



The Home Health and Hospice Care Nurse Staffing Study (HHHCNSS) assesses nurse staffing and related issues in home health and hospice agencies. During the summer of 2015, the TCNWS administered the HHHCNSS to 3,148 Texas home health and hospice agencies. 1,023 (32.5%) agencies responded to the survey. The agencies that completed the 2015 HHHCNSS were representative of all Texas home health and hospice agencies by metropolitan and border status, patient census, and agency type.

This report provides information on all home health and hospice agencies in Texas, as well as survey response rates by region, geographic designation, patient census, and agency type.

Agency Population

Table 1 shows how the number of home health and hospice agencies in Texas has changed from 2011 to 2015.

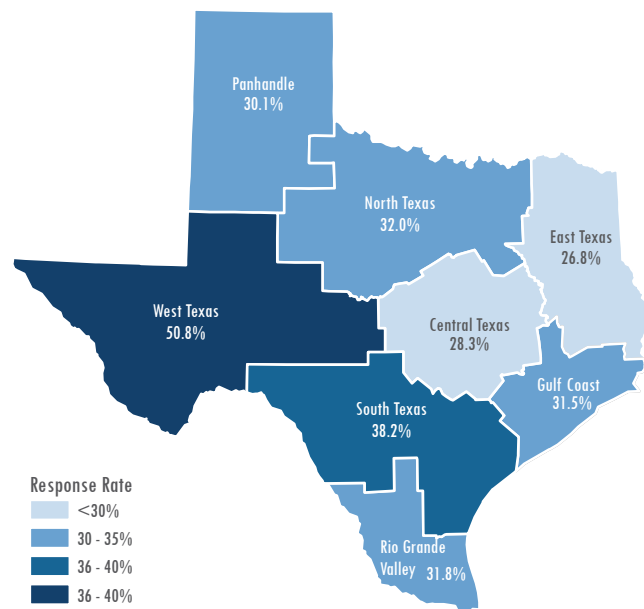
- The number of agencies has increased from 2,599 in 2011 to 3,148 in 2015.
- More agencies closed and fewer opened between 2013 and 2015 than 2011 and 2013.

Table 1. Changes in number of home health and hospice agencies in Texas, 2011-2015

Year	New Agencies	Closed Agencies	Total Agencies
2011	-	-	2,599
2013	776	369	3,006
2015	608	466	3,148

Response Rate

Figure 1. Response rate by region



Response Rates by Region and Geographic Designation

- In 2015 1,023 agencies responded to the survey, compared with 1,278 in 2013.
- The overall response rate for 2015 was 32.5%, which was a decrease from the 2013 response rate of 42.5%.
- West Texas and South Texas had the highest response rates, with at least one-third of agencies in those regions responding to the survey (See Figure 1 and Table 2).
- Responding agencies were not representative of the agency population by region,¹ so survey results cannot be generalized to regions.

Table 2. Response rate by region

Region	# of Responding Agencies (% of All Responding Agencies)	Total # of Agencies in Region	Response Rate
West Texas	63 (6.2%)	124	50.8%
South Texas	83 (8.1%)	217	38.2%
North Texas	345 (33.7%)	1,077	32.0%
Rio Grande Valley	114 (11.1%)	359	31.8%
Gulf Coast	305 (29.8%)	967	31.5%
Panhandle	22 (2.2%)	73	30.1%
Central Texas	43 (4.2%)	152	28.3%
East Texas	48 (4.7%)	179	26.8%
Texas	1,023	3,148	32.5%

Table 3 displays information on the proportion of hospitals responding to the survey by geographic designation.

