

**Manual M-1, Operations. Part IX, Staffing Guidelines and Productivity Enhancements**

**Chapter 9, EEG (Electroencephalographic) Laboratory Staffing Guidelines, RCS 10-0705  
(Paragraphs 9.01 through 9.07; Appendix 9A and Appendix 9B)**

This document includes:

Title page for M-1, Part IX, dated **April 21, 1989**

Foreword for M-1, Part IX, dated **April 21, 1989**

Introduction for M-1, Part IX, dated **April 21, 1989**

Contents pages for M-1, Part IX, dated **April 21, 1989**

Contents pages and Rescissions page for M-1, Part IX, dated **August 22, 1991**

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Text for Chapter 9, dated **April 21, 1989**

Text for Appendix 9A and Appendix 9B, dated **April 21, 1989**

Transmittal sheet located at the end of the document:

Sheet dated **April 21, 1989**

**Department of  
Veterans Affairs**

**OPERATIONS**

**Staffing Guidelines and Productivity Enhancements**

**M-1, Part IX  
April 21, 1989**

**Veterans Health Services and  
Research Administration  
Washington, DC**

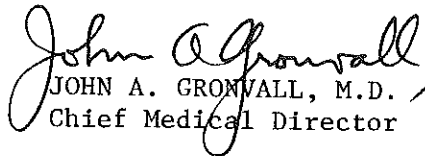
## FOREWORD

This manual has been written to provide guidelines to equitably and effectively allocate manpower resources based on workload and the level of service to eligible veteran patients. The guidelines represent a viable mechanism for estimating manpower resource requirements in most program areas.

The Manpower Planning Division has developed, tested, and refined the guidelines as necessary as workload data was made available through published reporting requirements.

Prior to this document, guidelines were transmitted, tested, and implemented via VHS&RA circulars. With the exception of first generation guidelines, which are required in the development and testing of the staffing criteria, all guidelines thereafter are to become a part of this manual.

In addition to staffing guidelines, this manual provides guidance and procedures with regard to new management and productivity improvement initiatives and re-emphasizes existing initiatives which, heretofore, had not been fully implemented. These initiatives are: Circular No. A-76, "Performance of Commercial Activities," Cost Containment, Efficiency Review Program, and Productivity Improvement Program. These initiatives are identified as "Productivity Enhancements."

 M.D.  
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Chief Medical Director

## INTRODUCTION

The development of guidelines for allocating staff to the medical facilities of the VHS&RA (Veterans Health Services and Research Administration) has been an evolutionary one in VA since the early 1960's, reflecting state-of-the-art advances since that time. These developmental efforts began with the formulation, through "work measurement" studies, of staffing guidelines for specific medical center activities, such as those engaged in by Dietetic and Supply Services. In the 1970's, the formulation of "core staffing ratios" ("x" staff per "y" patients) was introduced for all VHS&RA medical facilities.

The 1970's saw the publication of two major reports on VA's health care system that relied heavily on the core staffing concept. The first, <sup>1/</sup>published in response to a Presidential directive, resulted in substantial increases in key medical facility professional and support staff. In 1977, the NAS (National Academy of Sciences) presented a report, <sup>2/</sup>pursuant to Public Law 93-82, Section 201(c), of an extensive study of health care for American veterans, carried out over a 3-year period. The purpose of the NAS study was ". . . to determine a basis for the optimum number and categories of personnel and other resources to ensure the provision to eligible veterans of high quality care . . ." Unfortunately, the NAS study failed in this objective, touching only lightly on the central question of staffing requirements in VA's medical facilities. Instead of providing the VA with staffing guidelines based on the latest management engineering techniques, the NAS study simply utilized VA's own core staffing ratios. In fact, the NAS report recommended that "the VA develop procedures for assessment of patient needs and use them for staffing...that VA Central Office judiciously apply and continually refine existing instruments..." (pps. 286-7). In other words, the NAS recommended that VA undertake a task the NAS itself was asked to accomplish in its contract. In its response to Congress, <sup>3/</sup>VA concurred with this recommendation and thus committed itself to the development of staffing guidelines that would replace core staffing ratios, though cautioning that "extensive revisions and modifications will be required before even limited application can be made of existing methodologies" (pps. 22-23). Hence, VA began the task of replacing the existing core staffing ratios, which were not refined enough to enable precise staffing needs to be defined for complex medical facilities and programs. Subsequently, a number of different approaches to standards development in the private health care sector were studied. Much valuable information and experience were thus acquired by VA personnel who were eventually incorporated into a new organizational unit in VHS&RA. Thus, in 1981, Management Systems Service was organized for the purpose of developing, testing, refining, and implementing staffing guidelines for all medical facility activities. Since 1981, Management Systems Service has been engaged in work on staffing guidelines, the magnitude of which is unparalleled in the health care industry.

