



American Recovery Plan Act Nursing Capacity Restoration & Expansion Grant Design Survey Results

The Office of Developmental Disabilities Services (ODDS) collected input from those who provide or receive ODDS funded nursing services through a survey on how to prioritize \$1 million of funding to restore and expand capacity of ODDS nursing services.

The intent of this project is to expand capacity in an equitable way that is aligned with the [ODDS North Star Statement on Equity](#). This funding is made possible by federal and state matched funds.

The survey was open from July 5, 2022 through July 31, 2022. There were 105 responses, and it took an average of approximately 25 minutes to complete.

Question 1: ODDS funds four types of nursing services. Please select which type of service you/your agency provide(s) or which type of services you or your family member receives.

Option 1: **Private duty nursing (PDN)** (birth to age 21 service): shift type nursing services for individuals up to age 21 who work exclusively 1:1 with very medically complex nursing tasks (ex. tracheostomies and ventilators).

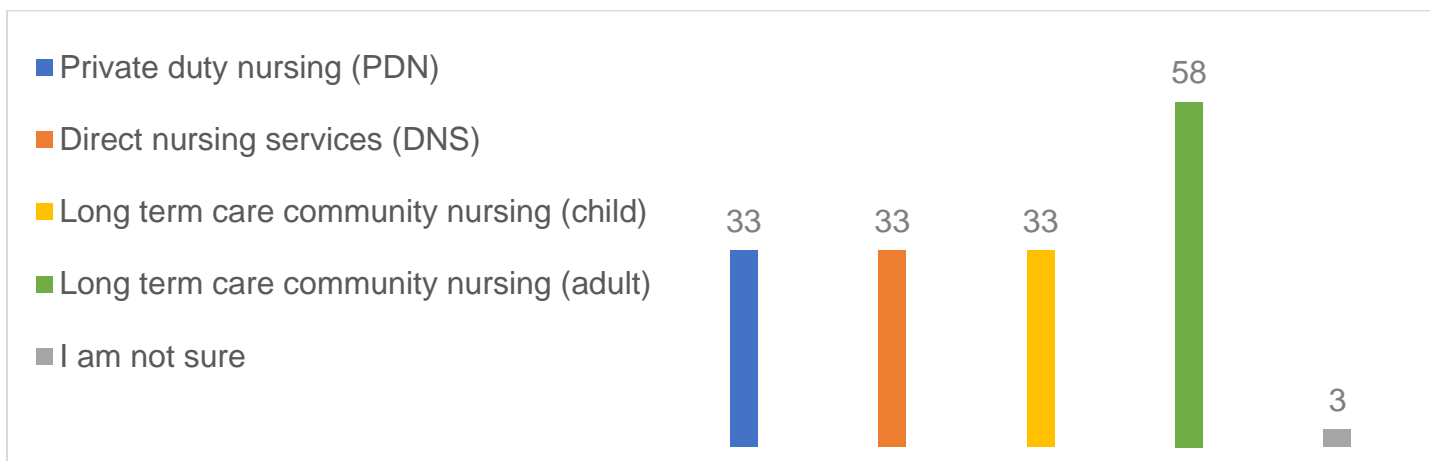
Option 2: **Direct nursing services (DNS)** (age 21 and older service): shift type nursing services for individuals who are 21 and older who work exclusively 1:1 with very medically complex nursing tasks (ex. tracheostomies and ventilators).

Option 3: **Long term care community nursing services** (child services): community-based nurses who support children in their homes usually providing nursing assessments, delegation, care coordination and monitoring for individuals. Services are as needed, usually weekly, bimonthly or monthly.

Option 4: **Long term care community nursing services** (adult services): community-based nurses who support adults in their homes usually providing nursing assessments, delegation, care coordination and monitoring for individuals. Services are as needed, usually weekly, bimonthly or monthly.

Option 5: I am not sure

Below is a summary of the results from question 1:



The chart above shows the number of respondents for each option provided in the first survey question. Long term care community nursing for adults total **58 of the 160 responses or 36 percent**. Private duty nursing, direct nursing services and long-term care community nursing for children each had 33 responses. The remaining responses (3) were for “I am not sure”.

Question 2: In which Oregon county(ies) do you provide or receive services? Please check all that apply. All counties were listed as options to choose from.

The table below shows the total number of respondents for each county with more than 10 responses. *Any county with less than 10 respondents is grouped together as “other.”

