

2021 NSI National Health Care Retention & RN Staffing Report

*Published by: NSI Nursing Solutions, Inc.
www.nsinursingsolutions.com.*

Preface

We are proud to present the annual NSI National Health Care Retention and RN Staffing Report. In January 2021, **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. Although the industry has been resilient throughout the pandemic and surge, COVID has definitely amplified and stressed the labor market and shortage. Registered Nursing continues to be one of the top growth occupations and is projected to grow 7% through 2029. 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 226 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 2021

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 – RN Vacancy	5
Survey Findings – Hospital Staff RN Turnover	6
Survey Findings – Hospital RN Turnover by Specialty	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
NSI Quick Reference Guide	<i>a</i>
Overview of Survey Participants	<i>b</i>

Executive Summary

Healthcare has consistently been a leading contributor to job market growth. Last year, COVID 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.

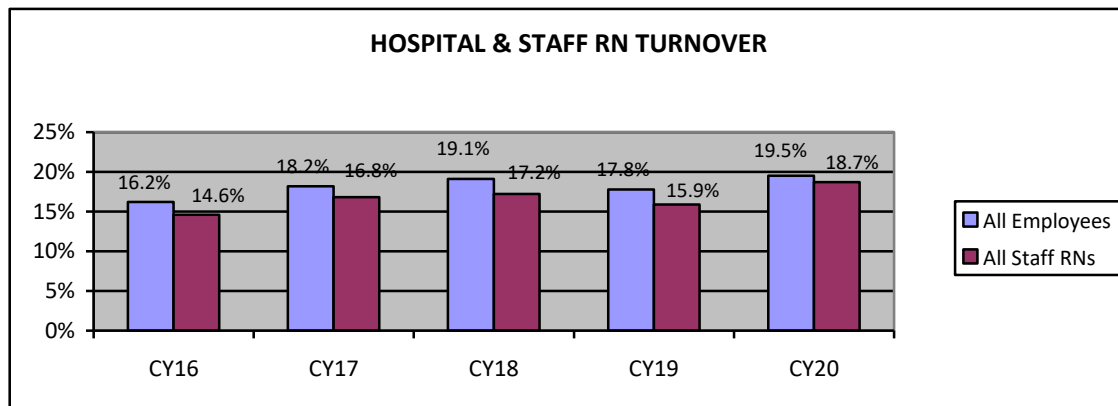
For 2021, the healthcare jobs market will continue to trend up with 37.4% of hospitals surveyed anticipating an increase in their labor force. This is down 16% from the previous study and can be a reflection of the uncertainty and downturn caused by COVID. During the past year, hospital turnover increased by 1.7% and currently stands at 19.5%. Although, hospitals did not meet their 2020 goal to reduce turnover, they have doubled down by setting a higher goal. The current hospital goal is to reduce turnover by 4.7%.

From a nursing perspective, the labor market continues to tighten with 39.8% of hospitals projecting to increase their RN staff. This is down 19.2% from last year. In 2020, the turnover rate for staff RNs increased by 2.8% and currently stands at 18.7%. Registered Nurses working in burn care, surgical services and women’s health recorded the lowest turnover rate, while nurses working in step down, behavior health 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 \$40,038 and ranges from \$28,400 to \$51,700 resulting in the average hospital losing between \$3.6m – \$6.5m/yr. Each percent change in RN turnover will cost/save the average hospital an additional \$270,800/yr.

Hospitals are experiencing a higher RN vacancy rate. Currently, this stands at 9.9%, up another point from last year. Less than a quarter (23.9%) of hospitals reported a RN vacancy rate of “less than 5%”. However, over a third (35.8%) reported a vacancy rate exceeding 10%. The RN Recruitment Difficulty Index remains elevated at 89 days on average, regardless of specialty. In essence, it takes 3 months to recruit an experienced RN.

Feeling the financial stress, hospitals expressed an interest to decrease reliance on supplemental staffing, particularly given the higher rates being charged due to COVID. 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, \$3,084,000. 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 2020, and for systems to report each hospital separately. I am pleased to announce that 226 facilities from 37 states, responded. In total, this survey covers 501,764 healthcare workers, and 144,300 Registered Nurses. This is an increase of 18.3% and 33.6%, respectively.

