

Workforce Stability Through Structured Third-Party Clinical Staffing: A Cost-Effective Strategy to Enhance Operational Performance in Organ Procurement Organizations

Christopher Thome, Josh Angel, Matt Terry, Nick Seals • Dedicated Staffing Solutions

Background / Purpose

Organ Procurement Organizations (OPOs) face persistent workforce instability driven by high turnover, specialized clinical skill requirements, and continuous on-call demands. These pressures often result in excessive overtime, schedule volatility, staff burnout, and increased indirect labor costs which threaten operational efficiency¹. Studies and industry reporting have found that OPO staff attrition rates typically range from about 17% to 28% per year². This figure comes from analyses of OPO workforce trends and best-practice reports in the donation community. In practical terms, an OPO might expect that roughly one in four to one in six employees leaves annually, which is substantially higher than average turnover rates in many professional healthcare positions.

Our goal was to design and evaluate a structured workforce model that stabilizes staffing capacity, reduces disruption associated with turnover, improves local team member work-life balance and professional longevity, and creates cost predictability across critical operational service lines such as family support, donor-case management, procurement, and preservation coordination. We predict such operational efficiencies will aid OPOs in their life-saving mission of increasing donation opportunities for transplantation and research through the establishment of a stable, sustainable, and optimized workforce.

Approximate Annual OPO Attrition Rates by Role

Role Category	Estimated Turnover Rate	Primary Drivers
Clinical Nursing/Support Staff	~25–35%	Intensive care workloads, travel, irregular hours
Organ Procurement / Transplant Coordinators	~20–30+%	Clinical stress, on-call, burnout
Administrative & Operational Staff	~15–25%	Nonclinical but nonprofit constraints
Executive / Leadership	~5–10%	Stability, long-term leadership tenure

Approximate Annual Staff Replacement Costs

Cost Category	Cost Components	Estimated Cost Range (USD)
Recruitment & Hiring	Job advertising, recruiter fees, HR time, interviews, candidate screening	\$8,000 – \$16,000 ^{3,4}
Onboarding & Orientation	Credentialing, onboarding administration, training materials, preceptor time	\$6,000 – \$12,000 ³
Training / Competency Development	Orientation period (8–12 weeks), simulation, competency validation	\$15,000 – \$25,000 ⁴
Vacancy Coverage Costs	Overtime, temporary staffing, call coverage while role is vacant	\$15,000 – \$35,000 ^{3,7}
Productivity Loss During Ramp-Up	Reduced efficiency while new staff reach full competency (3–6 months)	\$20,000 – \$40,000 ⁴
Organizational Disruption & Burnout Effects	Schedule instability, staff fatigue, secondary turnover risk	\$10,000 – \$25,000 ⁶

Methods

We designed a structured staffing intervention in which approximately 17.5-25% of non-administrative operational capacity would be intentionally assigned to a third-party frontline staffing layer. Rather than serving as ad-hoc or emergency coverage, this workforce segment would be integrated into routine schedules across procurement coordination, donor family services, and recovery operations.

Partner professionals would be onboarded to organizational protocols, competency expectations, and documentation standards while being scheduled in advance within standard rotations. This layer enhances rotation stability (including nights / weekends / holidays). We envisioned an economy of scale financial framework in which sustained utilization at or above a defined monthly shift threshold activates a discounted per-shift rate further aligning costs with operational stability.

The example schedule below shows 13 third-party shifts out of 60 (~21.5%). It creates weekend/night relief for local team members while normalizing third-party presence in the schedule enough to be known commodities to the OPO and local donor hospitals, while not being significant enough of a presence to displace the existing OPO culture.

Day	Day Shift	Night Shift
Mon	OPO	OPO
Tue	OPO	OPO
Wed	OPO	OPO
Thu	OPO	OPO
Fri	OPO	3rd Party
Sat	OPO	3rd Party
Sun	OPO	3rd Party
Mon	OPO	3rd Party
Tue	OPO	OPO
Wed	OPO	OPO
Thu	OPO	OPO
Fri	OPO	3rd Party
Sat	OPO	3rd Party
Sun	OPO	3rd Party
Mon	OPO	3rd Party
Tue	OPO	3rd Party
Wed	OPO	OPO
Thu	OPO	OPO
Fri	OPO	3rd Party
Sat	OPO	3rd Party
Sun	OPO	3rd Party
Mon	OPO	3rd Party
Tue	OPO	OPO
Wed	OPO	OPO
Thu	OPO	OPO
Fri	OPO	OPO
Sat	OPO	OPO
Sun	OPO	OPO
Mon	OPO	OPO
Tue	OPO	OPO

The above example schedule can (and should) be applied to multiple service lines at once to provide increased operational capabilities across multiple roles within the organization. Multi-month or annual service agreements can be created in advance to establish operational stability, cost predictability, and if exceeding the 25% threshold trigger economies of scale discounts to benefit the OPO. Economies of scale benefits and planned utilization of supplementary staffing is more defensible during budgeting due to its strategic rather than ad-hoc or emergency staffing. This framework rewards integration while simultaneously increasing operational efficiency.

Results

Compared with the traditional reactive staffing approach, we believe the integrated model demonstrates measurable reductions in turnover-driven cost impacts and vacancy-related overtime expenses. The model revealed that achieving a consistent partner utilization level (≥25%) not only triggered cost incentives but also converted often volatile staffing expenses into a predictable infrastructure cost.

Operationally, the embedded staffing layer reduced schedule variability, minimizes emergency call-ins, and distributed workload more evenly across the workforce, enabling local staff to have schedules more aligned with their desired work-life balance. The structured approach preserves internal staff capacity for leadership, quality assurance, and complex case continuity.

The model effectively builds predictable rotations, creates protected off-days/weeks, establishes true night/weekend distribution, dedicated relief blocks, and allows for planned PTO without extreme pre-PTO or post-PTO work schedules. The schedule not only alleviates typical local team member work-life balance concerns but allows for planned organizational growth through training pipeline rebuilds, internal promotion schedule gap mitigation, and increases in donor case volumes.

Conclusion

OPOs are being subjected to increased pressure from the federal government (CMS/HRSA) as well as the public. Highly reliable, redundant, and transparent operations are the expectation and the pursuit of higher organ donor and transplant volumes in the setting of new technologies is not making the standard easy to achieve. More medically complex donors, increases in donation after circulatory death cases, utilization of novel procurement techniques (NRP), and impactful but comprehensive organ preservation technologies are stressing current OPO operations.

The standard across OPOs is to utilize professional partner services that employ team members with at least two to three years of experience. Given the burnout rate for the typical OPO clinical roles, experienced coordinators are not easy to come by. Coordinators that have experience at more than one or two OPOs is even rarer. Third-party staffing agencies provide immediate access to a pool of experience that is not realistically available to any one local OPO.

This structured staffing intervention has direct applicability to OPO operations, offering a sustainable and financially responsible strategy to manage workforce challenges endemic to organ donation. By reducing reliance on ad-hoc coverage and improving schedule predictability, the model enhances operational resilience, mitigates burnout, stabilizes performance, and supports program objectives. This model can serve as a decision tool for other programs seeking to optimize workforce design, align labor expenses with operational demands, and strengthen long-term organizational performance in a complex, difficult, and ever-changing care environment.

Citations

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