

Nursing Call To Action

Building a Nursing Workforce
to Deliver Complex Care at Home

Report & Recommendations

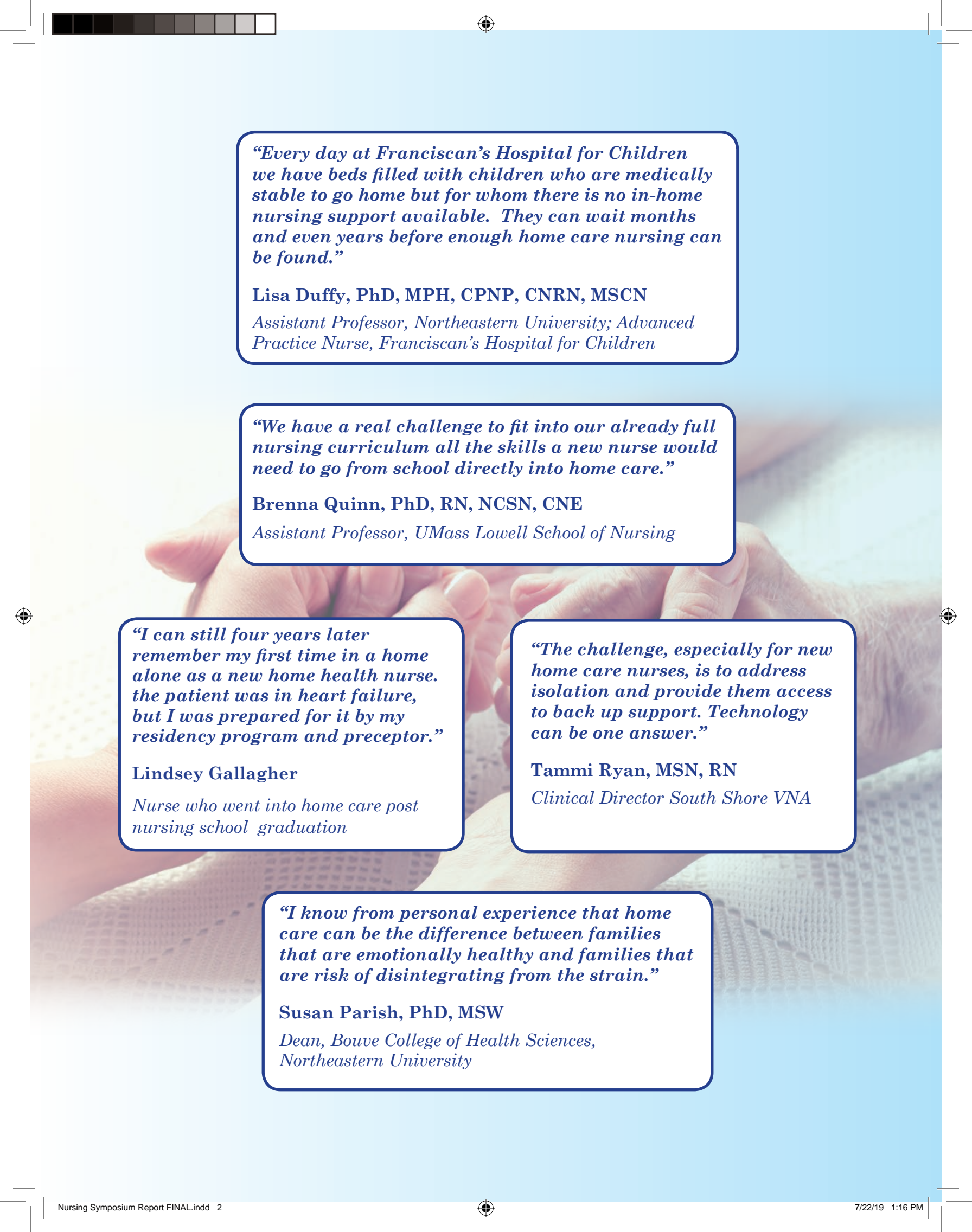


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 **HOME CARE ALLIANCE**
of MASSACHUSETTS



“Every day at Franciscan’s Hospital for Children we have beds filled with children who are medically stable to go home but for whom there is no in-home nursing support available. They can wait months and even years before enough home care nursing can be found.”