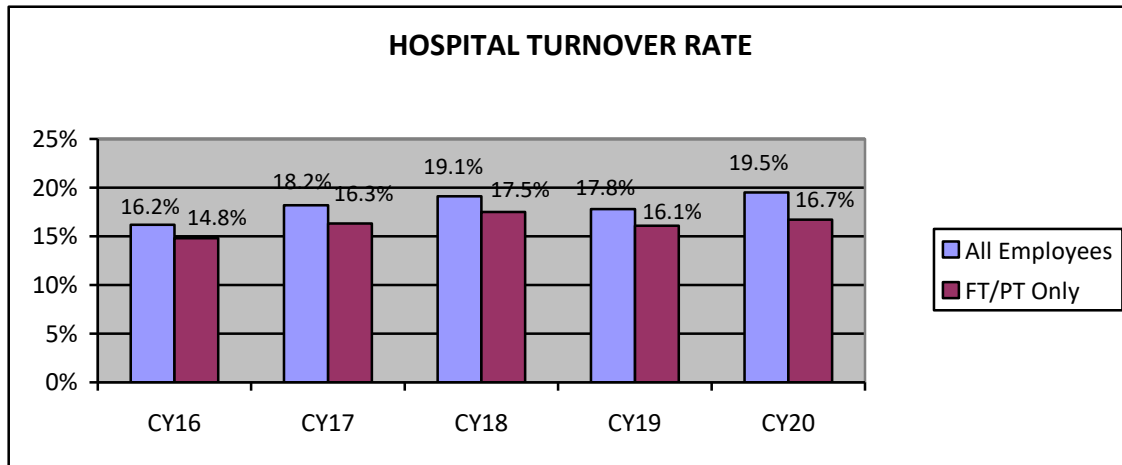
All findings are reported in the aggregate, with no individual hospital identifying information provided. Since organizations track and report turnover differently, it is important to establish a consistent methodology. To this end, raw data was collected on all employee terminations, whether voluntary 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 (60.9%) 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 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

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 increased by 1.7% and currently stands at 19.5%. Since 2016, the average hospital turned over 90.8% of its workforce. The following graph illustrates annual changes since 2016.

The national hospital turnover rate is 19.5%, with the median and mode recorded at 18.8% and 17.5%, respectively. Hospitals that only measure “FULL/PART TIME” separations reported an average turnover rate of 16.7%, with a median of 15.5%, and a mode of 15.1%. Presently, hospital turnover ranges from 3.0% to 43.1%.



The following table records the average hospital turnover rates by region and bed size. Again, hospitals who only include full and 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.

Hospitals with more than 500 beds and located in the West and North-East 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 and North-Central regions.

The 2019-20 percent change in hospital turnover, by region, ranges from -1.6% to +4.8%. The North-East experienced the greatest decrease in turnover from the prior year. Hospitals in the North-Central and South-East recorded a dramatic increase in turnover. All other regions posted modest changes.

Upon review of turnover by bed size, all groups reported an increase. Hospitals with more than 500 beds outperformed all other facilities and is the only group below the national average. Hospitals between 200-349 beds saw the highest increase and experienced the greatest level of turnover.

REGION	HOSPITAL TURNOVER	FULL/PART TIME TURNOVER
North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	15.7% (-0.5%)	13.3% (-1.6%)
North Central – (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	23.7% (+4.8%)	21.2% (+4.7%)
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	24.6% (+4.7%)	21.1% (+2.8%)
South Central – (AR, CO, LA, NM, OK, & TX)	19.0% (+1.3%)	16.3% (-0.1%)
West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA)	15.8% (+0.9%)	13.1% (-0.1%)
BED SIZE		
<200 Beds	19.9% (+1.1%)	17.1% (+0.6%)
200-349 Beds	23.0% (+3.9%)	19.8% (+2.3%)
350-500 Beds	20.0% (+2.1%)	16.9% (+0.6%)
>500 Beds	18.4% (+1.1%)	15.9% (+0.2%)
NATIONAL AVERAGE	19.5% (+1.7%)	16.7% (+0.6%)

Voluntary terminations accounted for 93.9% 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. Career advancement and relocation were at the top of the list. Retirement was the third most common reason, moving up two spots from 2019. Since conducting this survey, this is the first time that retirement was in the top three. Whether this is due to the aging of the healthcare workforce or COVID was not a topic of the survey. Finishing the list of top ten reasons include: personal reasons (*caring for a child/parent, marriage, disability, etc.*), unknown, education, workload/staffing ratios, working conditions, scheduling and salary.

An overwhelming majority (94.8%) 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 (80.7%) however, only half (51.4%) have tied these to a measurable goal. Establishing a measurable goal needs to be a core component of any retention strategy.

In 2020, hospitals set a goal to reduce turnover by 3.7%. In actuality, turnover increased 1.7% during this same period. For 2021, hospitals set an even more aggressive goal to lower turnover by 4.8%. Almost half (48.6%) have not established a measurable goal.

