



Establishing High Performing Clinical Care Teams in Interventional and Diagnostic Radiology

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ICE IMAGING
CONFERENCE
& EXPO
SAN ANTONIO 
Texas

****No Financial
Disclosures**



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Objectives

1. Identify key factors driving employee dissatisfaction
2. Examine the causes and financial impact of employee turnover
3. Define foundational principles for building High-Performing Clinical Care Teams (HPCCTs)
4. Describe the core characteristics of effective HPCCTs
5. Explain why employees should actively invest in building HPCCTs
6. Apply the 5 Rs of Hiring: Review, Role Development, Recruitment, Reduce Burnout, and Retention
7. Recognize why onboarding is foundational to long-term team success
8. Illustrate how our organization built an effective HPCCT model

BURNED OUT LEADERS & EMPLOYEES



Mental Health Impact of the Pandemic on Healthcare Employees

Health workers faced overwhelming demands and experienced crisis levels of burnout before the COVID-19 pandemic; the pandemic presented unique challenges that further impaired their mental health.

CDC Study 2023 Working Conditions & Symptoms of Mental Health

- From 2018 to 2022, health workers reported an increase of 1.2 days of poor mental health during the previous 30 days the percentage who reported feeling burnout very often (11.6% to 19.0%) increased.
- In 2022, health workers experienced a decrease in odds of burnout if they trusted management, had enough time to complete work and felt that their workplace supported productivity compared with those who did not. Harassment at work was associated with increased odds of anxiety, depression,

"What Can
Employers
Do?"



"What Can
We Do?"

Health workers reported more harassment, burnout, and days of poor mental health in 2022 than in 2018 than in 2018

Model and support taking time off.



Include workers in decision-making.



Value worker safety and health.



Assign a senior leader to promote staff well-being.



Ensure adequate staffing.



Train supervisors to provide support.



AUR ACADEMIC RADIOLOGY

LEADERS' ROUNDTABLE

Radiology departments must adopt sustainable strategies to maintain clinical productivity, innovation, and workforce well-being.

- **Resilience & Well-Being:** Address burnout through adequate staffing, workforce support, and strong team culture.
- **Equity & Access:** Reduce disparities by building diverse teams and expanding reliable imaging services in underserved communities.
- **Digital Transformation:** Strengthen interoperable EMR, PACS, AI, and IT systems while managing cybersecurity and regulatory demands.
- **Strategic Innovation:** Redesign workflows and technology with disciplined, efficiency-focused innovation.
- **Organizational Preparedness:** Build adaptable systems to withstand future disruptions.
- **Sustainability & Responsibility:** Improve supply chains and reduce environmental impact as healthcare contributes significantly to global emissions.

Replacing Healthcare Employees is **Expensive**



ESTIMATED COSTS

- Hospital turnover reached **26% in 2021**, driven by burnout, retirement, and better pay/work-life balance elsewhere.
- Even pre-COVID, **>50% of physicians and nurses** reported burnout symptoms. During the pandemic, burnout intensified — **93% of health workers reported stress**.
- Turnover costs equal **6–9 months of salary** for most roles.
- Replacing highly specialized clinicians can cost **up to 200% of annual salary**.
- High turnover worsens staffing ratios, reduces patient confidence, and damages reputation.

Examples of Replacement Costs:

- Radiologist: **\$250,000–\$500,000+** (including lost productivity)
- Advanced Practice Provider (APP): **\$75,000–\$150,000**
- RN: **\$40,000–\$70,000**
- Technologist: **\$25,000–\$50,000**
- Medical Assistant: **\$10,000–\$20,000**

HAPPY EMPLOYEES



Top Reasons Healthcare Professionals Leave

- 1. Burnout & Emotional Exhaustion**
- 2. Inadequate Staffing & Workload-**
- 3. Leadership & Organizational Support Gaps**
- 4. Compensation & Competitive**
- 5. Work-Life Imbalance**

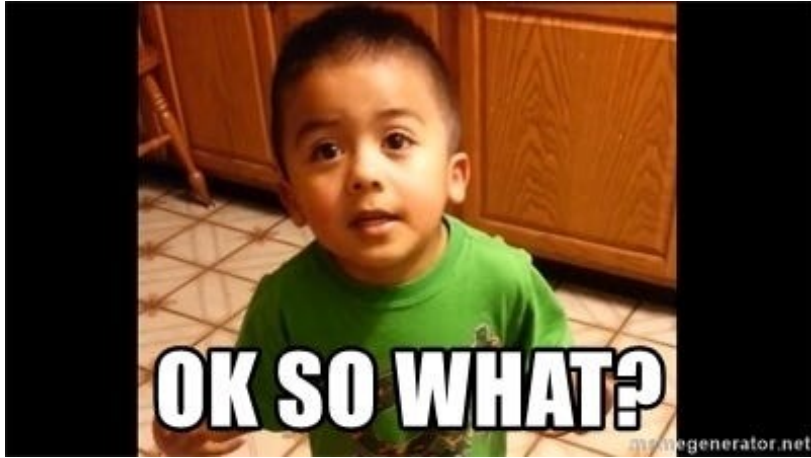
- 6. Administrative Burden**
- 7. Moral Distress**
- 8. Safety Concerns/Workplace violence,**
- 9. Lack of Professional Autonomy**
- 10. Organizational Change Fatigue**