Lisa Duffy, PhD, MPH, CPNP, CNRN, MSCN

Assistant Professor, Northeastern University; Advanced Practice Nurse, Franciscan’s Hospital for Children

“We have a real challenge to fit into our already full nursing curriculum all the skills a new nurse would need to go from school directly into home care.”

Brenna Quinn, PhD, RN, NCSN, CNE

Assistant Professor, UMass Lowell School of Nursing

“I can still four years later remember my first time in a home alone as a new home health nurse. the patient was in heart failure, but I was prepared for it by my residency program and preceptor.”

Lindsey Gallagher

Nurse who went into home care post nursing school graduation

“The challenge, especially for new home care nurses, is to address isolation and provide them access to back up support. Technology can be one answer.”

Tammi Ryan, MSN, RN

Clinical Director South Shore VNA

“I know from personal experience that home care can be the difference between families that are emotionally healthy and families that are risk of disintegrating from the strain.”

Susan Parish, PhD, MSW

Dean, Bouve College of Health Sciences, Northeastern University

Dear Colleagues:

Health care is moving home. Yet, the supply of nursing professionals that are prepared and trained to deliver home health care to an increasingly complex set of patients is falling short of demand. Newly graduated nurses often leave school not having been exposed to, or prepared for, the nursing opportunities in home health care and without the assessment and technical skills to act as an independent practitioner in the home of a medically complex child or high risk elder.

On June 7th, home health care leaders and nursing educators gathered to begin a dialogue to address the growing shortage of home care nurses. The recruitment and retention of these vital providers is becoming a national problem. Preparing new graduates for these roles is a challenge in that they must be able - autonomously in a home setting – to deliver high quality care to some of our most medically complex. Attendees were highly motivated to set Massachusetts on a course to meet this demand.

In this report, we share the recommendations which emerged from the rich discussion among program presenters and attendees. It is our hope that we can engage home health agencies, nurse educators, policy makers and elected officials to turn these recommendations into actions so that no child, no elder or disabled resident of the Commonwealth who needs care at home has to go without it.

Janet Rico, PhD, MBA, NP-BC

*Assistant Dean, Nursing Graduate Programs,
Northeastern University School of Nursing*

Patricia Kelleher

*Executive Director
Home Care Alliance of MA*


Overview

On June 7th, 2019, the Home Care Alliance of Massachusetts and the Northeastern University School of Nursing at the Bouve College of Health Sciences convened a working session entitled **Nursing Call To Action: Building a Nursing Workforce to Deliver Complex Care at Home**. The session brought together 25 Schools of Nursing, 25 home health agencies, state policy personnel and others to examine what must be done to build the home health workforce that is needed to address a growing and increasingly complex at home patient population. Participants included: representatives from two year (practical) nursing programs; four year (BSN) programs; home health agencies, both pediatric and general; and hospices. Various state offices sent participants, including: MassHealth, the Executive Office of Elder Affairs, the MA Rehabilitation Commission and the MA Departments of Children and Families and Developmental Services. Representatives also participated from the MA Health and Hospital Association, and Commonwealth Corp, a state partner agency in workforce development.

The Massachusetts Secretary of Labor and Workforce Development Rosalin Acosta addressed the group regarding her agency's Workforce Collaborative and its focus on nursing and paraprofessional workforce, as well as behavioral health employment.

The discussions were centered around the opportunities and challenges in preparing, recruiting and retaining new nursing graduates as home healthcare nurses. The day began with a presentation by a Northeastern University nurse researcher at followed by a panel discussion comprised of nursing school faculty, home health agencies and a home care patient's parent. Panelists focused on real world barriers to providing student home care clinical experiences. Following the Secretary's remarks, the day finished with small group brainstorming sessions around the following topics:

1. What are the competencies and skills needed by new graduate nurses entering home care? Discussion included skills needed by nurses providing care to certain homecare clients (often pediatric) enrolled in the Massachusetts Continuous Skilled Nursing (CSN) program? What would be the roles of agencies and schools of nursing in preparing nurses with these skills?
2. What are the most effective home health recruitment strategies, including what can be done to elevate the visibility of home health jobs to nursing schools and the attractiveness of the home health field to nursing students.

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3. What are the barriers to collaboration between home health agencies and nursing programs in placing students into the home care setting?
4. What types of potential financial models could support/offset the costs incurred by home care agencies of providing clinical placements for students and of onboarding newly graduated nurses.