RN Vacancy Rate

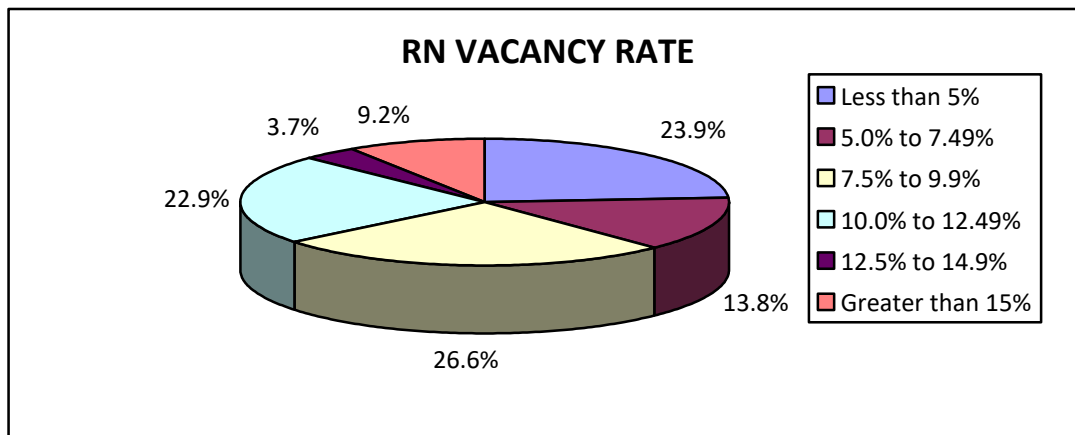
The RN vacancy rate continues to be of concern and currently stands at 9.9%, almost a full point higher than 2020. An elevated rate directly impacts quality outcomes, the patient experience and leads to excess labor costs such as overtime and travel/agency usage. In 2019, less than a quarter (23.7%) of hospitals reported a vacancy rate greater than 10%. Today, over a third (35.8%) are in this group. This downward shift, along with the elevated RN Recruitment Difficulty Index, (*see page 11*) is a clear indication that the RN labor shortage will continue to challenge hospitals.

Of significant concern is that sixty-two percent (62%) of all hospitals have a RN vacancy rate higher than 7.5%. Given the economy and impact of COVID, RNs are no longer delaying retirement, and many have gone back to travel nursing, particularly given the lucrative contracts. During the pandemic, travel nurse packages reached \$10,000/week. As the demand for RNs increase and as Baby Boomers reach retirement, expect the vacancy rate to further deteriorate.

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 range to \$200/hr. 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.

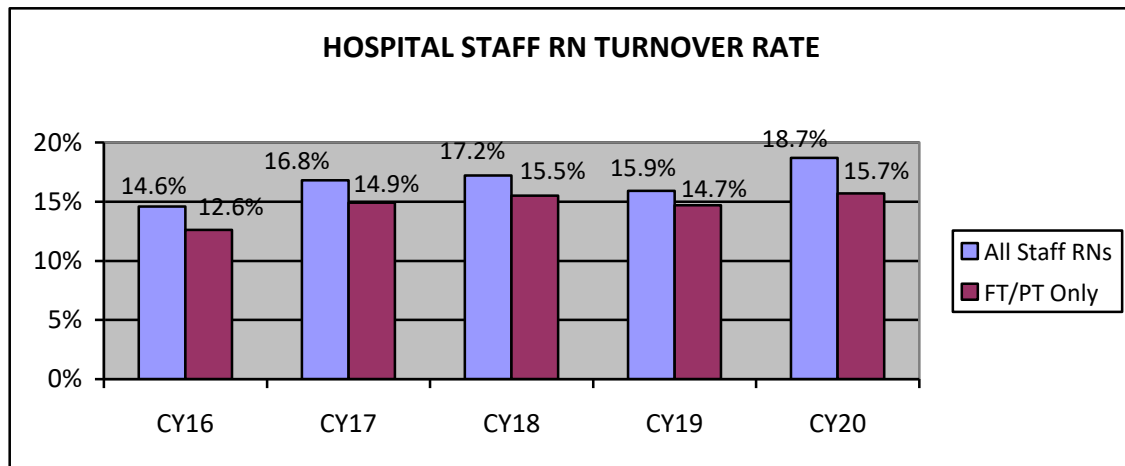
RN VACANCY RATE	2017	2018	2019	2020	2021
Less than 5%	18.2%	15.8%	21.9%	19.3%	23.9%
5.0% to 7.49%	31.8%	30.5%	22.8%	18.2%	13.8%
7.5% to 9.9%	27.3%	28.4%	31.6%	30.7%	26.6%
10.0% to 12.49%	9.1%	12.6%	12.3%	15.9%	22.9%
Greater than 12.5%	13.6%	12.7%	11.4%	15.9%	12.9%



Hospital Staff Registered Nurse Turnover

This section will follow the same format as “Hospital Turnover” (*page3*). The following graph illustrates the turnover range for staff RNs since 2016. In 2020, RN turnover increased by 2.8% and currently stands at 18.7%. Since 2016, the average hospital turned over 83% of their RN workforce. In essence, every 6 years, a hospital will have an entirely new RN staff. The question remains...is Talent Acquisition ready?

Last year, RN turnover ranged from 0.0% to 66.5%. Currently, the national turnover rate for staff RNs is 18.7%, with the median being 17.7% and a mode of 15.5%. Hospitals that only measure “FULL/PART TIME” separations reported an average turnover rate of 15.7%, with a median and mode of 14.3%.



