

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

**Chapter 16, Medical Service Staffing Guidelines (Section I through Section VI
(Paragraphs 16.01 through 16.42); Appendix 16A through 16K)**

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**

Contents page for Chapter 16, dated **April 21, 1989**

Text for Chapter 16, dated **April 21, 1989**

(Sections II, III, V, and VI are **reserved**).

Text for Appendix 16A through Appendix 16K, dated **April 21, 1989**

(Appendix 16C through Appendix 16E and

Appendix 16H through Appendix 16K are **reserved**.)

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**

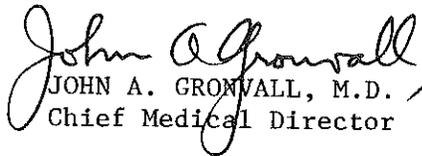
FOREWORD

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.
JOHN A. GRONVALL, M.D.
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, ^{1/}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, ^{2/}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, ^{3/}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.

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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10-85-119
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CHAPTER 16. MEDICAL SERVICE STAFFING GUIDELINES

SECTION I: CCL (Cardiac Catheterization Laboratory), RCS 10-0702

16.01 MISSION

Provides cardiac catheterization functions for Medical Service as a diagnostic aid for the care and treatment of patients; participates in medical training programs and clinical studies.

16.02 APPLICABILITY

The staffing criteria are for use in all medical facilities (with an authorized CCL) that provide cardiac catheterization functions. Physician activities are excluded.

16.03 METHOD OF DEVELOPMENT

Two principal methodologies have been employed in the development of CCL staffing guidelines: operational audit and stop-watch time studies. Operational audit, the initial development stage, yielded procedure/task times from operational logs maintained in each CCL. The values, in turn, were refined by a series of stop-watch time studies conducted at representative facilities.

16.04 WORKLOAD ACTIVITIES AND UNIT VALUES

Categories of work and time values (man-hours/procedure) for cardiac catheterization functions are as follows:

a. Direct Work Activities.

<u>ACTIVITIES</u>	<u>ACTIVITY CODE</u>	<u>MAN-HOURS/PROCEDURE</u>
Right Heart Catheterization	101	1.24*
Left Heart Catheterization	103	1.16*
Right and Left Heart Catheterization	105	1.97*
Pacemaker Insertion	107	1.42*
Electrophysiologic Study	109	1.59*
Patient Preparation	201	0.63
Set-Up Lab (Morning)	301	1.24
Change-over (Between Procedures)	401	1.06
Clean-up Lab (At End-of-Day)	501	0.94

**Reflects the earned man-hours for a non-physician team size of one. The earned man-hours for a non-physician team size of two would be calculated by multiplying the respective procedure time by two. The earned man-hours for a non-physician team size of three would be calculated by multiplying the respective procedure time by three.*

b. **Constant Activities.** These activities must be accomplished regardless of workload and include: inservice education; staff meetings; preparing for, attending, and follow-up of committee meetings; preparing work schedules and reports; conferences with physicians; ordering and stocking supplies; filing and routine equipment maintenance or repairs. These activities involve only a small portion of the procedure/activities earned hours. Tracking of "constant activities" would be unnecessarily time consuming; therefore, an allowance of 54 hours/FTEE/Qtr is provided to compensate for this workload.

c. CCL non-physician (technician) team size has been observed to vary from one to six (team members participating in a procedure), with the average being three (team members). This variation in large measure reflects local management decision considering factors such as individual physician's style, knowledge and skills of the team members, etc. While such variation is justifiable, a recommendation to management on team size is nevertheless necessary if the guidelines are to assist management. Accordingly, unless special or extraordinary factors need to be considered, growth of the technician team size should not be permitted beyond three team members.

d. Staffing guidelines, when developed to a sufficient level of refinement should take into specific account, and thus make distinct allowances for personal needs, fatigue, and unavoidable delay. Allowances for these three types of activities (or factors) are normally referred to as PF&D (personal, fatigue and delay) allowances, and are expected to vary according to the nature of the work involved. The most widely accepted method for taking these allowances into account is to increase the accepted work ratio (man-hours/unit) by a percentage which is tailored to fit the particular operation. To address these needs, a time factor of 18 percent (6 percent personal, 2 percent fatigue, and 10 percent delay) is incorporated into the procedure and related task times.

