SAN GORGONIO MEMORIAL HOSPITAL

AGENDA

HUMAN RESOURCES COMMITTEE
A COMMITTEE OF THE BOARD OF DIRECTORS

REGULAR MEETING
Wednesday, July 15, 2026
9:00 AM
Administration Boardroom
600 N. Highland Springs Avenue, Banning, CA 92220

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Administration Office at (951) 769-2101. **Notification 48 hours prior to the meeting** will enable the Hospital to make reasonable arrangement to ensure accessibility to this meeting. [28 CFR 35.02-35.104 ADA Title II].

TAB

I. Call to Order — S. Rutledge

II. Public Comment

A five-minute limitation shall apply to each member of the public who wishes to address the Human Resources Committee of the Hospital Board of Directors on any matter under the subject jurisdiction of the Committee. A thirty-minute time limit is placed on this section. No member of the public shall be permitted to "share" his/her five minutes with any other member of the public. (Usually, any items received under this heading are referred to staff for future study, research, completion and/or future Committee Action.) (PLEASE STATE YOUR NAME AND ADDRESS FOR THE RECORD.)

On behalf of the San Gorgonio Memorial Hospital Board of Directors, we want you to know that the Board/Committee acknowledges the comments or concerns that you direct to this Committee. While the Board/Committee may wish to occasionally respond immediately to questions or comments if appropriate, they often will instruct the CEO, or other Administrative Executive personnel, to do further research and report back to the Board/Committee prior to responding to any issues raised. If you have specific questions, you will receive a response either at the meeting or shortly thereafter. The Board/Committee wants to ensure that it is fully informed before responding, and so if your questions are not addressed during the meeting, this does not indicate a lack of interest on the Board/Committee's part; a response will be forthcoming.

OLD BUSINESS

III. ***Proposed Action - Approve Minutes** — S. DiBiasi
- January 21, 2026, Regular Meeting — A

NEW BUSINESS

IV. A. Employment Activity/Turnover Reports — A. Karam — B

1. Employee Activity by Job Class/Turnover Report (01/01/2026 – 06/30/2026)
2. Separation Reason Analysis – All Associates (01/01/2026 – 06/30/2026)
3. Separation Reason Analysis – Full and Part Time Associates (01/01/2026 – 06/30/2026)
4. Separation Reason Analysis – Per Diem Associates (01/01/2026 – 06/30/2026)
5. FTE Vacancy Summary (01/01/2026 – 06/30/2026)
6. RN Vacancy Summary (01/01/2026 – 06/30/2026)

	B. Workers Compensation report (06/01/2026 – 06/30/2026)		C
V.	*** Proposed Action – Recommend Approval to Hospital Board** • **Adopt Resolution No. 2026-08** ▪ **ROLL CALL**	A. Karam	D
VI.	*** Proposed Action – Recommend Approval to Hospital Board** • **Adopt Resolution No. 2026-09** ▪ **ROLL CALL**	A. Karam	E
VII.	*** Proposed Action – Recommend approval to Hospital Board of Associate Holiday Gift Cards** ▪ **ROLL CALL**	A. Karam	F
VIII.	Education - Informational	A. Karam	G
IX.	Future Agenda Items	S. DiBiasi	
X.	Next Meeting: September 16, 2026 @ 9:00am		
XI.	Adjourn	S. DiBiasi	

*** Requires Action**

In accordance with The Brown Act, Section 54957.5, all public records relating to an agenda item on this agenda are available for public inspection at the time the document is distributed to all, or a majority of all, members of the Committee. Such records shall be available at the Hospital office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

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Certification of Posting

I certify that on July 12, 2026, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital Human Resources Committee, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Human Resources Committee (*Government Code Section 54954.2*).

Executed at Banning, California, July 12, 2026

Ariel Whitley

Ariel Whitley, Executive Assistant

TAB A

MINUTES: Not Yet Approved by Committee

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
January 21, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, January 21, 2026, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge (C)

Excused Absence: None

Staff Present: Michele Finney (CEO), Angela Brady (CNE), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), John Peleuses (VP, Ancillary and Support Services)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Steve Rutledge called the meeting to order at 9:00 am.	
Public Comment	No public was present.	
OLD BUSINESS		
Proposed Action - Approve Minutes: **September 17, 2025, Regular Meeting**	Steve Rutledge asked for any changes or corrections to the minutes of September 17, 2025, regular meeting. There were none.	**The minutes of the September 17, 2025, Regular Meeting were reviewed and will stand as presented.**
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		
1. Employee Activity by Job Class/ Turnover Report	Annah Karam, Chief Human Resources Officer, reviewed the report "Employee Activity by Job Class/Turnover Report" for the period of 09/01/2025 through 12/31/2025 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
(09/01/2025 through 12/31/2025)		
2. Separation Reasons Analysis All Associates (09/01/2025 through 12/31/2025)	Annah reviewed the "Separation Reason Analysis for All Associates" for the period of 09/01/2025 through 12/31/2025as included in the Committee packet. For this period, there were 21 Voluntary Separations and 40 Involuntary Separations for a total of 61.	
3. Separation Reason Analysis Full and Part Time Associates (09/01/2025 through 12/31/2025)	Annah reviewed the "Separation Reason Analysis for Full and Part Time Associates" for the period of 09/01/2025 through 12/31/2025 as included in the Committee packet. For this period, there were 21 Voluntary Separations and 16 Involuntary Separations for a total of 37.	
4. Separation Reason Analysis Per Diem Associates (09/01/2025 through 12/31/2025)	Annah reviewed the "Separation Reason Analysis for Per Diem Associates" for the period of 09/01/2025 through 12/31/2025 as included in the Committee packet. For this period, there were 12 Voluntary Separations and 5 Involuntary Separations for a total of 17.	
5. FTE Vacancy Summary (09/01/2025 through 12/31/2025)	Annah reviewed the "FTE Vacancy Summary" for the period of 09/01/2025 through 12/31/2025 as included in the Committee packet. Annah reported that the Facility Wide vacancy rate as of 12/31/2025 was 20.38%.	
6. RN Vacancy Summary (09/01/2025 through 12/31/2025)	Annah reviewed the "RN Vacancy Summary" for the period of 09/01/2025 through 12/31/2025 as included in the Committee packet. Annah reported that the Overall All RN Vacancy rate as of 12/31/2025 was 17.68%.	

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td colspan="3">B. Workers Compensation Report</td></tr>
<tr><td>Workers Compensation Report (12/01/2025 through 12/31/2025)</td><td>Annah reviewed the Workers Compensation Reports covering the period of 12/01/2025 through 12/31/2025 as included in the Committee packet.</td><td></td></tr>
<tr><td>Proposed Action – Recommend Approval to Hospital Board
• Adopt Resolution No. 2026-03</td><td>Resolution No. 2026-03 was approved to designate Michele Finney as CEO signatory for the 403B plan alongside Annah Karam.

ROLL CALL:
<table><tr><td>DiBiasi</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Rutledge</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (DiBiasi/Rader), the SGMH Human Resources Committee voted to recommend approval to the Hospital Board of the adoption of Resolution No. 2026-03.</td></tr>
<tr><td>Proposed Action – Recommend Approval to Hospital Board
• Adopt Resolution No. 2026-04</td><td>Resolution No. 2026-04 was approved to add Michele Finney, Joey Hunter, and Ann Lee to the Investment Committee. The committee meets quarterly to review investment performance, fees, and make recommendations, supported by GRP Financial Consultants and an ERISA attorney to ensure regulatory compliance.

ROLL CALL:
<table><tr><td>DiBiasi</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Rutledge</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Rader/DiBiasi), the SGMH Human Resources Committee voted to recommend approval to the Hospital Board of the adoption of Resolution No. 2026-04 .</td></tr>
<tr><td>Education</td><td>Annah reviewed each education article as included in the committee packet.</td><td></td></tr>
<tr><td>Future Agenda items</td><td>• None</td><td></td></tr>
<tr><td>Next regular meeting</td><td>The next regular Human Resources Committee meeting is scheduled for April 15, 2026, @ 9:00 am.</td><td></td></tr>
<tr><td>Adjournment</td><td>The meeting was adjourned at 9:54 am.</td><td></td></tr>
</table>

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

01/01/2026 THROUGH 06/30/2026

JOB CLASS/FAMILY	CURRENT NEW HIRES 01/01/2026 THROUGH 06/30/2026	2025 NEW HIRES	YTD NEW HIRES 01/01/2026 THROUGH 06/30/2026	CURRENT SEPARATIONS 01/01/2026 THROUGH 06/30/2026	2025 SEPARATIONS	YTD TERMS 01/01/2026 THROUGH 06/30/2026	ACTIVE ASSOCIATE COUNT AS OF 06/30/2026	LOA ASSOCIATE COUNT AS OF 06/30/2026	CURRENT TURNOVER AS OF 06/30/2026	ANNUALIZED TURNOVER
ADMIN/CLERICAL	5	19	5	12	21	12	81	2	14.81%	14.81%
ANCILLARY	11	35	11	8	36	8	85	0	9.41%	9.41%
CLS	0	1	0	0	1	0	4	0	0.00%	0.00%
DIRECTORS/MGRS	6	2	6	0	4	0	39	0	0.00%	0.00%
LVN	0	3	0	0	4	0	13	2	0.00%	0.00%
OTHER NURSING	7	22	7	13	20	13	55	7	23.64%	23.64%
PT	1	1	1	2	2	2	8	0	25.00%	25.00%
RAD TECH	5	8	5	6	10	6	27	2	22.22%	22.22%
RN	36	47	36	26	45	26	154	9	16.88%	16.88%
RT	3	3	3	1	4	1	23	1	4.35%	4.35%
SUPPORT SERVICES	16	52	16	17	40	17	112	5	15.18%	15.18%
FACILITY TOTAL	**90**	**193**	**90**	**85**	**187**	**85**	**601**	**28**	**14.14%**	14.14%
Full Time	56	116	56	47	103	47	424	21	*11.08%*	11.08%
Part Time	8	23	8	16	24	16	61	3	*26.23%*	26.23%
Per Diem	26	54	26	22	60	22	116	4	*18.97%*	18.97%
TOTAL	***90***	***193***	***90***	***85***	***187***	***85***	***601***	***28***	**14.14%**	

Current Turnover: J22

Annualized Turnover: K22

2026 NATIONAL HOSPITAL STAFF TURNOVER RATE = 18.30%

2026 NATIONAL HOSPITAL STAFF - RN TURNOVER RATE = 17.60%

Southern California Hospital Association (HASC) Benchmark:

Turnover for all Associates = 2.80%

Turnover for all RNs = 2.80%

TOTAL ASSOCIATES ON PAYROLL = 629

Southern California Hospital Association (HASC) Benchmark:		
Turnover for all PER DIEM Associates	=	7.50%
Turnover for all PER DIEM RNs	=	6.80%

SEPARATION ANALYSIS

ALL ASSOCIATES

01/01/2026 THROUGH 06/30/2026

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	*90 days - 1 year*	*1-2 years*	*3-5 years*	*6-10 years*	*10+ years*	
Involuntary Separations								
Full-Time	10.6%	*1*	*3*	*1*	*2*	*1*	*1*	*9*
Part-Time	2.4%	*1*					*1*	*2*
Per Diem	0.0%							*0*
Subtotal, Involuntary Separations	12.9%	**2**	**3**	**1**	**2**	**1**	**2**	***11***
Voluntary Separations								
Full-Time	44.7%	*6*	*10*	*12*	*2*	*4*	*4*	*38*
Part-Time	16.5%	*4*	*2*	*3*	*4*	*1*		*14*
Per Diem	16.5%	*4*	*2*	*10*	*2*		*4*	*22*
Subtotal, Voluntary Separations	87.1%	**14**	**14**	**25**	**8**	**5**		***74***
Total Separations	**100.0%**	**16**	**17**	**26**	**10**	**6**	**2**	**85**

FULL AND PART TIME ASSOCIATES
01/01/2026 THROUGH 06/30/2026

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	*90 days - 1 year*	*1-2 years*	*3-5 years*	*6-10 years*	*10+ years*	
Voluntary Separations								
Did not Return from LOA	3.2%			1	1			***2***
Employee Death	0.0%							***0***
Family/Personal Reasons	17.5%	1	2	5	1	1	1	***11***
Job Abandonment	4.8%	2		1				***3***
Job Dissatisfaction	0.0%							***0***
Medical Reasons	0.0%							***0***
New Job Opportunity	44.4%	5	9	7	2	2	3	***28***
Not Available to Work	1.6%	1						***1***
Pay	0.0%							***0***
Relocation	3.2%	1				1		***2***
Retirement	3.2%				1	1		***2***
Return to School	3.2%		1		1			***2***
Unknown	1.6%			1				***1***
Subtotal, Voluntary Separations	82.5%	**10**	***12***	***15***	***6***	***5***	***4***	***52***
Involuntary Separations								
Attendance/Tardiness	0.0%							***0***
Conduct	11.1%	1	3	1	2			***7***
Death	1.6%						1	***1***
Expired Credentials	0.0%							***0***
Didn't meet scheduling needs	0.0%							***0***
Poor Performance	1.6%	1						***1***
Position Eliminations	3.2%						2	***2***
Temporary Position	0.0%							***0***
Subtotal, Involuntary Separations	17.5%	**2**	***3***	***1***	***2***	***0***	***3***	***11***
Total Separations	**100.0%**	**12**	***15***	***16***	***8***	***5***	***7***	***63***