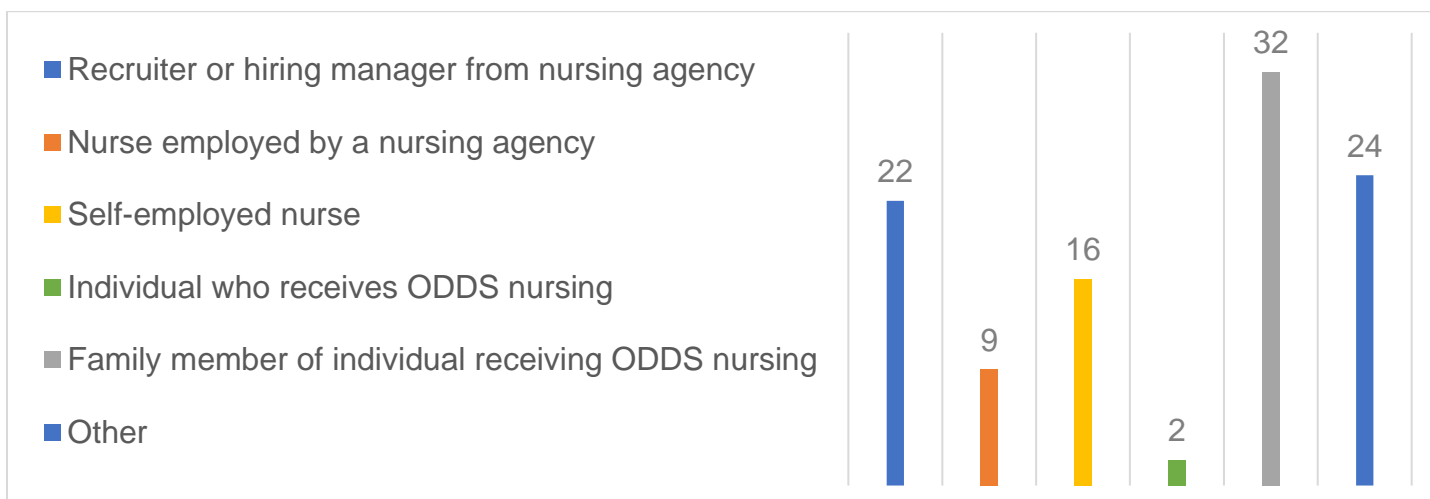
County	Number of responses
Multnomah	39
Clackamas	26

Washington	25
Marion	19
Lane	16
Polk	13
Yamhill	12
Douglas	10
Jackson	10
Other*	64

*“Other” counties include Baker, Benton, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Josephine, Lake, Lincoln, Linn, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallow, Wasco and Wheeler.

Question 3: Which of the following options do you identify with?

