RADIOLOGY DEPARTMENT/FACILITY STAFFING SURVEY 2004

A Nationwide Survey of Radiology Department/Facility Managers and Directors
Conducted by
The American Society of Radiologic Technologists

Reported December 2004

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EXECUTIVE SUMMARY

A Radiology Department/Facility Staffing Survey questionnaire was mailed in late August 2004 to every person listed in a database rented from SK&A as the manager or director of a U.S. hospital-based radiology department or facility. Each invitee had the option of completing the questionnaire online.

Respondents and Their Facilities

- Almost 90% of the respondents chose "Department/Facility Manager or Director" as closest to their job titles, with another 7% choosing "Chief Technologist."
- Over 80% of the respondents indicated that their facilities are located in a community hospital; 7% in a government hospital; and 3% in a university medical center.
- Almost all (99.6%) of the facilities provide radiography services; 88% provided CT services; 89% provided sonography; 78% provided mammography; 72% provided nuclear medicine services; 70% provided MR services; and about a sixth provide PET. By far the most common service listed by those who checked "Other" was bone densitometry/DEXA, which was mentioned by 11% of all respondents who answered the question and accounted for over 60% of the "Other" services mentioned.
- About 59% of the respondents consider their facilities to be in rural locations; 17% suburban; and 24% urban. However, rural locations accounted for only 21% of the cardiovascular-interventional FTEs reported, 29% of MR FTEs, 36% of radiographer FTEs and 41% of mammographer FTEs reported by our sample of managers and directors.

Staffing of the Facilities

- The typical (median) facility reported having a 2004 budget that provided for 7 FTE radiographers, 2.1 CT technologists, 2 sonographers, 1.2 mammographers, 1.2 MRI techs, 1 nuclear medicine technologist, 0.1 CVITs and almost no staff (.0048 FTEs) with other specialties.
- From respondents' reports of the number of budgeted FTEs in each specialty that were currently vacant and recruiting it is estimated that currently 10.2% of all FTEs budgeted for cardiovascular interventional technologists, 9.7% of sonography positions, 7.7% of radiographers, 6.9% of NMT positions, 6.9% of MR technologists positions, 5.3% of CT positions and 5.3% of mammography positions in U.S. hospital-based radiology facilities are unfilled.
- Those respondents who provided their facilities' 2003 and 2004 staffing figures indicated that the percent of unfilled radiographer positions declined by 2.2% (10.4% versus 8.2%) in that period. This decline was statistically significant, as were reported decreases in the vacancy rates for CT, MR, NMT and CVIT positions (absolute declines from 2.1% to 4.2%).

Recruitment and Retention of R.T.s

- When asked whether recruiting for each specialty in 2004 was more difficult, less difficult, or equally as difficult as it had been in 2003, from 45% to 59% of the respondents (across the seven named specialties) chose "same." The percentage reporting that more effort has been expended in 2004 than in 2003 was substantially higher than those reporting the reverse for sonography, MR, CVIT and NMT, while predominant opinion (among those who perceived a difference) was that recruiting for radiographers and CT has become substantially less difficult.

- Only about a seventh of the respondents reported a decrease in budgeted FTEs for any of the specialties in which their facilities provide service. Of these 131 respondents, about two-thirds checked one or more of the six suggested reasons (including “Other”) for the decline. Of those 87 respondents 44% checked “Overall department or facility budget declined, forcing downsizing” and 39% checked “Patient demand declined.”
- A plurality (46% to 63%) of the respondents feel that average length of employment and employee turnover rate have remained about the same since Jan. 2003 for radiography, CT, MR and mammography. However, with respect to each of these areas, at least twice as many feel these two indicators have improved as feel the indicators have gotten worse since Jan. 2003.
- A significantly lower percentage of radiography (21% vs.28%), CT (18% vs. 22%), and MR (15% vs. 19%) facilities paid sign-on bonuses in 2004 than in 2003. While not statistically significant, the percentage of facilities paying sign-on bonuses for mammographers declined slightly (16% to 14%). The mean size of the bonus was not significantly different in 2004 than it was reported to have been in 2003 for each of these four modalities.
- The mean reported percentage of the FTEs in each of these four specialties that are filled with temps/travelers was quite low (from 1.7% of MR to 2.3% of radiographers). The mean reported percentage above average wages for a given specialty that temps/travelers is paid was 10.5% to 11.5% for CT, MR and mammography positions, and 24% for radiographer positions. However, 64% of the facilities report that they pay no more to temps/travelers than to their average radiographer and 81% to 84% report that temps/travelers in the other three modalities receive zero percent above average wages.
- From 22% to 36% of respondents indicated that their facility has experienced increased wait times for procedures, cancelled procedures, decreased patient satisfaction, and increased patient complaints as a consequence of a work force shortage. Fewer than 11% report that their facility has had to curtail plans for facility expansion, curtail plans for acquiring new technology, reduce the number of staffed diagnostic units or discontinue R.T. educational programs.
- About a third of the respondents accepted the invitation to “Please add any comments you feel are necessary to clarify your responses to the preceding seven questions and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.” These responses are reported verbatim (except for portions that might identify individuals or their facilities) towards the end of this report.

INTRODUCTION

Background

Few things could be more important for the profession – R.T.s, their managers, and R.T. educators alike – than an accurate assessment of the current supply and demand for radiologic technologists. A 2001 American Hospital Association survey of managers and directors of hospital-based radiology facilities found that more than 15% of budgeted positions for radiologic technologists were at that time unfilled. A more recent survey by the Hodes Group found a 12% vacancy rate in fall 2003, but there were enough differences between those two surveys to raise some doubt as to whether this truly represented a decrease in vacancy rates. ASRT's *Radiology Department/Facility Staffing Survey* was designed to answer that question as well as to provide more detailed information about particular specialties and about what directors and managers believe to be the reasons behind unfilled vacancies.

Sample Design

A total of 9,749 *Radiology Department/Facility Staffing Survey* questionnaires were mailed between Aug. 16 and Aug. 23, 2004 to every person identified as a director or manager of a U.S. hospital-based radiology facility, with a suggested return date of Sept. 10, 2004. The mail out was to 5,632 separate facilities. To reduce return postage costs and minimize the labor involved in verifying handwritten responses, recipients of the hardcopy questionnaire were encouraged to respond to an online version of the questionnaire if they had Web access.

Response Rates

As of Nov. 5, 2004 a total of 947 completed questionnaires had been received (393 of them online). A preliminary report based on the 825 returns received through Oct. 11, 2004 was presented at RSNA by Salvatore Martino; figures in this final report will therefore differ somewhat from those presented at RSNA, due to sampling fluctuation. The overall response rate for the survey is approximately 17%. However, an e-mail survey of all ASRT members for whom we had e-mail addresses and who were included in the Staffing Survey mail-out indicated that about half of the questionnaire packets reached their intended recipients after the suggested return date, and about a third had still not arrived four weeks after the last questionnaire was mailed. Our best estimate is that about 26% of the facilities who received the questionnaire and about 34% of those that received it before the suggested return date completed and returned the questionnaire.

Margin of Error

The sample size of 947 returns yields a margin of error for overall percentages (width of the 95% confidence interval for the population percentage) of a maximum plus or minus 3%.

For percentages computed on subsets of respondents, the margin of error increases as the square root of the size of the subset. Thus, the margin of error for percentages based on a subset of 100 respondents would be plus or minus 10% or less, and for a subset of 30 respondents plus or minus 18.3% or less. (The "or less" comes from the fact that the margin of error for

percentages is greatest for percentages in the 40% to 60% range and is less than one-half as wide for percentages below 5% or above 95%.)

Definitions of Statistics

The statistics reported in the question summaries include:

- **Frequency** (the number of responses given for each variable).
- **Percent** (the number of responses for each variable divided by the total number of usable surveys, including missing values).
- **Valid Percent** (the number of responses for each variable divided by the total number of usable surveys, excluding missing values).
- **Missing** (the number of respondents who either did not answer the question or who gave an unusable response).
- **Mean** (the arithmetic average; sum of the values of all observations divided by the number of observations).
- **Median** (the value above and below which one-half of the observations fall; 50th percentile). Usually, because of rounding, no number precisely satisfying the definition of the median exists. In such cases linear interpolation is used to estimate what the median in the population of unrounded scores would be.
- **Mode** (the figure that more respondents report than any other figure).
- **Standard deviation** (the square root of the average squared difference between each score in the set and the mean score). Subsets of respondents who have nearly identical responses on a given variable will have a near-zero standard deviation, while subsets of respondents with very different responses will have a high standard deviation. The major reason for using this relatively complex measure of variation is its close relationship to percentiles: For most sets of scores about 95% of the individual scores will fall within 2 standard deviations of the mean, and the mean of the set of scores will have a 95% chance of falling within 2 “standard errors” of the corresponding population mean, where the standard error is simply the standard deviation divided by the square root of the number of scores in the set.
- **t** Sample statistic whose value is used to test the **null hypothesis** that the difference between two means we observed in our sample is due entirely to chance fluctuation around corresponding means that do *not* differ from one another in the population to which we wish to generalize our results (in this case, all ARRT-registered R.T.s). The larger the absolute value of *t,* the more implausible the null hypothesis is and thus the more confident we can be that the direction of the difference observed in our sample matches the directions of the corresponding population difference. Because differences based on large samples more closely approximate the differences in the population from which they were sampled, *t* has a **degree of freedom** *parameter* [usually listed in parentheses immediately after the *t*, as in “*t*(571)”] associated with it.
- **p-value** The probability that a *t* as large as or even larger in absolute value than the one we observed in our sample would occur in random sampling from a population in which the null hypothesis of a zero population difference is true. If this value is smaller than some pre-selected value (often .05, but in the present report usually .01) called the **alpha level** (or just “level”) of the test, we proceed to discuss the observed sample difference as though it is representative of (perfectly matches) the corresponding population difference.

Calculation of Percent Vacancy Rates

With some exceptions the individual-facility vacancy rate for a particular specialty at a given facility was computed as the number of FTEs reported as budgeted for that specialty, divided into

the number of FTEs for that specialty reported to be "vacant and recruiting." The major exception to this calculation arose when both the number of budgeted FTEs and the number of vacant-and-recruiting FTEs were zero. In that case the individual-facility vacancy rate was assigned a missing-value code and did not enter into the calculation of descriptive statistics for that specialty's vacancy rates. The zero values for budgeted FTE and for vacant-and-recruiting FTE were, however, retained in calculation of descriptive statistics, with the result that the N on which descriptive statistics for budgeted FTE and vacant-and-recruiting FTE were based was always larger than the N on which the "percent vacant and recruiting" statistics were based.

Another major exception was the case where a nonzero budgeted FTE was entered but the space for vacant-and-recruiting FTE was left blank. We treated the "missing" vacant-and-recruiting" FTE as zero in all subsequent calculations.

The remaining exceptions (usually involving only a few cases for a given specialty) represented apparent inconsistencies among budgeted FTE, vacant-and-recruiting FTE, and whether or not that specialty was listed as among the services provided by that facility. These apparent inconsistencies and the way they were dealt with were as follows:

- If the number of vacant-and-recruiting FTEs was positive but the number of budgeted FTEs was zero or missing (blank), all three variables were reported as missing.
- If the number of budgeted FTEs was listed as zero but vacant-and-recruiting FTEs was missing, both were treated as zero but the individual-facility vacancy rate was assigned a missing-value code.
- If both budgeted and vacant-and-recruiting FTEs were missing and that specialty was not listed among the services provided by that facility, both budgeted and vacant-and-recruiting FTEs were treated as zero and individual-facility vacancy rate was treated as missing. If, on the other hand, the specialty was among the services offered at the facility, all three variables were treated as missing.
- If budgeted FTE was missing but vacant-and-recruiting FTE was explicitly listed as zero and the specialty was not among those offered at the facility, both budgeted and vacant-and-recruiting FTEs were treated as zero and individual-facility vacancy rate was treated as missing. If, on the other hand, the specialty was among the services offered at the facility, all three variables were treated as missing.

The estimated percent unfilled positions for a given specialty for the population of U.S. hospital-based radiology facilities is defined as:

$$\frac{\text{(total \# of FTEs vacant andrecruiting)}}{\text{(total \# of FTEs budgeted) for that specialty}}$$

which equals:

$$\frac{\text{(mean \# of vacant-and-recruiting FTEs per facility) x (total \# of facilities)}}{\text{(mean \# of budgeted FTEs per facility) x (total \# of facilities)}}$$

The total number of facilities that offer a given specialty is unknown, but drops out of the above equation, which thereby reduces to:

$$\frac{\text{(mean \# of vacant-and-recruiting FTEs per facility)}}{\text{(mean \# of budgeted FTEs per facility)}}$$

FACILITY DEMOGRAPHICS

Title of individual completing the questionnaire:

		Frequency	Percent	Valid Percent
Valid	Department/Facility Manager or Director	807	85.2	87.1
	Chief Technologist	67	7.1	7.2
	Dept Manager and Chief Technologist	1	.1	.1
	Department or Facility Manager and Other	1	.1	.1
	Other	50	5.3	5.4
Missing	System	21	2.2	
Total		947	100.0	100.0

"Other" titles reported:
ADMINISTRATION
Administrator Radiology & Diagnostic Cardiology
Administrator, Medical Imaging
Administrator, Radiology Services
All the above, I am the only registered technologist on site
Assistant to the Director of Radiology
Associate Director Radiology Administration
Asst. Director of Diagnostic Imaging
CHIEF OF RADIOLOGY
Chief radiologist
CLINICAL COORDINATOR (2)
CLINICAL SUPERVISOR
Co-Supervisor
DEPARTMENT HEAD/CHIEF TECH
DEPT MANAGER
DEPT. ADMINISTRATOR
Director (6)
Director Imaging Services and Cancer Treatment Center
Director of Ancillary Services
Director of Diagnostic Imaging
Director of Imaging
Director of Imaging Services
Director of Imaging Services (includes Cath Lab)
Director of Medical Imaging (3)
Director of Medical Imaging [Name of hospital] [Name of facility within hospital]
Director of Radiology (3)
Director of Radiology for two hospital radiology departments
DIRECTOR PATIENT SUPPORT SERVICES
DIRECTOR, ANCILLARY SERVICES
Director, Radiology Services (3)
Imaging Coordinator
Lead Radiographer, Angio Tech
[Name], Radiology Manager
Manager (2)

Manager, Imaging Services (2)
Manager Diagnostic Support Services
Medical Dosimetrist
PERSONNEL COORDINATOR
RAD TECH.
RADIOLOGIST
Radiology Supervisor
RADIOLOGY DEPARTMENT SUPERVISOR
Radiology Manager
Radiology Supervisor (2)
[Name of facility]
SENIOR RADIOLOGIC TECHNOLOGIST SUPERVISOR
SITE COORDINATOR
Staff Radiographer
STAFF TECH UNDER NURSING DEPARTMENT
Staff Technologist (5)
STAFF/CO-LEAD TECHNOLOGIST
SUPERVISOR (6)
SUPERVISOR IMAGING SERVICES
SUPERVISOR/TEAM LEADER
TEAM LEADER (2)
TEAM LEADER DIRECTOR
Technical Administrator
VICE PRESIDENT ANCILLARY SERVICES
VP

Type of Facility:

		Frequency	Percent	Valid Percent
Valid	Community Hospital	740	78.1	80.9
	Government Hospital	60	6.3	6.6
	University Medical Center	27	2.9	3.0
	Free-standing Clinic	12	1.3	1.3
	Teaching Facility	18	1.9	2.0
	Other	58	6.1	6.3
Missing	System	32	3.4	
Total		947	100.0	100.0

Other Facility:

	Frequency	Percent
Blank	861	90.9
2 community hospitals and free standing MRI / PET center	1	.1
2 merged hospitals with 8 off site	1	.1
42 bed Private for profit	1	.1
affiliate hospital of non-profit hospital	1	.1
ambulatory care clinic	1	.1
CANCER TREATMENT HOSPITAL\	1	.1
CARDIOVASCULAR HOSPITAL	1	.1