During 1984 and 1985, productivity effectiveness was repeatedly stressed and emphasized, predominantly by the Office of Management and Budget. At the direction of OMB, VHS&RA began to address productivity effectiveness through several new initiatives, i.e., most efficient organization, productivity improvement program, and efficiency reviews; and re-emphasized existing initiatives such as Circular No. A-76, "Performance of Commercial Activities," and cost containment. These functions are assigned to the Strategic Planning Office, Manpower Planning Division.

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1/ Report of Special Survey of Level of Quality of Patient Care in VA Hospitals, House Committee Print No. 163, Washington, DC, October 1974

2/ Health Care for American Veterans, NAS, Washington, DC, June 1977

3/ VA Response to the Study of Health Care for American Veterans, Senate Committee Print No. 7, Washington, DC, September 1977

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33. (Reserved.) COST CONTAINMENT
34. EFFICIENCY REVIEW PROGRAM
35. (Reserved.) MEO (MOST EFFICIENT ORGANIZATION)
36. (Reserved.) PRODUCTIVITY IMPROVEMENT PROGRAM

**RESCISSIONS**

**1. Complete Rescissions**

**Circulars**

10-84-71 and supplements  
10-85-119  
10-85-122  
10-86-70  
10-84-216  
10-85-120  
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**2. Partial Rescissions**

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10-84-14 attachments A, B, E, I, J, K, and M

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GUIDELINES, RCS 10-0705

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**CHAPTER 9. EEG (ELECTROENCEPHALOGRAPHIC) LABORATORY STAFFING  
GUIDELINES, RCS 10-0705**

**9.01 MISSION**

Upon request from the attending physician, performs a variety of clinical neurophysiologic tests and evaluations and reports results as interpreted by a clinical neurophysiologist or encephalographer; participates in medical training programs; participates in, or initiates, research and clinical studies.

**9.02 APPLICABILITY**

The staffing guideline is applicable to all medical facilities that provide electroencephalographic functions performed by personnel (not including physicians) charged to electroencephalographic activities.

**9.03 METHOD OF DEVELOPMENT**

The staffing guideline was developed utilizing operational (desk and workplace) audit and time studies. Operational audits of operational logs maintained in various EEG Laboratories yielded workload volumes of various procedures and subprocedures performed and their related man-hours. The values, in turn, were refined by a series of time studies conducted at representative facilities.

**9.04 WORKLOAD ACTIVITIES AND UNIT VALUES**

a. Categories of work and time values for EEG (electroencephalographic) Laboratory procedures are as follows:

<u>ACTIVITIES</u>	<u>ACTIVITY CODE</u>	<u>MAN-HOURS/ PROCEDURE</u>
Brain Electrical Activity Mapping	100	2.50
Echoencephalography	101	0.40
EEG-Monitoring (24-hour ambulatory)	111	1.25
EEG - Monitoring (Surgery)	113	4.90
EEG - Portable	115	2.15
EEG - Routine	117	1.40
EEG - Sleep Deprived	103	2.59
EEG - Long Recording	106	2.59
Electromyograph (EMG)	119	0.75
Electronystagmogram	121	1.85

