

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

**Chapter 21, Pharmacy Service Staffing Guidelines, RCS 10-0710  
(Paragraphs 21.01 through 21.07; Appendix 21A and Appendix 21B)**

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- 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**
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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**

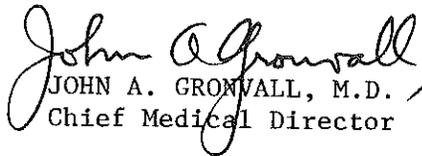
## FOREWORD

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, <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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35. (Reserved.) MEO (MOST EFFICIENT ORGANIZATION)
36. (Reserved.) PRODUCTIVITY IMPROVEMENT PROGRAM

**RESCISSIONS**

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**Circulars**

10-84-71 and supplements  
10-85-119  
10-85-122  
10-86-70  
10-84-216  
10-85-120  
10-87-89  
10-88-37

**2. Partial Rescissions**

**Circulars**

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

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## CHAPTER 21. PHARMACY SERVICE STAFFING GUIDELINES, RCS 10-0710

## 21.01 MISSION

a. To serve the veteran patients by providing needed medications accurately, safely and in a timely manner; by assuring positive therapeutic outcomes of prescribed medications and minimizing potential negative, adverse effects from prescribed medications; and by providing appropriate information through patient participation and self-initiative.

b. To serve the clinical and professional staff by providing and maintaining a complete patient medication profile and regular drug use review; by providing follow-up and feedback on patients of drug use and providers' prescribing practices and by providing information and education in clinical pharmacy and pharmacology.

## 21.02 APPLICABILITY

These guidelines is applicable to all facilities where the Pharmacy Service is under the control of Veterans Health Services and Research Administration.

## 21.03 METHOD OF DEVELOPMENT

a. Developmental Background

(1) Two principal methodologies have been employed in the development of pharmacy staffing guidelines: (a) statistical analyses of operational data (volume of each task performed and related man-hours) submitted from a representative sample of pharmacies, and (b) stop-watch time studies, conducted in several of the same pharmacies. As pharmacy functions have yet to be treated 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.

(2) It must be emphasized that the same sample of pharmacies was not used to develop all guidelines. Several different samples were used. In developing staffing guidelines for the Unit Dose Dispensing System, for example it became necessary to generate a sample of VA medical center pharmacies using exclusively the Unit Dose Dispensing System. This helped inject into the limited sample size the sensitivity required to draw meaningful statistical conclusions from the data. Tests of discrimination, such as the T-TEST, were employed to detect for any statistically significant man-hour requirements between the Centralized Cassette Exchange System and the Mobile Cart System. The tests revealed no statistically significant differences, thus permitting a pooling of the data for generation of the unit dose guideline. Further statistical comparisons of the two sub-systems are desirable and will be conducted in the continuing refinement of the pharmacy staffing guidelines.

(3) It should be noted that throughout the developmental period much valuable counsel on pharmacy functions and operations was received through a pharmacy advisory panel, specially convened for the development of staffing guidelines. The guidance from this panel ensured that no operational aspects were overlooked before publishing the guidelines.

b. Future Development. The development/refinement process, as stated in subparagraph (1), will continue. This will help to assure continued integrity of the guidelines by maintaining up-to-date applicability to significant changes in technology, operating procedures, or environmental factors.

**c. Methodology for Utilizing Unit Task Times to Calculate FTEE Requirements**

(1) **Conversion Methodology.** The Figure 1. (see page 21-6) illustrates application of the task times to determine FTEE. Annual volumes of workload are entered in column A and then multiplied by the respective procedure/task times (manhours/unit) in column B to arrive at the required (earned) man-hours in column C. The total of column C, divided by the MAF (Man-hour Availability Factor) of 1701 hours/year/employee, determines FTEE requirements. The MAF is composed of two components:

(a) The annual hours available for work because of employees taking annual, sick, holiday and administrative leave, and

(b) Annual hours per employee spent in ancillary functions (in-service education, attendance of meetings, etc.). See page 21-9 for details on the composition of the MAF.

