REPORT

SNF Staffing Benchmarks and Best Practices

Staffing is the single largest cost item in skilled nursing operations and directly impacts quality outcomes and regulatory exposure. But it remains a major pain point in the industry.

The strongest-performing SNFs consistently balance three workforce levers: staffing levels, overtime, and agency use. This report identifies the benchmarks associated with stronger clinical outcomes, lower labor costs, and better workforce stability.

Table of contents

SECTION 1

Executive Summary

National staffing benchmarks reveal clear performance thresholds for overtime, agency staffing, RN coverage, and workforce stability. Facilities operating within these ranges consistently achieve stronger quality outcomes and lower labor costs.

TOTAL ADJUSTED NURSE HPRD

3.75 – 4.5 Hours

High-performance: 4.5 – 5.5 hrs.
National average: 3.86 hrs.
Ceiling signal: > 5.5 hrs.

ADJUSTED RN HPRD

0.65 – 0.80 RN HPRD

High-performance: 0.80 - 1.00 hrs.
National average: 0.66 hrs.
Ceiling signal: ≥ 1.00 hr.

OVERTIME PERCENTAGE

3.0% – 7.5%

High-performance: < 3%
National average: 8.90%
Ceiling signal: > 10% sustained

AGENCY/CONTRACT PERCENTAGE

< 5.0%

High-performance: < 1%
National average: 5.70%
Ceiling signal: > 10% ongoing

WORKFORCE RETENTION

Total nurse turnover target.

Operational Target	High-Performance Target	National Average
< 50%	< 40%	46.60%

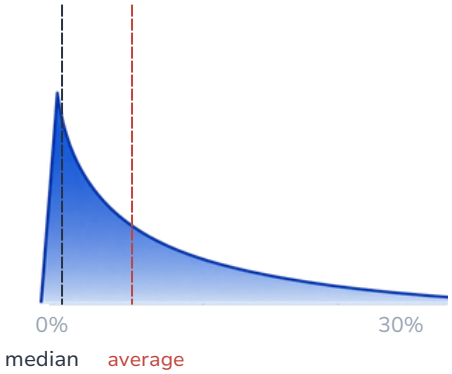
Key insights

Agency use is highly skewed.

AVERAGE **5.7%**

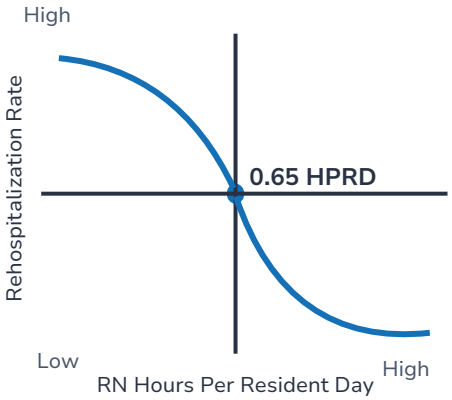
MEDIAN **0.5%**

Most facilities use **little to no agency labor**. A small group of high-agency facilities drives the national average **more than 10x above the median**.



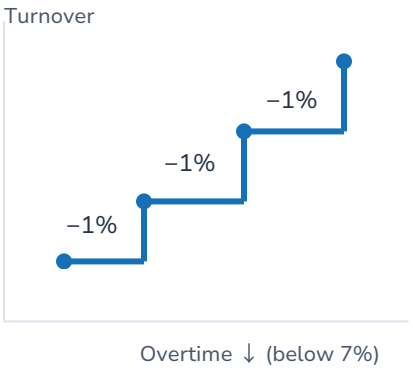
RN coverage is the strongest predictor of rehospitalization.

Facilities below **0.65 RN hours per resident day** consistently experience higher rehospitalization rates.



Overtime predicts turnover.

Below 7% overtime, every **1-point reduction in OT** is associated with a **1-2 point reduction in turnover**.

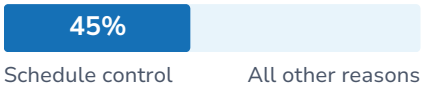


Key Insights

Schedule flexibility ranks ahead of pay as a retention driver.

45%

of frontline workers say schedule flexibility, control, or advance notice is the **primary reason they stay** at a facility.



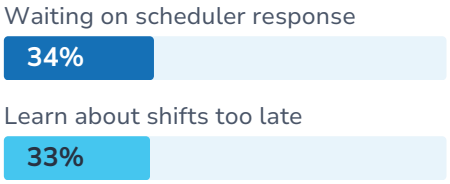
Falls are driven by workforce stability, not staffing volume.

