Nursing Solutions, Inc.

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# 2018 National Health Care Retention & RN Staffing Report

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*www.nsinursingsolutions.com.*

# Preface

We are proud to present the annual National Health Care Retention and RN Staffing Report. In January 2018, **NSI Nursing Solutions Inc**., the industry leader in high volume recruitment for American experienced nurses, invited over 3,000 hospitals across the country to participate in the nation's most comprehensive survey on healthcare turnover, retention initiatives, vacancy rates, recruitment metrics and staffing strategies.

The health care labor market continues to be bullish with demand for nurses and allied professionals outpacing supply. According to the Bureau of Labor Statistics, 233,000 new RN jobs will be created annually while nursing school enrollment has leveled off and a retirement wave about to break. To keep pace, hospitals need to be creative in their talent acquisition efforts and in protecting their human capital investment.

NSI Nursing Solutions provides industry insight to help you benchmark performance, identify best practices and understand emerging trends. We sincerely extend our appreciation to all 137 participating facilities for making this report possible. Your feedback and suggestions were encouraging and valuable. As promised, all information is provided in the aggregate to maintain the confidential and sensitive nature of the data provided.

Should you have any questions or recommendations on expanding the scope or depth of this survey, please feel free to contact me at bcolosi@nsinursingsolutions.com. I request your participation in future studies conducted by NSI Nursing Solutions, Inc.

**Brian Colosi, BA, MBA, SPHR**
NSI Nursing Solutions, Inc.
President
March 2018

## About NSI Nursing Solutions, Inc.

NSI Nursing Solutions, Inc. is a national high-volume nurse recruitment and retention firm. We only recruit U.S. experienced RNs (averaging 13 years) as your employees, who fit your culture, and do so in an average time-to-fill of 32 days. At NSI, we provide an industry leading one (1) year guarantee and the best part is that our services are risk-free… since you must hire the nurses before we are paid.

We have helped many clients and can help you! I encourage you to call Michael Colosi, EVP, Business Development, at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI can improve your bottom line results.


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# Executive Summary

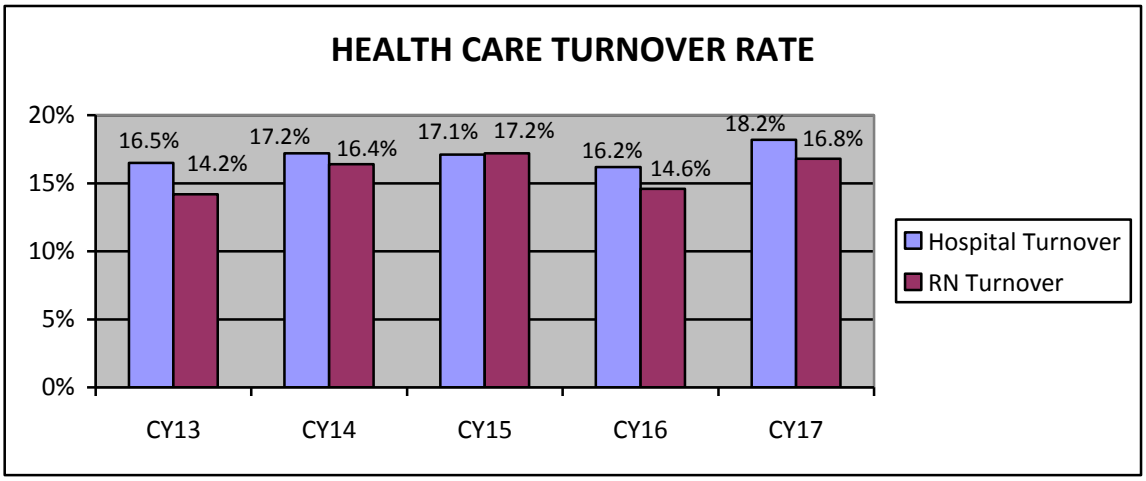
In 2017, health care job growth exploded and is trending up for 2018 with 40% of hospitals surveyed anticipating an increase to their labor force. At the same time, hospital turnover (18.2%) is back on the rise setting a new high-water mark for the decade. The profile of a hospital with the lowest turnover rate is a for-profit entity with under 350 beds and located in the North-Central and West regions. Conversely, a hospital with 350-500 beds and located in the South-Central region experienced the highest degree of turnover.

From a nursing perspective, the results are even more dramatic with 45% of hospitals anticipating an increase in RN staff. Last year, the turnover rate for bedside RNs rose over 2% to 16.8%. Registered Nurses working in Women's Health, Surgical Services and Pediatrics recorded the lowest turnover rate, while nurses working in Emergency Care, Step Down and Med/Surg experienced the highest. Certified Nursing Assistant (CNA) turnover exceeded all other surveyed positions at 27.7%.

The cost of turnover can have a profound impact on the already diminishing hospital margin and needs to be managed. According to the survey, the average cost of turnover for a bedside RN is $49,500 and ranges from $38,000 to $61,100 resulting in the average hospital losing $4.4M – $7.0M. Each percent change in RN turnover will cost/save the average hospital an additional $337,500.

Although the RN vacancy rate slightly increased to 8.2%, only one in six (15.8%) hospitals reported a RN vacancy rate of "less than 5%" while a quarter (25.3%) reported a vacancy rate exceeding 10%. On a positive note, although the RN Recruitment Difficulty Index decreased to 78 days on average, it still takes approximately 2.5 months to recruit an experienced RN.

Feeling the financial stress, over half (52.6%) of hospitals would like to decrease their reliance on supplemental staffing. The greatest potential to offset margin compression is in the top budget line item (labor expense). For every 20 travel RNs eliminated, a hospital can save, on average, $1,435,000. Contact Michael Colosi at (717) 575-7817 to learn how NSI can improve your bottom line results.





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# Methodology

In January 2018, invitations were sent to healthcare facilities across the nation to participate in the "National Health Care Retention & Staffing Survey". To maintain consistency and integrity, all facilities were asked to report data from January through December 2017, and for systems to report each hospital separately. I am pleased to announce that 137 facilities from 26 states responded. In total, this survey covers 333,723 healthcare workers and 96,988 Registered Nurses.