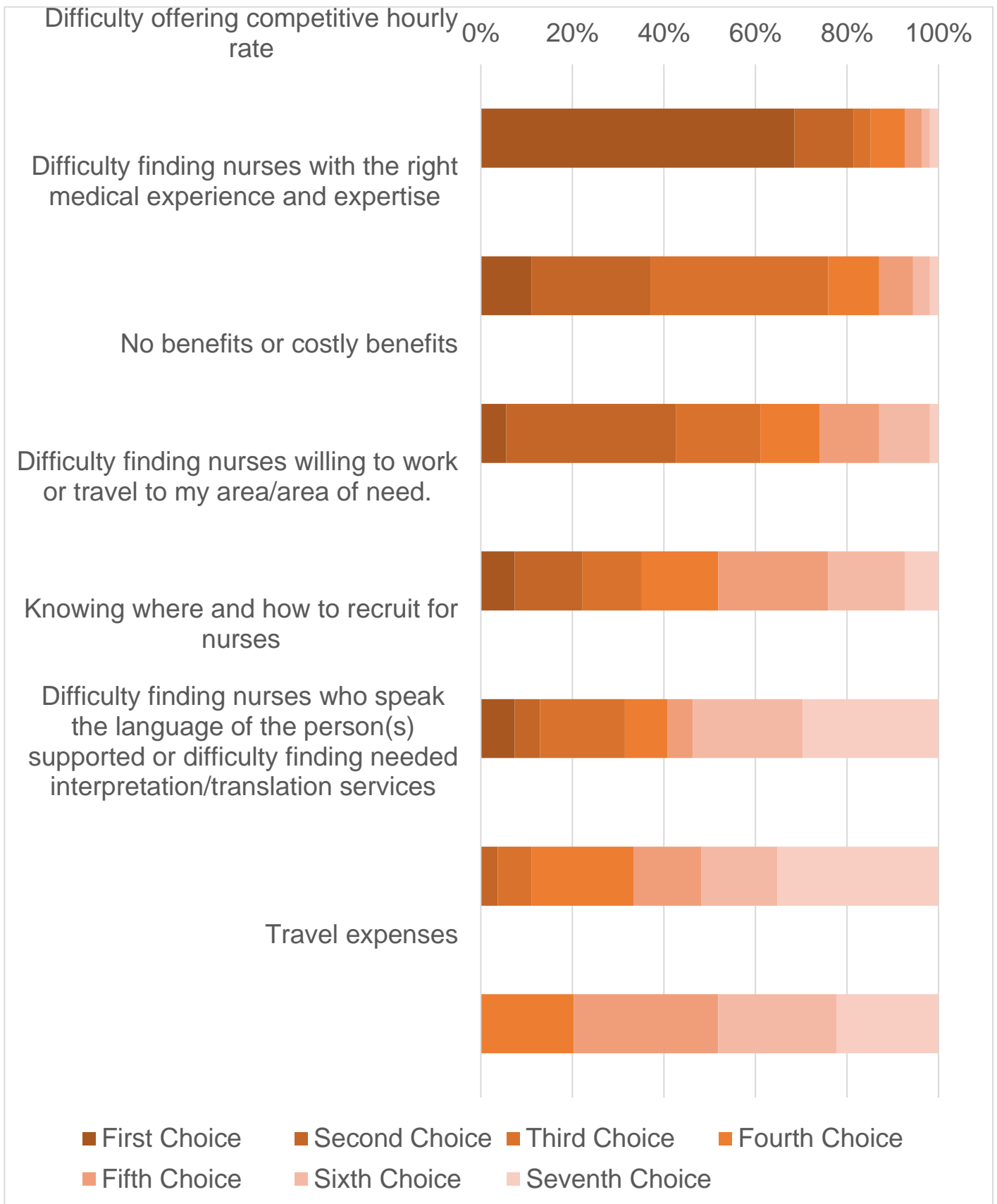
The chart below shows the number and type of respondents for this survey. Family members of individuals receiving ODDS nursing **total 32 of the 105 responses or 30 percent**. The second largest number of responses (24) identified as “other”. The third largest number of responses (22) identified as recruiter or hiring manager from nursing agency.



Question 4: Which of the following barriers make it difficult to recruit and/or hire nurses? Please rank the categories listed below on a scale of 1-7, with 1 being the most difficult and 7 being the least important. (Drag the options in the order you'd like or use the arrows that appear to the right of each option after clicking on a response).

Rank options:

- Difficulty offering competitive hourly rate
- No benefits or costly benefits
- Difficulty finding nurses with the right medical experience and expertise
- Difficulty finding nurses who speak the language of the person(s) supported or difficulty finding needed interpretation/translation services
- Travel expenses
- Difficulty finding nurses willing to work or travel to my area/area of need
- Knowing where and how to recruit for nurses



The chart above shows the ranking of the barriers from question 4. Difficulty offering competitive hourly rate was ranked as the **first choice** as the most difficult to recruit and/or hire nurses **by 69 percent of respondents**. Benefits or costly benefits was the **second choice** as the most difficult to recruit and/or hire nurses by **37 percent of respondents**. Difficulty finding nurses with the right medical experience and expertise was the **third choice** as the most difficult to recruit and/or hire nurses by **39 percent of respondents**. Difficulty finding nurses who speak the language of the person(s) supported or difficulty finding needed interpretation/translation services was the **fourth choice** as the most difficult to recruit and/or hire nurses by **22 percent of respondents**. Travel expenses was the **fifth choice** as the most difficult to recruit and/or hire nurses by **32 percent**. Knowing where and how to recruit nurses was the **sixth choice** by **24 percent** of respondents. Lastly, difficulty finding nurses willing to work or travel to my area of need/area of need was the **seventh choice** by **7 percent** of respondents.

Question 5: Beyond the barriers listed above, are there additional barriers to recruiting nurses that you would like to mention? Please also use this field to elaborate on any of the barriers listed in the previous question.