(2) **Special Assumptions and Considerations for Calculating FTEE Requirements.** There will always occur with every guideline certain situations that will require special attention. The following are examples of situations that should be taken into account when calculating FTEE requirements:

a. **Additional hours required for dedicated service.** In some cases, FTEE needs cannot be determined by workload alone. For example, if it becomes critical to keep a pharmacy window open for service, irrespective of the relatively small workload anticipated, the man-hours required just to be available should be considered and in addition to that required to perform the workload.

b. **Pharmacy Functions - Scope of Applicability.** Some pharmacy functions listed in the Table of Guidelines may not be operative in all pharmacies. Therefore, use only those guidelines that apply to presently operative (or planned) functions. Do not assume that because a function is listed it necessarily authorizes or sanctions all VA pharmacies to adopt it. Many functions listed are operative at the option of the individual VA medical center Director.

c. **Office of the Chief.** Even if less than 1.0 FTEE is calculated under Office of the Chief, one person must still be designated as Chief of the Pharmacy Service.

d. **Explanation of Allowances Built into the TASK TIMES.** Staffing guidelines should take into consideration the time consumed during the 8-hour day to attend to:

(1) necessary personal needs (e.g., coffee breaks, restroom visits, changes of clothes, etc.),

(2) fatigue (slow downs that occur as the work day progresses), and

(3) delays occurring because of conditions beyond the control of the employee (machine breakdowns, telephone busy signals, etc.).

Allowances for these three types of activities or factors are normally referred to as PF&D (Personal, Fatigue and Delay) allowances. In most cases these allowances are determined separately from the pure task time (time required to perform a particular task, activity, etc.). However, in this case, the PF&D allowances became part of the actual work measurement data (man-hours, work volume) collected and, therefore, are included in the resulting task times. It is estimated that collectively, these allowances increase the pure task times by approximately 15 percent.

e. **5, 6 and 7-Day Services.** The basic staffing methodology outlined in Figure 1 is applicable to any length of pharmacy service, be it 5 or 7 days, with either limited or full evening and night service. If a pharmacy operation expands from a 5 to a 7 day service, the calculated FTEE requirements based strictly on workload would be the same. However, the following conditions could make it necessary to require more FTEE than calculated:

(1) Difficulty in obtaining sufficient part-time staff, i.e., only full-time staff is available for hiring.

(2) The requirement to "stay open" for service, irrespective of workload justification.

f. **Equipment and Logistical Constraints.** The reported guidelines cannot of necessity address logistical constraints not representative of the large majority of VA pharmacies. Should these factors pose a significant problem, an adjustment to the guidelines should be made through a special on-site study by local management representatives. For example, such studies should handle problems arising from unusual distances to be travelled, unusual delays with elevator usage, etc.

g. **Quantity of Unit Dose Medications Dispensed.** The task time (man-hours/dose) reported for the Unit Dose System reflected data collected from a sample of pharmacies homogeneous in the routine quantity of medications dispensed per patient, namely, a 24-hour supply. This is the quantity dispensed in the very large majority of Unit Dose Systems, and thereby, dictated the composition of pharmacies for the limited sample size permitted. No attempt was made to develop guidelines for unit dose pharmacies dispensing larger quantities of medications (48 hrs. - 72 hrs.) as is practiced in some long-term facilities. However, development of guidelines in this area may be addressed in the future.

**21.04 WORKLOAD ACTIVITY AND UNIT TIME VALUES**

**PHARMACY SERVICE REVISED SECOND GENERATION GUIDELINES (TASK TIMES)**

**DIRECT PATIENT CARE ACTIVITIES**

**Task/Function Time**  
**(Man-Hours/Unit)**

**Inpatient Pharmacy**

a. Dispensing Systems

101 Unit Dose	.0142/Dose
102 Ward Stock	.0012/Dose
103 Medication Order Review - Ward Stock	.0125/Review
104 Controlled Substances (Schedule II & III) - Ward Stock	.2135/Transaction
105 Automatic Replenishment, Unit Dose/ Non-Unit Dose Wards	.0023/Dose
106 Automatic Replenishment, Fluids/Sets (Normal Saline, D5-W, D5-NS, Irrigations, etc.)	.0106/Fluid or Set