The cost of turnover can have a profound impact on the already diminishing hospital margin. Today, over half (57%) of hospitals track this cost. Based upon feedback, the average cost of turnover for a staff RN is \$40,038 with the range averaging from \$28,400 to \$51,700 and resulting in the average hospital losing \$5.1m per year. Annually, RN turnover costs a hospital between \$3.6m – \$6.5m. Breaking this down even further, each percent change in RN turnover will cost/save the average hospital \$270,800 per year.

The following table records the average staff RN turnover rates by region and bed size. Again, hospitals who only include full and 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.

Hospitals with over 500 beds and located in the North-East 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 between 200-349 beds and located in the South-East region.

The 2019-20 percent change in regional RN turnover ranges from -1.1% to +7.2%. Only the North-East reported a decrease in RN turnover from the prior year. The South-East had the highest turnover rates and posted the greatest gains. The South-Central region runs close to the national average.

When viewed by bed size, all groups experienced an increase in staff RN turnover, ranging from +0.4% to +5.8%. Although recording some gains, hospitals over 500 beds performed the strongest and were below the national average. Hospitals between 200-349 beds reported the greatest increase and the highest turnover rate. Hospitals between 350-500 beds mirrored the national average.

REGION	STAFF RN TURNOVER	FULL/PART TIME RN TURNOVER
North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	13.2% (-0.6%)	12.0% (-1.1%)
North Central – (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	20.0% (+3.4%)	17.3% (+1.9%)
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	24.9% (+7.2%)	20.8% (+3.4%)
South Central – (AR, CO, LA, NM, OK, & TX)	19.2% (+2.5%)	16.2% (+1.4%)
West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA)	15.4% (+2.1%)	11.9% (+0.2%)
BED SIZE		
<200 Beds	19.4% (+1.4%)	17.1% (+1.0%)
200-349 Beds	22.9% (+5.8%)	18.8% (+3.0%)
350-500 Beds	18.9% (+3.0%)	15.6% (+1.0%)
>500 Beds	17.4% (+2.1%)	14.7% (+0.4%)
NATIONAL AVERAGE	18.7% (+2.8%)	15.7% (+1.0%)

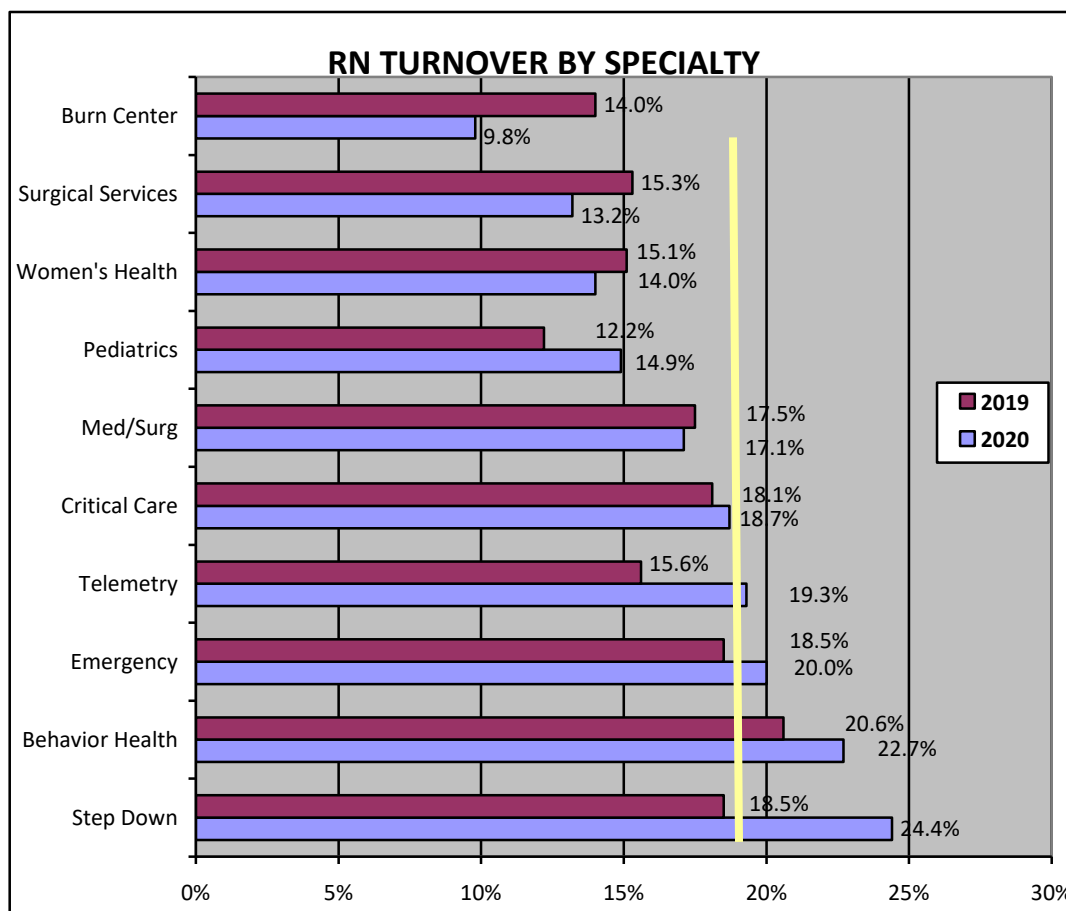
Respondents were also asked to identify the top five (5) reasons why staff RNs voluntarily resigned. Participants were asked to select from a list of 20 common reasons. Relocation and career advancement tied for the top spot on the list. Retirement was the third most common response and marks the first time it has placed in the top three. Whether this is due to the aging of the RN workforce or COVID was not a topic of the survey. Rounding out the top 10 reasons why RNs voluntarily resigned are: personal reasons, unknown, education, working conditions, salary, scheduling and commute.