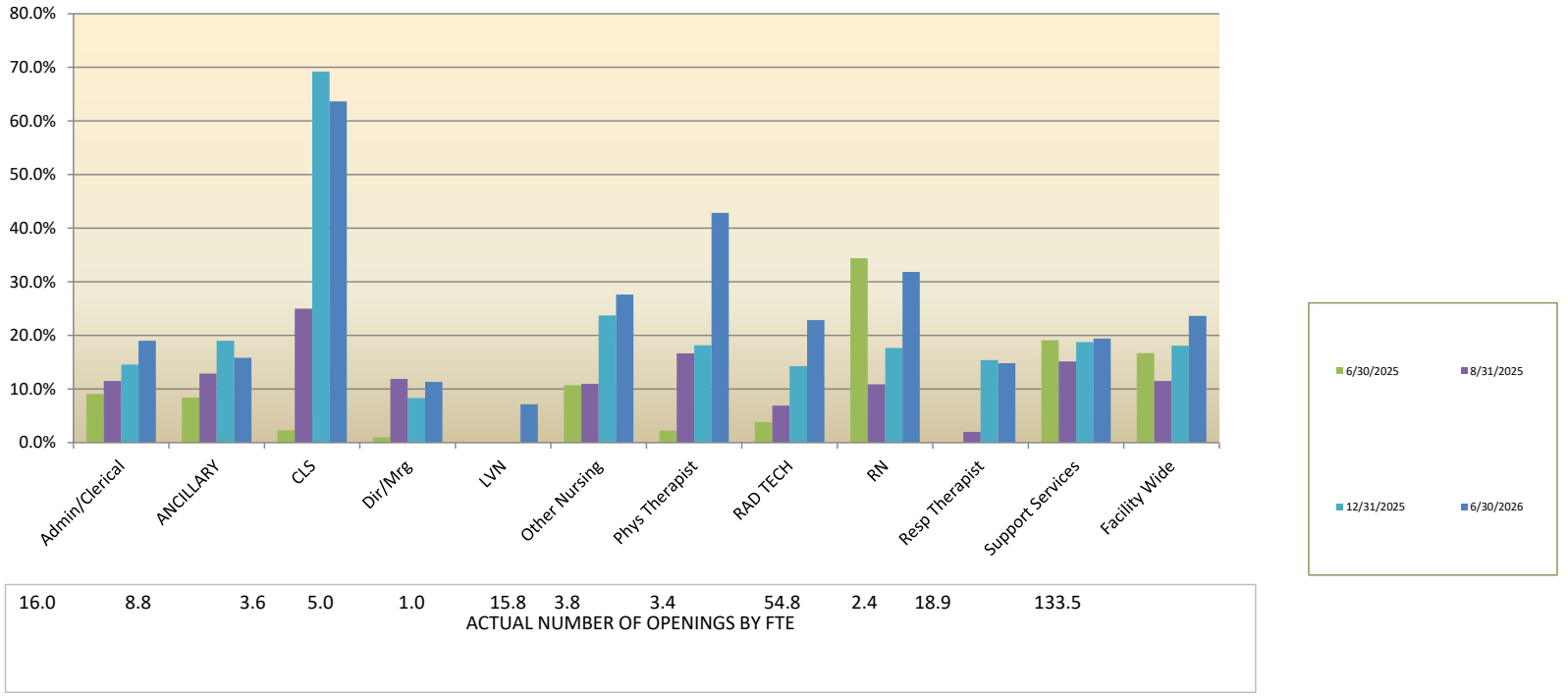
7/12/2026

Separation Reason Analysis

Per Diem Associates Only

01/01/2026 THROUGH 06/30/2026

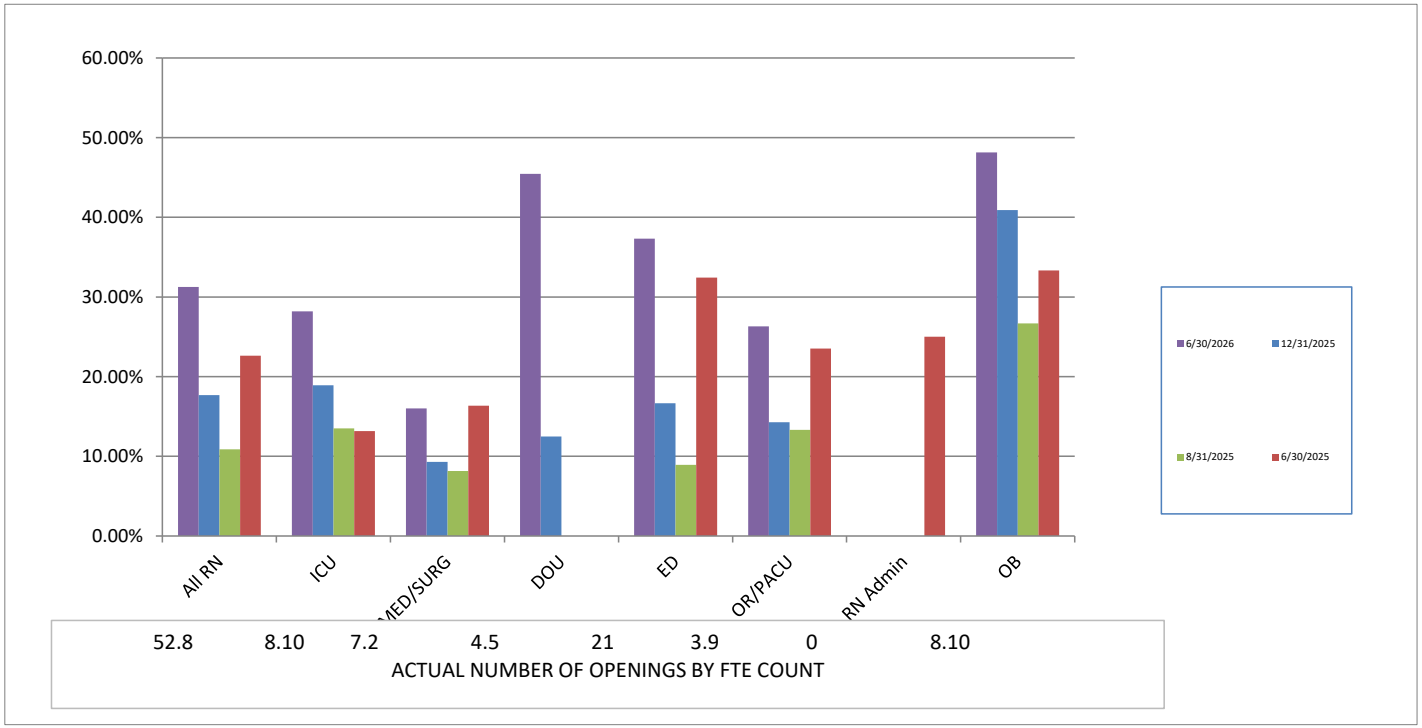
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	*90 days - 1 year*	*1-2 years*	*3-5 years*	*6-10 years*	*10+ years*	
Voluntary Separations								
Did not Return from LOA	0.0%							*0*
Employee Death	0.0%							*0*
Family/Personal Reasons	27.3%	**2**	**1**	**2**			**1**	*6*
Job Abandonment	0.0%							*0*
Job Dissatisfaction	4.5%						**1**	*1*
Medical Reasons	0.0%							*0*
New Job Opportunity	68.2%	**2**	**1**	**8**	**2**		**2**	*15*
Not Available to Work	0.0%							*0*
Pay	0.0%							*0*
Relocation	0.0%							*0*
Retirement	0.0%							*0*
Return to School	0.0%							*0*
Unknown	0.0%							*0*
Subtotal, Voluntary Separations	100.0%	***4***	***2***	***10***	***2***	***0***	***4***	***22***
Involuntary Separations								
Attendance/Tardiness	0.0%							*0*
Conduct	0.0%							*0*
Didn't meet certification deadline	0.0%							*0*
Didn't meet scheduling needs	0.0%							*0*
Poor Performance	0.0%							*0*
Position Eliminations	0.0%							*0*
Temporary Position	0.0%							*0*
Subtotal, Involuntary Separations	0.0%	***0***	***0***	***0***	***0***	***0***	***0***	***0***
Total Separations	**100.0%**	**4**	**2**	**10**	**2**	**0**	**4**	**22**


80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Admin/Clerical
ANCILLARY
CLS
Dir/Mrg
LVN
Other Nursing
Phys Therapist
RAD TECH
RN
Resp Therapist
Support Services
Facility Wide
6/30/2025
8/31/2025
12/31/2025
6/30/2026
16.0
8.8
3.6
5.0
1.0
15.8
3.8
3.4
54.8
2.4
18.9
133.5
ACTUAL NUMBER OF OPENINGS BY FTE

	6/30/2026	12/31/2025	8/31/2025	6/30/2025
All RN	31.25%	17.68%	10.87%	22.64%
ICU	28.21%	18.92%	13.51%	13.16%
MED/SURG	16.00%	9.30%	8.16%	16.36%
DOU	45.45%	12.50%	0.00%	0.00%
ED	37.33%	16.67%	8.93%	32.43%
OR/PACU	26.32%	14.29%	13.33%	23.53%
RN Admin	0.00%	0.00%	0.00%	25.00%
OB	48.15%	40.91%	26.67%	33.33%

VACANCY RATE = Number of openings/(total staff + openings)

	OPEN POSITIONS	ACTIVE	VACANCY RATE
All RN	**70**	**154**	31.25%
ICU	**11**	**28**	28.21%
Med Surg	**8**	**42**	16.00%
DOU	**5**	**6**	45.45%
ED	**28**	**47**	37.33%
OR/PACU	**5**	**14**	26.32%
RN Adm.	**0**	**3**	0.00%
OB	**13**	**14**	48.15%



TAB C

BETA HEALTHCARE GROUP

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 6/30/2026

Reporting Period 6/1/2026 - 6/30/2026

SUMMARY DATA

		Values				
FiscalYear	ValuationDate	Total Paid	Total Reserves	Total Incurred	Count	Open Count
2015-2016	2026-06-30	848,705	178,133	1,026,838	40	3
2016-2017	2026-06-30	205,546	-	205,546	27	-
2017-2018	2026-06-30	72,312	-	72,312	18	-
2018-2019	2026-06-30	173,115	31,094	204,209	16	1
2019-2020	2026-06-30	68,021	-	68,021	15	-
2020-2021	2026-06-30	591,882	41,019	632,901	22	2
2021-2022	2026-06-30	111,249	65,334	176,584	18	2
2022-2023	2026-06-30	186,330	84,808	271,137	14	3
2023-2024	2026-06-30	667,668	49,171	716,839	30	3
2024-2025	2026-06-30	114,833	22,105	136,938	33	3
2025-2026	2026-06-30	93,632	111,797	205,430	40	12
Grand Total		3,133,294	583,461	3,716,755	273	29

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 6/30/2026

Reporting Period 6/1/2026 - 6/30/2026

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
20805905	[redacted]	Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	346,038	9,318	355,356
16000026	[redacted]	Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	141,440	92,614	234,053
16000811	[redacted]	Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	173,385	47,840	221,225
24000701	[redacted]	Medical Staff	Miscellaneous Causes	2024-01-11	Closed	176,809	-	176,809
21000657	[redacted]	Environmental Services	Fall, Slip or Trip Injury	2021-03-16	Re-Open	136,426	31,701	168,127
23001495	[redacted]	Laboratory	Fall, Slip or Trip Injury	2023-07-11	Open	140,740	4,197	144,937
19000235	[redacted]	Nursing Administration	Fall, Slip or Trip Injury	2019-02-11	Open	85,628	31,094	116,722
22002677	[redacted]	Medical Surgical	Strain or Injury By	2022-11-20	Open	61,030	38,278	99,308
16001005	[redacted]	Medical Surgical	Burn or Scald - Heat or Cold Exposures -	2016-07-21	Closed	98,814	-	98,814
23001964	[redacted]	Obstetrics	Fall, Slip or Trip Injury	2023-09-03	Open	61,649	35,022	96,671

