

Beaumont Hospital, Grosse Pointe

Request to Fill a New or Vacant Position

To evaluate your request to fill a vacant position, complete the following information and discuss and obtain approval by your Administrator prior to sending this form on to the Review Council for approval.

Department Name: **Radiology Admin 742004**

Job Title: **Clinical Nurse II**

Check one: ☐ Full-time ☒ Part-time (# hours) ☐ Contingent (# hours)

Is this position a direct patient care position? ☒ Yes ☐ No

Position is: ☐ New N/A ☐ Replacement for: **N/A**

If position is "New", work with your Financial Analyst to prepare financial justification ☒ Yes ☐ No or impact on your current and annual budget expense.

Briefly, but specifically, explain any history, pertinent information or consequences of not filling this position in terms of patient care/safety, services or lost revenue (attach separate memo or list below).

The Department of Radiology Admin is requesting the conversion of the current contingent Clinical Nurse II position to a full-time 0.5 Clinical Nurse II position.

The volumes in radiology procedures at Beaumont, Grosse Pointe are up across the board, most specifically the cases in the Breast Center, Vein Center, Ultrasound and CT. All of these areas mentioned require a registered nurse to perform procedures. Currently we have a 1.0 and 0.5 FTE RN positions in the Radiology Department and request an additional 0.5 FTE to accommodate the increase in volume. The actual volume from 2015 to 2016 demonstrates a 56% increase in both CT and Ultrasound procedures requiring a Radiology Nurse. Please see the attached graph which supports the addition of the 0.5 FTE RN position.

To improve efficiency and flow in US and CT departments, there will need to be two RN's working every day 8-430 M-F. Having another 0.5 FTE RN to share in the workload will decrease delays and cancellations of US and CT procedures. This in turn will aid with increasing the CT and Ultrasound departments workflow/efficiency which will ultimately decrease the length of stay concerns.

Due to the increased procedure volume, having one RN working in the CT/US area does not allow the department to effectively provide pre or post procedure phone calls to our outpatient/inpatients populations. Pre and post procedure phone calls are a huge patient satisfier and would aid in communication, efficiency and workflow within the CT and US departments. Being prepared ahead of time aids in having the patient properly prepped and ready for a procedure and less likely the need to cancel a procedure. Currently, inpatients are cancelled/delayed due to the lack of manpower on a daily basis. To remedy this issue, an

addition to staff will greatly decrease the amount of delays caused by patient's not be prepped in a timely fashion.

New opportunities that can be added to the Radiology Nurse daily duties which are not being done consistently with our current staffing model:

The Radiologist would like a nurse to assist them in all future myelograms and arthrograms. Currently, we are unable to assist in these procedures due to lack of man power. There is always a potential for these patients to have a vasovagal reaction, and having a nurse with a patient for every procedure will increase patient safety/imaging productivity and decrease Physician stress due to the lack of a RN being present.

Lastly, there is currently no coverage for the radiology nurses to be able to take a day off. The current nursing staff have been covering each other for vacations/call in's but have recently struggled to achieve this due to the increase in patient volume. Having another RN 0.5 FTE will allow in cross training of the Radiology nurses so that they will be able to cover each other for vacations and days off effectively. By adding an additional 0.5 FTE to the Radiology Nurse roster, we will see increases in both patient safety and employee satisfaction. Along with the positive increases, we will see decreases in both employee burnout and turnover of staff within the Radiology department.

Please attach all documentation that would quantify the need for the position. Please add some or all of the following above or in a memo to your administrator prior to bringing the request forward:

Benchmark data (national, management engineering, other) (yes/no?) Y

Productivity measures (yes/no) Y

Financial impact on overall salary costs (obtain the following information from your analyst in Financial Services – this information must be attached):

Projected financial impact on R/C (yes/no) Y

Department actual volumes annualized (current year and two years prior) (yes/no) Y

Department budgeted volumes annualized (current year and two years prior) (yes/no) Y

Salary cost per procedure (current year and two years prior) (yes/no) Y

Copy of most recent financial transaction detail reports (current month and YTD) Statement of Operations

Is this a leadership position? NO If yes, include department reporting hierarchy ____

Customer satisfaction data (yes/no) Y

Any alternative methods investigated to avoid filling this position and any other data that will assist the committee in evaluating this request? (lesser paid position, change in hours of operation or schedule, part-time, contingent, re-evaluate work flow?) Y

Submitted by: Mark A. L. Blane Heidi Kemper AM
Department Director Date 12/13/16

☒ Approved

☐ Not Approved

☒ Approved

☐ Not Approved

Robert Kipsatich 12/13/16
Administrator Date

De M. Stuart 12/13/16
Review Council Designee Date

To schedule time to present to the Vacancy Review Council:

1. Contact Hospital Administration at ext. 1502 to schedule time on the Vacancy Review Council agenda.
2. All requests must be received by Hospital Administration three days before the Review Council meeting.
3. After requests are approved at the VRC meeting, submit approved request on line using on-line 525 approval process.