

ready
to work

WeLearn Learning Services

REFRESH: HEALTH SYSTEM STAFF
RETENTION/TURNOVER STUDY

May 1, 2025



Executive Summary



Turnover rates nationally have continued to decline from CY21 peaks for hospital RNs and employees. However, nursing assistant turnover remains at a very high rate. Employees with <1 year of employment with a hospital have declining turnover, but seeing an increase in turnover rates among 1-2 yrs tenure.



Cost of turnover is benchmarked by a typical major U.S. health system at 20% and 21% of wages respectively for clinical support and clinical professional allied health roles. These costs range from ~ \$7,464-\$12,497 for clinical support and \$9,789-\$20,015 for clinical professional roles. Imaging, cardiology and oncology techs represent particularly high lost revenue for a health system per employee when a vacancy occurs.

For 2025, **hospitals are looking to lower turnover by 2.6%** on average and **roughly a quarter have no goal**

Efforts in recruitment & retention strategies are seeing efforts across several themes:

- Recent meta-analysis in 2024 uncovered three themes across a multitude of healthcare workforce turnover reduction studies: System, Personal, and Professional centric
- Several 2025 state workforce reports recommend improving training, expanding trainee pipeline and increasing state support and flexibility
- Improving the healthcare workforce has been the strongest healthcare theme among State of State Addresses by Governors' in 2025 and most states are expanding training programs and support services (such as childcare that can be a significant turnover issue for low wage Allied Health positions)



Executive Summary



Labor shortages will increasingly be competitive between hospitals and non-hospital settings as a higher percentage of care moves into non-acute settings.



Projected growth among Healthcare support and technologist or technician occupations sit at the confluence of two major factors driving demand for healthcare services: an aging and sicker patient population. Due to this, these roles are expected to grow the fastest among healthcare roles. The 2024 Department of Health Human Services Health Care Workforce Report notes that direct care roles (home health aides, nursing assistants and personal care aides) , specifically, will account for 1 in 6 jobs in the U.S. economy by 2032, making this the largest occupational area in the economy by 2032.



ready
to work



Summary Figures



Nursing Assistant roles remain by far the highest rate of turnover among allied health roles



Allied Health Roles	Median Salary 2024	Estimated Turnover Rate
Cardiovascular Technologists and Technicians	\$ 68,155	14%
Clinical Laboratory Technologists and Technicians	\$ 62,603	11%
Diagnostic Medical Sonographers	\$ 87,004	14%
Licensed Practical and Licensed Vocational Nurses	\$ 61,522	12%
Magnetic Resonance Imaging Technologists	\$ 86,252	14%
Medical Assistants	\$ 43,260	21%
Medical Equipment Preparers	\$ 46,638	17%
Nuclear Medicine Technologists	\$ 95,275	2%
Nursing Assistants	\$ 39,346	36%
Pharmacy Aides	\$ 37,286	14%
Pharmacy Technicians	\$ 41,509	14%
Phlebotomists	\$ 43,064	22%
Radiologic Technologists and Technicians	\$ 75,612	14%
Surgical Technologists	\$ 62,428	13%

Source: 1. Kansas Hospital Workforce Report turnover rates 2025. 2. 2025 NSI National Retention & RN Staffing Report.



Total cost of turnover for large health systems is estimated at 21% and 20% of wages for clinical professionals and clinical support respectively

Allied Health Roles	Median Salary 2024	Estimated Cost of Turnover
Cardiovascular Technologists and Technicians	\$ 68,155	\$ 14,318
Clinical Laboratory Technologists and Technicians	\$ 62,603	\$ 13,152
Diagnostic Medical Sonographers	\$ 87,004	\$ 18,278
Licensed Practical and Licensed Vocational Nurses	\$ 61,522	\$ 12,925
Magnetic Resonance Imaging Technologists	\$ 86,252	\$ 18,120
Medical Assistants	\$ 43,260	\$ 8,660
Medical Equipment Preparers	\$ 46,638	\$ 9,798
Nuclear Medicine Technologists	\$ 95,275	\$ 20,015
Nursing Assistants	\$ 39,346	\$ 7,877
Pharmacy Aides	\$ 37,286	\$ 7,464
Pharmacy Technicians	\$ 41,509	\$ 8,310
Phlebotomists	\$ 43,064	\$ 8,621
Radiologic Technologists and Technicians	\$ 75,612	\$ 15,885
Surgical Technologists	\$ 62,428	\$ 12,497

Notes: 1. median salary estimated from 2024 median salaries from the Bureau of Labor Statistics and a 3% inflation factor to calculate 2023 median salaries. 2. Estimated cost of turnover assumes common large health system benchmark for clinical support toles at 20% of wages and clinical professional roles at 21% of wages. 3. Cost includes Direct: recruiting and onboarding costs | Indirect: Morale impact, knowledge drain, and lost productivity.

Source: 1. Large academic health system benchmarks from HR vendors: Tower Watson, NSI, Gartner, MGMA, Integrated Health Solutions



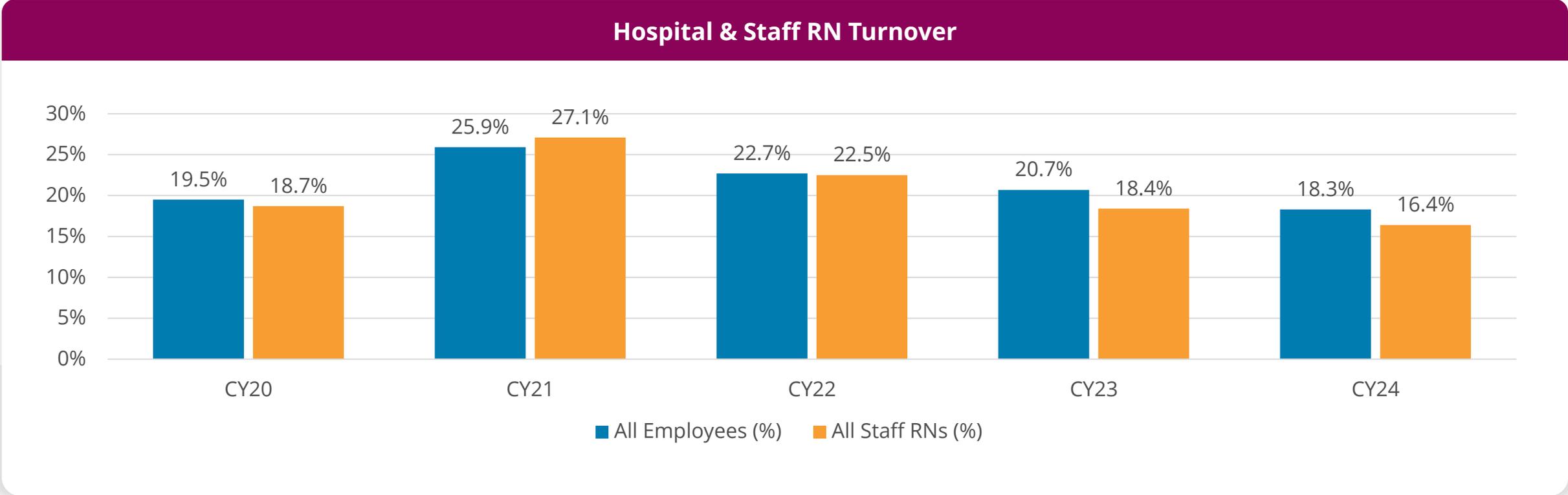
ready
to work 



Turnover Rates



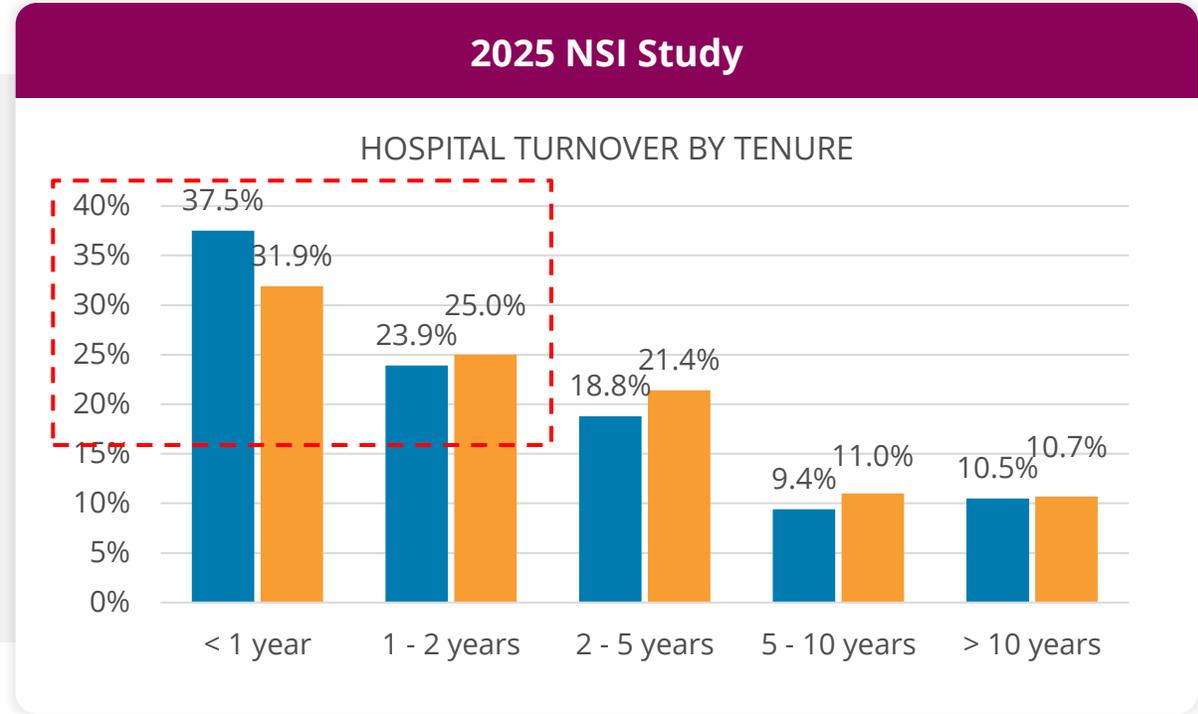
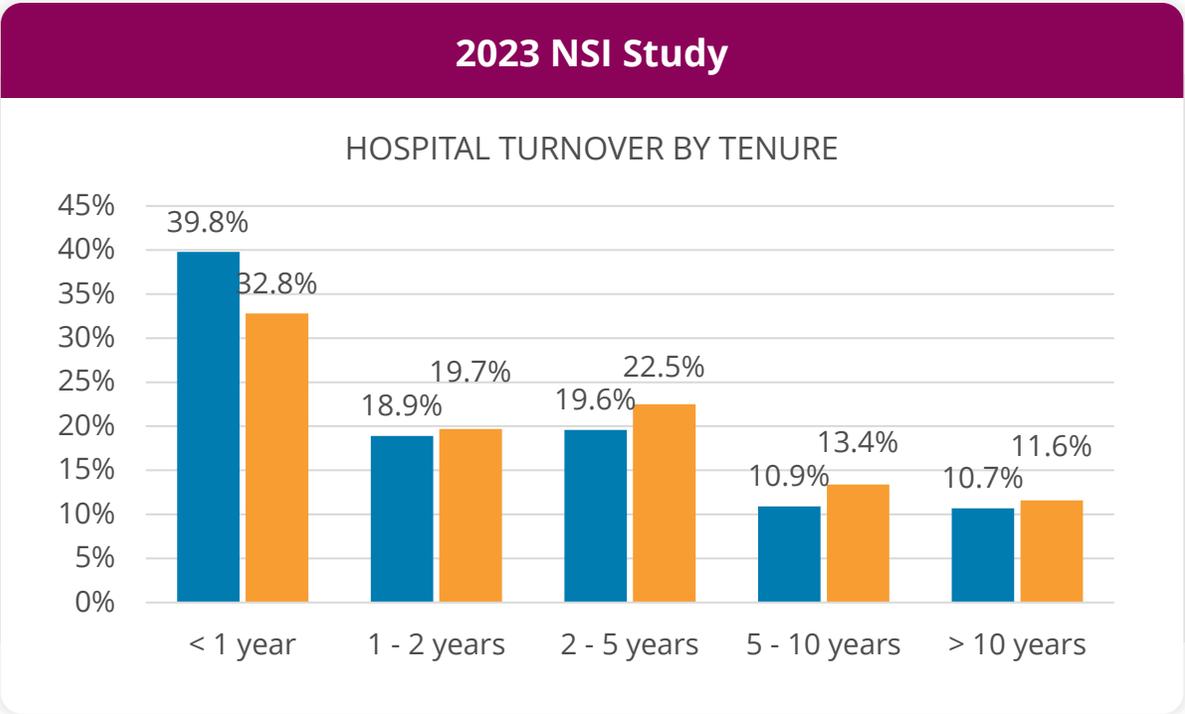
Hospital turnover rates nationally have continued to decline from CY21 peaks for hospital RNs and employees



All employee turnover rate is down ~ -8% points, while RNs rate is down ~ -11% points since CY21 peak

Source: 1. “2025 NSI National Health Care Retention & RN Staffing Report” Published by: NSI Nursing Solutions, Inc. www.nsinursingsolutions.com. In January 2025, 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.

Employees with <1 year of employment with a hospital have declining turnover, but seeing an increase in turnover rates among 1-2 yrs tenure



■ All Employees (%) ■ RN's Only

Source: 1. "2023/2025 NSI National Health Care Retention & RN Staffing Report" Published by: NSI Nursing Solutions, Inc. www.nsinursingsolutions.com. January 2025, 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.



Highest hospital turnover exists among facilities in the central region of the U.S.