Foundational Principles
Establishing High Performing Clinical Care Teams

High Performing Teams = Effective Teams=Positive Results

Top "11" ESSENTIAL CHARACTERISTICS

1. They understand how their work fits into the **Organizational mission**. Clear goals and priorities.
2. **Defined Roles** and responsibilities
3. They **Communicate** clearly
4. They **Manage Work** and deadlines based on priorities.
5. They thrive on **Two-way feedback**.
7. **Managers And Employees** feel aligned and connected.
8. They **Trust And Respect** each other.
9. They embrace **Innovation, change and adaptability**.
10. **Collaborate** with other teams and departments.
11. Cheer for each other-**Focus On Recognition** and achievements



The Impact of High-Performing Teams in Healthcare

1. Productivity Gains



Organizations with engaged, high-performing teams often outperform their industry peers in **productivity by 25–30%**.

2. Employee Retention & Engagement

- High-performing teams are linked to:
 - + Up to **25% reduced employee turnover**
 - + **41% lower absenteeism**

This indicates stronger retention and **greater** workplace stability.

3. Patient Care & Safety



Hospitals with higher staff engagement show **better safety culture** and **patient experience**.

Healthcare organizations in the top 20% for **staff engagement** score higher in patients' likelihood to **recommend** care, serving as a proxy for quality and performance.

4. Team Structure & Patient Outcomes

- Teams with:
 - Well-defined **objectives**
 - Role clarity
 - Shared **leadership**
 - Interdependence
 - Time for **reflection**

Can lower patient **mortality by 15%**.

Initial Foundational Principles

The 5 R's of Hiring the Right People

R

Review

Assess workforce
needs &
performance gaps

R

Role Development

Define clear
expectations &
growth pathways

R

Recruitment

Attract mission-
aligned, high-
performing talent

R

Reduce Burnout

Design staffing &
workflows that
support well-being

R

Retention

Invest in
engagement,
recognition &
culture

#1- Review Departmental Needs

•Continuous Assessment

- Gaps in Care ?
- Productivity?
- Staffing Shortage?
- Strategic Goals?
- Patient Care Priorities?



#2- Role Development

1. What is the Need
2. Does the Current Role Exist
3. Role Development & Responsibilities
4. Job Description
5. Patient Facing vs Non-Patient Facing Leadership Role

...ance:
...ose: It's vital that all parties are in agreement regarding in new APP role and the
...posed draft is realistic to meet the needs of practice. Also, this is to ensure the new
and all team members' expectations are aligned with goal of retaining staff.

Meeting Outcome:

WORKSHEET FOR PROPOSED APP ROLE-Neuro


DISCUSSION	PROPOSED	OUTCOME
Proposed Role		
Locations		
APP Role Expectations		
Logistics		
Days Needed		
Hours Needed		
Volumes:		
Outpatient		
How many Trainees assigned		
Productivity avg--RVU's		
Inpatient		

#3- RECRUITMENT

**"Recruit the
Right
People for the **Role**"**

- Attract & Select High Quality Candidates aligned with the mission
- Transparency around Role Expectations
- What type of Role: Newly Developed Role, Patient Facing, Non-Patient Facing Leadership Role
- Team Dynamics/"The Work"
- Intentional Hiring Practices: Various Cultures & Backgrounds
- Equitable hiring practices
- Personality Fit -Give examples
- Interview Process/Questions on Emotional IQ
- Patient Experience Conflict Resolution, Teamwork, Stress, Communication



A group of colorful 3D human figures in various colors (red, orange, yellow, green, blue, purple, brown) are standing on a circular, light gray platform. One blue figure is falling off the edge of the platform, with a purple figure reaching out to catch it. The background is a plain, light gray surface.

Onboarding is Everything!!

“All In or All Gone — No Half Measures.”

