

2022 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 2022, **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.

According to the US Bureau of Labor Statistics, healthcare is projected to grow 16 percent and add about 2.6 million new jobs through 2030. This pace exceeds all other occupational groups with healthcare practitioners and support occupations driving demand. Although the industry has been resilient, the pandemic has further amplified and stressed the labor market and shortage. Registered Nurses continue to be one of the top growth occupations and is projected to grow 9% through 2030. 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 272 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 2022

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 ~30 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 satisfy your staffing needs.

Table of Contents

Executive Summary	1
Methodology	2
Survey Findings – Hospital Turnover	3
Survey Findings – Staff RN Turnover	5
Survey Findings – RN Turnover by Specialty	7
Survey Findings – RN Vacancy	8
Survey Findings – Advanced Practice and Allied Health Turnover	9
Survey Findings – Hospital Turnover by Tenure	10
Survey Findings – RN Recruitment Difficulty Index	11
Survey Findings - Workforce Projections	12
Conclusion	13
Appendix – NSI Quick Reference Guide	<i>a</i>
Appendix – Overview of Survey Participants	<i>b</i>

Executive Summary

Healthcare has consistently been a leading contributor to job market growth. Last year, the pandemic has not only amplified the mismatch between the supply and demand of labor, but, it has also stressed the industry and providers. Through perseverance, resilience and staying focused on a mission of healing, your communities are thankful.

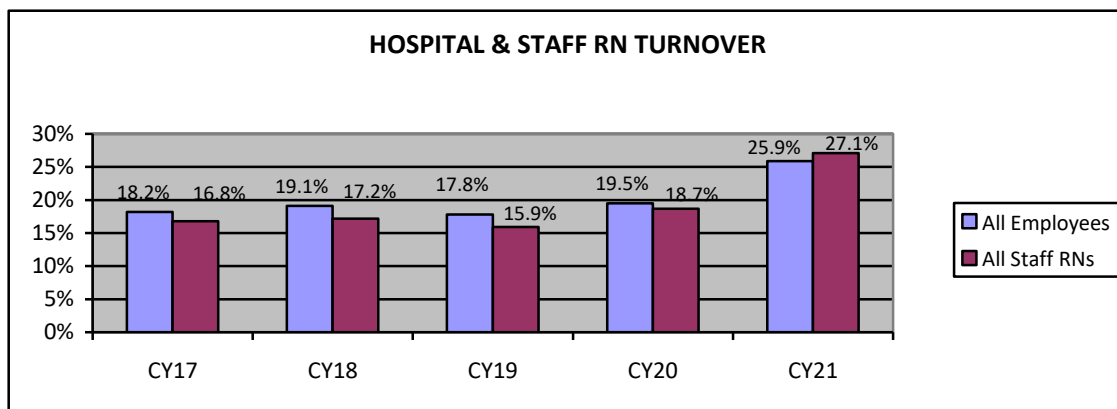
The “Great Resignation” is evident in healthcare with hospital turnover exceeding every previous survey conducted by NSI Nursing Solutions Inc. During the past year, hospital turnover increased by 6.4% and currently stands at 25.9%. Although, hospitals did not meet their 2021 goal to reduce turnover, they have doubled down by setting a higher goal. The current hospital goal is to reduce turnover by 5.9%.

Last year, RNs exited the bedside at an alarming rate and hospitals shed 2.47% of their RN workforce. For the first time since conducting the survey, RN turnover outpaced the hospital average. The turnover rate for staff RNs increased by 8.4% and currently stands at 27.1%. Registered Nurses working in surgical services, women’s health, and pediatrics recorded the lowest turnover rate, while nurses working in step down, telemetry and emergency services experienced the highest.

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 \$46,100 resulting in the average hospital losing between \$5.2m – \$9.0m. Each percent change in RN turnover will cost/save the average hospital an additional \$262,300/yr.

Hospitals are experiencing a dramatically higher RN vacancy rate. Currently, this stands at 17%, up 7.1 points from last year, with over eighty percent (81.3%) reporting a vacancy rate in excess of ten percent. The RN Recruitment Difficulty Index remains elevated at 87 days on average, regardless of specialty. In essence, it takes 3 months to recruit an experienced RN.

Feeling the financial stress, hospitals are looking to decrease reliance on supplemental staffing. The greatest potential to offset margin compression is in the top budget line item (labor expense). Every RN hired saves \$210,000. An NSI contract to replace 20 travel nurses could save your institution \$4,203,000. Contact Michael Colosi at (717) 575-7817 to learn how NSI can improve your bottom line.



Methodology

In January, invitations were sent to hospitals 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 2021, and for systems to report each hospital separately. I am pleased to announce that 272 hospitals from 32 states, responded. In total, this survey covers 589,901 healthcare workers, and 166,087 Registered Nurses. This is an increase of 17.6% and 15.1%, respectively.

