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Recruitment. Retention. Results.

2020 NSI National Health Care Retention & RN Staffing Report

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Preface

We are proud to present the annual NSI National Health Care Retention and RN Staffing Report. In January 2020, **NSI Nursing Solutions Inc.** 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 healthcare labor market continues to be bullish with demand for nurses and allied professionals outpacing supply. Registered Nursing is listed as one of the top growth occupations through 2026. Over the next six years, the Bureau of Labor Statistics (BLS) projects the need for, at least, 200,000 RNs per year. This does not include the impact of COVID-19. While supply varies geographically; on a national level, a major crisis is evident and deteriorating. The questions remaining are: how do we protect our human capital investment and how do we staff while controlling labor costs?

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 164 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 look forward to your participation in future studies conducted by NSI Nursing Solutions, Inc.

Brian Colosi, BA, MBA, SPHR

NSI Nursing Solutions, Inc.

President

March 2020

About NSI Nursing Solutions, Inc.

NSI Nursing Solutions, Inc. is a national high-volume nurse recruitment and retention firm. Since 2000, we have successfully recruited U.S. experienced RNs (averaging 14 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.

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Executive Summary

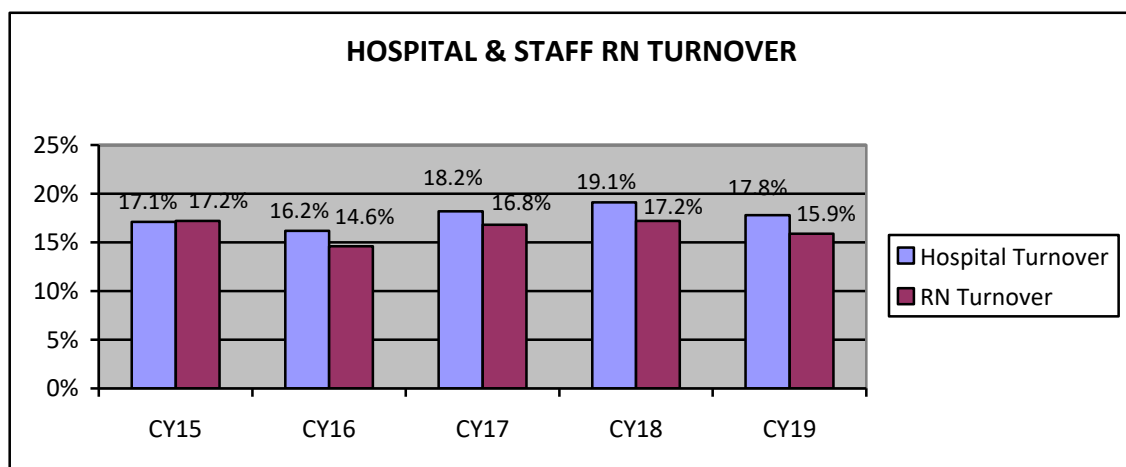
In 2019, the health care jobs market grew and continues to trend up with 58% of hospitals surveyed anticipating an increase in their labor force. At the same time, hospitals set a goal to reduce turnover by 3.3% on average. Although this goal was not met, hospital turnover did decrease by 1.3% and currently stands at 17.8%. For 2020, hospitals have doubled down by setting a higher goal to reduce turnover by 3.7%.

From a nursing perspective, the labor market continues to tighten with 59% of hospitals projecting to increase their RN staff. This is up 14.2% from 2019. Last year, the turnover rate for bedside RNs decreased 1.3% and stands at 15.9%. Registered Nurses working in pediatrics, burn care and women's health recorded the lowest turnover rate, while nurses working in behavior health, step down and emergency services experienced the highest. Certified Nursing Assistant (CNA) turnover exceeded all other surveyed positions at 26.5%.

The cost of turnover can have a profound impact on diminishing hospital margins and needs to be managed. According to the survey, the average cost of turnover for a bedside RN is \$44,400 and ranges from \$33,300 to \$56,000 resulting in the average hospital losing \$3.6m – \$6.1m. Each percent change in RN turnover will cost/save the average hospital an additional \$306,400/yr.

A clear indicator of the RN staffing crisis is the rising vacancy rate. Currently, this stands at 9%, up a full point from last year. Approximately one in five (19.3%) hospitals reported a RN vacancy rate of "less than 5%" while a third (31.8%) reported a vacancy rate exceeding 10%. The RN Recruitment Difficulty Index remains elevated at 81 days on average, regardless of specialty. In essence, it takes close to 3 months to recruit an experienced RN.

Feeling the financial stress, forty-five percent (45.7%) 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, \$1,412,000. Contact Michael Colosi at (717) 575-7817 to learn how NSI can improve your bottom line.



Methodology

In January, invitations were sent to hospitals across the nation to participate in the “NSI National Health Care Retention & RN Staffing Survey”. To maintain consistency and integrity, all facilities were asked to report data from January through December 2019, and for systems to report each hospital separately. I am pleased to announce that 164 facilities from 42 states, responded. In total, this survey covers 424,284 healthcare workers and 108,047 Registered Nurses.