Facilities with the **highest turnover** average **3.40% falls with major injury**, compared to 2.85% for the lowest-turnover facilities.

Falls with major injury rate, lowest vs. highest turnover quartile

Open shifts are a communication problem.

34% of workers say waiting for a scheduler response is their biggest frustration. Another 33% say they learn about open shifts too late to pick them up.



Share of workers citing each as their top scheduling frustration

METHODOLOGY NOTE

This report draws on three primary data sources.

National staffing benchmarks are based on CMS Payroll-Based Journal (PBJ) data from more than 13,000 skilled nursing facilities across Q2–Q4 2025. Continuing Care Retirement Communities (CCRCs) are excluded.

Covr customer performance data reflects 380 facilities actively using the Covr platform between December 2025 and May 2026.

Workforce perspective data comes from surveys conducted across Covr's frontline staff in May–June 2026.

Full methodology, source definitions, and calculation details are provided in the Methodology section.

SECTION 2

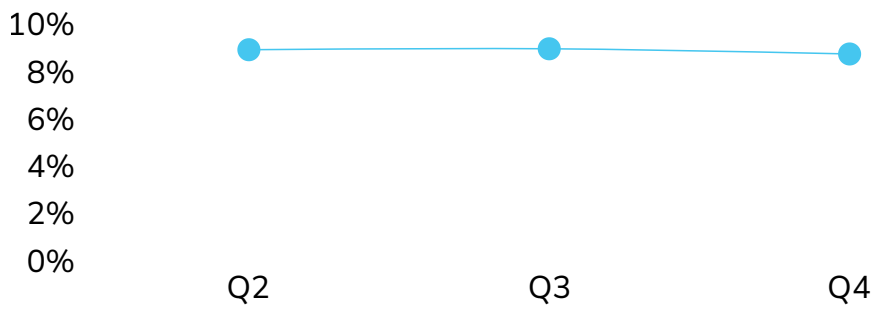
National benchmarks and trends

The benchmarks below summarize national staffing performance across key workforce metrics.

Metric	P25 (Bottom Quartile)	Average	P75 (Top Quartile)	4-5 Star Median
Total adj. nurse HPRD	3.26 hrs	3.86 hrs	4.29 hrs	3.92 hrs
Adj. RN HPRD	0.40 hrs	0.66 hrs	0.78 hrs	0.66 hrs
Total nurse turnover	55.90%	46.60%	36.10%	40.50%
OT %	10.40%	8.90%	5.70%	≈ 6.8%
Agency%	10.00%	5.70%	0%	≈ 2.0%

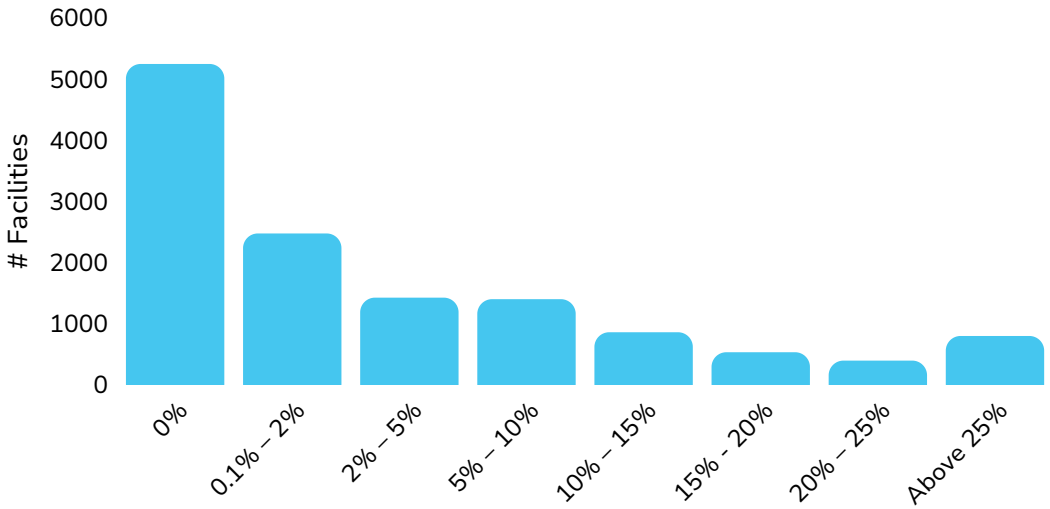
Overtime trends

National overtime rates remained steady throughout Q2–Q4 2025, averaging 8.9%.