Currently listed as the number three reason why staff RNs leave, retirement is projected to remain a primary driver beyond 2030. Hospitals are getting the message with more than half (52.6%) 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 (18.7%). Step down, behavior health, emergency services and telemetry RNs exceeded the national average, with critical care at the average. Looking back over the past five years, RNs in behavior health, step down and emergency services were the most mobile with a cumulative turnover rate between 96.6% and 98.5%. Essentially, every five years, these departments will turnover their entire RN staff. All other surveyed departments were below the national average.

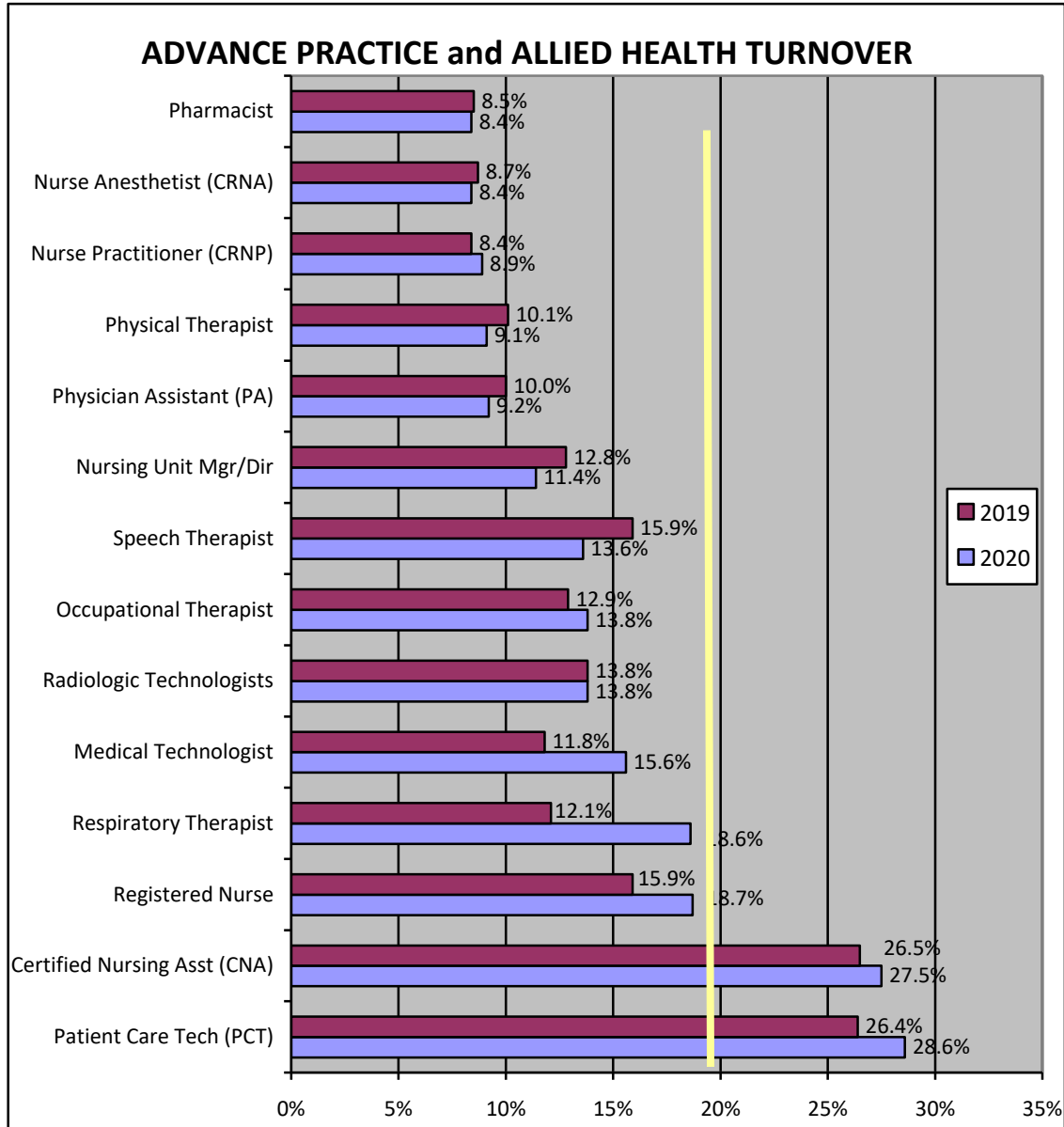
When we consider the average age of nurses and the anticipated wave of retirements about to break, we need to keep in mind that some specialties will be impacted at a quicker pace. This is particularly true for surgical services, behavior health and women's health. Managing retention should be a strategic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