General Onboarding Principles

Onboarding Starts before the employee ever steps foot in your facility

Checklist Pre - during-after

Resource Manual-both electronic and paper
System & Departmental Competencies

Introduction to Preceptors, Mentors, Buddy's

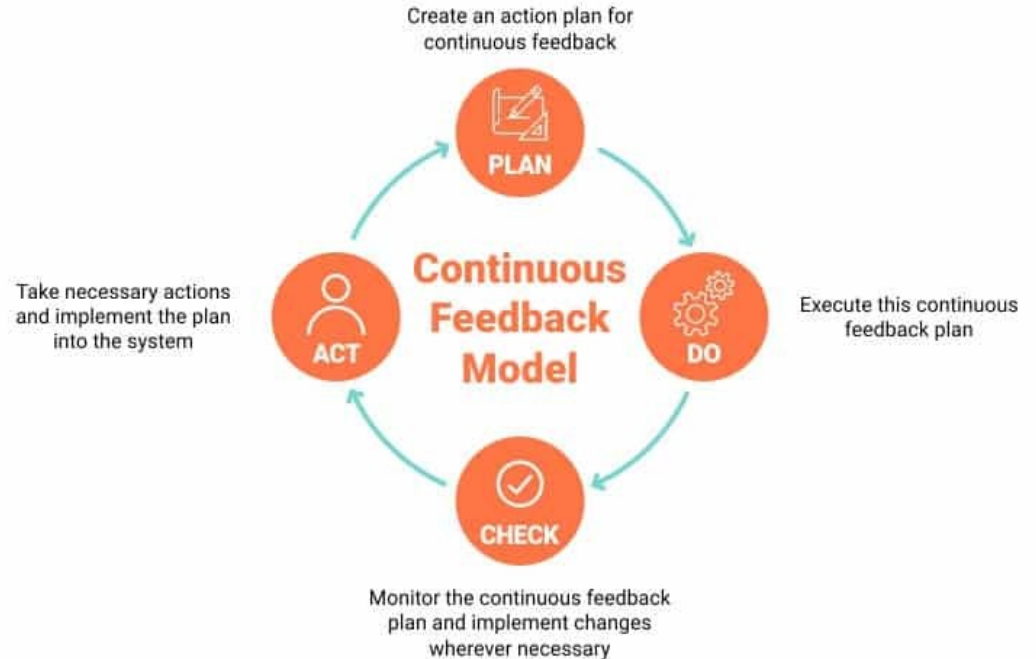
New Employees require 8 to 12 Months to become as efficient as their Coworkers

Full productivity integration requires substantial time investment

Team Outings- Sustained team-building and relationship development

FEEDBACK IS ESSENTIAL

- Weekly check-in with mentor to review progress and update goals
- Weekly updates provided to leadership
- Intermittent shadowing by leadership
- 30/60/90-day reviews with mentor and leadership
- Feedback solicited from teams
- Goals and timeline updated
- Tracking progress towards competency



#4-REDUCE BURNOUT



Implement Unique staffing models
Care Model

- Team-Based Interdisciplinary team(MD/APP/RN/MA/Tech)shares responsibility
- Collaborative /Integrated Model -(MD/APP/RN/MA/Tech) work at top of license under appropriate oversight
- Hybrid/Remote Model (Most Common Today) - Combination of team-based, acuity-based, type of work
- Workload Balance
- Wellness Resources
- Supportive Leadership Practices That Protect Employee Well Being
- Fair & Just Culture
- Accountability
- Sustain Performance
- Consider Multi=generational Team

Millennial Generation

Workforce Statistics

*Millennials account for roughly 40%–50% of allied health professionals.
10 years- Gen Z's*

This includes roles such as:

- Radiologic Technologists
- Respiratory Therapists
- Medical Assistants
- Physical/Occupational Therapy Assistants
- Sonographers / Ultrasound Techs
- Phlebotomists / Laboratory Techs

Retaining Millennials

- Create flexible staffing models
 - Foster collaborative team-based care
 - Hybrid/Remote
 - PTO/Worklife Balance
- Implement structured onboarding programs
- Offer clear professional development pathways
- Modernize workflows and communication systems

