Home care nursing is critical for children with medical complexities across Minnesota. Pay these nurses for the hospital-level care they provide in the most cost-effective environment by increasing home care nursing rates by 55%.

The shortage of home care nursing workforce is at a critical state.



 PHS nursing staff at 55% compared to January 2021
In 2022, we have filled 73% of patient nursing hours, down from a historic commitment of 90%

Families are not getting the support they need and children aren't able to access the services they deserve.

- Parents are taking on more hours as the medical caregiver for their child, with some **staffing levels as low as 35%**.
- 54% of families reported members having to quit work because of a child's healthcare issues*
- Children are missing their right to attend school and integrate into the community.

PHS home care nurses provide ICU-level care in the child's home.

This singular healthcare professional provides life-supporting care - playing the role of:



Children with medical complexity are a small, but growing, population that is inherently expensive.

Children with medical complexity represent only 1% of the pediatric population, but account for over 40% of pediatric hospital spend and as much as 80% of total hospital days. Only 2% of Medicaid spending is attributed to home health care. We can do better by investing in home services.



Children are staying in the hospital unnecessarily because home care nursing is not available.



A 2019 study showed that lack of home nursing delayed hospital discharge by **more than 50 days**. Refreshed in 2021, the data now shows an **additional delay of more than 40 days**. On average, children are remaining hospitalized for 3 months at an **estimated cost of \$450,000 per child**, when they could be cared for safely and cost effectively with home nursing.

We can solve for this by paying nurses fairly.

Minnesota's home care nursing rates are lower than many other states, and are **substantially** lower than rates for hospital-based nursing.

HOME CARE RATES BY STATE



HOSPITAL PAY

Hospital-based pay for nurses is **more than 50% higher** than PHS is able to offer. We must be competitive to hire nurses with the skills and experience to provide the hospital at home service our kids need.

* Pediatrics, "Families of Children With Medical Complexity: A View From the Front Lines"



Meet Our Patients

Patients across Minnesota are being impacted by a lack of nurses available to provide a safe care plan in the home setting. Meet four PHS patients who rely on this care to remain happy and healthy at home and in their community.



VICTORIA, AGE 14

Diagnoses: CHARGE Syndrome, Hypoplastic Left Heart Syndrome

Victoria started receiving home care nursing services at age 3 1/2 after moving from Florida to Minnesota for access to the complex healthcare services she required. 10 years later, Victoria has gone from surviving to thriving thanks to home care nursing and acute care in a complex setting - but inconsistent nursing results in a lack of continuity of care and puts her health and well-being at risk.



EVERETT, AGE 5

Diagnosis: Arthrogryposis Multiplex Congenita (AMC)

Everett spent 132 days in the NICU before coming home. Although he was ready to discharge a month sooner, unavailability of home care nursing required him to remain inpatient for a safe care plan. Everett's condition requires round-theclock attention from caregivers for respiratory support and enteral nutrition as well as repositioning, so reliable nursing is critical for him and his family.



KARTER, AGE 6

Diagnosis: Hypoxic-Ischemic Encephalopathy (HIE)

Karter was born with a brain injury as the result of a fetal maternal hemorrhage. After his parents were told to prepare to say goodbye to Karter, he showed them a will to live - and that's when they shifted his care plan to support his best quality of life. 6 years later, Karter has been able to avoid hospitalizations thanks to home care nursing but has seen extremely high turnover rates due to disparity in pay between home and hospital settings.



MEGAN, AGE 12

Diagnoses: Osteosarcoma, heart failure

Megan was diagnosed with osteosarcoma in fall 2018 which required chemotherapy followed by limb salvage surgery. 3 months after finishing chemotherapy in summer 2019, Megan went into heart failure as a result of the treatment and had a left ventricular assist device (LVAD) placed, which requires a nurse or parent to be with Megan 24/7. Home care nursing ensures she can go to school and her parents can continue to work.