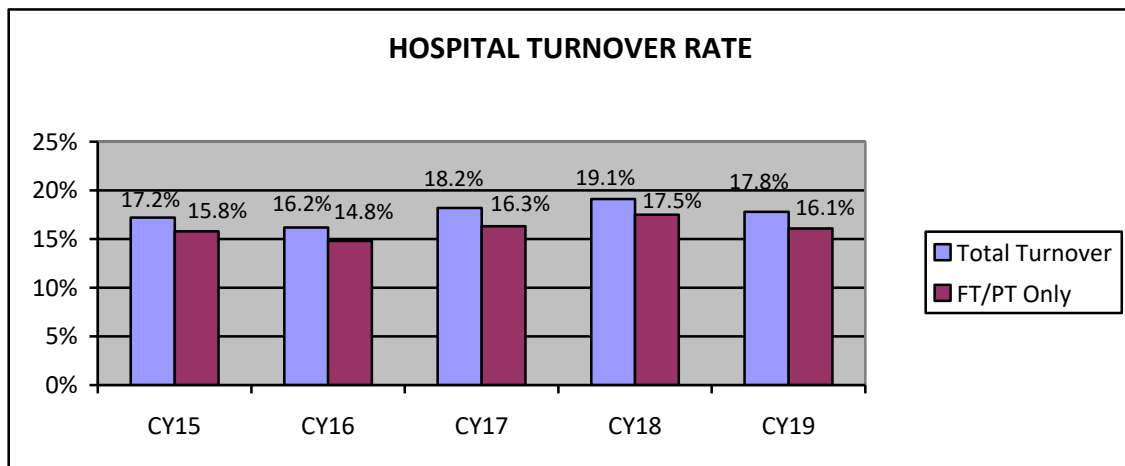
All findings are reported in the aggregate, with no individual hospital identifying information provided. Since organizations track and report turnover differently, it is important to establish a consistent methodology. To this end, raw data was collected on all employee terminations, whether voluntary 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 to include when calculating turnover. A majority (55.9%) 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.

Hospital Turnover

Hospital turnover remains elevated and executives need to be concerned since this is a leading indicator of future financial pressure, and patient & employee satisfaction. Last year, hospital turnover decreased by 1.3% and currently stands at 17.8%. Since 2015, the average hospital turned over 89% of its workforce.

The following graph illustrates annual changes since 2015. The national “TOTAL” hospital turnover rate is 17.8%, with the median and mode recorded at 18.1% and 18.0%, respectively. Hospitals that only measure “FULL/PART TIME” separations reported an average turnover rate of 16.1%, with a median of 16.2%, and a mode of 16.7%. Presently, hospital turnover ranges from 6.9% to 43.7%.



The following table records the average “TOTAL Turnover” and “FULL/PART TIME Turnover” by region and bed size. The number in parenthesis reflects the year-over-year change. Hospitals with more than 500 beds and located in the North-East 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 200-349 beds and located in the South-East region.

The 2018-19 percent change in regional turnover ranges from -2.9% to +0.4%. The North-East and West regions experienced the greatest decrease in turnover from the prior year. All other regions posted negligible changes.

Upon review of turnover by bed size, all groups reported a decrease with the exception of those hospitals between 200 and 349 beds. This group also posted the highest turnover rates. Hospitals with more than 500 beds outperformed all other facilities, while hospitals with 350-500 beds experienced the greatest decrease in turnover rates.

| REGION | TOTAL TURNOVER | FULL/PART TIME TURNOVER |
|--|----------------|-------------------------|
| North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT) | 16.2% (-2.9%) | 14.9% (-2.4%) |
| North Central – (IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY) | 18.9% (-0.5%) | 16.5% (-1.2%) |
| South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV) | 19.9% (+0.4%) | 18.3% (-0.2%) |
| South Central – (AR, AZ, CO, LA, NM, OK, TX & UT) | 17.7% (-0.6%) | 16.4% (+0.2%) |
| West – (AK, CA, HI, NV, OR & WA) | 14.9% (-2.1%) | 13.2% (-2.7%) |
| BED SIZE | | |
| <200 Beds | 18.8% (-0.5%) | 16.5% (-0.3%) |
| 200-349 Beds | 19.1% (+0.5%) | 17.5% (0.0%) |
| 350-500 Beds | 17.9% (-2.6%) | 16.3% (-2.7%) |
| >500 Beds | 17.3% (-1.3%) | 15.7% (-1.5%) |
| NATIONAL AVERAGE | 17.8% (-1.3%) | 16.1% (-1.4%) |

Voluntary terminations accounted for 90.9% 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.*), career advancement and relocation remained at the top of the list, with salary and retirement rounding out the top 5. As the population ages, expect retirement to remain a driving force for future separations. Finishing the list of top ten reasons include: scheduling, commute, immediate manager, workload/staffing ratios and culture.

While an overwhelming majority (83.3%) 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 39.4% have translated these into a formal retention strategy. A similar number of hospitals indicated this is “under consideration”.

Establishing measurable goals needs to be a core component of any retention strategy. In 2019, hospitals reduced turnover by 1.3%. Although falling well short of the 3.3% goal, hospitals have raised the target for 2020. The current target is to lower turnover by 3.7%. Approximately, a quarter (23.4%) of the respondents have set a goal to reduce turnover by up to 2%. Another quarter (26.5%) have set a stretch goal to reduce turnover by 5% or more. A third (35.9%) have not established a measurable goal.

Other strategic considerations include developing programs to retain new hires and older workers. More than half, (52.9%) of hospitals have strategies in place to protect new hires, but only 19.7% have a strategy on retaining older workers. With Baby Boomers ready to retire, hospitals need to focus more energies on retaining this knowledge base.

