Right sizing roles in radiology

Patient Care Services Nurse Practitioners

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Background

Healthcare organizations across the country are re-evaluating their workforce to ensure financial survival and sustainability.[1,2] Loss of one qualified advanced practice provider is associated with significant financial loss and impacts quality.[3] An evaluation of human resource data revealed a 75% vacancy rate with a pattern of cyclical loss among advanced practice nurses working in radiology.

Purpose

The purpose was to identify the root cause of loss and implement corrective action. Ultimately with corrective action leading to a decrease in Advanced Practice Provider vacancy rates within the radiology department.

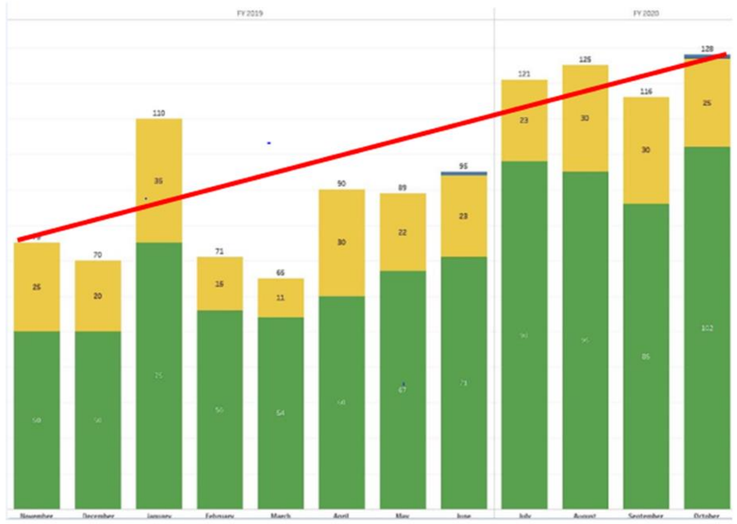
Methods

Key stakeholders were identified including nursing leadership, advanced practice leadership, executive nursing leadership, radiology supervisors, and radiologists. Interviews were conducted with advanced practice providers who vacated positions within the last 6 months and existing staff. We identified a second academic medical center with low turnover among advanced practice providers and completed a site visit to understand alternative workflow. Interviews and site visit results were presented to stakeholders. An advanced practice role redesign plan was developed with broad support from the key stakeholders.

Implementation

Two high value nurse care coordinators were hired and positioned within the radiology department. Advanced practice leadership hired an APP radiology supervisor who was located directly within radiology as a “boots on the ground” to reinforce and ensure advance practice provider role delineation. APP supervisor worked with nursing leadership to reassign RN, secretary, and scheduler tasks that previously fell under the APP role. Two full time and one per diem APPs were hired into radiology. APPs within radiology began focusing on and performing procedural care and offloading lower risk procedures from the Attending templates.

Post intervention volume of procedures over time (November 2019 – October 2020)



Results

Interviews revealed that APPs were often working well below the top of scope of practice. They were used interchangeably with registered nurses, secretaries, and schedulers. Interviews with radiologists revealed a poor understanding of the advanced practice role which reinforced continued underutilization. Appropriate utilization has been identified as a key driver in staff retention. APPs who feel that they are used to top of scope are 22% less likely to consider leaving an organization in the next twelve months.[4] They are also more likely to recommend the organization as a good place to work.

As part of the role redesign plan, we worked with nursing leaders to add high value nurse care coordination roles. Advanced practice provider supervision was aligned with an advanced practice supervisor. Physicians were educated about ideal division of labor. Nursing and secretarial responsibilities were appropriately reassigned and APRN’s began performing procedural care. These changes resulted in doubling paracentesis volume and reducing vacancy to 25%. It also resulted in an increase in physician productivity by allowing them to re-focus their practice on more complex procedural care with a higher RVU and margin.

Conclusion

Rightsizing nursing roles not only reduces vacancy and loss but also improves financial performance and productivity for advanced practice providers and radiologists.

Implications

Redesigning the role of Advanced Practice Providers in radiology has financial, professional, and institutional benefits. Proper role delineation has led to a 0% vacancy rate within radiology indicating greater job satisfaction for APP’s. Subsequently there was a significant increase in procedural exams performed by APP’s and Attending radiologists.

References

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