Region	Hospital Turnover	Full/Part Time Turnover
North-East - (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	17.8% (-2.6%)	15.4% (-1.8%)
North-Central - (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, & WI)	19.4% (+0.4%)	15.9% (-0.6%)
South-East - (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	17.9% (-4.3%)	15.0% (-3.8%)
South-Central - (AR, LA, OK, & TX)	20.0% (-0.2%)	16.6% (-0.6%)
West - (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA & WY)	17.1% (-3.0%)	13.9% (-2.9%)
NATIONAL AVERAGE	18.3% (-2.4%)	15.4% (-1.8%)

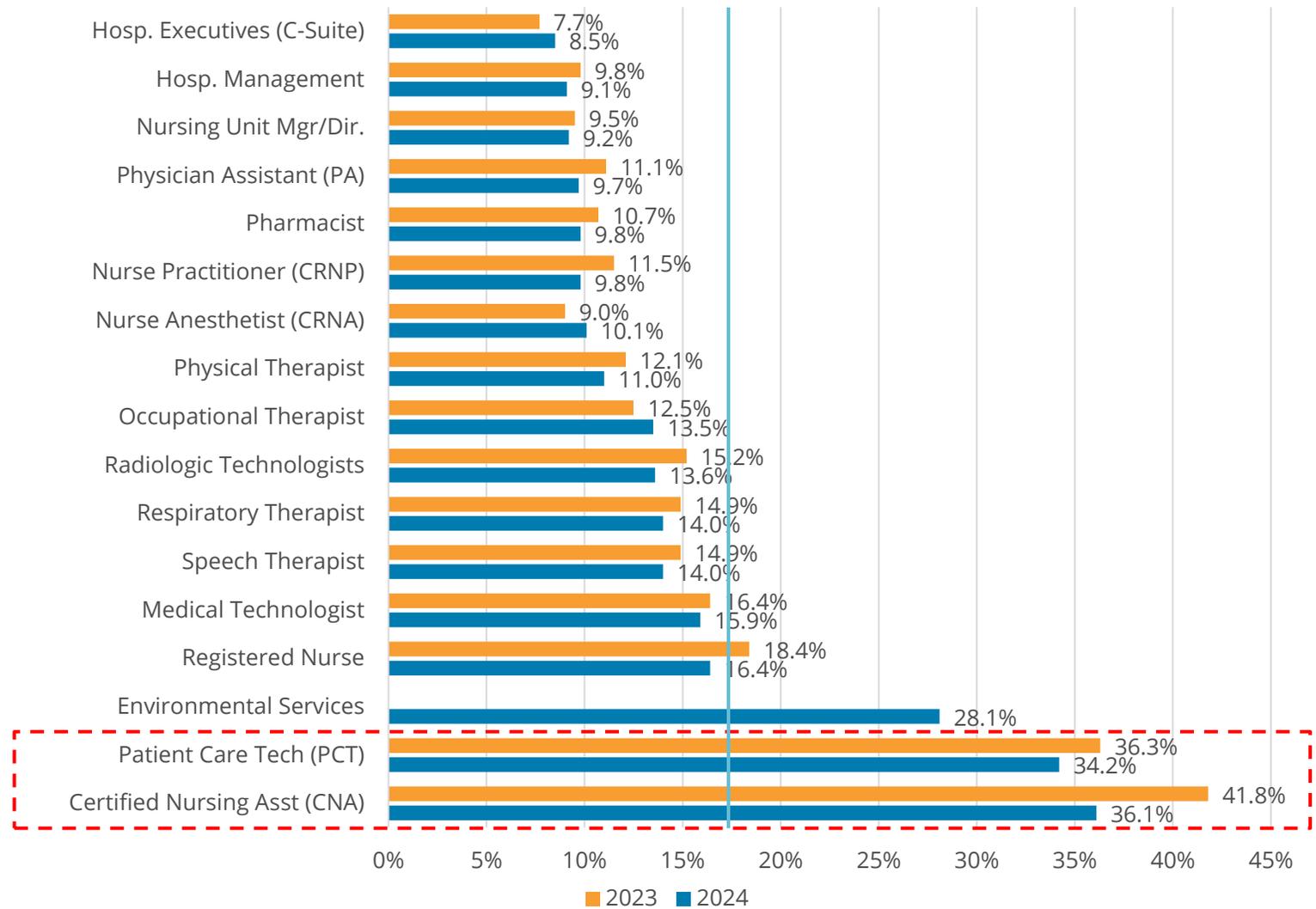
Source: 1. "2025 NSI National Health Care Retention & RN Staffing Report" Published by: NSI Nursing Solutions, Inc. www.nsinursingsolutions.com. January 2025, NSI Nursing Solutions, Inc. invited over 3,000 hospitals across the country to participate in the nation's most comprehensive survey on healthcare turnover, retention initiatives, vacancy rates, recruitment metrics and staffing strategies.



Hospital turnover rates for CNAs and Patient Care Technicians has declined somewhat from 2023, but remains very high relative to other positions

Source: 1. "2025 NSI National Health Care Retention & RN Staffing Report" Published by: NSI Nursing Solutions, Inc. www.nsinursingsolutions.com. In January 2025, 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.

Hospital Turnover By Position

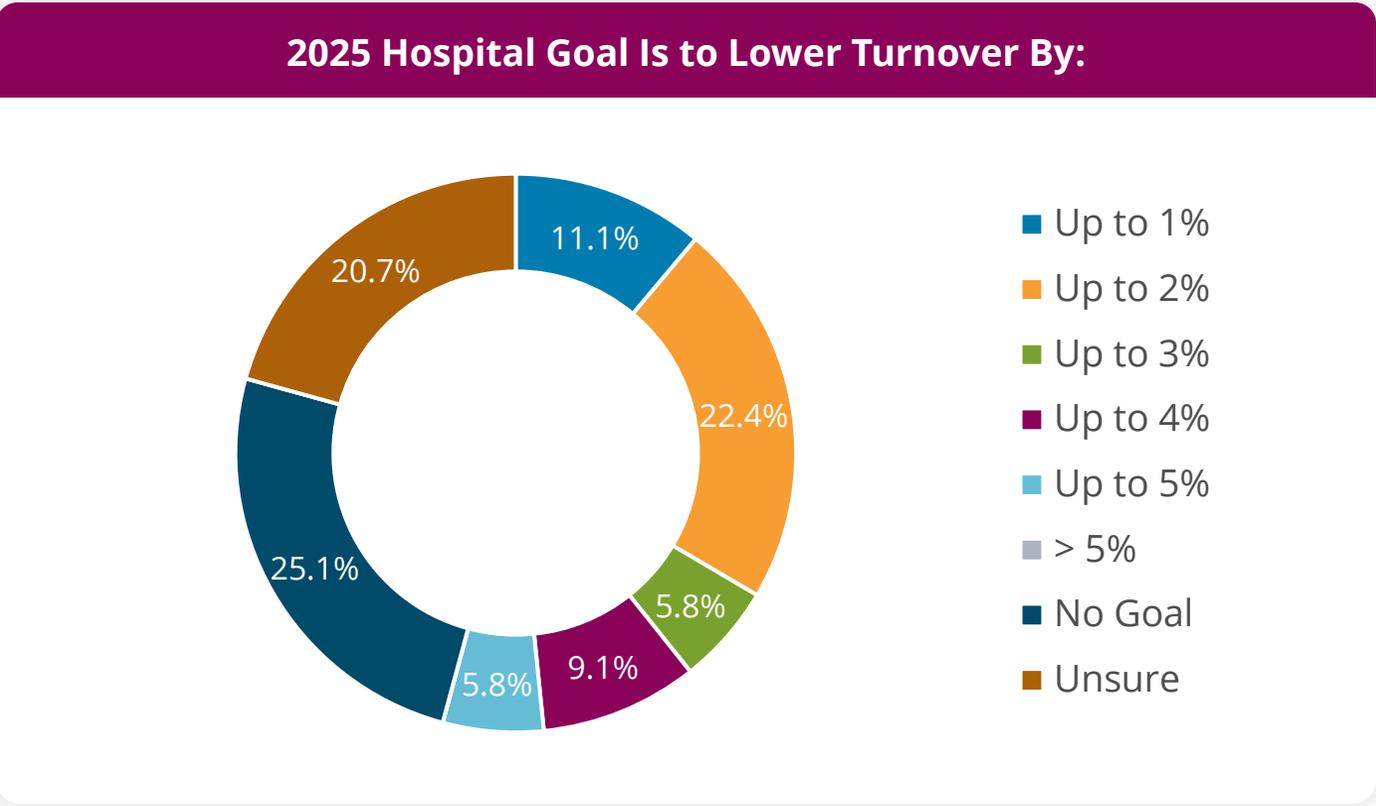


For 2025, hospitals are looking to lower turnover by 2.6% on average and ~ a quarter have no goal



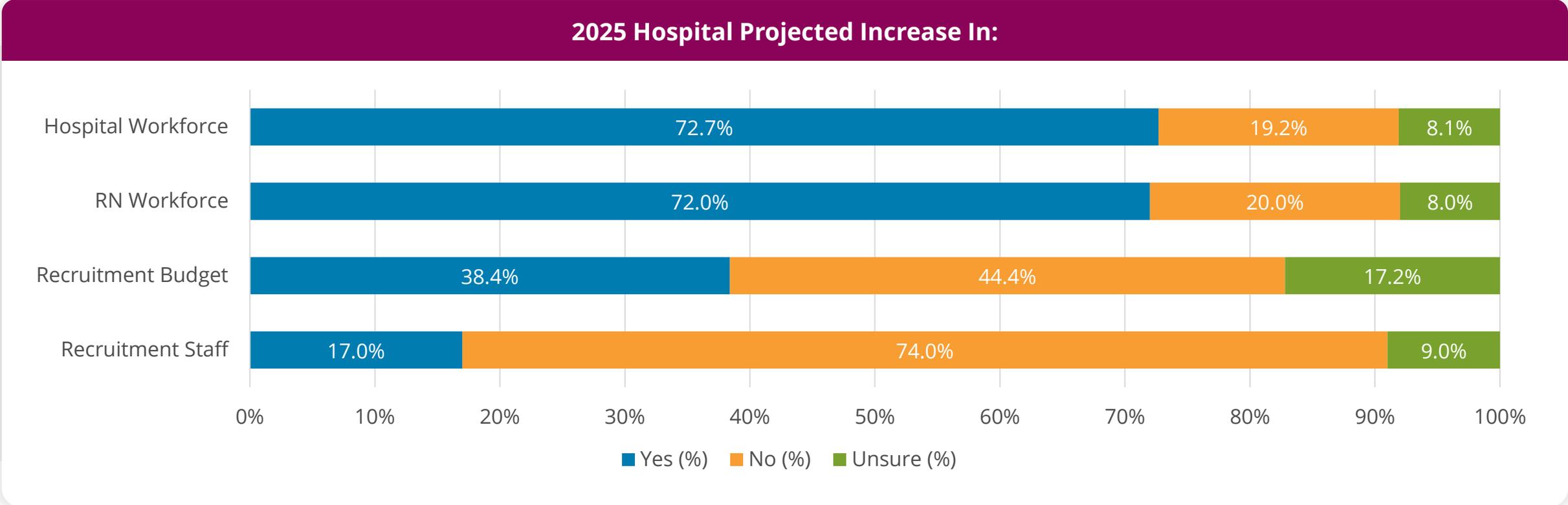
Establishing a measurable goal needs to be a core component of any retention strategy.

~ 25%
of hospitals have not established a measurable goal.



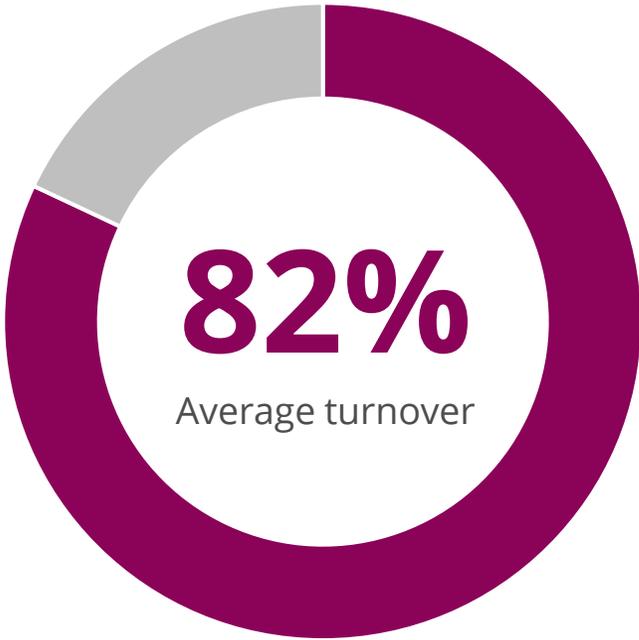
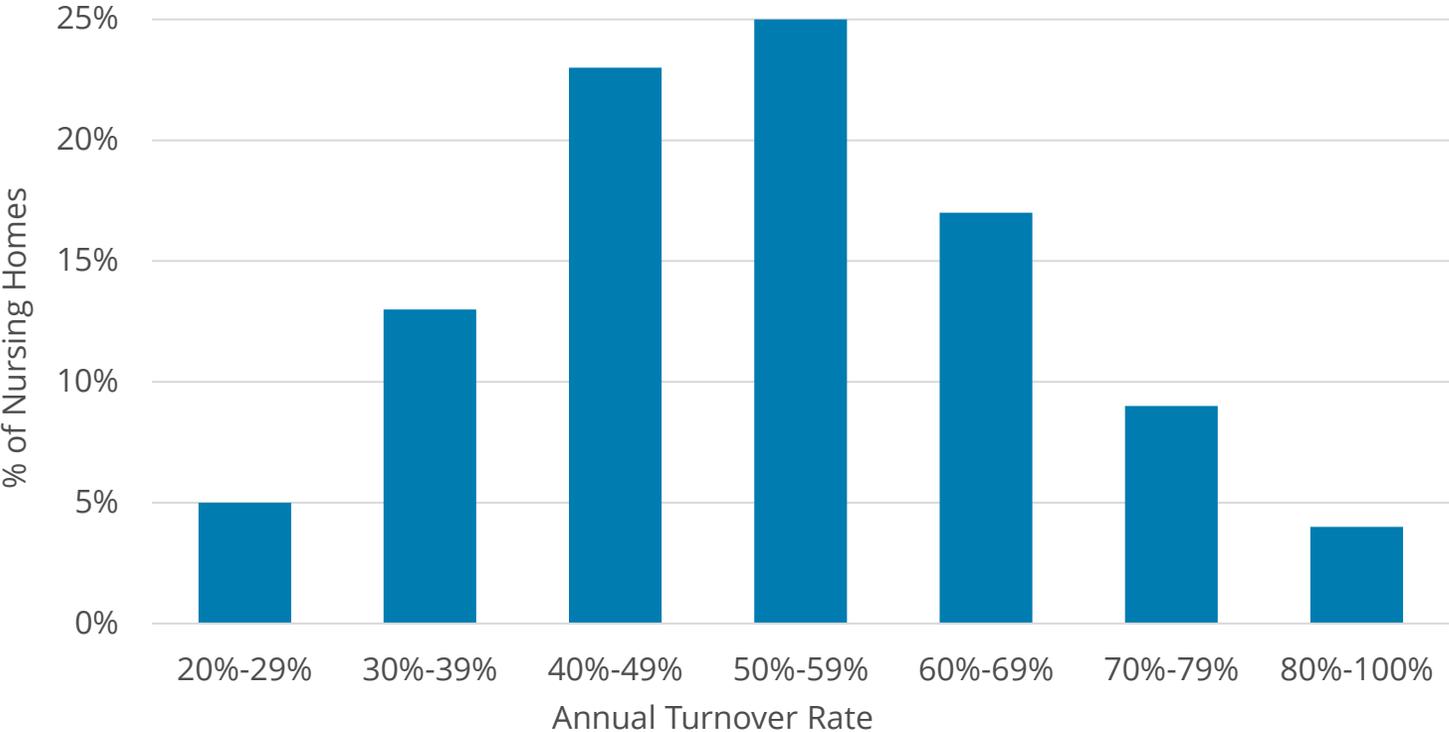
Source: 1. "2025 NSI National Health Care Retention & RN Staffing Report" Published by: NSI Nursing Solutions, Inc. www.nsinursingsolutions.com. In January 2025, NSI Nursing Solutions, Inc. invited acute care hospitals from across the country to participate in the nation's most comprehensive survey on healthcare turnover, retention initiatives, vacancy rates, recruitment metrics and staffing strategies.

While hospitals expect to grow their workforce, only 38% anticipate increasing recruitment spend and only 17% plan to increase their recruitment staff



Source: 1. "2025 NSI National Health Care Retention & RN Staffing Report" Published by: NSI Nursing Solutions, Inc. www.nsinursingsolutions.com. In January 2025, 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.