16.05 ESTIMATING METHODOLOGY

The quarterly workload volumes for activity codes 101, 103, 105, 107 and 109 are multiplied by their respective procedure time (man-hours/unit) and non-physician team size to obtain earned man-hours; the quarterly workload volumes for activity codes 201 through 501 are multiplied by their respective activity time (man-hours/unit) to obtain earned man-hours; subtotal the earned man-hours and add 54 hours/FTEE/QTR (allowance for constant activities) to determine the total earned man-hours. Earned FTEEs are derived by dividing total earned man-hours by 438 (the average hours worked by one employee during a quarter). Actual FTEEs are determined by dividing the total paid hours (Activity Code 50) by 520 (the average hours paid to one employee during a quarter).

16.06 GLOSSARY

a. **Cardiac Catheterization Procedures.** Cardiac Catheterization procedures are definitive diagnostic tools for many different heart and circulatory conditions. Due to patient risk, each procedure/study must be individualized so that only information relevant to clearly defined diagnostic goals is retrieved. The procedures require a specially trained physician to insert a catheter (a long, fine, flexible tube) into a vein or artery in the patient's arm or leg or neck. By careful manipulation, the free end of the catheter travels along the course of the blood vessel into the chambers of the heart where the physician uses x-rays and an electronic image intensifier as visual aids in placing the catheter in the desired position. With the catheter in place, various studies are performed recording blood pressures in various locations under varying conditions. Blood is also withdrawn for laboratory analysis. For staffing guideline

purposes, count only one procedure (or study) per patient during a single visit to the CCL. (Procedures performed in CCU, Radiology, or any area other than the CCL are not to be counted). The procedure/study counted will be the primary procedure/study performed during a single patient visit to the CCL.

(1) **Right Heart Catheterization (Activity Code 101).** Count the total number of catheterizations performed only on the right heart during a single patient visit to the CCL. (Do not count any procedures performed in any area other than the CCL.) Do not count as a "Right Heart Catheterization" if the procedure was a "Right and Left Heart Catheterization."

(2) **Left Heart Catheterization (Activity Code 103).** Count the total number of catheterizations performed only on the left heart during a single patient visit to the CCL. (Do not count any procedures performed in any area other than the CCL). Do not count as a "Left Heart Catheterization" if the procedure was a "Right and Left Heart Catheterization."

(3) **Right and Left Heart Catheterization (Activity Code 105).** Count the total number of catheterizations performed on both the right and left heart during a single patient visit to the CCL. (Do not count any procedures performed in any area other than the CCL). Do not count as a "Right Heart Catheterization" and a "Left Heart Catheterization."

(4) **Pacemaker Insertion (Activity Code 107).** A cardiac pacemaker implanted into the subcutaneous tissue, designed to stimulate (by electrical impulses) contraction of the heart muscle at a certain rate. Count the total number of pacemaker (temporary or permanent) insertions during a single patient visit to the CCL. (Do not count any procedure performed in any area other than the CCL). Count only when "Pacemaker Insertion" was the primary procedure. Do not count when a pacemaker was implanted in conjunction with a primary procedure (e.g., Right and Left Heart Catheterization).

(5) **Electrophysiologic Study (Activity Code 109).** The study of the factors which produce cardiac arrhythmia and their correction by specific drug therapy. Count the total number of studies conducted during a single patient visit to the CCL or the Electrophysiology Laboratory. (Do not count any studies conducted in any area other than the CCL or the Electrophysiology Lab). Do not count when the study was conducted in conjunction with a primary procedure.

b. **Team Size.** The CCL non-physician (technician) team size will not exceed three. Record the average non-physician team size during the report period. (Note: This is not an FTEE count — this is an actual "body count.")

(1) **Team Size - Right Heart Catheterization (Activity Code 102).** Record the average non-physician (technician) team size (i.e., 1, 2, or 3) during the report period.

(2) **Team Size - Left Heart Catheterization (Activity Code 104).** Record the average non-physician (technician) team size (i.e., 1, 2, or 3) during the report period.