RN Vacancy Rate

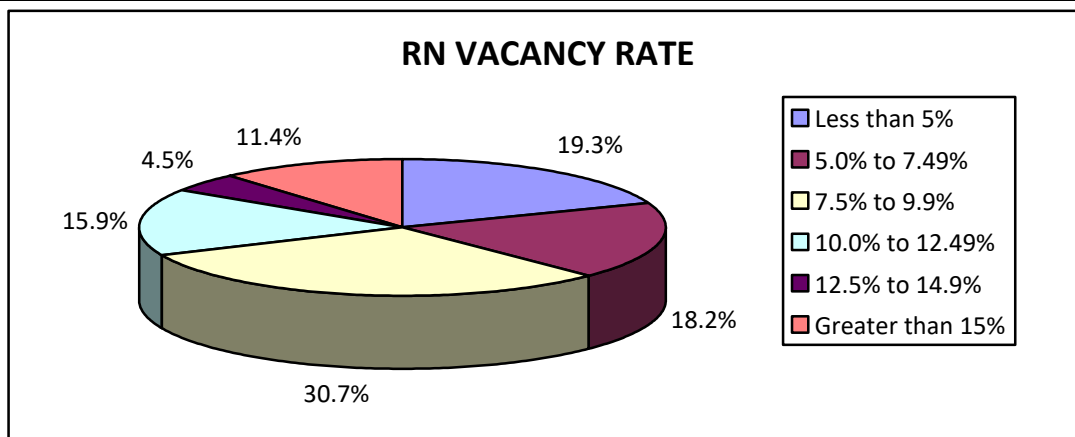
The RN vacancy rate continues to be of concern and currently stands at 9.0%. This is a full point higher than 2019. This elevated rate directly impacts quality outcomes, the patient experience and leads to excess labor utilization such as overtime and travel/agency usage. Today, only one in five hospitals (19.3%) reported a RN vacancy rate of “less than 5%”. In 2016, fifty-one percent (51.5%) of hospitals reported a vacancy rate below 7.5%. Today, only 37.5% can agree with that statement. This downward shift, along with the elevated RN Recruitment Difficulty Index, (*see page 11*) is a clear indication that the RN labor shortage is here to stay.

Of significant concern is that over sixty percent (62.5%) of all hospitals have a RN vacancy rate higher than 7.5%. This is up from 48.5% in 2016. Given the strong economy, RNs are no longer delaying retirement and many have gone back to travel nursing. As the demand for RNs increase, expect the vacancy rate to further deteriorate.

When the labor market tightens, hospitals bridge the gap by authorizing agency/travel staff (70%), utilizing overtime (69%), flexing the internal staffing pool (58%), and offering critical staffing/premium pay (57%). All of which are costly strategies. 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.

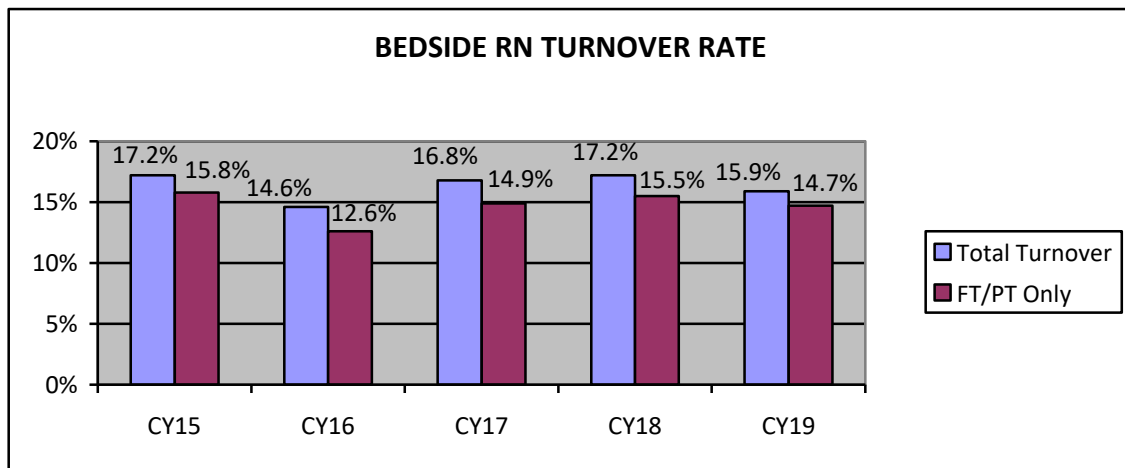
| RN VACANCY RATE | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------------------------|-------|-------|-------|-------|-------|
| Less than 5% | 28.1% | 18.2% | 15.8% | 21.9% | 19.3% |
| 5.0% to 7.49% | 23.4% | 31.8% | 30.5% | 22.8% | 18.2% |
| 7.5% to 9.9% | 15.6% | 27.3% | 28.4% | 31.6% | 30.7% |
| 10.0% to 12.49% | 14.1% | 9.1% | 12.6% | 12.3% | 15.9% |
| Greater than 12.5% | 18.8% | 13.6% | 12.7% | 11.4% | 15.9% |



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 2015. In 2019, hospitals decreased RN turnover by 1.3% and it currently stands at 15.9%. Since 2015, the average hospital turned over 82% of their RN workforce. In essence, every 6 years, a hospital will turn over their entire RN staff. The question remains...Is Talent Acquisition ready?