CHILDREN'S HOSPITAL	1	.1
CHILDREN'S HOSPITAL FREE STANDING	1	.1
Corporate owned hospital	1	.1
CORRECTIONAL FACILITY	1	.1
County Hospital	5	.5
COUNTY HOSPITAL THAT RECEIVES NO TAX FUNDS	1	.1
CRITICAL ACCESS HOSPITAL	1	.1
CRITICAL ACCESS	1	.1
DISTRICT HOSPITAL	1	.1
For-profit Medical Center	1	.1
FOR PROFIT	1	.1
Free-standing, pediatric orthopedic facility. Part of a North American system of 21 hospitals.	1	.1
Free-standing pediatric hospital with academic affiliation, resident/fellowship programs	1	.1
Health System	1	.1
HMO	1	.1
Homestead Hospital	1	.1
Hospital run by AK [name of corporation] together with Outpatient Clinic	1	.1
IMAGING CENTER	1	.1
State Dept of Corrections		
Large IHN	1	.1
Large Radiology group private group	1	.1
Long-term acute care facility	1	.1
LONG TERM ACUTE CARE	1	.1
Long Term Acute Care hospital	3	.4
LONG TERM CARE FACILITY FOR MENTALLY RETARDED	1	.1
Medical Center, including: clinic, hospital, transitional care, nursing home, assisted living	1	.1
MEMBER SYSTEM HOSPITAL		
NON PROFIT PEDIATRIC ORTHOPEDIC HOSPITAL	1	.1
Non-profit specialty hospital	1	.1
NOT FOR PROFIT	1	.1
Nursing Home/Drug/Alcohol Facility	1	.1
NYC Health and Hospitals Corporation	1	.1
OP Hospital Facility		
Our hospital is a not for profit hospital.	1	.1
Owned (Triad)	1	.1
Part of a system	1	.1
PEDIATRIC		
Pediatric Hospital	2	.2
physician owned surgical hospital	1	.1
Prison	3	.3
PRIVATE HOSPITAL OFFSITE CLINICS	1	.1
private orthopedic practice	1	.1
privately funded, philanthropic hospital	1	.1

[Name of] Medical Center	1	.1
PSYCHIATRY HOSPITAL	1	.1
PUBLIC DISTRICT HOSPITAL	1	.1
Rehabilitation Center Hospital	1	.1
Rehabilitation Hospital	9	1.6
REHABILITATION HOSPITAL 70 BEDS	1	.1
Rural Facility-part of a corporation.	1	.1
RURAL FOR PROFIT	1	.1
[Name] Health Center	1	.1
specialty hospital/spine surgery and pain management	1	.1
[Town] Mercy	1	.1
STATE OPERATED MENTAL HEALTH FACILITY	1	.1
STATE PRISON	1	.1
[Name] University Hospital [Name of city], New York Subsidiary of [state] Health System	1	.1
Tax District Hospital-Rural	1	.1
University Health Services	1	.1
[name] Regional Medical Center	1	.1
Total	947	100.0

Radiology Services Provided:

		Frequency*	Percent*	Valid Percent*
Valid	Radiography	928	98.0	99.6
	CVIT	224	23.7	24.0
	CT	824	87.0	88.4
	PET	171	18.1	18.1
	MR	648	68.4	69.5
	Sonography	833	88.0	89.4
	Mammography	731	77.2	78.4
	Nuclear Medicine	671	70.9	72.0
	Other	162	17.1	17.4
Missing	None of above checked	15	1.6	
Total*		947	100.0	100.0

* Frequencies sum to more than 947 and percents, to more than 100% because most facilities provide multiple radiology services. The most common combination of services (215, or 23.1% of the facilities and almost three times as common as the second ranked combination) was in accord with the above overall percentages, namely, providing radiography, CT, MR, sonography, mammography and nuclear medicine (but not interventional, PET, or “other”) services.

Other Radiology Services Provided:

Service	Frequency	Percent
Blank	788	83.2
All contracted mobile units	1	.1
ANGIOGRAPHY	2	.2
BMD	2	.2
BMD, Stereotactic Breast Biopsy	1	.1
Bone Densitometry	12	1.3
Bone Densitometry/Echocardiography	1	.1
Bone Density	33	3.5
BONE DENSITY ANGIOGRAPHY	1	.1
Bone Density, Stereotactic Breast	1	.1
Bone Dexa	2	.2
Breast bx	1	.1
C ARM	1	.1
CARDIAC	1	.1
CARDIAC TECH STRESS/VASC SONO	1	.1
cardiovascular and doppler ultrasound	1	.1
CATH LAB, ANGIO	1	.1
CATH LAB, DEXA, ABI	1	.1
CT, SONO, AND MAMMO ARE PROVIDED	1	.1
DENSITOMETRY	1	.1
DEXA	33	3.5
DEXA (BONE DENSITOMETRY)	3	.3
Dexa bone density	2	.2
DEXA EKG	1	.1
DEXA SCANS	2	.2
Dexa Scans, C-Arm for Surgery	1	.1
Dexa Scans, Echocardiography	1	.1
DEXA, ECG	1	.1
DEXA, TREADMILLS	1	.1
DEXA, Ultrasound	1	.1
dexa, xrt	1	.1
dexascan bone density	1	.1
dxa	1	.1
DXA, DIAGNOSTIC NURSING	1	.1
Echo, and LEA, UEA Dopplers	1	.1
Echo cardiac, stress test	2	.2
ECHOS	1	.1
EDUCATION (RADIOLOGY)	1	.1
ENDOSCOPY	1	.1
General radiology and general sonography	1	.1
INTERVENTIONAL RADIOLOGY	1	.1

INTERVENTIONAL	2	.2
INTERVENTIONAL ANGIO	1	.1
Joint Venture with other hospital	1	.1
MAMMO PROVIDED BY OUTSIDE SERVICE	1	.1
Mobile MRI, Mobile Mammography, Mo	1	.1
Mobile MRI/Vasc/Nuc Med/PET	1	.1
MOBILE NUC MED -- MOBILE MR	1	.1
MR & NUC MED MOBILE	1	.1
MR (mobile)	1	.1
MR Cath	1	.1
MRI IN NOVEMBER 2004	1	.1
MRI REFERRAL	1	.1
MRI twice weekly mobile unit	1	.1
MRI, CT, US, Mammo are contracted	1	.1
MRI/DEXA on mobile service	1	.1
NON-INVASIVE VASCULAR LAB	1	.1
NON INVASIVE VASCULAR, EEG, ECHOCARDIOLOGY	1	.1
OUTSOURCED	1	.1
pain management (portable fluoroscopy)	1	.1
PET is mobile		
PET/CT		
PORTABLE X-RAY AND C ARM BA SWALLOW	1	.1
QCT	1	.1
R/F	1	.1
RAD ONCOLOGY	1	.1
radiation Therapy	2	.2
RADIOLOGY INTERVENTIONAL	1	.1
Ultrasound and vascular ultrasound	1	.1
VASCULAR	2	.2
VASCULAR AND ECHO TECH\		
VASCULAR ULTRASOUND	1	.1
We have mobile Nuc. Med., U/S	1	.1
We have mobile services provide CT	1	.1
Total	947	100.0

By far the most commonly specified “Other” service provided was DEXA/bone densitometry, which was cited by 101 (10.7%) of the facilities (63.5% of the services who mentioned one or more “Other” services).

State in which facility is located:

All 50 states and the District of Columbia were represented in the returns.

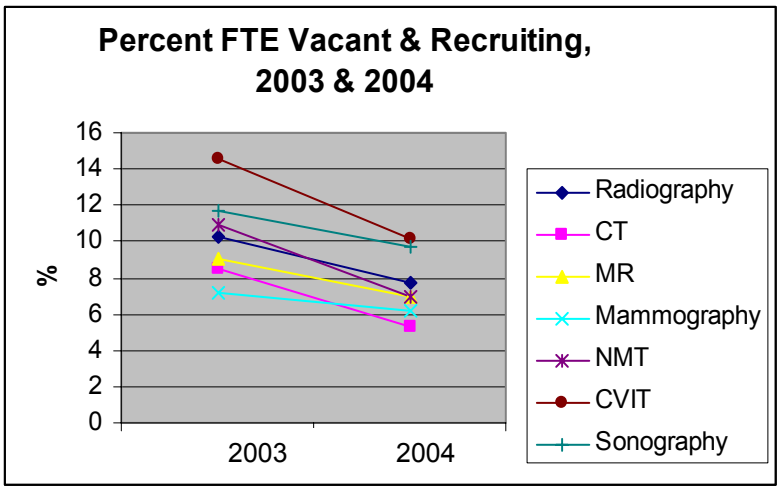
Urbanity of Facility's Location:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Urban	216	22.8	23.5	23.5
	Suburban	160	16.9	17.4	40.9
	Rural	543	57.3	59.0	99.9
	Urban & Suburban	1	.1	.1	100.0
Missing	System	27	2.9		
Total		947	100.0	100.0	100.0

However, rural facilities tend to be smaller (fewer FTEs) than suburban and urban facilities, so the percentage of total FTEs in a given modality that is accounted for by the 59% of facilities with rural locations varies from a high of 41% of mammographer FTEs to a low of 21% of CVIT FTEs, as shown below:

Facility Location	Statistic	Budgeted FTE Radiography 2004	Budgeted FTE CT 2004	Budgeted FTE MR 2004	Budgeted FTE Mammo-graphy 2004	Budgeted FTE NMT 2004	Budgeted FTE CVIT 2004	Budgeted FTE, Sonog-raphy 2004
Urban	N Valid	187	184	179	179	178	179	177
	Missing	22	25	30	30	31	30	32
	Mean	17.4032	6.6261	3.0793	3.1668	3.2697	2.0328	4.3579
	Sum	3254.40	1219.20	551.19	566.86	582.01	363.87	771.35
	% of total FTE	37.7%	42.2%	43.9%	34.7%	43.8%	47.6%	37.4%
Suburban	N Valid	143	140	131	133	131	137	134
	Missing	12	15	24	22	24	18	21
	Mean	15.8425	5.3427	2.5734	2.9613	2.6510	1.7589	4.2378
	Sum	2265.48	747.98	337.12	393.85	347.28	240.97	567.87
	% of total FTE	26.3%	25.9%	26.9%	24.1%	26.1%	31.5%	27.5%
Rural	N Valid	489	418	357	419	415	494	414
	Missing	49	120	181	119	123	44	124
	Mean	6.3461	2.2094	1.0268	1.6076	.9610	.3238	1.7464
	Sum	3103.26	923.51	366.57	673.57	398.83	159.96	723.02
	% of total FTE	36.0%	31.3%	29.2%	41.2%	30.0%	20.9%	35.1%

STAFFING OF THE FACILITY



1. For each of the following specialties within radiologic technology, please provide the budgeted and vacant FTE's for your organization in 2003 and today. (Leave blank the rows for any services not performed at your facility.)

Radiography:

		Budgeted FTE 2003	FTE Vacant and recruiting 2003	Percent vacant and recruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent Vacant and recruiting 2004
N	Valid	821	821	814	851	851	845
	Missing	126	126	133	96	96	102
Mean		10.0720	1.0381	10.2164	10.9779	.8458	8.6130
Median[a]		6.0780	.2671	1.4459	7.0000	.0478	.2411
Mode		2.00	.00	.00	2.00	.00	.00
Std. Deviation		13.66381	2.50661	20.55089	14.85172	3.17874	21.98656
Minimum		.00	.00	.00	.00	.00	.00
Maximum		277.00	24.20	200.00	293.00	63.00	250.00
Percent zeroes		.9%	64.8%	64.5%	.7%	67.6%	67.3%

[a] Calculated from grouped data. Estimated percentage of all U.S. hospital-based radiography positions unfilled = 100(1.0381/10.0720) = 10.3% in 2003, 7.7% in 2004

Computed Tomography:

		Budgeted FTE 2003	FTE vacant and recruiting 2003	Percent vacant andrecruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent vacant and recruiting 2004
N	Valid	744	743	639	770	770	672
	Missing	203	204	308	177	177	275
Mean		3.3616	.2847	8.0304	3.9795	.2126	6.2163
Median[a]		2.0779	.0204	1.1628	2.0973	.0169	.1810
Mode		1.00	.00	.00	1.00	.00	.00
Std. Deviation		4.19136	.89237	22.94606	8.53276	.64662	18.99001
Minimum		.00	.00	.00	.00	.00	.00
Maximum		42.00	10.90	200.00	205.00	6.00	118.11
Percent zeroes		14.1%	83.0%	80.3%	12.7%	85.5%	83.3%

Magnetic Resonance Imaging:

		Budgeted FTE 2003	FTE vacant and recruiting 2003	Percent vacant and recruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent vacant and recruiting 2004
N	Valid	664	664	364	695	695	414
	Missing	283	283	583	252	252	533
Mean		1.6813	.1513	9.2441	1.9588	.1359	7.7362
Median[b]		.9054	.0463	1.4569	1.1505	.0119	.5865
Mode		.00	.00	.00	.00	.00	.00
Std. Deviation		2.73893	.52130	24.16681	3.13836	.44996	21.27138
Minimum		.00	.00	.00	.00	.00	.00
Maximum		32.00	5.00	100.00	34.00	4.00	100.00
Percent zeroes		45.2%	89.6%	81.0%	40.4%	89.4%	82.1%

Mammography:

		Budgeted FTE 2003	FTE vacant and recruiting 2003	Percent vacant and recruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent vacant and recruiting 2004
N	Valid	741	740	552	760	760	578
	Missing	206	207	395	187	187	369
Mean		2.0620	.1479	9.2679	2.2975	.1420	7.1291
Median[c]		1.0251	.0457	.6128	1.1800	.0117	.2672
Mode		.00	.00	.00	.00	.00	.00
Std. Deviation		3.51982	.60112	49.35650	3.98910	.56827	22.37040
Minimum		.00	.00	.00	.00	.00	.00
Maximum		65.00	10.00	1034.48	68.00	10.00	100.00
Percent zeroes		25.5%	89.7%	86.2%	23.9%	89.5%	86.2%

[a] Calculated from grouped data. Estimated percent unfilled CT positions = 8.5% in 2003, 5.3% in 2004.
[b] Calculated from grouped data. Estimated percent unfilled MR positions = 9.0% in 2003, 6.9% in 2004.
[c] Calculated from grouped data. Estimated percent unfilled mammography positions = 7.2% in 2003, 6.2% in 2004.