<u>ACTIVITIES-continued</u>	<u>ACTIVITY CODE</u>	<u>MAN-HOURS/ PROCEDURE</u>
Evoked Potential - Auditory/Brainstem	107	2.41
Evoked Potential-Somatosensory	109	5.00
Evoked Potential-Visual	108	0.87
Intraoperative Evoked Potential Monitoring	123	3.00
Multiple Sleep Onset Latency Tests	125	6.00
Nerve Conduction Velocity Tests	127	1.25
Polysomnography	129	10.00
Suspected Death	105	2.59
Telemetry/Video Monitoring	131	8.00
Tremor Analysis	133	1.55
Wada Test	102	2.00
<u>SUBPROCEDURE ACTIVITIES</u>		
Collodion Electrodes	202	1.18
Neuro-Cap Electrodes	207	0.28
Nasopharyngeal (NP) Electrodes	204	0.97
Paste Electrodes	201	0.50
Sedation	205	1.37
Sphenoidal Electrodes	209	1.00
Subdermal (Needle) Electrodes	203	1.18

b. Unreported work activities must be accomplished in conjunction with the workload and include functions not within the task times; functions that may require two technicians; administration and supervision; research; in-service education and training; staff meeting; preparing for, attending, and following-up on committee meetings; preparing work schedules and reports; conference with physicians; ordering and stocking supplies; filing; and routine equipment maintenance or repairs. Those activities made up only a portion of the work volume's earned hours and tracking of those efforts is unnecessarily time consuming; therefore, an allowance factor compensates for that workload.

c. Staffing guidelines should take into consideration the time consumed during an 8-hour day (for employees) to attend to:

- (1) Personal needs (e.g. coffee breaks, restroom visits, etc.)
- (2) Fatigue (the change of pace an employee will experience from the beginning to the end of a shift), and
- (3) Unavoidable delays (machine breakdowns, telephone busy signals, etc.).

These three types of activities PF&D (personal, fatigue and delay) and travel allowances, are included in the activity/task times.

### 9.05 ESTIMATING METHODOLOGY

The quarterly workload volumes for activities (codes 100 through 209) are multiplied by their respective activity/task times (man-hours/unit) to obtain earned man-hours; subtotal the earned man-hours and multiply by 117 percent to determine the total earned man-hours. Earned FTEEs are derived by dividing total earned man-hours by 438 (the Manpower Availability Factor). Actual FTEEs are determined by dividing total paid hours (activity code 305) by 520.

### 9.06 GLOSSARY

- a. **Brain Electrical Activity Mapping.** Computer Analyses of brain waves with graphic displays of activity.
- b. **Collodion Electrodes.** Electrical conductors attached to the scalp with a glue-like substance. These electrodes are normally used for prolonged EEG recordings.
- c. **Echoencephalograph.** A method of measuring the position of midline brain structures by means of ultrasound procedures.
- d. **EEG/Long Recording.** Recording of an EEG over an extended period (2 hours) of time.
- e. **EEG/Monitoring (24-hour ambulatory).** Patient wears an EEG device for 24 hours and returns to the EEG laboratory for the technician to remove the device.
- f. **EEG/Monitoring--Surgery.** Electroencephalograph (EEG) is a sensitive indicator of cerebral perfusion problems occurring during surgery. EEG is used in monitoring open heart surgery, and Carotid Endarterectomy. Electrodes are applied before the patient goes into surgery. Recordings are made at intervals throughout surgery and the results are reported to the surgeons. Monitoring in surgery, not to be counted elsewhere.
- g. **EEG/Portable.** The recording of the EEG at the patient's bedside.
- h. **EEG/Sleep Deprived.** An EEG recording obtained after a patient has not been allowed to sleep during the night prior to the test.
- i. **Electromyograph (EMG).** Recording and study of the electrical activity of different muscles.
- j. **Electronystagmogram.** The electrical recording of a particular type of rhythmic, involuntary, back-and-forth eye movement called nystagmus.