Last year, turnover for bedside RNs ranged from 4.5% to 43.9%. The national “TOTAL” RN turnover rate is 15.9%, with the median being 15.6% and a mode of 13.7%. Hospitals that only measure “FULL/PART TIME” separations reported an average turnover rate of 14.7%, with a median of 13.8% and a mode of 10.0%.



The cost of turnover can have a profound impact on the already diminishing hospital margin. Although hospitals recognize this fact, over seventy percent (72.9%) do not track this cost. Based upon feedback, the average cost of turnover for a bedside RN is \$44,375, with the range averaging from \$33,300 to \$56,000 resulting in the average hospital losing \$4.9m/yr. RN turnover will cost a hospital from \$3.7m – \$6.1m. Each percent change in RN turnover will cost/save the average hospital \$306,400 per year. 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.

The following table records the average “TOTAL” and “FULL/PART TIME” turnover by region and bed size for staff RNs. The number in parenthesis reflects the percent change from 2018. Hospitals with over 500 beds and located in the West experienced turnover below the national average and tend to have a greater retention level. The profile of a hospital with the highest RN turnover is a facility under 200 beds and located in the South-East region.

The 2018-19 percent change in regional RN turnover ranges from -3.9% to +1.7%. Results by region were mixed, with the North-East, West and South-Central all reporting a decrease from the previous year. Although the North-Central experienced the greatest increase, the South-East had the highest turnover levels.

When viewed by bed size, 2019 saw a complete flip, with the smaller hospitals experiencing a higher degree of RN turnover. Hospitals over 500 beds performed the strongest. Hospitals under 200 reported the greatest increase and highest turnover rate. Hospital between 350-500 beds mirrored the national average.

| REGION | TOTAL RN TURNOVER | FULL/PART TIME RN TURNOVER |
|--|-------------------|----------------------------|
| North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT) | 13.8% (-3.9%) | 13.1% (-1.2%) |
| North Central – (IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY) | 16.6% (+1.7%) | 15.4% (+1.0%) |
| South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV) | 17.7% (-1.0%) | 17.4% (+0.6%) |
| South Central – (AR, AZ, CO, LA, NM, OK, TX & UT) | 16.7% (-0.5%) | 14.8% (-0.6%) |
| West – (AK, CA, HI, NV, OR & WA) | 13.3% (-2.5%) | 11.7% (-0.6%) |
| BED SIZE | | |
| <200 Beds | 18.0% (+2.6%) | 16.1% (+1.6%) |
| 200-349 Beds | 17.1% (+0.1%) | 15.8% (+1.0%) |
| 350-500 Beds | 15.9% (-2.5%) | 14.6% (-1.6%) |
| >500 Beds | 15.3% (-2.2%) | 14.3% (-1.5%) |
| NATIONAL AVERAGE | 15.9% (-1.3%) | 14.7% (-0.8%) |

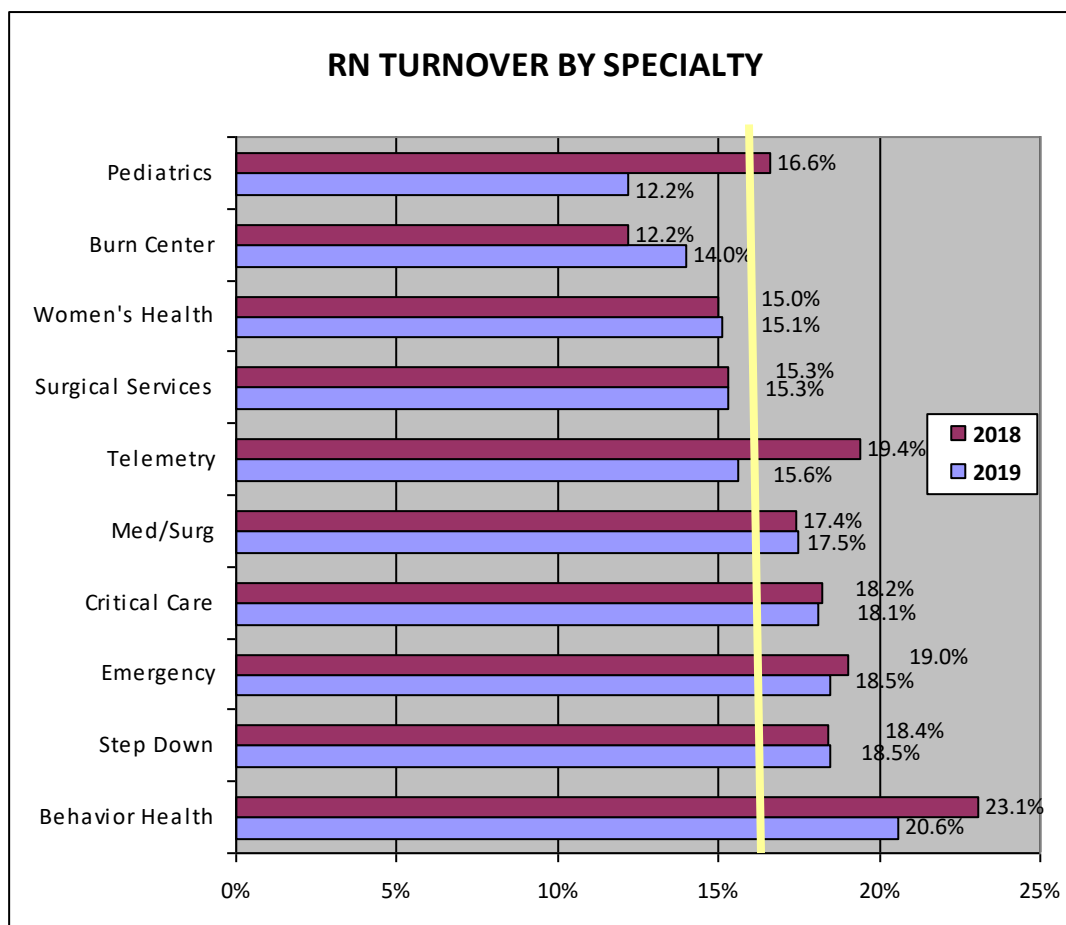
Respondents were also asked to identify the top three (3) reasons why RNs voluntarily resigned. Participants were asked to select from a list of 20 common reasons. Career advancement, personal reasons and relocation continue to top the list. Rounding out the top 10 reasons why RNs voluntarily resigned, in descending order, are: salary, retirement, scheduling, workload/staffing ratios, immediate management, commute, and benefits. Retirement is projected to be a primary driver beyond 2030. Hospitals need to prepare for a mass exodus of knowledge with the retirement wave upon us.