Nuclear Medicine Technology:

		Budgeted FTE 2003	FTE vacant and recruiting 2003	Percent vacant and recruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent vacant and recruiting 2004
N	Valid	729	729	474	756	756	502
	Missing	218	218	473	191	191	445
Mean		1.7662	.1929	10.7743	1.8624	.1277	7.1345
Median[a]		1.0210	.0031	1.3747	1.0134	.0021	.4945
Mode		.00	.00	.00	.00	.00	.00
Std. Deviation		2.78618	.63125	26.28727	2.73051	.52583	22.08563
Minimum		.00	.00	.00	.00	.00	.00
Maximum		40.00	8.00	100.00	40.00	8.00	100.96
Percent zeroes		35.0%	86.7%	79.5%	33.6%	90.3%	85.5%

Cardiovascular Interventional Technology:

		Budgeted FTE 2003	FTE vacant and recruiting 2003	Percent vacant and recruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent vacant and recruiting 2004
N	Valid	818	818	214	843	843	238
	Missing	129	129	733	104	104	709
Mean		.8930	.1302	15.2097	.9625	.0977	11.2741
Median[b]		.0884	.0734	6.0797	.0982	.0128	1.5071
Mode		.00	.00	.00	.00	.00	.00
Std. Deviation		2.09002	.59309	29.77300	2.03364	.53224	26.57066
Minimum		.00	.00	.00	.00	.00	.00
Maximum		25.00	8.00	100.00	14.00	10.00	100.00
Percent zeroes		73.8%	92.9%	72.9%	71.8%	94.0%	78.6%

Sonography:

		Budgeted FTE 2003	FTE vacant and recruiting 2003	Percent vacant and recruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent vacant and recruiting 2004
N	Valid	732	732	623	757	757	663
	Missing	215	215	324	190	190	284
Mean		2.6473	.3093	12.2816	2.9329	.2856	12.5561
Median[c]		1.9920	.0100	1.2327	2.0071	.0101	1.2476
Mode		1.00	.00	.00	1.00	.00	.00
Std. Deviation		3.21818	.82506	28.47219	3.46926	.76756	46.61450
Minimum		.00	.00	.00	.00	.00	.00
Maximum		40.00	9.00	200.00	40.00	9.00	1000.00[d]
Percent zeroes		14.9%	79.9%	76.4%	12.4%	79.8%	76.9%

[a] Calculated from grouped data. Estimated percent unfilled NMT positions = 10.9% in 2003, 6.9% in 2004.
[b] Calculated from grouped data. Estimated percent unfilled CVIT positions = 14.6% in 2003, 10.2% in 2004.
[c] Calculated from grouped data. Estimated percent unfilled sonography positions = 11.7% in 2003, 9.7% in 2004.
[d] One manager/director reported .1 FTE sonography budgeted, .1 recruiting in 2003 but .1 budgeted, 1 recruiting in 2004 → 1,000% of budgeted FTEs vacant and-recruiting in 2004. Examination of the hardcopy questionnaire verified these entries. Second largest percent vacant & recruiting was 200%. Recomputing without the 1,000% figure gives a mean percent vacant and-recruiting of 11.06%, a median of 1.35%, and an estimated national vacancy rate of .28465/2.93665 = 9.7% in 2004.

None of the above ("Other", PET)

		Budgeted FTE 2003	FTE vacant and recruiting 2003	Percent vacant and recruiting 2003	Budgeted FTE 2004	FTE vacant and recruiting 2004	Percent vacant and recruiting 2004
N	Valid	614	614	60	629	629	67
	Missing	333	333	887	318	318	880
Mean		.3792	.0147	3.5520	.3851	.0344	7.2123
Median[a]		.0076	.0004	.8081	.0048	.0004	1.5873
Mode		.00	.00	.00	.00	.00	.00
Std. Deviation		1.85328	.17544	15.05432	1.86634	.37031	21.99529
Minimum		.00	.00	.00	.00	.00	.00
Maximum		27.00	3.00	100.00	27.00	7.00	100.00
Percent zeroes		90.2%	99.0%	90.0%	89.3%	98.1%	82.1%

[a] Calculated from grouped data. Estimated percent unfilled "Other" positions = 3.9% in 2003, 8.9% in 2004.

Change in mean percent vacant and recruiting from 2003 to 2004:

		Mean	N	Std. Deviation	*t*(N-2) for decrease from '03 to '04	*p*-value
Pair 1: Radiography	Percent vacant and recruiting 2003	10.4257	783	20.77438	2.724	.007
	Percent vacant and recruiting 2004	8.2222	783	20.68845		
Pair 2: CT	Percent vacant and recruiting 2003	8.0650	614	23.02382	2.676	.008
	Percent vacant and recruiting 2004	5.5999	614	18.06788		
Pair 3: MR	Percent vacant and recruiting 2003	9.5217	351	24.53978	2.092	.037
	Percent vacant and recruiting 2004	7.4457	351	21.23212		
Pair 4: Mammo	Percent vacant and recruiting 2003	9.2891	531	50.09904	1.060	.290
	Percent vacant and recruiting 2004	7.0151	531	22.39692		
Pair 5: NMT	Percent vacant and recruiting 2003	11.2145	454	26.76591	3.677	.000
	Percent vacant and recruiting 2004	7.0362	454	22.13260		
Pair 6: CVIT	Percent vacant and recruiting 2003	15.5576	206	30.11809	2.593	.010
	Percent vacant and recruiting 2004	11.4234	206	27.32885		
Pair 7: Sonography[a]	Percent vacant and recruiting 2003	12.5158	602	28.85515	.141	.888
	Percent vacant and recruiting 2004	12.2569	602	48.00008		
Pair 8: None of the above	Percent vacant and recruiting 2003	3.6821	54	15.77681	-1.468	.148
	Percent vacant and recruiting 2004	6.4795	54	20.39111		

[a] Omitting the report of 1,000% vacant and-recruiting for sonography in 2004 → mean % vacant and-recruiting = 10.61 in 2004 and $t(600) = 1.651$, $p = .099$.

Other Specialties for Which FTEs Were Reported:

	Frequency	Percent
	814	86.0
N/A	1	.1
1 TECH DOWN NOT RECRUITING AT PRESENT	1	.1
2 NURSING STAFF for vascular and stress test	1	.1
2 TO 10 TECH	1	.1
2.5 of the 3.6 stated FTE's also do mammography, we will be adding in-house CT and will all cross-train	1	.1
3 permanent part-time sonographers (1-24, 2-32 hours)	1	.1
5 FTE'S ALL CROSS TRAINED , ALL REGISTERED	1	.1
5 PRN RAD .TECHS	1	.1
ALL OF OUR TECHNICIANS ARE CROSS-TRAINED; WE DO NOT STAFF FOR JUST 1 SPECIALTY ONLY.	1	.1
All modalities are included in Radiographer	1	.1
ALL POSITIONS ARE FILLED	1	.1
All Rad and CT are combination positions	1	.1
All radiographers are cross trained into either CT, US, or Mammo. MRI and Nuc Med are mobile services	1	.1
ALL STAFF CROSS-TRAINED	1	.1
ALL STAFF DOES CT	1	.1
ALL techs cross-trained in CT and 2 also cross-trained in Ultrasound	1	.1
ALL TECHS DO CT	2	.2
ANGIO INTERVENTIONAL	1	.1
Bone Density Mobile Service for MRI & Nuclear Medicine	1	.1
CASUAL POSITION TO COVER WEEKENDS, holidays, vacation	1	.1
clerical	1	.1
Cross training current staff, Using contract for weekends. Need FT weekend R.T. (r)(ct)(us)	1	.1
CT Supervisor	1	.1
CT<US<NUC MED services are all mobile	1	.1
Data not available is performed by an outside service	1	.1
Dexa	1	.1
DEXA EKG	1	.1
DIRECTOR	1	.1
Director & Receptionist	1	.1
EK6	1	.1
ENDOSCOPY	1	.1
EVERYONE BUT SONOGRAPHER DOES RADIOGRAPHY & CT	1	.1
Flex Staff Technologist	1	.1
FTE'S FOR EACH DEPARTMENT NOT SEPARATED	1	.1
FTEs are required to perform duties of Radiographers, CT, MR and Mammo	1	.1
HAVE 11 FTE/THEY FILL EACH JOB -- CT, MR, NM,	1	.1
I HAVE A 3 PER DIEM TECHS TO COVER	1	.1
I oversee the general radiology department and am do not have the other departments information available	1	.1
INTERVENTIONAL RADIOGRAPHY	1	.1

INTERVENTIONAL RADIOLOGY TECHNOLOGIST	1	.1
IR	1	.1
M R NM AND SONO ARE TRAVELING/MOBILE NO TEMPS ARE USED HERE	1	.1
MAMMO PART OF RADIOLOGY NOT SEPARATE	1	.1
MOBILE VENDOR FOR MRI NO FTE ASSOCIATED	1	.1
Most techs are multi trained into all fields. We have 4 FTE's & 1 PTE to staff all depts..	1	.1
MR, Mammo, and ultrasound performed by a mobile service.	1	.1
MR, MAMMO, NM, SONO ARE ALL MOBILE	1	.1
MR, US, NM, BMD are all mobile services. Mammographer is included in Radiographer.	1	.1
MRI CONTRACT SERVICE ULTRASOUND IS CONTRACT SERVICE	1	.1
MRI is provided by a mobile service	1	.1
MRI MOBILE - US - IN HOUSE DOCTOR	1	.1
MRI techs furnished by mobile service. Although full time US is full, have need for on call tech. CT & NM call handled by cross trained Rad Techs.	1	.1
new lunar dexa machine, the .5 filled with current technologist	1	.1
NO ONE NEEDED	1	.1
Note that some technologists are cross trained to perform more than one modality. We have 10 techs.	1	.1
nuc med and ultrasound contracted out	1	.1
Nuc Med Tech's do our sono's	1	.1
numbers are approx	1	.1
NURSES	1	.1
Of the budgeted radiographers, 2 also do mammo.	1	.1
OFFICE STAFF/FILM CLERK	1	.1
office stuff/film clerk	1	.1
OJT Rad Tech	1	.1
ONE ON CALL ULTRASOUND	1	.1
Other = x-ray operator. The radiographer number is all of x-ray, CT, Mammo, Dexa.	1	.1
other modalities are all mobile services that come to the facility - our facility does not employee these persons / added .4 person in mid 2004	1	.1
Our mammography technologists are included in the radiographer, I have 4 cross trained staff.	1	.1
Our Techs are multi-modality to cover all services	1	.1
OUR TECHS DO ALL OUR MODALITIES. MRI IS A MOBILE SERVICE	1	.1
PACS ADMINISTRATOR QC/QA COORDINATOR (1 each)	1	.1
per-diem rad techs	1	.1
Personal are cross trained in each area.	1	.1
PET-mobile service only-they supply the techs	1	.1
PET	1	.1
PRN 3	1	.1
R IS A CONTRACT SERVICE	1	.1

Rad Aid	1	.1
RAD THERAPY	1	.1
Radiation Therapist	1	.1
radiation therapy	1	.1
Radiation Therapy	1	.1
RADIOGRAPHER IS THE CT AND MAMMO. 1 Contract U.S. Tech. 1 PRN Radiographer.	1	.1
RADIOGRAPHER, CT, MAMMO, SONO ARE MULTITASKED technologists	1	.1
RADIOGRAPHY, MAMMOGRAPHY, SONOGRAPHY done by R.T.	1	.1
RADIOLOGIC TECHNOLOGY EDUCATORS	1	.1
RADIOLOGY COORDINATOR	1	.1
RADIOLOGY NURSE RN	1	.1
RADIOLOGY SECRETARY	1	.1
RADIOLOGY SUPERVISOR	1	.1
REPLACE ULTRASOUND TECH IN 2 WEEKS	1	.1
RN	3	.3
RN, NP	1	.1
RTT	1	.1
same people	1	.1
SATELLITE CLINICS	1	.1
SCHOOL OF RADIOLOGIC TECHNOLOGY	1	.1
SECRETARY	1	.1
SMALL DEPARTMENT ULTRA AND MRI SUPPLIED BY ANOTHER FACILITY	1	.1
SMALL DEPT WITH CROSS-TRAINED STAFF. MOST MODALITIES NOT BUDGETED SEPARATELY.	1	.1
Special Procedure Technologist	1	.1
STAFF IS CROSS-TRAINED, MRI IS MOBILE CONTRACT	1	.1
Staff Technologists perform all modalities. Staffing is scheduled by need.	1	.1
supervisor	1	.1
SUPERVISOR	1	.1
TECHNOLOGIST ASSISTANT	1	.1
TECHNOLOGISTS HAVE TO BE MULTI MODALITY	1	.1
TECHS ARE CROSS-TRAINED - MR AND NUCLEAR ARE CONTRACTED SERVICES	1	.1
The CT position/mammography/radiography positions are combined	1	.1
The department is fully staffed, except for sono.	1	.1
The two R.T.s are also certified in mammography	1	.1
THESE ARE ALL DONE BY THE SAME TECH.	1	.1
This # IS TOTAL TECHS NOT NEC FT/ HAVE MULTIPLE FLEX SCHEDULES/HAVE 75% AND SMALL POOL/MOST	1	.1
TRANSCRIPTION AND FILM ROOM	1	.1
TREADMILL	1	.1
VASCULAR	1	.1
VASCULAR AND ECHO TECH	1	.1
VASCULAR DOPPLER	1	.1

Vascular Sonography and Echocardiology	1	.1
VASCULAR TECH	1	.1
WE ALL 3 DO CT, DIAGNOSTIC AND SONOGRAPHY	1	.1
WE ARE ALL MULTI MODALITY	1	.1
WE ARE CROSS-TRAINED IN CT AND SONOGRAPHY	1	.1
WE DO NOT SEPARATE FTES ACROSS MODALITIES AND HAVE MULTIPLE CONTRACTED SERVICES	1	.1
WE HAVE 3 TECHS THAT COVER RAD/MAMMO/CT DEPT.	1	.1
We have 2.75 FTEs that cover radiography, CT, and mammography	1	.1
WE HAVE 5 TECHS THAT ARE CROSS TRAINED IN CT/ U/S AND MAMMO	1	.1
We have 7 FTE and one part time float ARRT One FTE and one part time sonographer.	1	.1
We have a staff of 3FTE's, we all do Radiography and CT- one of us does Mammography also. We utilize mobile services for MRI, US and Nuc Medicine so those tech's do not effect our department FTE's.	1	.1
We have three limited scope operators, one full time LSO and two cross-trained lab techs who are licensed LSOs.	1	.1
We just hired new FT tech, took 3mos to find and had to wait for her to graduate.	1	.1
Total	947	100.0

RECRUITMENT AND RETENTION

2. Describe how the recruitment effort for each specialty so far in 2004 compares to the effort expended during 2003.

		Radiographer			CT Technologist		
		Frequency	Percent	Valid Percent	Frequency	Percent	Valid Percent
Valid	More Difficult	135	14.3	18.3	109	11.5	19.0
	Same	343	36.2	46.5	318	33.6	55.5
	Less Difficult	259	27.3	35.1	146	15.4	25.5
Missing	Don't Know	94	9.9		134	14.1	
	System	116	12.2		240	25.3	
Total		947	100.0	100.0	947	100.0	100.0

		MR Technologist			Mammographer		
		Frequency	Percent	Valid Percent	Frequency	Percent	Valid Percent
Valid	More Difficult	88	9.3	25.3	105	11.1	22.1
	Same	204	21.5	58.6	271	28.6	56.9
	Less Difficult	56	5.9	16.1	100	10.6	21.0
Missing	Don't Know	240	25.3		186	19.6	
	System	359	37.9		285	30.1	
Total		947	100.0	100.0	947	100.0	100.0

		Nuclear Medicine Technologist			Cardiovascular Interventional Technologist		
		Frequency	Percent	Valid Percent	Frequency	Percent	Valid Percent
Valid	More Difficult	162	17.1	38.8	64	6.8	27.5
	Same	199	21.0	47.6	136	14.4	58.4
	Less Difficult	57	6.0	13.6	33	3.5	14.2
Missing	Don't Know	191	20.2		278	29.4	
	System	338	35.7		436	46.0	
Total		947	100.0	100.0	947	100.0	100.0

		Sonographer			Other R.T. Specialty		
		Frequency	Percent	Valid Percent	Frequency	Percent	Valid Percent
Valid	More Difficult	235	24.8	40.9	6	.6	12.5
	Same	256	27.0	44.6	35	3.7	72.9
	Less Difficult	83	8.8	14.5	7	.7	14.6
Missing	Don't Know	134	14.1		94	9.9	
	System	239	25.2		805	85.0	
Total		947	100.0	100.0	947	100.0	100.0

Other R.T. Specialty for Which FTE Provided:

	Frequency	Percent
Blank	878	92.7
*ECHO TECHS ARE DIFFICULT TO FIND.	1	.1
?	1	.1
Angio Interventional	1	.1
BONE DENSITY -	1	.1
CARDIO VASCULAR ULTRASOUND TECH	1	.1
CLINICAL INSTRUCTOR FOR SCHOOL	1	.1
Current volume doesn't justify specialized technologists. Rural requires multi-modality techs.	1	.1
Dexa	1	.1
DID NOT RECRUIT NO NEED FOR 2003 AND 2004	1	.1
DIDN'T HIRE ANY NEW STAFF IN 2004	1	.1
FULL STAFFED CURRENTLY	1	.1
FULLY STAFFED	1	.1
Have no present need or budget for an R.T. so we are not recruiting.	1	.1
Have not had to recruit	1	.1
Have not had to recruit in several years but at that time it was difficult	1	.1
Have not had to recruit in the past two years.	1	.1
HAVEN'T HAD TO RECRUIT FOR SPECIALTIES	1	.1
I did not have any turn over in personnel last year, we added one FTE in Sept. 2004 for bone density	1	.1
I HAVE NOT HAD TO DO ANY RECRUITMENT IN 2003 OR 2004	1	.1
I just started as department manager in December 2003, and as far as I understand there were no vacancies in 2003 so no recruitment efforts were necessary.	1	.1
I only hire for these 3 modalities.	1	.1
IMPOSSIBLE	1	.1
IVLLT	1	.1
Made no recruiting efforts in 2003 or so far in 2004	1	.1
MOBILE CT AND MAMMOGRAPHY	1	.1
NA	2	.2
NA AS WE ARE NOT ACTIVELY RECRUITING	1	.1
No need of recruitment	1	.1
no recruiting was done	1	.1
NO RECRUITMENT	1	.1
no recruitment efforts	1	.1
NO RECRUITMENT IN 6 YEARS	1	.1
NO RECRUITMENT ISSUES	1	.1
No recruitment necessary	1	.1
NO RECRUITMENT NEEDED	1	.1
No recruitment was conducted in 2003 or 2004	1	.1
not applicable, haven't had to recruit anyone	1	.1
NOT RECRUITING	2	.2
NOT RECRUITING TECHS AT THIS TIME POSITIONS ALL FILLED LAST YEAR	1	.1
Not recruiting. Partial lay offs/	1	.1
Our Dept does cross-training and coverage as needed.	1	.1

PACS ADMINISTRATOR COMING SOON	1	.1
Part time and per diem help is more difficult to find.	1	.1
PET	1	.1
PET CT TECH MORE DIFFICULT	1	.1
PET/CT TECHNOLOGIST	1	.1
RAD THERAPY	1	.1
RADIOLOGY NURSE	1	.1
RADIOLOGY NURSE RN	1	.1
Recruitment has become obsolete with instituting the scholarship program in our organization.	1	.1
RN	1	.1
RTT	1	.1
SONOGRAPHER MUST BE RADIOGRAPHER ALSO DUE TO ON-CALL REQUIREMENTS	1	.1
TECHNICAL ASSISTANT JOB CODE DELETED	1	.1
THIS IS A ONE TECH DEPT.	1	.1
Vascular Sonography and Echocardiology	1	.1
VERY HARD OBTAINING u/s TECHS	1	.1
We've had no needs in the last few years.	1	.1
We advertised for 1 diagnostic radiographer position and received numerous applicants & hired immediately with no difficulty.	1	.1
WE ARE NOT CURRENTLY RECRUITING ANYONE	1	.1
We have greater difficulty due to location being rural and the need for cross training due to being "on call" and ability to do CT as well as Radiography	1	.1
We have had no openings in since 2002	1	.1
WE HAVE MOBILE MRI	1	.1
We have such a limited vacancy this is not measurable.	2	.2
We hired two new ARRT in the last 1 1/2 years. No Technologist left in past 4 years.	1	.1
Total	947	100.0

3. If budgeted FTEs in any of these modalities have decreased over the past year, what do you believe is the reason for this decrease?

First, what proportion of the facilities offering services in each modality showed decreases in budgeted FTEs, and what proportion of the facilities showed a decrease in budgeted FTEs for one or more modalities from 2003 to 2004?

	N	Sum	Proportion "Yes"
Did FTEs for any specialty decrease?	817	131.00	.1380
Did radiography FTEs decrease?	791	62.00	.0780
Did CT FTEs decrease?	714	24.00	.0250
Did MR FTEs decrease?	638	18.00	.0190
Did mammography FTEs decrease?	710	20.00	.0210
Did NMT FTEs decrease?	700	32.00	.0340
Did CVIT FTEs decrease?	788	11.00	.0120
Did sonography FTEs decrease?	704	26.00	.0270
Did FTEs for another specialty decrease?	533	7.00	.0070

Quite a few of the respondents checked one or more reasons for a decline in budgeted FTEs, even though the FTEs they reported did not indicate a decrease had occurred for any specialty, or if they had not reported any FTEs. These managers and directors were probably interpreting the question as the more general one of what they perceive to be causes of decreases in FTEs, when and if such decreases occur. The percentage of respondents mentioning different reasons is therefore reported separately for each of these subgroups in the following table: One column for the reasons checked by those who reported no FTEs; a second column for the reasons checked by those whose reported FTEs showed no decrease in any specialty from 2003 to 2004, and a third column for those whose FTEs did show a decrease for at least one specialty from 2003 to 2004.

Reason for decline in budgeted FTE		Did FTEs for any specialty decrease?*			
		Missing	No	Yes	Total*
No reason given		93(71.5%)	520(75.8%)	44(33.6%)	657 (69.4%)
One or More	Patient demand declined	8(21.6%)	42(25.3%)	34(39.1%)	84(29.0%)
Reasons Given	Overall department or facility budget declined, forcing downsize.	20(54.1%)	60(36.1%)	38(43.7%)	118(40.7%)
	Formerly budgeted FTEs were so difficult to fill they were dropped from the budget.	8(21.6%)	19(11.4%)	7(8.0%)	34(11.7%)
	Number of patients processed per hour by each R.T. increased, so number of FTEs required to handle the workload declined.	4(10.8%)	27(16.3%)	15(17.2%)	46(15.9%)
	Average number of hours worked per week by our R.T.s increased, so number of R.T.s required to handle the workload declined.	1(2.7%)	20(12.0%)	8(9.2%)	29(10.0%)
	Other	8(21.6%)	39(23.5%)	14(16.1%)	61(21.0%)
	Respondents giving one or more reasons	37(28.5%)	166(24.2%)	87(66.4%)	290(30.6%)
Total		130	686	131	947

Other Reasons:

	Frequency	Percent
	856	90.4
?	1	.1
1) DR, multi-slice CT, multi-channel MRI and other technological advancements reduced table time	1	.1
1.5 TECHS IN POST (NO CHANGE)	1	.1
adjusted staffing	1	.1
AIA	1	.1
BETTER PAY AT OUR FACILITIES	1	.1
BUDGETED FTEs HAVE INCREASED IN ALL AREAS	1	.1
CLINIC PUT IN CT SCANNER -- MRI PERSON LEFT	1	.1
COMPETITION WITH OUTPATIENT CLINICS (PHYSICIAN OFFICES)	1	.1
Department previously staffed with NCT'. Just now showing the advantage of having R.T.s.	1	.1
Evaluation of department structure & staff mix with procedure volumes drives a need for higher productivity thus resulting in a decline of required budgeted FTEs.	1	.1
Even though there is an increase in patient procedures the work has become more efficient due to PACS.	1	.1

* Percents add to more than 100% because some respondents gave multiple reasons for declines.

FOUR FTEs LEFT TO MORE ATTRACTIVE JOBS.	1	.1
FTEs are budgeted the same both years	1	.1
FTEs HAVE INCREASED	1	.1
FTEs haven't changed.	1	.1
FTE increasing due to increase in workload	1	.1
FTEs have not decreased	1	.1
FULLY STAFFED	1	.1
GROWING	1	.1
HAD TEMPS UNTIL FTE COULD BE FOUND	1	.1
has not changed	1	.1
HAVE NOT DECREASED	1	.1
Implemented PACS	1	.1
In general radiology, we anticipate a decline in procedures (patients having more specialized exams instead) and after obtaining the PACs, we should be able to reevaluate staffing as well.	1	.1
INCREASED FTEs	1	.1
INSTALLATION OF RIS/PACS	1	.1
IVIA	1	.1
Large classes graduated. More techs available.	1	.1
LOCATION AND TYPE OF PATIENT	1	.1
low pay	1	.1
LOW SALARIES & EDUCATORS CAN MAKE MORE ELSEWHERE	1	.1
LOW VOLUME NEED 1 FTE TO HELP WITH CALL	1	.1
LOW WAGES	1	.1
more techs in the area	1	.1
MOVED ONE FTE TO NEW SITE WITH SAME EQUIPMENT	2	.2
N/A -overall workload has increased in all departments	1	.1
n/a	3	.3
N/A	4	.4
N/A	1	.1
NEW RECRUITMENT AND PRETENSION TECHNIQUES	1	.1
N/A	2	.2
No change	2	.2
NO CHANGE IN FTEs	1	.1
No change in staffing over past two years.	1	.1
NO CHANGE REALLY	1	.1
NO CHANGES HERE IN 6 YEARS	1	.1
No decline in services. Procedure counts about the same no need to recruit.	1	.1
no decrease	2	.2
NO DECREASE	5	.5
NO DECREASES NOTED	1	.1
NO FTE DECREASE	1	.1
NONE HAVE DECREASED AT THIS FACILITY	1	.1
not enough R.T.s	1	.1

On the contrary our workload has increased! Our staff is one tech/chief all in one person...me	1	.1
OPENING OF AN OP IMAGING CENTER	1	.1
OUTPATIENT CENTER OPENED TWO YEARS AGO	1	.1
OVERALL STATE BUDGET	1	.1
PACS DECREASED WORKLOAD THROUGH IMPROVED UTILIZATION - MORE PATIENT TIME AND LESS PAPERWORK FOR TECHS.	1	.1
PACS DEPLOYMENT DR USED	1	.1
People are going into specialty areas makes it difficult to maintain red tech.	1	.1
PHYSICIANS OPENED THEIR OWN RADIOLOGY DEPT.	1	.1
poor management refuses to hire RTT	1	.1
PT DECLINE	1	.1
PT load increase but FTEs did not change	1	.1
QUIT	1	.1
SALARIES HAVE IMPROVED LOCALLY. WE STARTED OUR OWN TRAINING FACILITY IN PARTNERSHIP WITH THE JUNIOR COLLEGE 2 YEARS AGO.	1	.1
SEVERAL HAVE DURING DAY/WEEK ON CALL AND WEEKEND COVERAGE REQUIRED	1	.1
SOME FTE BUDGET HAS BEEN THE SAME	1	.1
Stayed the same.	1	.1
Techs are multi - modality. I am able to move them where needed.	1	.1
There were no FTE decreases	1	.1
Very difficult to fill positions due to ER call which includes weeknights and weekends.	1	.1
Volume has not decreased in any modality.	1	.1
WE HAVE 0 PERCENT STAFF TURNOVER SINCE 2000.	1	.1
We have had no problems filling positions.	1	.1
WE HAVE ONLY BEEN OPEN 18 MONTHS - VOLUME IS LOW	1	.1
Workload has increased, but hospital is being sold which makes retaining great help difficult.	1	.1
Total	947	100.0

4. For each specialty area, how have the following staffing indicators changed since January 2003?

	Radiography: Employees' average length of employment at your facility	Radiography: Turnover rate	CT: Employees' average length of employment at your facility	CT: Turnover rate	MR: Employees' average length of employment at your facility	MR: Turnover rate	Mammography: Employees' average length of employment at your facility	Mammography: Turnover rate
Valid	807	721	690	619	438	393	594	530
Missing	140	226	257	328	509	554	353	417
Mean	3.26	2.55	3.31	2.53	3.24	2.60	3.33	2.52
Median	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Mode	3	3	3	3	3	3	3	3
Std. Deviation	.827	.957	.813	.928	.800	.950	.838	.914
% Much Lower	2.4%	17.8%	1.4%	18.4%	2.5%	18.1%	2.4%	19.8%
% Lower	9.0%	24.0%	8.0%	21.3%	7.1%	16.3%	5.4%	17.2%
% Higher	22.2%	11.0%	21.6%	8.2%	19.6%	8.1%	19.5%	6.6%
% Much Higher	8.6%	1.5%	10.0%	1.3%	8.2%	2.3%	11.6%	.9%

5. Were you paying sign-on bonuses for R.T.s in 2003? Are you paying them currently? If yes, please indicate amount typically paid.

Measure		Percent paying bonus	N	Std. Deviation	Statistical Significance of Difference	
					t (N-2)	*p*
Pair 1: CT	In January 2003	22.2%	670	.416	-3.672	.000
	Currently (2004)	17.8%	670	.382		
Pair 2: CT	Amount of bonus (2003)	$2,798.65	104	$1,648.56	.768	.444
	Amount of bonus (2004)	$2,673.65	104	$1,383.21		
Pair 3: Radiography	In January 2003	27.5%	808	.447	-4.737	.000
	Currently (2004)	21.2%	808	.409		
Pair 4: Radiography	Amount of bonus (2003)	$2,749.34	134	$1,833.30	.455	.650
	Amount of bonus (2004)	$2,687.39	134	$1,717.78		
Pair 5: MR	In January 2003	19.0%	546	.393	-3.365	.001
	Currently (2004)	15.4%	546	.361		
Pair 6: MR	Amount of bonus (2003)	$2,628.22	73	$1,186.11	-.804	.424
	Amount of bonus (2004)	$2,713.15	73	$1,267.31		
Pair 7: Mammography	In January 2003	15.8%	631	.365	-1.764	.078
	Currently (2004)	14.1%	631	.348		
Pair 8: Mammography	Amount of bonus (2003)	$2,720.80	75	$1,779.38	.725	.471
	Amount of bonus (2004)	$2,567.47	75	$1,347.48		

Indicate the percentage range you estimate for the following radiologic technology coverage situations:

Respondents could either select from 0%, 1-6%, 7-13%, 14-20%, 21+% or write in a specific percentage. For purposes of this analysis, replaced each range selection with the midpoint of that range – e.g., if the respondent checked "1-6%" it was scored as 3.5%.

		Percent of radiographers FTEs filled w/ temps/travelers	Percent above average temp/traveling radiographers are paid	Percent of CT FTEs filled w/ temps/travelers	Percent above average temp/traveling CT techs are paid
N	Valid	890	699	798	592
	Missing	57	248	149	355
Mean		2.3366	24.4092	2.0539	11.0650
Median[a]		.6417	1.9132	.2735	.7929
Mode		.00	.00	.00	.00
Std. Deviation		8.94800	50.08442	13.52625	29.86240
Minimum		.00	.00	.00	.00
Maximum		120.00	400.00	300.00	100.00
Percent zeroes		82.4%	63.9%	92.6%	81.3%

		Percent of MR FTEs filled w/ temps/travelers	Percent above average temp/traveling MRs are paid	Percent of mammographers FTEs filled w/ temps/travelers	Percent above average temp/traveling mammographers are paid
N	Valid	670	538	745	588
	Missing	277	409	202	359
Mean		1.7313	11.4247	2.0383	10.7194
Median[a]		.0451	.6707	.0926	.1947
Mode		.00	.00	.00	.00
Std. Deviation		14.05946	35.54997	15.61846	34.88558
Minimum		.00	.00	.00	.00
Maximum		300.00	419.00	300.00	400.00
Percent zeroes		95.7%	83.8%	95.6%	83.7%

[a] Calculated from grouped data.