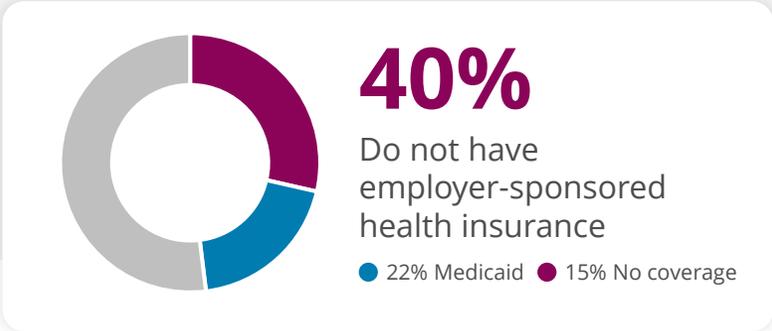
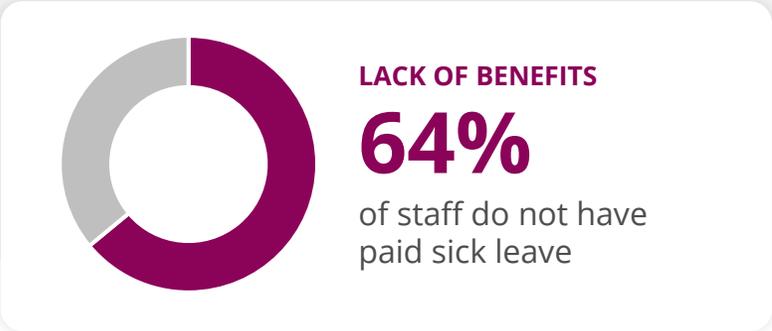
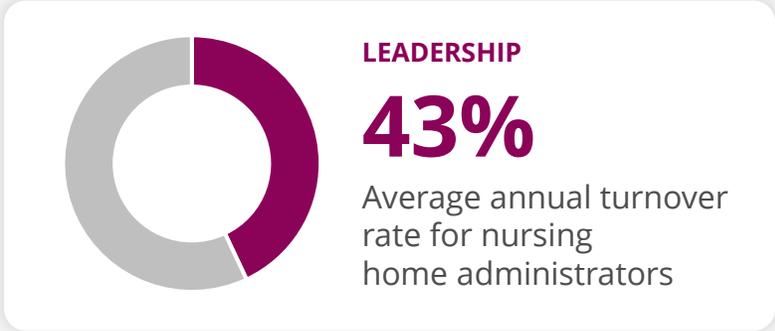
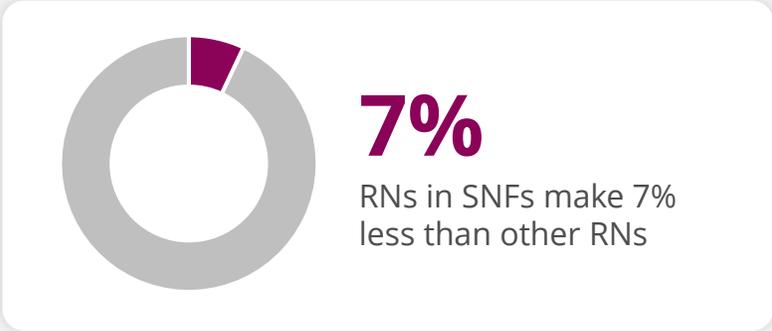
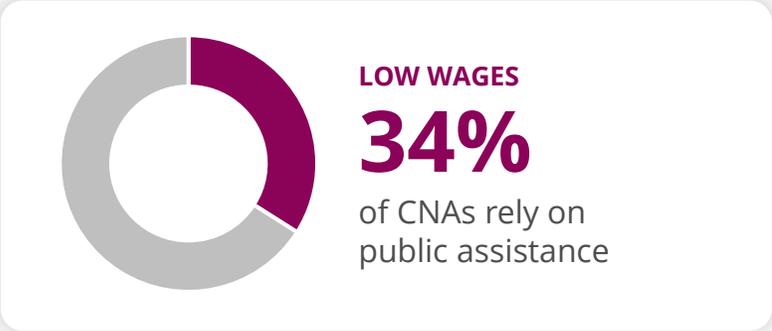
Over half of skilled nursing facilities replace 50% or more of their staff each year



Source: 1. "Skilled Nursing Workforce Report 2025" MissionCare Collective

Lack of paid sick leave followed by low wages are common causes of turnover in skilled nursing facilities

Turnover Causes⁹



Source: 1. "Skilled Nursing Workforce Report 2025" MissionCare Collective

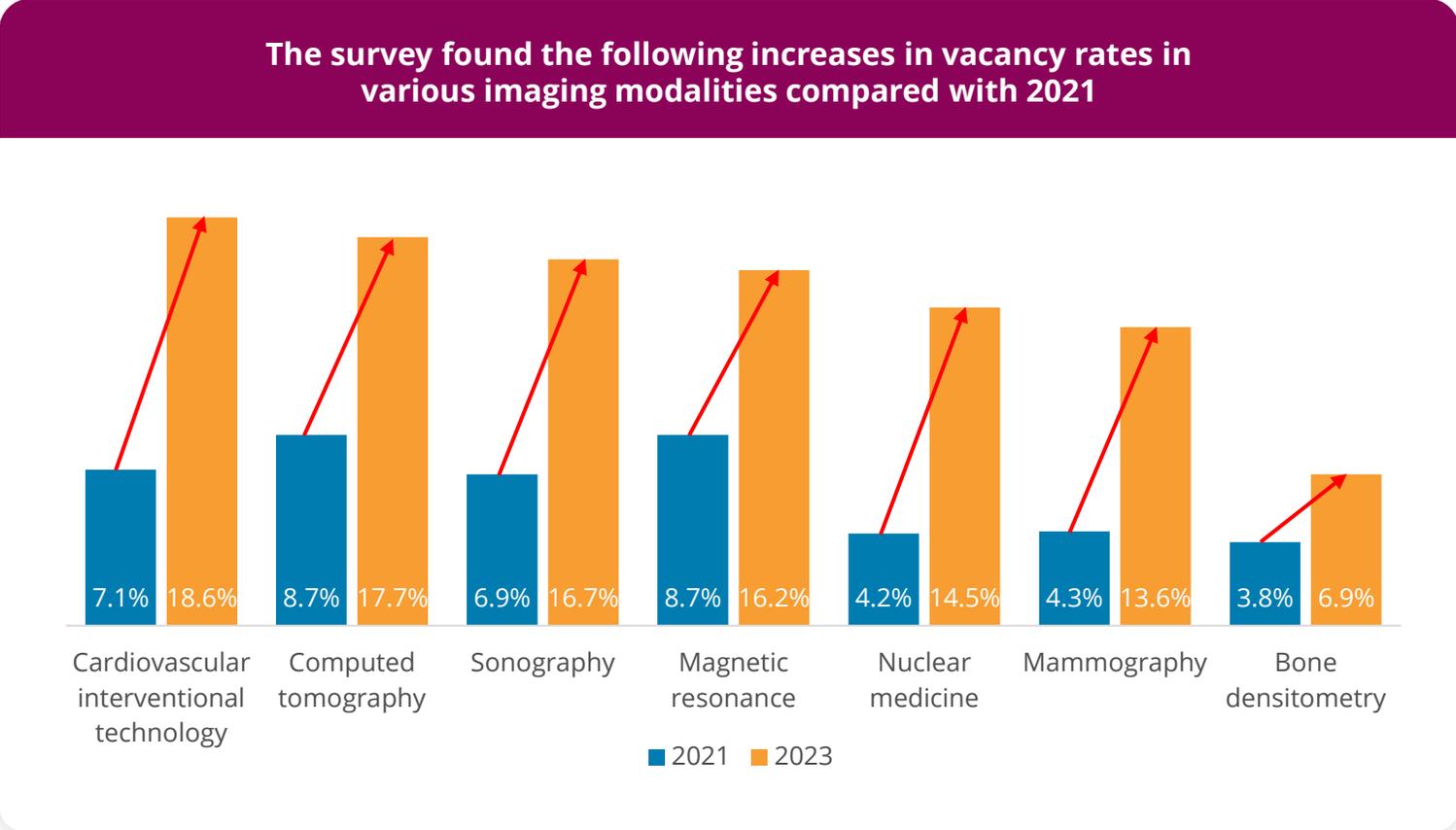
Allied Health imaging tech vacancy rates across all modalities have increased significantly since 2021



More Allied Radiology Professionals Needed

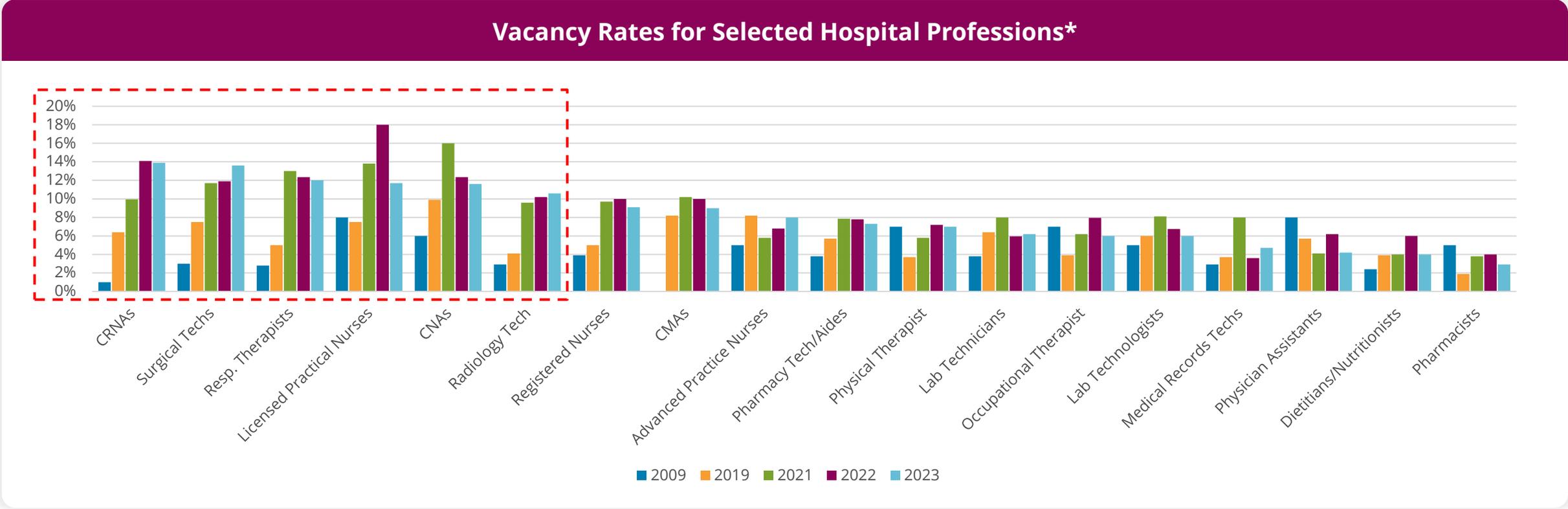
Among allied professionals, radiology professionals in various modalities are in particularly high demand, with many positions going unfilled.

The American Society of Radiologic Technologists (ASRT) *Radiologic Science Staffing and Workplace Survey* showed a 2023 imaging technology vacancy rate of 18.1%, as reported by radiology department heads nationwide. This is up from 6.2% in 2021 and is an all-time high since the survey was first conducted in 2001.



Source: 1. "AMN Allied Healthcare Professional Revenue and ROI Report 2024."

Surg techs, respiratory therapists, LPNs, CNAs and imaging tech vacancy rates are over 10% in Wisconsin and were in the prior year as well



*Source: WHA Information Center annual personnel surveys
 Source: 1. "2025 Wisconsin Health Care Workforce Report".

Nursing assistants, phlebotomists and medical assistants all have above 20% turnover in Kansas in 2024

Health Care Vacancy and Turnover Rates (2024)

As displayed in the chart below, Kansas hospitals continued to experience areas of workforce shortages in 2024, although certain roles saw improvements. For a look at the top vacancies and turnover by region, see pages 8-9.

Job Title Collected 2025 Kansas Hospitals*	Number of Working FTEs	Number of FTE Vacancies	Vacancy Rate (FTE)	Working Number of Employees	Number of Vacant Positions	Employee Vacancy Rate	Total Employee Separations	Employee Turnover Rate
All Surveyed Hospital-Based Positions	28,053	3,757	11.8%	35,124	4,450	11.2%	6,369	15.1%
Nursing & Medical								
Nursing Assistants	2,455	471	16.1%	3,749	588	13.6%	1,242	29.9%
Licensed Practical Nurse (LPN)	567	91	13.8%	713	101	12.4%	180	18.8%
Advanced Practice Registered Nurse (APRN)	517	37	6.6%	660	43	6.1%	45	4.8%
Staff Registered Nurse (RN)	7,915	1,472	15.7%	10,717	1,725	13.9%	1,582	14.1%
Physician Assistant	183	16	8.2%	221	22	9.1%	12	2.8%
Employed Physicians	2,324	219	8.6%	2,663	230	8.0%	157	5.4%
Diagnostic Imaging								
CT Technologist	214	32	13.1%	277	41	13.0%	31	6.9%
Magnetic Resonance Imaging Technologist	130	34	20.6%	154	45	22.6%	11	3.2%
Mammography Technologist	95	10	9.4%	118	17	12.6%	13	4.3%
Nuclear Medicine Technologist	99	6	5.6%	106	12	10.2%	6	2.0%
Radiology Technologist - Certified	554	96	14.8%	680	113	14.2%	93	11.1%
Sonographer/Ultrasound Technologist (RDMS)	320	40	11.0%	423	57	11.9%	27	4.5%
Laboratory								
Medical Laboratory Technician (MLT)	219	23	9.7%	256	29	10.2%	50	11.4%
Medical Technologist/Laboratory Scientist	488	44	8.2%	553	54	8.9%	77	10.3%
Phlebotomist	477	34	6.7%	614	49	7.4%	185	22.4%

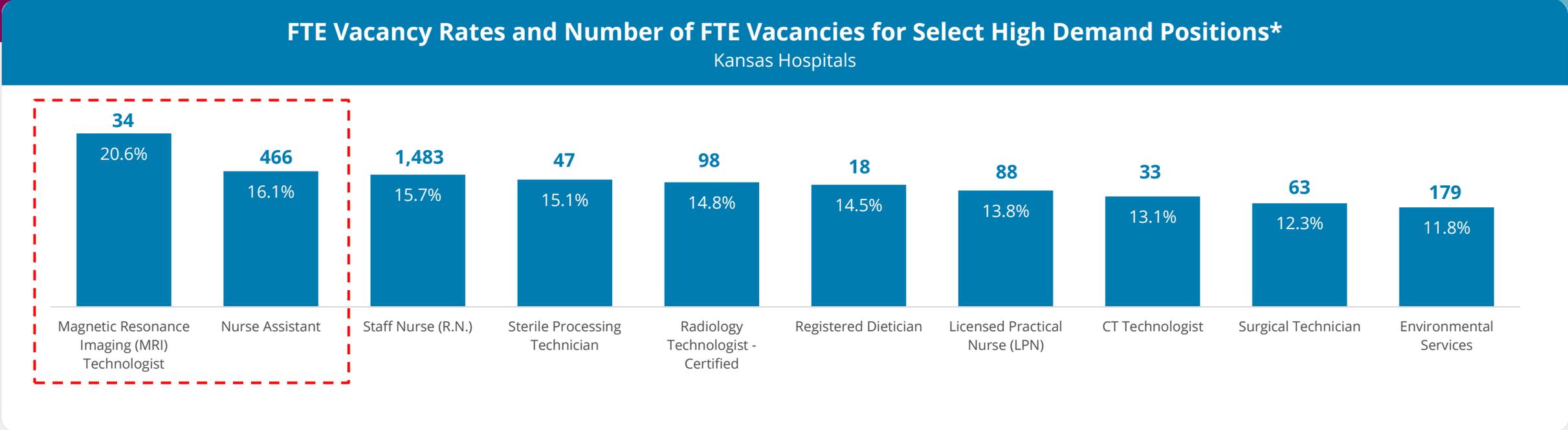
Job Title Collected 2025 Kansas Hospitals*	Number of Working FTEs	Number of FTE Vacancies	Vacancy Rate (FTE)	Working Number of Employees	Number of Vacant Positions	Employee Vacancy Rate	Total Employee Separations	Employee Turnover Rate
Therapy								
Occupational Therapist	225	15	6.7%	316	23	6.8%	31	6.3%
Occupational Therapy Assistant - Certified	49	4	7.5%	68	13	16.0%	10	4.0%
Physical Therapist	482	35	6.7%	606	44	6.8%	46	5.9%
Physical Therapy Assistant - Certified	231	24	9.2%	299	30	9.1%	24	4.9%
Respiratory Therapist	453	41	8.3%	579	54	8.5%	68	9.2%
Speech Pathologist	107	6	5.1%	147	13	8.1%	14	4.4%
Pharmacy								
Pharmacist Clinical/Staff	597	23	3.7%	669	31	4.4%	70	8.2%
Pharmacy Technician	502	39	7.2%	596	45	7.0%	113	14.1%
Surgery								
Surgical Technician	443	62	12.3%	534	72	11.9%	97	13.3%
Sterile Processing Technician	263	47	15.1%	280	53	15.9%	81	17.3%
Miscellaneous Hospital-Based Positions								
Medical Records Coder	510	21	4.0%	538	28	4.9%	61	8.4%
Environmental Services	1,320	177	11.8%	1,383	186	11.8%	603	36.9%
Registered Dietician	107	18	14.5%	127	24	15.9%	26	8.4%
Food Service Worker/Dietary Aide	1,252	129	9.3%	1,442	147	9.2%	574	34.4%
Clinic and Physician Practice								
Staff Registered Nurse (RN) - Clinic	1,958	169	7.9%	2,320	192	7.6%	284	11.8%
Licensed Practical Nurse (LPN) - Clinic	732	65	8.2%	816	81	9.0%	125	11.5%
Advanced Practice Registered Nurse - Clinic	992	87	8.1%	1,116	104	8.5%	82	7.0%
Medical Assistant - Clinic	1,272	172	11.9%	1,386	186	11.8%	354	20.9%
Physician Assistant - Clinic	174	12	6.2%	185	23	11.1%	19	5.3%

Source: 1. 2025 Kansas Hospital Association Workforce Report data collected January 2025.