#5-Retention

Employee Engagement is the **KEY** to Keep Top Talent Thriving

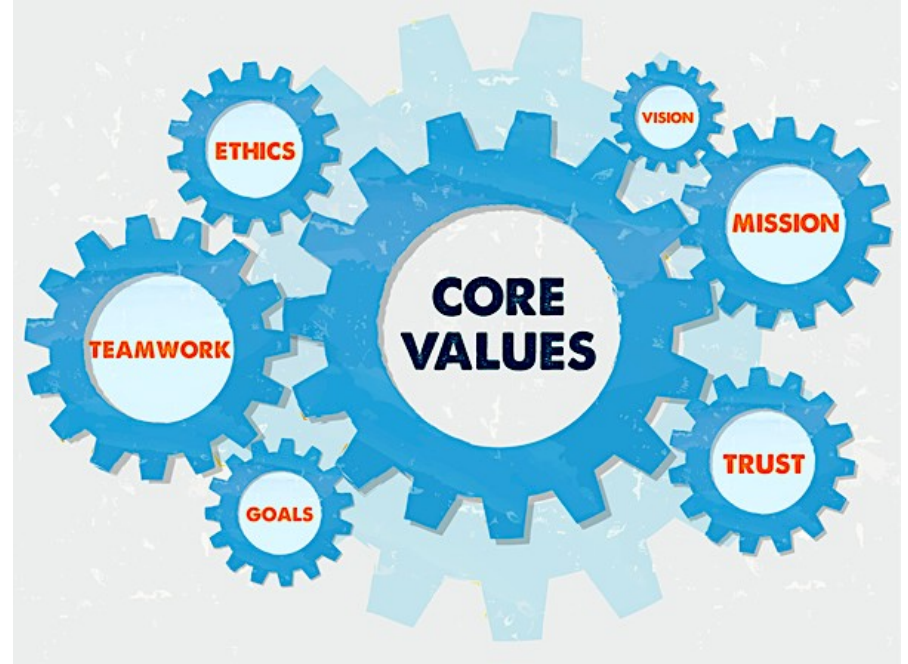


Action Steps

- Leader Rounding
- 1:1 Meetings/Stay Interviews
- Listening Sessions
- Culture of Belonging
- Team Building
- Pulse Surveys Quarterly
- Professional development
- Career Advancement
- Work Life Balance
- Alternative Shifts

Culture

- *"A Positive Culture is the Foundation of Success"*
- *"Culture Determines how Teams Thrive"*
- *"Culture is the Difference Maker"*



Our Cultural Beliefs



One

e

I make our shared success happen by reaching across boundaries and aligning with others.



People Centered

I create a lasting impact on lives by treating everyone with compassion and respect.



Lead Change

I drive change in the pursuit of excellence.



Own It

I take ownership to deliver the outcome.

High Performing Clinical Care Teams (**HPCCT**)
Interventional and Diagnostic Radiology
"Essential for Excellent Patient Care"



Interventional Radiology

IR has transformed from a referral based to a clinical subspecialty, requiring formal consultations, longitudinal care



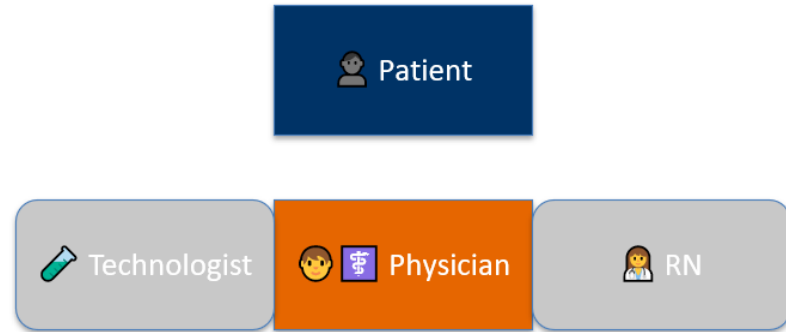
Tremendous growth related to the number of procedures including longstanding procedures, also expansion:

- Hepatobiliary interventions
- Emergent interventions, such as Pulmonary embolus thrombectomy
- Management of GIB
- Postpartum hemorrhage
- Peripheral artery disease
- Dialysis interventions
- Fibroid treatments
- Pain procedures

The Beginning of IR

Inpatient Care: Simple Procedures Workflow

- Drains/Tubes
- Paracentesis
- Vascular Access
- Biopsies
- Thoracentesis

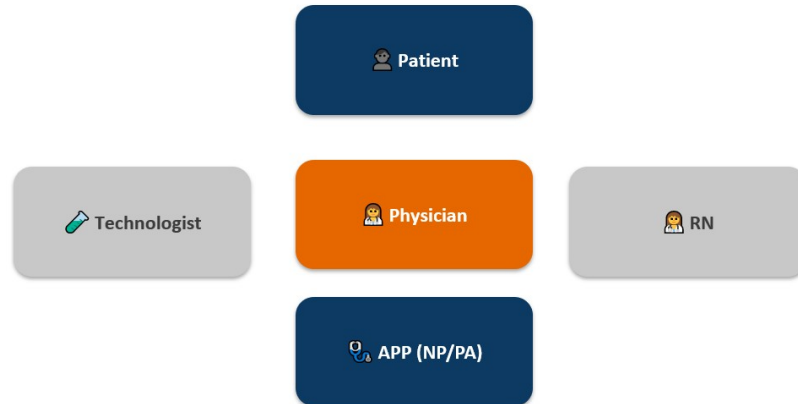


IR Evolved-Utilize Non-Physician Extenders

2000-2010

APP's Performed:

- Vascular Access
- US Guided Procedures
- CT Guided Biopsies



IR's Continued Expansion

2010-present

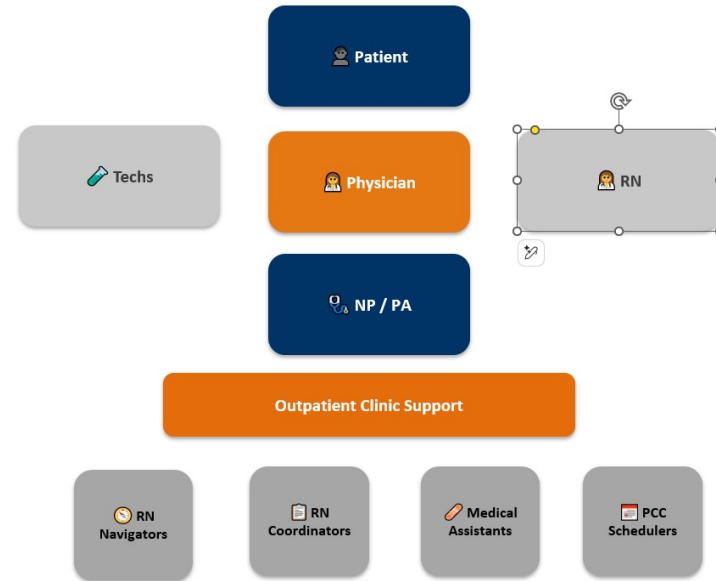
Continued Expansion Complex procedures requiring longitudinal care.

- Interventional Oncology
- Liver Directed Therapy
- Pain Interventions
- Embolization's
- Hepatobiliary/TIPSS

Outpatient Clinics which needed Clinical Support:

40 + Clinical Staff-Hybrid/Remote

We Development New Clinical Roles>Recruited>Onboarded>Retained



Interventional Radiology (HPCCT)

Significant Period of Growth

- Very Methodical Creating Roles enhanced Patient Care and Supported Providers
- Recruited Leaders
- Recruited Staff
- Restructured Roles
- Created Two Teams

Every IR Physician has a Clinical Support Team

- APP
- RNN
- MA-C

Role of the Clinical Care Team

- Review every order and consult
- “Procedure readiness”
- Pre Calls
- Rooming
- Patient Education
- Post Calls
- Discharge Care
- Return Visits, Imaging, Labs
- Follow up Procedures
- Close the Loop

APP SUPPORT is Essential

- 40+ APPS
- 5 APPS at each Hospital
- 4-10's Shift
- Created Redundancy > Eliminated Single Points of failure
- Hybrid Roles- Procedures, Clinic, Consults

Radiology Advanced Practice Providers

Interventional Radiology

EUH <ul style="list-style-type: none"> • Lisa Ward — Lead APP, IR Consult • Erin Verdeyan — CT Consults • Angela Luo — IR Hybrid • Peter Kang — IR Hybrid • Sandy Pang — IR Hybrid • Nicole McGarrell — IR Hybrid • Will Murphy — IR Hybrid • Behetrin Mohammed — IR Hybrid 	Clinic <ul style="list-style-type: none"> • Gerarda Sanchez — MOT • Joy Harrell — MOT • Josh Rayford — EJCH • Eric Peterson — MOT • Lindsay Greco — Lead APP, Hybrid • Annette Dickerson — Hybrid • Pedro Landaverde — Hybrid • Joanna Kim — Hybrid 	EDH <ul style="list-style-type: none"> • Ian McMillan — Procedures • Lindsay Greco — Lead APP, Hybrid • Jacob Lowry — Hybrid 	EHH <ul style="list-style-type: none"> • Kelda Kemp — Procedures • Jeannie Buffington — Consult
EUHM/WEM <ul style="list-style-type: none"> • Ashley Gannt — Lead APP, CT/US • Enoch Asiedu — CT/US Procedures • Naomi Lux — CT/US Procedures • Patrick Francois — IR Hybrid • Shirley Bassey — IR Hybrid • Andrew Woodham — IR Hybrid • Sydney Kent — IR Hybrid • Annette Dickerson — Hybrid 	PRN/Float <ul style="list-style-type: none"> • Emily Donovan • Deborah Lindqueter • Stephanie Hawkins — Chief APP 	ESJH <ul style="list-style-type: none"> • Tram Vu — IR Hybrid • Crystal Ayer — Hybrid • Ally Ashton — Hybrid • Erin Curlette — CT/US Procedure • Simon Jian — Hybrid • Laresa Woodard — Hybrid • Shirley Bassey — Hybrid 	EJCH <ul style="list-style-type: none"> • Hilary Karp — Procedures • Joanna Kim — Hybrid • Alex Shupp — Hybrid