7. Has your facility experienced any of the following consequences of a work force shortage?

	Valid N	%Yes	%No
Curtailed plans for facility expansion.	827	5.1	94.9
Curtailed plans for acquiring new technology.	841	9.4	90.6
Reduced number of staffed diagnostic units.	856	10.6	89.4
Discontinued R.T. educational programs.	834	6.7	93.3
Increased wait times for procedures.	866	36.4	63.6
Cancelled procedures.	864	22.0	78.0
Decreased patient satisfaction.	839	26.1	73.9
Increased patient complaints.	837	26.6	73.4
Other	173	11.6	88.4

Other consequence:

	Frequency	Percent
Blank	899	94.9
?	1	.1
Above indications identified when there has been unexpected LOAD due to illness	1	.1
As a result of a much smaller candidate pool, I have sometimes had to hire applicants I would have liked to pass on. The current shortage has enabled chronic under-performers to get jobs as hiring managers have had to overlook red flags.	1	.1
BECAUSE WE HAVE REPLACED WITH TRAVELERS OUR NEW IMPACT HAS BEEN BUDGETARY.	1	.1
CONCERNED ABOUT WAIT TIMES	1	.1
DECREASE EMPLOYEE SATISFACTION/MORALE	1	.1
decreased physician satisfaction	1	.1
DECREASED PHYSICIAN SATISFACTION	1	.1
Delays in ED throughput	1	.1
Difficult to keep agency staff oriented due to turnover	1	.1
Difficulties finding relief technologists	1	.1
Difficulty allowing staff to take time off for educational opportunities.	1	.1
Education: We give techs the opportunity for CEU's with an agenda submitted by an Education Committee.	1	.1
employee burn out for call time	1	.1
EMPLOYEE MORAL HAS DECLINED	1	.1
increase overtime payouts to staff open shifts	1	.1
INCREASE PHYSICIAN COMPLAINTS	1	.1
INCREASE REFERRING PHYSICIAN DISSATISFACTION	1	.1
INCREASE STRESS	1	.1
INCREASED NUMBER OF CURRENT TECHNOLOGISTS SEARCHING FOR ANOTHER JOB	1	.1
Increased physician complaints	1	.1
Increased turnover due to amount of call being taken.	1	.1
INCREASED WORK RELATED INJURIES.	1	.1
MORALE ISSUES. CURRENTLY FULLY STAFFED.	1	.1
NO CHANGE IN STAFF IN 2 YEARS	1	.1
ONLY PROBLEM IS WITH FASTER R.T. BURNOUT	1	.1

OUR INCREASED WAIT TIMES IS DUE TO BEING DOWN TO 1 RAP	1	.1
Physician increased complaints -- waiting times.	1	.1
POSSIBLE ADDITIONAL STAFF TURNOVER DUE TO EXTRA WORKLOAD.	1	.1
Prior high turnover undermines physician confidence and referrals to our facility. In June we came in with a full staff of 3 R.T.s and brought in Applications specialists to properly set up CT protocols and train staff. Now Dr's starting to regain confidence.	1	.1
Productivity and cross-training into multiple modalities is the Key to survival.	1	.1
Radiographers are in demand. Administration understands the value of a good Radiographers skills.	1	.1
REMAINING STAFF HAVING TO WORK OT TO FILL VOID.	1	.1
RESCHEDULE OR TRANSFER TO ANOTHER FACILITY WITHIN OUR NETWORK.	1	.1
SHORTAGE OF SONOGRAPHS	1	.1
Slight increase in complaints from clinic/physician ordering procedure.	1	.1
STAFF BURNOUT	1	.1
STAFF COVERS CT SHIFTS -- AGITATED	1	.1
Technologist unable to utilize new multi-slice CT machine to full capability of technology.	1	.1
THERE ARE MANY OPPORTUNITIES FOR EMPLOYMENT IN THIS AREA.	1	.1
Very rural, staffed with 2 teens. We do general rad and ct. We have both been employed here for 13 plus years. We employ relief once in awhile to fill in on weekends.	1	.1
WE ARE A VERY SMALL HOSPITAL W/ MYSELF AND 1 OTHER	1	.1
WE ARE CURRENTLY FULLY STAFFED AND HAVE BEEN FOR 1 YEAR	1	.1
WE DID RECEIVE HIGHER WAGES	1	.1
We have not had a hard time hiring technologist because word of mouth spread good place to work.	1	.1
We staff with a minimum number of technologists. If volume increases then patient wait times increase.	1	.1
We worked very lean but not by choice -- now administration expects this as routine.	1	.1
Total	947	100.0

VERBATIM COMMENTS

8. Please add any comments you feel are necessary to clarify any of your responses to the preceding seven questions and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.

	Frequency	Percent
Blank	612	64.6
#6 OUR FACILITY WILL NOT USE TEMPS	1	.1
****please note**** I just received this today, September 13, 2004, and do not know where it has been. I see the date you wanted it back has passed, but I will fill it out and send it back anyway. Thank you	1	.1
[On Q1, wrote "Mobile" beside mammo & NMT for 2003.]	1	.1
[Q1, MR, NMT, S: "mobile".]	1	.1
[Q1: Left all "budgeted FTEs" blank, but filled in "Vacant & recruiting" -- not sure how to interpret.	1	.1
[Q1: Listed CT, Mammo, & Sonographer as "cross trained", w 0 unfilled.]	1	.1
[Q1: Same techs handle R, CT, mammo. Also, NMT contracted.]	1	.1
[Q5, bonuses for R, CT, M: The $10,000 is over 2 yrs.]	1	.1
[Q6: Checked 0% trav, but 14-20% more "if needed".]	1	.1
[Wrote on 1st page: "Rec'd 9/15/04"]	1	.1
110 BED HOSPITAL 2 FTE W OVER 32 YEARS AT THIS SITE. 2 PTE TO WORK ROTATING WEEKENDS. NO PROBLEM FILLING THAT position as needed.	1	.1
2 YEARS OR SO NOW FULLY STAFFED	1	.1
2003 AND 2004 I HAVE MAINTAINED THE SAME STAFF. IF FEEL THAT I HAVE BEEN BLESSED TO HAVE THE SAME STAFF BECAUSE I KNOW THEY COULD GET JOBS AT OTHER SITES WITH WAGE INCREASES.	1	.1
2004 ACQUIRING IN HOUSE MRI SERVICE	1	.1
3 R.T.s cover all modalities except NM. Our work load has increased and we are currently looking for more technologists. All 3 Technologists have been here 10 years or more.	1	.1
About four years ago we started a scholarship program for local residents. This has significantly improved our ability to staff the department. Turnover is very low. All techs are cross-trained. I recommend this program to everyone	1	.1
ADJUST SALARIES AND VISIT HIGH SCHOOLS, VISIT COLLEGES, LET PEOPLE KNOW ABOUT OPPORTUNITIES IN THE FIELD.	1	.1
Administrator's lack of concern and expectations has risen in the last few years. Techs do not feel right about doing rush jobs on patients, especially when administration FTEs is out of proportion.	1	.1
affiliated with two large teaching programs, (we are considered preferred employer)	1	.1
AFTER 2 YEARS OF EFFORT, WE HAVE NO OPEN POSITIONS	1	.1
AGGRESSIVE PLANNING WITH HR TO SUPPORT RECRUITMENT AND RETENTION	1	.1
ALL DEPENDABLE AND WE HAVE HAD NO PROBLEMS WITH BEING SHORT ON WORKERS.	1	.1
All functions are performed by R.T.s, no administrative or support personnel are available to Radiology.	1	.1
ALL OUR STAFF DO MULTI MODALITIES. THERE IS A SHORTAGE OF STAFF IN SOME AREAS. THIS IS INDICATIVE I THINK OF PAY AND WORKING CONDITIONS.	1	.1
Although we are short one FTE, we all carry the burden and try not to let patient's know if we are stressed.	1	.1
Area programs are producing 40 to 50 technologists per year. CT/MR positions generally filled through cross-training. School affiliation helps with recruitment.	1	.1

As a small rural hospital, our technologists are multi-faceted...all of them are cross trained in one modality or more. Our base of employees may fluctuate but it always returns to people who are from this area and plan to stay.	1	.1
AT NEARBY COMMUNITY COLLEGE 20 STUDENTS ACCEPTED.	1	.1
BECAME CLINICAL SITE FOR R.T. PROGRAM -- PROVIDES ACCESS TO ALL GRADUATES	1	.1
BEING A RURAL FACILITY WITH LIMITED RESOURCES, WE DO NOT PAY HIGH ENOUGH WAGES TO ATTRACT ANY NEW EMPLOYEES.,	1	.1
BEING IN BUSH ALASKA IN A SUPER RURAL AREA, RECRUITMENT OF MULTI-DISCIPLINED PERSONNEL. OUR NEEDS REQUIRE SONOGRAPHER TO PULL R.T./U/S CALL AFTER HOURS WITH 95% OF CALL-BACKS BEING RADIOLOGICAL.	1	.1
Better quality techs are needed! Facilities are expanding and not hiring techs, forced to do more with less. Limited staffing and limited equipment forces longer patient wait times and or canceled exams.	1	.1
BONUS PAID FOR NUC MED AND IN US = HARD TO FIND	1	.1
Bonus paid for Nuc. Med. and US=hard to find.	1	.1
BONUSES PAID FOR NM TECH IN 2004 $1,000-$2,500	1	.1
BRING A SMALL DEPARTMENT ALL TECHNOLOGISTS ARE MULTI MODALITY IN AT LEAST 2 CATEGORIES UP TO AS MANY AS 4	1	.1
BUDGET/Equip/Staff -limit- patient load and create a backlog in CT/US/MRI	1	.1
CANCELLED PROCEDURES VERY RARELY. NOW AS A RESULT OF VACATIONS RATHER THAN R.T. SHORTAGE.	1	.1
changes in administration CEO, CFO, Dept. Management	1	.1
CT CONTINUES TO INCREASE; THEREFORE, WE ADDED ANOTHER FTE AND OPENED SATURDAYS FOR routine SCHEDULING. [Q1: "Mammographer included in radiographer"]	1	.1
CURRENTLY STAFFING SHORTAGES ARE NOT AN ISSUE HERE AND HAVE NOT BEEN FOR ABOUT 3 YEARS. IN MY OPINION, TRAVELING TECHS HAVE CREATED THE SHORTAGE. IF THEY WOULD ACCEPT PERMANENT POSITIONS THERE WOULD BE NO SHORTAGES. Employers should consider wages somewhere	1	.1
Currently, Southeast [name of state] Is Stable and Has an Abundance of Candidates	1	.1
DEPT STAFFING HAS BEEN VERY STABLE EVEN THRU DIFFICULT FINANCIAL TIMES. VERY DEDICATED STAFF.	1	.1
DEPT TURNOVER UNDER 3 PERCENT	1	.1
Diagnostic Rad Techs are easier to find and graduates are having difficulty finding jobs in our area. Sonographers are extremely difficult to find at this time.	1	.1
Diagnostic Rad techs, and Nuclear techs, are the current shortages here. Our biggest shortfall is our ability to work with and assist the radiologists the way we could in the past, which diminishes pt. and MD service.	1	.1
DIAGNOSTIC TECHS ARE IN GREATER SUPPLY. THAT HAS ALLOWED US TO TRAIN SEVERAL CT TECHNOLOGISTS	1	.1
DO NOT USE TEMPS.	1	.1
Doing more on the job training and hiring students just out of school.	1	.1
[City] IS DOING OKAY IN MOST MODALITIES EXCEPT FOR NUCLEAR MEDICINE.	1	.1
EMPLOYEE LOYALTY IS AT AN ALL TIME LOW. THE EMPLOYEES LEFT BEHIND feel like they are the suckers for remaining. They have categorized themselves as the "Rentals" (travelers) and the "Mentals" (those who remain).	1	.1
Employee morale has declined.	1	.1
EXPERIENCED ULTRASOUND TECH A DIFFICULT FIND. HIGH REGISTRY USE, ESPECIALLY FOR VASCULAR EXAMS	1	.1
FAST FOR THEM TO CONTINUE FOR LONG. US TECHS ARE	1	.1
Fortunate having school program supplying techs near	1	.1
Fortunately we are in a good situation with having a Radiology program near by. This helps tremendously with keeping the department staffed.	1	.1
Fortunately, we are affiliated with a local R.T. college. Our staffing needs are regularly met by graduating R.T.s.	1	.1
GROWING NO PROBLEMS WITH TECHS.	1	.1

Had a short period of time when was short of staff. It was during that time had complaints. Full staff (-1) now.	1	.1
HARDSHIP EXEMPTIONS FOR RURAL HOSPITALS ALLOW US TO TRAIN OJTs TO PERFORM ROUTINE RADIOGRAPHY	1	.1
HAVE INCREASED THE NUMBER OF CASUAL EMPLOYEES	1	.1
HAVE ONLY USED A TRAVELER 3 TIMES IN MY 28 YEARS OF MANAGEMENT.	1	.1
HAVE PREVIOUS KNOWLEDGE.	1	.1
Here in [state], there are several licensed limited operator programs filling the ranks and our many graduates from R.T. schools. I know of no shortage.	1	.1
HOSPITAL IS LOCATED IN A PRIME AREA (DESIRABLE PLACE TO LIVE) SO DON'T HAVE TROUBLE RECRUITING/RETENTION.	1	.1
I'VE MANAGED TO KEEP ENOUGH STAFF, BUT I HAVE A LOT OF CONTACTS IN THE AREA, HAVE 5 FTEs SHORTAGES, JUST AS BAD AS LAST TIME.	1	.1
I AM NEW AT THIS FACILITY AND DO NOT have previous ???	1	.1
I am not currently and have not used temps for the past 2 1/2 years	1	.1
I am seeing more applicants, but the quality of the applicants is way down. I am seeing beginning radiographers that don't seem to know how to do the basic procedures and don't show any motivation.	1	.1
I AM THE FULLTIME TECH. I HAVE A PART-TIME TECH AND JUST got A FULLTIME CT TECH. For new CT. I have 2 PRNs with this. In the past I have had no problem with coverage.	1	.1
I believe if the state of ____ required licensure then wages would increase and more students would have an interest in entering the field.	1	.1
I currently am located between 3 radiology schools so I'm far from the norm. I feel this information from your questionnaire should be used for accurate results.	1	.1
I do not use any temps and do not plan to.	1	.1
I FEEL THE SHORTAGE FOR RAD TECHS IS DECREASING.	1	.1
I HAVE BEEN IN THIS DEPARTMENT FOR 20 YEARS. WHEN I STARTED THERE WERE 5 TECHS NOW ONLY 2. ME AND A PART-TIMER. I HAVE GOTTEN FEW RAISES. I AM MAKING $15 AN HOUR. [On type of facility, substituted "State" for "Government"]	1	.1
I HAVE BEEN RECRUITING DIRECTLY FROM OUR HIGH SCHOOL IN THE RADIOGRAPHY PROGRAM LOCATED IN A CITY CLOSE BY. I THEN HIRE THEM AS A TECH AIDE AND HELP PAY THEIR TUITION FOR SCHOOL. THE ONE OPENING I HAD WAS BECAUSE I NEEDED THE TECH AIDE TO GRADUATE.	1	.1
I HAVE BEEN VERY FORTUNATE IN KEEPING A FULL STAFF AND CONSTANTLY HAVING TECHS FROM OTHER AREA HOSPITALS APPLYING FOR POSITIONS.	1	.1
I have been very lucky recruiting and maintaining my staff in this market.	1	.1
I HAVE HAD GREAT DIFFICULTY IN FINDING RADIOGRAPHERS WITH OPERATING ROOM EXPERIENCE OR WHO ARE WILLING TO LEARN. Q5, $800 bonus: "After first anniversary."	1	.1
I HAVE MULTIPLE RESUMES ON MY DESK FOR BOTH RAD TECHS AND ULTRASOUND TECHS - NO OPEN POSITIONS.	1	.1
I have not had a need for temps as I have used current staff to cross train xr and ct, nm and registered ct techs to mr.	1	.1
I have not had to hire other than a part-time mammographer this year.	1	.1
I have to use OJT staff to staff our department because this area does not attract R.T.s.	1	.1
I THINK IT IS BETTER BUT STILL A SHORTAGE	1	.1
I TRY TO HIRE TECHS. FROM THIS AREA WITH FAMILY TIES, MUCH LOWER TURNOVER RATE.	1	.1
I WAS A LIMITED TECH AND WENT TO SCHOOL ONLINE TO BECOME AN R.T. IN ORDER TO HELP CT. WE NOW JUST HIRED ANOTHER NEW GRAD FROM THE AREA. RURAL AREAS ARE HARD TO RECRUIT TOO.	1	.1
I WOULD CERTAINLY BE INTERESTED TO DISCOVER IF THE PERCENT OF AGENCY TECHS COMPARES TO THE VACANCIES	1	.1
If locality, pay and benefits are adequate for cost of living for your FTE, and working conditions are good with workload and opportunities fair, you have a greater chance of retention of the employee. These are key factors!!!	1	.1
In 1992 we had 3 open positions; it took almost a year to fill them. We used temps at that time.	1	.1