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Medical Surgical	50	18.32%	759,111	20.42%
Environmental Services	47	17.22%	780,524	21.00%
Emergency Department	44	16.12%	280,516	7.55%
Dietary	25	9.16%	47,162	1.27%
Intensive Care Unit (ICU)	12	4.40%	62,644	1.69%
Surgical Services	11	4.03%	393,823	10.60%
Laboratory	11	4.03%	223,279	6.01%
Security Department	10	3.66%	118,995	3.20%
Obstetrics	7	2.56%	388,370	10.45%
Engineering	6	2.20%	74,858	2.01%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	47	17.22%	780,524	21.00%
Medical Surgical	50	18.32%	759,111	20.42%
Surgical Services	11	4.03%	393,823	10.60%
Obstetrics	7	2.56%	388,370	10.45%
Emergency Department	44	16.12%	280,516	7.55%
Laboratory	11	4.03%	223,279	6.01%
Medical Staff	6	2.20%	191,528	5.15%
Nursing Administration	5	1.83%	177,710	4.78%
Security Department	10	3.66%	118,995	3.20%
Engineering	6	2.20%	74,858	2.01%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	87	31.87%	885,788	23.83%
Fall, Slip or Trip Injury	40	14.65%	1,814,974	48.83%
Burn or Scald - Heat or Cold Exposures - Contact	36	13.19%	147,517	3.97%
Struck or Injured By	35	12.82%	216,000	5.81%
Cut, Puncture, Scrape Injured by	21	7.69%	80,729	2.17%
Miscellaneous Causes	19	6.96%	373,697	10.05%
Exposure	13	4.76%	62,512	1.68%
Caught In, Under or Between	13	4.76%	10,654	0.29%
Striking Against or Stepping on	7	2.56%	51,042	1.37%
Motor Vehicle	2	0.73%	73,841	1.99%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	40	14.65%	1,814,974	48.83%
Strain or Injury By	87	31.87%	885,788	23.83%
Miscellaneous Causes	19	6.96%	373,697	10.05%
Struck or Injured By	35	12.82%	216,000	5.81%
Burn or Scald - Heat or Cold Exposure	36	13.19%	147,517	3.97%
Cut, Puncture, Scrape Injured by	21	7.69%	80,729	2.17%
Motor Vehicle	2	0.73%	73,841	1.99%
Exposure	13	4.76%	62,512	1.68%
Striking Against or Stepping on	7	2.56%	51,042	1.37%
Caught In, Under or Between	13	4.76%	10,654	0.29%

Open Claims

San Gorgonio Memorial Hospital

Fiscal Year Basis: July

Data as of 6/30/2026

Reporting Period 6/1/2026 - 6/30/2026

							Values				
Loss Date	Claim #	Status	Claimant Name	ClaimantTypeDesc	InjuryCauseGrou	Litigated (1=	Count	Paid	Outstanding	Incurred	Lost Time
2015-08-20	15001161	Re-Open	[redacted]	Future Medical	Strain or Injury By	0	1	27,087	37,679	64,766	0
2016-01-05	16000026	Open		Future Medical	Fall, Slip or Trip Inju	1	1	141,440	92,614	234,053	749
2016-05-31	16000811	Open		Future Medical	Fall, Slip or Trip Inju	1	1	173,385	47,840	221,225	730
2019-02-11	19000235	Open		Future Medical	Fall, Slip or Trip Inju	0	1	85,628	31,094	116,722	0
2020-08-04	20805905	Open		Indemnity	Fall, Slip or Trip Inju	1	1	346,038	9,318	355,356	812
2021-03-16	21000657	Re-Open		Indemnity	Fall, Slip or Trip Inju	1	1	136,426	31,701	168,127	728
2021-08-13	21001795	Open		Future Medical	Strain or Injury By	0	1	33,280	40,127	73,407	70
2022-01-23	22000651	Re-Open		Future Medical	Fall, Slip or Trip Inju	0	1	31,833	25,207	57,040	106
2022-11-20	22002677	Open		Future Medical	Strain or Injury By	0	1	61,030	38,278	99,308	200
2022-12-02	22002737	Open		Future Medical	Strain or Injury By	0	1	8,588	40,616	49,204	11
2023-03-21	23003338	Open		Indemnity	Fall, Slip or Trip Inju	1	1	9,287	5,913	15,200	0
2023-07-11	23001495	Open		Indemnity	Fall, Slip or Trip Inju	1	1	140,740	4,197	144,937	112
2023-09-03	23001964	Open		Future Medical	Fall, Slip or Trip Inju	0	1	61,649	35,022	96,671	154
2024-02-23	24000340	Open		Indemnity	Fall, Slip or Trip Inju	0	1	51,345	9,952	61,297	100
2024-07-22	24001567	Open		Indemnity	Strain or Injury By	0	1	9,276	3,766	13,042	22
2024-09-15	24002020	Open		Future Medical	Strain or Injury By	0	1	10,983	7,636	18,619	65
2024-11-27	24002638	Re-Open		Indemnity	Fall, Slip or Trip Inju	1	1	19,536	10,703	30,239	8
2025-10-23	25002891	Open		Indemnity	Miscellaneous Cause	1	1	4,898	2,352	7,250	0
2026-01-09	26000034	Open		Indemnity	Strain or Injury By	0	1	10,188	6,904	17,092	12
2026-01-13	26000224	Open		Indemnity	Strain or Injury By	0	1	-	9,700	9,700	0
2026-01-27	26000295	Open		Indemnity	Miscellaneous Cause	1	1	-	9,700	9,700	0
2026-02-11	26000379	Open		Indemnity	Motor Vehicle	1	1	33,723	21,034	54,758	140
2026-02-11	26000414	Open		Indemnity	Motor Vehicle	0	1	4,683	14,400	19,084	14
2026-02-15	26000360	Open		Indemnity	Burn or Scald - Heat	0	1	456	5,744	6,200	0
2026-03-24	26000703	Open		Medical	Strain or Injury By	0	1	3,252	298	3,550	0
2026-03-30	26000737	Open		Indemnity	Strain or Injury By	0	1	3,098	8,414	11,512	34
2026-04-03	26000851	Open		Medical	Struck or Injured By	0	1	-	2,550	2,550	0
2026-05-30	26001332	Open		Medical	Burn or Scald - Heat	0	1	-	3,850	3,850	0
2026-06-06	26001393	Open		Indemnity	Fall, Slip or Trip Inju	0	1	4,275	26,852	31,127	28
Grand Total							**29**	**1,412,125**	**583,461**	**1,995,586**	**4,095**

TAB D

SAN GORGONIO MEMORIAL HOSPITAL RESOLUTION
#2026-08

BE IT RESOLVED, by the Board of Directors of San Gorgonio Memorial Hospital, a California Non-profit Public Benefit Corporation, that Michele Finney, former Interim Chief Executive Officer be removed as an Administrator and Signatory of the San Gorgonio Memorial Hospital 403b Plan (VOYA, 403b, Plan ID #664577) effective June 1, 2026, and that Christopher Bjornberg, Chief Executive Officer and Ron Rader, Board Secretary be appointed as Administrators and Signatories of the San Gorgonio Memorial Hospital 403b Plan (VOYA, 403b, Plan ID #664577) effective June 1, 2026.

BE IT RESOLVED, by the Board of Directors of San Gorgonio Memorial Hospital, a California Non-profit Public Benefit Corporation, that Annah Karam, Chief Human Resources Officer remains appointed as an Administrator and Signatory of the San Gorgonio Memorial Hospital 403b Plan (VOYA, 403b, Plan ID #664577).

BE IT KNOWN that only one Administrator signature is required to conduct business on behalf of San Gorgonio Memorial Hospital Tax Sheltered Annuity Plan.

Signed: _____ Date: _____
Ron Rader, Hospital Board Secretary

Accepted by the Administrator

Signed: _____ Date: _____
Christopher Bjornberg, Chief Executive Officer

Accepted by the Administrator:

Signed: _____ Date: _____
Annah Karam, Chief Human Resources Officer

TAB E

RESOLUTION NUMBER 2026-09

RESOLUTION OF THE
SAN GORGONIO MEMORIAL HOSPITAL

The Board of Directors of San Gorgonio Memorial Hospital ("SGMH"), by their signatures below, hereby approve and adopt the following resolutions effective as of June 1, 2026:

WHEREAS, SGMH maintains the San Gorgonio Memorial Hospital SGMH 403b Plan 664577 ("Plan");

WHEREAS, SGMH is the Named Fiduciary with the authority to administer the Plan; and,

WHEREAS, SGMH has the authority to delegate fiduciary and administrative duties associated with the Plan;

NOW, THEREFORE, IT IS HEREBY RESOLVED, that SGMH hereby creates a committee ("Investment Committee"),

FURTHER RESOLVED, that SGMH hereby adopts, ratifies, and approves the charter ("Investment Committee Charter") attached hereto as Exhibit A;

FURTHER RESOLVED, that SGMH hereby authorizes the Investment Committee, on behalf of SGMH, to take and to do such acts and deeds, to incur such expenses and to execute, acknowledge, file, and deliver all documents as are necessary or appropriate in order to effectuate the purpose and intent set forth in the Investment Committee Charter; and

FURTHER RESOLVED, that SGMH hereby appoints the following individuals to serve as members of the Investment Committee:

Christopher Bjornberg

Annah Karam

Joey Hunter

Ann Lee

Dated: July 15, 2026

_____
Susan DiBiasi, Chair
Hospital Board of Directors
San Gorgonio Memorial Hospital

_____
Ron Rader, Secretary
Hospital Board of Directors
San Gorgonio Memorial Hospital

EXHIBIT A

Committee Charter of San Gorgonio Memorial Hospital 403b Plan

I. Purpose:

The purpose of the Committee is to provide investment oversight for the Plan, including policies and practices and the performance of the Plan's investment vehicles. In addition, the Committee has overall responsibility for the operation and administration of the Plan.

II. Committee Membership and Meetings

The Committee shall be composed of individuals appointed by the Board of Directors of San Gorgonio Memorial Hospital ("SGMH"). The Committee shall act pursuant to the authority delegated by the Board of Directors, subject at all times to the right of the Board to withdraw such delegation. The members should be selected based on specific relevant expertise and/or as representatives of SGMH's employees.

The Committee shall consist of no less than three members as the Board may from time to time designate. A majority of the members shall constitute a quorum for any action to be taken by the Committee at a meeting. A majority of the members participating in the meeting may take any action or make any determination at a meeting of the Committee.

Committee members may participate in a meeting by means of a conference call or similar communication method so long as all persons participating in the meeting can hear each other at the same time.

III. Fiduciary Responsibility

The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), including its fiduciary provisions. The Committee and its members are fiduciaries with respect to the Plan to the extent they perform fiduciary functions described in ERISA Section 3(21)(A).

IV. Indemnification

A fiduciary's duty to monitor the Plan's investments is important and failure to satisfy that or other fiduciary duties may trigger significant liability, including the fiduciary's personal liability under ERISA. Recognizing this and to the extent permitted by applicable law, SGMH, by approval of this Committee Charter, has agreed to indemnify and hold harmless Committee members for any alleged breach of fiduciary duty with respect to the Plan, except in the case of the fiduciary's gross negligence or willful misconduct. Indemnification shall include advancements of costs and expenses of defense of any claims to the full extent permitted by law.

IV. Authority and Responsibilities

The Committee's operating authority and responsibilities, as determined by SGMH, include:

- Managing the Plan to ensure regulatory compliance, including required Plan amendments and document retention.
- Selecting and monitoring recordkeeping of the investment institutions offered in the Plan's operations.

- Monitoring for reasonableness and consistency with the Plan's terms any investment product fees and assessments passed through to Plan participants.
- Retaining counsel, consultants, investment advisors, and/or investment managers as needed to advise the Committee.
- Report to the Board of Directors, at least annually, on all significant issues affecting the Plan.
- Establishing, periodically reviewing, and maintaining a written investment policy.
- Reviewing and monitoring investment performance, including the reasonableness of investment fees, against appropriate benchmarks and in accordance with the investment policy.
- Overseeing administration of the Plan in accordance with the Plan's investment policy, including:
    - Selecting an appropriate number and type of investment asset classes and management styles for Plan participants, including for default investment elections.
    - Establishing performance criteria and benchmarks for selected asset classes.
    - Researching, selecting, and removing Plan investments as appropriate for specified asset classes or styles.
    - Reviewing communication methods and materials to ensure that Plan participants receive adequate investment information.
    - Monitoring Plan investment costs.
    - Ensuring the Plan complies with applicable laws, regulations, and the terms of the Plan.