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 (19.5%).

Patient Care Technicians (PCTs) and Certified Nursing Assistants (CNAs) continue to negatively impact hospital turnover. Both of which far exceed the national norm. In fact, every four years, the average hospital virtually turns over all CNAs and PCTs.



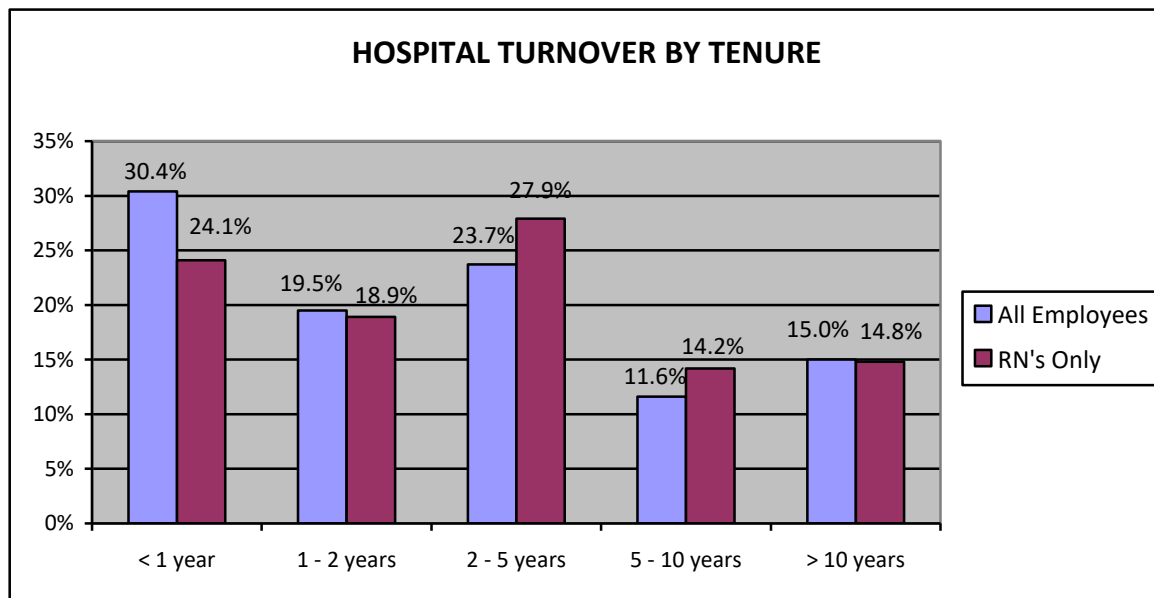
Hospital Turnover by Tenure

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, over a quarter (27.3%) of all new hires leave within a year. This same group accounted for a third (30.4%) of all turnover. As consistent with previous surveys, close to half (49.9%) 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 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 83.3% 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 91.6%. 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 quarter (23.9%) of all new RNs leave within a year, with first year turnover accounted for a quarter (24.1%) 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.