MRI techs and nursing assistants have the highest rates for allied health roles among Kansas hospitals in 2024

Top Health Care Vacancy Rates (2024)

The top ten job titles with the highest vacancy rate in 2024 are depicted below and are in high demand across Kansas. These positions demonstrate the highest full-time employment vacancy rates.



*Source: Kansas Hospital Association Annual Workforce Survey, collected January 2025.
 Source: 1. 2025 Kansas Hospital Association Workforce Report data collected January 2025.

ready
to work 



Retention & Recruitment Strategies



Recruitment: Allied Health recruitment model reduced staff attrition rates through behaviorally grounded recruitment approach

- Recruiting clinicians that align with a healthcare organization's culture, values and strategy is critical
- A new model was developed by the Royal Melbourne Hospital to ensure recruits align with these by focusing on their behaviors and attitudes versus a more traditional recruitment process focused on competencies
- At the end of the implementation period, staff turnover had decreased from 19% to 14%

Source: 1. "Right fit, right job, right time": case study of a new model for allied health recruitment in public health settings". Australian Health Review, 2020, , 52-55.

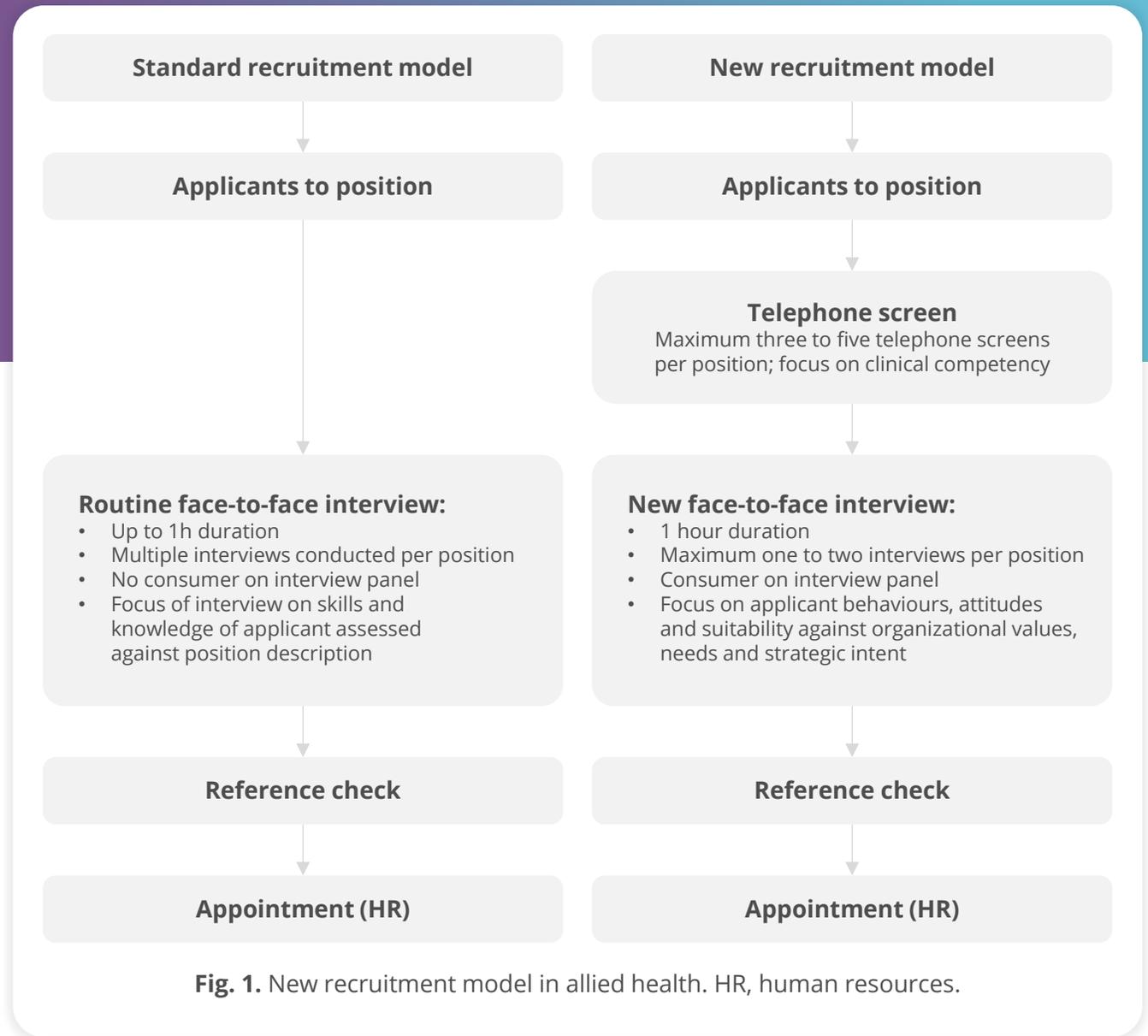


Fig. 1. New recruitment model in allied health. HR, human resources.



A recent meta-analysis of allied health roles indicates three major themes that need to be addressed to reduce attrition

System Centric

- **Remuneration** (Keane et al., 2012; Mak et al., 2013; Reid & Dixon, 2018)
- **Staffing issues** (Beeler et al., 2022; Eden et al., 2010; Rugg, 1999)
- **Clinical practice** (Eden et al., 2010; Mak et al., 2013)
- **Patient care** (Eden et al., 2010; Keane et al., 2012; Mak et al., 2013; Rugg, 1999)
- **Workload** (Eden et al., 2010; Mak et al., 2013; Nightingale et al., 2009; Paynter et al., 2023; Reid & Dixon, 2018)



Fig. 2. Major themes from qualitative data.

Person Centric

- **Recognition** (Nightingale et al., 2023; Rugg, 1999)
- **Need for change** (Forbes et al., 2023; Mak et al., 2013; Rugg, 1999)
- **Burnout** (Eden et al., 2010; McLaughlin et al., 2008; Nightingale et al., 2023)

Profession Centric

- **Career pathway** (Adams et al., 2008; Eden et al., 2010; Mak et al., 2013; McLaughlin et al., 2008; Nightingale et al., 2023)
- **Job satisfaction** (McLaughlin et al., 2008; Nightingale et al., 2023)
- **Support and professional development** (Keane et al., 2012; Rugg, 1999; Wickware, 2022)



Texas indicates:

- 1) Expanding pipeline
- 2) Modernizing the pipeline, and
- 3) State involvement in funding/training are critical to improving workforce issues

Source: 1. Texas Healthcare Workforce Task Force Final Report | October 2024.

Collaborating Across Agencies to Build a Healthcare Workforce Pipeline

- 1 Coordinate state healthcare workforce planning more effectively by creating the Statewide Health Professions Workforce Coordinating Council (HPWCC).

Expanding the Pipeline

- 2 Expand the number of pharmacy technicians in Texas.
- 3 Create a start-up fund for sponsors of apprenticeship programs.
- 4 Improve the alignment of curriculum for credentials between high school and post-secondary programs.
- 5 Study the feasibility of creating partnerships for sharing practice lab resources across educational institutions.
- 6 Expand the availability of uniform, high quality instructional materials for health professions related courses and CTE programs.
- 7 Study the feasibility of community colleges to expand four-year degree programs for health professionals in specific circumstances.

Modernizing the Production Pipeline

- 8 Streamline the nursing school application process by including nursing school programs in the Texas Medical & Dental Schools Application Services.
- 9 Create a Gold Ribbon Panel on the Future of Nursing.
- 10 Revisit Health and Safety Code Chapter 257 to ensure effective compliance and enforcement of the nursing staffing statute.
- 11 Improve the alignment of the nursing profession career pathway.
- 12 Create a clear career pathway that facilitates the transition of certain allied health professionals into the nursing profession.

Exploring Options in Medicaid

- 13 Investigate the feasibility of establishing a workforce development initiative in Texas Medicaid.

Bolstering the Faculty and Preceptors

- 14 Enhance state support for creating local and regional collaborations.
- 15 Study the feasibility of implementing a statewide system for coordinating clinical training placements.
- 16 Create a program evaluation unit to research and identify effective innovations in education and training of healthcare professionals.
- 17 Consider making investments in the unfunded Senate Bill 25 (88R) programs.
- 18 Continue investment in scholarship and loan repayment programs.



Wisconsin workforce recommendations highlight: 1) creation/expansion of pathways, 2) removing barriers to entry/retention and 3) technology use

Policymakers, educators, employers and health care professionals should act to:



Create, expand and support educational and occupational pathways

- Provide interested individuals with health care career exposure, experience and support.
- Actively debate the pros and cons of adding time, requirements and costs to educational pathways.
- Create expanded faculty roles for experienced nurses to increase capacity at nursing schools.
- Sustain funding to "Grow Our Own" Wisconsin physicians, advanced practice clinicians and allied health professionals.



Break down barriers to entering and remaining in Wisconsin's health care workforce

- Make reimbursement models and regulation more flexible to support unique patient and family needs within the bounds of available community resources and systems of care.
- Update state law to support patient and family decision-making as they seek post-acute care to relieve bottlenecks in the continuum of care.
- Set reasonable requirements and ensure the added benefit outweighs the additional work required, or the barriers to access created, before creating new regulations or requirements.



Support the use of technology for the benefit of patients and the health care workforce

- Recognize the potential of new models of care aided by technology, such as telehealth monitoring, recovery care at home and hospital at home through updated reimbursement and regulation.
- Identify opportunities to optimize the use of technology, simulation and artificial intelligence to enhance educational pathways, care for patients and work for clinicians with needed guardrails, but not unnecessary barriers.

Source: 1. Wisconsin Health Care Workforce Report 2025.

Policy: Workforce Innovation and Opportunity Act (WIOA) grants Governors significant authority to shape their state workforce systems

Key Findings

Source: 1.
<https://www.pw.hks.harvard.edu/post/governors-reshaping-workforce-development>.

1

States are shifting organizational structures to improve workforce governance.

Over half of advisors reported that governance structures have a significant impact on how they address workforce challenges and administer public funds. To elevate workforce development as a policy priority, some Governors have designated advisors or created offices within their Executive Office to serve as central workforce policy coordinators. States are also merging or realigning state agencies to better collaborate across silos, streamline responsibilities, and improve accountability.

2

States are adopting stakeholder-driven approaches to WIOA planning.

Some states are integrating the WIOA planning process into broader economic development planning, elevating stakeholder engagement to a core strategy. Other states continue to view WIOA planning as a compliance exercise that is more burdensome than it is valuable. While many states seek additional federal flexibility with WIOA planning, interviewees also shed light on opportunities to leverage the process to advance state goals by increasing community outreach.

3

States are investing in workforce services to attract and retain businesses.

More than 1 in 4 states mentioned investments in clean energy and semiconductor manufacturing, and 1 in 5 states discussed broadband infrastructure and healthcare as industries of focus. States are deploying similar strategies, such as providing incentives to businesses to hire individuals with barriers to employment, creating customized training programs and developing tailored business services to help them navigate the workforce system.

4

WIOA funding challenges are prompting states to seek alternative solutions.

Eligibility restrictions and unpredictable funding levels constitute key obstacles to reaching state workforce objectives. Some states are supplementing WIOA by braiding other funding sources, like federal education grants, state funds, or philanthropic dollars. Many rely on the Governor's Reserve Fund (GRF) just to administer programs, with more than half of states using it to backfill administrative costs. Meanwhile, 54% of states are using the GRF to seed innovative pilots.

5

States are expanding training programs and supportive services to engage new workers.

More than 80% of Governors' advisors mentioned initiatives to strengthen the youth workforce pipeline, including by engaging K-12 students in career and technical education pathways. Others are focusing on growing the workforce by reaching populations with barriers to employment, including justice-involved individuals and Indigenous populations. Wraparound services are becoming an increasing priority. More than 60% of advisors highlight childcare as a key focus, more than half emphasize career navigation, and a third mention transportation and housing.



Policy: A significant number of State of State addresses in 2025 have indicated workforce among top healthcare priorities

Common Threads

In all, 24 governors delivered a State of the Address between January 6, 2025, and January 16, 2025. Many gubernatorial leaders have similar areas of priority and concern, with some continuing multiyear initiatives to address unmet behavioral health needs and control healthcare costs. Table 1 identifies the themes emerging from the first group of addresses.

Governors are also considering possible policy changes under the new Trump Administration. For example, some governors reported that their state is looking to strengthen or add Medicaid work requirements to their programs, resuming initiatives that were initially pursued during the first Trump Administration. Though not directly related to healthcare, governors' decisions to mirror President Trump's Department of Government Efficiency, with Iowa as an example, could indirectly affect local programs and markets. Other states are considering the implications of possible changes to federal Medicaid funding. A deeper look into the priorities in Georgia, Iowa, New York, and Oregon follows.

Table 1: Governors' Address Topics by State

Topics by State	States
Health-Related Social Needs	NY, RI, OR
Healthcare Costs	CO, CT, KS, MA, NY, OR
Healthcare Workforce	IA, ID, KY, MA, NH, NV, NY, RI, SD, VT, WY
Maternal Health	AR, AZ, IA, NJ, NY, VA
Medicaid Expansion	KS
Medicaid Work Requirements	GA, IA, SD
Mental Health	CO, ID, KY, MT, NH, NY, OR, RI, VA, WA
Prescription Drug Pricing	CO, CT, NY
Provider Rates	CO (decrease), IA (increase), RI (increase), WY (increase)
Rural Health	ID, SD
Section 1115 Demonstration	GA, IA, NY, VA
Substance Use Disorder	CO, MT, ND, NH, NY, OR, RI

Source: 1. <https://www.healthmanagement.com/blog/a-closer-look-at-gubernatorial-healthcare-priorities-2025-state-of-the-state-address-overview/>.

A recent SIA article highlighted STEM exposure, technology workforce management tools and flexible scheduling as key workforce solutions

Stepping Up STEM

It's predicted that the US will need to fill 3.5 million jobs in 2025, but a significant portion of these jobs will go unfilled due to the skills gap.

Only twenty percent of high school graduates are prepared for college-level coursework in STEM. We are not inspiring the next generation to pursue careers in medical science and healthcare.

Exposure to STEM education – so students can see how biology, technology, engineering and medicine impact people and societies – should begin in grade school. Healthcare, not just life sciences and health informatics, should be recognized as a STEM profession. Educators must develop programs that connect students with professionals in medical settings, from clinical to research, to ignite their curiosity. Even as young children, students should witness how science can save and enrich lives. Improving human health is one of the most urgent and meaningful challenges of our time. We need young minds to feel a passion for healthcare and a desire to innovate health systems to meet that challenge.

