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Understanding Nursing Turnover: The Case of Home Health Care

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in-patient rehabilitation facility (IRF). Specific aims were to (1) examine number and characteristics of older adults discharged to the 3 PAC sites; (2) compare 90 day hospital re-admission rate across sites and acuity level; and (3) examine assessment items across population and subgroups to identify variables most predictive of hospital readmission. 2015 assessment data from 3,592,995 Medicare beneficiaries were analyzed representing 1,536,908 from SNFs, 306,878 from IRFs, and 1,749,209 receiving HC services. Total sample 90-day readmission was 25.8 % . Patients discharged to IRF had lowest readmission rate (23.34%), and those receiving HC services had highest readmission rate (29.34%). Creation of risk subgroups however, revealed alternative outcomes. Among all patients in the low, intermediate and high risk groups, the lowest readmission rates occurred among SNF patients. Factor analysis of assessment variables indicated bladder and bowel incontinence and functional limitations were the most distinguishing factors between the very low and very high risk subgroups.

OREGON'S BEHAVIORAL HEALTH INITIATIVE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES AT 5 YEARS: WHERE TO FROM HERE?

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Oregon's Behavioral Health Initiative for Older Adults and People with Disabilities is entering its fifth year. This novel state-level Initiative seeks to better coordinate services and resources for older adults and people with disabilities who have behavioral health needs by assigning a Behavioral Health Specialist (BHS) for every 60,000 adults 65 + and embedding them within local service agencies around Oregon. BHS primary job functions include improving coordination and collaboration between local service agencies, providing complex case consultations (CCC), and delivering workforce development training and community education. Five years of data from Portland State University's Institute on Aging's ongoing evaluation of the Initiative suggests significant impact in terms of workforce development trainings, community education, and new community partnerships. Data are collected from BHS and Initiative stakeholders (e.g., aging services agencies). Data collection tools include quarterly reports from the BHS, including a CCC reporting instrument; semi-structured interviews with stakeholders assessing Initiative involvement; and an electronic post-training survey (and two-month follow-up survey) for stakeholders attending BHS trainings. After five years, the evaluation appears to show the Initiative has delivered an abundance of innovative collaborations, workforce trainings, and educational opportunities aimed at better supporting the behavioral health of older Oregonians. It also highlights several persistent systemic barriers including a need for additional public funding of behavioral health, the challenges of accessing Medicare for behavioral health, and siloed agencies and organizations. Future evaluative efforts could explore adding outcomes-based assessments of the Initiative, including local-level quality improvement projects initiated by BHS within their communities.

UNDERSTANDING NURSING TURNOVER: THE CASE OF HOME HEALTH CARE

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Only a few studies of nursing turnover have examined post-acute home health care. This study examines factors that are associated with home health licensed nurse turnover using linked employee-level and patient-level data from one of the five largest home health companies in the US. The data include variables from human resources and payroll systems, visit logs, discharge records, physical and mental health assessments, care plans, and patient encounters and is organized at the employee-day level. We measured turnover using human resources data, including measures of voluntary and involuntary job separation, and from exit interviews that allow classification of whether turnover was associated with agency-related factors (e.g., pay, schedule, supervisor, coworkers) versus personal factors (e.g., family needs, relocation). In bivariate and multivariate analyses, explanatory variables included nurse demographics, patient population characteristics, and the degree to which nurses can delegate tasks to home care aides. We found a downward trend in turnover for licensed nurses between 2016 and 2019. Attrition in the first year was 34% for full-time nurses and 45% for part-time nurses, most of it occurring in the first 180 days of employment. The rate of voluntary turnover was nearly four times as great as involuntary turnover. We found that agency factors accounted for 26% of monthly turnover on average, while personal factors accounted for 74%. In states in which licensed nurses could delegate more tasks to home care aides, turnover rates were slightly higher than in states with little delegation.

SESSION 2824 (PAPER)

CIVIC ENGAGEMENT | VOLUNTEERING | SUCCESSFUL AGING

CONSIDERING LTSS THROUGH THE LENSES OF SOCIAL CONSTRUCTION OF TARGET POPULATIONS: THEORY AND NEOLIBERALISM

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The global increase of the older population has led to a greater demand for long term support services (LTSS) that address their rights and needs for care. However, policies among countries remain diverse with varying options, services, and recognition of human rights. This study applies the Social Construction of Target Population (SCTP) theory which relates to the perception of older adults and Neoliberalism, a political theory associated with policies of economic privatization, deregulation, and free market activity to the analysis of LTSS systems. As an example, in the United States, the concept of Successful Aging, conflicts with the need for LTSS while present Neoliberal policies that stress