Registered Nurse Turnover by Specialty

RN turnover varies by discipline. 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 (15.9%). Behavior health, step down, emergency room, critical care and med/surg RNs all exceeded the national average. Looking back over the past five years, Behavior Health and Emergency Room RNs were the most mobile with a cumulative turnover rate of 102.3% and 97.7%, respectively. Every five years, the average Behavior Health and Emergency Department will turnover their entire RN staff.

Pediatric and telemetry RNs experienced the greatest decrease of 4.4% and 3.8%, respectively. Along with women’s health, surgical services and burn center, these RN groups were more stable with turnover rates below the national average.

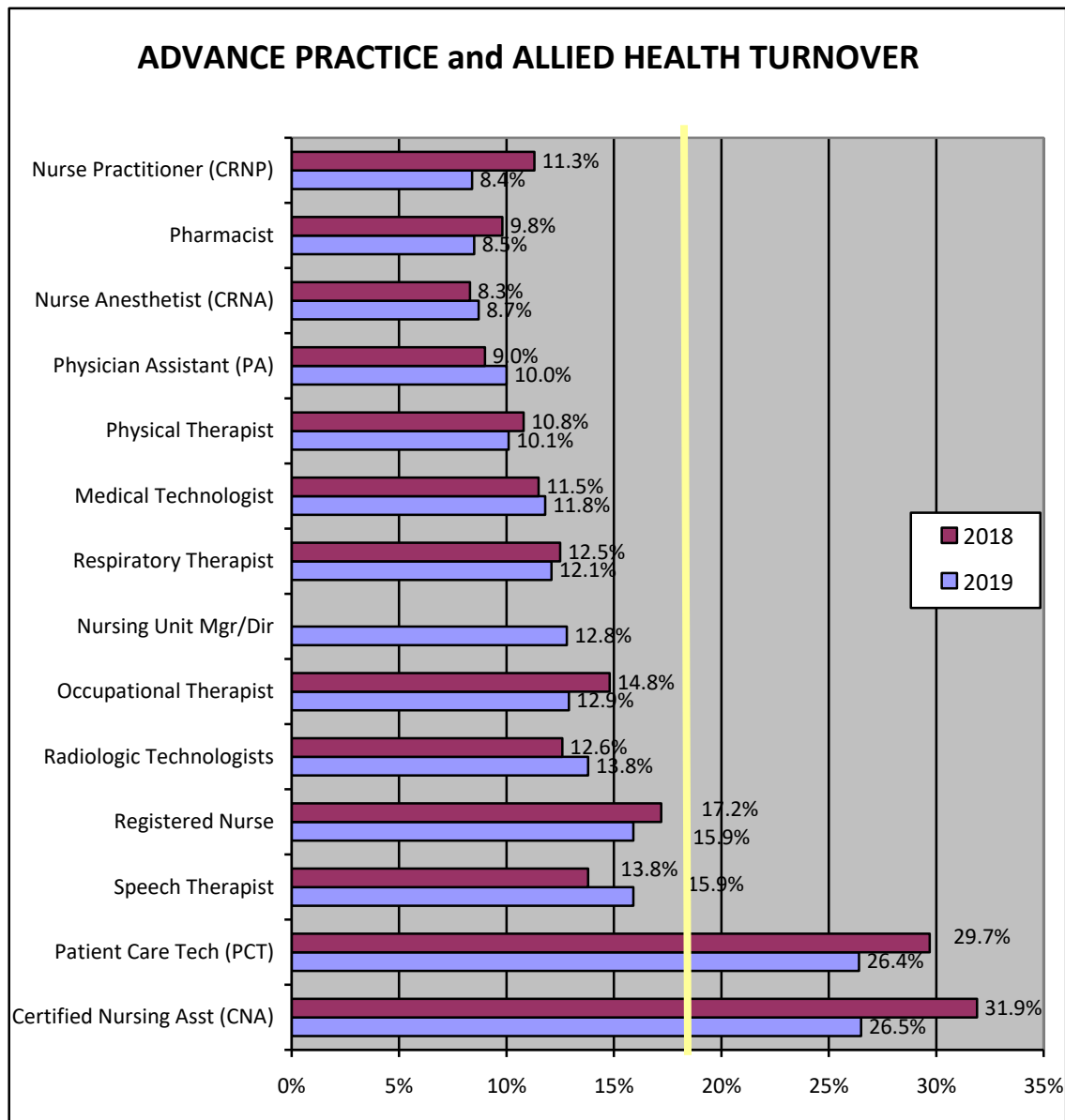
When we consider the average age of nurses and the anticipated wave of retirements about to break, we need to keep in mind that some specialties will be impacted at a quicker pace. This is particularly true for surgical services, behavior health and women’s health; two of which are currently lower than the national norm. Managing retention should be a strategic imperative, particularly given the high cost of turnover and the RN staffing crisis.