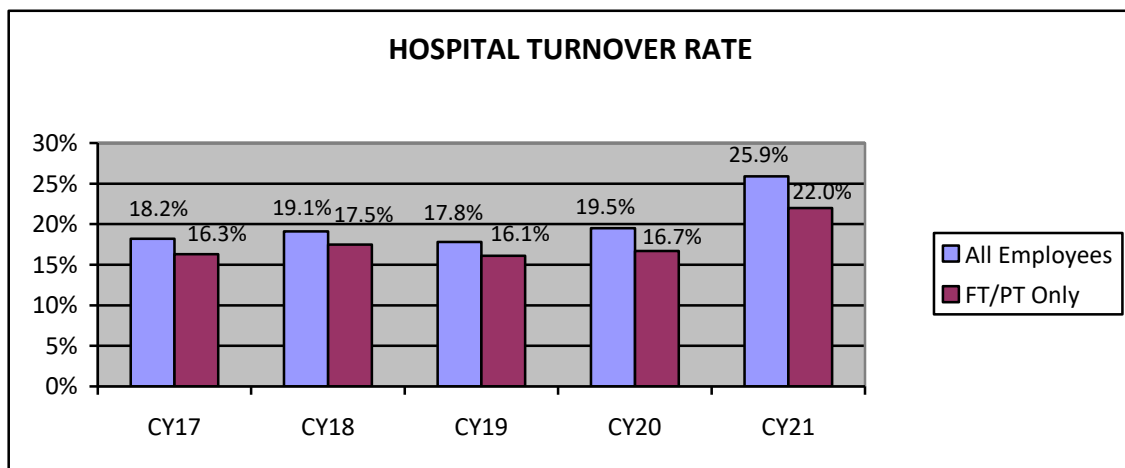
All findings are reported in the aggregate, with no individual hospital identifying information provided. Since organizations track and report turnover differently, it is important to establish a consistent methodology. To this end, raw data was collected on all employee terminations, whether voluntary 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 (59.6%) 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 for both methodologies. **Hospitals who only include FULL and PART-TIME classifications and exclude all other employment classifications in their metrics are directed to utilize the “Full/Part-Time” statistics for comparative purposes.**

Hospital Turnover

The “Great Resignation” is evident in healthcare with hospital turnover exceeding every previous survey conducted by NSI Nursing Solutions Inc. This exodus was fueled by COVID, the competition for labor, employee burnout, and retirement. Healthcare executives need to be concerned since turnover is a leading indicator of future financial pressure, and patient & employee satisfaction.

The national hospital turnover rate is 25.9%, with the median and mode recorded at 23.5% and 25.4%, respectively. Last year, hospital turnover increased 6.4% and ranged from 5.1% to 40.8%. In the past 5 years, the average hospital turned over 100.5% of its workforce. The following graph illustrates annual rates since 2017. Hospitals that only measure “Full/Part-Time” separations reported an average turnover rate of 22.0%, with a median of 19.1%, and a mode of 20.3%.



Voluntary terminations accounted for 95.5% of all hospital separations. To further understand turnover, respondents were asked to identify the top five (5) reasons why employees resigned. Participants were asked to select from a list of 20 common reasons. Personal reasons, career advancement and retirement were at the top of the list. Finishing the list of top ten reasons include: relocation, salary, education, scheduling, unknown, commute and workload/staffing ratios.

The following table records the average hospital turnover rate by region and bed size. Hospitals who only include Full/Part-Time employment classifications in their metrics are directed to the column on the right. The number in parenthesis reflects the year-over-year change.

In 2021, all regions experienced an increase in turnover from the prior year, ranging from +2.9% to +10.0%. The North-East experienced the greatest increase in turnover and closely mirrored the national average. The South-East hospitals recorded a lower change but, still trended higher than the national average.

Upon review of turnover by bed size, all groups reported an increase, ranging from +2.6% to +7.8%. Hospitals with less than 200 beds and those with between 350 to 500 beds performed better than the national average. Hospitals with more than 500 beds experienced the greatest yearly increase.

The profile of a hospital with the greatest retention capacity and lowest turnover is a hospital with less than 200 beds and located in the South-Central or West. Conversely, a hospital with the highest turnover is a facility in the North-Central with between 200 to 349 or more than 500 beds.

REGION	HOSPITAL TURNOVER	FULL/PART TIME TURNOVER
North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	25.7% (+10.0%)	21.8% (+8.5%)
North Central – (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	28.6% (+4.8%)	24.7% (+3.5%)
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	27.9% (+3.3%)	24.0% (+2.9%)
South Central – (AR, CO, LA, NM, OK, & TX)	22.9% (+3.9%)	19.4% (+3.1%)
West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA)	23.1% (+7.3%)	18.3% (+5.2%)
BED SIZE		
<200 Beds	24.4% (+4.5%)	20.3% (+3.2%)
200-349 Beds	27.2% (+4.2%)	22.4% (+2.6%)
350-500 Beds	25.0% (+5.0%)	20.6% (+3.7%)
>500 Beds	26.2% (+7.8%)	22.6% (+6.7%)
NATIONAL AVERAGE	25.9% (+6.4%)	22.0% (+5.3%)