Shifting Shifts and Speeding Up Hiring

The next step is to implement technology based on data-driven workforce management platforms.

AI-driven scheduling systems, automated administrative tools, and predictive analytics are streamlining processes to optimize staffing and anticipate shortages before they occur. For example, a physical therapist who completes a contract in one region can be offered another role in a nearby facility before finishing their assignment. This optimizes staffing and enhances the flow of patient care.

Regarding hiring, speeding up and automating aspects of the search process saves administrators valuable time. AI-powered matching and hiring can help hospitals source qualified candidates quickly, automatically matching clinicians to roles based on their credentials, availability, preferences and past performance. This eliminates hours of manual review and reduces time to fill critical positions.

Calling Out Flexibility

Where is it written that a shift must be twelve or thirteen hours?

It may be a facility policy or a labor union contract that requires employees to work these long hours, But consider what could happen if shifts were shorter. Shorter shifts benefit facilities and professionals. From higher fill rates from a more qualified pool of candidates to an improved work-life balance, facilities benefit from better employee retention, and employees stay in their roles.

Innovative technology can easily modernize healthcare staffing and make flexible, shorter shifts the norm. Every healthcare recruiter and hiring manager knows that care providers crave more flexibility and autonomy, including how, where, and how long they work. With technology that offers more shift options and shorter shifts to choose from, candidates are more likely to – and thrive in – jobs.

Source: 1. <https://www.staffingindustry.com/editorial/staffing-stream/transforming-the-future-of-the-us-healthcare-workforce-> “Transforming the future of the US healthcare workforce” April 29, 2025.



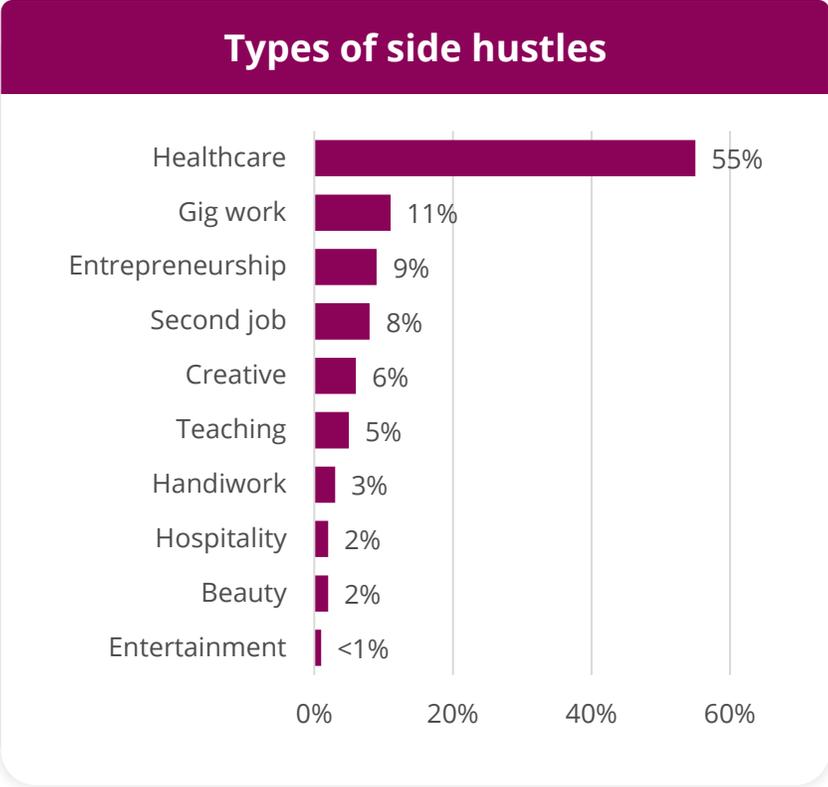
Over 35% of surveyed healthcare workers have extra jobs to sustain themselves, many of these jobs are in healthcare too



FINANCES

35%

Work part-time or have a side hustle, and over half have second jobs in healthcare.



- House Cleaning
- Bartending
- Doordash
- Selling on Etsy
- Pet Sitting
- Zip Line Operator
- Content Creation
- Hair
- Instacart
- Waitress
- Farming
- Custodian
- Travel advisor
- Writing
- Customer Service
- Uber
- Insurance
- Masonry
- Musician
- Construction
- Consulting
- Woodwork
- Tattooing
- Waitress
- Interior Design
- Real Estate
- Teaching
- Childcare

Source: 1. THE FUTURE OF HEALTHCARE WORK REPORT 2024 Vivian Health.



57% of surveyed healthcare employees are unable to get adequate caregiving services, leading to 45% taking a break in their careers

PARENTHOOD & CAREGIVING

57%

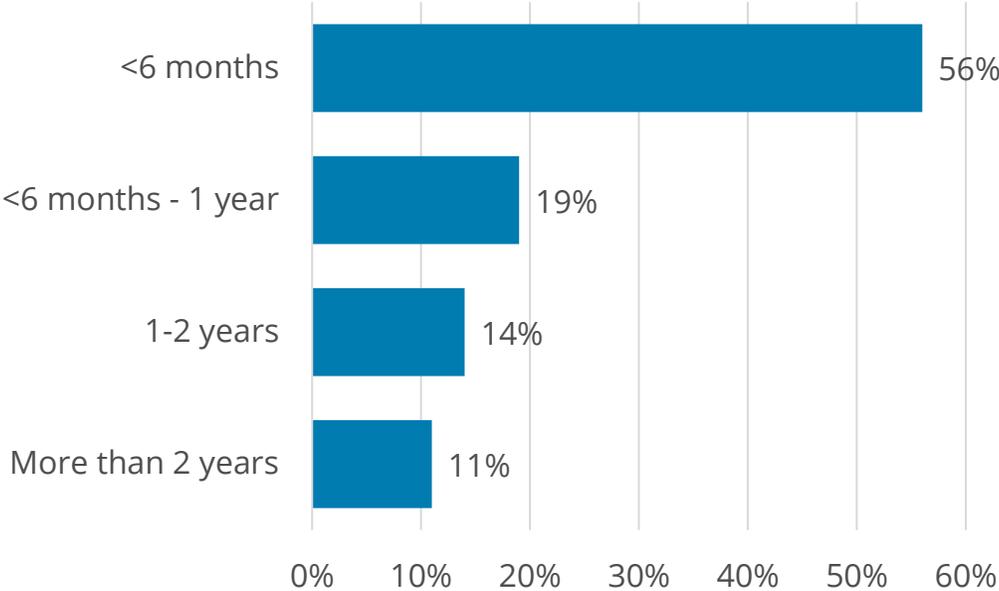
of caregivers are unable to get adequate child care or caregiving services.

45%

of caregivers took a break from their career to care for their family.

Only 45% of those who took a career break were able to return to their previous employer.

Length of career break



Source: 1. THE FUTURE OF HEALTHCARE WORK REPORT 2024 Vivian Health
The Vivian Healthcare Workforce report 2024.



UC Health's success with a new patient technology technician (PTT) role resulted in reducing nurse burden. Role has now expanded system-wide

The Challenge

The integration of technology into patient care is more prevalent than ever, as shown by **a recent NNU survey** revealing that 40% of nurses reported that their employers introduced new devices and changes to the electronic health record in the past year. When technology malfunctions, it is often nurses who are tasked with resolving any issues, a task that falls outside their primary role of providing direct patient care. Troubleshooting technology leads to considerable frustration, with nurses ranking in the top four healthcare occupations frustrated by technology — **46% reporting dissatisfaction, 11% higher than the average for all healthcare roles.**¹

At a time when healthcare staffing is already stretched thin, expecting nurses to take on IT work is unsustainable. Such demands further exacerbate nurse burnout and detract from quality patient care. When nurses are preoccupied with technical issues, their ability to attend to patients' immediate needs, monitor their conditions, and offer timely interventions is reduced, directly impacting their ability to maintain high standards of care.

Encouraged by these results, UC Health is now expanding the PPT role system-wide, targeting all med-surge units. As of June 2024, there were approximately 155 PTTs working across 123 departments, providing 24/7 coverage.

The organization

UCHealth is a nonprofit health system committed to enhancing patient care through innovation and a blend of academic and community medicine. With more than 34,000 staff members, UCHealth operates 14 hospitals throughout Colorado, southern Wyoming, and western Nebraska.

The approach

To reduce the technology burden that nurses were experiencing, UCHealth created the patient technology technician (PTT) role, which was designed to support RNs by reducing technological challenges.

The result

Nursing staff across pilot units reported a notable increase in job satisfaction as they spent less time navigating technological challenges. Additionally, the volume of telemetry calls that nursing staff field substantially decreased.



ready
to work



Turnover Costs



Most recent NSI study indicates that the cost of each RN turnover has increased to \$61k from \$52k in 2023

2023 NSI Quick Reference Guide

Hospital Turnover Statistics

Hospital Turnover Range	7.3% to 40.5%
Average Hospital Turnover*	22.7%
Average Hospital Turnover (Full and Part Time employees only)*	19.9%
Bedside/Staff RN Turnover Range	6.5% to 64.5%
Average Staff RN Turnover*	22.5%
Average Staff RN Turnover (Full and Part Time staff RNs only)*	18.2%
1 st Year Employee Turnover	31.4%
1 st Year RN Turnover	28.7%
Cost of Each RN Turnover**	\$52,358
Average Annual Cost of RN Turnover**	\$8.55m
Average Annual Cost/Savings per 1% Change in RN Turnover	\$380,599
Percent of Involuntary Turnover	5.3%
2023 Hospital Retention Goal (To lower turnover by...)	3.81%

2025 NSI Quick Reference Guide

Hospital Turnover Statistics

Hospital Turnover Range	8.1% to 32.8%
Average Hospital Turnover Rate*	18.3%
Average Hospital Turnover Rate (Full and Part Time employees only)*	15.4%
Staff RN Turnover Range	5.2% to 36.4%
Average Staff RN Turnover Rate*	16.4%
Average Staff RN Turnover Rate (Full and Part Time staff RNs only)*	13.5%
1 st Year Employee Turnover	29.9%
1 st Year RN Turnover	22.3%
Cost of Each RN Turnover**	\$61,110
Average Annual Cost of RN Turnover**	\$4.75m
Average Annual Cost/Savings per 1% Change in RN Turnover	\$289,029
Percent of Involuntary Turnover	6.0%
2025 Hospital Retention Goal (To lower turnover by...)	2.6%

Source: 1. "2023 & 2025 NSI National Health Care Retention & RN Staffing Report" Published by: NSI Nursing Solutions, Inc. www.nsinursingsolutions.com. January 2023, 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.

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

**Based on the average of the selected range.



Replacement costs become higher as an employee has more advanced skills and labor force supply is more scarce

Figure 4: Human Capital Replacement Costs*



Replacement Cost (X) in Annual Percent of Compensation

Direct Recruiting Costs

- Advertising
- Agency fees
- Referral fees
- Signing bonuses
- Travel expenses
- Testing/profiling costs

Productivity and Training

- Cost to fill in for lost employees
- Other employees time
- Training/orientation costs
- Seminars/conferences/e-learning
- Travel expenses
- Critical project involvement

Indirect Recruiting Costs

- Interviewing costs (time)
- Employee training (to interview)
- Travel expenses

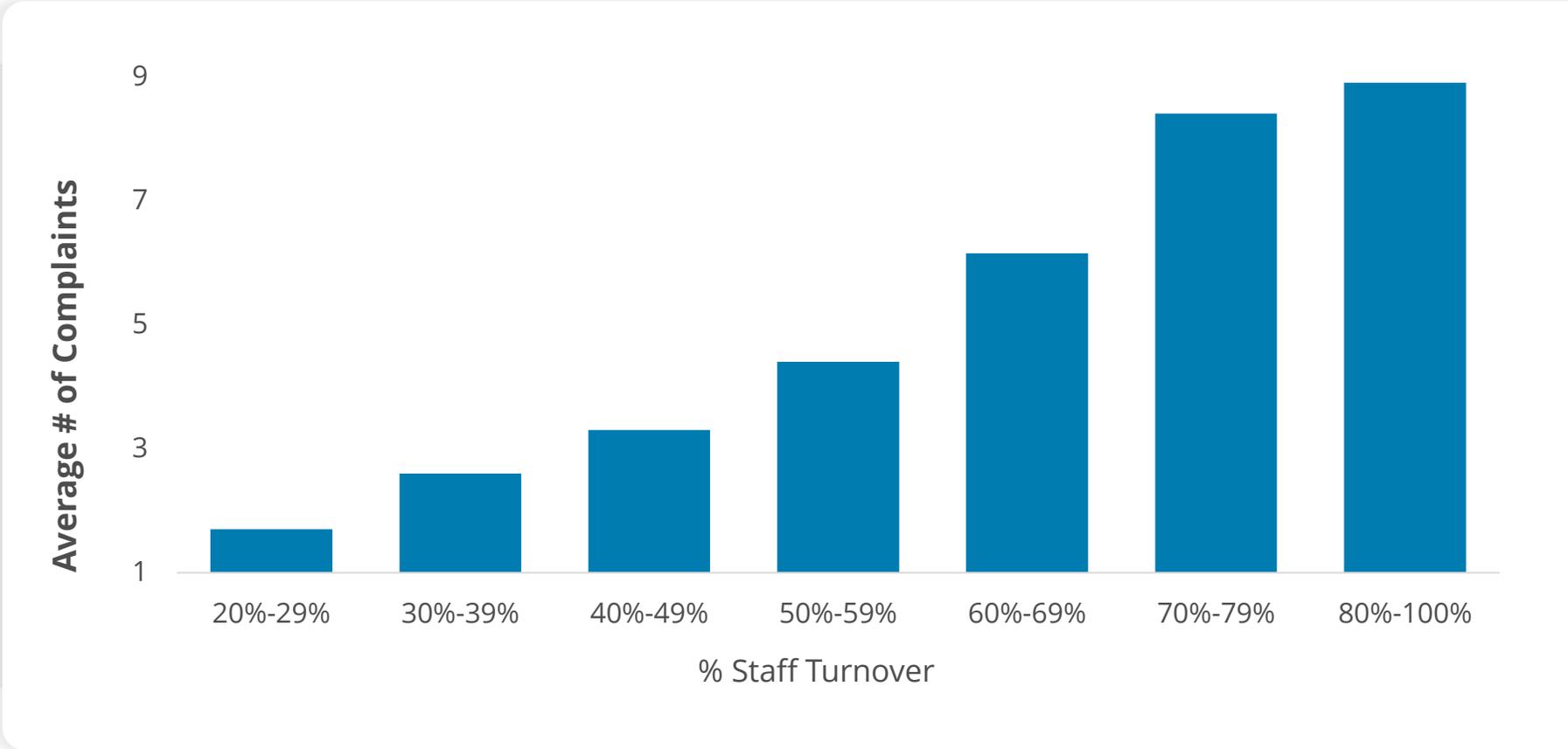
Termination Costs

- Exit interviewing costs (time)
- Severance pay
- Productivity losses

*Success Profiles, Inc., 2002.

