temporary or contract staff.

Number of Employees Whose Employment Ended Between January 1st & December 31st, 2004: Indicate the number of employees who ended employment in 2004, regardless of their length of employment. Do not count temporary or contract staff.

Average Time Needed to Fill a Vacant Position in 2004: Indicate the average number of months it took to fill vacant positions for which active recruitment occurred in 2004 in the occupations listed.

Recruiting Staff in this Title was: Indicate on a one to five scale, with one being the easiest and five being the most difficult, how easy it was to recruit staff in the occupations listed in 2004.

Retaining Staff in this Title was: Indicate on a one to five scale, with one being the easiest and five being the most difficult, how easy it was to retain staff in the occupations listed in 2004.

If you have any questions, please contact Robert Martiniano at (518) 402-0250 or rpm06@health.state.ny.us. Please mail the survey in the enclosed envelope to:

Center for Health Workforce Studies  
Room B334, 1 University Place  
Rensselaer, NY 12144  
<http://chws.albany.edu>



**Center for Health Workforce Studies  
HOME CARE STAFFING SURVEY**

<b>Section II:</b>		<b>RNs (1)</b>	<b>LPNs (1)</b>	<b>Physical Therapists</b>	<b>Occupation Therapists</b>	<b>Speech Pathologists</b>	<b>Respiratory Therapists</b>
Number of Filled Budgeted Positions on 12/31/04 (Do not include positions that were filled with temporary or contract staff)	Full Time						
	Part Time						
Number of Vacant Budgeted Positions on 12/31/04 for Which Active Recruitment was Underway	Full Time						
	Part Time						
Number of Budgeted Positions Filled with Temporary or Contract Staff on 12/31/04.	Full Time						
	Part Time						
Number of Employees on Payroll on 12/31/04 (Do not count temporary or contract staff)							
Number of Employees Whose Employment Ended Between January 1 <sup>st</sup> & December 31st, 2004.							
Average Time Needed to Fill a Vacant Position (in Months) in 2004.							
Recruiting Staff in this Title was: (1 = Very Easy – 5 = Very Difficult).		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Retaining Staff in this Title was: (1 = Very Easy - 5 = Very Difficult).		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<b>Section II:</b>		<b>Social Workers</b>	<b>PCAs (1)</b>	<b>Dieticians/ Nutritionists</b>	<b>Home Health Aides</b>	<b>Homemaker/ Housekeeper</b>	<b>Other</b>
Number of Filled Budgeted Positions on 12/31/04 (Do not include positions that were filled with temporary or contract staff)	Full Time						
	Part Time						
Number of Vacant Budgeted Positions on 12/31/04 for Which Active Recruitment was Underway	Full Time						
	Part Time						
Number of Budgeted Positions Filled with Temporary or Contract Staff on 12/31/04.	Full Time						
	Part Time						
Number of Employees on Payroll on 12/31/04 (Do not count temporary or contract staff)							
Number of Employees Whose Employment Ended Between January 1st & December 31st, 2004.							
Average Time Needed to Fill a Vacant Position (in Months) in 2004.							
Recruiting Staff in this Title was: (1 = Very Easy – 5 = Very Difficult).		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Retaining Staff in this Title was: (1 = Very Easy - 5 = Very Difficult).		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

(1) Abbreviations Used: RN -- Registered Nurses; LPN -- Licensed Practical Nurses; and PCA -- Personal Care Aide.

## Appendix II

Facility Name: \_\_\_\_\_

Region: \_\_\_\_\_

Facility Type:  CHHA  Hospice  LTHHCP

- 1) Do you have staffing arrangements with other agencies? If yes, what type of staffing arrangement(s)?
  - a. None – all my employees are directly employed by my agency
  - b. I share staff with other agencies (staff are on payrolls of all agencies)
  - c. I contract with other agencies for staff
  - d. Other (specify): \_\_\_\_\_
  
- 2) If you share or contract for staff with other agencies, what are the reasons?
  - a. Lack of available workers
  - b. Budget constraints/limited funding
  - c. Size of agency
  - d. Other (specify): \_\_\_\_\_
  
- 3) Facility uses RNs
  - a. Yes
  - b. No (skip to question 9)
  
- 4) What do you think are the specific reasons for recruitment difficulties with RNs?
  - a. Shortage of workers
  - b. Salary levels
  - c. High competition for workers
  - d. Budget constraints/limited funding
  - e. Other (specify): \_\_\_\_\_
  
- 5) What do you think are the specific reasons for retention difficulties with RNs?
  - a. Salary levels
  - b. Lack of benefits
  - c. Lack of career mobility
  - d. Lack of educational opportunities
  - e. Lack of full time work
  - f. Dissatisfaction with job
  - g. Other (specify): \_\_\_\_\_
  
- 6) Do you use both newly graduated and experienced RNs?
  - a. Yes
  - b. No (skip to question 9)
  
- 7) Are there differences in your ability to recruit new grads vs. experienced RNs?
  - a. Yes
  - b. No

