

REDUCING OVERTIME COSTS IN THE EMERGENCY DEPARTMENT AT HUMBER RIVER HEALTH

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DESCRIPTION

Emergency Department (ED) overtime costs have historically placed significant strain on both operational budgets and staff wellness. Persistent challenges such as high vacancy rates, increased sick time, and unpredictable surge demands have contributed to escalating overtime expenditures amplifying fatigue and turnover among frontline staff. In response, Humber River Health (HRH) launched a targeted, data-driven initiative focused on reducing overtime through improved governance structures, staffing stabilization strategies, and process optimization. This initiative leverages real-time financial monitoring, improved scheduling practices, and strengthened workforce planning. The overarching goal is to promote financial sustainability, optimize resource utilization, and foster a healthier, more resilient work environment that supports staff retention and well-being while maintaining safe, high-quality patient care in a demanding clinical setting.

OBJECTIVE

To achieve at least a 50% reduction in Emergency Department overtime costs between August 2024 and August 2025 through targeted workforce stabilization, governance improvements and process redesign interventions.

ACTIONS TAKEN

- Reinforced overtime approval guidelines requiring Director/Manager approval for all overtime shifts.
- Introduced monthly ED financial reviews using a real-time financial tracking tool to identify trends and variances.
- Maintained full staff complement through recruitment and retention strategies.
- Expanded and trained the ED nursing resource team (NRT) pool nurses to support surge capacity and reduce reliance on overtime.
- Enforced sick time management programs through consistent tracking and early intervention.
- Streamlined new staff orientation and implemented cross-training with the Intensive Care Unit to enhance workforce flexibility and skill mobility across departments.

OVERTIME (YTD AUG)