All findings are reported in the aggregate, with no individual hospital identifying information provided. Since organizations track and report turnover differently, it is important to establish a consistent methodology. To this end, raw data was collected on all employee terminations, whether voluntary or involuntary. Temporary, agency and travel staff were specifically excluded. Also, this survey does not measure transfers or "internal terminations."

According to the findings, hospitals continue to be split on which employment classifications are included when calculating turnover. A slight majority include all employment classifications, such as full time, part time, per diem, prn, casual, occasional, etc. when reporting turnover. The remaining hospitals only include full time and part time employment classifications. Given this split, respondents provided data on all employees and for full/part time staff only. For comparative purposes, we will adjust for this distinction and report "TOTAL Turnover", which includes all employee classifications, and we will report "FULL/PART TIME Turnover", which only includes these two classifications.


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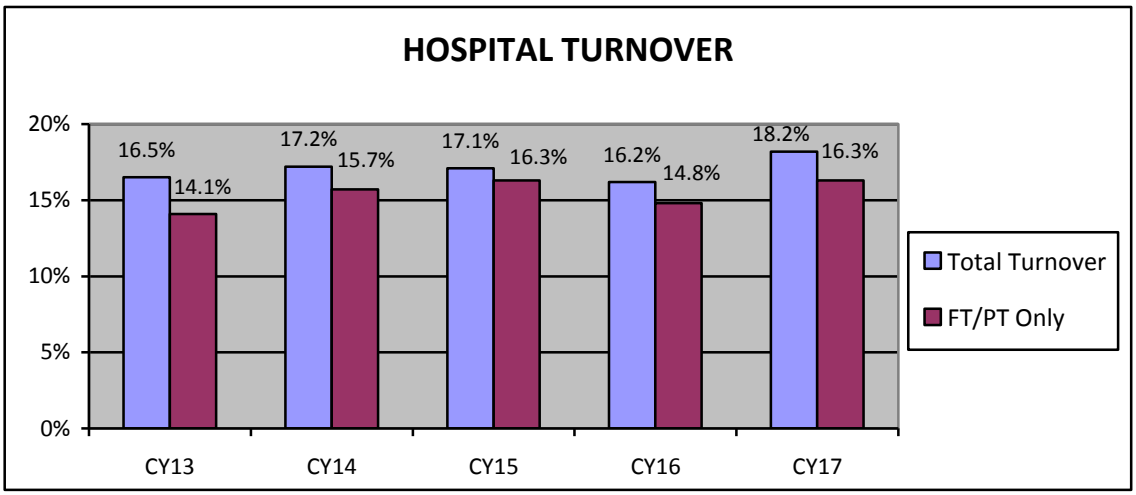
# Hospital Turnover

Hospital turnover is on the rise and executives need to be concerned since this is a leading indicator of future financial pressure, and patient & employee satisfaction. 2017 recorded the highest hospital turnover since launching this study almost a decade ago. The following graph illustrates annual changes since 2013. The national average "TOTAL" hospital turnover rate is 18.2%, 2.0% greater than 2016, with the median and mode recorded at 17.8% and 18.0%, respectively. Hospitals that only measure "FULL/PART TIME" separations reported a 1.5% increase to 16.3%, with a median of 15.4% and a mode of 14.9%. Presently, hospital turnover ranges from 4.5% to 30.7%. Since 2013, the average hospital turned over 85.2% of its workforce.




The following table records the average "TOTAL Turnover" and "FULL/PART TIME Turnover" by region, hospital ownership and bed size. The number in parenthesis reflects the percent change from 2016. For-Profit hospitals with under 350 beds and located in the North-Central and West experienced turnover below the national average and tend to have a greater retention level. Conversely, the profile of a hospital with the highest turnover is a facility with 350-500 beds and located in the South-Central region.

The 2016-17 percent change in regional turnover ranges from -0.6% to +1.9%. The North-East experienced the greatest decrease in turnover from the prior year, while the South-East experienced the greatest increase. Although reporting the greatest increase, the South-East performed at the national average. The North-Central and West reported a turnover rate below the national average.

When sorted by ownership, For-Profit acute care hospitals reported significant decreases and posted turnover rates below national norms. Not-For-Profit and Government entities experienced an increase in turnover and posted higher rates.

Upon review of turnover by bed size, all categories reported an increase, however the smaller hospitals with under 350 beds outperformed the larger facilities. Those with more than 500 beds saw the greatest increase in turnover. Hospitals with 350-500 beds continue to be the most challenged.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| REGION | TOTAL TURNOVER | FULL/PART TIME TURNOVER |
|---|---|---|
| **North East** – *(CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)* | 17.8% *(-0.6%)* | 16.6% *(+0.1%)* |
| **North Central** – *(IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)* | 16.8% *(+1.1%)* | 14.8% *(+0.7%)* |
| **South East –** *(AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)* | 18.4% *(+1.9%)* | 16.2% *(+1.2%)* |
| **South Central** – *(AR, AZ, CO, LA, NM, OK, TX & UT)* | 19.1% *(+0.7%)* | 17.9% *(-0.4%)* |
| **West** – *(AK, CA, HI, NV, OR & WA)* | 16.5% *(+0.6%)* | 14.0% *(+0.2%)* |
| **OWNERSHIP** | | |
| **For-Profit – Acute Care** | 18.0% *(-3.4%)* | 15.8% *(-4.1%)* |
| **Non-Government/Non-Profit – Acute Care** | 18.3% *(+2.3%)* | 16.7% *(+1.9%)* |
| **Government – Acute Care** | 19.0% *(+1.8%)* | 16.0% *(+3.5%)* |
| **BED SIZE** | | |
| **<200 Beds** | 16.8% *(+1.1%)* | 14.5% *(+0.9%)* |
| **200-349 Beds** | 17.0% *(+1.2%)* | 15.4% *(+1.5%)* |
| **350-500 Beds** | 19.5% *(+0.7%)* | 17.2% *(+0.8%)* |
| **>500 Beds** | 18.4% *(+2.4%)* | 16.5% *(+1.6%)* |
| **NATIONAL AVERAGE** | 18.2% *(+2.0%)* | 16.3% *(+1.5%)* |

Voluntary terminations accounted for 92.3% of all hospital separations. To further understand turnover, respondents were asked to identify the top three (3) reasons why employees resigned. Participants were asked to select from a list of 20 common reasons. Personal reasons *(caring for a child/parent, marriage, disability, etc.)* and relocation remain at the top of the list with retirement moved up to third. As the population ages, expect this to remain a driving force for future separations. Rounding out the top ten reasons include: career advancement, salary, workload/staffing ratios, scheduling, education, immediate manager and commute/location.