(3) **Team Size - Right and Left Heart Catheterization (Activity Code 106).** Record the average non-physician (technician) team size (i.e., 1, 2, or 3) during the report period.

(4) **Team Size - Pacemaker Insertion (Activity Code 108).** Record the average non-physician (technician) team size (i.e., 1, 2, or 3) during the report period.

(5) **Team Size - Electrophysiologic Study (Activity Code 110).** Record the average non-physician (technician) team size (i.e., 1, 2, or 3) during the report period.

c. **Patient Preparation (Activity Code 201).** This activity includes patient identification, patient undressing, removing jewelry, preparing electrode sites, applying electrodes, recording ECG, palpating and marking distal pulses, securing patient to table, starting I.V., preparing area for entry of catheter, set-up tray, calling doctor(s), arranging for x-rays, complete paperwork, etc. Record the total number of patients on whom cardiac catheterization procedures have been performed (during a single patient visit to the CCL or the Electrophysiology Lab.) during the report period. (NOTE: *The number of patients should be equal to the sum of activity codes 101, 103, 105, 107, and 109.*)

d. **Set-Up Lab (Morning) (Activity Code 301).** The general morning set-up of a CCL before any procedures may be performed includes equipment set-up, quality control checks, call for patient, etc. Record the total number of calendar days the CCL was utilized for procedures (Activity Codes 101, 103, 105, 107, and 109).

e. **Change-Over (Between Procedures) (Activity Code 401).** Change-over occurs when more than one procedure is performed per calendar day during the report period. Change-over involves undraping patient, cleaning and applying pressure dressing and sandbag if necessary, checking I.V., checking distal pulses, checking blood pressure, calling for patient escort, completing paperwork, cleaning area and equipment with disinfectant, set-up equipment, quality control checks, call for patient, etc. Count one change-over on calendar days when two procedures were performed; Count two change-overs on calendar days when three procedures were accomplished; Count three change-overs on calendar days when four procedures were accomplished, etc. The number of change-overs reported should equal the difference between "Patient Preparation" (Activity Code 201) and "Set-up Lab (Morning)" (Activity Code 301).

f. **Clean-Up Lab (At End-of-Day) (Activity Code 501).** The general end-of-day clean-up of a CCL must be accomplished if one or more procedures are performed on any given day including undraping patient, cleaning and applying pressure dressing and sandbag if necessary, checking I.V., checking distal pulses, checking blood pressure, calling for patient escort, processing film, completing paperwork, discarding disposable items, cleaning area and equipment with disinfectant, shut down equipment, etc. Record the total number of calendar days the CCL was utilized for procedures (Activity Codes 101, 103, 105, 107, and 109). NOTE: *The number of "Clean-Up Lab (At End-of-Day)" should equal the number of "Set-up Lab (Morning)".*

g. **Constant Activities.** In addition to procedures and related tasks, certain activities must be accomplished regardless of workload (i.e., in-service education/training, staff meetings, committee meetings, preparing work schedules and reports, rounds and/or conferences with physicians, ordering and stocking supplies, equipment maintenance, etc.). Tracking these activities would be unnecessarily time consuming; therefore, an allowance of 54 hours per FTEE per Quarter is provided.

h. **Staff and Leave Summary.** Definitions are contained on the Workload Statistics Worksheet in appendix 16A.

i. **Comments.** The comments section (or a separate attachment) should be used to identify CCL procedures performed that are not included in paragraph 16.04. In identifying these procedures, provide the number performed during the report period, the average procedure time, and the non-physician team size.

16.07 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 of this manual. The data must be entered on VA Form 10-0057b, Cardiac Catheterization Laboratory Activities Workload Statistics Worksheet, prior to transcribing to 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 10-0702. A blank copy of VA Form 10-0057b is contained in appendix 16A, and a partially completed example of VA Form 10-0067 is contained in appendix 16B.

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 10-0057b in appendix 16A 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.

SECTION II. (Reserved.) DIALYSIS

SECTION III. (Reserved.) ELECTROCARDIOLOGY LABORATORY

SECTION IV. NON-INVASIVE CARDIOLOGY FUNCTIONS, RCS 10-0708

16.22 MISSION

Provides non-invasive cardiology functions for Medical Service and acts as a diagnostic aid to care and treatment of patients; participates in medical training programs and clinical studies.