Committee Charter Executed: JULY 15, 2026

Signature	Christopher Bjornberg, Chief Executive Officer
Signature	Annah Karam, Chief Human Resources Officer
Signature	Joey Hunter, Director of Safety, Security and Emergency Preparedness
Signature	Ann Lee, Manager of Patient Experience

TAB F

2026 HOLIDAY GIFT CARDS

DISTRIBUTION Week of November 9TH, 2026

	QUANTITY	LAST YEAR	VALUE
FULL TIME	450	$100.00	$45,000.00
PART TIME	64	$75.00	$4,800.00
Per Diem	121	$15.00	$1,815.00
TOTAL	635		$51,615.00

	QUANTITY	LAST YEAR	VALUE
FULL TIME	450	$75.00	$33,750.00
PART TIME	64	$50.00	$3,200.00
Per Diem	121	$0.00	$0.00
TOTAL	635		$36,950.00

TAB G

DISCRIMINATION IN EMPLOYMENT: USE OF CANNABIS

FAQ

The Civil Rights Department (CRD) enforces California laws that protect people from discrimination, harassment, and other civil rights violations. Beginning January 1, 2024, a California law known as the Fair Employment and Housing Act includes certain protections for California workers who use cannabis – commonly known by terms such as "weed" or "pot" – off the job and away from the workplace. Below are answers to frequently asked questions about these protections and important exceptions.

IMPORTANT

The protections described in this FAQ:

- **Do not allow someone to possess, be impaired by, or use cannabis at the workplace or while working[1]**
- **Do not impact an employer's legal right or obligation to maintain a drug-free workplace, screen for other controlled substances, or make employment decisions based on those screenings when allowed under California or federal law[2]**
- **Apply to most, but not all, California workers**

WHEN APPLYING FOR A JOB

1 | May an employer ask a job applicant if they have used cannabis before?

Generally, no. California employers cannot ask a job applicant about their past use of cannabis.[3] However, these protections do not apply if the employer has four or fewer employees, or the position involves a federal background investigation or security clearance.[4]

2 | May an employer run a background check on a job applicant?

Yes, an employer may run a background check on a job applicant. But if the employer has five or more employees, the employer must comply with a California law known as the Fair Chance Act.[5] If an employer conducts a lawful background check that reveals information related to prior cannabis use, the employer may consider that information if permitted by the Fair Chance Act or another state or federal law. For more information about the Fair Chance Act, visit https://bit.ly/crdfairchanceact.

1 Gov. Code § 12954(d)
2 Gov. Code § 12954(d), (e)
3 Gov. Code § 12954(b)
4 Gov. Code § 12954(f)
5 Gov. Code § 12952

3 | May an employer discriminate against a job applicant who uses cannabis off the job and away from the workplace?

Generally, no. California employers cannot deny someone a job or otherwise discriminate against a job applicant because the person uses cannabis off the job and away from the workplace.[6] However, these protections do not apply if the employer has four or fewer employees or the position involves a federal background investigation or security clearance.[7]

4 | May an employer discriminate against a job applicant based on a drug test showing they used cannabis?

It depends. Generally, most employers cannot deny someone a job or otherwise discriminate against them because their drug test shows the presence of non-psychoactive cannabis metabolites.[8] Non-psychoactive cannabis metabolites are substances in a person's hair, blood, urine, or other bodily fluid that indicate the person used cannabis at some point in the past. If, however, a scientifically valid drug screening test shows the presence of psychoactive THC, or other substances screened for pursuant to state or federal law, the employer may be allowed to deny someone a job on that basis. Moreover, these protections do not apply if the employer has four or fewer employees or the position involves a federal background investigation or security clearance.[9]

5 | May an employer require all job applicants to take a drug test?

Yes, employers may still require all job applicants to take a drug screening test.

DURING EMPLOYMENT

6 | May an employer discriminate against a current employee who uses cannabis off the job and away from the workplace?

Generally, no. California employers cannot fire, penalize, or otherwise discriminate against an employee based on the person's use of cannabis off the job and away from the workplace.[10] However, these protections do not apply if the employer has four or fewer employees, the position involves a federal background investigation or security clearance, or the employee is in the building or construction trades.[11]

6 Gov. Code § 12954(a)(1)
7 Gov. Code § 12954(f)
8 Gov. Code § 12954(a)(1)
9 Gov. Code § 12954(f)
10 Gov. Code § 12954(a)(1)
11 Gov. Code § 12954(f), (a)(2)

7 | May an employer discriminate against a current employee based on a drug test showing they used cannabis?

It depends. Generally, employers cannot fire, penalize, or otherwise discriminate against an employee because their drug test shows the presence of non-psychoactive cannabis metabolites.[12] (See definition in question 4). If, however, a scientifically valid drug screening test shows the presence of psychoactive THC, or other substances screened for pursuant to state or federal law, the employer may be allowed to fire or discipline someone on that basis. Moreover, these protections do not apply if the employer has four or fewer employees, the position involves a federal background investigation or security clearance, or the employee is in the building or construction trades.[13]

EXCEPTIONS/EMPLOYERS MAY MAINTAIN A DRUG-FREE WORKPLACE

8 | Do the employment protections related to cannabis use apply to employers with four or fewer employees?

No, the protections related to cannabis use described in this FAQ only apply to California employers with five or more employees.

9 | Do the employment protections apply to a position for which a federal background investigation or security clearance is needed?

No, the protections related to cannabis use described in this FAQ do not apply if the position involves a federal government background investigation or security clearance.[14]

10 | What happens if another state or federal law requires drug testing?

The protections related to cannabis described in this FAQ do not override other state or federal laws that require a job applicant or employee to be tested for controlled substances, or the manner in which they are tested.[15]

11 | Can an employer still maintain a drug-free workplace?

Yes, the protections related to cannabis use do not permit an employee to possess, be impaired by, or use cannabis on the job. Nor do they impact an employer's right or obligation to maintain a drug- and alcohol-free workplace pursuant to state and federal law.[16]

12 Gov. Code § 12954(a)(1)
13 Gov. Code § 12954(f), (a)(2)
14 Gov. Code § 12954(f)
15 Gov. Code § 12954(e)
16 Gov. Code § 12954(d)

CIVIL RIGHTS COMPLAINTS

12 | What if an employer violates the protections related to cannabis use?

If a worker thinks their employer has discriminated against them, they have three years to file a complaint with CRD. CRD will investigate their complaint or issue a right-to-sue so they can pursue their case in civil court. They cannot file an employment discrimination lawsuit in court without receiving a right-to-sue from CRD.

13 | Can an employer violate other civil rights laws when conducting drug screenings or making employment decisions based on cannabis use?

Under existing civil rights laws, employers may not discriminate based on race, color, national origin, and other protected characteristics. For example, an employer would violate the Fair Employment and Housing Act by requiring only job applicants of a certain race or ethnicity, and not others, to submit to drug screenings. Or, an employer would violate the Fair Employment and Housing Act by treating employees who are found to possess, use, or be impaired by cannabis differently based on their gender identity.

14 | What are possible outcomes after a CRD investigation into discrimination based on cannabis use?

If, after an investigation, CRD finds reasonable cause that the employer broke the law, it may require the parties to go to mediation in order to try to reach a settlement and, if the complaint can't be settled, CRD may file a lawsuit on behalf of the worker. Possible remedies include:

- Forcing the employer to change its policies or practices
- Getting the worker hired or re-hired
- Requiring the employer to undergo training
- Damages (money) for emotional distress

15 | How does a worker file a complaint?

They can file a complaint in one of three ways:

- Online by creating an account and using our interactive California Civil Rights System, (CCRS)
- By mail using a printable intake form
- By calling our communication center at 800.884.1684 (Toll Free), 800.700.2320 (TTY), or California's Relay Service at 711

CRD can provide reasonable accommodations for people with disabilities during the complaint process.

For translations of this guidance, visit: calcivilrights.ca.gov/posters/employment

Watchdog

From the Experts: What If an Employee Admits Using Marijuana Before Start of Shift?

HRWATCHDOG JULY 8, 2026

One of our employees told us he smokes marijuana about two hours before his shift, and that he feels no effects from it when he starts work. Can we reprimand or fire him?

Employers must be very careful about disciplining employees who use cannabis products when not at work. As of January 1, 2024, with limited exceptions, California law protects employees who use cannabis off duty and away from the workplace. (Government Code Section 12954).

The California Civil Rights Department has issued an FAQ explaining the rights of employees and employers regarding off-duty use of marijuana.

Protected Conduct

Employees are legally protected in their use of cannabis when they are not working.

Because smoking marijuana when an employee is off duty and off premises is protected conduct, an employee's admission of using marijuana before work does not, by itself, justify any discipline.

The key determination is whether the employee is *impaired* while working. Neither the employer's assumption that marijuana use before work impairs the employee's work performance nor the employee's belief that he "feels no effects" is relevant.

Impaired While on the Job

Employers may discipline employees for off-duty cannabis use if the employee is impaired while working.

An employee cannot be disciplined solely based on admitting off duty use of cannabis. But an employer can act if there is credible evidence that the employee is *impaired* while working. The Civil Rights Department FAQ expressly states that the legal protections for off-duty use do not permit employees to "possess, *be impaired by*, or use cannabis on the job."

When an employee has acknowledged smoking marijuana before work, the employer must determine if there is any contemporaneous and specific evidence that the employee is impaired while carrying out their job duties. Evidence of impairment can include erratic behavior, slurred speech, lethargy, and inattention to job tasks.

If there are no observable indicators of impairment, then the employer may not discipline the employee.

Reasonable Suspicion

If there are objective signs of impairment, the employer may test the employee for marijuana based on a reasonable suspicion standard.

California allows drug testing of employees when an employer has a reasonable suspicion that the employee is impaired by drug use.

If an employee has acknowledged off-duty marijuana use, it is especially important for the employer — before testing — to articulate specific examples of the employee's behavior which supports a reasonable suspicion that he is impaired. Otherwise, the employee may argue that he is being tested for simply admitting that he smokes marijuana before work, and that this is discriminatory.

Along with the protected status conferred on off-duty use of cannabis in 2024, the law also limits the types of testing that may be used to detect cannabis. Employers must ensure that the drug test being administered complies with the law, and that it detects only active THC.

Proactive Steps

There are proactive steps an employer should take regarding off-duty cannabis use.

Make sure your drug-free workplace policy is current. The policy should distinguish between protected off-duty lawful use and unprotected on-duty impairment.

It is important to train managers and supervisors to recognize signs of impairment and document specific behaviors. Emphasize that discipline cannot be based on assumptions about cannabis use before work.

Remember that before an employee may be disciplined, their impairment must be observable and documented. The documentation may include a drug test that screens for active impairment.

Sharon Novak, Employment Law Expert, CalChamber

CalChamber members can read more about When Drug Testing May Be Permitted in the HR Library. Not a member? Learn how to power your business with a CalChamber membership.

Workforce

The cost of nurse turnover in 10 points | 2026

By: **Molly Gamble** Wednesday, April 22nd, 2026

Nurse shortages and mounting labor costs remain among health system CEOs' top concerns, and the newest NSI survey puts fresh numbers on the financial risks hospitals face from vacancies and churn.

The 2026 NSI National Health Care Retention & RN Staffing Report features input from **527 hospitals in 40 states** on registered nurse turnover, retention, vacancy rates, recruitment metrics and staffing strategies. It covers 965,886 healthcare workers and 262,405 registered nurses.

It found the average cost of turnover for one staff RN moved to **$60,090** throughout 2025, a slight decrease from the prior year even as turnover ticked back up and hospitals continued losing an average of roughly **$5.19 million** per year to RN churn.

Below are 10 takeaways with 30 key numbers that illustrate the current cost of nurse turnover, according to the most recent edition of the report.

1. The turnover rate for staff RNs grew by **1.2%** in 2025, resulting in a national average of **17.6%** — reversing last year's decline. RN turnover ranged from **5.6% to 40.0%** given hospitals' varying bed counts. Top reasons cited for exits were personal issues, relocation, career advancement, retirement and education.

2. The average cost of turnover for a staff RN is **$60,090** (down slightly from $61,110 the year prior). Each RN turnover causes the average hospital to lose between **$4.2 million and $6.2 million**, with total annual losses averaging **$5.19 million** per hospital.

3. Each percent change in RN turnover stands to cost or save the average hospital **$295,000** per year. The 1.2% uptick in RN turnover inflated hospital losses by roughly **$360,000**.

4. The RN vacancy rate improved to **8.6%** nationally, down from 9.6% the year prior, though NSI changed its calculation method this year, so the drop isn't a clean comparison. The average hospital still has **43 RN FTEs unfilled**, with **33.1%** of hospitals reporting a vacancy rate of 10% or higher.