Agency use

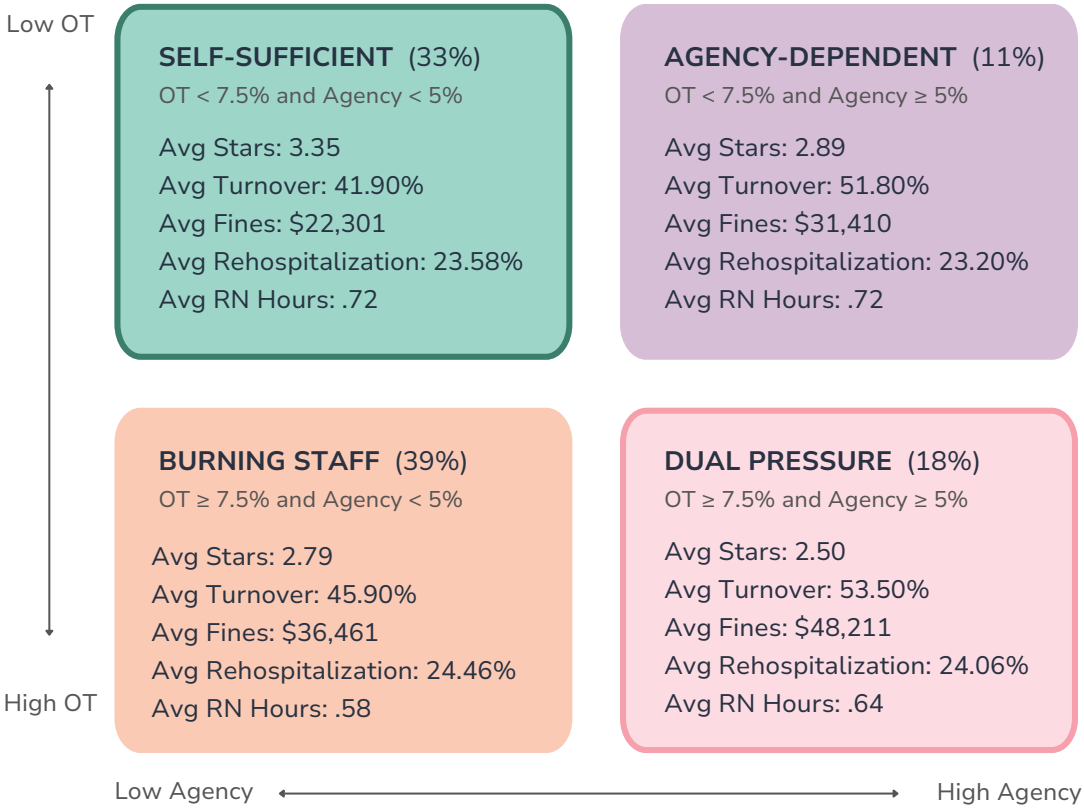
Most skilled nursing facilities use little to no contract labor. A small number of agency-dependent facilities drive the national average to 5.7%.



Percentile	Agency %	What It Means
P10	0.00%	No agency use; fully self-sufficient workforce
P25	0.00%	No agency use; top quartile position
P50 (Median)	0.50%	Minimal agency; strategically appropriate
Mean	5.70%	National average; pulled above the median by facilities with exceptionally high agency usage
P75	7.00%	Moderate dependency; monitor for contractor-turnover cycle
P90	18.50%	High dependency; turnover likely elevated above 50%
P95	27.40%	Structural dependency; workforce stabilization plan needed

The four labor patterns.

Facilities generally fall into one of four labor patterns based on their overtime and agency use. Comparing these patterns to CMS claims data and MDS quality measures reveals clear differences in star ratings, turnover, and regulatory outcomes.



KEY INSIGHTS

- Burning Staff facilities face the greatest risk. Rehospitalization is driven by RN coverage, not total staffing hours alone. Despite higher total HPRD, Burning Staff facilities average just 0.58 RN hours per resident day, the lowest of any labor pattern, and have the highest rehospitalization rate.
- Facilities with less than 7.5% overtime and less than 5% agency use consistently achieve the strongest performance.

SECTION 3

HPRD Targets

Higher staffing levels are consistently associated with stronger workforce and quality outcomes. These HPRD ranges highlight where performance begins to improve and where additional staffing delivers the greatest return.

Below 3.5 HPRD.

High risk zone.

4/5-Star Rate: 23% to 31% Turnover: 48.3% Rehospitalization: Up to 29.8%

High turnover and poor outcomes across the board.