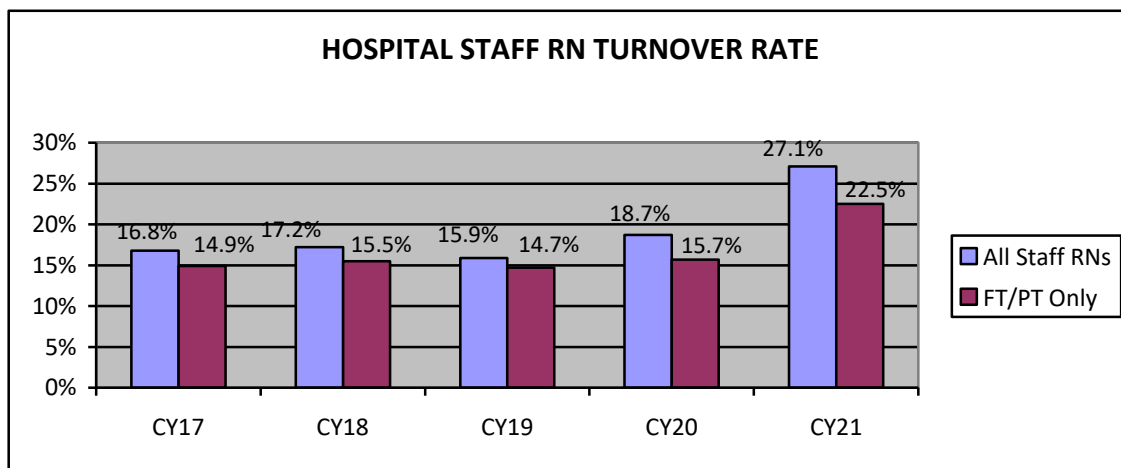
An overwhelming majority (96.1%) of hospitals view retention as a “key strategic imperative” and, to a lesser degree, is evident in operational practice/planning. Almost all hospitals have retention initiatives. In fact, close to three quarters (72.6%) have a formal retention strategy, yet less than half (44.5%) are tied to a measurable goal. Establishing a measurable goal needs to be a core component of any retention strategy.

In 2021, hospitals set a goal to reduce turnover by 4.8%. However, turnover increased 6.4%. For 2022, hospitals set an even more aggressive goal, which is to lower turnover by 5.9%. Fifty-six percent (55.5%) have not established a measurable goal.

Staff Registered Nurse Turnover

In 2021, RNs exited the bedside at an alarming rate. Rising patient ratios, elevated occupancy rates, high acuity, and negative patient outcomes, have led to emotional/physical exhaustion, fatigue and burnout. Include the high competition and lucrative travel options available to RNs and it is easy to understand why hospitals shed 2.47% of their RN workforce.

Historically, RN turnover has trended below the hospital average. For the first time since conducting the survey, this is no longer true. The following graph illustrates the turnover rate for staff RNs since 2017. In 2021, RN turnover increased by a staggering 8.4%, resulting in a national average of 27.1% and ranging from 5.1% to 64.1%. Hospitals that only measure “Full/Part-Time” separations reported an average turnover rate of 22.5%. In the past five years, the average hospital turned over 95.7% of their RN workforce. The question remains...is how do we bring nurses back to the bedside and is Talent Acquisition ready?



The cost of turnover can have a profound impact on the diminishing hospital margin. Today, over half (60.6%) of hospitals track this cost. Based upon feedback, the average cost of turnover for a staff RN is \$46,100 with the range averaging \$33,900 to \$58,300. Given the elevated turnover rate, the average hospital lost \$7.1m in 2021. Breaking this down even further, each percent change in RN turnover will cost/save the average hospital \$262,300 per year.

The following table records the average staff RN turnover rate by region and bed size. Again, hospitals who only include Full/Part-Time employment classifications in their metrics are directed to the column on the right. The number in parenthesis reflects the annual change.

In 2021, all regions experienced an increase in RN turnover. The 2020-21 percent change in regional RN turnover ranged from +3.2% to +12.2%. Although below the national level, the North-East reported the greatest increase. When viewed by bed size, all groups also experienced an increase turnover, ranging from +1.0% to +10.5%. Hospitals with more 500 beds reported the greatest increase and the highest turnover rate.

Hospitals with less than 200 beds and located in the North-Central and West experienced RN 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 with over 500 beds and located in the South-East region.

REGION	STAFF RN TURNOVER	FULL/PART TIME RN TURNOVER
North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	25.4% (+12.2%)	20.9% (+8.9%)
North Central – (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	24.5% (+4.5%)	20.5% (+3.2%)
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	29.9% (+5.0%)	25.0% (+4.2%)
South Central – (AR, CO, LA, NM, OK, & TX)	25.6% (+6.4%)	21.5% (+5.3%)
West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA)	23.8% (+8.4%)	17.9% (+6.0%)
BED SIZE		
<200 Beds	23.2% (+3.8%)	18.1% (+1.0%)
200-349 Beds	26.6% (+3.7%)	21.3% (+2.5%)
350-500 Beds	26.2% (+7.3%)	20.7% (+5.1%)
>500 Beds	27.9% (+10.5%)	23.6% (+8.9%)
NATIONAL AVERAGE	27.1% (+8.4%)	22.5% (+4.8%)