Source: 1. "Employee retention: The real cost of losing an employee" <https://www.peoplekeep.com/blog/employee-retention-the-real-cost-of-losing-an-employee>

As nursing home staff turnover increases so do the average number of resident complaints

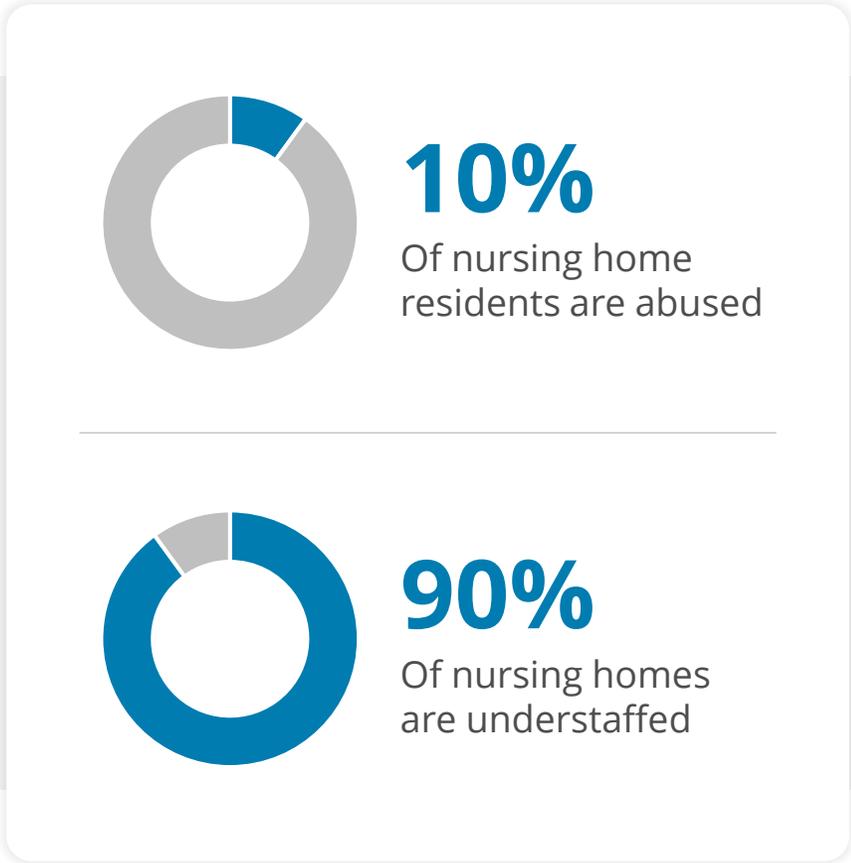
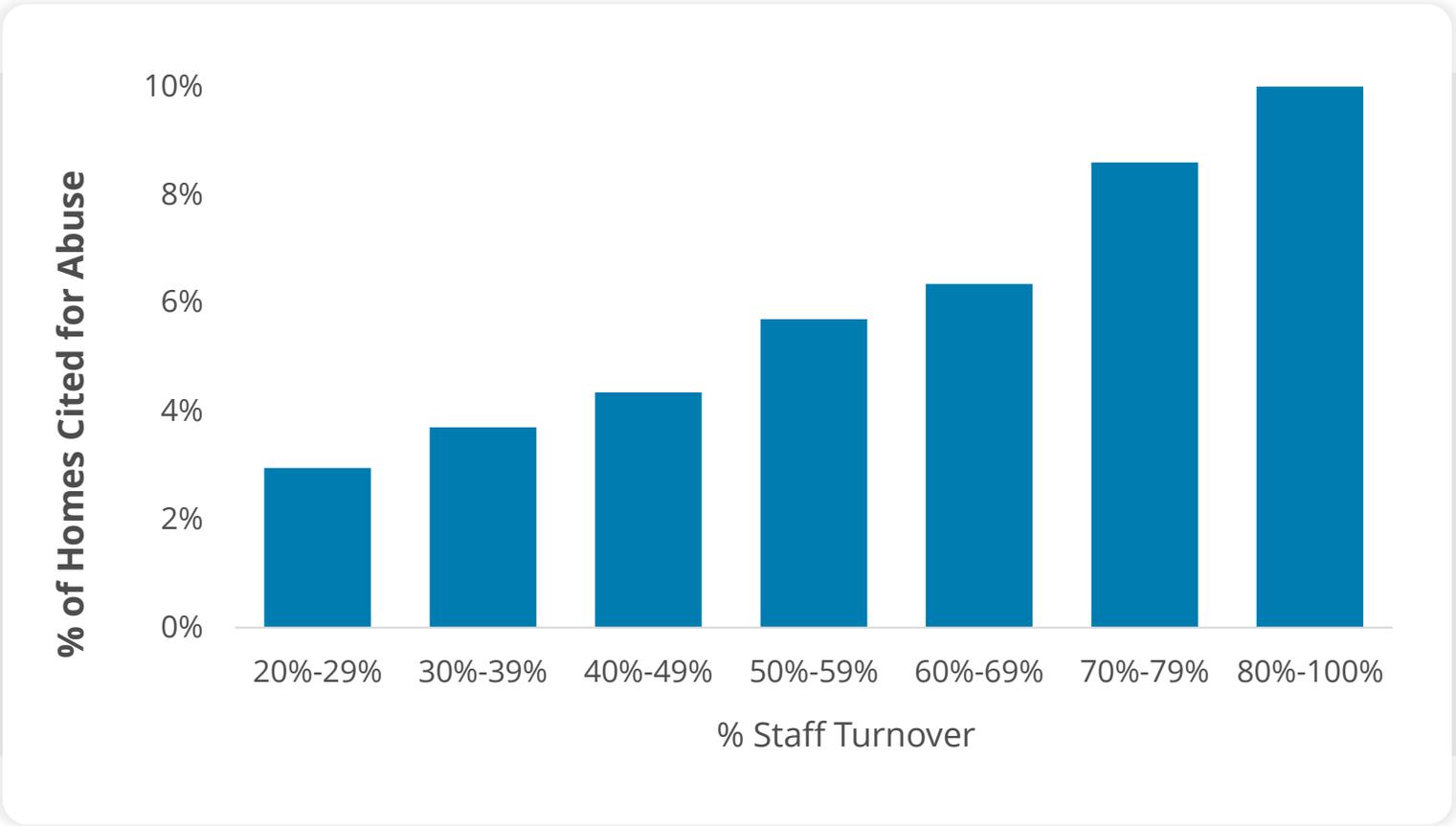


1.5X

Higher # of complaints as turnover increases between 30-69%

Source: 1. "Skilled Nursing Workforce Report 2025" MissionCare Collective.

As nursing home staff turnover increases so does the likelihood of citation for resident abuse



Source: 1. "Skilled Nursing Workforce Report 2025" MissionCare Collective.

Imaging, cardiology and oncology techs represent particularly high lost revenue per employee when a vacancy occurs

*Estimated Avg No. Cases x Estimated Avg Payment
Source: 1. "AMN Allied Healthcare Professional Revenue and ROI Report 2024."

Travel Allied Professional Specialty	Total Daily Labor Cost	Est. Daily Gross Revenue*	Daily Investment 1 %	ROI - % Gained after Labor Investment
CT (Computed Tomography)	\$870.00	\$2,678.80	32.5%	67.5%
Echo Cardiographer	\$825.00	\$2,950.24	28.0%	72.0%
Echo Cardiographer – Pediatric Specialty	\$750.00	\$1,032.00	72.7%	27.3%
General Radiology Technologist	\$735.00	\$3,240.00	22.7%	77.3%
Mammography Technologist	\$757.50	\$1,863.45	40.7%	59.3%
Occupational Therapist	\$600.00	\$1,500.00	40.0%	60.0%
Physical Therapist	\$600.00	\$1,500.00	40.0%	60.0%
Sonographer - General (OB, AB, BR, Small Parts)	\$825.00	\$885.33	93.2%	6.8%
Sonographer - High Risk OB	\$862.50	\$1,860.00	46.4%	53.6%
Sonographer - Multi-Modality/Vascular	\$825.00	\$6,312.00	13.1%	86.9%
Speech Language Pathologist	\$600.00	\$1,500.00	40.0%	60.0%
Vascular Interventional Technologist	\$937.50	\$2,660.00	35.2%	64.8%
Radiation Therapist	\$937.50	\$4,938.60	19.0%	81.0%
Cath Lab Technologist	\$975.00	\$12,369.00	7.9%	92.1%
MRI Technologist	\$802.50	\$2,692.08	29.8%	70.2%
Nuclear Medicine Technologist	\$772.50	\$5,872.86	13.2%	86.8%



Several components of turnover cost need to be considered

Recruitment

The direct costs of hiring a new employee, including advertising, interviewing, screening, and hiring

Onboarding

The cost of onboarding a new person, including training and management time

Lost productivity

It may take a new employee one to two years to reach the productivity of an existing person, resulting in indirect costs to your organization

Lost engagement and impact on employee morale

Other employees who see high turnover tend to disengage and lose productivity, affecting team morale

Customer service and errors

New employees take longer to complete their work and are often less adept at solving problems

Training

Over two to three years, a business likely invests 10% to 20% of an employee's salary or more in training

Lost knowledge

When highly-skilled or longtime employees leave, your organization loses some institutional knowledge, or the combined skill set and experience of your business

Cultural impact

Whenever someone leaves, others take time to ask why

Source: 1. "Employee retention: The real cost of losing an employee" <https://www.peoplekeep.com/blog/employee-retention-the-real-cost-of-losing-an-employee>.



Vacancy and productivity loss costs are by far the highest proportion of turnover costs; estimated at between 44% - 88% among nurses

The Economic Cost of Nurse Turnover

There are several ways in which frequent turnover can lead to increased operational costs for facilities. We'll review and summarize these cost below.

Costs of Vacancies

When a nurse leaves their position, facilities must spend excess money to **compensate for vacancies and understaffing**. This includes the costs of advertising the opening, hiring temporary staff, and paying existing staff for overtime. Facilities may even need to close beds and defer patients, which leads to diminishing returns.

Several studies have found that these factors combined can contribute to significant losses, accounting for anywhere between **44% to 83% of turnover costs**.

These costs also continue to rise the longer a position stays open.

Costs of Training

Each time a facility hires a new nurse, additional resources must be spent for onboarding and training. Research has suggested that training can account for roughly **7% to 9% of turnover costs**, as preceptors are often given temporary salary raises to orient new nurses.

Facilities that invest in new nurse residency programs are also estimated to incur an additional training cost of roughly **\$2,041 per resident**. Residency programs are often used as a strategy to **improve new nurse retention**. But if turnover remains high for other reasons, these programs can have a lower return on investment.

Costs of Productivity Loss

Studies have also shown that initial reductions in productivity can contribute to a large proportion of losses, accounting for roughly **45% to 88% of turnover costs**. This is because facilities are essentially paying two nurses to do the work of one during training periods—with some preceptorships lasting months at a time.

Additionally, there can be variations in skill level when facilities use a mix of temporary staff. This means that managers may need to spend more time overseeing care, which also contributes to reduced productivity at the leadership level.

Source: 1. <https://www.intelycare.com/facilities/resources/the-cost-of-nurse-turnover-a-breakdown/>.



Non-economic costs to turnover also need to be considered like teamwork quality, quality of care and employee morale

The Non-Economic Cost of Nurse Turnover

High turnover can also impact the overall workflow and culture at a facility. These non-economic costs are important to consider since they can, conversely, lead to more turnover and create a cyclical issue over time.

Poor Teamwork



High turnover means that the entire nursing team must frequently adapt to new personalities and workstyles. Studies have shown that this can **worsen communication and collaboration**, impacting the overall cohesiveness of the unit. This can also make it more difficult to retain new hires, since teams may come across as unsupportive.

Lower Quality of Care



When existing staff take on increased workloads to compensate for gaps in staffing, quality of care can go down. Some studies have even shown that high turnover **can significantly increase** the rate of medical errors, mortality, pressure ulcers, and length of stay.

Reduced Employee Morale



The fragmented communication and increased stress resulting from high turnover can also lower staff morale. This may contribute to burnout, which can cause **even more nurses to leave their jobs** if staff retention and job satisfaction aren't made a priority.

Source: 1. <https://www.intelycare.com/facilities/resources/the-cost-of-nurse-turnover-a-breakdown/>.

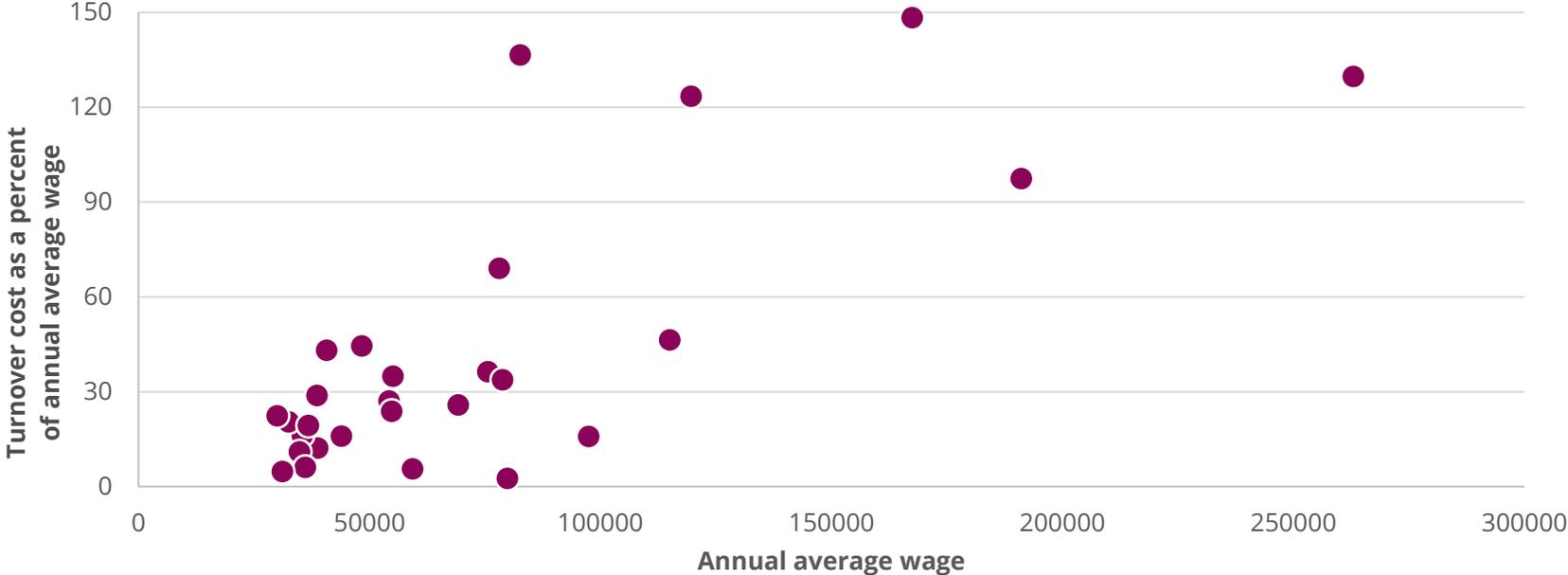


Across all jobs the cost of replacing an employee is estimated to be usually between 10%-40% of an employee's annual salary

The cost of replacing a worker varies across job types, but tends to represent 10 percent-40 percent of the positions' annual wage

U.S. turnover costs as a share of the average annual wage for that position and average annual wage, 2019 dollars, 2000-2020

Figure 2
On average, turnover costs represent 39.6 percent of a position's annual wage*



Health services roles averaged 32.7% of average wages for estimated turnover costs

Notes 1. Author's analysis of 31 case studies on the cost of worker turnover. 2. the healthcare services cost included at least 5 case studies.
Source: 1. "Improving U.S. labor standards and the quality of jobs to reduce the costs of employee turnover to U.S. companies" The Washington Center for Equitable Growth December 2020.

ready
to work

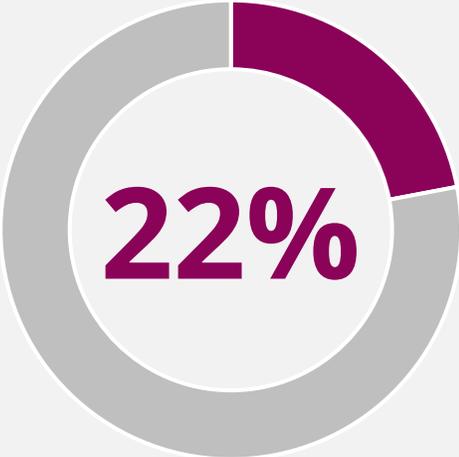


Labor Shortage Projections



Care continues to migrate outside the hospital that will require competing labor needs in these areas