While an overwhelming majority (83.8%) of organizations view retention as a "key strategic imperative" it is not evident in operational practice/planning. Almost all hospitals have retention initiatives, however, only 38.9% have translated these into a formal retention strategy. Approximately, sixty percent (58.6%) of hospitals have strategies in place to protect new hires, but only 21.6% have a strategy on retaining older workers. With Baby Boomers ready to retire, expect hospitals to focus more energies on retaining this knowledge base.


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# RN Vacancy Rate

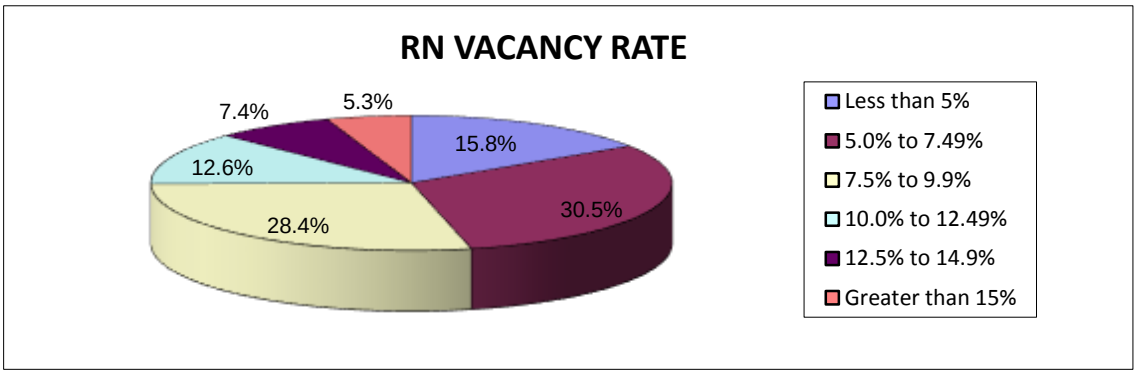
The RN vacancy rate continues to be of concern and currently stands at 8.2%. This is comparable to 2016 (8.1%), but still at an elevated level leading to excess labor utilization such as overtime and travel/agency usage. Today, only one in six hospitals (15.8%) reported a RN vacancy rate of "less than 5%" and continued the slide where, in 2014, 41% of hospitals recorded a similar rate. This downward shift, along with the RN Recruitment Difficulty Index, *(see page 6)* is a clear indication that the RN labor shortage is here.

Hospitals with a vacancy rate of "10% to 12.5%" saw the greatest increase to 12.6%. Of significant concern is that over half (53.7%) of all hospitals have a RN vacancy rate higher than 7.5%. This is up from 38.5% in 2014. As the economy improves, as RNs no longer delay retirement, as RNs reconsider travel nursing, as part time RNs take less shifts and as the demand for RNs increase expect the vacancy rate to further deteriorate.

When the labor market tightens, hospitals have historically sought to bridge the gap by utilizing overtime, agency staff and travel nurses. All of which are costly strategies and can lead to issues with quality, safety, physician satisfaction, employee satisfaction and the patient experience. The greatest potential to offset margin compression is in the top budget line item (labor expense). When patient volume is flat; when Medicare/Medicaid is squeezed; when commercial insurance rates decrease or are bundled; when health care legislation is uncertain...recapturing lost productivity, controlling contract labor and excess overtime can help offset this compression.

At NSI Nursing Solutions, Inc. we encourage our clients to minimize excess labor utilization and focus on a strategy that embraces full staffing and builds retention while enhancing ROI. I encourage you to contact Michael Colosi, at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI can improve your bottom line results.

| RN VACANCY RATE | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|
| **Less than 5%** | 41.0% | 34.3% | 28.1% | 18.2% | 15.8% |
| **5.0% to 7.49%** | 20.5% | 25.7% | 23.4% | 31.8% | 30.5% |
| **7.5% to 9.9%** | 17.9% | 15.7% | 15.6% | 27.3% | 28.4% |
| **10.0% to 12.49%** | 10.3% | 10.0% | 14.1% | 9.1% | 12.6% |
| **Greater than 12.5%** | 10.3% | 14.2% | 18.8% | 13.6% | 12.7% |





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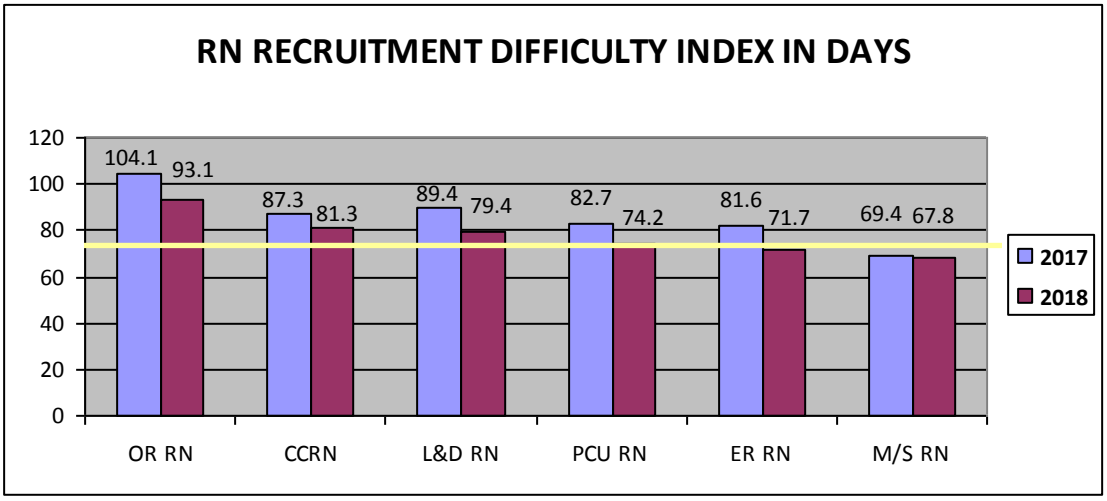
# RN Recruitment Difficulty Index

