

Overview

The demand for home health services rose dramatically during the pandemic and has continued to stay higher than pre-pandemic levels—yet due to staffing shortages and sicker patients, agencies have been unable to keep up with the demand. In December of 2022, an unprecedented 76 percent of patients being referred to home health care were not accepted, a rate that has grown from 54 percent in 2019.¹

These high referral rejection rates affect home health agencies on multiple levels, from lower Medicare reimbursement rates to poor patient outcomes and increased burden on remaining staff, driving a vicious cycle of low employee morale and high turnover. But the good news is that healthcare technology offers an opportunity for agencies to address the problem of referral rejection rates so that they can **see more patients faster while also improving staff satisfaction and quality of care.**

In this guide we'll cover:

- The primary factors contributing to the highest referral rejection rates seen in the industry.
- The effects of high referral rejection rates on agencies, patients, and staff.
- How healthcare technology can help agencies boost clinical capacity.

Table of Contents

Overview	2
The Staff Burnout Problem	3
The Burden of High Referral Rejection Rates	5
The Digital Solution: Boost Clinical Capacity and Quality of Care	6
How MedBridge Can Help	8
Case Study: Interim HealthCare of the Upstate	9
Conclusion	10
References	10
About MedBridge	11





Staff burnout and attrition are continuing to rise throughout the home health industry, contributing to an ongoing staffing shortage and creating a pattern that can quickly spiral. As staff burnout rises, so do attrition rates, increasing the burden on the remaining employeesand fueling their burnout in turn. What are some of the main factors driving staff burnout?

High workload

Home health clinicians often have heavier workloads than are sustainable in the long run, as staff shortages can cause them to pick up additional patient visits. This workload can lead to physical and emotional exhaustion over time.

Long hours and irregular schedules

Clinicians frequently work long hours, including evenings and weekends, to accommodate their patients' needs and perform documentation and administrative tasks. This can disrupt their worklife balance and lead to fatigue and burnout.

Emotional stress

Home health care workers often deal with patients who have chronic illnesses, disabilities, or complex medical conditions. Providing care in patients' homes may expose them to challenging and emotionally taxing situations, such as witnessing patients' deteriorating health or interacting with distressed family members.

Limited resources

Home health agencies often operate with limited resources, which can result in staff not receiving the support, guidance, and training they need to achieve competency and confidence. This can increase stress on individual employees.



The home health nurse turnover rate has been increasingly rising and is currently at 32.25%.4



The Staff Burnout Problem

Continued

Documentation and administrative burden

Home health professionals are often required to complete detailed documentation for each patient visit. This administrative burden can be time-consuming and take away from direct patient care, contributing to burnout.

High expectations

Patients and their families may have high expectations for the care they receive at home. Meeting these expectations can be stressful for home health care staff, especially when faced with limited resources or challenging clinical situations.

Turnover and recruitment challenges

Staff burnout can lead to high turnover rates within home health agencies. Constantly recruiting and training new staff can strain resources and negatively impact patient care continuity.

To address staff burnout, home health agencies can better prepare employees for the inherent stresses of their role by delivering high-quality onboarding, ongoing training and mentorship, and easy access to essential resources at the point of care. Doing so not only benefits staff but also improves patient outcomes and agency performance, transforming a negative cycle of poor outcomes and staff attrition into a positive cycle of higher quality care, better patient satisfaction, and improved staff competency and well-being.

The Staff Burnout Loop

As staff burnout rises, so do attrition rates, increasing the burden on the remaining employees—and fueling their burnout in turn.





Rejection Rates

When agencies are forced to turn away patients at high rates, the effects are widespread.



For Patients

Delayed care and recovery

Reduced access to services

Care continuity disruption

Increased stress and burden

Longer hospital stays, raising the risk of healthcare-acquired infections

Diminished quality of life

Larger burden on family, friends, and caregivers



For Nurses

High workload and stress, leading to lower morale, burnout, and turnover

Inconsistent patient relationships and a diminished ability to build and develop therapeutic alliance

Inability to develop professionally



For Agencies

Loss of reputation and credibility

Lower reimbursements under HHVBP due to high referral rejection rates

Higher workload and burden on all staff due to increased administrative tasks

Increased hiring costs due to low staff morale and high turnover

Reduced quality of care due to the loss of experienced staff

Care coordination challenges

Strained business relationships between agencies and referring hospitals and physicians

Inability to perform effective strategic planning





The Digital Solution: Boost Clinical Capacity and Quality of Care with Just-in-Time Training

Each year, 175,000 more nursing jobs open across all practice settings,² with home health encapsulating about 6.5 percent of that, according to the National Institute of Health.3 With 11,375 new nurses entering home health every year to keep up with demand, and home health nurse turnover rate at 32.25 percent,4 that means that approximately 118,000 nurses could need onboarding every year.

Luckily there is something that agencies can do today to help make onboarding more effective and efficient: leveraging digital solutions. While remapping your processes to function in our digital world may sound daunting, you may already be using some today—like online learning management systems. And other new innovations, like digital skills training and management systems, are opening up new frontiers, enhancing onboarding and compliance in scalable ways. Here's a look at how these digital solutions can help.

Why Digitally-Enabled Onboarding Works

Migrating to a digital platform improves visibility and optimization of the entire onboarding process. To improve your onboarding, you'll want an end-to-end solution for onboarding and training integrated with an online learning management system (LMS). The advantage is that an LMS will help streamline and standardize staff education initiatives while also providing an administrative platform for managing, delivering, and tracking a variety of content types.

11,375

new nurses enter home health every year and approximately 118,000 nurses could need onboarding annually.



