

## Questions and Input Data

You need to complete the 12 questions in the AHRA Staff Modeling Tool. You may need to do a little research beforehand to answer a few of them. The input data is typically easily available, either on standard monthly reports or basic knowledge of how the organization is managed.

### **Question 1: Procedures by Modality**

Tell us about the number of procedures you perform in each of the following areas. Also tell us how many sites you operate in each area. (Do not count mobile service units.)

Not all systems collect/aggregate data the same way, but it should be found within the framework of your hospital's data reporting systems. **1 procedure = 1 CPT code.** (Note: we know that some CPT codes represent multiple procedures, if your procedure count breaks these out as separate procedures let us know)

In addition:

- Diagnostic (including flouro)
- Mammo (including dexa)
- IR SHOULD NOT be included in these statistics

Dates that are represented by the data: Data as much as possible should come from the same period - data may represent a recent month or year, just indicate the date and length of period represented. The black box will recognize the number of days represented by the dates entered.

The numbers in this table are for the period between

	TO	
<b>Operations</b>	<b>Total Procedures</b>	<b># of Sites</b>
Diagonostic Radiology		
CT		
Magnetic Resonance		
Ultrasound		
Nuclear Medicine		
Mammograms		
PET		

### **Question 2: Sites and Hours**

For each operation above you will need to know the hours of service for each site. Choose the operating schedule that is closest.

Sites of Service: Each location a modality is provided is counted as a site.

**Hours of Operation:** Indicate the number of hours a site is staffed - open for service - most hospital based departments covering ED are 24/7, and outpatient centers are M-F 8-5, Sat 8-12, this is how to represent it. In the hospital departments each section may have specific hours – only represent the hours with regular staff (NOT on-call staff, eg - nuc med is M-F 8-5, although an on-call person may be available other times). The model does not leave this open ended but suggests specific shift options. The user is expected to select the option closest to their situation.

Example:

Site	Mon thru Fri	Sat-Sun
MR Site #1	No Work ▼	No Work ▼
MR Site #2	No Work	No Work ▼
MR Site #3	1 Shifts	No Work ▼
	2 Shifts	
	3 Shifts	

### Question 3: FTEs

How many FTEs do you have in your imaging group that are covering the OR? \_\_\_\_\_ FTEs  
 Are these FTEs charged to the OR or Imaging Department? (check one)

- OR Department
- Imaging Department

OR coverage is handled differently in almost every organization – the most important issue is matching staffing and procedures here – so we are looking for three key things:

- How many staff / hours are given to cover the OR. Only the dedicated staff should be included, not those that go over only to perform a procedure then return to the department.
- Are these staff and hours included in the imaging department or the OR? Sometimes the RTs are included in the OR's staffing (since the OR typically gets the revenue because the images are bundled in the surgical case cost.) But most often this staff is on the imaging department cost center.

### Question 4: Revenue

What % of the total revenue does outpatient revenue represent the total imaging revenue?  
 \_\_\_\_\_ %

The end goal here is to understand what % of your activity is IP vs OP. Most common industry conventions represent this as  $OP\% = \frac{OP\text{ Revenue}}{\text{Total Revenue}}$ . This OP% is a proxy measure for the acuity of the patients.

### Question 5: Productivity

How important is PRODUCTIVITY to your imaging operation? (check all that apply)

- \_\_\_ Monitor & report on productivity MONTHLY
- \_\_\_ Monitor & report on productivity DAILY
- \_\_\_ We are a for-profit healthcare provider
- \_\_\_ None of the above

Ownership:

- Community/Not For Profit: This can be very broad but includes most hospitals.
- Investor Owned: Like Tenet and HCA but can also be a smaller corporation, pays an income tax on its profits, and is assumed to be very focused on expense management.
- Government: typically military and VA hospitals, most county hospitals should be included in the Community/NFP category.

**Question 6: Patient Satisfaction**

How important is SERVICE to your imaging operation? (check all that apply)

- \_\_\_ Monitor & report on productivity MONTHLY
- \_\_\_ Monitor & report on productivity DAILY
- \_\_\_ We have completed projects in the last 2 years that have improved service noticeably
- \_\_\_ None of the above

**Question 7: Magnetic Resonance**

Do you staff the MR operations to keep the machines operating all the time and maximize machine utilization? Yes or No (circle one)

Only MR operations result in the cost of the equipment exceeding the cost of staff. Some organizations that have a large enough market will staff the MR units in such a way that the unit is always in use – one patient is being prepped, another patient being scanned, and a tech is completing the work of the last patient on the scanner preparing the image for reading. Three techs are working one machine. If this is your hospital you will check that your work to maximize MR utilization through staffing.

**Question 8: Flex Time**

Are you flexing and / or sharing imaging staff as demand dictates? (check all that are true)

- \_\_\_ Overtime hours are running at more than 2.0% annually
- \_\_\_ More than 20% of the full time staff average less than 40 hours / week
- \_\_\_ If the work is just not sufficient to keep everyone busy we will regularly send staff home
- \_\_\_ If the work is just not sufficient to keep everyone busy we will regularly shift imaging staff to other sites
- \_\_\_ Staff are cross trained and regularly cover more than one modality to stay busy
- \_\_\_ None of the above

**Question 9: Student Interns**

Do you use student interns in your operation? If so, how many FTEs (shifts) do they IN TOTAL represent? (check one)

- \_\_\_ 16 or more FTEs (Shifts)
- \_\_\_ 7 to 15 FTEs (Shifts)
- \_\_\_ 0 to 6 FTEs (Shifts)
- \_\_\_ We don't use student interns

**Teaching:**

- Academic: Has a medical school on campus
- Teaching: Has residency programs for training graduate MDs
- Radiology residencies need to be identified
- RT school: Estimate how many shifts a week students work

**Question 10: Medical Residents**

Do you use medical residents in your operation? If so, what type of residents are they? (check one)

- \_\_\_ General residents
- \_\_\_ Radiology-specific residents
- \_\_\_ We have no residents serving in our organization

**Question 11: Location**

Is your hospital(s) generally located in urban, suburban, or rural areas? (check one)

- \_\_\_ Urban
- \_\_\_ Suburban
- \_\_\_ Rural

Urban: In the city surrounded by other big buildings and typically serving a mixed population including indigents

Suburban: Near the city but with neighborhood and usually single family houses nearby

Rural: Usually a single hospital town

**Question 12: Hospital Size**

How large is your hospital(s) generally?

- \_\_\_ Small (<100 Beds)
- \_\_\_ Medium (101 to 250 Beds)
- \_\_\_ Large (250+ Beds)

**Optional: Your Actual Staffing FTEs**

Your organization's actual staffing can be entered to allow comparison on the reporting page.

<b>Operation</b>	<b>Actual Staffing FTEs</b>
Dx	
CT	
MR	
US	
NM	
MM	
PT	