- k. **EEG/Routine.** Procedures performed in the EEG laboratory recording spontaneous electrical activity of the brain via recording electrodes applied to the scalp. A standardized EEG recording procedure that is useful as a screening procedure to determine the presence of significant disease or disturbed functions of the brain.
- l. **Evoked Potential--Auditory/Brainstem.** The recording of low amplitude brain activity in response to stimulation of the sense of hearing (typically through exposure to 2,000 to 4,000 "clicking" noises).
- m. **Evoked Potential--Somatosensory.** The recording of low amplitude brain activity in response to mild electrical stimulus to various peripheral nerves.
- n. **Evoked Potential--Visual.** The recording of low amplitude brain activity in response to visual stimulation (usually an exposure to flashes of light, or to checkerboards that keep reversing from black to white).
- o. **Intraoperative Evoked Potential Monitoring.** Recordings are made at intervals throughout surgery and the results are reported to the surgeons. Evoked potential procedures that are performed during surgery should not be counted elsewhere (do not double-count).
- p. **Multiple Sleep Onset Latency Test.** A test for the prevalence of excessive daytime sleepiness, and the REM latency test. Every 2 hours a 20-minute nap is recorded up to five naps. This study is useful to diagnose narcolepsy-cataplexy.
- q. **Nerve Conduction Velocity Test.** Wire electrodes are attached to the peripheral nerves using electrical stimulation.
- r. **Nasopharyngeal (NP) Electrodes.** An electrical conductor attached to the top cavity in the nose and pharynx.
- s. **Neuro-Cap Electrodes.** An elastic cap with built-in electrodes that is placed over the patient's head.
- t. **Paste Electrodes.** An electrical conductor attached to the patient's scalp with a mud-like paste.
- u. **Polysomnography.** Procedure performed during a patient's regular sleeping hours (10:00 p.m. to 6 a.m.). Electrodes for respiratory efforts, monitoring eye movements (occulograms) and electrodes for EMG and ECG monitors are added. Also the Sleep Latency Test with nasal CPAP may be a part of this procedure. A Nasal CPAP Unit prescribed for patient's use at home, normally spends one night (Accommodation Night) in the EEG laboratory learning to adjust and use the unit at home. During the time normally used for a polysomnogram, other tests may be performed by the technician in the same period of time, therefore, count only the time involved in the polysomnography.
- v. **Sphenoidal Electrodes.** Flexible wire electrodes with insulated tips which are placed near the sphenoid wing using a cannula inserted through the temporal and masseter muscles. Electrode placement must be verified by x-ray.
- w. **Suspected Death.** The specialized recording of an EEG when the patient is suspected of having brain death.
- x. **Tremor Analysis.** Wire electrodes are attached to the muscle and record spontaneous activity.

y. **Sedation.** The administration of a sedative drug for the purpose of obtaining a sleep reading.

z. **Subdermal (needle) Electrode.** Needle electrodes which are inserted into the scalp for recording the EEG.

aa. **Telemetry/Video Monitoring.** Wireless transmission of EEG signals by modulation of high frequency radio signals. Video monitoring provides simultaneous recording of a patient connected to EEG machine and recording on video tape using monitored camera recorders.

bb. **Wada Test.** EEG recording combined with clinical and neuropsychological testing after sodium amytal (or equivalent) is injected into one carotid artery (or sequentially into both) to determine speech lateralization and adequacy of residual memory function after proposed anterior temporal lobotomy.

#### 9.07 WORKLOAD DATA SOURCE

a. All facilities will report their staffing and workload data on a quarterly basis in accordance with the instructions contained in chapter 2. The data must be entered on the VA Form 10-0057a, Electroencephalographic Laboratories Workload Statistics Worksheet, prior to transcribing to the VA Form 10-0067, Workload Statistics Codesheet, to be keypunched and transmitted to the Austin DPC. The data for this report are reported under RCS 10-0705. A blank copy of VA Form 10-0057a and a partially completed example of the VA Form 10-0067 are contained in appendixes 9A and 9B.

b. VA Form 10-0067 is available from VA Forms and Publications Depot and can be obtained through normal supply channels. Because of the rapidly changing nature of VA Form 10-0067, an exception has been granted and the blank VA Form 10-0057a contained in appendix 9A is authorized for local reproduction. Once the data to be gathered have stabilized, the form will be printed and stocked in VA Forms and Publications Depot.