The RN Recruitment Difficulty Index (RDI-RN) gauges the average number of days it takes a hospital to recruit an experienced RN. Participants were asked to identify the range which best describes the time to fill an experienced RN, given specialty. This year saw a decrease in the RDI-RN by 8 days, which saved the average hospital between $75.7K and $188.4K in excess labor utilization. The average time to recruit an experienced RN ranged from 53 to 108 days, pending specialty.

The following graph illustrates the average number of days it took to recruit an experienced RN by specialty. The yellow line is the current RN Recruitment Difficulty Index and represents the average time to fill an experienced nurse vacancy regardless of specialty. Currently, this stands at 78 days.

Although recruitment efforts are more productive, it still takes over 2.5 months, on average, to hire an experienced RN. Operating Room, Labor & Delivery and Critical Care RNs continue to be more elusive and posted higher time-to-fill rates than the index. These positions essentially were vacant in upwards of three months. For the sixth straight year, RNs in Surgical Services continued to be the most difficult to recruit. On average, it took 79 to 108 days to fill an experienced OR RN, with the average being 93 days. Based upon this information, it is easy to understand the magnitude of the shortage and the challenge facing Human Resources.




When it comes to recruiting experienced RNs, not all regions perform the same. The South-East and North-Central markets outperformed all other regions and could recruit RNs quicker than the national average, with an average time to fill of 69 and 72 days, respectively. The South-Central region continues to post the longest time to fill at 104 days. The North-East and West were slightly below the average at 75 days.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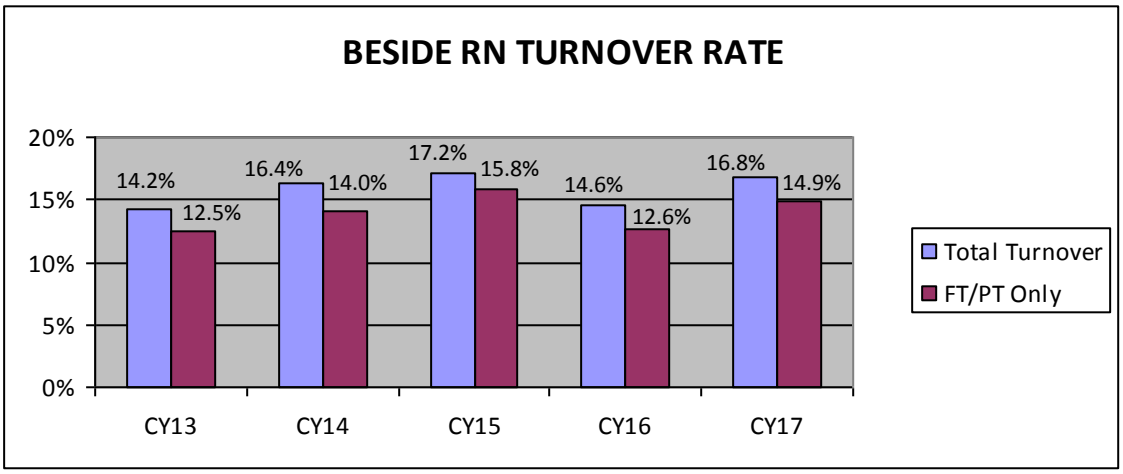
# Bedside Registered Nurse Turnover

This section will follow the same format as "Hospital Turnover". The following graph illustrates the turnover range for bedside RNs since 2013. In 2017, hospitals experienced an increase in RN turnover. With this increase and the growing nursing shortage, the question becomes…Will Talent Acquisition be ready?

Currently, turnover for bedside RNs ranges from 6.6% to 28.7%. The national average "TOTAL" RN turnover rate is 16.8%, a 2.2% increase from 2016, with the median being 17.2% and a mode of 18.0%. Hospitals that only measure "FULL/PART TIME" separations reported a 2.3% increase to 14.9%, with a median of 15.6% and a mode of 16.2%.




The cost of turnover can have a profound impact on the already diminishing hospital margin. Although hospitals recognize this fact, the overwhelming majority (81.4%) still do not track this cost. Based upon feedback, the average cost of turnover for a bedside RN remained consistent at $49,500 and ranges from $38,000 to $61,100 resulting in the average hospital losing $5.7M. RN turnover will cost a hospital from $4.4M – $7.0M. Each percent change in RN turnover will cost the average hospital an additional $337,500.* Whereas the cost of turnover can range to two times annual salary for professional positions, this conservative figure still represents a tremendous drain on profits. *(*Note: Fluctuations in this figure can vary since it is relative to the average number of RNs employed by the respondent hospitals.)*

The following table records the average "TOTAL" and "FULL/PART TIME" turnover by region, hospital ownership and bed size for staff RNs. The number in parenthesis reflects the percent change from 2016. Non-Profit hospitals with under 200 beds and located in the North-Central and West experienced turnover below the national average. The profile of a hospital with the highest RN turnover is a facility with more than 350 beds and located in the North-East and South-Central regions.