If yes, what are these differences? \_\_\_\_\_

- 8) Are there differences in your ability to retain new grads vs. experienced RNs?
- a. Yes
  - b. No

If yes, what are these differences? \_\_\_\_\_

- 9) Facility uses physical therapists
- a. Yes
  - b. No (skip to question 12)

- 10) What do you think are the specific reasons for recruitment difficulties with physical therapists?
- a. Shortage of workers
  - b. Salary levels
  - c. Competition for workers
  - d. Budget constraints/limited funding
  - e. Other (specify): \_\_\_\_\_

- 11) What do you think are the specific reasons for retention difficulties with physical therapists?
- a. Salary levels
  - b. Lack of benefits
  - c. Lack of career mobility
  - d. Lack of educational opportunities
  - e. Lack of full time work
  - f. Dissatisfaction with job
  - g. Other (specify): \_\_\_\_\_

- 12) Facility uses personal care aides
- a. Yes
  - b. No (skip to question 15)

- 13) What do you think are the specific reasons for recruitment difficulties with personal care aides?
- a. Shortage of workers
  - b. Salary levels
  - c. Competition for workers
  - d. Budget constraints/limited funding
  - e. Other (specify): \_\_\_\_\_

- 14) What do you think are the specific reasons for retention difficulties with personal care aides?
- a. Salary levels
  - b. Lack of benefits
  - c. Lack of career mobility
  - d. Lack of educational opportunities
  - e. Lack of full time work
  - f. Dissatisfaction with job
  - g. Other (specify): \_\_\_\_\_

- 15) Facility uses home health aides
- a. Yes
  - b. No (skip to question 18)

- 16) What do you think are the specific reasons for recruitment difficulties with home health aides?
- a. Shortage of workers
  - b. Salary levels
  - c. Competition for workers
  - d. Budget constraints/limited funding
  - e. Other (specify): \_\_\_\_\_

- 17) What do you think are the specific reasons for retention difficulties with home health aides?
- a. Salary levels
  - b. Lack of benefits
  - c. Lack of career mobility
  - d. Lack of educational opportunities
  - e. Lack of full time work
  - f. Dissatisfaction with job
  - g. Other (specify): \_\_\_\_\_

- 18) Do you have a hard time recruiting full time vs. part time employees?
- a. Yes
  - b. No

If yes, what are the occupations and what are the issues: \_\_\_\_\_

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- 19) Do you have a hard time retaining full time vs. part time employees?
- a. Yes
  - b. No

If yes, what are the occupations and what are the issues: \_\_\_\_\_

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- 20) Do you use (or have a need to use) bi-lingual staff?
- a. Yes
  - b. No (skip to question 23)

If yes, which occupations and which languages: \_\_\_\_\_

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- 21) Do you have difficulty recruiting bi-lingual staff?
- a. Yes
  - b. No

If yes, which occupations and which languages: \_\_\_\_\_

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22) Do you have difficulty retaining bi-lingual staff?

- a. Yes
- b. No

If yes, which occupations and which languages: \_\_\_\_\_

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23) Does your agency currently have an emergency plan?

- a. Yes
- b. No (skip to question 26)

24) Is your emergency plan linked with broader emergency planning in your area?

- a. Yes
- b. No (skip to 26)

25) If your emergency plan is linked with broader emergency planning in your area, who is it linked with?

- a. County
- b. Other health care providers
- c. Other (specify): \_\_\_\_\_

26) If your agency currently has an emergency plan, who has been informed about your emergency plan?

- a. All staff;
- b. Administrative/office staff;
- c. Professional staff;
- d. Paraprofessional staff.

27) How do you educate your staff about your emergency plan?

- a. Agency-wide in-services/trainings
- b. Memos
- c. Unit meetings
- d. Other (specify): \_\_\_\_\_

28) Do you have specific emergency response training programs for:

- a. Administrative/office staff;
- b. Professional staff; and
- c. Paraprofessional staff?

29) Do you have specific CBRNE clinical educational training programs for:

- a. Professional staff; and
- b. Paraprofessional staff?

30) Do you think your staff are adequately trained and prepared to handle most types of emergencies?

- a. Yes
- b. No

- 31) In past emergency situations (drills or live), what percent (approximately) of staff contacted responded to the request:
- \_\_\_Administrative/office staff;
  - \_\_\_Professional staff; and
  - \_\_\_Paraprofessional staff?
- 32) Do you have any agreements with other health care providers or parent organizations for staff to assist your agency during emergency situations?
- a. Yes
  - b. No
- 33) Do you have any agreements with other health care providers or parent organizations to provide staff to assist your agency during emergency situations?
- a. Yes
  - b. No
- 34) Do other health care providers have agreements with your agency to provide staff to assist them during emergencies?
- a. Yes
  - b. No
- 35) In an emergency, what percent, approximately, above and beyond your daily census, could you serve on most days? \_\_\_\_\_