April 21, 1989

M-1, Part IX  
Chapter 9  
APPENDIX 9A

EEG (ELECTROENCEPHALOGRAPHIC) LABORATORY ACTIVITIES  
WORKLOAD STATISTICS WORKSHEET  
(RCS 10-0705)

VAMC: \_\_\_\_\_

FACILITY NUMBER: \_\_\_\_\_

QUARTER ENDING: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

CHIEF: \_\_\_\_\_

FTS NUMBER: \_\_\_\_\_

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
Brain Electrical Activity Mapping	100	_____ Procedure
Echoencephalography	101	_____ Procedure
EEG - Monitoring (24-hour Ambulatory)	111	_____ Procedure
EEG - Monitoring (Surgery)	113	_____ Procedure
EEG - Portable	115	_____ Procedure
EEG - Routine	117	_____ Procedure
EEG - Sleep Deprived	103	_____ Procedure
EEG - Long Recording	106	_____ Procedure
Electromyograph (EMG)	119	_____ Procedure
Electronystagmogram	121	_____ Procedure
Evoked Potential - Auditory/Brainstem	107	_____ Procedure
Evoked Potential - Somatosensory	109	_____ Procedure
Evoked Potential - Visual	108	_____ Procedure
Intraoperative Evoked Potential Monitoring	123	_____ Procedure
Multiple Sleep Onset Latency Tests	125	_____ Procedure
Nerve Conduction Velocity Tests	127	_____ Procedure
Polysomnography	129	_____ Procedure
Suspected Death	105	_____ Procedure

VA FORM 10-0057a  
SEPTEMBER 1988

EEG (ELECTROENCEPHALOGRAPHIC) LABORATORY ACTIVITIES--Continued

VAMC: \_\_\_\_\_

FACILITY NUMBER: \_\_\_\_\_

QUARTER ENDING: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
Telemetry/Video Monitoring	131	____ Procedure
Tremor Analysis	133	____ Procedure
Wada Test	102	____ Procedure
<b><u>SUB-PROCEDURES</u></b>		
Collodion Electrodes	202	____ Procedure
Neuro-Cap Electrodes	207	____ Procedure
Nasopharyngeal (NP) Electrodes	204	____ Procedure
Paste Electrodes	201	____ Procedure
Sedation	205	____ Procedure
Sphenoidal Electrodes	209	____ Procedure
Subdermal Needle Electrodes	203	____ Procedure

STAFFING UTILIZATION DATA

DESCRIPTION

**TOTAL HOURS WORKED**

Report hours actually worked performing Electroencephalographic Lab activities; i.e., hours spent on the job. These hours should include the normal duty hours, overtime/compensatory hours, and uncompensated hours worked by employees work study students, WOC appointed personnel, etc.

301 \_\_\_\_\_ HOURS

April 21, 1989

EEG (ELECTROENCEPHALOGRAPHIC) LABORATORY ACTIVITIES

VAMC: \_\_\_\_\_ FACILITY NUMBER: \_\_\_\_\_

QUARTER ENDING: \_\_\_\_\_ FISCAL YEAR: \_\_\_\_\_

STAFFING UTILIZATION DATA - Continued

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
<b>TOTAL PAID HOURS</b> Report the number of man-hours paid during the report period for all of the Electroencephalographic Lab employees. Include hours for authorized paid overtime, leave and holidays.	305	_____ HOURS
<b>PAID OVERTIME HOURS</b> Report the paid hours worked by Electroencephalographic Lab employees in excess of eight hours in a day or forty hours in an administrative workweek. These hours should be included in the total paid hours.	310	_____ HOURS
<b>COP (CONTINUATION OF PAY) HOURS (45 days or less)</b> Report the total number of COP due to job-related injuries hours for all employees whose paid hours are charged to the Electroencephalographic Lab. These hours should be included in the total paid hours.	315	_____ HOURS
<b>VOLUNTEER HOURS WORKED</b> Report time devoted to activities of Electroencephalographic Lab by formal volunteers.	325	_____ HOURS
<b>TOTAL UNPAID LWOP (LEAVE WITHOUT PAY) AND AWOL (ABSENCE WITHOUT LEAVE) HOURS.</b> Report the total number of hours officially recorded as LWOP or AWOL for all employees assigned to the Electroencephalographic Lab.	340	_____ HOURS

