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# Shortage of in-home nurses felt across NH

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Before she goes to bed each night, Heather Donnell sets her alarm to go off every hour or every other hour so she can get up and tend to the complex medical needs of her 5-year-old son, Lucas.

With a severe breathing and swallowing disorder, Lucas has a tracheostomy tube through which he breathes and consumes all of his calories. He also has Down syndrome and ADHD, but the task of ensuring his tubes and feeding bags are working properly takes up much of his mother's often sleepless nights.

"It's really around the clock," Donnell said. "Just because he's sleeping, his needs don't change."

Donnell has been unable to hire an in-home pediatric nurse to do this work since July, so she has been serving as her son's full-time health provider for the past eight months, providing ICU-level care for Lucas in their home.

She's not the only New Hampshire parent to deal with the issue; a shortage of in-home nurses in the state has prompted the state's Department of Health and Human Services to raise reimbursement rates and lawmakers to call for a commission to study the nursing landscape in the Granite state.

When her son's tracheostomy tube was first put in, Donnell's doctor told her she wouldn't ever have to face replacing it on her own.

"Little did we know the nursing shortage was so significant," she said. "I never imagined I would have to do the trach on my own."

On Friday, the Department of Health and Human Services raised reimbursement rates for in-home nurses who work through private agencies for the first time since 2006. It instituted a 25 percent increase for RNs, taking the hourly reimbursement rate from \$41.58 to \$52 for day shifts and from \$41.58 to \$58 for night and weekend shifts.

For LPN's, the hourly reimbursement rate is jumping from \$38.29 to \$48 for day shifts and from \$38.29 to \$56 for nights and weekends. The new rules are also instituting a rate of \$58 per hour for nurses caring for individuals who need intensive support.

"We are monitoring the situation to ensure that the rate change is effective in improving people's access to skilled private duty nursing," said HHS Deputy Commissioner Marilee Nihan.

However, those figures don't represent what nurses take home for pay; the home health care agency takes a percentage of the HHS rate that goes toward training and administrative costs. Before the rates were raised, nurses were paid \$21 to \$25 per hour, far less than a full-time nurse working in New Hampshire hospitals.

Home Care Association of New Hampshire President Gina Balkus estimated about 50 to 60 percent of the overall rate HHS pays to agencies goes to nurse wages. She said that is in part to provide training to nurses who supervise intensive care patients.

In addition to raising the reimbursement rates for in-home nurses, New Hampshire health officials are starting to take a closer look at the state's nursing shortage. State lawmakers are deliberating a bill to create a commission to study the issue in depth.

New Hampshire's graying population is equally true for its health care workforce, according to HHS officials. At a recent Senate public hearing on the issue, the department's manager of licensing and regulatory services, Deb Scheetz, said 50 percent of the state's nurses are between the ages of 50 and 69, and 71 percent are over the age of 40.

"In New Hampshire, you have nurses who are graying, you have a growing population in terms of people who are aging and want to age in place, to be able to live in their own homes," Scheetz said.

In addition to an aging workforce, health officials are trying to answer the question of whether and why fewer in-home nurses are entering the workforce.

The nursing shortage affects patients of all ages, but it has particularly emerged in the area of in-home care for children with serious health problems.

Audrey Gerkin met Donnell because she was experiencing the same issue; she was unable to get care for her 14-year-old daughter Lexi, who has Cornelia de Lange Syndrome and epilepsy and can't ingest food or water for risk of it getting into her airways.

During a period of particularly bad health for Lexi, the Gerkin family was approved for unlimited hours of nursing but could not fill them. When they did get nurses, Gerkin said some had no experience with pediatric care, tubes or her daughter's medications.

"Even just basic transfers, sometimes they didn't have an idea how to do it," she said. "I was really surprised at how little their knowledge was and how much we had to train them."

Gerkin has been able to get more coverage and better care for Lexi recently, which she said has been a huge help for her entire family.

Gerkin and Donnell both applaud the efforts of Scheetz and new HHS Commissioner Jeff Meyers, whom they credit with raising rates.

But both mothers say there is lots more work to be done before things are back to normal.

"It's definitely an issue of training nurses," Gerkin said. "I think the problem is so messed up right now, just raising the rates isn't the only solution to fix it."

Some families have already seen the effects of the rate change and have been able to hire nurses to take care of their children, but Donnell still isn't one of them.

"I lost count of the amount of weeks" without a nurse, she said. "We're counting in months rather than weeks, now."

She thinks she's having difficulty because she needs a nurse to care for Lucas in the evenings and overnight; there are fewer qualified nurses who want to work night shifts.

In Donnell's case, having a night nurse in her house would simply mean she's able to sleep through the night.

"For me it provides so much more stability, to be able to sleep at nighttime," Donnell said. She said she would like to be able to go back to work part-time and spend time with her family that's not wrapped up in health care.

"To be able to take our daughter out places, and really to be able to take Lucas out places, too," she said. "Just to be a normal family, whatever normal families do."

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