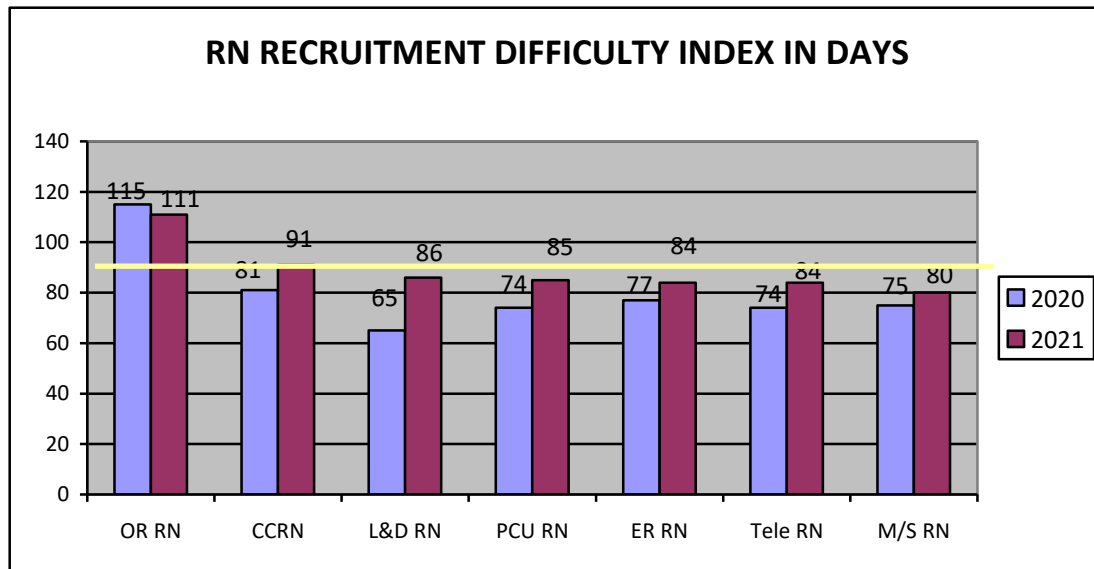


RN Recruitment Difficulty Index

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 66 to 126 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 89 days and is projected to increase due to the impact of COVID. 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.

Registered Nurses in the Operating Room continued to be the most difficult to recruit and is the only specialty to record a lower time to fill. On average, it takes 97 to 126 days to fill an experienced OR RN, with the average being 111 days. All other specialties experienced an increase in time-to-fill. Nurses in critical care were slightly above the index. L&D RNs experienced the greatest percent increase. At the quicker end of the spectrum, hospitals were able to fill Med/Surg positions faster than any other specialty, but it still took about two and a half months.

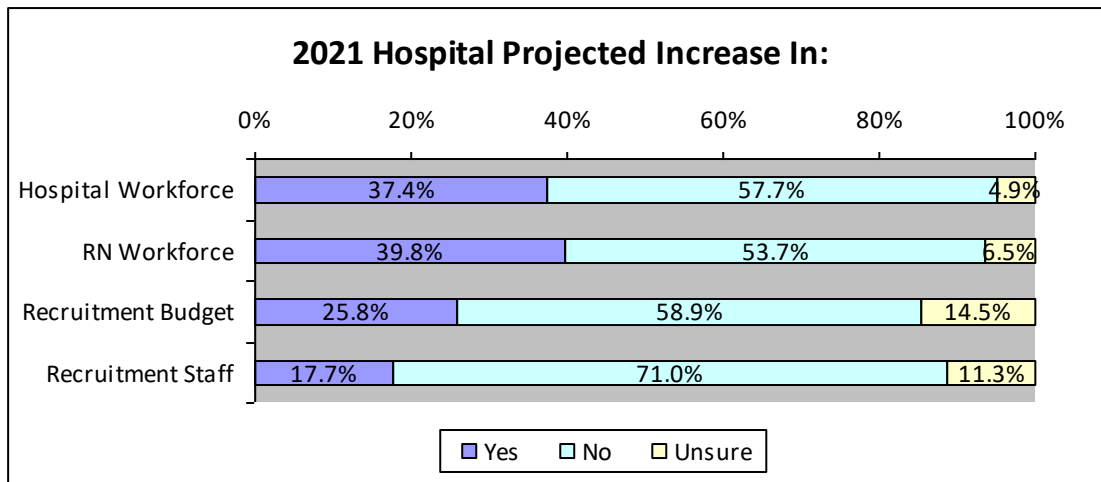


When it comes to recruiting RNs, not all regions perform the same. The North-East outperformed all other regions and could recruit RNs quicker than the national average, with an average time to fill of 61 days. The West (76 days) and South-East (72 days) also posted below the national benchmark. The South-Central and North-Central regions were above the index at 113 and 105 days, respectively.

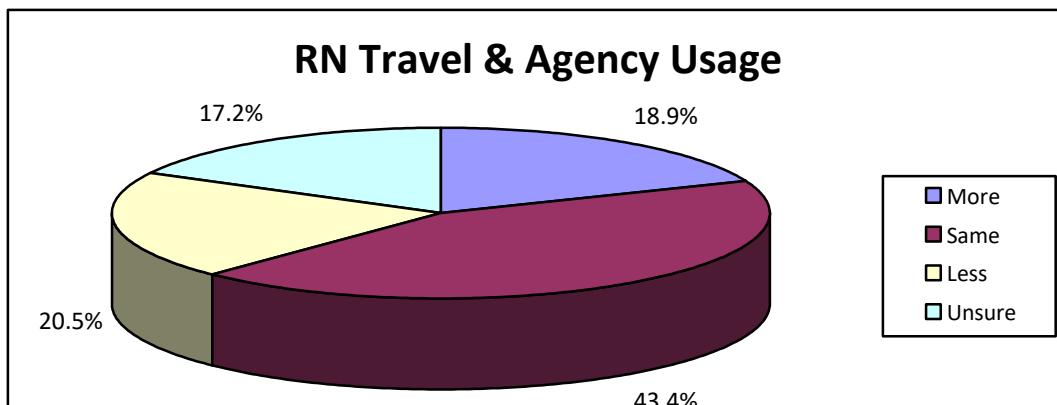
Workforce Projections

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 2020, healthcare jobs continued to grow and are trending up for 2021 with 37% of hospitals expecting to increase their labor force and 40% 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, only 26% anticipate an increase to the recruitment budget and only 18% plan to increase their recruitment staff. Currently, the ratio of budgeted Full Time Equivalents (FTEs) in Human Resources to hospital employees is 1:142.