The 2016-17 percent change in regional RN turnover ranges from -0.5% to +4.1%. Results by region were mixed, with the North-East reporting the least amount of change but well over the national average. Although the North-Central experiencing the greatest increase, they along with the West were below the average. The South-East performed at the national average.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When sorted by ownership, RN turnover at Non-Profit hospitals performed slightly better than the national average. While For-Profit hospitals recorded the greatest decrease from 2016, they also performed higher than the average.

When viewed by bed size, RN turnover is mixed. Hospitals under 200 beds performed the strongest. Hospitals with 200–349 beds reported the greatest increase.

| REGION | TOTAL RN TURNOVER | FULL/PART TIME RN TURNOVER |
|---|---|---|
| **North East** – *(CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)* | 18.5% *(-0.3%)* | 16.5% *(+0.5%)* |
| **North Central** – *(IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)* | 14.1% *(+3.6%)* | 13.2% *(+4.1%)* |
| **South East** – *(AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)* | 16.9% *(-0.5%)* | 14.7% *(+0.8%)* |
| **South Central** – *(AR, AZ, CO, LA, NM, OK, TX & UT)* | 18.4% *(+1.9%)* | 16.8% *(+0.1%)* |
| **West** – *(AK, CA, HI, NV, OR & WA)* | 15.3% *(+1.0%)* | 12.9% *(+1.0%)* |
| **OWNERSHIP** | | |
| **For-Profit – Acute Care** | 17.3% *(-3.2%)* | 16.2% *(-2.9%)* |
| **Non-Government/Non-Profit – Acute Care** | 16.6% *(+2.2%)* | 14.5% *(+1.9%)* |
| **Government – Acute Care** | 17.6% *(+2.3%)* | 14.6% *(+0.6%)* |
| **BED SIZE** | | |
| **<200 Beds** | 16.3% *(+1.6%)* | 13.4% *(+0.5%)* |
| **200-349 Beds** | 16.6% *(+3.7%)* | 15.0% *(+4.0%)* |
| **350-500 Beds** | 17.4% *(+0.5%)* | 14.7% *(-0.1%)* |
| **>500 Beds** | 16.9% *(+0.8%)* | 15.3% *(+2.1%)* |
| **NATIONAL AVERAGE** | 16.8% *(+2.2%)* | 14.9% *(+2.1%)* |

Respondents were also asked to identify the top three (3) reasons why RNs voluntarily resigned. Participants were asked to select from a list of 20 common reasons. Personal reasons, career advancement and relocation continue to top the list. Rounding out the top 10 reasons why RNs voluntarily resigned, in descending order, are: retirement, scheduling, workload/staffing ratios, salary, education, commute/location and immediate management. Of note is retirement moving into the top 5 reasons. Given that over half of all RNs are over the age of 50, expect retirement to remain a top driver for turnover. Hospitals need to prepare for a mass exodus of knowledge with the retirement wave upon us.


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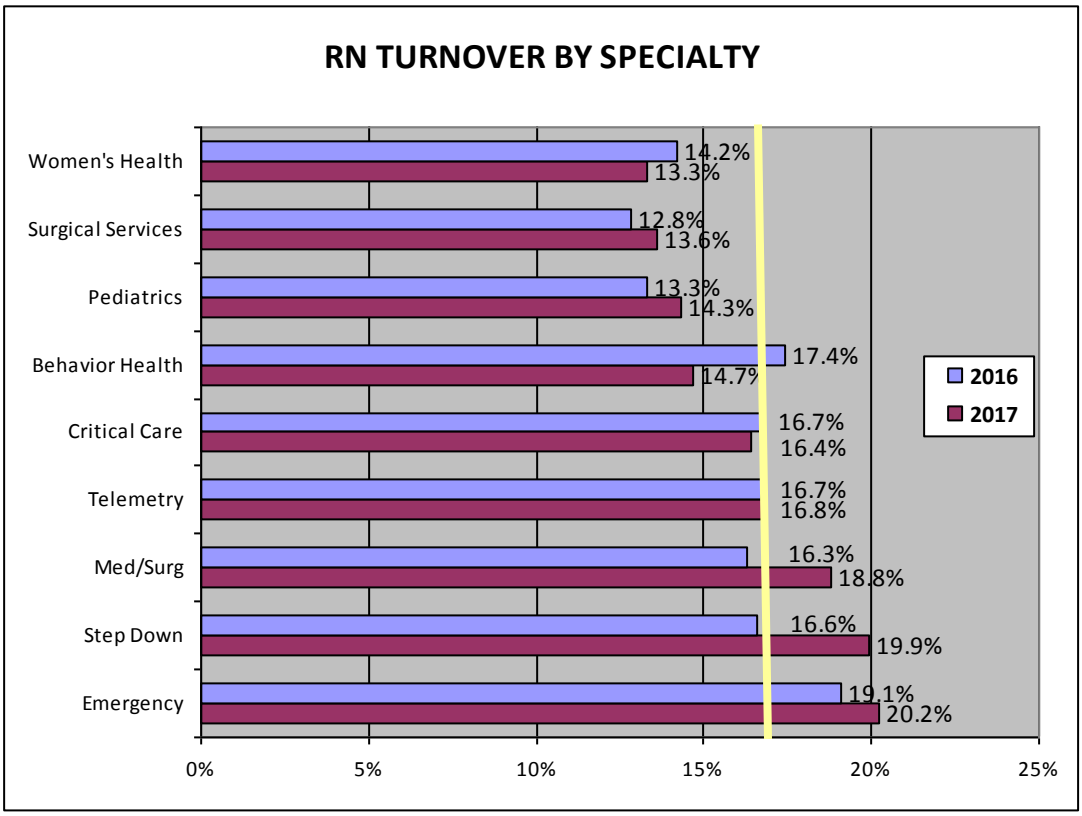
# Registered Nurse Turnover by Specialty

The following graph compares the average RN turnover rate by specialty for the past two years. The solid yellow line represents the national turnover rate for RNs (16.8%). Emergency Room RNs continue to be the most mobile specialty and exceeded the national average. Looking back over the past five years, this group has turned over 102.4%. In essence, every five years, the average Emergency Department will turnover their entire RN staff.