5. The average time to recruit an experienced RN ranged from **56 to 102 days** in 2025, with the RN Recruitment Difficulty Index sitting at **78 days** — five days quicker than the year prior, but still over 2.5 months.

6. Regional RN turnover was mixed in 2025. The South-East saw the high end of the average (**18.7%**) while the North-Central region saw the low end (**16.2%**). All regions except South-Central recorded increases, with the North-East posting the biggest jump (+3.3 points).

7. Over the past five years, RNs in telemetry, step down and emergency services were most mobile with cumulative turnover rates of **117.8%, 115.4% and 113.6%**, respectively. "Essentially, these departments will turn over their entire RN staff in less than four and a half years," the report states.

8. RNs in surgical services and pediatrics were least mobile over that five-year timeframe, exiting at cumulative rates of **78.8%** and **75.6%**, respectively.

9. Behavioral health nurses continue to lead all specialties in turnover at **22.5%**, followed by emergency (**20.7%**), telemetry (**19.5%**) and step down (**19%**), all above the national RN average.

10. In 2025, **324,090 acute care RNs exited** their positions. Hospitals responded by hiring **377,650 RNs**, adding roughly 53,500 nurses to the rolls — a **2.9% add rate**, down sharply from 5.6% the prior year and reflecting a slower pace of hiring.

Editor's note: This post was updated on April 22 with correct numbers in point No. 9; a previous version of this report had 2024 percentages for those specialties.

At the Becker's 11th Annual IT + Revenue Cycle Conference: The Future of AI & Digital Health, taking place September 14–17 in Chicago, healthcare executives and digital leaders from across the country will come together to explore how AI, interoperability, cybersecurity, and revenue cycle innovation are transforming care delivery, strengthening financial performance, and driving the next era of digital health. Apply for complimentary registration now.

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Recruitment. Retention. Results.

2026 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 2026, **NSI Nursing Solutions, Inc**. invited acute care hospitals from 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 remains strong with demand continuing to outpace supply. According to the US Bureau of Labor Statistics, employment in healthcare is projected to grow much faster than the average for all occupations through 2034. During this period, about 1.9 million openings are projected each year due to employment growth and the need to replace workers who permanently leave their position. Both of which are driven by the fact that people are living longer and that all Baby Boomers will reach retirement age by 2030. While supply varies geographically, on a national level a major crisis is evident and deteriorating. The remaining questions are: how do we protect our human capital investment and how do we staff while controlling labor costs?

NSI Nursing Solutions, Inc. provides industry insight to help hospitals benchmark performance, identify best practices, and understand emerging trends. We sincerely extend our appreciation to all 527 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.

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 welcome your participation in future studies conducted by NSI Nursing Solutions, Inc.

Brian Colosi, BA, MBA, SPHR
NSI Nursing Solutions, Inc.
President
March 2026

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 ~15 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 satisfy your staffing needs.

Partial Listing of Survey Participants

NSI Nursing Solutions, Inc. appreciates and thanks all participating hospitals and health systems for their energies in completing the survey. Your support and dedication make this annual report possible. We encourage all hospitals to participate in future studies.

NSI Nursing Solutions

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Executive Summary

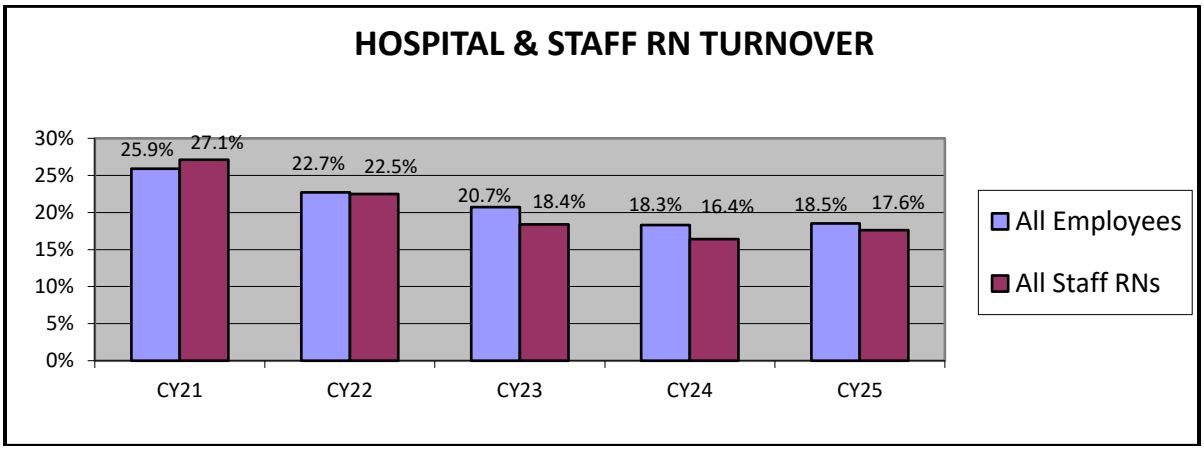
With people living longer, the growth in population, and the fact that all Baby Boomers will reach retirement age by 2030, recruitment and retention will remain a top healthcare issue for years to come. Last year, the hospital workforce increased by 176,500 employees, a 3.04% add rate. Of this, 53,500 RNs were hired which represents a 2.9% RN add rate. While the hospital workforce continued to grow, hiring momentum did slow by 2.4% from the prior year.

Turnover continues to remain elevated. Nationally, the hospital turnover rate is 18.5%, a nominal increase from CY24, and RN turnover is recorded at 17.6%, a 1.2% increase. Registered Nurses working in pediatrics, surgical services, and women's health reported the lowest turnover rate, while nurses working in behavior health, emergency services and telemetry experienced the highest. Of note is that RN retirement is on the rise and frequently cited as why nurses voluntarily resigned.

The cost of turnover can have a profound impact on diminishing margins and needs to be managed. According to the survey, the average cost of turnover for a bedside RN is $60,090 resulting in the average hospital losing between $4.2m – $6.2m. Each percent change in RN turnover will cost/save the average hospital an additional $295,000/yr. The 1.2% increase in RN turnover negatively impacted the bottom line by $360k.

Nationally, the RN vacancy rate stands at 8.6% with a third (33.1%) of the hospitals reporting a vacancy rate of ten percent or higher. The RN Recruitment Difficulty Index decreased to seventy-eight days. In essence, it takes over 2.5 months to recruit an experienced RN. The RN labor shortage is not going away any time soon. Based on survey responses, NSI estimates the current national RN shortage at 158,600. After increasing pay scales and inflating sign-on bonuses, hospitals still have an average of forty-three (43) unfilled RN FTEs.

To alleviate financial stress, hospitals need to focus on controlling the high cost of labor with contract labor being a top target. The greatest potential to offset margin compression is in the top budget line item (labor expense). Every RN hired saves $66,081. An NSI contract to replace 20 travel nurses could save your institution $1,322,000…and this is just the first year estimated savings. Contact Michael Colosi at (717) 575-7817 to learn how NSI can improve your bottom line.



Methodology

In January, acute care hospitals were invited 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 2025. I am pleased to announce that 527 hospitals from forty states responded. In total, this survey covers 965,886 healthcare workers, and 262,405 registered nurses.

Per request, the survey was expanded to understand the impact of Magnet Recognition on nurse staffing and turnover. We are happy to report that eighty-seven such hospitals provided data. The addition of these metrics or findings in no way is intended to encourage or discourage participation in the American Nurses Credentialing Center (ANCC) Magnet Recognition Program.

All findings are reported in the aggregate. Since organizations track and report turnover differently, it is important to establish a consistent methodology. To this end, raw data was collected on employee counts, terminations, hires, FTEs budgeted/filled, etc... Temporary, agency and travel staff were specifically excluded. Also, this survey does not measure transfers or "internal terminations." Formulas and metrics can be found in Appendix A – Quick Reference Guide.

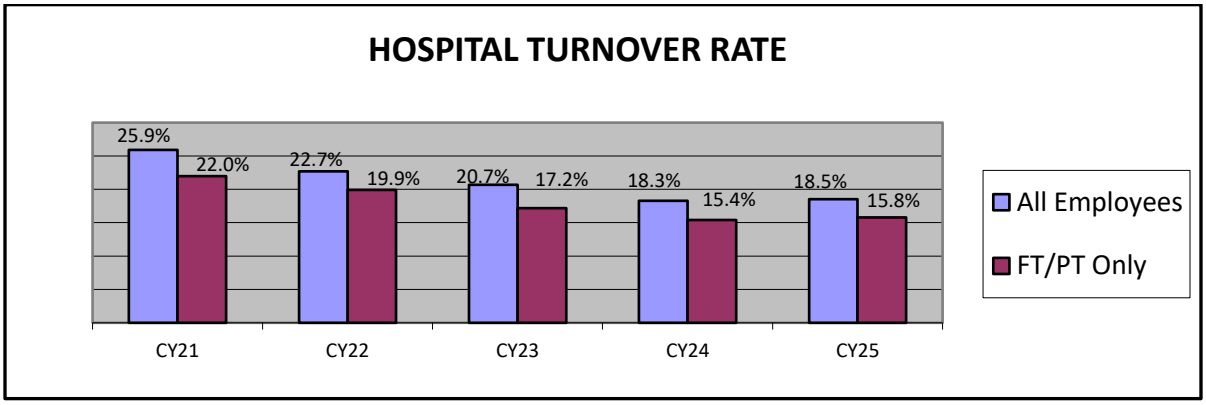
According to the findings, hospitals continue to be split on which employment classifications to include when calculating turnover. A majority (54.0%) include all employment classifications, such as full time, part time, per-diem, prn, casual, occasional, etc. when reporting turnover. The remaining facilities 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 benchmarking purposes.**

Hospital Staffing & Turnover

According to NSI's Hospital Executive Level Priorities (H.E.L.P.) survey, recruiting and retaining quality staff remains a top healthcare issue. It is what keeps CEOs, CNOs and CHROs up at night. Since turnover has a direct correlation to staffing and is a leading indicator of future financial pressure, and patient & employee satisfaction, it is easy to understand why healthcare executives are concerned. Compounding this is the growth in population, the increased need for nursing care as people live longer, and the fact that all Baby Boomers will reach retirement age by 2030.

On the employment front, 1.08m hospital employees exited their position last year. During this same period, hospitals were able to hire 1.25m workers. This resulted in approximately 176,500 employees being added to payroll, a 3.04% add rate. Although the workforce continued to grow, hiring momentum did slow by 2.4% when compared to the prior year.

From a retention perspective, the national turnover rate for acute care hospitals experienced a nominal increase and currently stands at 18.5%, with the median recorded at 19.5%. Given varying bed size and geography, turnover ranged from 7.6% to 33.1%. The following graph illustrates annual turnover rates since 2021. Reflecting on the past five years, the average hospital turned 106% of its workforce. Those only measuring "Full/Part-Time" separations reported an average turnover rate of 15.8%, with a median of 16.5%.



To further benchmark performance, the following table provides the percentiles for hospital turnover. The top tier organizations or those in the 90th percentile have a turnover rate of 13.8% and below; 11.4% for those measuring Full/Part-Time only. Conversely, facilities with a turnover rate of 26.5% and higher are in the bottom decile; 23.0% for those measuring Full/Part-Time only.

METRIC	HOSPITAL TURNOVER	HOSPITAL FULL/PART TIME TURNOVER
90th Percentile	13.8%	11.4%
75TH Percentile	17.0%	13.6%
Median	19.5%	16.5%
25th Percentile	23.3%	19.4%
10th Percentile	26.5%	23.0%
NATIONAL AVERAGE	**18.5%**	**15.8%**

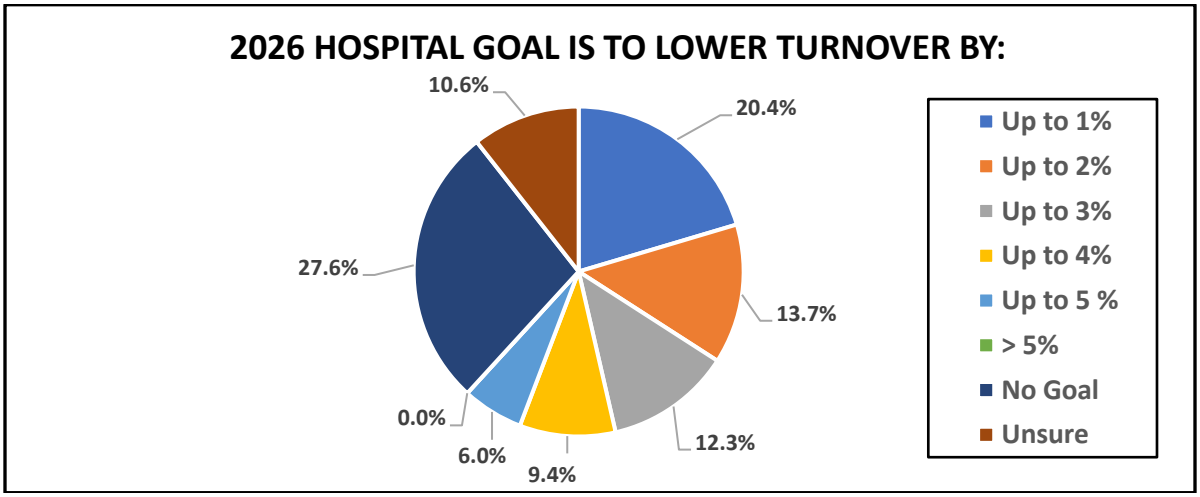
Voluntary terminations accounted for 94.9% of all hospital separations. To further understand turnover, respondents were asked to identify the top five reasons why employees resigned. Participants were asked to select from a list of twenty common causes. Personal issues, relocation, career advancement, retirement and education are the primary drivers of turnover. Finishing the list of top ten reasons why employees left include: scheduling conflicts, salary, commute, culture, and workload/staffing ratios.