VA FORM 10-0057a  
SEPTEMBER 1988



EEG (ELECTROENCEPHALOGRAPHIC LABORATORY) ACTIVITIES

VAMC: \_\_\_\_\_

FACILITY NUMBER: \_\_\_\_\_

QUARTER ENDING: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

STAFFING UTILIZATION DATA - Continued

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
<b>TOTAL FUNDED FTEE</b> Record the full-time employee equivalents of the Electroencephalographic Lab for the total number of positions that are filled, plus any additional positions for which funds are available for recruitment and placement as of the end of the report period.	401	_____ FTEE
<b>MAN-HOURS BORROWED</b> Report the hours spent performing Electroencephalographic Lab activities by employees assigned to another service.	403	_____ HOURS
<b>MAN-HOURS LOANED</b> Report the hours spent by employees of Electroencephalographic Lab performing activities of another service.	405	_____ HOURS



SEP 21 1989

April 21, 1989

1. Transmitted is a new Veterans Health Services and Research Administration's Manual M-1, "Operations," Part IX, "Staffing Guidelines and Productivity Enhancements," Chapter 1, "General;" Chapter 2, "Quarterly Reporting Requirements," Chapter 4, "Audiology and Speech Pathology Staffing Guidelines;" Chapter 8, "Dietetic Service Staffing Guidelines;" Chapter 9, "EEG (Electroencephalographic) Laboratory Staffing Guidelines;" Chapter 11, "Fiscal Service Staffing Guideline;" "Chapter 16, "Medical Service Staffing Guidelines;" Chapter 17, "Nuclear Medicine Service Staffing Guidelines;" Chapter 20, "Personnel Service Staffing Guidelines;" Chapter 21, "Pharmacy Service Staffing Guidelines;" Chapter 26, "Recreation Service Staffing Guideline;" Chapter 28, "Security Service Staffing Guidelines;" and Chapter 29, "Social Work Service Staffing Guidelines".

2. Principal policies are:

a. **Paragraph 1.01:** Defines staffing guidelines as an analytical method for determining FTEE requirements based on predetermined workload time values.

b. **Paragraph 1.03:** Cites the delegation of authority for developing, refining and implementing staffing guidelines to the Planning and Evaluation Service under the Director (ACMD), Strategic Planning, (10A4)).

3. Filing Instructions:

Insert pages

Cover through vi

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2-i thru 2-9

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9-i thru 9B-1

11-i thru 11B-1

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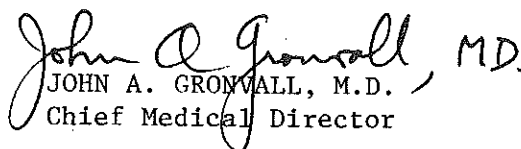
21-i thru 21B-7

26-i thru 26B-1

28-i thru 28C-1

29-i thru 29B-1

4. **RESCISSIONS:** Attachments A, B, E, I, J, K and M to Circular 10-84-14, dated February 6, 1984; Circular 10-84-171, dated October 3, 1984 and all supplements; Circular 10-84-216, dated December 20, 1984, and all supplements; Circular 10-85-119, dated July 25, 1985, and all supplements; Circular 10-85-122, dated August 6, 1985, and all supplements; Circular 10-86-70, dated June 5, 1986, and all supplements; Circular 10-85-120, dated July 26, 1985, and all supplements; Circular 10-87-98, dated August 27, 1987, and all supplements.

  
JOHN A. GRONVALL, M.D.  
Chief Medical Director

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FD

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