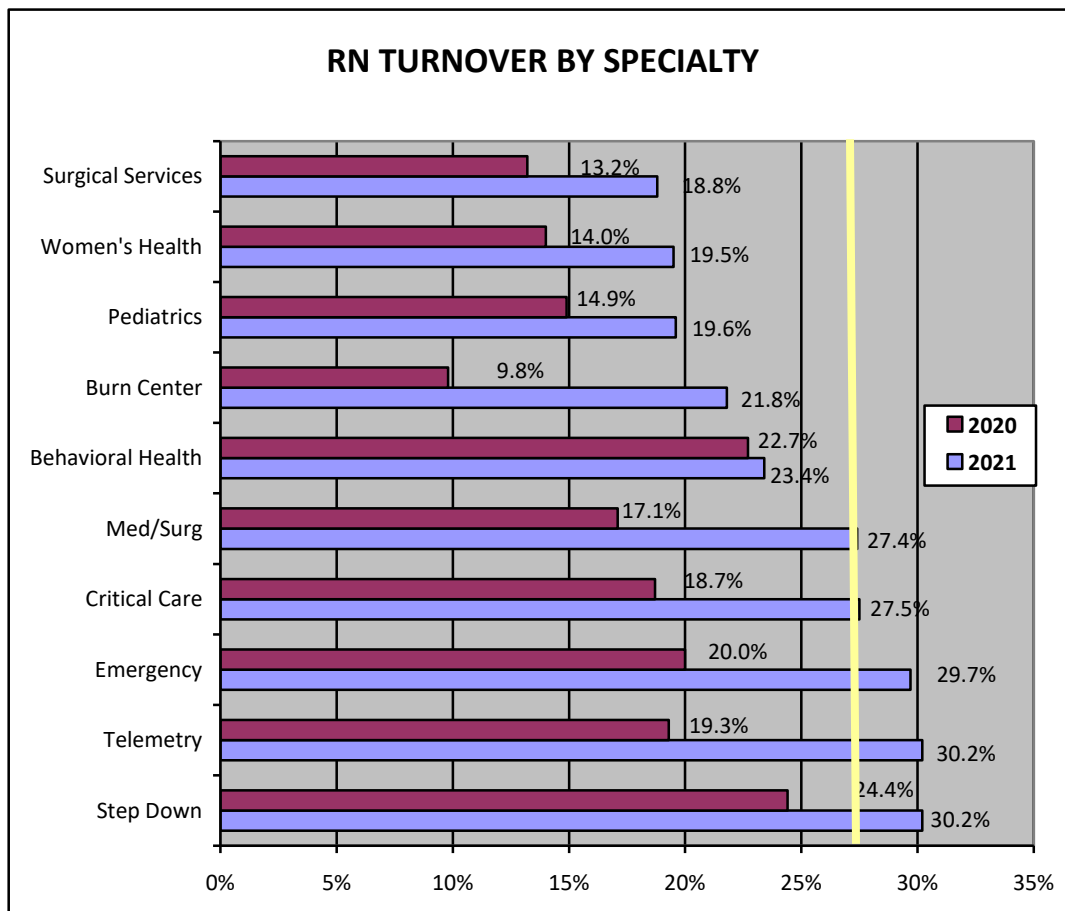
Respondents were also asked to identify the top five (5) reasons why staff RNs voluntarily resigned. Participants were asked to select from a list of 20 common reasons. Personal reasons, career advancement and relocation were at the top of the list. Rounding out the top 10 reasons why RNs voluntarily resigned are: retirement, scheduling, salary, unknown, commute, workload/staffing ratios, and working conditions.

Currently listed as the number four reason why staff RNs leave, retirement is projected to remain a primary driver beyond 2030. Hospitals are getting the message with over half (52.8%) having a strategy that focuses on retaining the older nurse. In 2018, just 21.6% had such a strategy.

Registered Nurse Turnover by Specialty

Registered Nurse 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 (27.1%). Step down, telemetry and emergency service RNs exceeded the national average, with critical care and medical/surgical RNs close to the average. Looking back over the past five years, RNs in step down, emergency services, behavioral health and telemetry were the most mobile with a cumulative turnover rate between 101.3% and 111.4%. Essentially, every five years, these departments will turn over their entire RN staff. All other surveyed departments were 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, behavioral health and women's health. Managing retention should be a strategic imperative, particularly given the high cost of turnover and the ongoing RN staffing crisis.