Diagnostic Radiology

MSK (Musculoskeletal) <ul style="list-style-type: none"> • Mike Bowen — Procedures • Christian Galloway — Clinic / Pro 	CRS (Community Radio) <ul style="list-style-type: none"> • Elizabeth Heard — EDH Fluoro Pro • Rano Rakhmonova — EJCH Fluoro • Rae DeWoody — ESJH Fluoro Pro 	Abdominal Radiology <ul style="list-style-type: none"> • Kristen Havrilla — EUH Fluoro • Kerl Hunter — EUHM Fluoro Pro • Melanie Banks — WEM Fluoro Pro 	Neuroradiology <ul style="list-style-type: none"> • Pending 3 providers
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DIAGNOSTIC RADIOLOGY

Developing Similar Clinical Care Models & Roles for our Patients to receive Continuity of Care

- Neuroradiology
- Nuclear Medicine
- Breast Imaging
- Abdominal

Diagnostic Radiology

MSK (Musculoskeletal Radiology)

- Mike Bowen — Procedures
- Christian Galloway — Clinic / Pro

CRS (Community Radio)

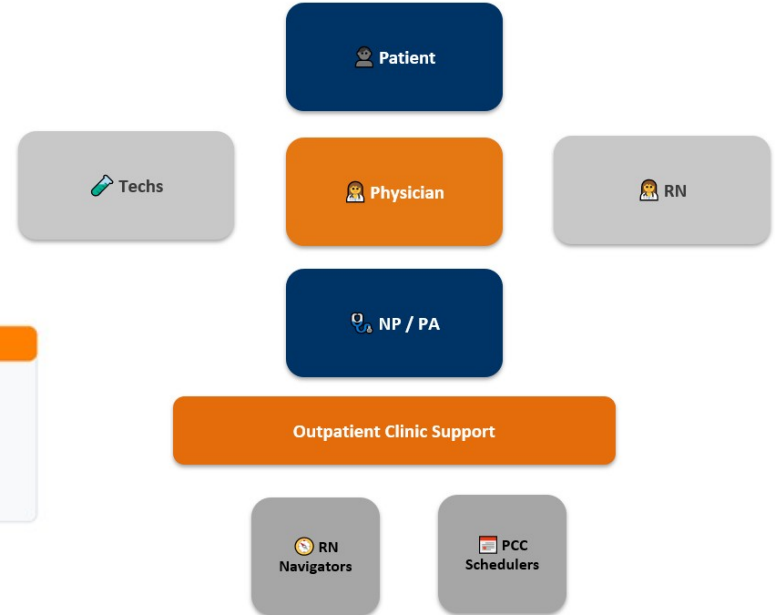
- Elizabeth Heard — EDH Fluoro Pr
- Rano Rakhmonova — EJCH Fluor
- Rae DeWoody — ESJH Fluoro Pro

Abdominal Radiology

- Kristen Havrilla — EUH Fluoro
- Keri Hunter — EUHM Fluoro Pro
- Melanie Banks — WEM Fluoro Pr

Neuroradiology

- Pending 3 providers

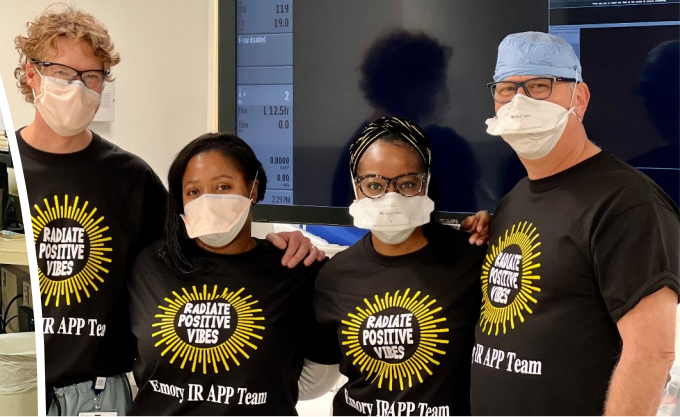


System Level Initiatives

- Market Analysis of Every Role
- Salary's increased 10% or more
- Improved Technologists Comp Models
- Creating a Career Ladder
- Major Emphasis
- Access
- Patient Experience
- Employee Sense of Belonging



One Big
Happy Team!