The following table records the average hospital turnover rate by region. Organizations 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.

All regions were tightly clustered around the national average and recorded changes ranging from -1.4% to +1.6%, South-Central and West, respectively. Hospitals in the West and South-East consistently outperformed the nation while the North-East and North-Central regions trended higher than the national average. Although recording the greatest decrease in turnover, the South-Central region experienced mixed results.

REGION	HOSPITAL TURNOVER	FULL/PART TIME TURNOVER
North-East – *(CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)*	18.8% *(+1.0%)*	16.2% *(+0.8%)*
North-Central – *(IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, & WI)*	19.6% *(+0.2%)*	16.4% *(+0.5%)*
South-East – *(AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)*	17.7% *(-0.2%)*	15.3% *(+0.3%)*
South-Central – *(AR, LA, OK, & TX)*	18.6% *(-1.4%)*	15.2% *(-1.4%)*
West – *(AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA & WY)*	17.4% *(+0.3%)*	15.5% *(+1.6%)*
NATIONAL AVERAGE	**18.5% *(+0.2%)***	**15.8% *(+0.4%)***

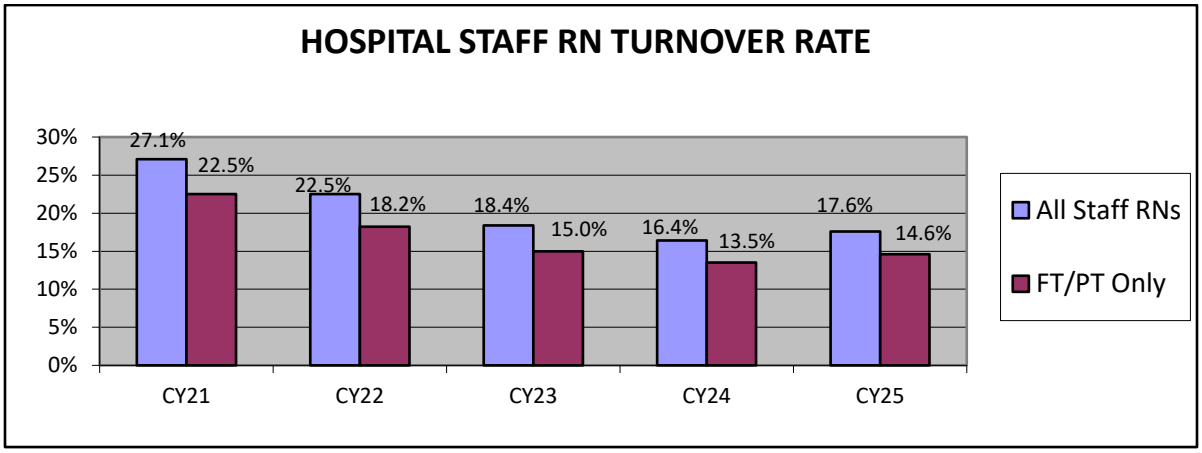
In 2025, hospital turnover increased marginally by 0.2%. However, this increase was in contrast to their goal of reducing turnover by 2.6%. For 2026, hospitals have committed to lowering turnover by 2.5%. Establishing a measurable goal needs to be a core component of any retention strategy. At present, twenty-seven percent (27.6%) have not established a measurable goal.



Registered Nurse Staffing and Turnover

Last year, 324,090 acute care registered nurses exited their position. Hospitals responded by hiring 377,650 RNs, resulting in over 53,500 additional nurses added to the rolls. This 2.9% add rate is lower than the prior year (5.6%) and further illustrates the slower pace of hiring.

Turnover continues to be elevated for hospital RNs with a national average of 17.6%. This is a 1.2% annual increase and directly responsible for the bump in hospital turnover. The median increased by two points to 18.6%. Given varying bed size, RN turnover ranged from 5.6% to 40.0%. Hospitals that only measure "Full/Part-Time" separations reported an average rate of 14.6%, a 1.1% increase, with a median of 14.1%. In the past five years, the average hospital turned 102% of its RN workforce.



To further benchmark performance, the following table provides the percentiles for staff RN turnover in hospitals. The top tier organizations or those in the 90th percentile have a turnover rate of 11.5% and below; 9.2% for those measuring Full/Part-Time only. Conversely, hospitals with a turnover rate of 25.7% and higher are in the bottom decile; 22.6% for those measuring Full/Part-Time only.

METRIC	STAFF RN TURNOVER	STAFF RN FULL/PART TIME TURNOVER
90th Percentile	11.5%	9.2%
75TH Percentile	13.8%	11.1%
Median	18.6%	14.1%
25th Percentile	21.6%	18.7%
10th Percentile	25.7%	22.6%
NATIONAL AVERAGE	**17.6%**	**14.6%**

Magnet Recognized hospitals performed similar to the benchmark with an average RN turnover rate of 17.4%. Magnet facilities that only include "Full/Part-Time" registered nurses in their turnover calculations recorded at 14.5%.

The cost of turnover can have a profound impact on hospital margin. Although retention is viewed as a key strategic imperative, less than half (46.1%) of the respondents track this metric. The cost of turnover for a staff RN is $60,090, causing an average loss between $4.2m and $6.2m. Breaking this down further, each percent change in RN turnover will cost/save the average hospital $295,000 per year. Based

on performance, hospitals lost $5.19m on average in 2025. The 1.2% increase in RN turnover is responsible for inflating this loss by $360k.

The following table records the average registered nurse turnover rate by region. 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.

All regions, with the exception of South-Central, reported an increase in nurse turnover from the prior year, ranging from -0.9% to +3.3%. The North-East recorded the greatest increase with a rate close to the national average. The South-East and West regions are above the national average, while the North-Central and South-Central were below.

REGION	STAFF RN TURNOVER	FULL/PART TIME RN TURNOVER
North-East – *(CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)*	17.9% *(+3.3%)*	14.8% *(+2.9%)*
North-Central – *(IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, & WI)*	16.2% *(+0.4%)*	13.5% *(+0.2%)*
South-East – *(AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)*	18.7% *(+1.4%)*	16.3% *(+1.7%)*
South-Central – *(AR, LA, OK, & TX)*	17.1% *(-0.9%)*	13.4% *(-0.3%)*
West – *(AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA & WY)*	18.4% *(+2.3%)*	15.0% *(+1.6%)*
NATIONAL AVERAGE	**17.6% *(+1.2%)***	**14.6% *(+1.1%)***

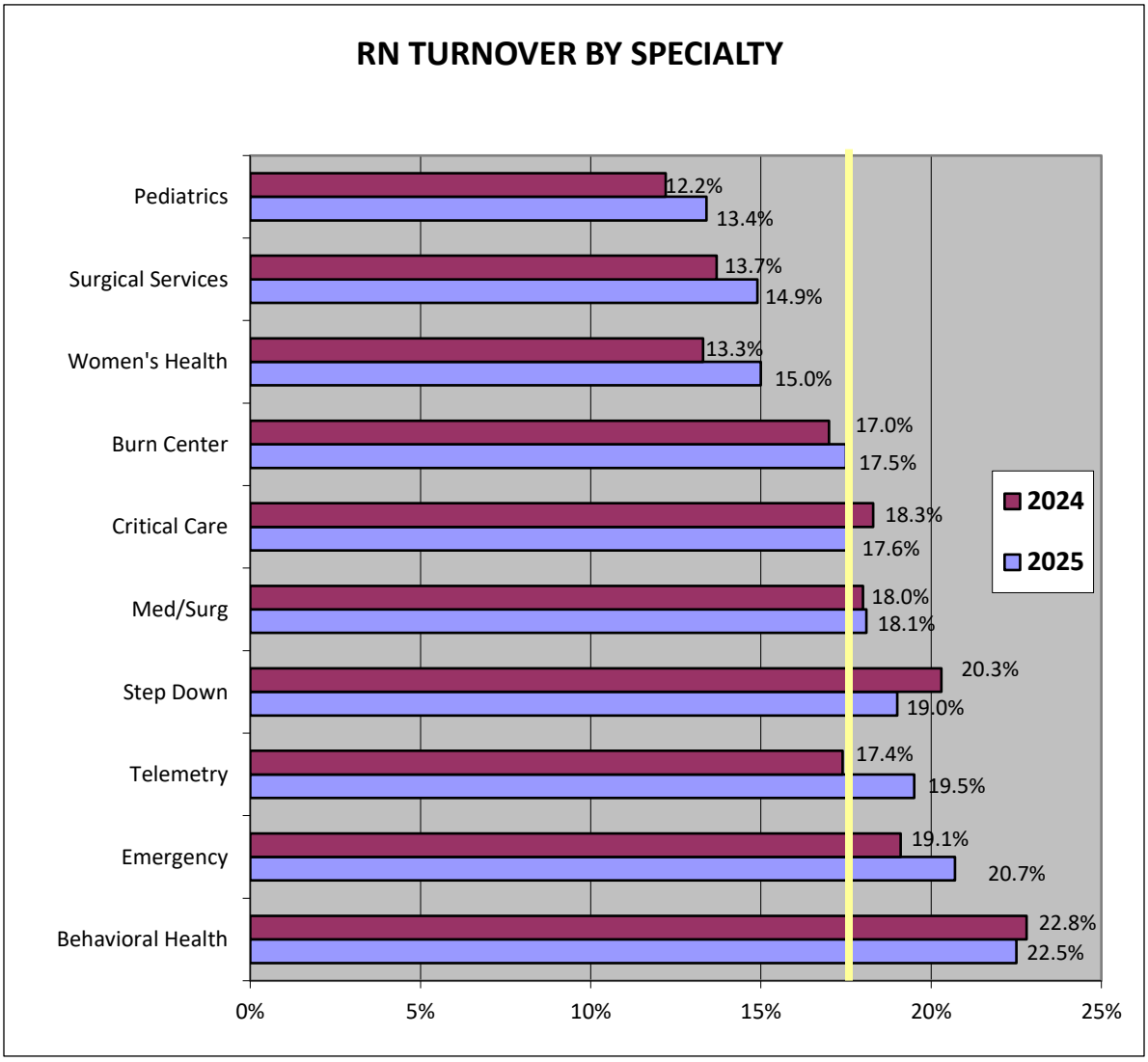
Respondents were also asked to identify the top five reasons why staff RNs voluntarily resigned. Participants were asked to select from a list of twenty common reasons. Personal issues, relocation, retirement, career advancement, and scheduling conflict were at the top of the list. Of note is that retirement has been consistently climbing in frequency and is currently the third most common cause identified. Rounding out the top 10 reasons why RNs voluntarily resigned are: education, salary, commute, working conditions, and workload/staffing ratios.

To better understand how hospitals met their staffing needs, respondents were asked to identify strategies utilized when faced with a nursing shortage. The most common strategies to staff the bedside include: flexing part-time or per diem employees, offering overtime, enhancing recruitment incentives, authorizing critical staffing pay, relying on travel/agency nurses, utilizing the internal staffing pool, modifying the nursing care model, hiring more ancillary staff, mandating float, and increasing the RN salary scale.

Registered Nurse Turnover by Specialty

Registered nurse turnover varies by discipline. The following graph compares the average turnover rate by specialty for the past two years. The solid yellow line represents the national average (17.6%). Turnover for nurses in behavior health, emergency services, telemetry, step down, and medical/surgical all exceeded the national average. Looking back over the past five years, RNs in telemetry, step down, and emergency services were the most mobile with a cumulative turnover rate of 117.8%, 115.4% and 113.6%, respectively. Essentially, these departments will turn over their entire RN staff in less than four and a half years. During this same five year period, nurses in surgical services and pediatrics exited at a much slower rate of 78.8% and 75.6%, respectively.