Also exceeding the national average were nurses in Step Down and Med/Surg, both of which recorded the highest increase at 3.3% and 2.5%, respectively. Women's Health, Surgical Service and Pediatric RNs were more stable with turnover rates below the national average. For the first time in the past five years, nurses working in Critical Care and Behavior Health turned at a rate lower than the average. In fact, Behavior Health nurses experienced the sharpest decline of 2.7%.

When we consider the average age of nurses and the anticipated wave of retirements about to break, we need to keep in mind that some specialties will be impacted at a quicker pace. This is particularly true for Surgical Services, Behavior Health and Women's Health, all of which are currently below the national norm. Managing retention should be a strategic imperative, particularly given the high cost of turnover and the RN staffing crisis.



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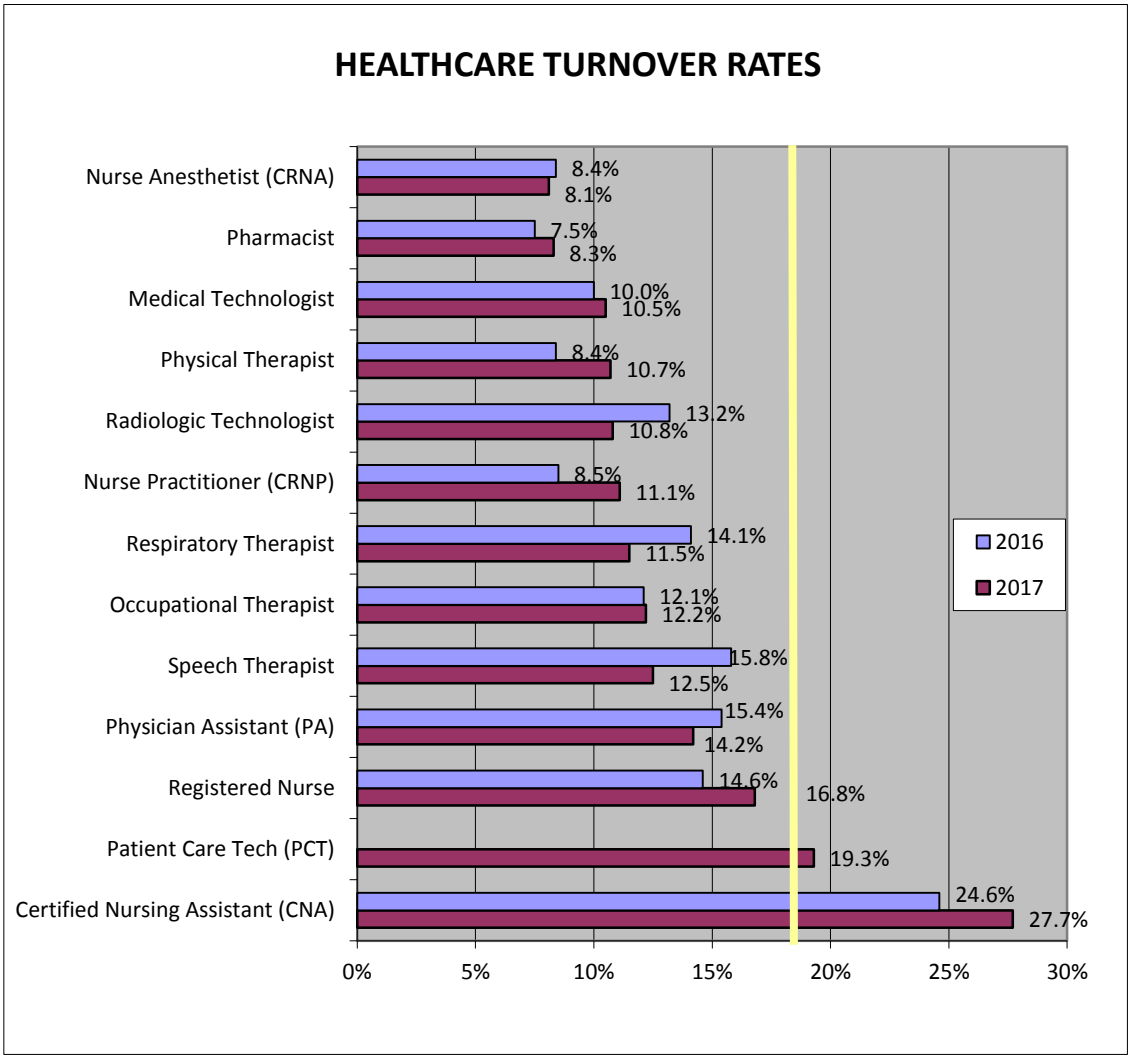
# Advance Practice and Allied Health Turnover

The following graph compares the average turnover rate for advance practice and allied health personnel in an acute care setting for the past two years. The solid yellow line represents the current turnover rate for acute care hospitals (18.2%). For the past four years, all advance practice nurses and allied health professional positions reported turnover rates below the hospital average.

Certified Nursing Assistants (CNAs) consistently post turnover rates above the hospital average and exceeded all other survey positions. CNA turnover stands at 27.7%, 3.1% higher than 2016. New to this survey is the inclusion of Patient Care Techs (PCTs) who also turned at a rate above the national average.

In comparison to 2016, the Radiologic Technologists, Respiratory Therapists and Speech Therapists experienced the greatest annual decrease at approximately 2.5%. Physical Therapists saw the greatest increase of 2.3%.