3.5 to 3.75 HPRD.

Transition zone

4/5-Star Rate: 34.7% Average Turnover: 47.5% Rehospitalization: 24.1%

Performance improves, but most workforce measures remain near national averages.

3.75 to 4.5 HPRD.

Operational baseline.

4/5-Star Rate: 39.5% Average Turnover: 45.4% Rehospitalization: 23.9%

This is the first staffing range where turnover consistently falls below the national average.

4.5 to 5.5 HPRD.

Quality differentiation.

4/5-Star Rate: 54.5% Average Turnover: 43.8% Rehospitalization: 23.1%

Facilities in this range consistently achieve stronger quality and workforce outcomes.

RN HPRD

RN coverage has the strongest relationship with clinical outcomes among all staffing measures in this report. When RN staffing falls below 0.65 hours per resident day, outcomes worsen across every total HPRD level.

Below 0.40 RN HPRD

Clinical oversight failure

Avg. Stars	4/5-Star Rate	Nurse Turnover	Rehospitalization	Long-Stay Hosp.
2.07	19.5%	48.9%	25.3%	2.10

0.40 to 0.65 RN HPRD

Partial coverage

Avg. Stars	4/5-Star Rate	Nurse Turnover	Rehospitalization	Long-Stay Hosp.
2.80	34.7%	47.3%	24%	1.91

0.65 to 0.80 RN HPRD

Evidence-based clinical floor

Avg. Stars	4/5-Star Rate	Nurse Turnover	Rehospitalization	Long-Stay Hosp.
3.06	41.3%	45.8%	23.5%	1.83

This range represents the first point where clinical outcome measures align at or below national averages.

0.80 to 1.00 RN HPRD.

Quality baseline inflection

Avg. Stars	4/5-Star Rate	Nurse Turnover	Rehospitalization	Long-Stay Hosp.
3.45	51.0%	44.4%	22.9%	1.76

1.00 or more RN HPRD.

High-performance differentiation.

Avg. Stars	4/5-Star Rate	Nurse Turnover	Rehospitalization	Long-Stay Hosp.
3.76	58.4%	41.3%	22.1%	1.68

SECTION 4

Overtime Targets

HPRD targets are most effective when paired with controlled overtime. Facilities that maintain overtime below 7% have lower turnover and higher star ratings. Each 1% reduction in overtime below 7% is associated with a 1–2 point reduction in turnover.

Less than 3% overtime.

Strongest retention performance and elevated star ratings.

Avg. Stars	4/5-Star Rate	Avg. RN Hours	Nurse Turnover	Rehospitalization
3.64	58.90%	0.81 hrs	39.50%	23.10%

3% to 5% overtime.

Stable workforce capacity with well-controlled labor expenditures.

Avg. Stars	4/5-Star Rate	Avg. RN Hours	Nurse Turnover	Rehospitalization
3.34	49.00%	0.76 hrs	43.00%	23.40%

5% to 7% overtime.

Operational limits are reached as turnover approaches national averages.

Avg. Stars	4/5-Star Rate	Avg. RN Hours	Nurse Turnover	Rehospitalization
3.11	42.60%	0.67 hrs	45.40%	23.60%

7% to 10% overtime. Cautionary risk zone.

Turnover exceeds national averages. Star ratings decline.

Avg. Stars	4/5-Star Rate	Avg. RN Hours	Nurse Turnover	Rehospitalization
2.86	34.80%	0.62 hrs	47.40%	24.20%

Greater than 10% overtime.

Poor performance across the board.

Avg. Stars	4/5-Star Rate	Avg. RN Hours	Nurse Turnover	Rehospitalization
2.61	26.80%	0.59 hrs	49.20%	24.40%

Facilities with <2.5% overtime achieve the strongest outcomes, but they share a common staffing profile. Their average total HPRD is 4.35 hours, compared with the national median of 3.71 hours, and 79.5% operate above 3.5 HPRD. These facilities have enough base staffing capacity to manage daily variability without relying heavily on overtime.

Common drivers of overtime.

Operators looking to reduce overtime costs should focus on the following areas. Most overtime costs can be avoided with better shift management and reporting.

Understaffing

Facilities with insufficient staffing capacity often rely on overtime to maintain coverage. Hiring and retention should be the first priority.

Open shift management

Filling shifts quickly without cost controls can drive avoidable overtime. Faster shift visibility and automated guardrails help balance coverage and labor costs.

Agency reduction

Replacing agency hours with overtime can simply shift costs from one category to another. Flexible staffing models and float pools help reduce reliance on both.