What is the Evidence We Have Highly Effective Clinical Care Teams?



LOW Departmental TURNOVER

Headcount

62

Overall Turnover

5.0%

First Year Turnover

0.0%

Terminations

1

External Starts

1

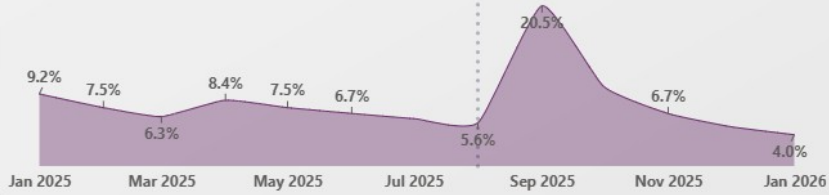
Aug 2025 Sense of Belonging



Overall Turnover Trending

FY24 End: 9.4%

FY25 End: 5.6%



Workforce Gain & Loss Trending

External Offers Accepted External Starts Terms



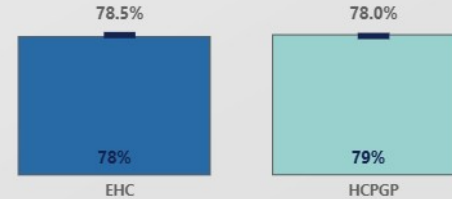
First Year Turnover Trending

FY24 End: 15.4%

FY25 End: 12.5%



Sense of Belonging by BU



*All Turnover data excludes Registry/PRN employees

FYTD Annualized Turnover: The turnover rate from the start of the fiscal year to date, projected as if it had occurred over a full year.