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. Although hospitals should conduct their own internal analysis, this is particularly true for surgical services and behavioral health. Managing retention should be a strategic imperative, particularly given the high cost of turnover and the ongoing RN shortage.



Hospital RN Vacancy Rate

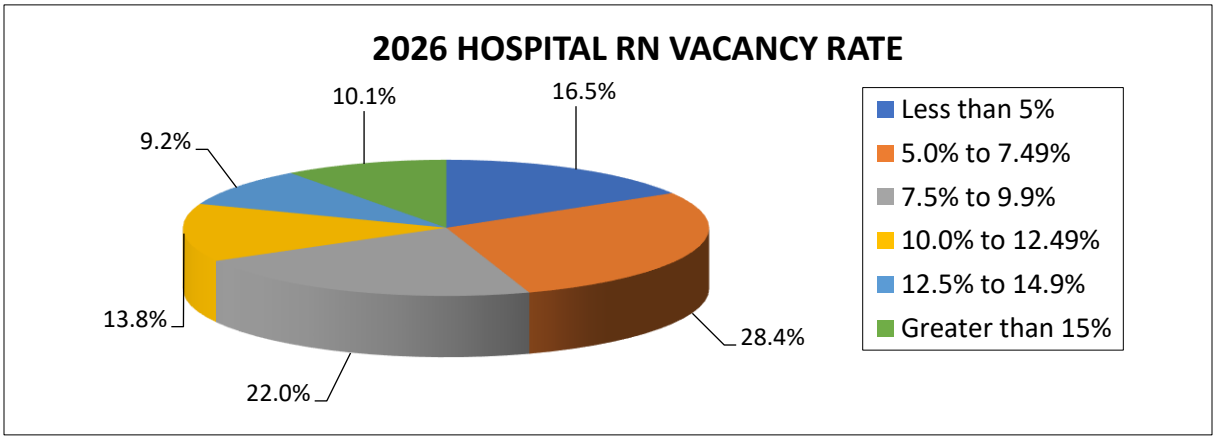
Hospitals have been successful in lowering the RN vacancy rate to the lowest level this decade. Although progress, a significant labor shortage remains. The RN vacancy rate continues to be elevated and currently stands at 8.6%. **See footnote below.* In essence, this equates to the average hospital having forty-three (43) RN FTEs unfilled. A high vacancy rate has a direct impact on quality outcomes, the patient experience and can lead to excess labor costs.

Interestingly, hospitals who achieved Magnet Recognition experienced a 7.3% vacancy rate. This is 1.3% below the benchmark. To maintain survey integrity and adjusting for hospital size, the average Magnet facility has thirty-seven (37) unfilled RN full-time equivalents.

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. Based on the survey, the current U.S. nursing shortage is estimated at 158,600 RNs. To further illustrate the magnitude of the staffing crisis, a third of all hospitals (33.1%) reported a vacancy rate of ten percent and higher. As RN demand increases, 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 hiring travel nurses, by bolstering their internal staffing pool, and by increasing pay scales. All of which are costly strategies, especially when nurse travel rates average $91/hour and range to $160/hour. Last year, seventy-three percent (73.5%) of hospitals projected a decrease in travel staff utilization, yet it remained a top strategy when faced with a shortage. This disconnect is important to recognize as we consider alternative solutions to improving the hospital margin.

RN VACANCY RATE	2022	2023	2024	2025	2026
Less than 5%	6.5%	5.0%	32.1%	20.2%	**16.5%**
5.0% to 7.49%	3.6%	7.3%	7.8%	28.3%	**28.4%**
7.5% to 9.9%	8.6%	12.3%	12.3%	10.1%	**22.0%**
10.0% to 12.49%	12.2%	13.4%	15.1%	14.1%	**13.8%**
12.5% to 14.9%	7.9%	10.6%	13.4%	11.1%	**9.2%**
Greater than 15.0%	61.2%	51.4%	19.3%	16.2%	**10.1%**
AVERAGE	**17.0%**	**15.7%**	**9.9%**	**9.6%**	***8.6%**

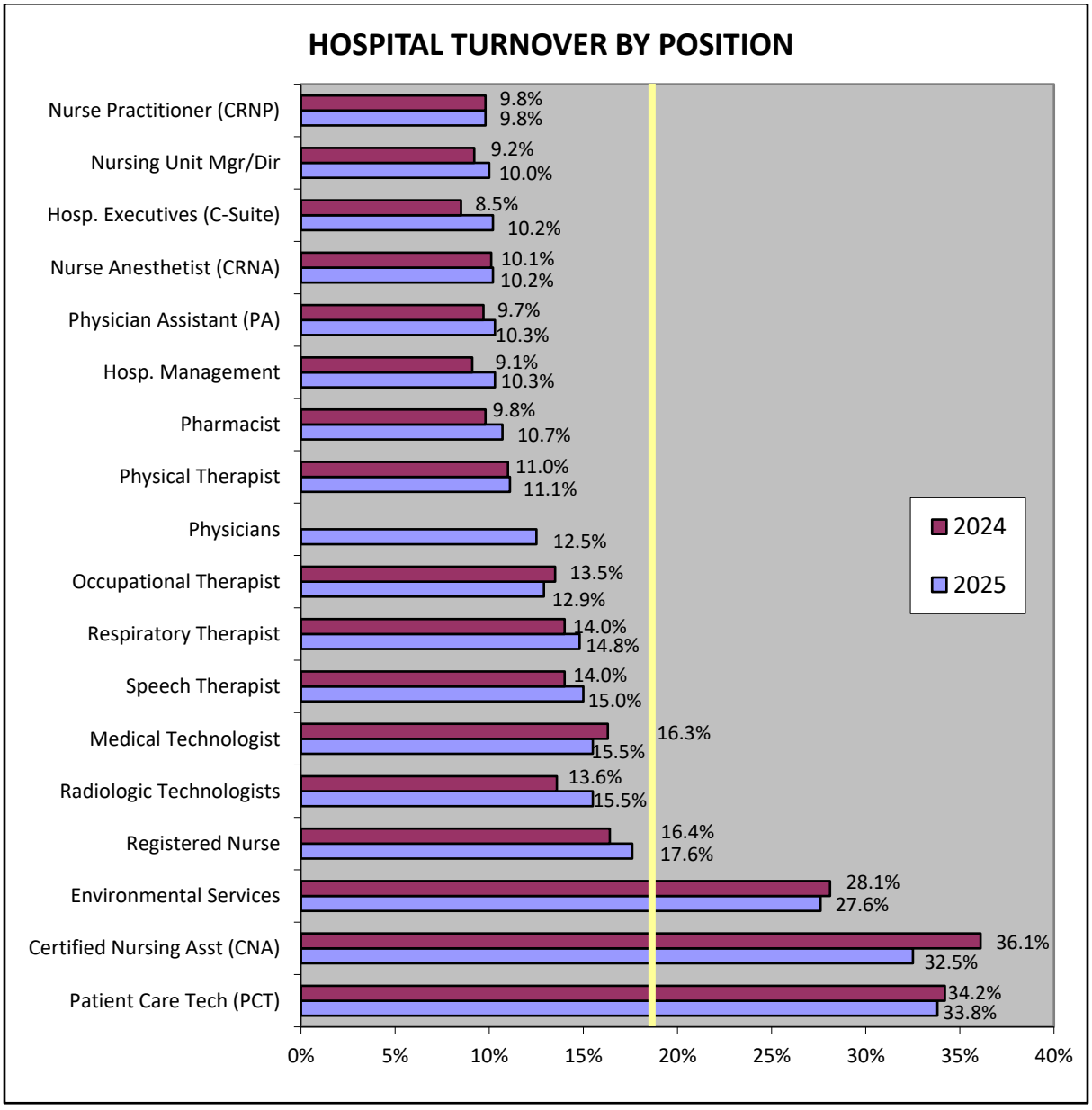


**The RN Vacancy Rate in previous reports were based on the average of the range selected. Beginning 2026, NSI collected data on RN FTEs filled & vacant, and modified the formula to where RN Vacancy Rate = (Unfilled RN FTEs/Budgeted FTEs)*100.*

Hospital Turnover by Position

For the past eight years, all advanced practice and allied health professionals recorded turnover rates below the hospital average. This holds true for 2025. The following chart compares the average turnover rate for common occupations in the acute care setting for the past two years. Hospital employed physicians were newly added to the survey. The solid yellow line represents the current hospital turnover rate (18.5%).

Last year, most positions experienced a decrease in turnover. Certified Nursing Assistants recorded the greatest decrease at *-3.6%*. The C-suite, hospital management, speech therapists, radiologic technologists and registered nurses all experienced an increase in turnover greater than a percent. PCTs and CNAs continue to outpace all other job titles when it comes to turnover and will virtually turn over their entire staff every three years. Pharmacists continue to be the most stable clinical position with a five-year cumulative turnover rate of fifty-one percent (51.8%).



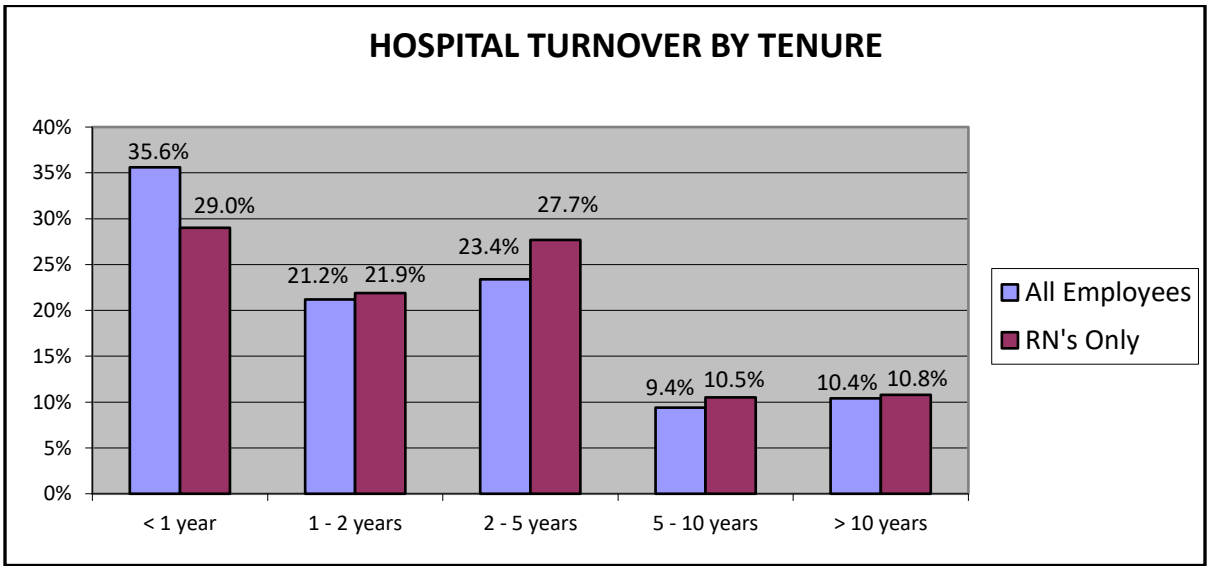
Hospital Turnover by Tenure

The average tenure of a hospital employee is 6.9 years and ranges to 20 years of service. Registered nurses recorded a similar average at 6.8 years and ranged to 15 years. The following graph illustrates the years of service for all employees and for staff RNs who left during the survey period. As consistent with prior surveys, close to thirty percent (29.5%) of all new hires left within a year. This same group accounted for over a third (35.6%) of all turnovers. The majority (56.8%) of exited employees had less than two years of service, while employees with more than five years of tenure experienced a greater level of organizational commitment.

First year turnover continues to outpace all other groups and accounted for up to 54.2% of a hospital's total turnover. When expanding this to include all employees with less than two years of service, the range jumped to eighty-six percent (86.0%). Obviously, this is not the typical or average facility. However, a large portion of all separations are caused by employees with less than two years of tenure.

Although not as dramatic, when viewing registered nurses, a similar trend is noted. Over twenty-two percent (22.7%) of all newly hired RNs left within a year, with first year turnover accounting for twenty-nine percent (29.0%) of all RN separations. **See footnote below.* The median and mode were recorded at 28.1% and 25.0%, respectively.