Below are the responses:

- Offering competitive hourly rate **(8)**
- No benefits **(5)**
- Shortage of available nurses to meet needs **(5)**
- Competition from the hospitals who offer higher wages **(4)**
- Finding nurses to work night shifts is impossible. **(4)**
- Nurses are not familiar with the ODDS rules and have difficulty following them. **(4)**
- Finding nurses in my area **(3)**
- Hospitals offer sign-on bonuses that we cannot match **(3)**
- Confusion/difficulty with the application process **(2)**
- No or limited nurses available **(2)**
- No pay differential for night shift work. **(2)**
- Nursing agencies have extremely poor communication. **(2)**
- Nursing agencies are not providing support to their nurses. This causes burnout. **(2)**
- Serving the disability community requires a nurse with special skill sets.

- Having nurses work only with ODDS clients
- No overtime or holiday pay
- Increase licensed practical nurse rates as they are doing the work of registered nurses
- Funding for nursing is inadequate.
- No nurses inside group homes or with medical training during a medical crisis
- Lengthy wait time on background checks
- Difficult to obtain work visas for trained nurses from other countries
- Low wages make it difficult to retain nurses.
- Recruit nurses when they graduate from nursing school.
- Recruit nurses who are retiring from hospitals.
- Group homes do not have equipment or training to assist nurses.
- ODDS rules focus on cost saving for the agency and not on financial viability for agencies or providers.
- We need alternative options to nurses for children in the foster system.
- Only nurses work in foster homes per the state. In others, a nurse can delegate to a caregiver trained to help the individual. With the nursing shortage, being able to have delegation for foster homes would help.
- Nurses that are fresh out of school are only working with ODDS clients to obtain experience. Then they leave for higher wages.
- On-call expectations with poor compensation
- Opportunities for people to become licensed nurses is a necessity.
- Partner with nursing programs
- We use agency nurses who want to work for the family but can't due to their contract.
- Access to agency nurses under contract
- Taking time to train the providers
- Rapid turnover of providers
- Agency nurses are working independently with little to no oversight by the agency.
- No success in recruiting nurses.
- Broken trust
- We've asked another nurse, but she has too many clients already.
- Calling nurses with only their names and phone numbers. We need a directory of nurses that provides information about each nurse (qualifications, experience, etc.).

Question 6: Do you have any successful nursing recruitment methods or stories you would like to share?

Below are the responses:

- Used word of mouth **(2)**
- It has continued to be very difficult.
- Relationships and lower stress environment
- People from other countries are willing to work.
- Having our team speak to the client and set schedules
- My nurse is awesome! No problems.
- Paid the nurses a higher wage
- Hiring a nurse for a group home and not employed nurses
- Using Craigslist
- Begging
- By contacting a college nursing program and hiring a student nurse as a personal support worker (PSW) until they graduate
- No. Advertising with using various platforms and attending college fairs
- Unable to hire a nurse for 2 years. Families are desperate and exhausted.
- More poor experiences than good
- Going through a nursing agency for recruits
- Providing a flexible schedule and autonomy
- Use multiple agencies
- Used social media
- Current nurse became exclusively ours instead of having multiple clients

Question 7: Reflecting on your experience as a nurse, new to supporting people with intellectual and developmental disabilities, would you have benefited from having a mentor when you first started? Please explain.

Below are the responses:

- Yes! Absolutely! **(19)**
- During the pandemic, there weren't any mentors available.
- Spending time with case manager helped.
- Providing pay to a new nurse to shadow an experienced nurse

- Only received a little training
- Received orientation for each of my patients. Very important to be successful.
- Would help me to understand the needs of my clients and how to communicate with them
- Using an individual's assessment and information from the case manager as well as your good judgement
- Feel like we are flying blind with very little guidance. When we ask a question, we are referred to the Oregon Administrative Rules (OARs).
- Better training equals better employees.
- Benefited from mentor
- Benefited from communicating with other ODDS nurses
- Nursing school doesn't prepare you for working in this field. Learning the OARs for this field only happened when notified by ODDS licensing that there were problems with how I was doing the work. Collaboration with other ODDS nurses is difficult as there are so few of us.
- Having a licensed nurse to mentor me would have been helpful when I first started in this field. Only had non-licensed individuals to help me.
- As most new nurses do not have the experience working with someone with intellectual and developmental disabilities (I/DD), a mentorship program would be very helpful and would probably help new nurses be more confident in their abilities.
- This is essential.
- It's beneficial.
- Having a mentor would have helped me to assist my clients faster.
- Training that was provided was sufficient.
- It is a great idea to have a mentor for nurses who are new to the I/DD world.