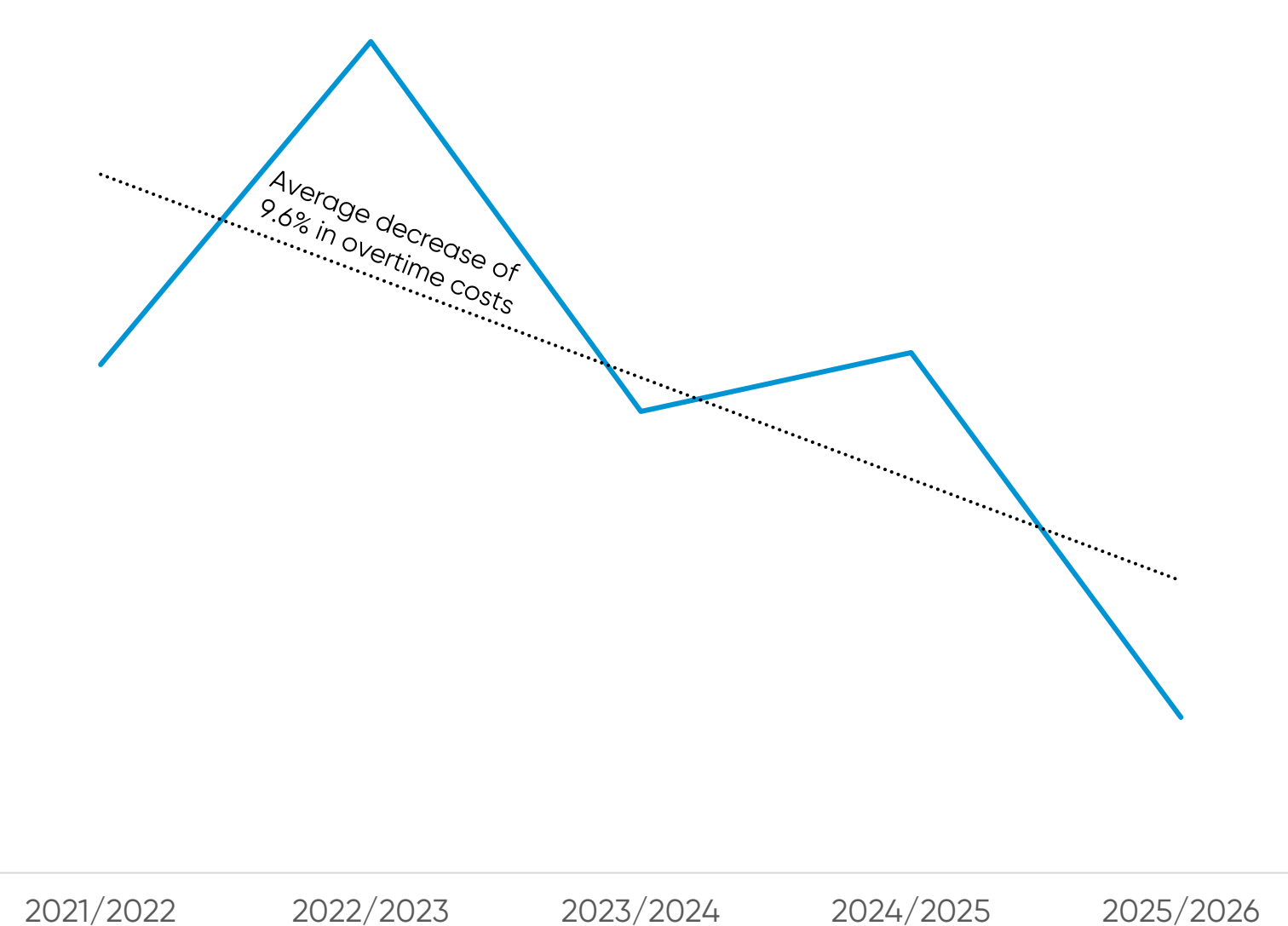


Figure 1. Reduction in Year to Date ED Overtime Costs (fiscal years 2021/22, 2022/23, 2023/24, 2025/26), average reduction of 9.6% in overtime costs. Implementation of OT governance and staffing strategies drove significant cost reduction trends.

ORIENTATION (YTD AUG)

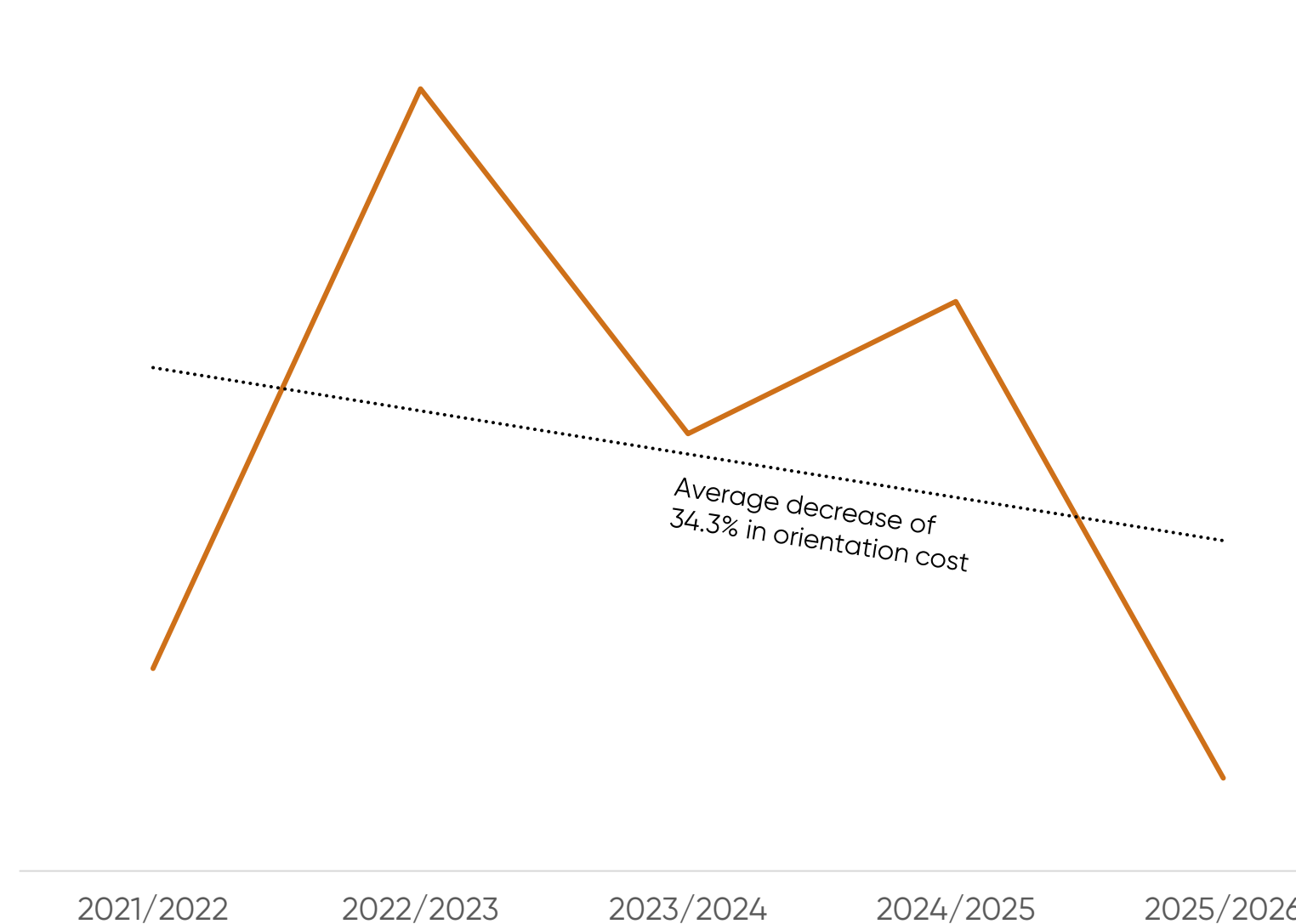


Figure 2. Orientation Cost Reduction Over Time Year to Date (fiscal years 2021/22, 2022/23, 2023/24, 2025/26), with an average decrease of 34.3% in orientation costs. Structured orientation planning, centralized scheduling, and cross-training reduced duplicate sessions and onboarding costs, improving financial sustainability.