Overscheduling

Static schedules often fail to keep pace with census changes. Aligning staffing levels with real-time demand helps prevent unnecessary overtime.

30%+ of overtime

Missed lunches

Missed and short lunches create paid hours that do not count toward PBJ and can contribute to overtime accumulation.

Early and late punches

Small timekeeping variances add up quickly across a workforce leading to significant overtime.

Covr customers average lower overtime rates than the national benchmark, reducing overall labor cost exposure.

Average overtime among Covr customers is 7.83%, compared with 8.9% nationally, representing 12% fewer overtime hours.

Nearly half of Covr customers (49.2%) operate below the 7.5% overtime benchmark, compared with 43.7% of facilities nationally. Only 3.4% exceed 15% overtime, versus 5.0% nationwide.

Metric	Covr Customers	National SNF avg	Difference
25th percentile OT	**5.02%**	5.83%	**–0.81 pts**
Average OT %	**7.83%**	8.90%	**–1.07 pts (12%)**
90th percentile OT	**12.50%**	13.10%	**–0.6 pts**
% below 7.5% OT	**49.20%**	43.70%	**+5.5 pts**
% above 15% OT	**3.40%**	5.00%	**–1.6 pts**

INTERPRETING THE COVR ADVANTAGE

Scheduling software provides the visibility needed to manage overtime, but results depend on how facilities use it. Covr customers that consistently reduce overtime focus on three best practices:

- **Monitor overtime proactively:** Review projected overtime before schedules are finalized, and use missed lunch and early-in/late-out reports to identify unplanned overtime.
- **Control open shift pickups:** Prevent employees from claiming shifts that would push them into overtime.
- **Schedule to PPD targets:** Build schedules around staffing targets to avoid both under- and over-staffing.

SECTION 5

Agency Staffing

Agency staffing is an effective tool for managing vacancies and census fluctuations. The data suggest that moderate agency use has little measurable impact on most clinical outcomes. As reliance increases, however, workforce and quality measures begin to deteriorate at different rates.

ADL decline, mobility decline, and antipsychotic use show worse outcomes when agency use exceeds 5%. Star ratings also trend downward as agency use increases.

Target baseline. 5% or less agency.

Controlled outcomes and floor stability.

Nurse Turnover:
43.00% to 45.30%

Overall Star Ratings:
2.89 to 3.12

ADL Decline Rate:
13.40% to 13.60%

Mobility Decline Rate:
14.00% to 14.50%

Antipsychotic Use:
14.90% to 15.30%

Critical boundary. Over 5% agency.

Measurable declines across key metrics.

Nurse Turnover:
49.10% to 54.50%

Overall Star Ratings:
2.59 to 2.79

ADL Decline Rate:
15.20% to 15.90%

Mobility Decline Rate:
16.20% to 16.70%

Antipsychotic Use:
16.30% to 17.40%

By comparison, other clinical metrics have minimal to no correlation with agency staffing.

Metric & Threshold	Relationship Strength
Nurse Turnover Crosses above benchmark at 5% agency	●●● **Strong relationship ***
Falls with Major Injury Crosses above benchmark at 7.5% agency	●○○ **Weak relationship**
Long-Stay Hospitalizations Crosses above benchmark at 10–15% agency	●○○ **Weak relationship**
Rehospitalization Rate Crosses above benchmark at 15–20% agency	○○○ **Near-zero relationship**
ED Visit Rate Crosses above benchmark past 20% agency	●○○ **Weak relationship**

Agency - Turnover Correlation

Higher agency use is associated with higher reported turnover, but much of that relationship reflects how CMS calculates turnover. Contract staff are included in the turnover metric and naturally cycle through facilities more frequently than permanent employees. Even after accounting for that, published research shows heavier agency reliance remains associated with higher RN turnover.

Agency alternatives: Float pools and flexible staffing

An internal float pool can provide many of the benefits of agency staffing, including higher earning potential and schedule flexibility, while maintaining continuity of care and reducing external labor costs.

The business case

A typical SNF CNA shift is 8 hours. Agency staffing can carry a 40–80% markup over internal wages. In a 100-bed facility with approximately 8% agency usage, shifting even part of that volume to an internal float pool can generate $35K–$84K in annual savings through lower labor costs.

	Agency Model	Internal Float Pool	Annual Difference
Avg CNA hourly rate (all-in)	$52/hr	$37/hr	$15/hr saved
Est. hours/week (100-bed)	≈216 hrs	≈216 hrs	
Annual flex labor cost	$109k/yr	$74k/yr	**$35k–$84k savings (50–90% replacement)**

SECTION 6

Employee Turnover

Facilities with lower turnover and less agency use consistently experience fewer falls with major injury.