IN MY AREA SOME SHORTAGES CONTINUE TO EXIST IN CT AND MRI. THIS IS SOMEWHAT CAUSED BY THE AGGRESSIVE GROWTH OF THESE MODALITIES	1	.1
In the [city] area there is an adequate supply of new graduate technologists to fill all vacant positions. Hiring experienced staff can be difficult, people do not want to move.	1	.1
Including facilities like ours (1 rad tech only) could be misleading to your survey.	1	.1
INCREASED WAIT TIMES PRIMARILY IN MAMMO ARE DUE TO SHORTAGE OF STAFF.	1	.1
increasing work load same number of technologists and rad rooms	1	.1
Information includes hospital and satellite facilities	1	.1
It's important for leaders to take care of staff. Competing physician owned facilities is making it difficult for hospitals to survive.	1	.1
It appears to be a war between FTE and travelers. In a Hospital setting, the FTEs are paid from a different budget than travelers, yet the travelers are paid more with much less loyalty to a facility. Somehow there must be a balance.	1	.1
It is difficult to find techs who will work in rural areas such as this, especially specialty techs.	1	.1
It is hard for me to fill out this survey and help you at all since we are small rehab hospital with 2 FTE and only one routine room. We have recently purchased a C-arm which we are doing Modified Barium Swallows.	1	.1
IT IS VERY HARD TO STAY WAGE COMPETITIVE. ONE COMPETITOR RAISES THEIR RATES, THEN WE RAISE OURS, ETC. IT'S A CONSTANT PROCESS.	1	.1
It took me 3 years to recruit 6 technologists. Salaries where increased 2 times during this period. I offered sign-on bonuses and government benefits as incentives. I have lost only one of these techs. He is going to Nuc Med school.	1	.1
JOB MARKET IN [state] HAS TREMENDOUSLY SETTLED DOWN WITH FEW JOB OPPORTUNITIES.	1	.1
Just filled 18 hr week position w/new grad. Much easier to get someone than for ft position in 2003.	1	.1
MADE THE TECHNOLOGIST ISSUE SECONDARY.	1	.1
Make the ASRT or ARRT license good enough to work anywhere within the 50 states. Not everyone is too happy or looking forward to taking state exams every time we move.	1	.1
MAMMOGRAPHY IS NOT AVAILABLE WITHIN MY HOSPITAL. IT IS A JOINT VENTURE BETWEEN RADIOLOGISTS AND HOSPITAL. OUR ORGANIZATION HAS DECIDED THAT WE WILL NOT USE TEMP LABOR.	1	.1
Mobile MRI service replaced night shift with on call during staffing shortages. Increased wait times on this shift only.	1	.1
Mobile MRI, Ultrasound, and Nuclear Medicine. Do not use Temps. Tech Services-Small Department fortunate enough to have three, local techs, plus one per diem tech.	1	.1
More R.T.s are needed in rural facilities. NCT's have their usage, but not apart from qualified supervising technologists.	1	.1
More than a few applicants don't want to work at hospitals (especially smaller ones) because of the call that is involved.	1	.1
MOST OF MY STAFF HAVE BEEN CROSS-TRAINED IN SEVERAL MODALITIES AND ARE WILLING TO ROTATE MODALITIES. MY BIGGEST CHALLENGE IS IN AVAILABILITY OF FORMAL EDUCATION FOR CROSS-TRAINING. I WOULD LIKE TO SEE MORE CT/MAMMOGRAPHY FORMAL EDUCATION PROGRAMS via Internet.	1	.1
MOST OF MY TECHS ARE WIVES OF FARMERS OR FARM RELATED INDUSTRIES. NOT A LARGE TURNOVER RATE. ALSO CLINICAL SITE FOR STUDENTS WE USUALLY HIRE FROM THEM AND CROSS TRAIN.	1	.1
MRI TECH SHORTAGE EQUALS 1 MAGNET DOWN BACKLOG UP	1	.1
MY DEPARTMENT HAS HAD EXTREME DIFFICULTY IN FINDING R.T.s AND STAFFING FTEs IN THE LAST TWO YEARS.	1	.1
My longest employed tech has been here 30 years. We have an average of 15 years service with the lowest being 3yrs. The techs come and don't want to leave.	1	.1
My perception is that Nuclear Med techs are getting scarcer than in prior years.	1	.1
NEVER USED TEMPs	1	.1
NEW GRADS ARE NOT INTERESTED IN WORKING IN SMALL RURAL HOSPITALS, WHICH MAKES RECRUITMENT DIFFICULT.	1	.1
NM TECH SHORTAGE EQUALS BACKLOG UP, TRAVELER TECHS BROUGHT IN	1	.1

NO STAFFING PROBLEMS DUE TO AFFILIATIONS WITH SCHOOLS OF RAD. TECHNOLOGY.	1	.1
NO TEMPS TRAVELERS NOW. HAVE USED RECENTLY IN CT AND NUC MED TO COVER EXTENDED ILLNESSES.	1	.1
NOT ONLY DO I SEE A SHORTAGE WITH RADIOLOGIC TECHNOLOGISTS, BUT ALSO I SEE A DECLINE IN QUALITY OF NEW GRADUATES. [Q2, DKs: "Haven't had to recruit."]	1	.1
NOT TRAINED WELL ENOUGH AND QUALITY THERE IS LOW.	1	.1
Note: Comments regarding traveler staffing ($ > 2x reg rate) and consequences of shortage are historical, prior to 2004. Shortages met via internal cross-training for CT, MR, US and Mammography. Gen Radiographer recruitment enhanced as a result.	1	.1
Nuc Med Techs are the most difficult to locate. Just hired two this week, $50./hr. [region] Thank you.	1	.1
Nuclear Medicine and CT still seem to be our hardest positions to fill. We get candidates that are later stolen by agency. Agency can pay them higher wages and give perks our budget cannot sustain.	1	.1
Number of mammo techs is included in the total number of techs. We work on a very slim front line	1	.1
Once hired the staff become long-term employees. Most have between 6 and 14 years of service here. Two new employees appear to want to stay. We are getting request from technologists about any possible openings.	1	.1
ONLY HAVE TEMPS FOR SOME OF THE WEEKEND COVERAGE AND THEY HAVE BEEN DEPENDABLE ALSO.	1	.1
Only staff tech, would like salary info. concerning clinical employees.	1	.1
Only used a temp for about 4 months, and not on a full time basis.	1	.1
OPENED NEW OUTPATIENT IMAGING CENTER. GIVEN NO NEW STAFF FREQUENTLY SHUT DOWN.	1	.1
OUR AREA IS RAPIDLY EXPANDING WITH UPPER MIDDLE CLASS. I HAVE BEEN AT FULL STAFF SINCE JULY 2003.	1	.1
Our biggest staffing challenge is Ultrasound. We are typically charged about 3 times the average Rad Tech wages for a temp.	1	.1
Our department is staff with 3 technologist who cross-train into CT, U/S; we are a rural hospital and receive our MRI/Mammo/Nuc Med as mobile units.	1	.1
OUR DEPARTMENT IS VERY STABLE. WHEN WE ARE SHORT STAFFED, WE FUND A LITTLE OVERTIME, WHEN WE ARE VERY BUSY WE WORK FASTER AND HARDER.	1	.1
Our facility is a medical school and strictly orthopedics. Work can be as high as 120 to 30 patients.	1	.1
Our facility is an exception to national trends and we're proud of it!	1	.1
OUR FACILITY IS CLASSIFIED AS A LTAC HOSPITAL. WE DO MOSTLY portable procedures. THE WORKLOAD IS SUCH IN THAT WE HAVE ONE FULL-TIME TECH. WE USE PART-TIME PRN PERSONNEL AS NEEDED.	1	.1
OUR HOSPITAL HAD A JOB REDUCTION AND LAYOFF	1	.1
Our hospital has hosted a health career info day for 7 area high schools 10th - 12th grade students. We are fortunate it has helped with the # of x-ray techs from this area and "knock on wood" we haven't experienced a shortage for 2 yrs.	1	.1
Our hospital helps sponsor local rad. tech. training program thru [name] Community Hops -- Thus we have good access to graduate techs.	1	.1
OUR HOSPITAL IS SMALL SO I HIRE TECHS THAT ARE MULTI MODALITY OR WILLING TO LEARN PLUS I HAVE A LOT OF PRN TECHS THAT WORK AT OTHER FACILITIES.	1	.1
OUR LAB TECHS ARE CROSS-TRAINED IN RADIOGRAPHY AND ARE ON CALL FOR A SMALL FACILITY. WE DO NOT USE TRAVELERS. WE HAVE MOBILE SERVICE FOR CT, MAMMO, MRI.	1	.1
OUR MRI SERVICES ARE PROVIDED BY MOBILE UNIT-WE DON'T HAVE FTE FOR MRI TECH	1	.1
OUR RADIOGRAPHERS ARE ALL TRAINED FOR CT AND MAMMOGRAPHY SO FTEs ARE ONLY 5 FTEs FOR ALL MODALITIES.	1	.1
Our staffing is much better than 3-4 years ago. We implemented a program to make our department the employment place of choice for techs in the region. It has paid dividends.	1	.1
OUR TECHNOLOGISTS ARE MORE EFFICIENT BUT THE PACE IS TOO fast for them to continue for long. U.S. techs are not trained well enough and quality there is low.	1	.1
Pay scale for Radiologic Technologists is too low.	1	.1

PHYSICIANS OPENED THEIR OWN RAD DEPT. TOOK MOST OF MY LONG-TERM EMPLOYEES. THEY HAVE CRIPPLED MY NUC DEPT. WE PERFORM VERY FEW NUC. TEST.	1	.1
PLEASE NOTICE ENCLOSED BROCHURE. THIS IS REALLY A THORN IN THE SIDE!! [Enclosed a travelers agency brochure.]	1	.1
Q1 [FTE for mammo]: Included in radiology	1	.1
Q1, CT, NM, Sono '03 & '04: "Mobile service"	1	.1
Q1, in place of FTE for mammo: "included in Rad"	1	.1
Q6 - #2: The travelers are paid approx. 2.5 times that of our staff radiographers. This comes to 250%.	1	.1
Qn1: In place of FTE for MR, Nuc Med, entered "mobile".	1	.1
RAD TECH SUPPLY IS CRITICAL. WE HAVE JOINED OTHER AREA HOSPITALS AND COMMUNITY COLLEGE TO OPEN A RAD TECH PROGRAM THAT WILL GRADUATE FIRST CLASS IN MAY 2005.	1	.1
RECENTLY (9/04) STARTED NEW RADIOGRAPHERS PROGRAM at nearby community college -- 20 students accepted.	1	.1
RECRUITMENT AND RETENTION EFFORTS HAVE HELPED. NOT A LOT OF TURNOVER.	1	.1
RECRUITMENT IN SPECIALTIES FOR OFF-SHIFTS IS THE PROBLEM. TO FILL SPECIALTIES CREATED NEW GRADUATE PROGRAMS IN ANGIO, CT, AND MRI.	1	.1
RECRUITING SPECIALTY, IE NUC/US EXTREMELY DIFFICULT SMALL RURAL AREA.	1	.1
RURAL FACILITY CURRENTLY FULLY STAFFED FOR THE PAST 6 YEARS. DO NOT FORESEE A CHANGE IN NEAR FUTURE, BUT DO SEE A MAJOR DIFFICULTY IN THE FUTURE.	1	.1
Rural facility; we use temps to help cover week-end call.	1	.1
SEE ABOVE [Q7 answer indicated "There are many opportunities for employment in this area."]	1	.1
SEEMS TO BE AN ABUNDANCE OF NEW GRADUATES IN RADIOGRAPHY AND SONOGRAPHY. VERY FEW SEASONED TECHS LOOKING FOR EMPLOYMENT.	1	.1
SEEMS TO BE MORE AVAILABLE TECHS NOW THAN 1 YEAR AGO	1	.1
Serv prov: CT, MR, nuc med marked as "mobile"	1	.1
Serv prov: MR "mobile"	1	.1
Serv prov: MR new this month.	1	.1
Serv prov: MR, Sono, Nuc med "mobile"	1	.1
Serv prov: Nuc med "mobile". [FTE for radiogr, CT]: Combined half & half	1	.1
Serv prov: PET "mobile"	1	.1
Serv provided: MR "mobile". Q6: Can't afford temps.	1	.1
Services provided, by Nuc Med: "Mobile"	1	.1
Services provided: Radiogr, "In House"; CT, "Weekly"; MR, "Weekly"; Sonogr, "2 times weekly"; Mammo, "Monthly"; Nuc Med, "If we have 2 patients".	1	.1
Severe shortages in our area are in ultrasound	1	.1
Shortages in other facilities negatively affect ability to find relief technologists within organization. Suspect similar CAH facilities have difficulties as well.	1	.1
[name] IS A 40 BED PEDIATRIC ORTHOPEDIC HOSPITAL. WE HAVE ONLY 2 RADIOLOGY ROOMS AND 2 OR C-ARMS AND 1 MINI C-ARM. ALL OTHER MODALITIES ARE SENT OUT TO NEAR BY UNIVERSITY OF [state] HOSPITAL	1	.1
SIGN AND BONUSES AT TIME OF TRAINING WITH SIGNIFICANT PAY INCREASES AND TECHS ARE OBLIGATED TO 2 YEAR CONTRACT WHEN TRAINED.	1	.1
Since we have had no vacancies in over 2 years there have been no recruitment efforts at our hospital.	1	.1
SMALL REHAB HOSPITAL	1	.1
SMALL RURAL HOSPITALS MOSTLY MEDICAID AND MEDICARE PATIENTS	1	.1
SONOGRAPHERS HARD TO GET AND WE PAID BONUSES OF $500 FOR LAST ONE 2 YEARS AGO.	1	.1
STAFF TECHS SEEM PLENTIFUL. NUC MED HARD TO FIND.	1	.1