Question 8: Reflecting on your experience as a nurse, new to supporting people with intellectual and developmental disabilities, what training would have been beneficial? Please explain.

Below are the responses:

- Any training to help understand caring for individuals with I/DD **(3)**
- Vent training **(2)**
- Delegation to staff **(2)**
- Protocols **(2)**

- Oregon Administrative Rules (OARs) **(2)**
- Shadow a trained nurse **(2)**
- Individual support plan (ISP) **(2)**
- Continuing education related to I/DD clients
- Written guidelines for the role that are easy to understand and reference
- How to write a plan of care.
- Disease processes
- Correct lifting in 1:1 area
- How families navigate ODDS service system
- Dementia
- Medication Assisted Recovery Services (MARS) training for staff
- Seizure disorders
- Resources available
- Understanding I/DD individuals
- Care plans for specific delegations
- Fatal Four
- Documentation standards for this field
- Non-verbal communication
- Consent when individuals can't express it
- Identifying pain in non-verbal individuals
- Behavior professional
- Updated nursing manual
- Mote training program
- Documents needed by licensing
- Tracheostomies
- Cardiopulmonary resuscitation (CPR)
- Gastrostomy Tubes also known as G-tube
- Billing

Question 9: What strategies would you recommend to increase nursing capacity

Below are the responses:

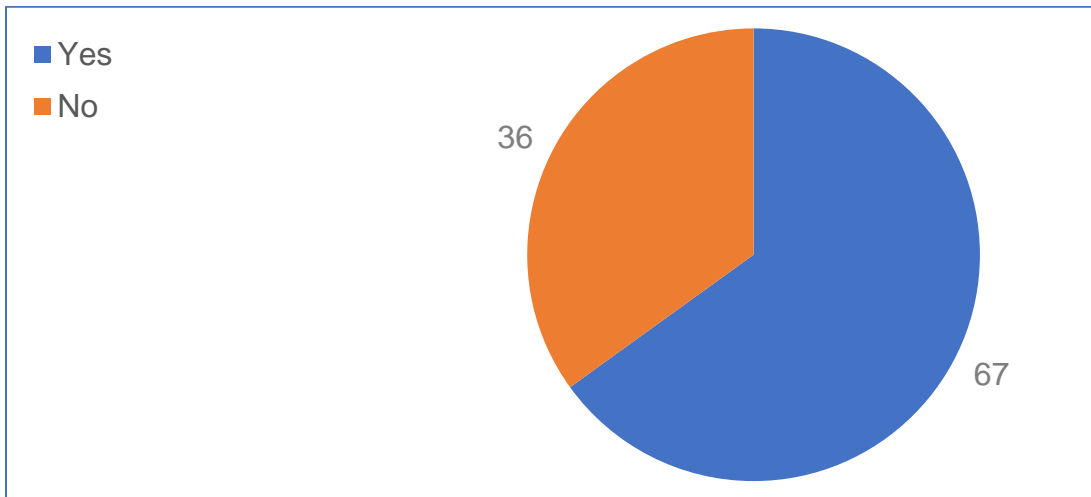
- Competitive wages **(39)**
- Benefits **(15)**
- Work with colleges to include working with I/DD individuals into their curriculum. **(8)**

- Incentives **(7)**
- Use Certified Nursing Assistants (CNAs) to cover immediate shortage. **(5)**
- Training **(4)**
- Pay parents to do the work **(4)**
- Pay for part of a nurse's college tuition if they agree to work for ODDS for at least two years after they are licensed. **(4)**
- Trainings **(3)**
- Pay differentials for night shifts **(2)**
- Mentorship program **(2)**
- Resources **(2)**
- Have ODDS pay for state licensing fees for nurses **(2)**
- Utilizing certified staff in homes and areas where nursing is required which allows for less on-going oversight and training needs.
- ODDS to pay for travel time between clients.
- ODDS to pay for developmental disability nurse (DDN) certification.
- Place individuals who need nursing with providers who are nurses.
- Mentors
- Have nurses see what ODDS does for the individuals they serve.
- Need an affordable Licensed Practical Nurse (LPN) to Registered Nurse (RN) program.
- Advertise advantages such as lower stress, flexible hours, job satisfaction, etc.
- Hire qualified nurses only for this program
- Same rate of pay for agency and private nurses
- Recruit nurses and provide more training
- New nurses to shadow experienced nurses
- Advertise in a diverse way
- Internships for nursing students
- Offer part-time work
- Provide a more detailed job description
- Create a directory of nursing staff for each county
- Training on OARs, protocols and procedures for ODDS
- Less hours worked
- Consistent payment process
- Allow nursing services in all ODDS services
- Recruit directly from college nursing programs
- Funding for NCLEX training
- Allow more than one patient per nurse at a time
- Oversight for agency nurses
- Communication between case manager and nurses