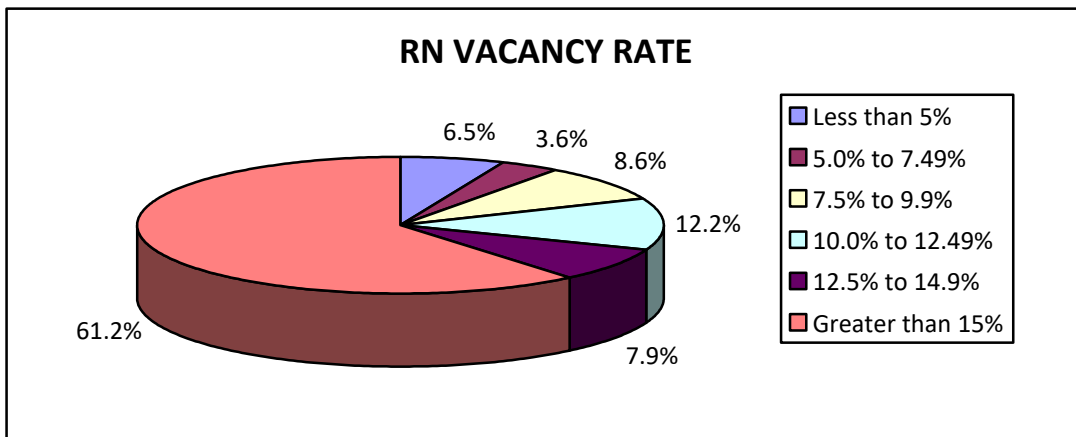
RN Vacancy Rate

Given the jump in turnover, recruitment was unable to keep pace causing a 2.47% reduction in the hospital RN workforce. The result is an elevated RN vacancy rate, which currently stands at 17.0%. This is 7.1 points higher than 2021 and has a direct impact on quality outcomes, the patient experience and leads to excess labor costs such as overtime and travel/agency usage. A high vacancy rate coupled with a high RN Recruitment Difficulty Index (*see page 11*) is a clear indication that the labor shortage will continue to challenge hospitals.

To further illustrate the magnitude of the staffing crisis, a vast majority of hospitals (81.3%) reported a vacancy rate greater than ten percent. Given the economy and impact of COVID, RNs are no longer delaying retirement, and many have been lured to travel nursing, particularly given the lucrative contracts. During the pandemic, travel nurse packages reached \$12,000/week. As the demand for RNs increase, as nurses move away from the bedside, and as Baby Boomers reach retirement, expect the vacancy rate to remain critical.

When the labor market tightens, hospitals bridge the gap by authorizing overtime and critical staffing pay, by increasing travel staff usage, and by flexing their internal staffing pool. All of which are costly strategies, especially when travel rates average \$154/hr and range to \$225/hr. 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.

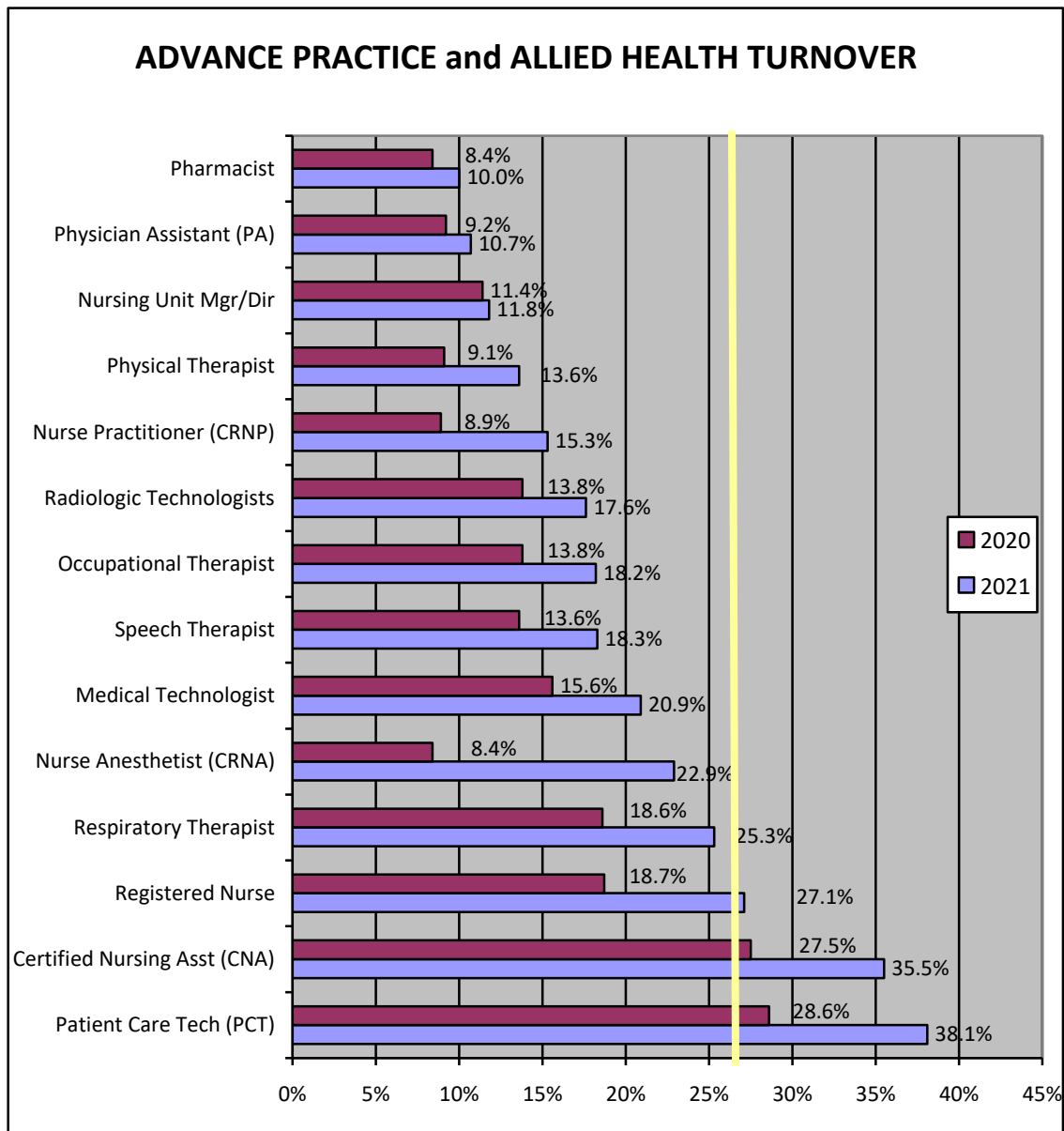
RN VACANCY RATE	2018	2019	2020	2021	2022
Less than 5%	15.8%	21.9%	19.3%	23.9%	6.5%
5.0% to 7.49%	30.5%	22.8%	18.2%	13.8%	3.6%
7.5% to 9.9%	28.4%	31.6%	30.7%	26.6%	8.6%
10.0% to 12.49%	12.6%	12.3%	15.9%	22.9%	12.2%
12.5% to 14.9%	7.4%	5.3%	4.5%	3.7%	7.9%
Greater than 15.0%	5.3%	6.1%	11.4%	9.2%	61.2%
Average	8.2%	8.0%	9.0%	9.9%	17.0%



