

# Children with Medical Complexity (CMC) Private Duty Nursing Workforce Capacity Study

MARY CULNANE, MSN, MS

SUSAN GIANCOLA, PHD

CENTER FOR RESEARCH IN EDUCATION  
& SOCIAL POLICY (CRESP)

Revised 2/1/2022

# Project purpose

Evaluate the capacity of Delaware's Private Duty Nurse (PDN) workforce to serve Delaware families who have children with medical complexity (CMC)

# Project description

The Delaware Children with Medical Complexity Steering Committee sought to:

- ▶ **gather quantitative and qualitative data on the current capacity** of the home health nursing workforce\* that is equipped to serve children with medically complex needs
- ▶ **identify factors** that contribute to the PDN workforce shortage
- ▶ inform whether the current workforce is sufficient to meet the needs of children with medically complex needs in Delaware

\*PDNs who provide hourly shift services to children (CMC) in the home, including Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)

# Study Objectives

---

## Primary Objectives

- ▶ To what extent **is the current workforce sufficient** to meet the PDN nursing needs of CMC and to what extent are there sufficiently available RNs to serve CMC?
- ▶ **What are the factors** that contribute to the PDN workforce shortage in home care?
- ▶ In what ways is the current workforce **clinically and culturally competent**?

## Secondary objectives

- ▶ How has the current **COVID-19 pandemic impacted the PDN workforce** ability to provide services to CMC?
- ▶ How has the current **COVID-19 pandemic impacted families'** ability to access needed services?
- ▶ To what extent and in what ways are private duty nurses and families of CMC **utilizing telehealth services during the pandemic**?



# Report Dissemination

## Five Draft Reports Are in the Process of Being Reviewed



	Report Dissemination	
	Survey	Interviews
<u>Study Populations</u>		
Agency representatives that employ PDNs	----	✓ (n=8/13)
Family caregivers/guardians of children with medically complex needs served by PDNs	✓ (n=34/290)	✓ (n=15)
Private duty nurses (PDNs) practicing in Delaware who care for children with medically complex needs	✓ (n=146/UNK)	✓ (n=15)
Nurses practicing in Delaware who are not currently part of the PDN workforce	✓ (n=84/UNK)	----



# Stakeholder Survey and Interview Results



## **ALL STAKEHOLDERS:**

Factors that influence the supply of PDNs

Factors that contribute to gaps in care

Clinical and cultural competence

## **FAMILY/CAREGIVERS**

System operations and policies that lead to gaps in care

Gaps in care and impacts on family units

## **AGENCY:**

Business operations costs

## **PDNS**

PDNs perspectives on the effects of gaps in care on children and their families



# DEMAND is Greater than Supply



Three-quarters of **family caregivers** reported having no nursing coverage for their children multiple times a month.

**PDNs** also said there is a shortage.

*“There's so many uncovered shifts that there's always work.”*

PDNs reported they are always being asked to work more and more hours; they also reported they are empathic as they watch families struggle due to lack of coverage

**Agency Representatives** report a critical shortage of nurses to care for CMC. In addition, given the increase in number of agency providers, competition for essentially the same pool of nurses has increased.



# Factors that contribute to workforce shortage

## **PDNs attribute the shortage of nurses to:**

- Low wages, poor benefits, and unpredictable pay
- The costs associated with health care insurance and the limited paid time off/sick leave make it impossible for many nurses to consider a career as a PDN
- Working environment

## **Agency representatives attribute the shortage of nurses to:**

- Large increases in the number of referrals, perhaps due to an increase in the number of CMC needing homecare
- Individuals choosing careers other than nursing;
- Nurses choosing to work in competitive work settings other than home care; and
- Nurses' perception of working as a PDN in the home as a liability





# Factors that contribute to **gaps in care**

## **PDNs attribute gaps in care to:**

- PDNs report some colleagues are undertrained – in turn they may leave a case (or be asked to leave the case), creating a void in coverage
- Sometimes there are gaps in care when shifts are never filled and/or a PDN cancels
- PDNs are selective in the assignments they take, thus contributing to gaps in care. The most common variables they consider include: location, travel time, home environment, shift timing, and clinical characteristics of the child that might affect their ability to care for the child (e.g., weight; acuity)

## **Agency representatives attribute gaps in care to:**

- Cases that are difficult to fill
- Lack of a “good fit” between PDN and family
- Lack of training



# Clinical competencies

## CHALLENGES TO ACCESSING QUALITY CARE



### Family caregivers/guardians:

- Only about half of new nurses arrive with adequate information about the particular disease processes or disability of the child and their care needs; even less arrived with necessary information about the home environment
- Describe experiences where their child is put at risk because nurses do not have the necessary skill sets to: recognize clinical problems; respond appropriately to emergencies; or manipulate medical equipment used for the care of their child
- Appreciate nurses who initiate developmentally appropriate activities with their child, however, not all nurses appear skilled or interested in delivering holistic care
- Struggle with weighing the costs and benefits of keeping on nurses to care for their child who are not trained or are not a good fit



# Summary Statement

The brief presentation today highlights **a few of the findings** from each of the study populations.

Overall, the results of the PDN workforce studies **identified multifaceted factors** that impact the ability to meet the demand for PDN services for children with medical complexities in Delaware **at both macro and micro levels**.

Triangulating all of the findings across study populations is important in order to plan and prioritize next steps.

# Acknowledgements



Members of the CMCAC and SHHN workgroup who assisted with the design of the study.

Stakeholders who field tested the instruments.

Agency providers in Delaware who distributed the PDN survey to the private duty nurses on their roster. Delaware Nurses Association who distributed the general nursing survey to their membership.

Family caregivers, PDNs, agency representatives, and nurses not in the PDN workforce who took the time to respond to the survey and/or participate in the interviews.



# Questions? Comments?

MARY CULNANE, MSN, MS

[mculnane@udel.edu](mailto:mculnane@udel.edu)

SUE GIANCOLA, PhD

[giancola@udel.edu](mailto:giancola@udel.edu)