- Pay membership fees
- Pay for trainings with Developmental Disabilities Nursing Association
- More training
- Navigating the process to become an ODDS nurse is a barrier
- Recruitment bonuses
- More recruitment for nurses and make the process easier
- Accessible contract
- On-call nurses to answer various questions from other nurses
- FAQs
- Outreach
- Student loan assistance
- Opportunities to connect with other ODDS nurses
- Case management entities should provide archiving services for paperwork.
- Provide pay for mileage and drive time between clients
- Pay for charting and care coordination
- Pay for time for trainings
- Advertising
- Better communication
- Incentives for providers to place nurses in upper management positions
- Provide support to agencies to recruit
- Make training and education more affordable and accessible

Question 10: Would you recommend recruitment bonuses (e.g., sign-on bonuses) as an effective strategy to increase nursing capacity? (select one)

The chart below shows the number and type of responses to the question above. A total of 103 responses were received. “Yes” was the answer provided by **67 respondents or 65 percent**. “No” was the answer provided by **36 respondents or 35 percent**.



Question 11: Please provide details to support your opinion in the previous question.

Below are the responses:

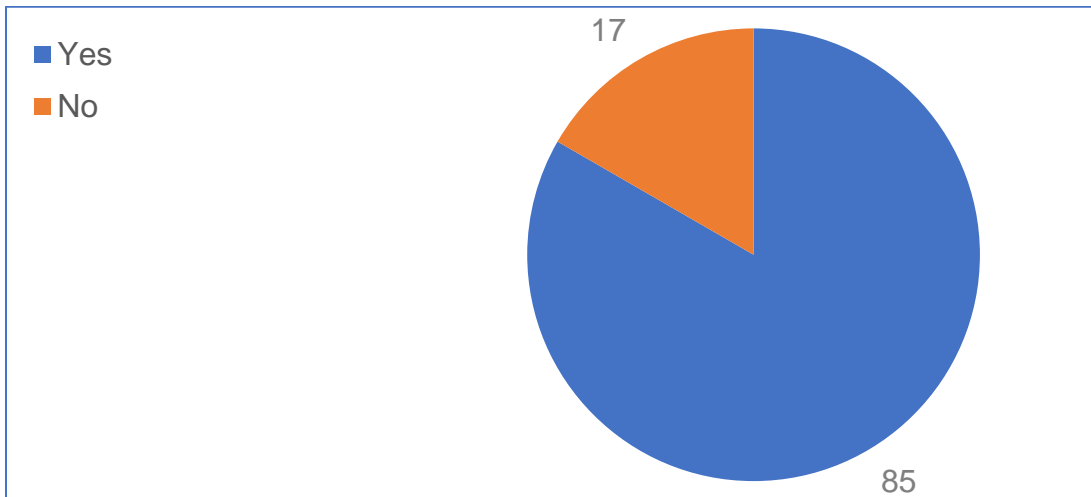
- Only if able to provide retention bonuses **(8)**
- Haven't had much success with bonuses **(5)**
- Increase wages **(4)**
- Sign-on bonuses will attract new nurses, but they leave after they have the experience. **(4)**
- Competitive wages would work better than bonuses **(3)**
- Would need to be a large amount of money to work. It should also include an agreement to work years with ODDS. **(3)**
- Interested nurses need help going through the process of how to become an ODDS nurse. **(3)**
- Give staggered sign-on bonuses **(2)**
- We can't compete with sign-on bonuses offered by hospitals. **(2)**
- Difficult with agency nurses
- Hospitals and senior facilities offer hiring bonuses.
- Competitive wages and a good work environment would be better.
- Bonuses would help motivate nurses to work with ODDS since we are competing with hospitals.
- Most are providing sign-on bonuses
- Catches the eye
- Tends to attract nurses that have no experience and can't get a different nursing job