Growth Outside Hospital Walls (Increases Projected Through 2034)



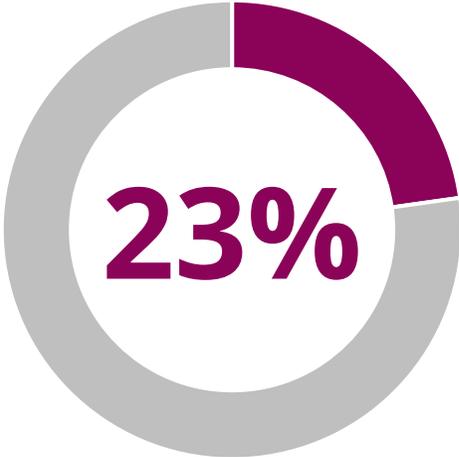
Home-based care



Outpatient services



Cardiovascular outpatient



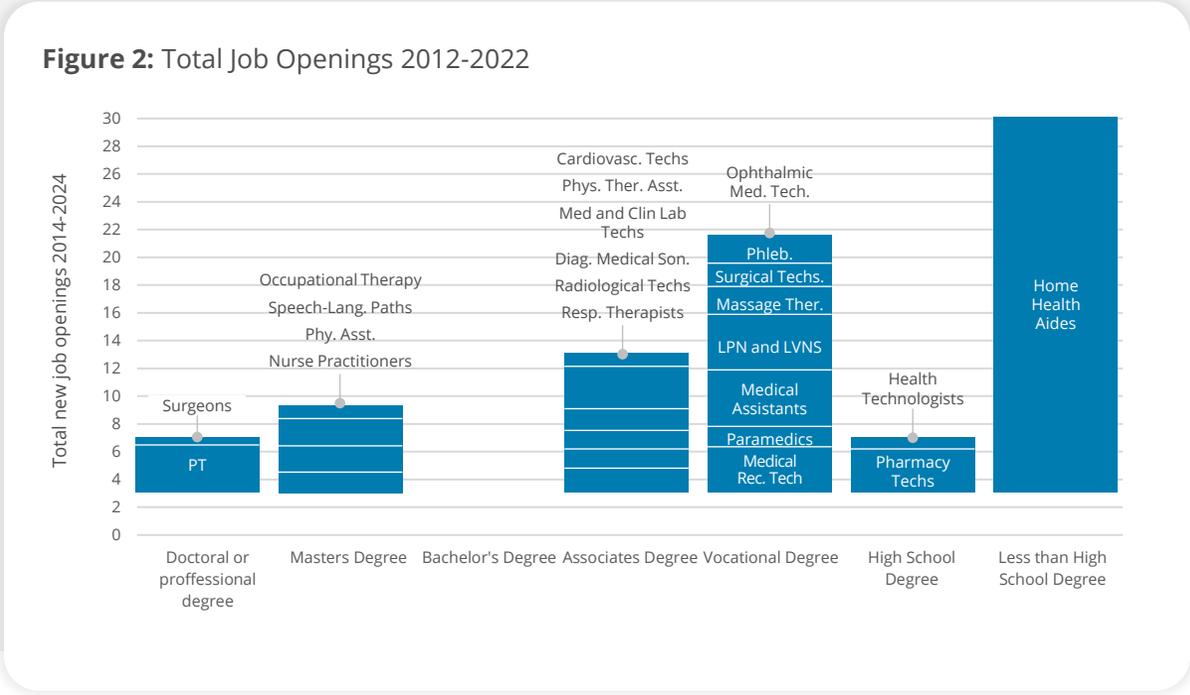
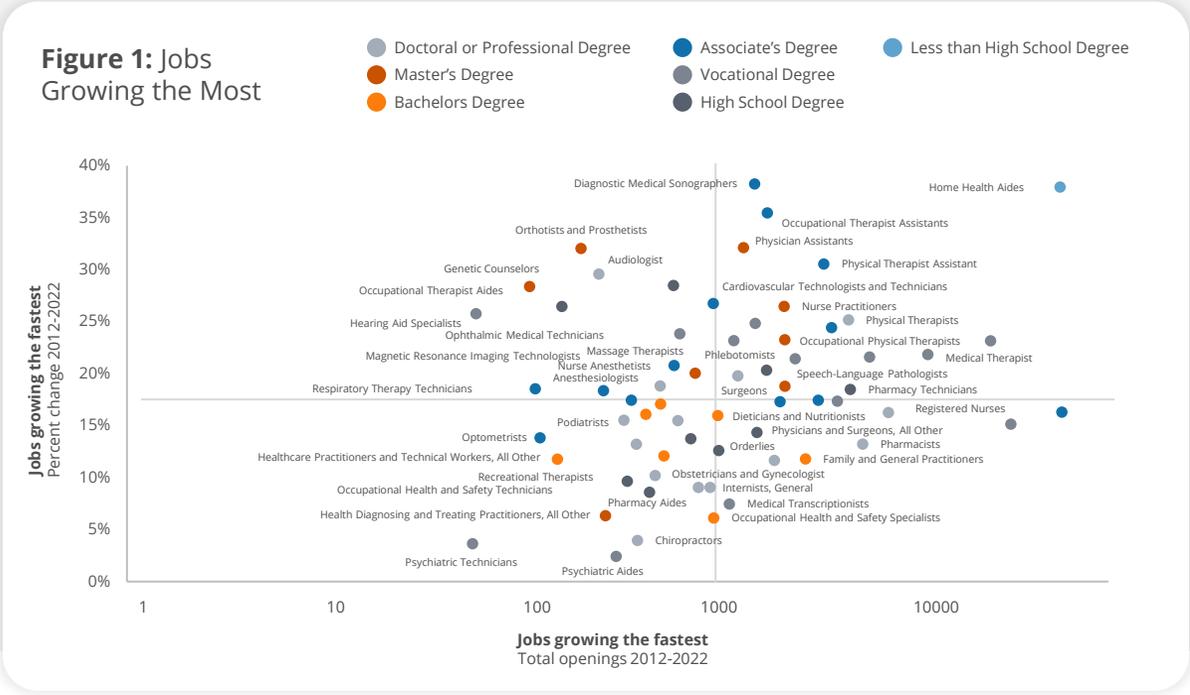
Neuroscience outpatient

Source: 1. 2025 American Hospital Association Healthcare Workforce Scan.



The state of Ohio offers a case study on common issues with high projected job growth among lower education occupations

State of Ohio as Example of Highest Growth in Job Openings Occurring in Low Education Occupations



Source: 1. 2025 Mercer U.S. Health Labor Market Analysis.



Mercer expects the most dramatic growth for support and technician roles as they sit at the ‘confluence’ of major factors driving demand



Healthcare support and technician occupations as well as “downstream” practitioners are expected to grow the most and the fastest, according to our state-level analysis of projected job openings through 2024.

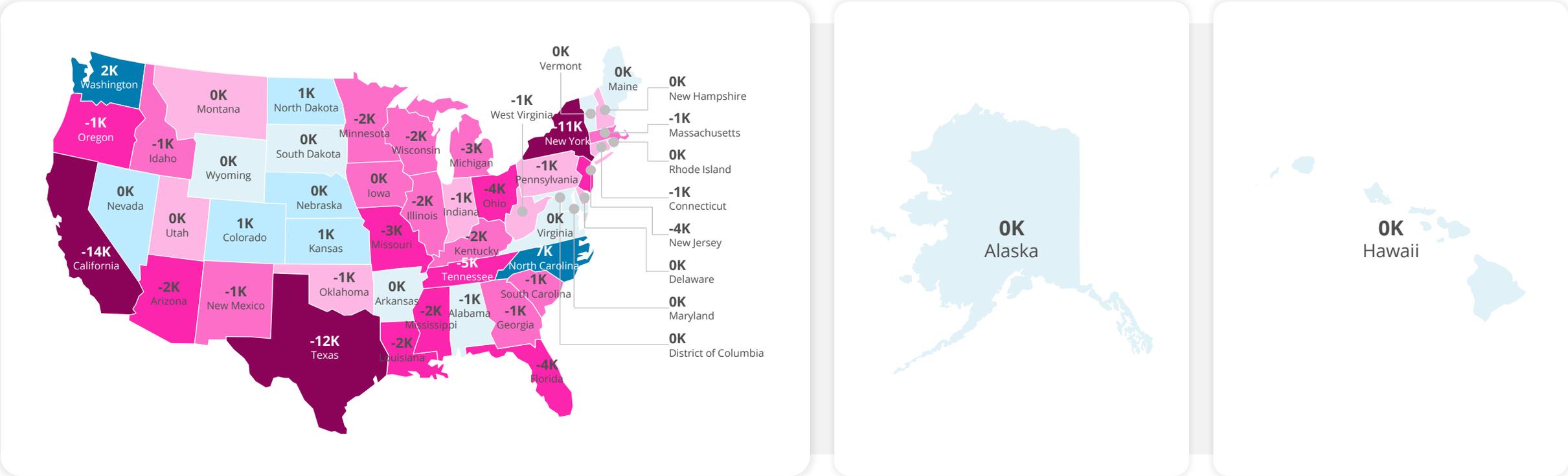
Healthcare support and technologist or technician occupations **sit at the confluence of two major factors driving demand for healthcare services: an aging and sicker patient population.**

Generally speaking, **these patient populations require greater long-term care and greater access to diagnostic services.** As a result, demand for home health aides, physical therapists and occupational therapists is expected to increase by an average of 40% in the states we examined — with some states projecting triple-digit growth in demand. Openings for medical and laboratory technicians, pharmacy technicians, and cardiovascular technologists and technicians are also projected to increase dramatically as healthcare systems cope with more patients requiring more diagnostic services.

Source: 1. 2025 Mercer U.S. Health Labor Market Analysis.



California, New York and Texas are expected to have the largest Nursing Assistant shortages projected in 2028



Gap through 2028



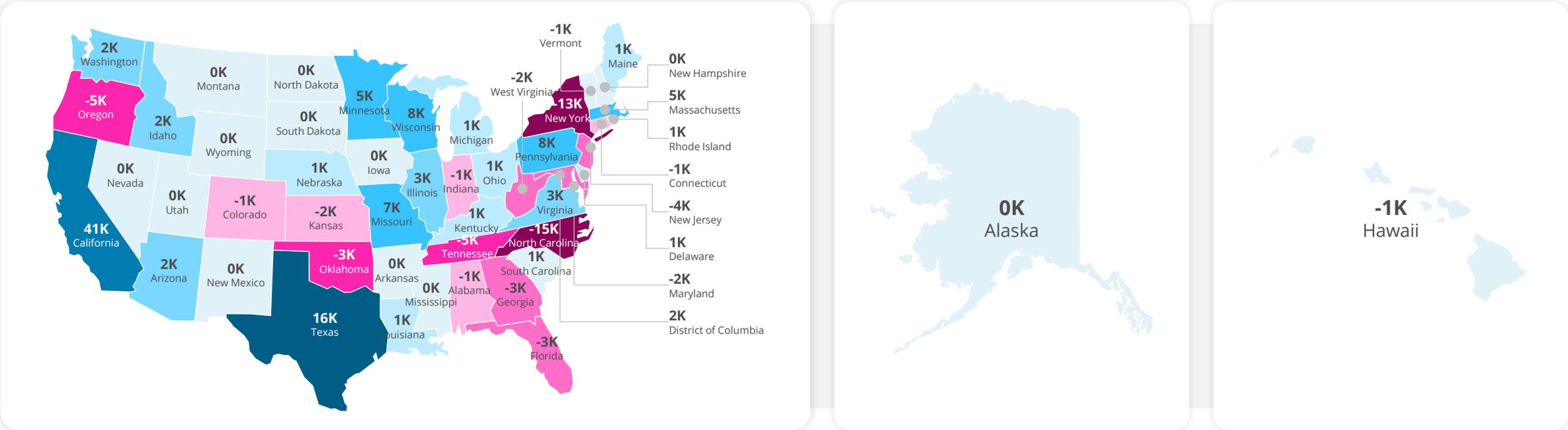
-15K

41K

Source: 1. "The Future of the U.S. Healthcare Industry: Labor Market Projections by 2028 Mercer."



North Carolina and New York are among the highest projected shortage areas for Home Health and Personal Care Aides by 2028



Gap through 2028



-15K

41K

Source: 1. "The Future of the U.S. Healthcare Industry: Labor Market Projections by 2028 Mercer



Home health aides are projected to have the highest future job openings and openings are expected to increase the fastest in Kansas by 2032

Highest Total Projected Job Openings (2022-2032)

Kansas Department of Labor statistics project future demand for various occupations. Total job openings are a combination of new jobs created due to growth in the profession and replacement jobs due to turnover between 2022 and 2032.

Notably, home health and personal care aides are projected to have nearly 50,000 total openings between 2022 and 2032. This represents an approximately 15,000 increase in projected openings since KDOL last ran these projections two years ago. The health care sector contains many of the fastest growing jobs across all industries, underscoring the need for more people to pursue healthcare careers.

Occupational Title	Base Year Employment (2022)	Projected Year Employment (2032)	Employment Change Numerical	Employment Percent Change	Annual Average Openings Due to Exits (2032)*	Total Openings (2022-2032)*
Home Health and Personal Care Aides	27,135	32,991	5,856	21.6%	24,050	49,961
Registered Nurses	32,313	33,907	1,594	4.9%	10,993	19,398
Nurse Practitioners	3,236	4,629	1,393	43.1%	869	3,135
Nursing Assistants	22,099	23,446	1,347	6.1%	14,413	33,586
Medical Assistants	4,758	5,376	618	13.0%	2,377	7,066
Pharmacy Technicians	4,498	4,924	426	9.5%	1,843	4,641
Licensed Practical and Licensed Vocational Nurses	6,995	7,416	421	6.0%	2,920	5,872
Physical Therapists	2,391	2,694	303	12.7%	585	1,282
Speech-Language Pathologists	1,660	1,959	299	18.0%	490	1,254
Physician Assistants	896	1,138	242	27.0%	223	743
Physical Therapist Assistants	996	1,176	180	18.1%	524	1,653
Physicians: All Other	5,515	5,689	174	3.2%	1,147	1,654
Health Information Technologists and Medical Registrars	1,131	1,301	170	15.0%	402	903
Respiratory Therapists	1,331	1,499	168	12.6%	436	865
Clinical Laboratory Technologists and Technicians	3,595	3,756	161	4.5%	1,247	2,495
Occupational Therapists	1,327	1,468	141	10.6%	408	898
Occupational Therapy Assistants	549	661	112	20.4%	299	939
Diagnostic Medical Sonographers	673	760	87	12.9%	196	450
Radiologic Technologists and Technicians	2,456	2,539	83	3.4%	1,381	2,760
Phlebotomists	1,240	1,316	76	6.1%	627	1,699
Surgical Technologists	1,008	1,044	36	3.6%	309	644
Family Medicine Physicians	225	232	7	3.1%	47	68
Pediatricians, General	102	102	0	0.0%	27	27

Source: Kansas Department of Labor, 2022-2032 Labor Marketing Information Services, 2022-2032 Projections

*Total Openings: Sum of Exits, Transfers and Numerical Change



The Dept of Health & Human Services is projecting that by 2032 jobs providing direct care to older & disabled adults will be 1 in every 6 jobs in the U.S.



Direct Care Workers

Direct care workers encompass many types of workers, with different job titles and duties. They assist older adults and persons with disabilities with activities of daily living such as eating, dressing, and bathing, and instrumental activities of daily living such as managing money and shopping in a range of long-term care settings: nursing facilities, hospitals, facilities for persons with intellectual and developmental disabilities, community-based residential settings (that is, group homes and assisted living facilities), many non-residential day programs (for example, adult day programs), and in the consumer's home.