Due to COVID, travel nurse rates jumped over 200%, with premiums still elevated. Currently, hospitals are spending approximately 62.5% more for travel RNs than they did at the start of 2020. To improve margins, hospitals need to control labor costs by decreasing reliance 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, \$3,084,000. 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 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. 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. Breaking through the myopic ways of hiring travel and agency staff to band-aid the issue or utilizing excessive overtime or premium pay which stresses 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 Inc. help!

CLOSE

2021 Quick Reference Guide

Hospital Turnover Statistics	
Hospital Turnover Range	3.0% to 43.1%
Average Hospital Turnover	19.5%
Average Hospital Turnover <i>(Full and Part Time employees only)</i>	16.7%
Bedside/Staff RN Turnover Range	0.0% to 66.5%
Average Staff RN Turnover	18.7%
Average Staff RN Turnover <i>(Full and Part Time staff RNs only)</i>	15.7%
Cost of Each RN Turnover	\$40,038
Average Annual Cost of RN Turnover	\$5.05m
Average Annual Cost/Savings per 1% Change in RN Turnover	\$270,840
Percent of Involuntary Turnover	6.0%
2021 Hospital Retention Goal <i>(To lower turnover by...)</i>	4.77%

Hospital Staffing & Recruitment Metrics	
Average Hospital RN Vacancy Rate	9.9%
Average RN Time-to-Fill	89 days
Percent Anticipating to Increase Workforce	37.4%
Percent Anticipating to Increase RN Workforce	39.8%
Percent Anticipating to Increase Recruitment Budget	25.8%
Percent Anticipating to Increase Recruitment Staff	17.7%
Average HR FTE per Headcount	1:142
Percent Anticipating to Decrease Travel/Agency Usage	20.5%

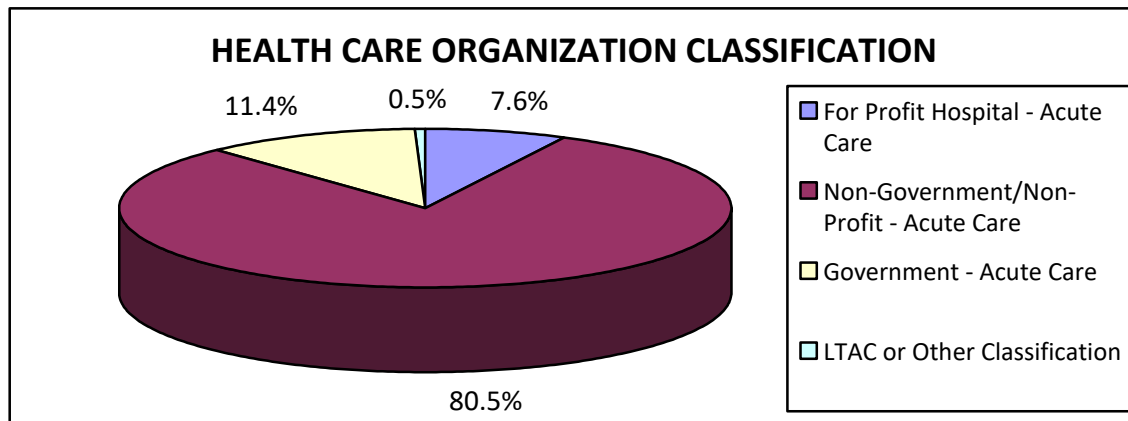
Staff Nurse vs. Travel Nurse Cost Savings	Hourly	/	Annually
Average Travel Nurse Fee <i>(Current rate due to COVID)*</i>	\$120.00	/	\$249,600
Average RN Pay <i>(includes 28% for benefits)</i>	\$45.87	/	\$95,420
Cost Difference: Staff Nurse vs. Travel Nurse	\$74.13	/	\$154,180
For every 20 Travel RNs eliminated, the average hospital can save	\$3,083,600*		

Overview of Survey Participants

REGION - Responses were received from thirty-seven (37) 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)	13.3%
North Central – (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	19.5%
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	25.7%
South Central – (AR, CO, LA, NM, OK, & TX)	25.7%
West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA)	15.7%

ORGANIZATIONAL CLASSIFICATION - Acute care facilities were further delineated by ownership. As consistent with previous years, the overwhelming majority of responses (80.5%) were from Non-Government/Non-Profit Acute Care Hospitals.



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