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, which holds true for 2021. 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 hospital turnover rate (25.9%).

In 2021, all job titles in the NSI Nursing Solutions Inc survey recorded an increase in turnover. Usually a stable group, CRNAs experienced a 14.5% increase. Although considered an outlier, this can be a reflection in the drop in surgical cases. Patient Care Technicians (PCTs) and Certified Nursing Assistants (CNAs) continue to outpace all other measured positions when it comes to turnover. These jobs recorded a 9.5% and 8.0% year-over-year increase, respectively.



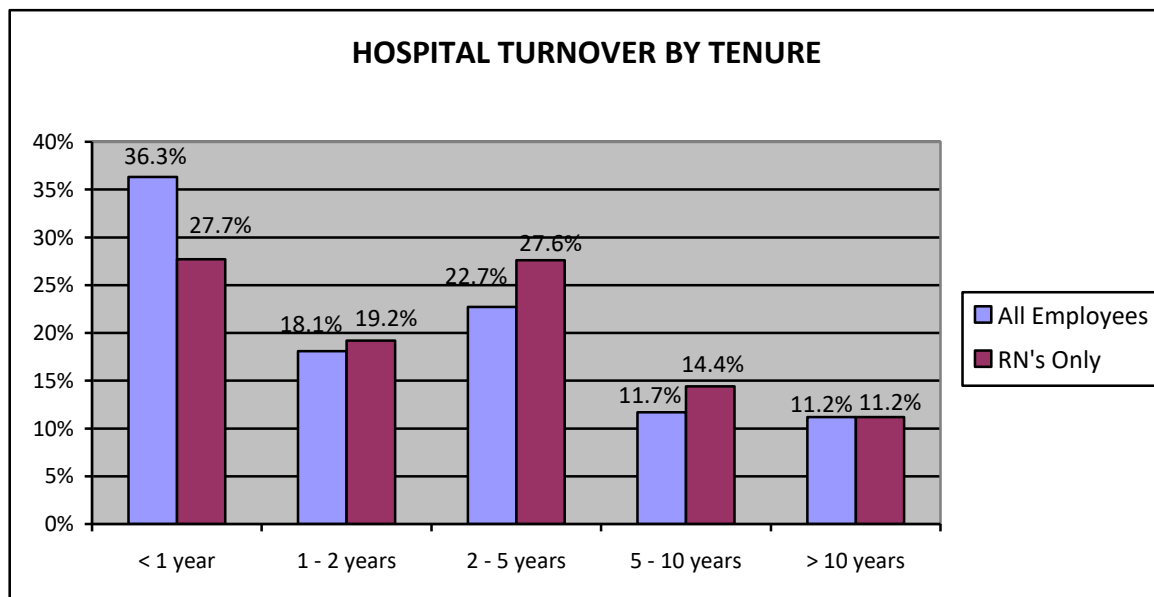
Hospital Turnover by Tenure

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, approximately one-third (31.7%) of all new hires left within a year. This same group accounted for over a third (36.3%) of all turnover. As consistent with previous surveys, half (54.4%) of the exited employees had less than two years of service and employees with more than 5 years of tenure experienced a greater level of organizational commitment.