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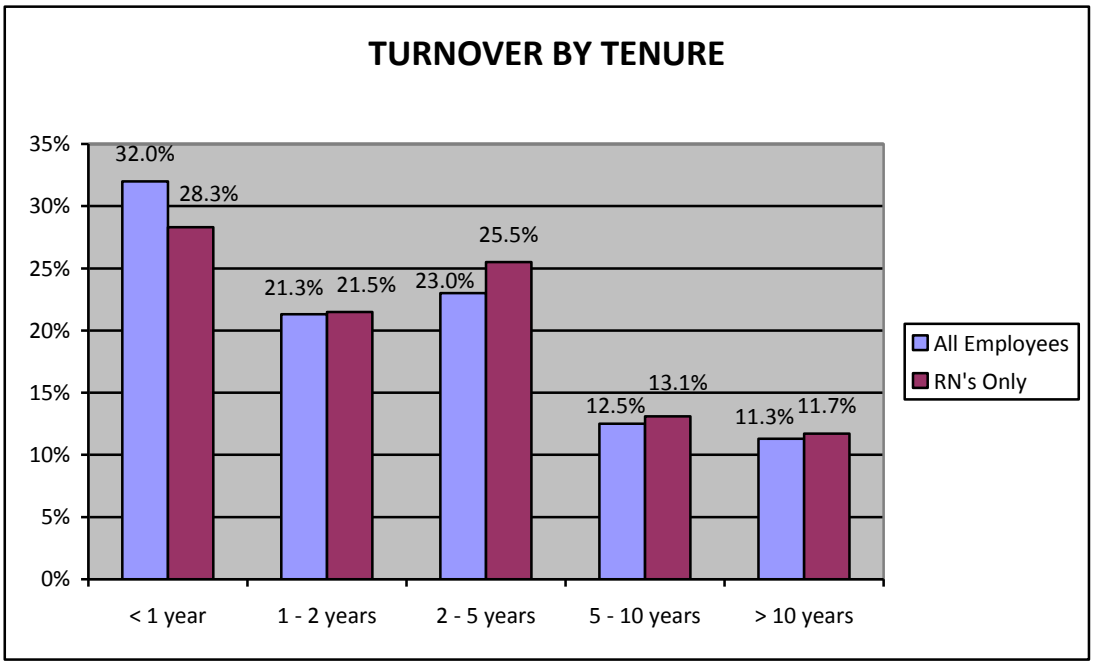
# Turnover by Tenure

The following graph illustrates the years of service (tenure) for all employees and RNs who left during the survey period. Based upon the survey data, close to a quarter (23.8%) of all new hires left within a year. This group accounted for a third (32.0%) of all turnover. In fact, more than half or 53.3% of the exited employees had less than two years of service. As expected, employees with "5 – 10 years" and those with "more than 10 years" of tenure experienced a greater level of organization commitment.

Consistent with previous surveys, first year turnover continues to outpace all other tenure categories. When looking at the range of those employees who terminated with "less than one year of service", this group can make up 60% of a hospitals total turnover. When expanding this to include all employees with less than two (2) years of service, the range jumped to 92%. Without saying, this is not the typical or average facility. However, the point is that a large percent of all separations can be caused by employees with less than two years of tenure.

Although not as dramatic, when viewing RNs, a similar trend is noted. Approximately twenty percent (19.4%) of all new RNs left within a year. First year turnover accounted for over a quarter (28.3%) of all RN separations. With the projected surge in retirements, expect to see the longer tenure groups edge up creating an inverted bell curve.

A significant opportunity to protect a hospital's investment in Human Capital and recapture revenue exists. Operational considerations must address how employment decisions are made and include programs that build relationships, commitment and confidence early in the employment cycle. When it comes to protecting the more tenured staff, hospitals have historically given less consideration where only 21.6% currently have a specific strategy to retain older workers.





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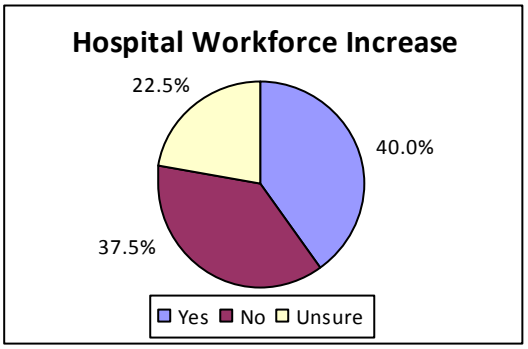
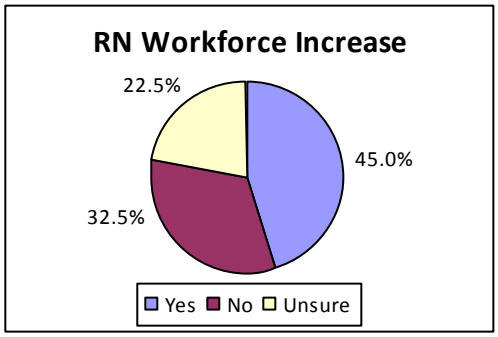
# Workforce Projections

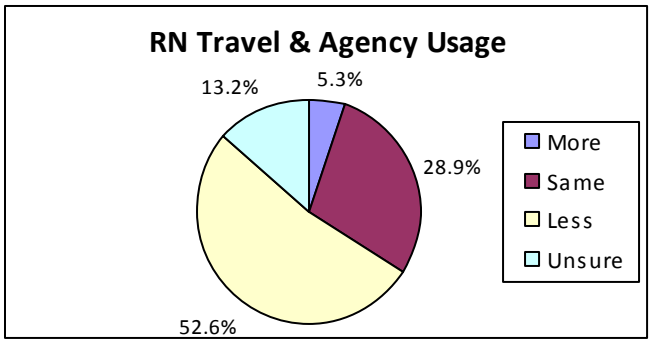
Labor force demands are forcing many hospitals to use more costly approaches to changing patient care needs. Topping the list is mandating more hours from part time staff, increasing overtime utilization, and expanding agency & travel usage. Earlier this year, NSI completed the H.E.L.P. (Hospital Executive Level Priorities) survey to understand what is keeping the C-Suite up at night. Staffing and retention were consistently in the top five.

As requested, NSI expanded this year's survey to better understand workforce changes. In 2017, healthcare jobs exploded and are trending up for 2018 with 40% of hospitals anticipating an increase in their labor force. A similar amount expects no change while 22.5% are unsure. RN recruitment continues to be a core initiative, with 45% of hospitals planning to increase their complement of nurses in 2018. A third anticipate no change and 22.5% are unsure.




