



Monterey County

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Board Report

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Adopt Resolution to Amend the Natividad Medical Center FY 2014-15 Adopted Budget (Unit 9600) to Add the Following Positions: 4.0 FTE Radiologic Technologist, 1.0 FTE Supervising Nurse I, 1.8 FTE Staff Nurse II, and 1.8 FTE Surgical Technician; and Authorize the County Administrative Office to Incorporate the Approved Changes in the Natividad Medical Center FY 2014-15 Adopted Budget (Unit 9600).

RECOMMENDATION:

It is recommended that the Board of Supervisors:
Adopt Resolution to Amend the Natividad Medical Center FY 2014-15 Adopted Budget (Unit 9600) to Add the Following Positions: 4.0 FTE Radiologic Technologist, 1.0 FTE Supervising Nurse I, 1.8 FTE Staff Nurse II, and 1.8 FTE Surgical Technician; and Authorize the County Administrative Office to Incorporate the Approved Changes in the Natividad Medical Center FY 2014-15 Adopted Budget (Unit 9600).

SUMMARY:

Natividad Medical Center recommends the addition of the following critically-needed positions in the hospital's Diagnostic Imaging Department and Surgical Services Division:

	Revised Total to		
	NMC FY 2014-15		
<u>FTE Change</u>	<u>Classification</u>	<u>Title Class</u>	<u>Code Adopted Budget</u>
Add 4.0	Radiologic Technologist	50R21	20.8
Add 1.0	Supervising Nurse I	52A16	13.3
Add 1.8	Staff Nurse II	52A19	264.8
Add 1.8	Surgical Technician	50U27	10.8

DISCUSSION:

Natividad Medical Center recommends the addition of critically-needed positions in the hospital's Diagnostic Imaging Department and Surgical Services Division.

The NMC Diagnostic Imaging (Radiology) Department consists of three main modalities: Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and radiology imaging (X-Ray). The department requested an additional 2.6 FTE for NMC's Trauma Services as a plan for the anticipated volume based on the in-house census increasing to a daily average census of 102. NMC formed this plan by identifying shifts where only one Radiologic Technologist was working, which was the night shift. The volume of patient procedures was predicted to increase by the same percentage as the volume for the inpatient census. However,

the volume for patient procedures in the department has increased at a higher rate than anticipated. CT volume has increased by 53% year-to-date, with a 101% increase in January; MRI volume has increased by 23% year-to-date, with a 68% increase in January; and X-ray volume has increased by 13% year-to-date, with a 30% increase in January. This increase has required additional staffing on all shifts, most noticeably during the evening and weekend shifts.

The increase in volume has happened not only from Trauma Services, but from other services that have increased the need for imaging as well, such as: 1) The department dedicates one Radiologic Technologist to the Operating Room daily for Orthopedic Surgery procedures, but has increased this to two Radiologic Technologists to accommodate their increase in scheduled procedures; and 2) Neuro-surgery has requested that the department increase the availability of Radiologic Technologists in MRI. Previously, the department was open only Monday through Friday, from 8:00 am until 4:00 pm; however, Neurosurgery has increased their service hours to 7 days per week, from 8:00 am until 6:30 pm, with the ability to call in an MRI Radiological Technologist during off hours. Addition of these Radiologic Technologists will allow NMC to provide MRI services during these expanded hours. The NMC Diagnostic Imaging Department has been using registry staff to increase staffing levels to meet the demands of the above-mentioned volume increases, and is requesting the addition of 4 full time Radiologic Technologists to eliminate the need for registry staff to provide these services.

A Supervising Nurse I is needed in the Interventional Radiology (IR) Department of the Surgical Services Division due to an increased complexity and number of procedures in IR requiring additional "hands-on" supervision. The current interim solution of utilizing the Supervising Nurse I assigned to the Surgery/Operating Room is no longer feasible due to increased surgery volumes and span of control concerns. Additionally, the continued program expansion of Interventional Radiology, to include such procedures as pacemaker insertions and aortic endographs, will require development of additional policies and procedures, as well as ongoing staff training and direct supervision. Therefore, a full time Supervising Nurse I is needed in the IR Department.

Given current staffing levels in Surgery/Operating Room, surgical cases can only be performed in 3 staffed rooms and one room designated for Trauma. Surgeons are requesting a 4th room be staffed for urgent cases that need to be added to the schedule that have either come through the Emergency Department or from surgeons' offices. In addition, the Surgical Services Division has seen an increase in surgical cases related to physician availability at NMC. Currently, NMC schedules the additional "add on" cases only when space is available, causing patient waits and physician & patient dissatisfaction. Having the additional Staff Nurse IIs and Surgical Technicians requested above will give surgeons the ability to schedule later start times, outside of the normal surgical schedule, and add surgical cases in a more timely manner.

OTHER AGENCY INVOLVEMENT:

None.

FINANCING:

The total of the above action results in an increase of approximately \$276,156 in salary and benefits costs to the NMC FY 2014-15 Budget (Unit 9600). The annualized increase in salary and benefits costs is approximately \$1,804,704. The additional positions requested in this action are included in the requested NMC FY 2015-16 Budget (Unit 9600) for the upcoming fiscal year. This action has no impact on the General Fund.

Prepared by:

Approved by:

Janine Bouyea, NMC HR Administrator _____
Gary Gray, DO, Interim Chief Executive Officer

Attachments: Resolution



Gary Gray DO, Interim Chief Executive Officer



Date