*“I am able to be here today because
my child has home nursing.”*

Janet Rico, PhD, MBA, NP-BC
*Assistant Dean, Nursing Graduate Programs,
Northeastern University School of Nursing
(Parent of medically complex child)*

Keynote Presentation

Lisa Duffy, PhD, MPH, CPNP, CNRN, MSCN

*Assistant Professor, Northeastern University; Advanced Practice Nurse,
Franciscan's Hospital for Children*

To open the conference, Lisa Duffy traced the movement of health care from institutions into the community. Dr. Duffy pointed out how advances in public health, improved healthcare, and advancing life expectancy are growing the potential home health care population. Technological advances such as smartphones and telehealth are making it increasingly possible to care for an even more complex patient population at home without them needing to come into the hospital or clinic.

Dr. Duffy said that the evidence is abundant that our state and nation will need a highly trained home care workforce to provide care to these patients. The barriers to obtaining that she said are “multifactorial.” Some literature points to the need for increased reimbursement given that the caliber of nurse needed for many homecare patients is comparable to that of an ICU nurse – a setting where pay is higher. “Financial reasons, however, are only one factor in the shortage of home care nurses,” she said. Equally compelling as a problem is that nursing education has not evolved to keep pace with the ever-changing landscape of care delivery.” Core curriculum requirements focus on acute illness and hospital-based experiences and nursing students have limited exposure to home care.

Dr. Duffy pointed out that the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine does address the need to improve the education for nurses seeking employment in community settings, including some needs specific to home care such as: understanding care coordination, negotiating with a healthcare team and navigating the regulatory eligibility for enrollment in health and social service programs. The report - ***“The Future of Nursing: Leading Change, Advancing Health”*** - suggests that one way to meet these requirements would be to increase the use of nurse residency programs. “These transition to practice programs have become more common in acute care settings, but continue to be sparse in the home care setting accounting for only 2% of all nurse residency programs,” Dr Duffy said.

Dr. Duffy presented some examples of educational programs from Chicago and Seattle that have been established to specifically build competencies to improve care from community nursing for children who are medically fragile and technology dependent. These programs included establishing nurse comfort levels with skills often needed in the home, such as: tracheostomy care and ***emergency airway management***, ventilator management & troubleshooting, skin care, enteral feeding, central line and infusion care.

*“Bureau of Labor Statistics say there
are 75,000 nurses working in home care.
There are 4.5 million who need care.
You can see we have a problem.”*

Lisa Duffy

Challenges and Opportunities

Voices On the Expert Panel

- **Parent: Deb Bernabei, BSN**

Home Health:

- **Karen Fitton, RN, BSN, Director, Continuous Skilled Nursing Program, Bayada Home Health Care**
- **Tammie Ryan, MSN, RN, Clinical Director South Shore VNA**
- **Jennifer Theriault, MSN, RN, COS-C, Director of Education & Program Development, Lahey Health at Home**

Nursing Schools:

- **Brenna Quinn, PhD, RN, NCSN, CNE, Asst. Professor, UMass Lowell School of Nursing**
- **Pat Creelman, MSN, BSN, Professor of Nursing Education, Quinsigamond Community College**
- **Judy Pelletier, MSN, RN, CNE, Director, Practical Nurse Program, Upper Cape Cod Regional Technical School**

“When I was finishing nursing school and indicated I was going into home care, my advisers told me: we think you can do better than that.”

**Jennifer Theriault,
MSN, RN, COS-C**

*Director of Education & Program
Development, Lahey Health at Home*

“Home care nurses need good empathetic listening skills. In the case of medically complex children, parents can be caregivers, but also silently grieving for the child that they had planned to have and didn’t.”

Deb Bernabei, BSN

*Parent of medically complex
home care patient*

Lead by moderator Maureen Bannan, a panel of agencies, nursing schools and one parent was asked to present their current involvement with nursing students and their recruitment into home health.

Among the themes that emerged are:

Image Issues Among Nurses and Nursing School Faculty:

A career in home health care is still considered at many nursing schools to be an unconventional or “less than” career choice. While home care needs nurses with very strong clinical and assessment skill sets, the best performing students are often steered toward high acuity hospital settings.