- We lose nurses to hospitals offering sign-on bonuses and competitive wages.
- They deserve a bonus period!
- Most nurses can get a sign-on bonus.
- This would attract and compete with other area businesses.
- Competitive wages add to retention.
- Benefits are needed.
- It is not enough to attract them.
- Nurses can only serve so many patients safely. No amount of sign-on bonus would work.
- Must be equivalent to hospital sign-on bonuses
- Having recruitment bonuses will give us a fighting chance.
- Bonuses are usually offered when employer can't keep staff, or it isn't a great place to work.
- Hiring bonuses, travel expenses, and competitive wages
- Incentive to apply for the job
- How would this benefit nurses who have to bill for themselves?
- Hard to top the large sign-on bonuses hospitals are giving.
- Personal support worker (PSW)
- Make it a part of the credential process to work for ODDS.
- Throw money at the nurses to come work with us! There's not enough now to cover the hours clients need.
- We lose the interested nurses when we tell them how much they will be paid.
- Could help us compete with hospitals and medical providers
- Recruitment bonuses are the new normal for nurses.
- Would help current nurses and help to encourage them to invite their nurse friends to apply.
- Provide financial assistance to providers and agencies.
- This will not keep up with the hospital and medical providers.
- We need to motivate nurses to perform independently.
- If ODDS doesn't offer sign-on bonuses, we will likely lose out on hiring quality nurses.
- Wages should reflect the difficult work that nurses and caregivers do. Providing a bonus is a Band-Aid and only works at recruitment not retention which is the real problem.
- Encourages nurses to this field.
- We can't compete with large hospitals or medical providers. We need perks like flexible schedules.
- This makes us look desperate.

- While other hospitals and medical providers are offering this, ODDS doesn't have the funds for this.
- Keeping nurses is important.
- We'd have to offer as much or more to compete with the hospitals and medical providers.
- Money works. Helps new nurses feel valued and encourages them to do a good job.
- Could be an incentive to apply and leave current job.
- Repayment of student loans
- Make it tax free.
- A one-time bonus does not retain employees long-term.
- Would only help with the shortage now but not retention.
- Hospitals are giving sign-on bonuses and higher wages.
- Competitive wages and mentorship
- Due to leadership changes, no one knows what to do.
- Wages are the barrier.
- Incentives increase viability of recruitment. Other states are giving \$2,000 to \$5,000 bonuses.
- Great way to recruit to help with the shortage of nurses and support staff. Their job is crucial and offering bonuses will help us be competitive.
- People like to be appreciated for their hard work.
- Anything that will help has my vote!
- It would be better to have competitive wages and health insurance.
- There are not enough nurses anywhere. Making nursing school more affordable would help increase the number of nurses.
- Those who have offered sign-on bonuses remain understaffed.
- Would prefer to appeal to nurses and use funding for retention.
- A bonus may make the position more appealing

Question 12: Would you recommend retention bonuses as an effective strategy to increase nursing capacity? (select one)

The chart below shows the number and type of responses to the question above. A total of 102 responses were received. **“Yes”** was the answer provided by **85 respondents or 81 percent**. **“No”** was the answer provided by **17 respondents or 17 percent**.



Question 13: Please provide details to support your opinion in the previous question. Below are the responses:

- Keep experienced nurses from leaving ODDS for higher paying wages. **(2)**
- Retention and performance-based bonuses should be utilized.
- A bonus would make nurses feel appreciated and compel them to stay. **(2)**
- The ability to offer something, like what hospitals are offering, will help stop the losses and increase retention. **(2)**
- A retention bonus may help us compete with hospital's high wages. **(2)**
- Money talks **(2)**
- Nurses can not increase their pay with the current rate model. A new provider makes the same amount as a nurse who has worked with ODDS for years. For a nurse who has worked with ODDS for years then switches from an agency to an independent provider, they can be treated as if they are a brand-new nurse. How would a bonus affect them?
- A bonus would motivate nurses to gravitate towards working with ODDS.
- Retention bonuses should be for after a nurse has been with ODDS for at least a year or more.
- Bonuses help but they haven't helped much.
- Retention bonuses help to keep nurses, but we need to adopt a better work environment.
- Nurses appreciate being recognized.
- I do this job because I enjoy it and the people I work with.
- ODDS nurses deserve a bonus.
- It would promote longevity with committed nurses.

