



# Lights on after dark: Launching the OR night shift

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## Background and Clinical Issue

In June 2024, the Northeast Georgia Medical Center (NGMC) Braselton Operating Room (OR) reported a 37% vacancy rate among Registered Nurses and Surgical Technologists, accompanied by an overall turnover rate of 59.8%. Analysis of 1:1 staff feedback and Employee Engagement Survey data identified the call requirement as the primary driver of staff separation.

As NGMC Braselton experienced rapid market share growth and rising patient acuity, the volume of after-hours and weekend surgical cases increased significantly over several years. To meet these demands, OR staff were scheduled for four 10-hour shifts, with a minimum requirement of six late shifts and eight call shifts within each six-week scheduling period. These escalating workload expectations contributed to staff dissatisfaction, burnout risk, and ultimately higher turnover.



## Clinical Setting and Description of Team

Northeast Georgia Medical Center (NGMC) Braselton is a not-for-profit community hospital within the five-hospital Northeast Georgia Health System (NGHS), which serves more than one million residents across 19 counties. NGMC Braselton is a 236-bed acute-care facility that operates seven surgical suites supporting a broad range of specialties.

The Operating Room (OR) leadership structure includes a vice president, executive director, directors, managers, assistant nurse managers, clinical specialty coordinators, and clinical educators. This multidisciplinary leadership team is responsible for operational oversight, clinical quality, workforce management, and staff development within the perioperative environment.



## Preparation and Planning

- Identified root causes of turnover through analysis of Employee Engagement data and structured staff interviews, which revealed excessive call requirements as the primary factor contributing to staff separation.
- Reviewed after-hours and weekend demand by analyzing three months of surgical case volume occurring outside standard operating hours.
- Assessed workload impact using three months of timecard data to calculate the total number of after-hours hours worked by OR staff.
- Conducted financial analyses using income-statement data to determine the three-month cost of call pay and agency labor.
- Estimated the financial impact of turnover based on national benchmark data for RN turnover costs.
- Developed a comprehensive proposal to add 14 additional FTEs to support 24/7, seven-day-per-week coverage across the Operating Room, Post-Anesthesia Care Unit (PACU), and Sterile Processing Departments.
- Engaged key stakeholders—including Senior Leadership, Finance, and Human Resources—to validate findings, review the proposal, and obtain support for implementing the revised staffing model.

### Staffing Plan

Dept	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
OR (2 FTE)	7p-7a	7p-7a	7p-7a	7p-7a	7p-7a	Cover with Call	7p-7a
PACU (2 FTE)	7p-7a	7p-7a	7p-7a	7p-7a	7p-7a	Cover with Call	7p-7a
SPD (2 FTE: 1 FT, 2 PT)	11p-7a	11p-7a	11p-7a	11p-7a	11p-7a	7a-7p 7p-7a	7a-7p 7p-7a

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## Implementation

Following leadership approval, all new positions were posted with support from Human Resources and Recruiting. The proposal was formally introduced to staff across all affected perioperative departments, and team members were given structured opportunities to ask questions and express concerns about the upcoming staffing model changes.

Night shift roles were first offered to existing OR, PACU, and Sterile Processing staff before being made available to internal and external candidates. Once hiring was complete, clinical educators developed individualized orientation plans tailored to each new night-shift team member.

Because implementation of the night shift required modifications to the existing call model, leaders from the Central Transfer Center were notified to ensure alignment across operational workflows. The OR Manager and Assistant Nurse Manager collaborated with night-shift staff to develop shift patterns and scheduling guidelines that met clinical needs and team preferences.

After establishing the official go-live date, communication was disseminated to the Physician Operations Council, Senior System Leadership, and surgeons across the Braselton campus to ensure systemwide awareness and a smooth transition to the new staffing model.

### Summary

FY24	Cost	Percent Reduction	Savings
Agency	\$ 1,720,000	30%	\$516,000
RN Turnover (Rolling 12 months)	\$ 605,000	50%	\$302,500
Call Pay	\$ 308,894	50%	\$154,447
Projected Salary Expense			\$1,323,192
Incremental Expense			\$350,245

Projected Salary Expense: \$ 1,323,192

Projected Savings from Current: \$ 972,947

Incremental Expense: \$350,245

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## Outcome

Following the implementation of the OR night shift, there was a substantial reduction in overall turnover, declining from 59.8% (June 2024) to 20.8% (June 2025). The Braselton OR vacancy rate decreased markedly from 37% to 3.6%. Additionally, employee satisfaction improved, and the 2025 engagement survey results showed notable gains.