The Digital Solution: Boost Clinical Capacity and Quality of Care with **Just-in-Time Training**

Continued

Using a digital skills training and management system within the LMS, new hires can automatically be assigned an online self assessment, customized to the skills crucial for employees at your agency. Assigned preceptors can then review the assessment, identify skill gaps, and create a personalized and targeted training plan to bring staff up to speed guickly and efficiently and get them into the field faster with the skills they need to succeed. And because the digital training is standardized, you know that your staff is getting the same high quality of instruction every time.

Finally, you can track onboarding progress and collect and report on analytic data to identify gaps in training or skill aptitude, as well as monitor progress goals in assigned training programs. This can be used to not only seamlessly deliver necessary training, but also monitor and maintain program adherence.

Key Benefits of Digital Onboarding

- ✓ Standardized high-quality training by industry experts
- Personalized and targeted education focused on the skills your staff needs
- ✓ Engaging, easy-to-access coursework
- ✓ Streamlined, scalable assigning of training materials and educational content to new hires
- ✓ Ability to easily identify skill gaps and monitor progress
- ✓ Improved staff satisfaction and retention due to a smooth and efficient onboarding process





✓ Home Health Onboarding Solution

With more care shifting to the home, guickly preparing new hires for the field is essential. Yet inefficient onboarding is leading to higher costs, lost revenue, and lower quality care. Our Home Health Onboarding Solution allows agencies to boost staff readiness with effective, engaging education and easy-touse delivery and reporting tools.

Skills & Competency Manager

Meet regulatory requirements and reduce risk while improving quality of care and patient satisfaction with our online skills assessment checklist and engaging, evidence-based skills training. This effective solution includes:

Digital Skills Checklist: Allows you to customize training programs to focus on identified skill gaps.

Video-Based Skills Library: Boost knowledge retention and master home health- and hospice-specific skills with bite-sized lessons.

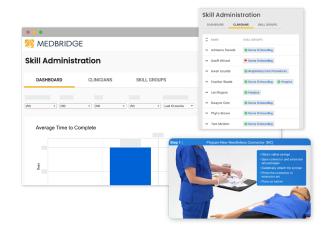
Reporting & Analytics Dashboard: Assign checklists, simplify preceptor assessment, and review skill acquisition and sign-off data on our user-friendly interface.

Expert-Led OASIS Training

Engage patients with an easily accessible and customizable library with thousands of video exercises developed by industry professionals.

Reduce OASIS errors to ensure accurate outcomes and reimbursement by:

- Efficiently onboarding staff with our fullscope 10-course OASIS training series.
- Reinforcing training with short microlearning courses to remediate common errors.
- Streamlining assignment, tracking, and reporting with an intuitive Learning Management System.







How MedBridge Helped Improve Onboarding at Interim HealthCare of the Upstate

Does digital onboarding really work? Let's take a look at one real-world example.

Interim HealthCare of the Upstate, a healthcare organization offering a full continuum of home health, personal care, and hospice services, recently began to experience an uptick in client demand. In response, Interim needed an onboarding program that could easily scale training, improve staff satisfaction and retention, boost clinical competency, and reduce time to productivity for new full-time nursing hires.

To improve its onboarding process, Interim turned to the **Skills & Competency Manager**, an end-to-end solution for home health and hospice onboarding and training integrated with the MedBridge Learning Management System. By doing so, Interim was able to implement an online onboarding program that seamlessly combines content produced by both Interim and MedBridge. This new onboarding program allowed Interim to:

- Standardize and scale training across the organization with the Learning Management System.
- Prioritize hands-on training and track skill competency with the MedBridge Skills Checklist, an online clinical skill self-assessment for new nursing hires.
- Reduce preceptor time with a documentation and reporting dashboard that allows administrators to assign preceptors to new clinicians and allows preceptors to review clinician selfassessments and document training.
- Track staff satisfaction with a survey for new hires in home health and hospice.

The Results

\$600K

total projected annual savings

7 days
reduced onboarding time

100%

staff satisfaction

Conclusion

Digital onboarding can help home health agencies address pressing clinical capacity issues by streamlining the hiring and onboarding process, ensuring compliance, and providing efficient training and support to clinical staff. This can ultimately lead to a more effective and capable workforce, allowing agencies to serve more patients while providing higher-quality care.

References

- 1. Nair R, Lak H, Hasan S, Gunasekaran D, Babar A, Gopalakrishna KV. Reducing All-cause 30-day Hospital Readmissions for Patients Presenting with Acute Heart Failure Exacerbations: A Quality Improvement Initiative. Cureus. 2020 Mar 25;12(3):e7420. doi: 10.7759/cureus.7420. PMID: 32351805; PMCID: PMC7186095.
- 2. Karaman S. Nurses' perceptions of online continuing education. BMC Med Educ. 2011 Oct 20;11:86. doi: 10.1186/1472-6920-11-86. PMID: 22013974; PMCID: PMC3215975
- 3. American Heart Association, "Heart failure projected to increase dramatically, according to new statistics." January 25, 2017
- 4. Daamen, M.A.M.J., Hamers, J.P.H., Gorgels, A.P.M. et al. Heart failure in nursing home residents; a cross-sectional study to determine the prevalence and clinical characteristics. BMC Geriatr 15, 167 (2015). https://doi.org/10.1186/s12877-015-0166-1



Combining powerful digital patient care tools with the highest quality education, MedBridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use MedBridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 300,000 clinicians and 25 million patients, MedBridge has helped thousands of organizations realize better patient outcomes. Learn more.

See how MedBridge can help your organization. Contact us to request a demo.

