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Tauranga Hospital – The Review of MRT Rosters and moving MRT's to a 40 Hour week

Making changes to entrenched MRT roster patterns is a difficult and courageous journey that requires genuine engagement between the DHB, MRTs and APEX.

For Tauranga Hospital the discussion and discovery work began in 2011 with the implementation of stage 1 completed in November 2013 and the final stage to be completed in November 2014. A staged approach was adopted to make the cost of moving MRT's to 40 hours more affordable by spreading the increase across two financial years. It also allows us time to ensure that the new interim roster implemented in Stage 1 was addressing most of the identified issues and that the additional FTE to be employed for Stage 2 is applied to the correct shifts.

Background

The Tauranga MRT roster had not changed significantly for a period of more than 10 years despite there being major changes to the type of work being performed and when it was taking place. i.e. Increase in Inpatient and Emergency Patients particularly after-hours. Most MRT's worked a 7 hour day with the exception of those staff who worked in CT and Interventional who worked an 8 hour day.

What additional FTE that had been added to the roster over the years had been applied mainly to day shifts. Over time the roster required many different shift start times to try and get adequate cover throughout the day. This has meant that the General Radiography department was only fully staffed for four hours a day 10-12 and 2-4pm due to all the staggered starts and one hour lunch breaks. The impact to the organisation was significant and had a direct impact on our ability to meet the demands of Theatre, Outpatient Clinics and timeliness of completion of procedures for ward patients.

A major factor that contributed to the need to change the roster patterns was that the increased workload had particularly affected General and CT staff working out of hours i.e. after 5pm Monday – Friday and during weekends. Tauranga only had 2 General MRTs working the evening shifts, and all weekend shifts with an on-call service overnight 7 days a week (no nightshift). The workload during the night was such that the on-call MRT was required to take a 9 hour break every day leaving the day staff short. Staff were essentially doing the work of 2 shifts during a 24 hour period. This work pattern lead to MRT's becoming very fatigued.

Encouraging change

Deborah Powell presented at a meeting with MRT's and DHB Management Sleep Physiology data and information on fatigue management to encourage staff to consider changing the current rostered work patterns.

When looking at changing MRT's hours and introducing new roster patterns it is important to recognise that any change that will affect their income will be a concern for them. Staff may have noticed the increase in call outs, but may not have considered or addressed the toll the increased work is having on them.

As there was a desire by MRT's to reduce fatigue and the need by the organisation to provide 24 hour shift cover for General radiography to manage overnight ED demand a project was put in place. The project identified roster requirements and included the contractual agreement by the DHB and APEX to review the need for a 40 hour week.

The future

By moving to an 8 hour day we will increase MRT availability during the day. We will reduce the number of start times, and shorten the lunch break. This means we will have staff available earlier in the morning, and have less disruption during the middle of the day. We will be more productive and be able to meet fluctuating operational requirements from other services i.e. Theatre.

Forging better relationships

A true partnership has been developed between the Radiology Manager and APEX Delegate. These two key people have the best links to both parties (senior management, MRTs, and the union). By working together to look at the proposal and understand what all the issues were, we were able to formulate a plan on how to best achieve a good outcome for both MRTs and the DHB.

Funding Roster Changes

Managers will be aware that annual budgets are set for staffing with costs allocated to multiple account codes. Most costs are spread across the following account codes:

2484 - MRTs - 20001 - ORDINARY
2484 - MRTs - 20002 - OVERTIME
2484 - MRTs - 20003 – PENAL
2484 - MRTs - 20004 – ALLOWCES

If a significant portion of your costs are being allocated to overtime, penal and allowances you should be thinking about how you can use this funding better by applying it to employing additional FTE and implementing additional shifts after normal working hours i.e. Week days 5pm - 8am and all weekend hours.

Your Radiology Information System (RIS) should be able to produce reports detailing examination activity throughout the day which will allow you to identify when the referral demand is consistent for change to resource requirements i.e. shift versus on-call or overtime. Your Human Resource and Payroll Departments can supply you with overtime, on-call, penal and allowance data which you can compare to overtime and on-call sheets to help identify the costs for times of continuing peak demand.

Larger departments who have already identified and implemented 24 hour shifts will need to go through the normal business case submission for increased funding as you will not have the savings from overtime and on-call to fund the move to 40 hours or to increase FTE to meet current of forecasted demand.

For those departments who see a benefit to moving to a 40 hour week you may be able to apply vacant FTE hours and costs to already employed MRT staff hours to fund this change.

At Tauranga Hospital we have been able to increase our overall FTE and put additional shifts on overnight, in the evenings and during weekends which address the areas of high demand using costs associated in the past to overtime, penal and allowances account codes.

In the table below we identified the costs and FTE against the roster changes required. The major cost is associated with the move from a 7 hour day to a 7.5 hour day ($62,270) with most of the other changes having no or little ($15,898 total) cost for an increase of 5.19FTE

Stage 1 -Summary of Costs and FTE by Priority - Final			
Priority	**Description**	**Annual Cost**	**Additional FTE**
1A	HCA to help ED MRTS 4pm-9pm weekdays	$0.00	0
2A	Weekend CT Dayshifts (8 hours)	-$120.98	0.5
2B	Weekday CT Evening Shifts (8 hours)	$15,200.53	1.16
3A	Move all staff to 7.5 hour days	$62,270.00	0.94
3B	ED Night Shift (based on 7.5 hour day/shift)	$5,129.55	2.175
3C	Niight shift impact on call costs under new provision 3 hours at T2 from 20:00	-$30,000.00	0
4A	General Call from 5pm Monday to Friday (Estimated)	$13,109.20	0.21
4B	Additional Hours for General Weekend On-Call (Estimated)	$12,580.00	0.2
	Total	**$78,168.30**	**5.19**

Learnings

Things to think about when looking to move to 40 hours or reviewing rosters:

- Create a partnership between the Radiology manager and the Delegate
- Know your business – things have probably changed since you last looked at your staffing closely
- Challenge people's perceptions about what is working and how it could be better
- Balance the competing interests of money versus work life balance (DHB and MRTs)
- Use your Manager to influence change within the DHB
- Use your Delegate to influence change with the MRTs
- Look at your budget (ordinary, overtime, penal and allowance costs). Use it wisely. Challenge the perception 'we've always done it this way so it is the best (or only) way'
- Where possible offer options to staff so they feel involved with the change, for example
    - Taking a two staged approach to move to 40 hours
        1. Moving everyone to 7.5 hours in year one and then to 8 hours the following year
        2. Moving half the staff to 8 hours in one year and the remainder to 8 hours in year 2.
- Know where the activity takes place in your department. Keep an eye on the pressure points – these will change over time
- There are certain amounts of give in the system, but it doesn't last forever. Sometimes you have to stop and recognise when enough is enough
- Often if feels like you're on the back foot, trying to play catch up to the effects of changes in the past that haven't been addressed. Try and think ahead and plan for the future
- Recognise that change is scary - loss of income for MRTs or increased spending by DHBs could be a reality

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