Advance Practice and Allied Health Turnover

For the past five years, all advance practice and allied health professionals recorded turnover rates below the hospital average. 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 (17.8%).

Certified Nursing Assistants (CNAs) and Patient Care Technicians (PCTs) continue to negatively impact hospital turnover. Although reporting a lower rate than 2018, both far exceeded the hospital average. Per request, Nursing Unit Manager/Director was included this year. They posted a turnover rate (12.8%) below the hospital average.



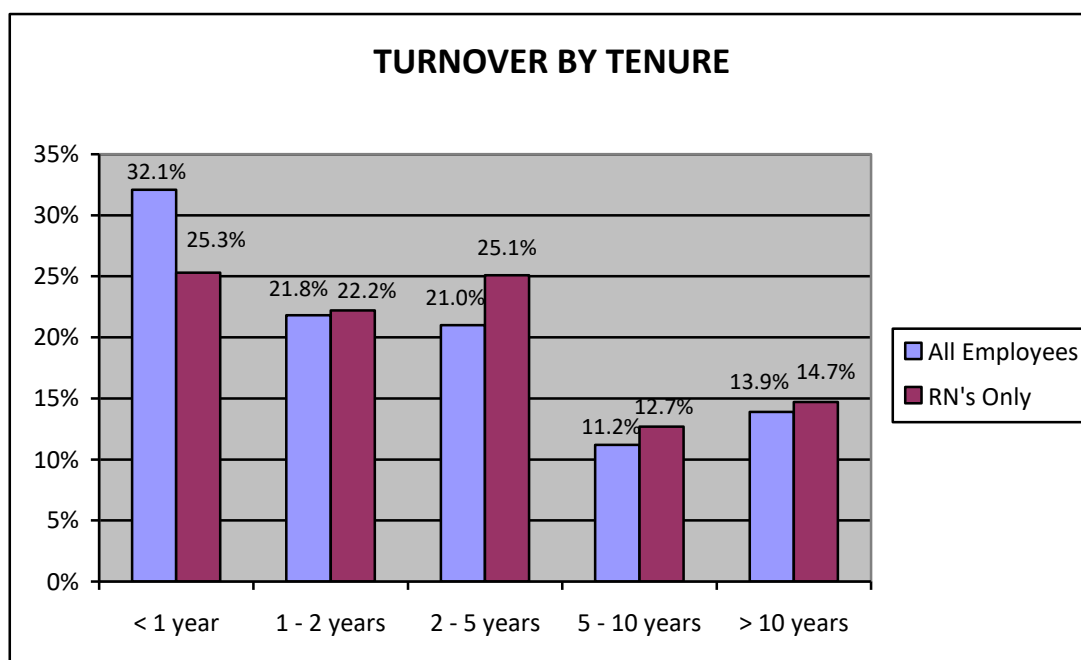
Turnover by Tenure

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, over a quarter (27.6%) of all new hires left within a year. This group accounted for a third (32.1%) of all turnover. In fact, more than half or 53.9% of the exited employees had less than two years of service. As expected, employees with more than 5 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 58.9% of a hospital’s total turnover. When expanding this to include all employees with less than two (2) years of service, the range jumped to 91.5%. Without saying, this is not the typical or average facility. However, a large percent of all separations is caused by employees with less than two years of tenure.

Although not as dramatic, when viewing RNs, a similar trend is noted. Over twenty percent (21.2%) of all new RNs leave within a year. First year turnover accounted for a quarter (25.3%) 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 19.7% have a specific strategy to retain older workers.