Key Findings

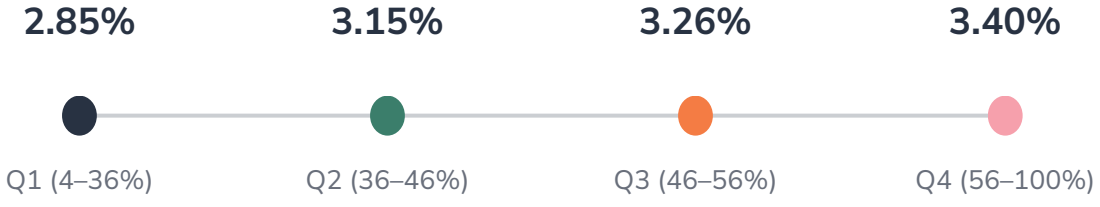
- Higher turnover is associated with more falls. Facilities in the highest turnover quartile average 3.40% falls with major injury versus 2.85% in the lowest quartile.
- Facilities with >8% agency staffing experience higher fall rates, especially when agency staff fill CNA and LPN roles.
- Adding staffing hours alone doesn't reduce falls. RN hours and total HPRD show little relationship to fall outcomes.

Why this happens

Falls are largely prevented through consistent day-to-day care. CNAs and LPNs assist with mobility, toileting, repositioning, and resident monitoring. When turnover is high or agency staff rotate frequently, caregivers are less familiar with residents, care plans, and early warning signs.

LPN coverage also matters. LPN hours are the only staffing measure associated with fewer falls, reinforcing the importance of experienced frontline caregivers rather than simply adding more nursing hours.

As turnover rises, so do falls with major injury.



SECTION 7

Employee Engagement

Keeping shifts filled isn't just about having enough employees. It's about creating a scheduling experience that gives staff flexibility, predictability, and opportunities to work when they're available.

Across Covr's frontline workforce surveys, employees consistently ranked schedule flexibility, advance notice, and supportive managers ahead of pay as reasons they stay at a facility. Those same factors also influence whether employees pick up additional shifts, helping facilities reduce overtime and reliance on agencies.

What drives shift pickup?

1. Give employees more notice

Nearly two-thirds of employees need at least 24 hours' notice before committing to an extra shift. Posting shifts earlier expands the pool of available workers and reduces dependence on last-minute overtime.

2. Offer more flexible shift options

While most employees prefer standard 8- or 12-hour shifts, more than one-third would rather work shorter or mid-length shifts. Offering a mix of shift lengths can help capture labor that would otherwise go to agencies or competing employers.

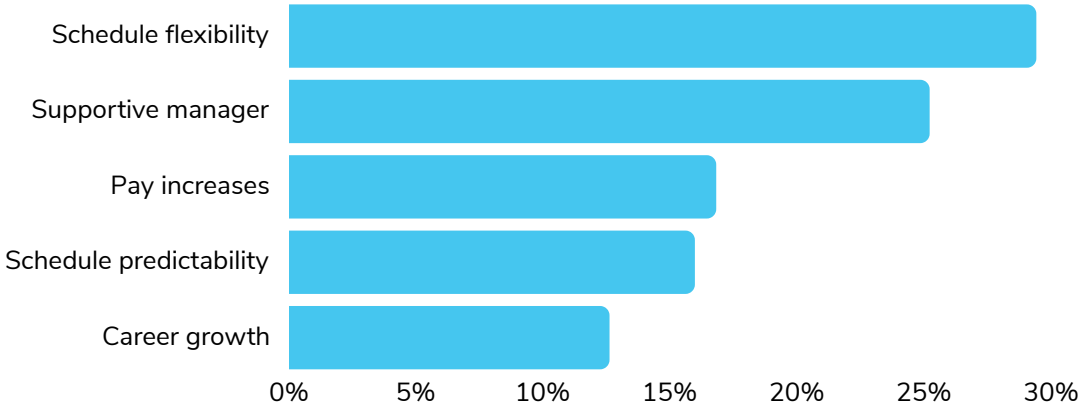
3. Make it easy to claim open shifts

Employees are more likely to pick up shifts when they can immediately see what's available and claim it without waiting for phone calls, texts, or scheduler approval.