Skills Challenges:

Independent assessment skills within an autonomous practice setting, an ability to care for patients with multiple co-morbidities and medications, and highly honed communication skills are all required by the nurse providing care in the home. There needs to be more discussion as to what can be incorporated into nursing school curriculums and home health residency programs and who is responsible for what. A culture change needs to happen.

Placement Challenges:

If schools are to help build a home health nursing workforce, more agencies must be willing to precept new graduates. Training costs, and outdated LPN regulations around residencies are two large problems to be resolved.

Below are some excerpts from the panelists:

Deb Bernabei

My child is currently taking 48 different medications. For nurses to be successful in my home they need skills training in polypharmacy, PICClines, suctioning, nonverbal communication, and empathetic listening skills. They also need less isolation and more support from their home agency.

Karen Fitton

Bayada Home Health Care has committed to a four week nurse residency program for new graduate nurses in some states, not just yet in Boston. We hope to have our residency program up and running in Boston by the end of 2019. We have invested in a “simulation baby” to give our nurses the opportunity to test their skills during different emergency scenarios, i.e. respiratory, cardiac, neurological. Once the nurse completes his/her simulation training, he/she would enter into a 9 month preceptor program during which time the graduate will be partnered with a Preceptor.

Judy Pelletier

There is a place in home health care for practical nursing program students. However, practical nursing program regulations around education and training have not been updated to allow precepted clinical experiences. A task force of nurse educators and home health made recommendations a number of years ago to the Board of Nursing for changes in nurse education. They went out for public comment in 2016, but have not been acted on.

Tammie Ryan

Although I wanted to go from nursing school directly into home care, I was told that was not possible. Now, at the SSVNA I have hired and trained more than 30 new graduates. As part of a health system, we are able to allow them to do rotations in many different departments, including wound care, the Intensive Care Unit and our hospice. Our retention rate is very high.

Brenna Quinn

The challenge is how to fit all the skills that a new home health nurse needs into a curriculum that is so acute care focused. We also as nursing schools need to do more to establish how a clinical placement that is largely community vs institution-based impacts passage on the NCLEX licensing exam. More study on outcomes in students who participate in complex care home clinicals can help "convince" or elicit buy-in from a broader network of nursing schools. Schools also need more home care voices among their faculty.

Jennifer Theriault

Our first challenge is getting nursing students excited about the possibilities of a career in home care. Additionally, at the agency level, we have the challenges associated with establishing a nurse residency and preceptor program relative to electronic health records not being built to allow documentation to be input from student nurses. Not insurmountable, but something that must be considered. Schools of nursing also need home care champions on their faculty.

Pat Creelman

We must start with more home health agencies willing to be clinical placement sites for our students.

The Action Plan

“We are all taught about Congestive Heart Failure in nursing school, but are we teaching nurses how to help a patient live with CHF?” Where and how is Chronic Illness Management being taught.”

Adele Pike, EdD, RN
Simmons College

Following the keynote and the panel presentations, participants were asked to work in small groups to identify a list of necessary actions or next steps to achieve the vision as articulated by the panelists of a nursing workforce, truly enthused about careers in home care, sufficiently educated in their nursing programs, and supported and retained by their home health agency employers.

Adele Pike of Simmons College facilitated each group sharing their observations, as well as their specific actions items.

The most frequently supported activities and actions have come together in the following workplan:

Define the competencies and skills needed by new graduate nurses entering home care, including the particular competencies and skills needed by nurses interested in working to provide home nursing to complex (often pediatric) clients enrolled in the states Continuous Skilled Nursing (CSN) program. Identify best practices for agencies and schools of nursing to collaborate in preparing nurses with these skills.

- ❖ Create a single homecare skills check list. Use this to develop course outlines or curriculum additions and/or case studies that would bring home health nursing concepts into nursing school programs
- ❖ Develop home care case studies to support nursing education
- ❖ Develop agreements that make nursing school Simulation Labs available to agencies or groups of agencies precepting new students
- ❖ Have a home health agency clinical instructor taking on students in residencies to be designated and paid by the school (school buys out some of his/her time) as an adjunct nursing school faculty