Table 3. Response rate by geographic designation

Geographic Designation	# of Responding Agencies (% of All Responding Agencies)	Total # of Agencies in Designation	Response Rate
Non-Metro Border	17 (1.7%)	37	45.9%
Metro Border	125 (12.3%)	353	35.4%
Non-Metro Non-Border	84 (8.2%)	252	33.3%
Metro Non-Border	797 (77.9%)	2506	31.8%

- 90.1% of responding agencies were located in metropolitan counties, and 86.1% were located in non-border counties.
- Responding agencies were representative of the agency population by county metropolitan² and border status.³

¹ ($\chi^2(7, N = 1023) = 18.1, p = 0.01$)

² ($\chi^2(1, N = 1023) = 0.6, p = 0.4$)

³ ($\chi^2(1, N = 1023) = 2.1, p = 0.1$)

Response Rates by Agency Type and Patient Census

Table 4 shows that most responding agencies were home health agencies (81.5%), followed by hospice (16.3%). Very few responding agencies (2.2%) were combined home health and hospice agencies.

Table 4. Response rate by agency type

Agency Type	# of Responding Agencies (% of All Responding Agencies)	# of Agencies in Population	Response Rate
Home Health	834 (81.5%)	2517	33.1%
Combined	22 (2.2%)	71	31.0%
Hospice	167 (16.3%)	560	29.8%

- Responding agencies were representative of the agency population by agency type.⁴

Table 5 shows the response rate by agency size, as determined by the census data provided by DADS. The DADS census number represents the count of unique clients in a 12-month period.

Table 5. Response Rate by patient census

Patient Census	# of Responding Agencies (% of All Responding Agencies)	# of Agencies in Population	Response Rate
0-25	221 (21.6%)	768	28.8%
26-50	103 (10.1%)	301	34.2%
51-150	271 (26.5%)	774	35.0%
151-300	186 (18.2%)	554	33.6%
301+	242 (23.7%)	751	32.2%

- Response rates were very similar across patient census categories.
- Responding agencies were representative of the population by patient census.⁵

⁴ ($\chi^2(2, N = 1023) = 1.6, p = 0.5$)

⁵ ($\chi^2(4, N = 1023) = 5.3, p = 0.3$)



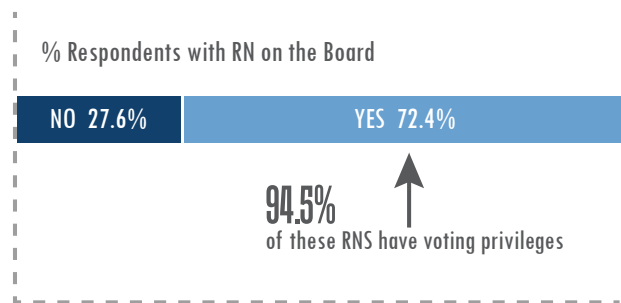
Nurses on Boards

The Institute of Medicine has recommended preparing and enabling nurses to lead change to advance health, which includes having representation on boards and other key leadership positions.² 2015 marked the first year that the HHCNSS tracked this indicator by asking if the respondent's organizational board had any RN members. The question did not ask for any specific type of board and the broadness of the question was a limitation of the study. Please note that the 2015 HHCNSS did not give agencies an option to report that they did not have a board.

Figure 2 displays the percentage of home health and hospice agencies with an RN on the agency's board.

- 72.4% of the agencies that participated in the survey reported having an RN on their board.³
- 94.5% of respondents who did have RN board members reported the RNs had voting privileges.

Figure 2. Nurses on Board



² Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). Front matter. *The future of nursing: Leading change, advancing health.*

Conclusion

The number of home health and hospice agencies in Texas has increased since 2011, although the rate of increase has slowed since 2013.

In 2015, the HHCNSS response rate was 32.5%. West Texas (50.8%) and South Texas (38.2%) had the highest response rates of the Texas regions. Response rates were also higher in non-metropolitan, border counties (45.9%). Responding agencies were representative of the agency population by geographic designation, agency type, and patient census.

74.2% of responding agencies reported having RNs on their boards, and 94.5% of these RNs had voting privileges. 2015 was the first year that this question was included in the HHCNSS in response to the IOM's recommendations. The 2015 data responses to these questions will provide a baseline for tracking future program changes in response to this recommendation.