



Shortage of caregivers hits home as families scramble to find help

For one mother, a hospital bed was the only choice.

By Chris Serres Star Tribune FEBRUARY 27, 2016

An acute and worsening shortage of home care workers across much of Minnesota has reached a crisis point, threatening patient safety and forcing families into desperate measures to care for their loved ones.

As hiring accelerates in a tightening job market, thousands of openings for \$10-an-hour caregiving jobs are going unfilled. The vacancy rate for personal care aides in rural Minnesota recently hit 14 percent — highest in at least 15 years, according to state workforce data.

Unable to find and retain caregivers, many Minnesotans are turning to an informal network of friends and relatives to help care for aging or disabled family members. Some are quitting their jobs and even cashing out their retirement accounts to provide essential care, while home care agencies find themselves relying on less-experienced caregivers with little or no training, agency executives said.

“These are desperate times,” said Karen Holt, social worker at New Directions Inc., a home care agency in White Bear Lake. “Sometimes, you end up reusing the same staff over and over, and people are getting burned out. ... It’s putting people’s lives in jeopardy.”

And the need is growing. The Minnesota Department of Human Services, which regulates home care, estimates that Minnesota will need to fill almost 60,000 direct-care and support positions by 2020, particularly as the state shifts funding toward care in the community rather than in nursing facilities. “The seriousness of our health-care workforce shortage is an issue I have heard again and again ... and is one we all have to face together,” said Human Services Commissioner Emily Johnson Piper.

For Heather Sawyer of Belle Plaine, the shortage hit home last fall, when her home care agency calmly informed her one afternoon that it no longer had enough nurses to provide care for her daughter Morgan, 10, who requires round-the-clock assistance for a range of conditions, including cerebral palsy and epilepsy.

Suddenly, Sawyer was scrambling to fill two 12-hour nursing shifts a day, seven days a week.

A single mother, Sawyer called nearly two dozen agencies but was unable to fill the empty shifts before her daughter’s care was officially terminated. So, in late October, she wheeled Morgan into the acute care unit of Children’s Hospital in Minneapolis, even though she was not sick. The girl would spend the next 21 days confined to a hospital bed, largely separated from her family, while her mother searched for caregivers.

The official reason for Morgan’s hospital stay, listed in her discharge papers: “Home Care Failure.”

“It broke my heart placing [Morgan] in a hospital when she wasn’t even sick,” Sawyer, 34, said as she bathed her daughter. “But I had no other choice. My daughter’s safety comes first.”

For some families, recruiting and retaining caregivers has become such a hassle that they provide the care themselves. Katie Paulson of Hanover said she has taken a temporary leave of absence from her \$90,000-a-year sales job because she can’t find a regular nurse for her 3-year-old son, Von, who has a life-threatening adrenal disease and heart condition that require constant monitoring. Von’s last nurse quit just before Christmas for a better-paying job at a hospital, Paulson said.

To make ends meet while she’s at home, Paulson is considering whether to borrow money from her family or cash out her 401(k) retirement account. “The system is failing us,” she said. “You almost feel like you have no choice but to have people in your house that you don’t even like because there’s such a severe shortage.”

Labor-market analysts blame the shortage on the tight job market and historically low wages in the home care sector. Minnesota’s unemployment rate of 3.5 percent is at its lowest level since 2001, with many hospitals and nursing homes raising wages to fill vacant positions. The gap in pay between home and hospital-based care has widened considerably; registered nurses now make three times more per hour than home care aides, according to state workforce data.

Government programs are partly to blame. Home care agencies that participate in the state-funded personal care assistance program are reimbursed \$17.01 for every hour of care, which reflects a 5 percent increase from 2014 but which still places a low ceiling on the wage agencies can pay their workers.

Posting fliers at the U

To compete, home care agencies from Faribault to Duluth are dangling special incentives such as \$1,200 retention bonuses and free meals and transportation. Yet the new perks have not been enough to outweigh the hardships of a profession that can impose grueling demands, from suctioning tracheostomies and dressing wounds to lifting heavy patients.

“Employers are having a very hard time selling these positions,” said Oriane Casale, a state labor market analyst. “The working conditions can be very poor and the pay is low.”

Bearing the greatest brunt of the shortage are people with disabilities like Linda Wolford, 53, of Roseville. Despite having a spinal muscular condition that severely limits her mobility, Wolford still must carve out several hours a week to train and recruit the caregivers who now rotate through her home. “It’s like running a business,” said Wolford, a manager in the University of Minnesota’s disability resources center.

A few years ago, when the postrecession job market was still weak, Wolford received a dozen or more responses for every posting on sites like Care.com. Now, Wolford said she’s lucky to get a single response from a posting. Many who do call lose interest once they discover that the job requires heavy lifting, she said.

Lately Wolford has begun pinning fluorescent-pink “PCA wanted” fliers near elevators and student areas around the U.

“I’ve had caregivers since I was 18 years old, and it’s never been this hard to recruit help,” Wolford said one day last week as she sped through an underground campus tunnel with a pile of fliers. “People are cherry picking. You tell them about your needs and they say, ‘I don’t think I can do that.’”

But with no signs of the shortage abating, home care agencies can afford to be selective. Andrea Bejarano-Robinson, 35, who has mild cerebral palsy, said an agency recently turned her away because she lives in a suburb, New Hope, and her house is not close enough to a bus stop.

“What exactly do they want me to do?” she asked. “I can’t pick up my house and move it to a different street.”

On a recent morning, Sawyer gently wiped a moist washcloth over the outstretched arms and legs of her daughter as a nurse adjusted the oxygen level on her ventilator. It would take two hours to wash, feed and clothe Morgan before a visit from a speech therapist. As the elaborate choreography unfolded, Morgan smiled and stretched out her arms in appreciation.

“People have told me, ‘Why don’t you just put your daughter in a group home,’” Sawyer said. “My response is, ‘No, I am never going to do that!’ There isn’t a home in the world that can give her the love that she gets right here.”

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