- ❖ Develop programs that have nursing clinical placement in homecare moved from senior year to junior year giving earlier exposure to the home health career path
- ❖ Revise practical nurse training program regulations around precepting, expand home health practical nursing curriculum
- ❖ Develop a “library or repository” of class/course outlines or curriculum additions and/or case studies that be available to School of Nursing faculty to adopt/use to bring home health nursing concepts into nursing school programs
- ❖ Explore ways to get home health nurses access to on-line SON library resources medical research data bases that they lose once they graduate, possibly could be made available as a “perk” for precepting students
- ❖ Develop models of Home Care Clinical experiences for students that do in rely on multiple Home Care Staff nurses to precept students
- ❖ Develop/Describe capstone Senior Nursing Student home care experiences that prepare them for Home Care Residency Programs

Identify what are the best practices and barriers to home health agency recruitment, including what can be done to elevate the visibility of home health jobs to nursing schools and the attractiveness of the home health field to nursing students.

- ❖ Create a home health nurses Speakers Bureau that schools can tap into for career days, or other similar activity
- ❖ Work to add home health experts to nursing school advisory boards and/or faculty
- ❖ Create videos or other social media that show home health nurses to be the highest trained, most independent practitioners at their degree level
- ❖ Explore loan forgiveness for nurses who enter into careers in community-based care, specifically home care

Create processes whereby more home health agencies become involved in providing clinical placements for nursing students, including what types of potential financial models would support/offset the costs incurred by home care agencies of providing clinical placements for students and of onboarding newly graduated nurses.

- ❖ Work with nursing schools to encourage nursing students to be HH aides and give college credit for nursing students working as home health aides
- ❖ Create a central preceptor training or train the trainer curriculum that can be offered annually to any interested home health agency
- ❖ Support schools in researching how students in home health placements do on licensure exams compared with nurses whose placements are in acute hospitals
- ❖ Create incentives for agency nurses to be preceptors – career ladders, and salary add-ons possibly to be funded from state workforce funds or grants

Next Steps

Several nursing school and agency attendees began conversations at the event about new clinical placements. Their progress will be followed. Many attendees indicated on program evaluation an interest in working on a subcommittee going forward.

Nursing school curriculum development and support for training preceptor in home health agencies were most frequently mentioned. Volunteers will be placed in one of several post Summit workgroups to be formed.

Organizations, Schools & Other Agencies

Home Health Agencies

- ABC Home Healthcare Professionals
- Able Home Care
- All Care VNA
- Alliance Home Care VNA
- Aveanna
- Bayada
- Berkshire Visiting Nurse Assoc.
- Care Dimensions
- CareGroup Parmenter Home Care & Hospice
- Century Home care
- Comfort Home Care
- Commonwealth Clinical Services
- Family Lives/Shriver Nursing Services
- Hebrew SeniorLife Home Care
- Home Care Consultant/ MA Public Health Commission
- Lahey Health at Home
- Maxim Healthcare Services
- Neighborhood Home Care
- North Hill
- Northeast Clinical Services
- NVNA
- South Shore VNA
- Steward Home Care
- Visiting Nurse & Community Care
- VNA Care

Schools

- American International College
- Becker College
- Blackstone Valley Technical School
- Bristol Plymouth Technical School
- Curry College
- Emmanuel College
- Fisher College
- Laboure
- Massachusetts College of Pharmacy and Health Science
- Massasoit Community College
- McCaan Technical School
- Mount Wachusett Community College
- Northeastern University
- Northshore Community College
- Nursing Education Quinsigamond Community College
- Regis College
- Shawsheen Valley School of Practical Nursing
- Simmons University
- Southeastern Technical Institute
- UMASS Amherst
- Umass Boston
- Umass Lowell
- Umass Medical School
- UMASS Worcester
- Upper Cape Regional Technical School
- Upper Cape Tech LPN Program

Other / State Agencies

- Centralized Clinical Placement Program
- Commonwealth Corp.
- DDS Middlesex
- Dept. of Children & Families
- Dept. of Mental Health
- DPH Palliative Care Network
- Executive Office of Elder Affairs
- Mass Dept. of Developmental Services
- Mass Rehab Commission
- Massachusetts Health & Hospital Association
- Massachusetts Rehab Commission
- Mother 2 sons consumers of in home continuous nursing services
- Nursing Director Sandwich Public Schools
- Parent
- Parent/ NP Children's Hospital CP Clinic
- Signature Health/Brockton Hospital



Notes



Northeastern
 Bouvé College of Health Sciences
School of Nursing

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