

Impact Analysis Form – Practitioner Recruitment

INSTRUCTIONS:

To initiate the Search and Selection process, please complete the following steps:

1. The Head of Department (local) and the Site Operational Lead must complete this impact analysis form
2. The completed form must then be forwarded forward to the administrative assistant for the Regional Department Head so that they may facilitate all official approvals via email
3. Once approved, the administrative assistant for the RDH will assist with submitting the posting and initiating the Search and Selection process

Analysis Submitted By:		Date:
Head of Department (local):		
Site Operational Lead:		

Recruitment Details		
# of Positions / FTEs:	<input type="checkbox"/> Full-time - 1.0 FTE <input type="checkbox"/> Part-time - ___ FTEs <input type="checkbox"/> Other	Details:

Site and Department Details	
Hospital	
Program	
Regional Department	
Regional Division	
(Sub) Specialty	
Target start date	

Local Approval:	Date:
Site Executive Director:	<input type="checkbox"/> Approved via email on
Site Medical Director:	<input type="checkbox"/> Approved via email on

Regional Approval:	Date:
Network Executive Director:	<input type="checkbox"/> Approved via email on
Regional Division Head:	<input type="checkbox"/> Approved via email on
Regional Medical Director <u>or</u> Regional Department Head <u>or</u> Program Medical Director:	<input type="checkbox"/> Approved via email on
VP Hospitals:	<input type="checkbox"/> Approved via email on

Staffing Plan and Rationale

Staffing Plan	
Reason for Recruitment	<input type="checkbox"/> New Position <input type="checkbox"/> Replacement
Identify the benefits of the recruitment to the hospital and/or Program:	
Patient Care:	
Teaching and Research:	
Other:	
How does this recruitment support the goals and mission of the Hospital, Program, and Regional Department/Division?	
FOR NEW POSITIONS ONLY	
Is the position identified in or supported by the Hospital, Program, and Regional Department/Division Staffing Resource Plan(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide reasons for creating the proposed NEW Position:	

Care Considerations

Projected Case Load	
Will filling the position significantly increase:	
Type of patients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volume of patients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmaceutical Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide details:	

Out-Patient Activity	
Ambulatory Clinic time required by this position?	_____ hrs / week _____ pt's / week
Will this create a requirement for a new clinic or additional hours of an existing clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide details:	
If an expansion, indicate the number of patients per clinic anticipated:	Initially _____ Future _____

Elective Surgery			
List procedures and frequency:			
Main Procedures	Frequency	NEW Procedures	Frequency
Please provide a summary of the impact on surgical resources:			
How much OR time is needed:	_____ hrs/week _____ hrs/month		
Will the recruitment result in an increase demand for surgical resources? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please identify:		
Is the department prepared to make OR time available from within its current allotment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please identify:		
Is there a plan to manage wait lists (increases) and the effects on RAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please identify:		
How many inpatient (ward) beds will be required?	_____ existing beds _____ new beds What will be the ELOS? _____ days		

Resources and Funding

Resource Use (Including Elective Surgery)			
Core / Medical Services	High	Medium	Low
Anesthesia			
Anatomical Pathology			
Audiology Lab			
Biochemistry			
Bloodbank (blood product requirements)			
Cardiology Non-invasive Labs			
CT Scanner			
Electromyography Lab			
Endoscopy			
Haematology			
Immunology			
Microbiology			
MRI			
Nuclear Medicine			
Occupational Therapy			
Physiotherapy			
Psychology			
Pulmonary Function Lab			
Radiology			
Respiratory Therapy			
Speech Therapy			
Vascular Studies			
Prosthetics			
Other:			
Support Services	High	Medium	Low
Nutrition and Food Services			
Pharmaceutical Services			
Social Services			
SPD			
Other:			
Nursing Requirements	High	Medium	Low
Inpatient Units			
Outpatient Clinics			
Operating Rooms			
Other: (i.e. technical, computer, clerical)			

Resource Requirements Summary:	
Will current resources be re-allocated to the recruited practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If new resources required, identify the funding source:	

Remuneration		
Group Name:		
Fee for Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MOCAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
APP Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sessional Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Global Operating Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leadership Stipend	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Equipment and Physical Plant		
Will the position require new or specialized equipment?		
Specialized Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide details:		
Equipment:		
Capital \$:		
Installation and Start-up \$:		
Construction and Renovation:		
Other Details:		

Overall Financial Impact			
Capital \$	One-Time Setup \$	Annual Operating \$	Total \$

Thank you for completing the Impact Analysis form. Please return to the cover page and follow the instructions to complete the approval process and initiate the Search and Selection process.