By 2032, jobs providing direct care to assist older adults and people with disabilities will account for nearly one in every six jobs, **making it the largest occupational category in the economy.**

According to the U.S. Bureau of Labor Statistics (BLS), the number of personal care aides (PCAs), home health aides (HHAs), and nursing assistants more than doubled between 2000 and 2022 from approximately 2.4 to 5.1 million, and demand for these workers is expected to continue to grow to more than 5.9 million jobs in the next decade as the United States population ages and more people seek services in home and community-based settings.^{21,22} HHAs and PCAs are projected to experience the largest increase in new jobs of any occupation between 2022 and 2032. These occupations are projected to add 804,600 new jobs and account for approximately one of every six new jobs by 2032, making them the largest occupational category in the economy.²³ Because there are currently high vacancy rates, these numbers likely underestimate the true need for these workers. One projection that accounts for current vacancies, estimates there will be 8.9 million direct care jobs available between 2022 and 2032.²⁴

Source: 1. Health Care Workforce: Key Issues, Challenges, and the Path Forward. US Department of Health & Human Services October 2024.



ready
to work

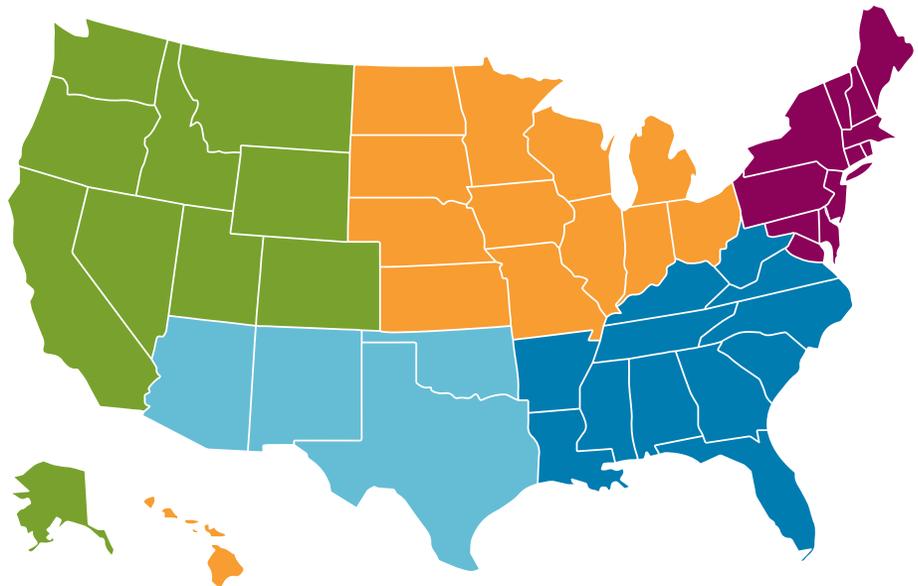


Appendix

Demographics of Vivian Health 2024 Workforce Report

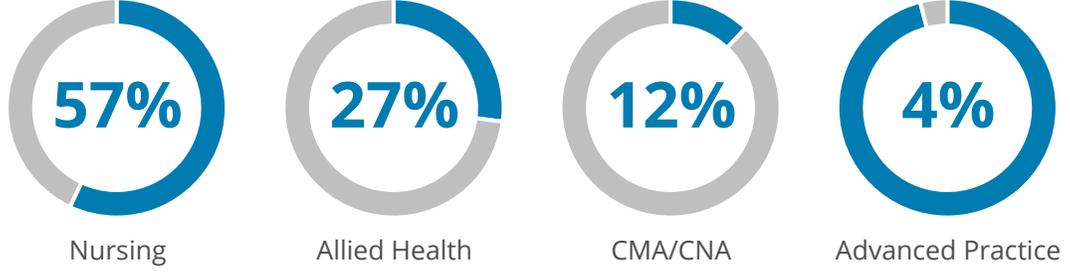
The Vivian Healthcare Workforce Report 2024

Location

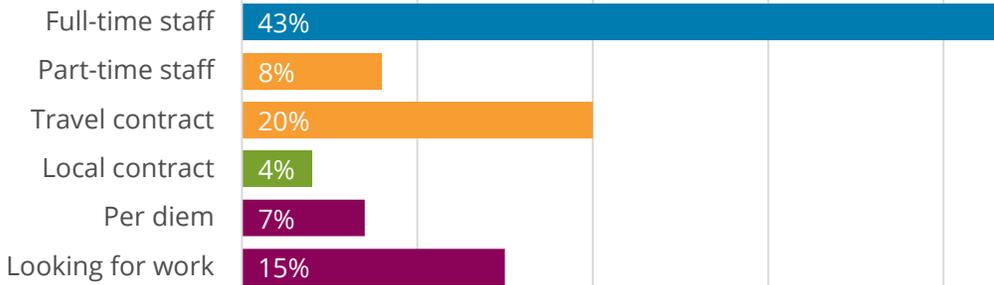


■ **30%** Southeast
 ■ **21%** Midwest
 ■ **18%** West
 ■ **17%** Northeast
 ■ **14%** Southwest

Disciplines



Current Employment



AHA senate testimony emphasizes the innovative ways health systems and allied organizations are looking to support health care workers

Collaborating

- ⓧ Mary Washington Healthcare in Virginia partners with Germanna Community College on an Earn While You Learn program, onboarding two cohorts of as many as 60 nursing students each year, who work 12-20 hours a week using a clinical rotation model. The program now includes an additional nursing school as well as mentor models for nursing assistants and is considering an apprenticeship model for other clinical roles such as surgical technologists.
- ⓧ Participants in the Jump Start program at MercyOne in Iowa receive a monthly stipend while they finish nursing school, and MercyOne covers the cost of board exams and licensing fees. After RN licensure, the nurses begin work at MercyOne.
- ⓧ Freeman Health System in Missouri partners with Crowder College to provide an opportunity for education and employment through a 16-week paid certified medical assistant apprentice program.

Recruiting Internationally

- ⓧ While the U.S. must do more to invest in training the next generation of health care workers at home, we believe recruiting qualified immigrants, and expediting their entry into the country, is an effective short-term approach that deserves support from Congress.
- ⓧ Over the next three years, Sanford Health in Sioux Falls, S.D., plans to hire more than 700 internationally trained nurses to work in its health system. Sanford covers housing during the initial transition period and has instituted a program to help the nurses get acculturated to their new communities.
- ⓧ Louisiana-based Ochsner Health is offering employment to eight Ukrainian nurses and will assist their families in settling in the U.S. in the pilot phase of CGFNS International's "Passport2Liberty" initiative.

Launching Nursing Programs

- ⓧ Nearly 60 schools and hospitals across the country have partnered to start or expand nursing programs in 2022. Programs range from accelerated BSN programs and virtual nursing programs to brand-new nursing schools and licensed practical nursing programs.
- ⓧ Corewell Health System in Michigan is providing \$20 million to Oakland University — \$10 million in grants for nursing students and \$10 million to support infrastructure expansion and faculty hiring. Students who receive a grant must commit to work for Corewell Health for two years following graduation.

Reimagining Workforce Models

As part of its ongoing efforts to better recruit and retain talented health professionals amid the significant labor shortages, Pittsburgh-based Allegheny Health Network launched "Work Your Way," a mobile internal staffing model to provide flexible work life solutions for nurses, surgical technologists and other team members. This unique program allows health professions the freedom and flexibility to choose how and when they want to work.

Upskilling

- ⓧ UHealth in Colorado plans to invest \$50 million in its new Ascend leadership program to help current and prospective employees earn clinical certification, participate in foundational learning programs such as English language and college prep, and earn degrees in areas such as social work and behavioral health. Newly hired employees also will be able to earn a high school diploma or GED.
- ⓧ Along with three educational partners, the University Medical Center of El Paso (Texas) will pay up to \$5,000 annually for two years for employees to earn a degree in nursing, respiratory, imaging or other hard-to-fill fields. Employees maintain full-time employment status and compensation while working part-time. Under another new program, the hospital is offering eligible employees pursuing a health care degree up to \$5,250 a year in student loan-repayment assistance.
- ⓧ To fill the scores of medical assistant openings, in Nashville, Tenn., Vanderbilt University Medical Center partnered with Nashville State Community College to train current employees, including truck drivers and environmental services staff. During the training, workers continue to receive their full salary plus tuition reimbursement. They also are training high school students to receive medical assistant certification.
- ⓧ **In Pennsylvania, Geisinger's Nursing Scholars Program awards \$40,000** in financial support to each employee who is pursuing a nursing career and makes a five-year commitment to work as an inpatient nurse. The program is open to any employee who has worked with Geisinger for at least a year and is not already a registered nurse or provider.



Upskilling: AHA senate testimony emphasizes the innovative ways health systems and allied organizations are looking to support health care workers

Upskilling

- UCHealth in Colorado plans to invest \$50 million in its new Ascend leadership program to help current and prospective employees earn clinical certification, participate in foundational learning programs such as English language and college prep, and earn degrees in areas such as social work and behavioral health. Newly hired employees also will be able to earn a high school diploma or GED.
- Along with three educational partners, the University Medical Center of El Paso (Texas) will pay up to \$5,000 annually for two years for employees to earn a degree in nursing, respiratory, imaging or other hard-to-fill fields. Employees maintain full-time employment status and compensation while working part-time. Under another new program, the hospital is offering eligible employees pursuing a health care degree up to \$5,250 a year in student loan-repayment assistance.
- To fill the scores of medical assistant openings, in Nashville, Tenn., Vanderbilt University Medical Center partnered with Nashville State Community College to train current employees, including truck drivers and environmental services staff. During the training, workers continue to receive their full salary plus tuition reimbursement. They also are training high school students to receive medical assistant certification.
- In Pennsylvania, Geisinger's Nursing Scholars Program awards \$40,000 in financial support to each employee who is pursuing a nursing career and makes a five-year commitment to work as an inpatient nurse. The program is open to any employee who has worked with Geisinger for at least a year and is not already a registered nurse or provider.

Nontraditional Support

- St. Luke's Wood River Medical Center, located in a popular Idaho tourist area, is building 12 single-family homes that will be long-term rentals for employees.
- Bozeman Health in Montana has invested in 100 units in a future workforce housing complex to provide employees with affordable rentals.
- Northwell Health, Johns Hopkins, Cleveland Clinic and BJC Healthcare are among employers offering grants or forgivable loans that can be used for associated housing costs.

Source: 1. Statement of the American Hospital Association for the Committee on Health, Education, Labor and Pensions of the U.S. Senate "Examining Health Care Workforce Shortages: Where Do We Go From Here?" February 16, 2023.



Policy: The AHA recommends workforce development, apprenticeships for NAs, expediting foreign worker access, and targeting staffing agencies

Policy Solutions

Our workforce challenges are a national emergency that demand immediate attention from all levels of government and workable solutions. These include recruiting, revitalizing and diversifying the health care workforce by the following:

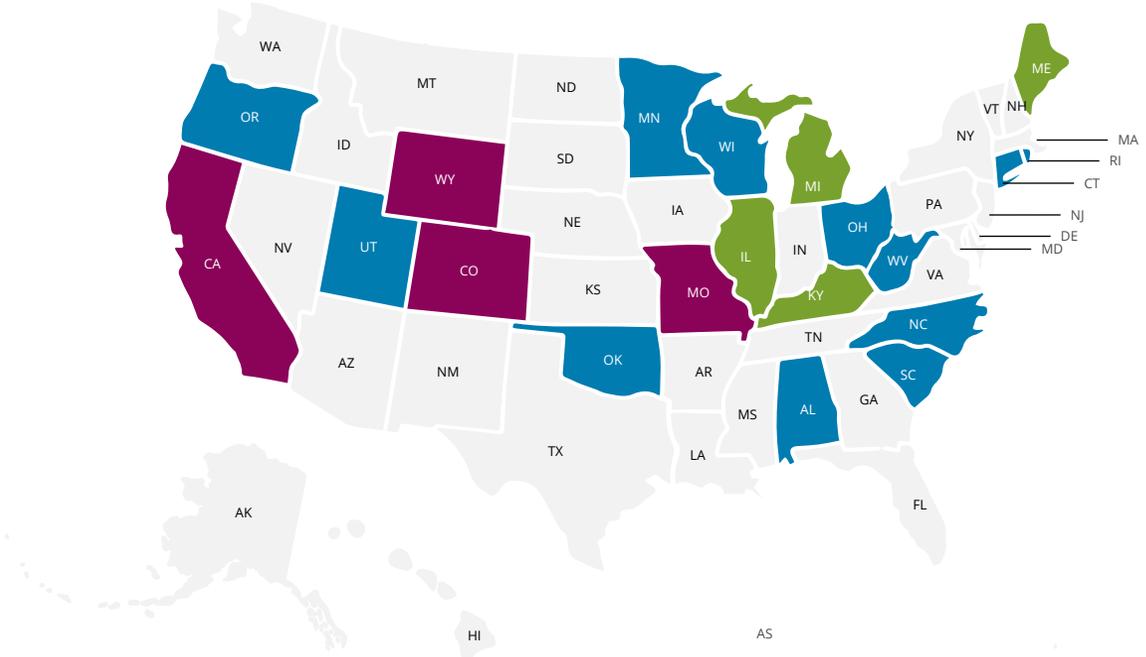
- ⊗ Addressing physician shortages, including shortages of behavioral health providers, by increasing the number of residency slots eligible for Medicare funding while rejecting cuts to Medicare graduate medical education (GME).
- ⊗ Addressing nursing shortages by reauthorizing nursing workforce development programs to support recruitment, retention and advanced education for nurses and other allied health professionals and investing in nursing schools, nurse faculty salaries and hospital training time.
- ⊗ Adopting policies to substantially expand loan repayment and other incentive-based programs to retain existing talent and attract new talent.
- ⊗ Reducing administrative burdens that take clinicians away from the bedside and contribute to burnout, such as excessive and unnecessary use of prior authorization, as well as inappropriate coverage denials that require substantive clerical rework by staff.
- ⊗ Supporting apprenticeship programs for nursing assistants and other critical support staff positions.
- ⊗ Supporting the National Health Service Corps and the National Nurse Corps, which award scholarships and assist graduates of health professions programs with loan repayment in return for an obligation to provide health care services in underserved rural and urban areas.
- ⊗ Supporting expedition of visas for foreign-trained nurses and continuation of visa waivers for physicians in medically underserved areas.
- ⊗ Supporting the health care field in eliminating racism and fostering inclusive approaches to care delivery for all patients by incentivizing cultural humility training in medical training programs and in-service training for health care professionals.
- ⊗ Supporting efforts to increase the diversity of the health care workforce, including through funding for GME and federal scholarship programs.
- ⊗ Enhancing workplace safety for all team members, including by enacting federal protections for health care workers against violence and intimidation, and providing hospital grant funding for violence prevention training programs, coordination with state and local law enforcement, and physical plant improvements.
- ⊗ Directing the Government Accountability Office to study the business practices of travel nurse staffing agencies during the pandemic, including potential price gouging and excessive profits, increased margins that agencies retain for themselves, impact of increased reliance on travel nurses in rural areas, and how these practices contribute to workforce shortages across the country.

Source: 1. Statement of the American Hospital Association for the Committee on Health, Education, Labor and Pensions of the U.S. Senate “Examining Health Care Workforce Shortages: Where Do We Go From Here?” February 16, 2023



Policy: Several U.S. states are taking the lead on trying to address future healthcare workforce challenges through the National Governors Assoc

Next Gen Healthcare Workforce Project States



2022 Learning Collaborative and 2023 Knowledge Exchange Network

2022 and 2023 Knowledge Exchange Network

2023 Knowledge Exchange Network

Source: 1. "Preparing the Next Generation of the Healthcare Workforce: State Strategies for Recruitment and Retention" a report published by the National Governors Association in 2023.