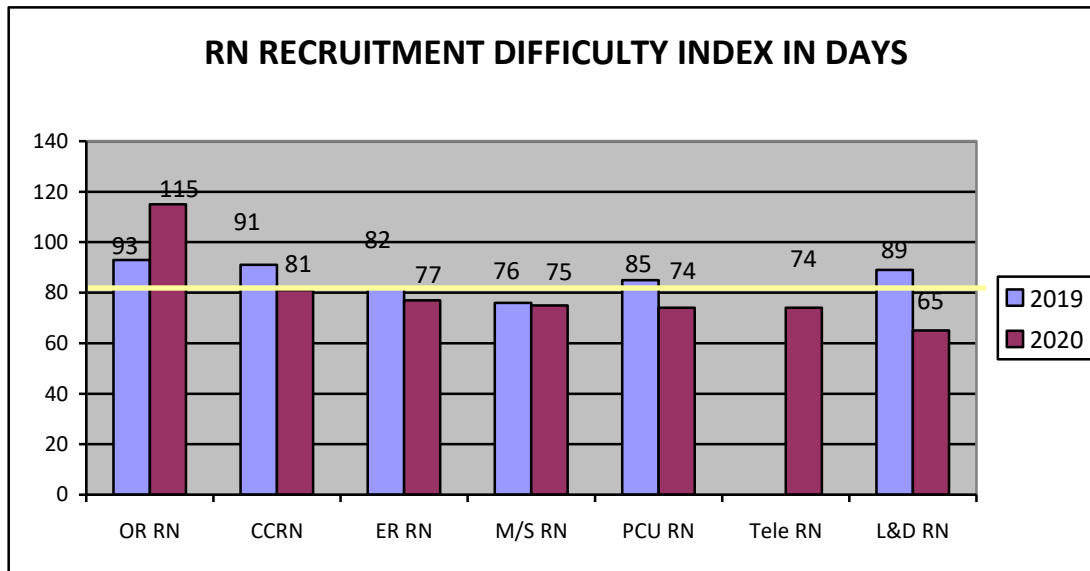


RN Recruitment Difficulty Index

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 a RN vacancy, given specialty. The average time to recruit an experienced RN ranged from 65 to 115 days, pending specialty.

The following graph illustrates the average number of days it took to recruit a RN by specialty. The yellow line is the current RN Recruitment Difficulty Index and represents the average time to fill a vacancy regardless of specialty. Currently, this stands at 81 days. Said differently, it takes over 2.5 months to hire an experienced RN. This elevated rate has been challenging Talent Acquisition for years, which begs the question; is this the new norm or should we think differently.

For the eighth straight year, Registered Nurses in the OR continued to be the most difficult to recruit. On average, it takes 101 to 130 days to fill an experienced OR RN, with the average being 115 days. This is a 22 day jump from the prior survey and the only specialty recording an increase. Nurses in critical care were slightly above the index. L&D RNs were hired quicker than any other specialty and experienced a 24 day drop in time-to-fill. Telemetry was a newly added specialty.

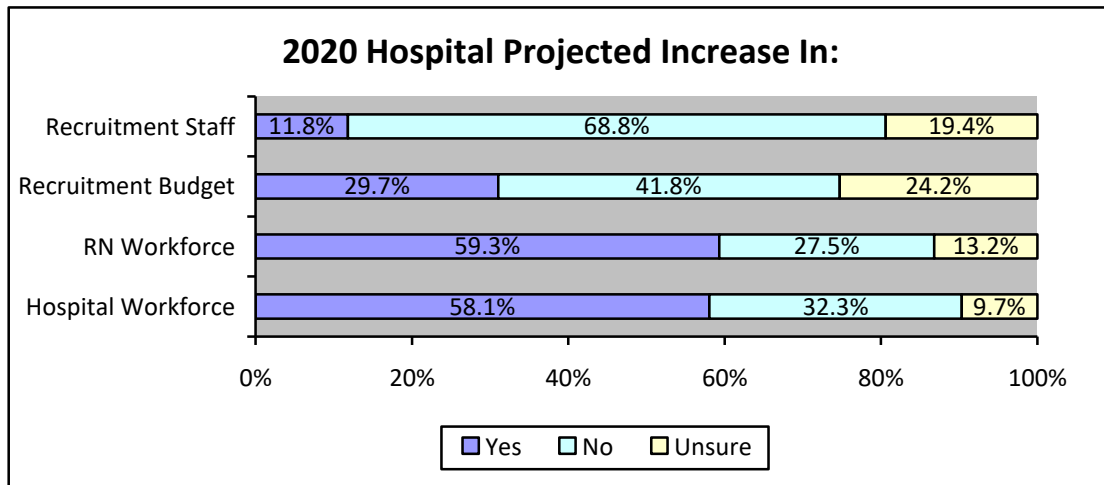


When it comes to recruiting RNs, not all regions perform the same. The South-Central outperformed all other regions and could recruit RNs quicker than the national average, with an average time to fill of 66 days. The North-East and North-Central regions were close to the index, while the South-East was slightly above at 85 days. The time-to-fill in the West was over 3 months (98 days).

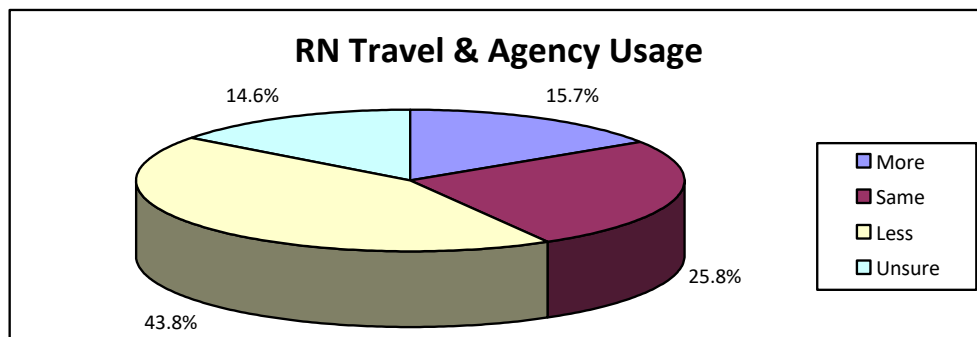
Workforce Projections

Labor demands are forcing many hospitals to use more costly approaches to staffing beds. Increasing reliance on agency/travel staff, overtime and internal resource pools, and authorizing critical staffing pay were the most common strategies to meet scheduling needs. In 2019, healthcare jobs continued to grow and are trending up for 2020 with 58% of hospitals anticipating an increase in their total labor force and 59% projecting to increase their RN complement.