To improve margins, hospitals look to control labor costs by decreasing reliance (52.6%) on travel and agency staff. When comparing the cost difference between employed RNs vs travel RNs, the amount is staggering. For every 20 travel RNs eliminated, a hospital can save, on average, $1,435,000. When viewed against recruitment costs or agency fees, one can see the savings immediately.




To meet this rising challenge, the question becomes, how will HR achieve these results. Please call Michael Colosi at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI Nursing Solutions can help.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# Conclusion

The healthcare industry has been in a constant state of flux. The expanding healthcare rolls, the aging population, the mandate on quality & safety, the squeeze in reimbursements, the competition for patient volume, the shift in the delivery of care, the shortage of physicians, nurses & allied professionals, and the legislative football have all stressed the industry.

The value hospitals place on their people will have a direct correlation to their commitment, confidence and engagement. Enhancing culture and building programs to reinforce these values is critical to driving retention. Hospitals believe that retention is a "key strategic imperative", yet are slow to translate this into a formal strategic plan. Focus on strategies that enhance culture and eliminate those that do not.

A quantifiable measure of the severity of a hospitals vacancy rate is contract labor and overtime usage. Trending turnover, based on historical data, is a leading indicator of future organizational pressure. Management must identify contract labor costs and not view it as an "operating expense", but rather as aggregated within the position control system. Inclusion within the payroll cost line, will provide greater insight into the actual direct cost of labor.

To strengthen the bottom line, hospitals need to build retention capacity, manage vacancy rates, bolster recruitment initiatives and control labor expenses. Breaking through the myopic ways of hiring travel and agency staff to band-aid the issue or utilizing excessive overtime which taxes the staff, the quality and the patient experience is a start. Building and retaining a quality workforce is paramount to navigate the shifting paradigm. Let NSI Nursing Solutions help!

CLOSE


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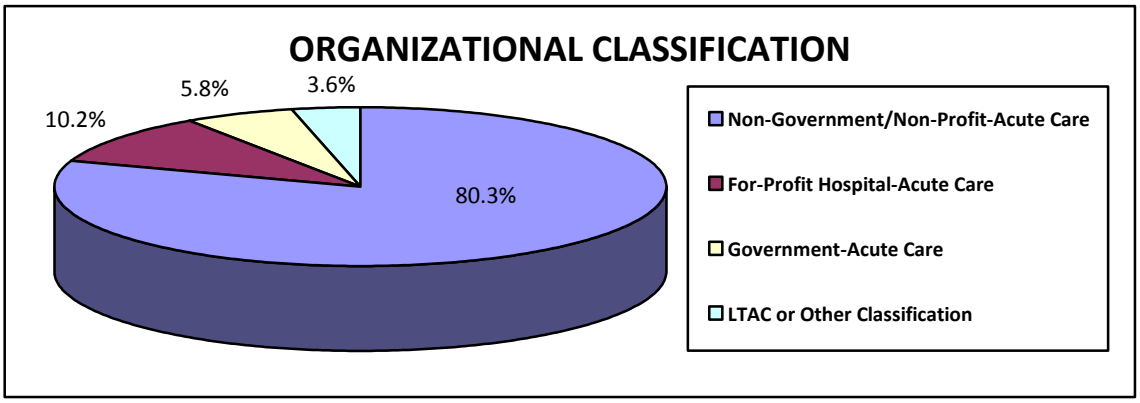
# Overview of Survey Participants

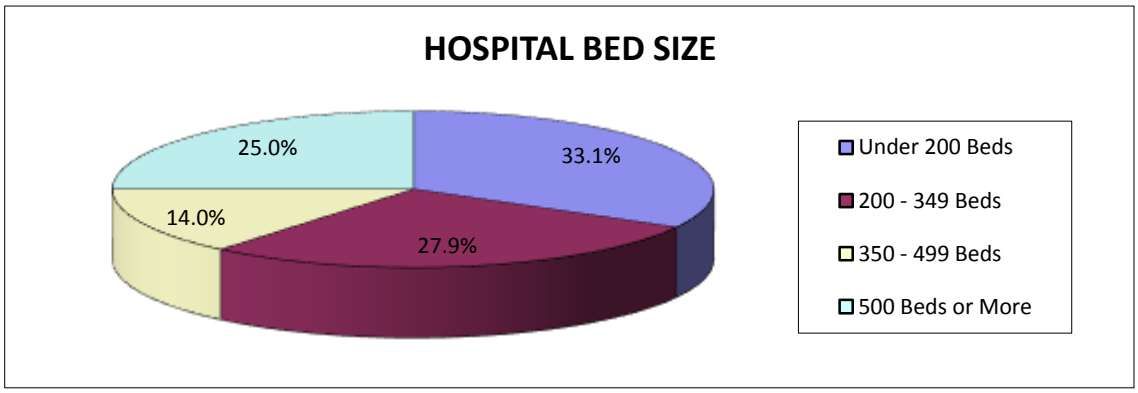
**REGION -** Responses were received from twenty-six (26) states. To identify trends and establish regional benchmarks, the data was split into five geographic regions, as indicated by the following matrix.

| PARTICIPATION RATE BY REGION | |
|---|---|
| **North East –** ***(CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)*** | 7.3% |
| **North Central –** ***(IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)*** | 24.1% |
| **South East –** ***(AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)*** | 45.3% |
| **South Central –** ***(AR, AZ, CO, LA, NM, OK, TX & UT)*** | 18.2% |
| **West –** ***(AK, CA, HI, NV, OR & WA)*** | 5.1% |

**ORGANIZATIONAL CLASSIFICATION -** Acute care facilities were further delineated by ownership. As consistent with previous years, the overwhelming majority of responses (80.3%) were from Non-Government/Non-Profit Acute Care Hospitals. For-Profit and Government owned facilities made up 10.2% and 5.8% of the responses, respectively.




**HOSPITAL BED SIZE -** When viewing participants by bed size, all groups are well represented.

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