Hospitals recognize the significance of protecting their Human Capital Investment and are becoming more strategic when it comes to nurse retention. According to the survey, seventy-four percent (74%) of respondents have a formal retention strategy with the vast majority (80.8%) having a strategy to protect newly hired nurses. Nurse Residency programs are a common strategy. Based on a 5-point Likert scale, this program has a 3.9 effectiveness rating. When it comes to the more tenured nurses, sixty-two percent (62.4%) of hospitals have implemented strategies to retain this group. Since all Baby Boomers are nearing retirement age, hospitals are encouraged to understand their risk exposure and develop a strategy to protect this knowledge loss.



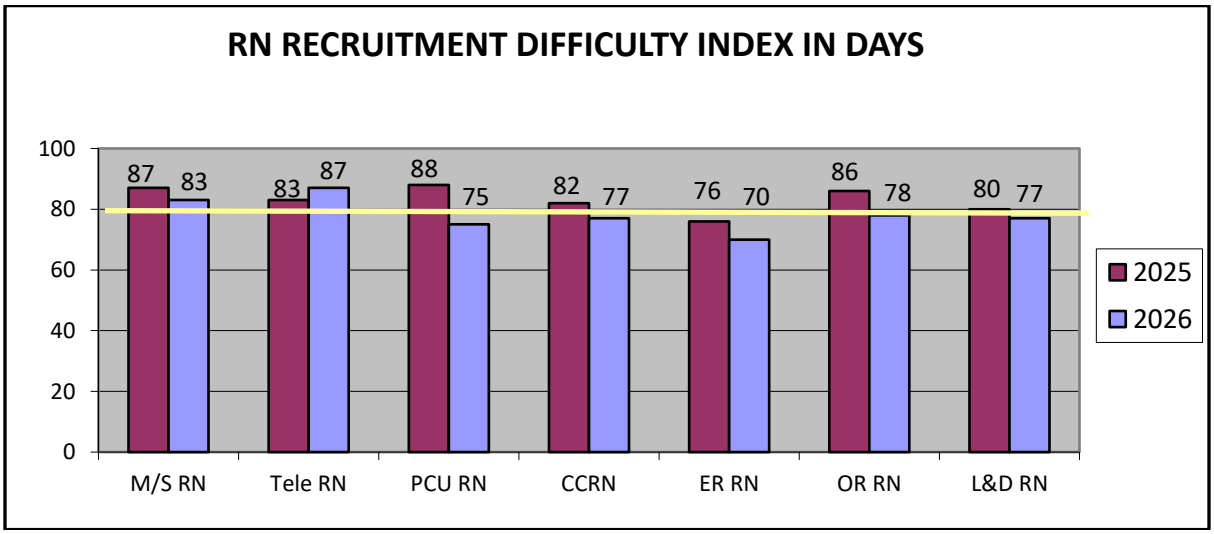
**This metric includes all RNs, experienced or newly graduated, who leave employment with a hospital based on service years at the organization. It should not be confused as a measure of Graduate Nurse turnover.*

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 registered nurse. Participants were asked to identify the range which best describes their performance, given specialty. Although time-to-fill decreased for almost all specialties, it still took over two and a half months to hire. The average time to recruit an experienced RN ranged from 56 to 102 days, pending specialty.

The following chart illustrates the average number of days it takes to recruit by specialty. The yellow line is the current RN Recruitment Difficulty Index and represents the average time to fill regardless of specialty. Currently, this stands at seventy-eight days, which is five days quicker than the prior year. Although time-to-fill decreased, hospitals continue to be challenged, which begs the question; is this acceptable or should we think differently? Contracting with a recruitment firm can help Talent Acquisition expand the candidate pipeline, improve quality, and improve the hospital margin. With an average time-to-fill of ~30 days, NSI has the national reach and proven track record to quickly hire experienced registered nurses. Contact Michael Colosi at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI can help.

Upon review by specialty, telemetry nurses are the most difficult to recruit and took an average of eighty-seven days to fill. Med/Surg nurses also posted above the average at eighty-three days. ER nurses reported the quickest time-to-fill, but the position was still vacant for over two months (70 days).

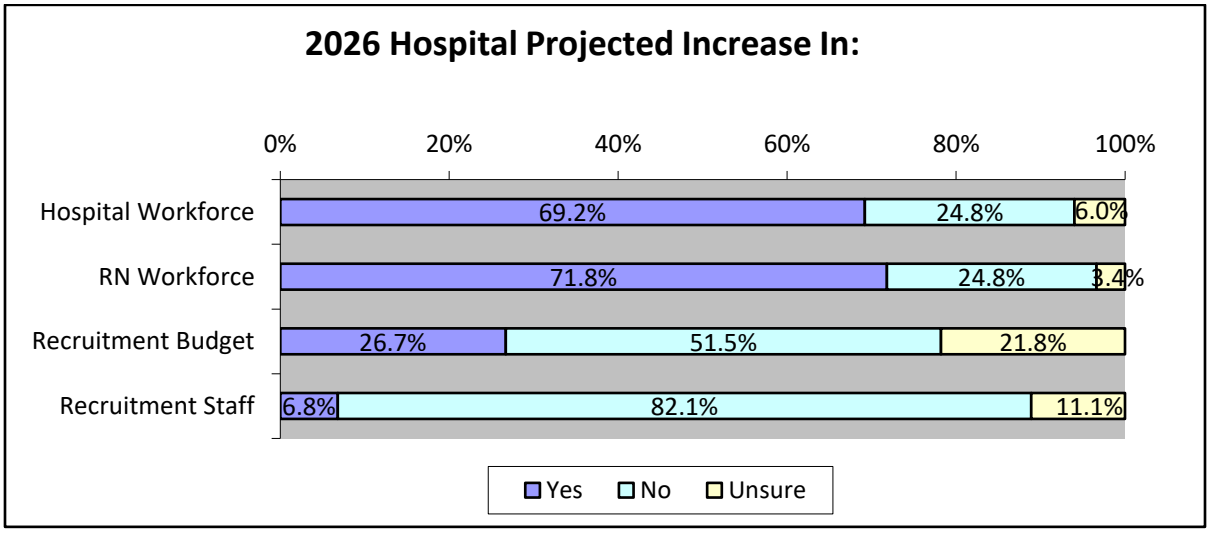


When it comes to recruiting RNs, not all regions perform the same. The West and South-Central regions outperformed all others with an average time-to-fill of seventy and seventy-four days, respectively. The North-Central found it more difficult to recruit with an average RDI-RN above the national average and recorded at eighty-two days. The South-East and North-East regions mirrored the national average.

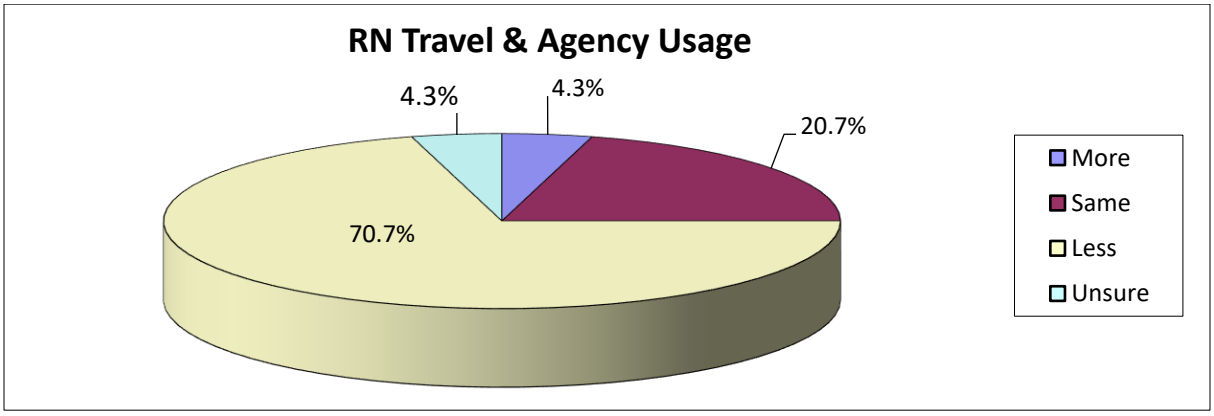
Of particular note is that Magnet recognized hospitals out-performed the benchmark by 10 days. These facilities had an average time-to-fill of sixty-eight days. Although not addressed in the survey, RNs may be attracted to the high standards of care and/or the culture or empowerment associated with this initiative.

Workforce Projections

Labor demands are forcing hospitals to use costly approaches to staff beds. These include travel nursing, overtime, critical staffing pay, closing beds, etc… While hospitals expect to grow their workforce, only twenty-six percent (26.7%) anticipate increasing the recruitment budget and fewer than seven percent (6.7%) plan to increase their recruitment staff. Currently, the Human Resources FTE to employee ratio, in an acute care setting, is .92 per 100 employees. The average recruitment staff FTE per 100 employees is .26. Given the chart below, it is anticipated that Talent Acquisition will continue to be stretched thin.



To improve hospital margins, controlling labor costs is a must. Hospitals feel this pressure with seventy percent (70.7%) indicating a desire to decrease reliance on travel/agency staff. While wanting to decrease this reliance, travel/agency staffing is still a common choice when faced with a shortage. This dependency is a drain on financial resources. When comparing the cost difference between employed RNs vs travel RNs, the amount is staggering. To help wean hospitals, NSI is ready to assist. For every 20 travel RNs eliminated, a hospital can save, on average, $1,322,000. Contact 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 has shown positive signs of recovery with a net positive margin averaging 1.3% and an employment growth rate exceeding the average of all other industries. Inflation & rising costs, the aging population, the mandate on quality & safety, the squeeze in reimbursements, the competition for patient volume, the shift in the delivery of care, the shortage of physicians, nurses & allied professionals, and the uncertainty of governmental interference have all stressed the industry.

As a leading indicator of future organizational pressure, hospitals must understand and trend turnover. The value hospitals place in their people will have a direct correlation to their commitment, confidence and engagement. Operational considerations must address how employment decisions are made and include programs that build relationships, commitment, and confidence early in the employment cycle. Enhancing culture and building programs to reinforce these values is critical to driving retention.

In addition to the nursing care needs of people living longer and the subsequent rise in chronic conditions, there is a need to replace workers, particularly RNs, who retire. By the year 2030, all Baby Boomers will have reached retirement age. Maintaining adequate levels of nursing staff is critical to reducing burnout, patient errors and mortality rates, and is linked to higher job satisfaction.

A quantifiable measure of the severity of a hospitals vacancy rate is contract labor and overtime usage. 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, expand the recruitment pipeline and control labor expenses. Building and retaining a quality workforce is paramount to navigating the staffing paradigm. Let NSI Nursing Solutions, Inc. help!

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(717) 560-3863 **Recruitment. Retention. Results.**

2026 NSI Quick Reference Guide

Hospital Turnover Statistics	
Hospital Turnover Range	7.6% to 33.1%
Average Hospital Turnover Rate*	18.5%
Average Hospital Turnover Rate *(Full and Part Time employees only)**	15.8%
Staff RN Turnover Range	5.6% to 40.0%
Average Staff RN Turnover Rate*	17.6%
Average Staff RN Turnover Rate *(Full and Part Time staff RNs only)**	14.6%
1st Year Employee Turnover Rate	29.5%
1st Year RN Turnover Rate	22.7%
Cost of Each RN Turnover**	$60,090
Annual Average Hospital Cost of RN Turnover**	$5.19m
Average Annual Cost/Savings per 1% Change in RN Turnover	$294,976
Percent of Involuntary Turnover	5.1%
2026 Hospital Retention Goal *(To lower turnover by…)*	2.5%

**Turnover = (# of separations/average # of employees)*100*
***Based on the average of the selected range.*

Hospital Staffing & Recruitment Metrics	
Average Hospital RN Vacancy Rate^	8.6%
Average RN Time-to-Fill**	78 days
Percent Anticipating to Increase Workforce	69.2%
Percent Anticipating to Increase RN Workforce	71.8%
Percent Anticipating to Increase Recruitment Budget	26.7%
Percent Anticipating to Increase Recruitment Staff	6.8%
HR to Employee Ratio *(per 100 employees)^^*	.92
Recruitment to Employee Ratio *(per 100 employees)^^*	.26
Percent Anticipating to Decrease Travel/Agency Usage	70.7%

*^RN Vacancy Rate = (Unfilled RN FTEs/Budgeted FTEs)*100*
*^^HR ratios = (# of HR or Recruitment FTEs/Total # of employees)*100*

Staff Nurse vs. Travel Nurse Cost Savings	Hourly / Annually
Hospital Average Travel Nurse Fee	$91.23 / $189,758
Hospital Average RN Pay *(includes 25.8% for benefits)*	$59.46 / $123,676
Cost Difference *(Travel Nurse fee – Staff RN pay)*	$31.77 / $66,081
For every 20 Travel RNs eliminated, the average hospital can save	**$1,321,632**

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Nursing Solutions, Inc.