16.23 APPLICABILITY

The staffing criteria is for use in all medical facilities that provide non-invasive cardiology functions.

16.24 METHOD OF DEVELOPMENT

Two principal methodologies have been employed in the development of Non-Invasive Staffing Guidelines: (1) statistical analysis of operational data (volume of each task performed and related man-hours) submitted from a group of programs during a 7-month period, and (2) stop-watch time studies conducted in the same programs. As non-invasive activities have yet to be analyzed by a methods study (establishing the most efficient procedures per task) the time studies were used mainly to help set realistic limits of acceptance (statistically) on field submitted data.

16.25 WORKLOAD ACTIVITIES AND UNIT VALUES

a. Categories of work and time values (man-hours/procedure) for non-invasive functions are as follows:

<u>ACTIVITIES</u>	<u>ACTIVITY CODE</u>	<u>MAN-HOURS PROCEDURE</u>
Ambulatory Arrhythmia Monitoring (Holter Monitor)	2	.40
Ambulatory Arrhythmia (Holter Monitor) Scanning	5	1.00
Echocardiogram (M-mode plus 2-D) plus Doppler	15	1.25
Echocardiogram - M-mode	30	.47
Echocardiogram - 2-D	20	.68
Echocardiogram - Bedside	40	1.50
Stress Test	41	1.30

b. Unreported activities must be accomplished in conjunction with the workload and include functions not within the task times; functions that may require two technicians; research activities; administration and supervision; in-service education and training; staff meetings; preparing for, attending, and following-up on committee meetings; preparing work schedules and reports; conferences 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.

16.26 ESTIMATING METHODOLOGY

The quarterly workload volumes for activities (codes 2 and 41) are multiplied by their respective activity/task times (man-hours/unit) to obtain earned man-hours; subtotal the earned man-hours and multiply by 120 percent (20 percent is the allowance for unreported activities); 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 105) by 520.

16.27 GLOSSARY

a. **Ambulatory Arrhythmia Monitoring (Holter Monitor).** The Holter Monitor is a portable device that is attached to a patient for 24 hours to record any electromotive variation that occur during daily routine. Required procedural steps include monitor preparation (install battery-pack/recording tape, perform quality control checks), attach the monitor to the patient, activate the taping mechanism, and instruct the patient concerning their activities and making entries in the patient's diary. At the end of the prescribed period (usually 24-hours), the patient returns to the Non-Invasive Lab for the technician to remove the monitor and review diary entries with the patient. Then the technician does general cleaning and preventive maintenance of the monitor.

b. **Ambulatory Arrhythmia Holter Monitor Scanning.** Scanning and performing ECG trending of the tape to determine what segments (heart rate, VEs, SVEs, etc.) should be transferred to tracing paper for subsequent mounting and forwarding to a cardiologist for interpretation.

c. **Echocardiogram.** The recording of the position and motion of the heart borders and valves by reflected echoes of ultrasonic waves transmitted through the chest wall. Majority of request for echocardiograms will include the m-mode, plus 2-D, plus Doppler and should be accounted for under Activity Code 15. Activity Code 30 (M-mode) and Activity Code 20 (2-D) should be used for individual request of the M-mode and 2-D. Do not count procedures performed by physicians, physician's assistants, and nursing personnel.

(1) **Echocardiogram 2-D.** Records two-dimensional echocardiography.

(2) **Echocardiogram M-mode.** Recording of amplitude and the rate of motion.

d. **Stress Test.** Chest lead electrocardiograms are recorded on patients (while the Cardiologist stands-by) exercising on a treadmill. After the treadmill is stopped, the patient is placed on an exam-table for recovery phase readings and additional routine ECGs.

(1) **Technetium Stress Test.** Similar to a Thallium Stress Test; report only those tests accomplished by Non-Invasive personnel, wherever they are performed.

(2) **Thallium Stress Test.** Routine Stress Test procedures are performed and a radioisotope is injected intravenously at which time the Nuclear Medicine personnel perform the Thallium Stress procedure.

e. **Unreported Activities.** An allowance for supervision, typing, filing, training, instructions for other professional personnel, cardiac arrest calls, research, requisitioning and stocking supplies, minor repairs, storage, making additional copies of test results, meetings and infrequent Non-Invasive Lab procedure-related activities. 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.