- While a bonus would be nice for nurses who have been with ODDS for a long time, it won't work to keep nurses who are burned out or want a change. A bonus will not make them stay.
- The additional pay should come as higher monthly wages.
- While a bonus helps recruit nurses, it doesn't help to keep them. Nurses would need a sign-on and retention bonus.
- It would help weed out nurses that are just in it for the money.
- Nurses who have been with ODDS for a long time are paid the same as a new nurse. It would be nice to get a bonus.
- We don't receive any positive feedback. A bonus would show appreciation.
- With the shortage of nurses, hospitals can attract nurses with more money. Paying a retention bonus to our loyal nurses will help us hold on to them.
- Bonuses would encourage nurses to stay, but they still need competitive wages.
- Turnover is exhausting
- Education bonus
- Student loan assistance
- On the job training
- Flexible schedules
- They provide recognition and show appreciation.
- It would help our independently contracted nurses for doing this work while cost of living increases.
- It might encourage nurses to stay.
- Personal support worker (PSW)
- Their salary should be an incentive to stay. Retention bonuses have been known to backfire. This has recently been seen with the foster homes that were given retention bonuses.
- Competitive wages are also an issue. Nurses have been leaving for positions that will pay them more than ODDS.
- Staff would prefer a higher wage instead of bonuses.
- To be competitive, bonuses are essential.
- Will help my awesome nurse stay.
- While retention bonuses might help, where is the incentive for those who do the hiring?
- During interviews, wages are always an issue, but so is working in a home or with a 1:1 staffing ratio.
- For clients who are medically fragile, nurses who are willing to stay long term are needed.
- Would there be a bonus for the number of clients a nurse takes on? Would the bonus continue with retention or an increase in the number of clients?

- When a nurse stays long term, it helps with continuity of care and providing the best outcomes for the clients. Retention bonuses and wage increases are needed.
- Self-employed nurses do not need a retention bonus.
- Nurse's caseloads have increased due to the shortage of nurses. Keeping the nurses we have is important.
- Wages should be sufficient to make nurses stay in this field.
- Nurses that have been with ODDS clients for years would not benefit unless they are given a retention bonus.
- We need to keep the nurses we have from going elsewhere.
- A retention bonus is more important in keeping good nurses for stability of patient load and providing good care.
- Home nurses have not had any raises, regular cost of living increases, paid leave, insurance, etc. They need to be treated the same as hospitals and other providers treat their nurses.
- Nurses leave for the sign-on bonuses. Having retention bonuses would be an incentive to stay.
- Our nurse hasn't received a raise in two years. Hospitals are stealing the nurses with the higher wages and benefits.
- We need more nurses for ODDS clients. Anything you can do to help us to get them in the door and keep them.
- Contracted nurses process needs to be easy and accessible with a sign-on bonus.
- Often the new nurses get the bonuses and not the loyal long-term nurses.
- Retention bonuses would increase morale and quality of care.
- Give nurses a reason to stay. Increasing their salary would help as well.
- Increase their hourly wages.
- Not sustainable. People need to commit to their jobs.
- Give student loan payments or forgiveness. Reward the nurses who stay.
- Individuals with I/DD need nurses who will be there tomorrow and a year from now. Consistency is important to them.
- Competitive wages and incentives will reduce attrition.
- More money for nurses always.
- Not having competitive wages is the issue.
- Nurses are heavily recruited and leave for administrative jobs which are higher in pay. Retention bonuses may help to address poaching.
- Even if we could retain them for one year, it would be helpful.
- Larger companies in the area use it to retain their staff. This would help to keep staff here with us. Good use of the funds!

- When people are rewarded, they will stay longer. With word of mouth, they could help recruit more nurses.
- Competitive wages
- Anything that would increase the number of nurses. After a year, we have not had one nurse interested in the job.
- Anything that will help to provide quality care is a great idea.
- Not sure how this would work. It is best to invest in your workforce by increasing wages and providing health insurance. Include paid continuing education.
- If a nurse is going to leave, money won't help them stay. Bonuses should only be given when moving up within an organization.
- Hospitals have higher sign-on bonuses.
- It is important to have long term bonuses.
- Giving a reward for dedication could decrease turnover and interest others.
- Provide year-round bonuses
- Need to do a retention bonus as well as a sign-on bonus. Also, provide to current nurses a bonus for orienting and training new nurses.

If you have other questions about ARPA grant funding through ODDS, email ODDSARPA.funding@odhsoha.oregon.gov. For other ODDS questions, call 503-945-5811 or 711 TTY.