



### Question -

“How much does an acute care setting spend or budget for onboarding of an influx of travel RTs?”

### Answer -

Carl Hinkson- “That can vary from hospital to hospital. Generally, you want it as low as possible around 4% of your total FTE budget for example. However, departments have had to use more since COVID. Be sure that you are involved in the budgeting process so you know what is expected of you. If the expectations set out in the budget are unreasonable, that is your time to have the discussion with finance or your leadership team.”

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### Question -

(Regarding target budget) “Do you have a window you shoot for in looking good? What is your personal cushion for good and bad%? Too good = cut budget for next year? Too bad= cut labor (Example 90-110%?)”

### Answer -

Carl Hinkson- “90-110% would be acceptable. You just want to be sure you’re monitoring so that you’re as close to the targets as possible. And if not, why not? Being able to speak to the variance prevents finance from damaging your budget.”

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### Question -

“Who comes up with a projected volume?”

### Answer -

Carl Hinkson- “Look at last year’s volumes. Next year’s should be about the same. Finance will project volume and often will set up “stretch” goals for some departments. You should look at the projected volume and make sure it sounds reasonable to you.”

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### Question -

“Is there a formula to estimate next year’s budget? Specifically in the Pulmonary Function Laboratory department?”

### Answer -

Carl Hinkson- “The budget process is the same, just generally smaller numbers.”

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### Question -

“One thing I have seen recently regarding budget busting for staffing has been under-anticipating the need for additional staffing when a larger square footage ICU expands when going to private rooms, even if the bed number does not increase. This is true for RNs, RRTs, MDs. It takes much longer to cover as much physical space.”

### Answer -

Dana Evans- “I agree completely, changes in the physical space can change the time it takes to adequately care for our patients. This is where I believe the SESG (Safe and Effective Staffing Guide) comes into play. This methodology for determining productivity is based on the time it takes to complete the care (rather than just treating it like a widget).”