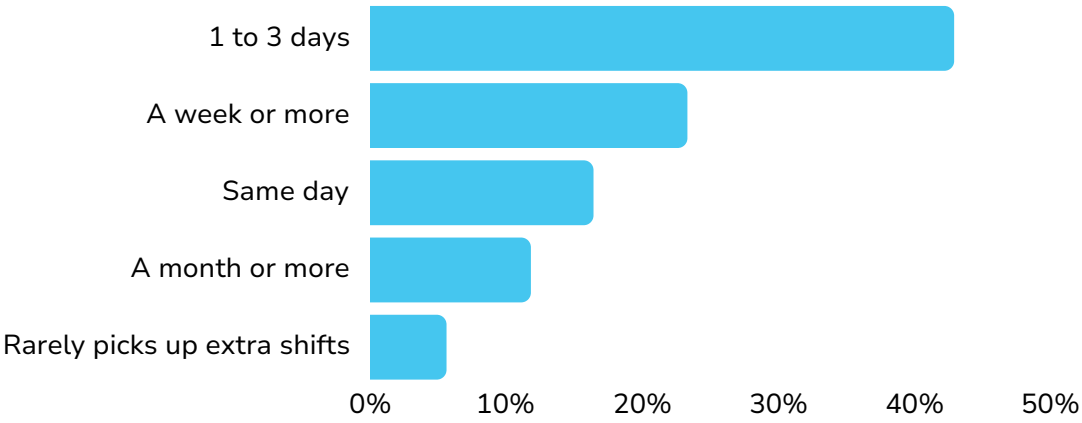
4. Prevent burnout

The most common reason employees decline open shifts is simple: they need a break. Reducing unnecessary overtime preserves employee availability and makes it easier to cover future openings.

What matters most to you when deciding to stay at a facility?



How far in advance do you need to see an open shift?



BEST PRACTICES FOR OPERATORS:

✔️ Post open shifts at least 24 hours in advance whenever possible.
✔️ Give employees visibility into available shifts.
✔️ Offer flexible shift lengths to increase participation.
✔️ Monitor overtime to reduce burnout and preserve future shift coverage.

SECTION 8

State Patterns

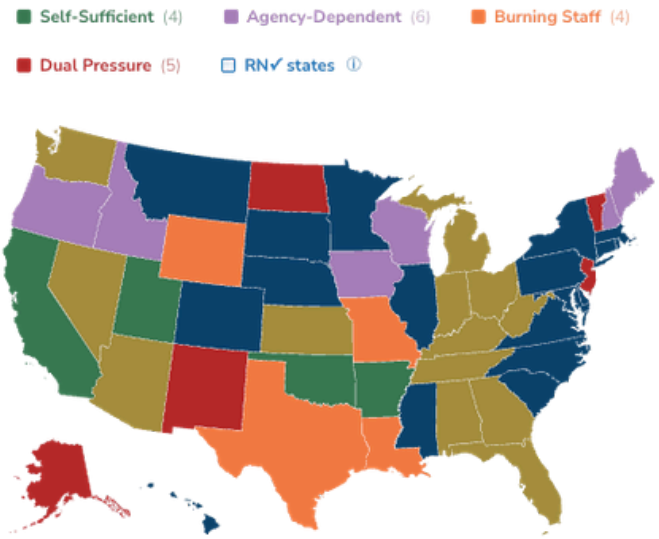
Below, states are grouped by the four labor patterns used throughout this report (Self-Sufficient, Agency-Dependent, Burning Staff, Dual Pressure).

Split states are divided between two different staffing models: Burning Staff and Self-Sufficient.

Mixed states have no dominant staffing pattern. Facilities are spread across all four workforce categories: Self-Sufficient, Burning Staff, Agency-Dependent, and Dual Pressure. As a result, statewide averages often mask significant variation between facilities.

For operators in Split and Mixed states, statewide averages should be viewed cautiously. Facility-level comparisons provide a more accurate picture of staffing performance and workforce risk.

An “RN✓” sublabel marks states where adjusted RN hours are above the median and rehospitalization is below the national average, driving better outcomes than would be expected based on other staffing metrics alone.



Go to interactive version

Overtime < 7.5%, Agency < 5% (Low labor stress across both dimensions).

Self-Sufficient

Avg. RN HPRD: 0.40 to 1.10 hrs | Nurse Turnover: 38.00% to 56.30% | Rehospitalization: 16.90% to 27.30% | Falls with Major Injury: 1.58% to 4.56%

AR CA OK UT

Overtime < 7.5%, Agency ≥ 5% (Overtime controlled but structural contractor reliance).