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 59% 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 74.7%. 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. Close to a third (31.0%) of all newly hired RNs left within a year, with first year turnover accounting for a quarter (27.7%) of all RN separations. Given the projected surge in retirements, expect to see the more tenured 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 must also focus on a strategy to retain older workers. Currently, over half (52.8%) of hospitals have a specific strategy to retain older nurses.

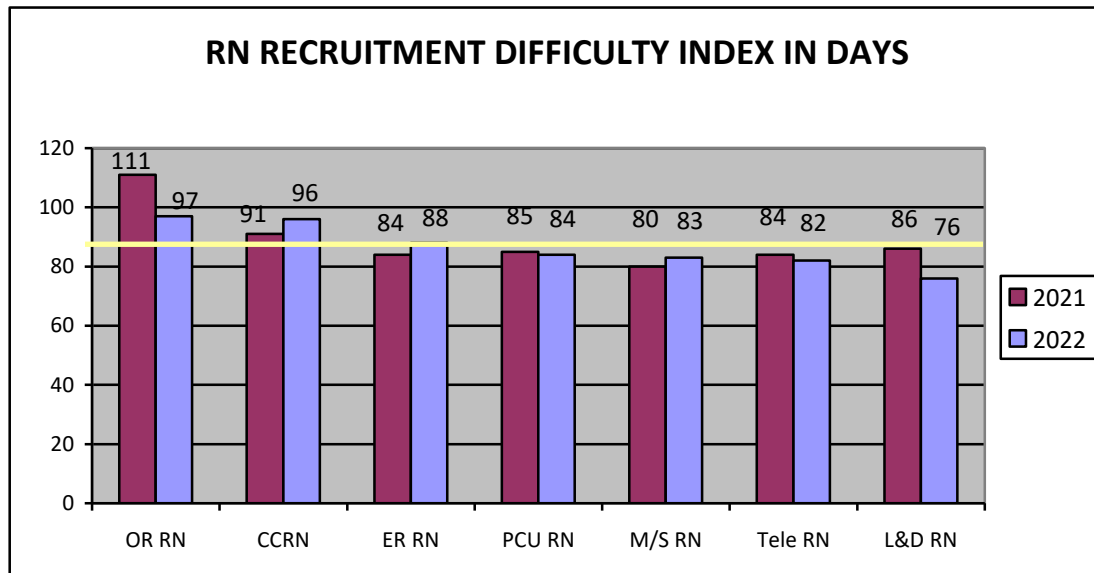


RN Recruitment Difficulty Index

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 62 to 112 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 87 days and is projected to remain elevated due to the shortage and competition for labor. This elevated rate has been challenging Talent Acquisition for years, which begs the question; is this acceptable or should we think differently? Contracting with a staffing provider can help Talent Acquisition improve their time-to-fill. With an average time-to-fill of ~30 days, NSI has the national reach and proven track record to quickly hire experienced Registered Nurses.

Although dropping 14 days, Operating Room RNs continued to be the most difficult to recruit. On average, it takes 83 to 112 days to fill an experienced OR RN, with the average being 97 days. Critical Care nurses posted an increase in time-to-fill of five days and are also above the index. L&D RNs experienced the greatest percent decrease and are currently easier to fill at approximately two and a half months (76 days).

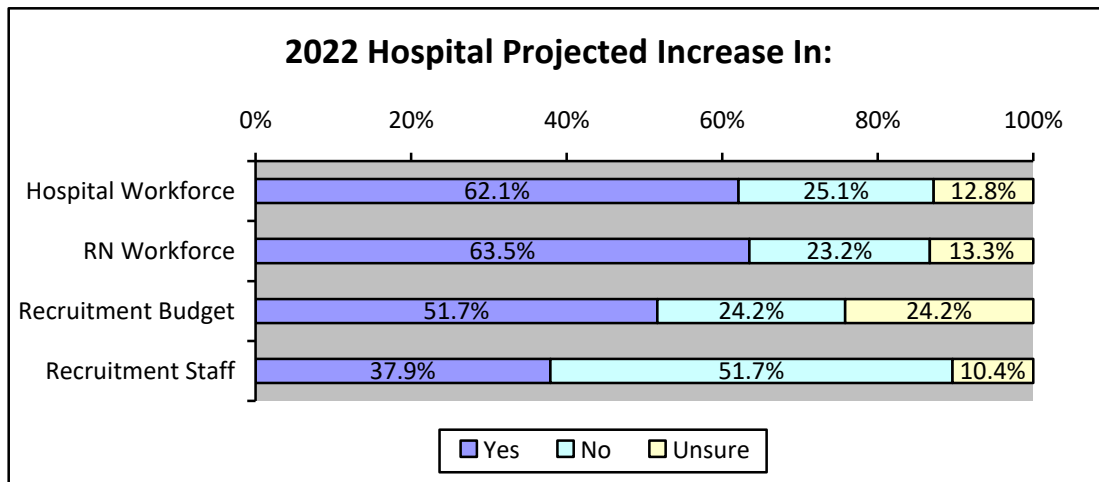


When it comes to recruiting RNs, not all regions perform the same. The West outperformed all other regions and could recruit RNs quicker, with an average time to fill of 63 days. The South-East (72 days) also posted below the national benchmark. The South-Central, North-Central and North-East regions were all above the index at 109, 99 and 94 days, respectively.