This mandate to hire more employees will further strain Talent Acquisition. While hospitals expect to grow their total and RN workforce, only 29.7% anticipate an increase to the recruitment budget and only 11.8% plan to increase their recruitment staff. Currently, the ratio of budgeted Full Time Equivalents (FTEs) in Human Resources to hospital employees is 1:149.



To improve margins, hospitals plan to control labor costs by decreasing reliance (45.7%) 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, \$1,412,000. 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.

Conclusion

The health care industry continues to be a pillar for our economy and must be ready to adapt to the changing landscape. The expanding health care 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 COVID-19 are all stressing 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 hospital's 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. Building and retaining a quality workforce is paramount to navigate the shifting paradigm. Let NSI Nursing Solutions Inc. help!

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2020 Quick Reference Guide

| Hospital Turnover Statistics | |
|--|---------------|
| Hospital Turnover Range | 6.9% to 43.7% |
| Average Hospital Turnover <i>(All employees)</i> | 17.8% |
| Average Hospital Turnover <i>(Full and Part Time employees only)</i> | 16.1% |
| Staff RN Turnover Range | 4.5% to 43.9% |
| Average Staff RN Turnover <i>(All employees)</i> | 15.9% |
| Average Staff RN Turnover <i>(Full and Part Time employees only)</i> | 14.7% |
| Cost of Each RN Turnover | \$44,375 |
| Average Annual Cost of RN Turnover | \$4.86m |
| Average Annual Cost/Savings per 1% Change in RN Turnover | \$306,400 |
| Percent of Involuntary Turnover | 9.1% |
| 2020 Retention Goal <i>(To lower turnover by...)</i> | 3.7% |

| Hospital Staffing & Recruitment Metrics | |
|--|---------|
| Average RN Vacancy Rate | 9% |
| Average RN Time-to-Fill | 81 days |
| Percent Anticipating to Increase Workforce | 58.1% |
| Percent Anticipating to Increase RN Workforce | 59.3% |
| Percent Anticipating to Increase Recruitment Budget | 29.7% |
| Percent Anticipating to Increase Recruitment Staff | 11.8% |
| Average HR FTE per Headcount | 149 |
| Percent Anticipating to Decrease Travel/Agency Usage | 45.7% |

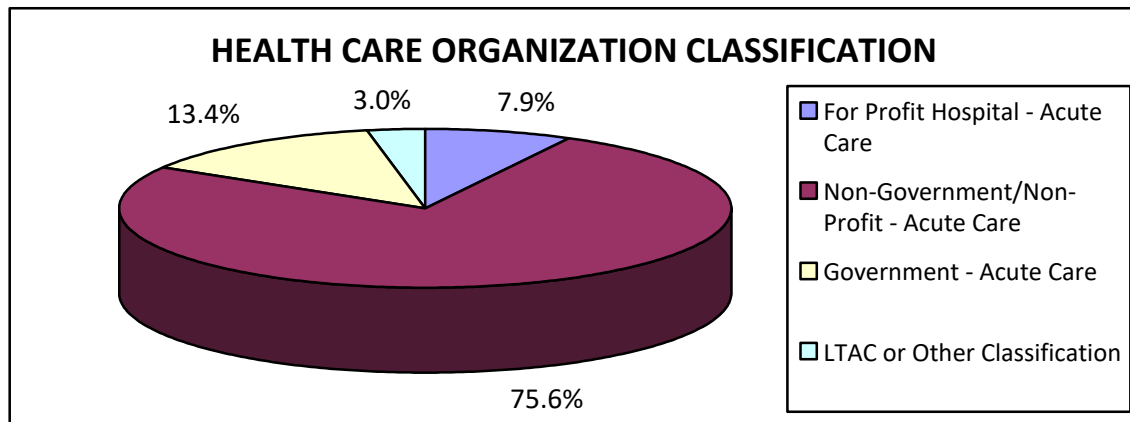
| Staff Nurse vs. Travel Nurse Cost Savings | Hourly | / | Annually |
|---|--------------------|---|-----------|
| Average Travel Nurse Fee | \$80.00 | / | \$166,400 |
| Average RN Pay <i>(includes 28% for benefits)</i> | \$46.05 | / | \$95,784 |
| Cost Difference: Staff Nurse vs. Travel Nurse | \$33.95 | / | \$70,616 |
| For every 20 Travel RNs eliminated, the average hospital can save | \$1,412,000 | | |

Overview of Survey Participants

REGION - Responses were received from forty-two (42) 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) | 20.7% |
| North Central – (IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY) | 23.2% |
| South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV) | 27.4% |
| South Central – (AR, AZ, CO, LA, NM, OK, TX & UT) | 15.9% |
| West – (AK, CA, HI, NV, OR & WA) | 12.8% |

ORGANIZATIONAL CLASSIFICATION - Acute care facilities were further delineated by ownership. As consistent with previous years, the overwhelming majority of responses (75.6%) were from Non-Government/Non-Profit Acute Care Hospitals.



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