16.28 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 VA Form 10-0057g, Non-Invasive Laboratory Workload Statistics Worksheet, prior to transcribing to 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 10-0708. A blank copy of VA Form 10-0057g is contained in appendix 16F and a partially completed example of VA Form 10-0067 is contained in appendix 16G.

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 10-0057g appendix 16F 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 16
APPENDIX 16A

CCL (CARDIAC CATHETERIZATION LABORATORIES) ACTIVITIES
WORKLOAD STATISTICS WORKSHEET
(RCS 10-0702)

VAMC: _____

FACILITY NUMBER: _____

QUARTER ENDING: _____

FISCAL YEAR: _____

CHIEF: _____

FTS NUMBER: _____

DIRECT WORK ACTIVITIES

ACTIVITY
CODE

DATA FOR
QUARTER

Right Heart Catheterization

101

_____ Procedure(s)

Left Heart Catheterization

103

_____ Procedure(s)

Right & Left Heart Catheterization

105

_____ Procedure(s)

Pacemaker Insertion

107

_____ Procedure(s)

Electrophysiologic Study

109

_____ Procedure(s)

Team Size - Right Heart Catheterization

102

_____ Team Member(s)

Team Size - Left Heart Catheterization

104

_____ Team Member(s)

Team Size - Right & Left Heart Catheterization

106

_____ Team Member(s)

Team Size - Pacemaker Insertion

108

_____ Team Member(s)

Team Size - Electrophysiologic Study

110

_____ Team Member(s)

Patient Preparation

201

_____ Patient(s)

Set-Up Lab (Morning)

301

_____ Occurrence(s)

Change-Over (Between Procedures)

401

_____ Occurrence(s)

Clean-up Lab (At End-of-Day)

501

_____ Occurrence(s)

STAFF and LEAVE SUMMARY

ACTIVITY
CODE

DATA FOR
QUARTER

TOTAL HOURS WORKED

Report hours actually worked performing Cardiac Catheterization 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.

601

_____ HOURS

VA FORM 10-0057b
SEPTEMBER 1988

CCL (CARDIAC CATHETERIZATION LABORATORIES) ACTIVITIES--Continued

VAMC: _____

FACILITY NUMBER: _____

QUARTER ENDING: _____

FISCAL YEAR: _____

STAFF and LEAVE SUMMARY

<u>ACTIVITY CODE</u>	<u>DATA FOR QUARTER</u>
---------------------------------	------------------------------------

VOLUNTEER HOURS WORKED

Report time devoted to activities of Cardiac Catheterization Lab by formal volunteers.

80	_____ HOURS
----	-------------

TOTAL PAID HOURS

Report the number of man-hours paid during the report period for all of the Cardiac Catheterization Lab employees. Include hours for authorized paid overtime, leave and holidays.

50	_____ HOURS
----	-------------

PAID OVERTIME HOURS

Report the paid hours worked by Cardiac Catheterization 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.

55	_____ HOURS
----	-------------

**COP (CONTINUATION OF PAY) HOURS
 (45 days or less)**

Report the total number of COP hours due to job-related injuries for all employees whose paid hours are charged to the Cardiac Catheterization Lab. These hours should be included in the total paid hours.

60	_____ HOURS
----	-------------

TOTAL UNPAID LWOP (LEAVE WITHOUT PAY) AND AWOL (ABSENCE WITHOUT LEAVE) HOURS.

Report the total number of hours officially recorded as LWOP or AWOL for all employees assigned to the Cardiac Catheterization Lab.

100	_____ HOURS
-----	-------------

April 21, 1989

CCL (CARDIAC CATHETERIZATION LABORATORIES) ACTIVITIES--Continued

VAMC: _____

FACILITY NUMBER: _____

QUARTER ENDING: _____

FISCAL YEAR: _____

STAFF and LEAVE SUMMARY

**ACTIVITY DATA FOR
CODE QUARTER**

TOTAL FUNDED FTEE

Record the full-time employee equivalents of the Cardiac Catheterization 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.

701 _____ FTEE

MAN-HOURS BORROWED

Report the hours spent performing activities of the Section by (technician) employees assigned to another service or section.