STAFF TECH ARE STABLE HERE; HOWEVER, WEEKEND AND NIGHT TECHS ARE A MAJOR PROBLEM. GOT TO DO SOMETHING LOOK AT ASSISTANCE.	1	.1
STAFFING AVAILABILITY IMPROVED SIGNIFICANTLY IN THE LAST YEAR IN THE MIDWEST.	1	.1
STAFFING IS JUST RIGHT IN OUR AREA. IF YOU NEED TECH, YOU CAN FIND ONE. IF YOU ARE A TECH, YOU CAN FIND A JOB IF YOU ARE NOT PICKY.	1	.1
STAFFING IS NOT A PROBLEM THIS PAST YEAR.	1	.1
STAFFING OKAY HERE	1	.1
State budget cuts made us reduce staff.	1	.1
STORAGE RISES AND FALLS AS IT CYCLES EVERY 5 years	1	.1
SUPPLY IS BETTER BUT MOST ARE STILL GRAVITATING TO TEMP AGENCIES.	1	.1
TECH WHO TRAVEL RUIN THE TRADE MOST OF OUR TRAVELERS HAVE BEEN SUB PAR TECHS WHO CAN'T PASS A 90-DAY PROBATION FOR ALL FULLTIME JOBS	1	.1
Technologist shortage in this area is in Nuclear Medicine.	1	.1
TECHNOLOGISTS ARE REQUIRED TO TAKE MORE ON-CALL TIME -- TECHS NOT HAPPY.	1	.1
Techs like their time off, shift diffs, weekend extra pay. Cross training w/incentives.	1	.1
THE ABILITY TO HIRE TECHS IS MUCH HIGHER NOW THAN 2 YEARS AGO.	1	.1
The money is so good that many techs are traveling instead of working as an employee.	1	.1
The number one issue is low wages. This is a prison hospital with increased personal risk. Has any one done a survey on potential retirement of "baby boomers"? I predict a huge exodus of R.T.s in the next 5-10 yrs.	1	.1
The only reason we do not have higher vacancy rates is because of our radiography school. We rarely are able to recruit from outside. We cross train our techs into CT, MRI, US, and mammography and back-fill radiographer positions with our graduates.	1	.1
The real problem at this facility is finding third shift employees. It is not the modality that causes the problem - but the shift, or as in the case of ultrasound, the call back. These are deterrents to filling position.	1	.1
The section on wages and increases is not applicable to us. I feel fortunate to have the three qualified people we have and this seems to fit our patient and provider needs.	1	.1
The shortage of R.T.s has decreased in our area due to the increase in students coming out of the radiography program in the past year. The college has increased its enrollment to adapt to the changing environment.	1	.1
The shortage of R.T.s has decreased in our area. We prefer to hire hospital-based graduates.	1	.1
Their will be a shortage until the pay increases to a professional status.	1	.1
THERE ARE 2 RADIOLOGY TECHNOLOGY PROGRAMS IN [city] THAT PRODUCE ABOUT 30 TECHNICIANS ANNUALLY, WE ARE 100 PERCENT MANNED.	1	.1
There are many "bodies" out there but the quality of candidates is decreasing causing an increase in medical errors, exam repeats, and incorrect performance of specialty exams (CT and Ultrasound)	1	.1
THERE DOESN'T SEEM TO BE ANY SHORTAGE OF TECHS IN MY IMMEDIATE AREA/	1	.1
THERE IS A SHORTAGE. MANAGERS ARE PUSHING OUR STAFF TO COVER THE VACANT POSITIONS AND I FEEL BURNOUT IS AROUND THE CORNER FOR US.	2	.2
THESE ANSWERS APPLY SPECIFICALLY TO ULTRASOUND. THE ACR REQUIREMENT FOR CERTIFIED TECHNOLOGISTS HAD MADE THE SEARCH MUCH MORE DIFFICULT.	1	.1
This department has been fully staffed with no turnover for past four (4) years!	1	.1
THIS FACILITY IS A STATE OPERATED MENTAL HEALTH FACILITY.	1	.1
THIS HOSPITAL AND RADIOLOGY DEPT. IS THE EXCEPTION. WE HAVE NO TURN OVER IN MY DEPT. WHEN YOU HIRE IN YOU STAY. MOST OF US HAVE WORKED TOGETHER FOR 15 YEARS I HAVE BEEN HERE FOR 27.	1	.1
This hospital is very fortunate that we have tenured employees and have never had to use temp services.	1	.1
This is a rural county hospital. We have one registered tech; she is registered in (R) & (M). There is one sonographer that is registry eligible. The other three employees are OJT.	1	.1
THIS IS A VERY SMALL FACILITY. WE HAVE 6 PROVIDERS -- 4 MDs, 1 NP, & 1 PA.	1	.1

THIS IS TOO VAGUE OF A SURVEY FOR THE WAY OUR DEPARTMENT IS STRUCTURED. WE ARE A SMALL RURAL HOSPITAL AND STAFF RETENTION IS NOT AN ISSUE. We have been fortunate to train local people locally and have them come back to work in the community.	1	.1
Top of 1st page: Not received until 15 Sept 04 at our facility	1	.1
TURNOVER FOR OVER 2 YEARS. COULD HIRE MORE IF NECESSARY GOOD WAVES, RELAXED ENVIRONMENT, NO MIDDLE MANAGEMENT, excellent equipment = zero turnover. [Serv prov: changed "PET" to "PET/CT"	1	.1
ULTRASOUND TECHS ARE VERY DIFFICULT TO RECRUIT.	1	.1
Ultrasound was the only area that was hard to recruit and hire.	1	.1
US and Nuc are the areas we have used temps and offered signing bonuses. I did not see those modalities listed above for those questions.	1	.1
Used to have full-time sonographer, now only one morning a week, if available. Sometimes exams have to be cancelled or delayed till this one day.	1	.1
Very difficult to find R.T.s for rural facility. The quality of the R.T.s that responded to a mailing was very disappointing. 4,000 sent, 2 replied and the level of experience was unacceptable. Hired due to no other choices.	1	.1
Very few of your questions relate to the most difficult modality to find qualified staff - Nuclear Medicine!	1	.1
Very rural, staffed with 2 techs. We do general rad and ct. We have both been employed here for 13 plus years. We employ relief once in awhile to fill in on weekends.	1	.1
VERY STABLE WORKFORCE THUS FAR. SEVERAL TECHNOLOGISTS CROSS TRAINED--> ALL RAD TECHS CAN DO MAMMO OR CT OR NM OR MRI OR DEXA OR ULTRASOUND, including echo, vascular, OB, etc.	1	.1
WE'VE BEEN SHORT 1 FTE FOR 1 MONTH. SHE'S EXPECTED TO BE OUT 6 MORE WEEKS. BUT WE DID FIND SOME PART TIME HELP LOCALLY. IT WORKED OUT GREAT.	1	.1
We also pay student loans for sign on incentives.	1	.1
We are an 18-bed community hospital with 9 swing beds + 46 bed SNF. We have 1 FTE with 2 part time cross trained Lab techs	1	.1
WE ARE A CLINICAL SITE FOR A LOCAL COMMUNITY COLLEGE AND HAVE VERY LITTLE TURNOVER OR TROUBLE RECRUITING STAFF	1	.1
We are a clinical site for an R.T. program allowing us an excellent pool of recruits.	1	.1
We are a one room diagnostic facility- two part-time employees. One employee new as of March 2004 after previous 25 year employee quit for a different position outside the facility. It took three months to find a qualified replacement.	1	.1
We are a prison within the Federal Bureau of Prisons with a population of around 1,500 inmates. We employ two technicians who run the entire department from QA to filing. I hope this information can be of some use to you. Thank you.	1	.1
we are a small 40-bed facility we do only orthopedics	2	.2
We are a small hospital with the need for only 1 full-time tech and now need a part-time tech. It is hard to find a part-time tech right now.	2	.2
WE ARE A SMALL HOSPITAL, YET OUR TECHS ARE HAPPY BECAUSE WE WORK WITH THEM TO OFFER CONVENIENT WORK HOURS WITH COMPATIBLE PAY RATES. [Q3: "n/a: Currently we are experiencing an increase compared to last year."]	1	.1
WE ARE A SMALL HOSPITAL. WE FURNISH RADIOLOGY. ALL OTHER SERVICES ARE ON CONTRACT OR WE SEND TO A LARGER HOSPITAL.	1	.1
WE ARE A SMALL RURAL FACILITY FORTUNATE ENOUGH TO BE AFFILIATED WITH A RADIOGRAPHY PROGRAM. THIS HAS greatly HELPED WITH OUR RECRUITMENT/RETENTION. ECHO WAS DIFFICULT TO RECRUIT. [Q1: FTE for CT, Mammo listed as "included in radiographer"; .93 FTE	1	.1
WE ARE A SMALL RURAL HOSPITAL WE ONLY EMPLOYEE 2 FTE THAT DO ALL OF THE STATED MODALITIES.	1	.1
We are a small rural hospital, with a larger city in driving distance that has schools in all modalities. Along with being a clinical site for some the availability of having our needs filled upon graduation has been a plus.	1	.1
We are a smaller department, ~95,000 proc/yr. We have been filmless for 4 years which makes the work load easier and faster for the staff. There has been very little turnover, and the group supports each other.	2	.2
We are a suburb of [city] and salary is often an issue; we can't compete with free standing clinics who offer M-F work schedules and no call or weekends/holidays.	1	.1

WE ARE A VERY SMALL 15-BED HOSPITAL, FULLY STAFFED IN RADIOLOGY. 1.5 FTEs	1	.1
We are a very small 20 bed CAH	1	.1
WE ARE A VERY SMALL FACILITY WORKED TO DEATH. NO REVENUE FOR TEMP STAFFING -- WORK WITH 2 TECHS FOR ALL MODALITIES.	1	.1
WE ARE A VERY SMALL RURAL HOSPITAL WITH VERY LOW TURNOVER OF STAFF; HOWEVER, IF 1 PERSON LEAVES THIS WOULD CHANGE ALL OF THE ABOVE COMMENTS DRAMATICALLY.	1	.1
We are a very small university student health center. Staffing has remained fairly constant.	1	.1
We are affiliated with 2 colleges that supply us students and graduate techs.	1	.1
We are associated with rad, US, & Nuc schools which increased admissions three years ago to help with the shortage locally. This year they were able to drop back to their normal admissions so that new grads will be able to find positions.	1	.1
We are experiencing the greatest difficulty in recruiting ECHO techs. We currently are affiliated with several community colleges that have Rad Tech and Ultrasound programs, but the ECHO training is difficult to obtain for our U/S.	1	.1
WE ARE FORTUNATE THAT WE HAVE A SCHOOL IN OUR VICINITY. THERE IS AN ABUNDANCE IN OUR AREA.	1	.1
WE ARE FORTUNATE TO BE A CLINICAL SITE FOR A SCHOOL OF R.T. THIS HELPS US TO STAFF EFFICIENTLY WHEN WE HAVE OPENINGS.	1	.1
WE ARE FORTUNATE TO HAVE A GOOD TRAINING PROGRAM AND FULL DIGITAL DEPARTMENT WHICH IS A GREAT STAFF SATISFIER.	1	.1
WE ARE FULLY STAFFED; have been for the last two years. My technologists are cross-trained in other modalities.	1	.1
WE ARE FULLY STAFFED.	1	.1
We are lucky that we have a dedicated staff willing to work extra hours to cover vacancies so as not to have to pay out agency rates.	1	.1
We are lucky to have a community College program for Radiography.	1	.1
WE ARE LUCKY TO HAVE A SCHOOL ATTACHED TO THE HOSPITAL. FRIENDS OF MINE THAT ARE IN THE AREA ARE SHORT STAFFED. ONE FRIEND THAT IS A DIRECTOR IN MY AREA SPENT $130,000 ON TEMPS FOR TWO POSITIONS IN LAST YEAR BECAUSE HE COULD NOT FIND permanent hires.	1	.1
We are multitasking at this facility, including the transcription.	1	.1
WE ARE NEWER FACILITY AND ARE VERY LUCKY TO HAVE R.T.s CALL US FOR JOBS INSTEAD OF US HAVING TO RECRUIT.	1	.1
We are not experiencing staffing problems even though we are a rural facility. We are fortunate to have an R.T. program at a nearby college which provides us with staffing options. Our MRI is provided by a mobile provider.	1	.1
WE ARE NOT SHORT STAFFED and have not been for about 3 yrs. [Q1, entries only for R: "Includes CT, mammo, & u/s."]	1	.1
WE are only budgeted for .5 FTE U/S. Exams do end up cancelled due to patient or Dr. changing mind because of the wait.	1	.1
WE ARE PART OF A 7 HOSPITAL FACILITY AND WE USUALLY GET TRANSFERS WHO ARE WAITING TO WORK AT MY HOSPITAL -- BETTER WORK ENVIRONMENT.	1	.1
WE ARE VERY BUSY HERE AND HAVE HAD NO PROBLEM STAFFING AS OF YET.	1	.1
WE ARE VERY FORTUNATE TO NOT HAVE A STAFFING PROBLEM BUT MANY HOSPITALS IN OUR AREA HAVE BEEN USING TRAVELERS FOR 24 MONTHS NOW -- SO WE ARE FORTUNATE TO HAVE LOW TURNOVER BUT WOULD LIKE TO GO IN HOUSE WITH ULTRASOUND BUT CAN'T FIND A TECH!	1	.1
We are very fortunate. Very low turnover and usually not much difficulty filling vacant positions. We cross train everyone which helps decrease shortage in specialty areas -- US, CT, NM, Mammo.	1	.1
We are very lucky--we are a small community and our turnover rate is very low-in fact techs at our main hospital would very much like to transfer to our facility. We work together within our organization to cover when a shortage.	1	.1
WE ARE VERY SMALL -- PROBLEM FOR US TO KEEP TECHS INTERESTED BECAUSE OF LACK OF MONEY -- equipment so ? and need of education training with CT & ultrasound	1	.1
WE AT [name] MEDICAL CENTER HAVE GREAT RESULTS WITH THE TECHS.	1	.1
We contract out for MRI, CT, mammography. We are a one-room diagnostic facility in a rehab setting.	1	.1

We did not have a sign-on bonus but an educational reimbursement.	1	.1
we did use a lot of travelers in 2001 and 2002	1	.1
WE DO NOT HAVE ANY REGISTRY OR TEMPS OR TRAVELERS. WE PROVIDE A CAREER PATHWAY FOR STUDENTS THAT LEAD TO MR, ANGIO, CT.	1	.1
WE DO NOT HAVE ANY TEMPS. ALL FTEs ARE FILLED WE HAVE HAD SPORADIC OPENINGS.	1	.1
WE DO NOT STAFF ANY R.T.s WE TELERAD ALL OUR FILMS OUT TO BE READ BY A RADIOLOGIST, AND WE HAVE A MOBILE CT TRUCK THAT COMES ONCE A WEEK.	1	.1
We do not use temp agencies for staffing at this facility.	1	.1
We employ techs that perform everything, not just one modality and have to take call. It is extremely difficult to recruit persons to rural communities for lower pay and call hours.	1	.1
We expanded our dept by 4 FTEs in 1/04. Have filled 3 positions now and are getting close on the 4th. Have had good success with shorter work weeks and longer hours compared to 5/8 hr shift jobs. Also concentrating on cross-training	1	.1
WE EXPERIENCED A STAFFING SHORTAGE IN 2001 AND 2002 WE HAVE BEEN FULLY STAFFED SINCE THAT TIME. MAYBE TRAVELING TECHS HAVE GONE BACK TO STATIONARY POSITIONS.	1	.1
We had one tech that left to continue her education and we filled her position immediately. There was no problem.	1	.1
WE HAVE 2 EMPLOYEES THAT HAVE BEEN HERE OVER 20 YEARS, 1 FOR 10 YEARS, 1 FOR 9 YEARS, 2 FOR 3 YEARS, 1 FOR 1 YEAR - ALL HOME TOWN PEOPLE.	1	.1
WE HAVE 2 RADIOGRAPHIC PROGRAMS THAT USE OUR FACILITY AS A CLINIC TRAINING SITE IN THE AREA. I FEEL THE QUALITY OF THE STUDENTS GRADUATING FROM THE PROGRAM HAS DECREASED.	1	.1
WE HAVE A HOSPITAL-BASED RADIOLOGY PROGRAM; GRADUATE BETWEEN 8-10 STUDENTS PER YEAR THAT KEEP US AT NORMAL STAFFING. WE CROSS-TRAIN CT AND MRI AND TO PROMOTE FROM WITHIN.	1	.1
WE HAVE A R.T. PROGRAM SPONSORED BY THE FACILITY. THIS IS LARGELY WHERE WE RECRUIT OUR R.T.s FROM. WE BRING THEM ON BOARD AND HELP OUT AS SENIOR R.T. STUDENTS. MOST GRADUATES HOWEVER LEAVE THE COMMUNITY TO GO ON THE POST PRIMARY EDUCATION PROGRAMS	1	.1
WE HAVE BEEN ABLE TO RECRUIT FOR BETTER SALARIES. THEY ARE STILL AN ISSUE -- one local facility is very high.	1	.1
WE HAVE BEEN DOWN TO 1 R&F ROOM, WE HAD 2 AND WE HAVE NO MONEY TO REPLACE THE OTHER ROOM SO OUR PATIENT WAIT TIMES HAVE INCREASED AND PATIENT SATISFACTION HAS DECREASED.	1	.1
We have been fortunate that we have never used temps. We have a relatively stable staff.	1	.1
We have been fully staffed for almost three years and actually have applications for positions!	1	.1
WE HAVE BEEN USING 2 TRAVELERS IN THE PAST.	1	.1
WE HAVE BEEN VERY FORTUNATE. OUR OPENINGS (vacancies) ARE USUALLY FILLED WITHIN 30 DAYS. Great dedicated staff. [smiley face]	1	.1
We have enough staff at this time. If someone quits others fill in until someone is hired. When we do have openings they are very hard to fill because of location, pay scale, & call.	1	.1
WE HAVE EXPERIENCED NO DIFFICULTIES IN FINDING TECHS. I HAVE A FEW THAT WOULD LIKE TO WORK HERE, BUT WE HAVE NO OPENINGS.	1	.1
WE HAVE HAD A FULL COMPLIMENT OF TECHS FOR 3 YEARS OR SO. IT WAS BAD BEFORE THAT FOR 4-5 YEARS.	1	.1
WE HAVE HAD A SHORTAGE OF RADIOLOGISTS	1	.1
We have had a shortage of radiologists, which has made the technologist issue secondary.	1	.1
We have had to balance modalities because of the shortage of staff and the increase of modalities. We just filled a tech position with a new student. And an x-ray operator. We find it hard to fill the positions with experienced tech.	1	.1
WE HAVE INCREASED AFFILIATION WITH RAD TECH PROGRAMS GIVING US GREATER EXPOSURE TO NEW GRADUATES.	1	.1
WE HAVE INCREASED OUR WAGES IN AN ATTEMPT TO RETAIN STAFF. IT HAS WORKED TO THIS POINT. ZERO TURNOVER IN 16 MONTHS.	1	.1
We have many long-term employees. Vacancies take 6 months on average to fill. Use OT & Per Diem.	1	.1