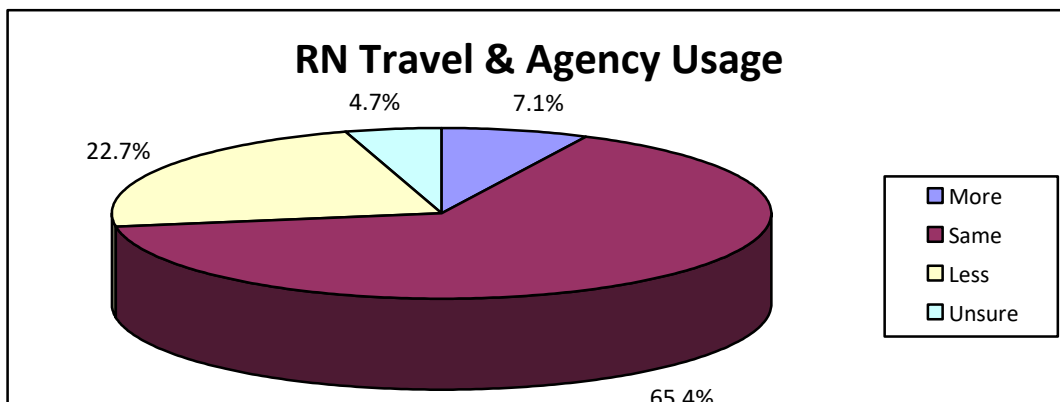
Workforce Projections

Labor demands are forcing hospitals to use costly approaches to staff beds. Authorizing critical staffing pay, increasing reliance on agency/travel staff, internal resource pools and overtime were the most common strategies to meet scheduling needs. In 2021, healthcare jobs continued to grow and are trending up for 2022 with 62% of hospitals expecting to increase their labor force and 64% projecting to increase their RN complement.

This mandate to hire more employees will further strain Talent Acquisition. While hospitals expect to grow their hospital and RN workforce, 52% anticipate an increase to the recruitment budget and 38% plan to increase their recruitment staff. Currently, the acute care HR to employee ratio is 1.06 per 100 FTEs.



Due to COVID, travel nurse rates jumped over 200%, with premiums averaging \$154/hr and ranging to \$225/hr. To improve margins, hospitals need to control labor costs by decreasing reliance on travel/agency staff. Less than a quarter (22.7%) anticipate reducing this reliance. 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, \$4,203,000. Call Michael Colosi at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI Nursing Solutions, Inc can improve your bottom line.



Conclusion

The health care industry continues to be a cornerstone of our economy and must be ready to adapt to the changing landscape. 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 a world-wide pandemic have all stressed the industry.

The value hospitals place in 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. 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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2022 NSI Quick Reference Guide

Hospital Turnover Statistics	
Hospital Turnover Range	5.1% to 40.8%
Average Hospital Turnover*	25.9%
Average Hospital Turnover (Full and Part Time employees only)*	22.0%
Bedside/Staff RN Turnover Range	5.1% to 64.1%
Average Staff RN Turnover*	27.1%
Average Staff RN Turnover (Full and Part Time staff RNs only)*	22.5%
1 st Year Employee Turnover	31.7%
1 st Year RN Turnover	31.0%
Cost of Each RN Turnover	\$46,131
Average Annual Cost of RN Turnover**	\$7.11m
Average Annual Cost/Savings per 1% Change in RN Turnover	\$262,289
Percent of Involuntary Turnover	4.5%
2022 Hospital Retention Goal (To lower turnover by...)	5.93%

*All turnover formulas = ((# of separations/average # of employees)*100)

**Based on the average of the selected range.

Hospital Staffing & Recruitment Metrics	
Average Hospital RN Vacancy Rate**	17.0%
Average RN Time-to-Fill**	87 days
Percent Anticipating to Increase Workforce	62.1%
Percent Anticipating to Increase RN Workforce	63.5%
Percent Anticipating to Increase Recruitment Budget	51.7%
Percent Anticipating to Increase Recruitment Staff	37.9%
HR to Employee Ratio (per 100 FTEs)***	1.06
Recruitment to Employee Ratio (per 100 FTEs)***	.34
Percent Anticipating to Decrease Travel/Agency Usage	22.7%

***HR ratios = ((# of HR or Recruitment FTEs/Total # of FTEs)*100)

Staff Nurse vs. Travel Nurse Cost Savings	Hourly / Annually
Average Travel Nurse Fee	\$154.00 / \$320,320
Average RN Pay (includes 28% for benefits)	\$52.95 / \$110,144
Cost Difference: Staff Nurse vs. Travel Nurse	\$101.05 / \$210,184
For every 20 Travel RNs eliminated, the average hospital can save	\$4,203,680

Overview of Survey Participants

REGION - Responses were received from thirty-two (32) 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)	16.0%
North Central – (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	14.1%
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	41.8%
South Central – (AR, CO, LA, NM, OK, & TX)	21.1%
West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA)	7.0%

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