Agency-Dependent

Avg. RN HPRD: 0.70 to 1.06 hrs | Nurse Turnover: 45.50% to 50.30% | Rehospitalization: 18.70% to 23.20% | Falls with Major Injury: 2.51% to 4.34%

IA ID ME NH OR WI

Overtime ≥ 7.5%, Agency < 5% (≥ 40% of facilities show high overtime with elevated turnover).

Burning Staff

Avg. RN HPRD: 0.33 to 1.06 hrs | Nurse Turnover: 47.30% to 56.70% | Rehospitalization: 20.10% to 27.80% | Falls with Major Injury: 3.23% to 4.50%

LA MO TX WY

Overtime ≥ 7.5%, Agency < 5% (< 40% of facilities show the high-overtime, high-turnover signature).

Split

Avg. RN HPRD: 0.47 to 0.92 hrs | Nurse Turnover: 42.80% to 49.50% | Rehospitalization: 20.40% to 26.20% | Falls with Major Injury: 2.03% to 4.49%

AL AZ FL GA IN KS KY MI NV OH TN WA WV

Overtime ≥ 7.5%, Agency ≥ 5% (≥ 40% of facilities show both levers structurally elevated).

Dual Pressure

Avg. RN HPRD: 0.63 to 2.24 hrs | Nurse Turnover: 41.00% to 57.10% | Rehospitalization: 15.50% to 25.20% | Falls with Major Injury: 2.24% to 5.85%

AK ND NJ NM VT

Overtime ≥ 7.5%, Agency ≥ 5% (< 40% of facilities show true Dual Pressure signatures).

Mixed

Avg. RN HPRD: 0.57 to 1.47 hrs | Nurse Turnover: 33.60% to 56.10% | Rehospitalization: 19.00% to 27.80% | Falls with Major Injury: 0.92% to 5.36%

CO CT DC DE HI IL MA MD MN MS MT NC NE NY
PA RI SC SD VA

SECTION 9

Methodology

CMS Payroll-Based Journal (PBJ) Data

Source: Centers for Medicare & Medicaid Services, Payroll-Based Journal Public Use Files, Q2 2025 (April–June), Q3 2025 (July–September), and Q4 2025 (October–December).

Coverage: All Medicare- and Medicaid-certified skilled nursing facilities are required to submit PBJ staffing data. After filtering, the analytic dataset contains approximately 13,100 facilities.

Exclusions: Continuing Care Retirement Communities (CCRCs) are excluded from all calculations. CCRCs tend to carry higher staffing ratios driven by assisted living and independent living populations, which are structurally different from SNF-only operations and would inflate national averages if included.

Overtime percentage: Calculated at the facility level as total overtime hours worked by nursing staff (CNAs, LPNs, RNs) divided by total nursing hours worked in the same period.

The hours-weighted national average is computed by summing all overtime hours across facilities and dividing by total hours across facilities, rather than averaging facility-level percentages. This hours-weighted approach reduces the influence of very small facilities and produces a benchmark more representative of the typical resident experience nationally. The facility-level median and percentile distribution (P10, P25, P50, P75, P90, P95) are computed across all facilities in the dataset.

Agency percentage: Calculated at the facility level as total contract/agency nursing hours divided by total nursing hours. The hours-weighted national average follows the same methodology as overtime. The facility-level mean of 5.7% and hours-weighted mean of 6.1% differ because larger, higher-census facilities tend to use agency at above-average rates; the hours-weighted figure accounts for this.

Adjusted Hours per resident day (HPRD) and RN HPRD: Total nursing hours (or RN hours) divided by total resident days in the reporting period. National averages are computed as hours-weighted means across all facilities.

Turnover: Annual turnover rates are sourced from the CMS Provider Information file (May 2026 release), which publishes facility-reported nursing staff turnover as a percentage of the average workforce. National figures represent the facility-level mean across all SNF-only facilities.

Rehospitalization and falls: Sourced from CMS MDS Quality Measures (May 2026 release). Rehospitalization rate is the percentage of short-stay residents rehospitalized within 30 days of admission. Falls rate is the percentage of long-stay residents who experienced a fall with major injury. State averages are sourced from CMS State Averages files published alongside the MDS QM data. National benchmarks used for color coding in this report are 23.9% (rehospitalization) and 3.18% (falls).

State-level table: State benchmarks in Section 8.2 represent the hours-weighted facility average for each state, computed from Q2–Q4 2025 PBJ data.

Workforce Survey Data

Source: Surveys distributed to frontline nursing staff in the Covr platform, May–June, 2026 with 200-300 responses per question.

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