WE HAVE MOBILE CT, MR, ULTRASOUND, NUC MED. WE HAVE 3 TECHS, INCLUDING MYSELF 3.15 FTEs IS FOR OVERTIME FROM CALL BACK. 2 OF US WILL RETIRE IN FIVE YEARS OR LESS. WE DO NOT BUDGET HOURS SEPARATELY FOR MAMMOGRAPHY.	1	.1
WE HAVE NEVER USED TEMPS. I WOULD RATHER WORK EXTRA HOURS AND DAYS RATHER THAN BURDEN OUR FACILITY WITH EXTRA COSTS WE WOULD LIKE A PART-TIME PERSON TO HELP WITH ILLNESS, INJURIES AND JUST TO HAVE A DAY OR 2 OFF. WE HAVE 2 TECHS THAT LIVE HERE.	1	.1
We have no openings and have not had any for awhile now.	1	.1
We have no problems with staffing.	1	.1
WE HAVE NOT EXPERIENCED A SHORTAGE OF R.T.s IN OUR HOSPITAL.	1	.1
We have not had a problem getting techs to come to work at [name of facility].	1	.1
WE HAVE NOT HAD STAFFING ISSUES SINCE DEC. 2001, BUT BEFORE THAT THERE WAS MORE COMPLAINTS BY R.T. OVERWORKED. [Bottom of 1st page]: All our radiographers either have an addendum to perform mammography or CT. No special hires for those categories.	1	.1
WE HAVE OUR OWN HOSPITAL BASED RADIOLOGIC TECHNOLOGISTS PROGRAM WHICH HELPS US GREATLY WITH OUR STAFFING NEEDS. ALSO WE PROMOTE AND CROSS-TRAIN OUR STAFF TO THE SPECIALIZED AREAS.	1	.1
We have overall not experienced any problems with staffing since 2000.	1	.1
We have plenty of reg. technologists and have had several apply for work this past year. Have never felt the need to hire temporary technologists.	1	.1
WE HAVE RECENTLY FILLED ALL POSITIONS. I HAVE SPENT OVER $298,000 IN TEMP SERVICES IN THE LAST TWO YEARS. THIS ALLOWS ME TO BE SELECTIVE FOR MY R.T.s.	1	.1
We have recruited local people to go to Rad Tech school at our expense to come back to work for us. Traveling techs are opting for more security and taking permanent positions again. Operations have become more efficient.	1	.1
We have started a training program for current employees who want to learn CT or MR. We have a plan in conjunction with the local Community College to provide classroom and on-the-job training, while paying them their current salaries	1	.1
WE HAVE WORKED HARD AND FOCUSED ALLIANCES WITH ALLIED HEALTH PROGRAMS TO RECRUIT GOOD STUDENTS AND FOSTER THEIR GROWTH THRU THE PROGRAM.	1	.1
WE HELPED A LOCAL COMMUNITY COLLEGE TO START AN X-RAY SCHOOL.	1	.1
We have installed 3 CR units to cut time between exams and limit the need for more FTE. We can see proof in numbers. [There's a] possibility of cutting (1) FTE in 2005.	1	.1
WE IMPLEMENTED A 3 YEAR RETENTION GOAL OF 5 PERCENT OF BASE SALARY. WE ALSO INCREASED PERCENTAGE OF R.T. SCHOOL ENROLLMENT.	1	.1
WE NOW HAVE STUDENTS AND HAVE HAD FOR 4 YEARS. WE NOW GROW OUR OWN. NEW SCHOOL OPENED AND SUPPLY OF TECHNOLOGIST HAS IMPROVED. THE IMAGING CENTER THAT OPENED TOOK FOUR OF OUR STAFF TECHNOLOGISTS.	1	.1
We only give bonus pay to our own employees for recruiting. We do not pay anything to the incoming employee who is recruited. This has worked fantastic! For difficult positions to fill the bonus has gone as high as $10,000 to each.	1	.1
WE PARTNERED WITH TWO SCHOOLS FOUR YEARS AGO. WE HIRED AND RETAINED OUR STUDENTS. FOUR YEARS AGO WE HAD 17 VACANCIES TODAY WE HAVE NONE. We have an employee satisfaction survey annually.	1	.1
WE PAY STUDENT LOANS AS PART OF A RECRUITMENT TOOL.	1	.1
We pay the traveler agencies approximately 60% more than our techs make, including benefits. The travelers do not make this whole amount. It goes to their salary, transportation, housing, food, and overhead to the agency.	1	.1
We use agency help when staff takes a vacation. Salary increases 3 times the rate of staff pay.	1	.1
WE WERE SHORT STAFFED FOR 4 YEARS AND FINALLY HIRED SOMEONE AUG 2003. WE WERE NOT ALLOWED TO USE TEMPS OR GIVE SIGN-ON BONUSES.	1	.1
WENT FROM DOING CALL TO STAFFING 24/7.	1	.1
went to all digital and implemented PACS	1	.1

While the staffing issue appears to be easing up, the issue now is reimbursement, exam channeling, balance budget amendment and just financial survival of hospitals. Charity care is another piece of the problem.	1	.1
WITH THE ADVENT OF PACS/CR SYSTEMS, WE ARE BETTER ABLE TO HANDLE THE INCREASED PATIENT LOAD. WE ALSO PROVIDE A MORE PERSONALIZED QUALITY OF SERVICE BECAUSE ONE OF OUR READERS IS IN THE RADIOGRAPHIC ROOM ITSELF ALLOWING FOR BETTER MONITORING OF THE PATIENT.	1	.1
With the changes in healthcare today, the days of prima donnas who are so specialized are over if health care organizations plan to survive into the future. I am blessed with dedicated staff that have no hesitation to cross-train.	1	.1
Your survey may not apply to rural hospital or some imaging centers where technologist perform more than 3 modalities. This may be due to lack of R.T. staffing options or an Imaging Center that for cost effectiveness.	1	.1
Total	947	100.0

APPENDIX

THE QUESTIONNAIRE

ASRT Logo

August 2004

Dear Radiology Department and Facility Manager,

We would very much appreciate your helping ASRT gauge the current status of the unmet demand for radiologic technologists. Few things could be more important for the profession – R.T.s, their managers, and R.T. educators alike – than an accurate assessment of the current supply and demand for radiologic technologists.

As you know, a Fall 2001 American Hospital Association survey of managers and directors of hospital-based radiology facilities found that more than 15% of budgeted positions for radiologic technologists were at that time unfilled. A more recent survey by the Hodes Group found a 12% vacancy rate in Fall 2003, but there were enough differences between those two surveys to raise some doubt as to whether this truly represented a decrease in vacancy rates. The enclosed questionnaire is designed to answer that question as well as to provide more detailed information about particular specialties and about what directors/managers believe to be the reasons behind unfilled vacancies. This information will be shared with the radiologic technology community via a report posted on the ASRT Web site. The report's accuracy will depend on your willingness to share your facility's staffing data and your views on staffing issues by completing the Radiology Department and Facility Staffing Survey.

There are two ways for you to participate in this survey. Our preference (because of its lower cost and greater ease of data entry) would be for you to complete the questionnaire online by going to www.asrt.org and clicking on "Radiology Staffing Survey" in the "What's New?" section towards the top of the page. (Please enter the survey code, "RadStaf," as your response to the first question on the online form.) Alternatively you may complete the hardcopy questionnaire enclosed with this note and return it to ASRT's Research Department in the enclosed postage-paid reply envelope. Please respond by Sept. 10.

Finally, ASRT is very interested in staying in contact with you. We obtained your name and address from the same mail-list service that was used for the 2001 AHA survey, but that contact-information list must be "rented" anew for each use. Please provide your contact information on the form at the end of this letter and return it in the reply envelope. It will be separated from the questionnaire upon receipt. (Alternatively, you can supply the same contact information as part of the process of responding online.)

Thanks for your help with this important survey.

Sal's signature

Sal Martino
Executive Vice President and Chief Academic Officer

Contact Information*

Name_____

Title_____

Mailing address_____

_____

_____

_____

Telephone_____ E-mail address_____

*This form will be separated from the questionnaire (if enclosed) upon receipt; your responses to the questionnaire will remain anonymous. This information will be used only for purposes of sharing information between radiology department/facility managers and ASRT; it will not be sold or otherwise provided to any commercial enterprise.

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☐☐☐☐☐ Radiology Department/Facility Staffing Survey

Thank you for completing this important survey. Please return the completed questionnaire in the enclosed postage-paid reply envelope by **Sept. 10, 2004**, or go to www.asrt.org and click on "Staffing Survey" to provide your data online. (You'll need to provide the survey code, RadStaf.)

Facility Demographics		
Your Title	□ Department/Facility Manager or Director □ Chief Technologist □ Other (*Please specify*: _____)	
Type of Facility	□ Community hospital □ Government hospital □ University medical center □ Free-standing clinic □ Teaching facility □ Other (*Please specify*: _____)	
Radiology services provided in your facility	□ Radiography □ CT □ MR □ Mammography □ Nuclear Medicine □ CVIT □ PET □ Sonography □ Other (*Please specify*: _____)	
Location	□ Urban □ Suburban □ Rural	State (two-letter abbreviation): ___ ___

Staffing

1. For each of the following specialties within radiologic technology, please provide the budgeted and vacant FTEs for your organization in 2003 and today. (Leave blank the rows for any services not performed at your facility.)

	Staffing, in Full-Time Equivalents (FTEs)				
	As of 1/1/2003			2004 (Current)	
Job Title	Budgeted FTEs	Vacant and Recruiting	Data Not Available	Budgeted FTEs	Vacant and Recruiting
Radiographer			□		
CT Technologist			□		
MR Technologist			□		
Mammographer			□		
Nuclear Medicine Technologist			□		
Cardiovascular Interven-tional Technologist			□		
Sonographer			□		
Other (specify below)			□		
(Please specify: _____)					

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□□□□□

2. Describe how the recruitment effort for each specialty so far in 2004 compares to the effort expended during 2003.

Job Title	Recruitment Effort – Current vs. 2003 (Select one)
Radiographer	□ More difficult □ Same □ Less difficult □ Don't know
CT Technologist	□ More difficult □ Same □ Less difficult □ Don't know
MR Technologist	□ More difficult □ Same □ Less difficult □ Don't know
Mammographer	□ More difficult □ Same □ Less difficult □ Don't know
Nuclear Medicine Technologists	□ More difficult □ Same □ Less difficult □ Don't know
Cardiovascular Interventional Technologists	□ More difficult □ Same □ Less difficult □ Don't know
Sonographers	□ More difficult □ Same □ Less difficult □ Don't know
Other (specify below)	□ More difficult □ Same □ Less difficult □ Don't know
(Please specify:_____)	

3. If budgeted FTEs in any of these modalities have decreased over the past year, what do you believe is the reason for this decrease? (Check all that apply.)

□ Patient demand declined.
□ Overall department or facility budget declined, forcing downsizing.
□ Formerly budgeted FTEs were so difficult to fill they were dropped from the budget.
□ Number of patients processed per hour by each R.T. increased, so number of FTEs required to handle the workload declined.
□ Average number of hours worked per week by our R.T.s increased, so number of R.T.s required to handle the workload declined.
□ Other (Please specify_____)

R.T. Recruitment and Retention

4. For each specialty area, how have the following staffing indicators changed since January 2003:

	Radiography		CT		MR		Mammography	
	ML L S H MH	NA	ML L S H MH	NA	ML L S H MH	NA	ML L S H MH	NA
Employees' average length of employment at your facility	□ □ □ □ □	□	□ □ □ □ □	□	□ □ □ □ □	□	□ □ □ □ □	□
Turnover rate	□ □ □ □ □	□	□ □ □ □ □	□	□ □ □ □ □	□	□ □ □ □ □	□

ML: Much lower **L:** Lower **S:** About the same **H:** Higher **MH:** Much higher **NA:** Not applicable

5. Were you paying sign-on bonuses for R.T.s in 2003? Are you paying them currently? If yes, please indicate amount typically paid.

	Radiography		CT		MR		Mammography	
	Paid sign-on bonuses?	Amount of bonus*	Paid sign-on bonuses?	Amount of bonus*	Paid sign-on bonuses?	Amount of bonus*	Paid sign-on bonuses?	Amount of bonus*
In January 2003	□Yes □ No		□Yes □ No		□Yes □ No		□Yes □ No	
Currently (2004)	□Yes □ No		□Yes □ No		□Yes □ No		□Yes □ No	

*Amount of bonus to nearest $500.

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□□□□□

6. Indicate the percentage range you estimate for the following radiologic technology coverage situations:

	0%	1-6%	7-13%	14-20%	21% +	Or specify %:
What % of your *radiographer* FTEs are you currently filling with temps/travelers?*	□	□	□	□	□	
How much more (in %) above average *radiographer* wages and benefits do you pay for temp/traveling radiographers?	□	□	□	□	□	
What % of your *CT technologist* FTEs are you currently filling with temps/travelers?*	□	□	□	□	□	
How much more (in %) above average *CT technologist* wages and benefits do you pay for temp/traveling CT specialists?	□	□	□	□	□	
What % of your *MR technologist* FTEs are you currently filling with temps/travelers?*	□	□	□	□	□	
How much more (in %) above average *MR technologist* wages and benefits do you pay for temp/traveling MR specialists?	□	□	□	□	□	
What % of your *mammographer* vacancies are you currently filling with temps/travelers?*	□	□	□	□	□	
How much more (in %) above average *mammographer* wages and benefits do you pay for temp/traveling mammography specialists?	□	□	□	□	□	

*Temps/travelers = traveling R.T.s, locum tenens, and R.T.s provided by temporary staffing agencies.

7. Has your facility experienced any of the following consequences of a work force shortage?

Consequence	Experienced as a result of shortage of R.T.s?
Curtailed plans for facility expansion.	□ Yes □ No □ Unknown
Curtailed plans for acquiring new technology.	□ Yes □ No □ Unknown
Reduced number of staffed diagnostic units.	□ Yes □ No □ Unknown
Discontinued R.T. educational programs.	□ Yes □ No □ Unknown
Increased patient wait times for procedures.	□ Yes □ No □ Unknown
Cancelled procedures.	□ Yes □ No □ Unknown
Decreased patient satisfaction.	□ Yes □ No □ Unknown
Increased patient complaints.	□ Yes □ No □ Unknown
Other *(Please specify_____)*	□ Yes □ No □ Unknown

8. Please add here any comments you feel are necessary to clarify any of your responses to the preceding seven questions and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.

_____

_____

Thank you for completing this important survey. Please return the completed questionnaire or respond online by Sept. 10, 2004. Call or e-mail John Culbertson, ASRT research specialist (jculbertson@asrt.org, 800-444-2778, Ext. 1297) if you have questions about the survey. All responses will be kept strictly confidential.