Low System Wide Turnover

Headcount

30,172

Overall Turnover

13.8%

First Year Turnover

23.3%

Terminations

1,527

External Starts

2,180

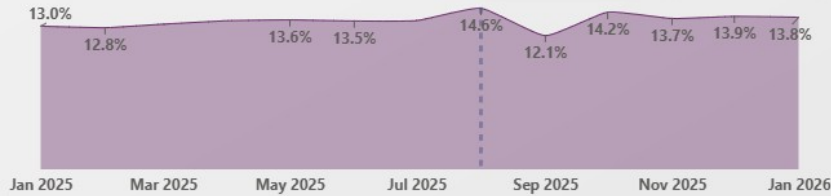
Aug 2025 Sense of Belonging



Overall Turnover Trending

FY24 End: 15.4%

FY25 End: 14.6%



First Year Turnover Trending

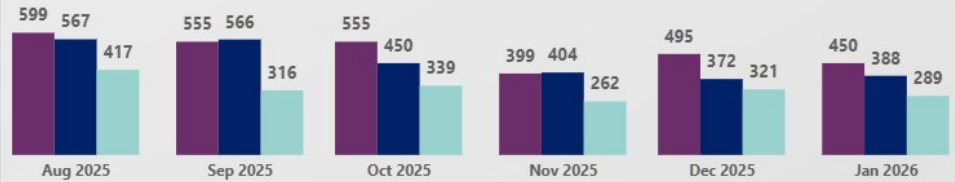
FY24 End: 30.8%

FY25 End: 27.7%

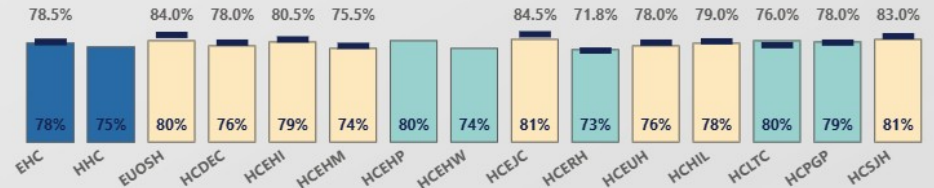


Workforce Gain & Loss Trending

External Offers Accepted External Starts Terms



Sense of Belonging by BU

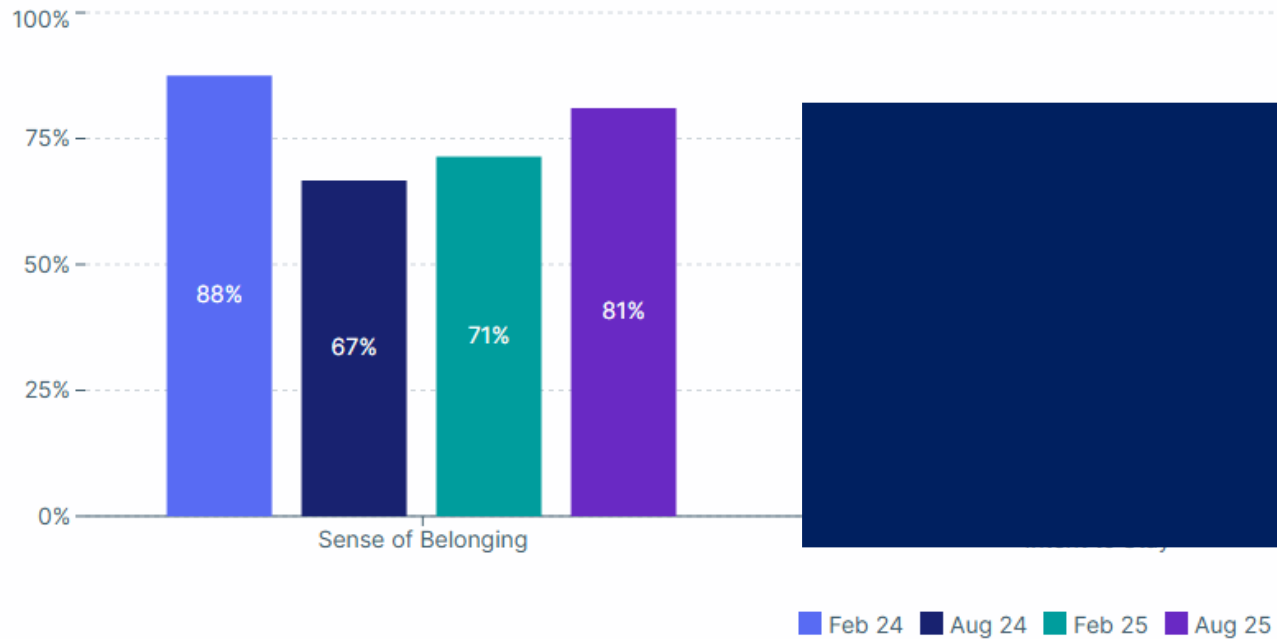


*All Turnover data excludes Registry/PRN employees

FYTD Annualized Turnover: The turnover rate from the start of the fiscal year to date, projected as if it had occurred over a full year.

Key employee experience items

(1) I feel like I belong in this organization (2) I would stay at Emory Healthcare if offered a similar position e



Physician Turnover

Last Update Date: 2024-08-06

6.33%

Current Turnover

Please Select A Section

All

Please Select A SubDivision

51300 TEC Radiology

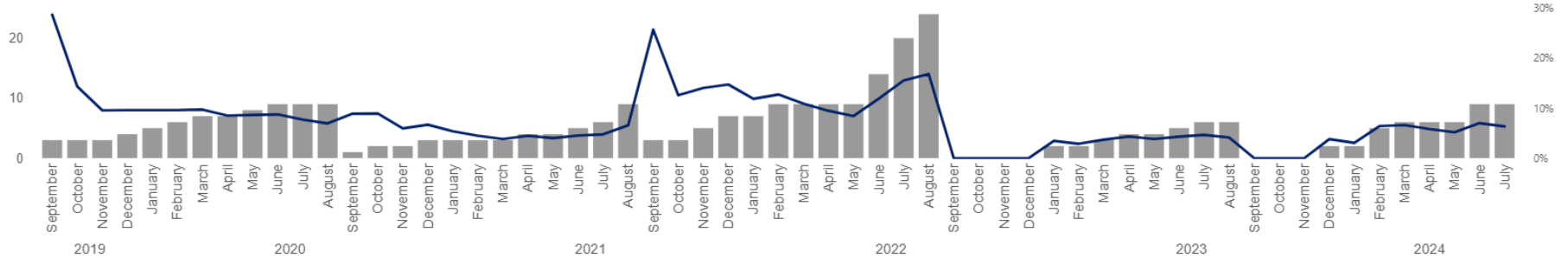
Please Select A Department

All

Provider Type

All

Annualized Turnover and Total Terms Over Time



Total Terms By Term Reason

Data filtered to most recent month



Total Terms For PGP SubDivision

Data filtered to most recent month

51300 TEC Radiology



Patient Experience Surveys above Target High Productivity

Fiscal Year Scorecard (LTR)

Division	September	October	November	December	January	Total
INTVRAD	● 88.66%	84.81%	86.67%	87.50%	84.35%	86.33%
Total	88.66%	84.81%	86.67%	87.50%	84.35%	86.33%

- **APP's RVU's average 2700/month**
- **Clinical FTE/Provider RVUs at Target**



RADIATE
POSITIVE
VIBES

Emory IR APP Team

RADIATE
POSITIVE
VIBES

Emory IR APP Team

RADIATE
POSITIVE
VIBES

Emory IR APP Team



Thank You!

QUESTIONS??

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