SICK LEAVE (5 YR Trend)

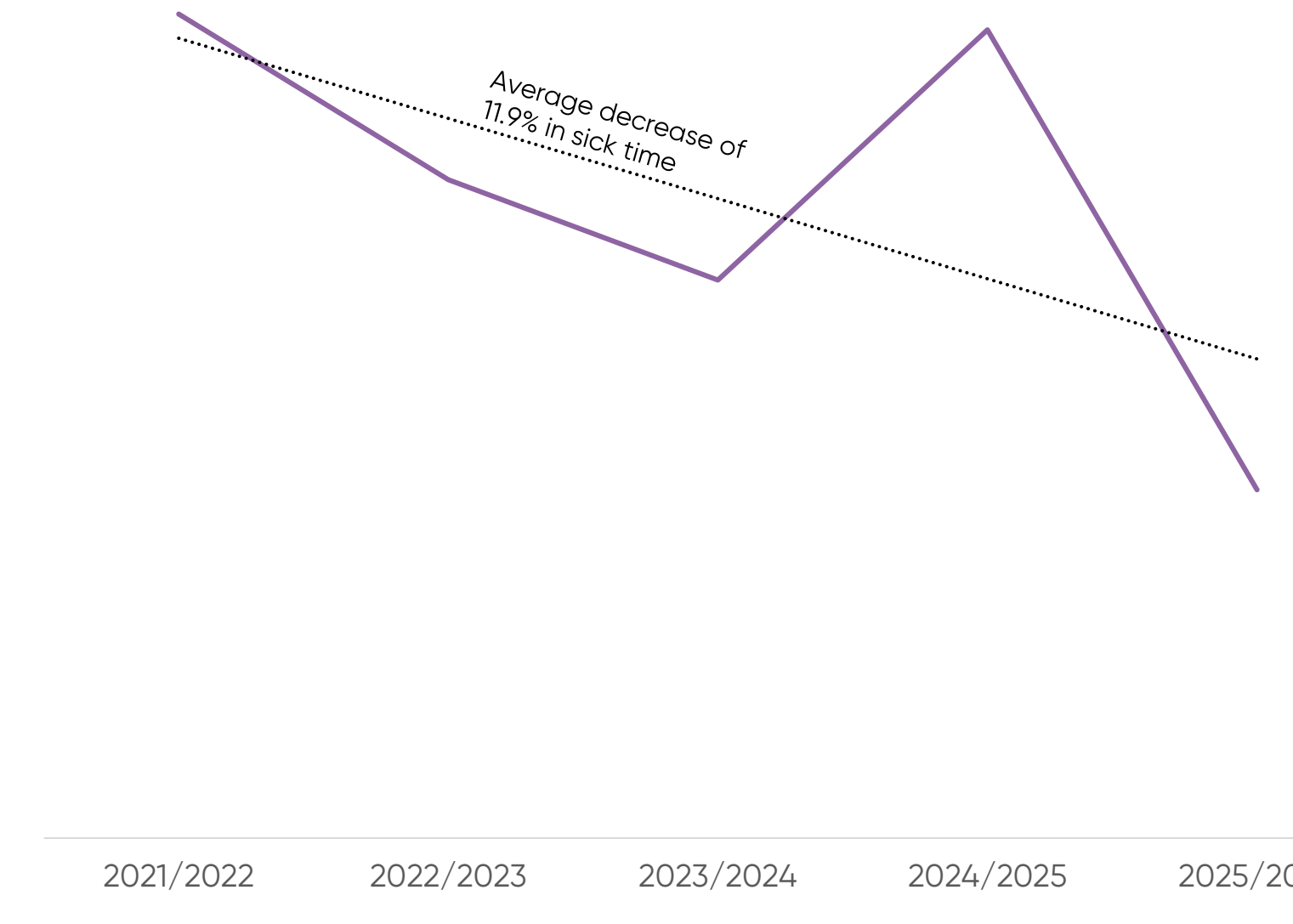


Figure 3. Five-Year Sick Leave Trend, an average decrease of 11.9% in sick time. A steady decline in sick time rates over five years reflects improved attendance management, early intervention programs, and workforce stability.

SUMMARY OF RESULTS

Through strategic planning HRH's emergency department team observed the following:

- Overtime costs decreased by 70% in Q1 & Q2 2025/26 fiscal year compared to 2024/2025 baseline
- Increased staffing stability supported by NRT-trained nurses during surge periods
- 1.5% reduction in sick time YTD 2025/2026 compared to YTD 2024/2025 and improved adherence to budget forecast
- Decreased reliance on unplanned overtime
- Enhanced scheduling practices contributed to increased staff satisfaction and improved work-life balance

LESSONS LEARNED

Clear governance and consistent accountability are critical to achieving cost containment. Building a flexible, well-trained staffing pool reduces reliance on overtime while enhancing service resilience. Sustained success depends on ongoing monitoring, transparent communication with leadership, and proactive management of attendance and staffing resources.