702 _____ HOURS

MAN-HOURS LOANED

Report the hours spent by (technician) employees of the Section performing activities of another Service or section.

703 _____ HOURS

April 21, 1989

M-1, Part IX
Chapter 16
APPENDIX 16F

**NINV (NON-INVASIVE CARDIOLOGY ACTIVITIES)
WORKLOAD STATISTICS WORKSHEET
(RCS 10-0708)**

VAMC: _____

FACILITY NUMBER: _____

QUARTER ENDING: _____

FISCAL YEAR: _____

CHIEF: _____

FTS NUMBER: _____

STAFFING UTILIZATION DATA

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
Ambulatory Arrhythmia Monitoring (Holter Monitor)	2	_____ Procedures
Ambulatory Arrhythmia (Holter Monitor) Scanning	5	_____ Procedures
Echocardiogram - M-mode plus 2-D	15	_____ Procedures
Echocardiogram - M-mode	30	_____ Procedures
Echocardiogram - 2-D	20	_____ Procedures
Echocardiogram - Bedside	40	_____ Procedures
Stress Test	415	_____ Procedures

STAFFING UTILIZATION DATA

DESCRIPTION

TOTAL HOURS WORKED

Report hours actually worked performing Non-Invasive Cardiology 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, hours borrowed, etc.

130 _____ HOURS

VOLUNTEER HOURS WORKED

Report time devoted to Non-Invasive Cardiology activities by formal volunteers.

135 _____ HOURS

VA FORM 10-0057g
SEPTEMBER 1988

**NINV (NON-INVASIVE CARDIOLOGY ACTIVITIES)
 WORKLOAD STATISTICS WORKSHEET
 (RCS 10-0708)**

VAMC: _____

FACILITY NUMBER _____

QUARTER ENDING: _____

FISCAL NUMBER: _____

STAFFING UTILIZATION DATA--Continued

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
TOTAL PAID HOURS Report the number of man-hours paid during the report period for all of the Non-Invasive Laboratory employees. Include hours for authorized paid overtime, leave, and holidays.	105	_____ HOURS
PAID OVERTIME HOURS Report the paid hours worked by Non-Invasive Laboratory 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.	110	_____ HOURS
COP (CONTINUATION OF PAY) HOURS (45 days or less) Report the total number of COP hours due to job-related injuries for all employees whose paid hours are charged to the Non-Invasive Laboratory. These hours should be included in the total paid hours.	115	_____ HOURS
TOTAL UNPAID LWOP (LEAVE WITHOUT PAY) AND AWOL (ABSENCE WITHOUT LEAVE) HOURS. Report the total number of hours officially recorded as LWOP or AWOL for all employees assigned to the Non-Invasive Laboratory.	155	_____ HOURS

**NINV (NON-INVASIVE CARDIOLOGY ACTIVITIES)
WORKLOAD STATISTICS WORKSHEET
(RCS 10-0708)**

VAMC: _____

FACILITY NUMBER: _____

QUARTER ENDING: _____

FISCAL YEAR _____

STAFFING UTILIZATION DATA--Continued

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
TOTAL FUNDED FTEE Record the full-time employee equivalent of the Non-Invasive Laboratory 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.	125	_____ FTEE
MAN-HOURS BORROWED Report the hours spent performing Non-Invasive Cardiology activities by employees assigned to another service.	126	_____ HOURS
MAN-HOURS LOANED Report the hours spent by employees of Non-Invasive Laboratory performing activities of another service.	127	_____ 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

1-i through 1-2

2-i thru 2-9

4-i thru 4B-1

8-i thru 8E-1

9-i thru 9B-1

11-i thru 11B-1

16-i thru 16G-1

17-i thru 17B-1

20-i thru 20B-1

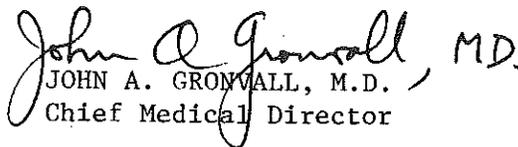
21-i thru 21B-7

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

Distribution: RPC: 1150 is assigned
FD

Printing Date: 8/89