**PHARMACY SERVICE REVISED SECOND GENERATION GUIDELINES (TASK TIMES)**

**Direct Patient Care Activities**

**Task/Function Time**  
**(Man-Hours/Unit)**

**Inpatient Pharmacy--Continued**

**b. Sterile Products**

107	IV Products/Admixtures	.0950/Unit
108	Prefilled Syringes	.0218/Unit
109	TPN's	.2500/Unit

**Outpatient Pharmacy**

**Controlled Substances (Schedule II & III Narcotics)**

201	Window	.1366/R
202	Mailout	.1432/R
203	Patient Medication Counseling Window Prescription (Informal)	.0217/New R
204	Fee, R (Participating Pharmacies)	.0600/R
205	Fee Eligibility Checking <u>ONLY</u>	.0500/Patient
206	Window Prescriptions (new and refill combined)	.0825/R
207	Mailout Prescriptions (new and refill combined)	.1165/R

**Support Activities (IP/OP)**

301	Admission Interview	.2595/Interview
302	Chemotherapy/Antineoplastic Preparations	.2253/Preparation
303	Patient Medication Teaching (Formal)	.5000/Session
304	Drug Information Request	.1333/Request
305	Drug Information Literature Search, Verbal Reply	1.500/Search
306	Drug Information Literature Search, Written Reply	2.333/Search
307	Geriatric/Nursing Home Care Chart Review	.5282/Chart
308	Ambulatory Care Clinic	.5331/Patient
309	Inpatient Prescriptions	.0667/R

**PHARMACY SERVICE REVISED SECOND GENERATION GUIDELINES (TASK TIMES)**

**Direct Patient Care Activities**

**Task/Function Time  
(Man-Hours/Unit)**

**Support Activities (IP/OP)--Continued**

310	Methadone Detoxification	.0712/Dose
311	Methadone Maintenance	.0458/Dose
312	Monitoring of TPN Activity	.2595/TPN
313	Pharmacokinetic Consultation	.3043/Consult
314	Rounds	.0559/Patient
315	CPR Codes	.7333/Code

**Unit Dose Prepackaging**

316	Tablet/Capsule	.0020/Tablet/Capsule
317	Liquids	.0083/Unit

**Unit of Use (OP)/Ward Stock (IP) Prepackaging**

318	Container (Tablet/Capsule)	.0041/Container
319	Other Prepackaging (Ointments/Liquids)	.0281/Unit of Use
320	Compounding	.4000/Product
321	Investigational (Protocol) Prescriptions	.5000/R
322	Specialty Item Prescription	.3833/R

**Indirect Patient Care Activities**

400	Office of the Chief	.12 X Total Operational FTEE
410	Clinical Pharmacy Teaching Coordinator	Local Determination
420	Procurement	.1536/Line Item Ordered
430	*Ancillary Time	63 hours/year/non- supervisory employee
440	Drug Utilization Chart Review	.1781/Chart
450	Ward/Clinic Inspection	.8080/Inspection

*\*This value is incorporated into the MAF value shown in the sample methodology (page 21-6). Do not submit this value for quarterly reporting.*

21.05 STAFFING EQUATION

FIGURE 1. METHODOLOGY FOR CONVERTING UNIT TASK TIMES INTO FTEE  
EXAMPLE

	A.		B.		C.
	Annual		Procedure/ Task Times		Required/Earned
<u>Inpatient Pharmacy</u>	<u>Volume</u>		<u>(Man-hours/ Unit)</u>		<u>Hours Per Year</u>
Ward Stock (doses)	123,000	X	.0012/dose	=	147.6
Automatic Replenishment	99,000	X	.0023/dose	=	227.7
Inpatient Prescriptions	11,000	X	.0827/R	=	909.7
Ward Inspections	266	X	.8080/insp.	=	214.9
etc.	etc.		etc.		etc.
<b>TOTAL HOURS REQUIRED (EARNED)</b>					<b>= 30,996</b>
<b>REQUIRED FTEE</b>					<b><u>30,996</u></b>
					<b>1,701 Hrs/Yr/Employee*</b>
<b>OPERATIONAL FTEE REQUIRED</b>					<b>= 18.2</b>
Office of the Chief	= .12	X	18.2	Operational FTEE**	= <u>2.2</u>
<b>TOTAL FTEE</b>					<b>= 20.4</b>

\*\*All Pharmacy FTEE exclusive of Administrative/Supervisory FTEE

\*The manhour availability factor, 1701 hours/year/employee equals A (annual hours/year/employee available to work) minus B (annual hours/year/employee spent in ancillary functions such as attending meetings, training sessions, etc.). The component, A, was derived from the Office of the Controller, examining hours worked and hours paid system-wide over the last fiscal year for General Schedule employees. Component B was developed from actual work data. The detailed composition is as follows:

Total Hours Paid (2087 hours/year)	=	100%
Less		
Hours, Annual Leave	7.7%	
Hours, Sick leave	3.9%	
Hours, Holidays	3.4%	
Hours, Administrative Leave	<u>0.5%</u>	
<b>TOTAL</b>	<b>15.5%</b>	

A = 100% - 15.5% = 84.5%  
A = 84.5% (2087 hours/year) = 1764 hours/year  
B = 63 hours/year/employee  
MAF = 1764 - 63 = 1701 hours/year/employee

**21.06 GLOSSARY****a. Direct Patient Care Activities**

(1) General Instructions - A dose dispensed for ward stock, automatic replenishment, and unit dose is defined as follows per Department of Veterans Affairs Automated Data Processing Manual, MP-6, part VI, supplement 1.2, change 167.

Each tablet or capsule = 1 dose  
(ex.: ASA 650 mg = 2X 325 mg tablets = 2 doses)

Each dispensing action of inhalants, ophthalmics, otics, and ointments dispensed to a patient, including refills = 1 dose

Multidose injectable vials dispensed to a patient; each ml = 1 dose. (For example, Vistaril 2 ml vial = 2 doses; Stadol 10 ml vial = 10 doses)

Unit of Issue Non-tablet/capsule  
(ex.: 1 bottle Betadine = 1 unit of issue = 1 dose;  
1 bottle of shampoo = 1 unit of issue = 1 dose)

(2) When reporting doses each unit of issue should be counted as a separate dose. (For example, 1 case of 12 bags of IV fluids = 12 doses; 1 case of 12 bottles of alcohol = 12 doses.)

NOTE: Doses reported must include the sum total of all medication doses dispensed, i.e., from tablets, fluids, units of issue, etc.

(3) **Medication Profile Review IP/OP.** This includes screening for:

- (a) Appropriate Indication
- (b) Duplications
- (c) Allergies
- (d) Inappropriate Concurrent Combinations
- (e) Interactions
- (f) Polypharmacy
- (g) Inappropriate dose or dosing interval through evaluation of age, weight, and other pertinent information
- (h) Duration of Drug Therapy
- (i) Other-peculiar to medical center's local policy

**b. Inpatient Pharmacy****(1) Dispensing Systems**

- (a) **101 Unit Dose.** This system is described by the following tasks:
  - 1. Reviewing doctor's orders for all patients on the unit dose system:
    - a. Obtaining copy of the doctor's orders
    - b. Medication profile review
    - c. Profile verification of CMR (continuing medication record)
    - d. Dispensing 24-hour supply.

2. Maintaining orders:

- a. Dispensing 24 hour supply
- b. Documentation of CMR, indicating medication delivered
- c. Delivering cassettes if applicable

3. Actions on discharged or transferred patients:

- a. Receiving and reviewing doctor's orders
- b. Cancelling or transferring profile and medicines
- c. Returning unused drugs to Pharmacy stock
- d. Documentation of CMR, indicating discharge or transfer

4. Restocking drug pick-up points (i.e., mobile carts, decentralized picking station, centralized picking stations, etc.)

5. Miscellaneous communications

(b) 102 Ward Stock. This system is described by the following tasks:

1. Receipt of ward stock order, picked up or turned in.
2. Screening ward stock order for completeness and/or appropriateness.
3. Processing of ward stock order, including filling orders, data collection and signature of R.Ph./Technician.
4. Delivery and/or pick-up of order; signature by nurse and any other documentation.
5. Filing ward stock orders.
6. Maintaining drug inventory, stocking shelves.
7. Processing drugs and medical supplies returned from ward; returning these items to stock, placing these items in outdated section as necessary, etc.

(c) 103 Medication Order Review - Ward Stock. This is a complex indepth analysis of a patient's medication needs done periodically to ensure compliance with VA, JCAHO (Joint Commission of Accredited Hospital Organizations), or other applicable standards. Review includes (but is not limited to) the following:

1. Pulling a patient's chart.
2. Reviewing the physician's order for appropriateness of drug, safety and efficacy of dose, formulary status, duplicated and clinically significant interactions with other drugs, food or laboratory values.
3. Transcription of order.

(d) 104 Controlled Substances (Class II and III Narcotics) - Ward Stock. A Controlled Substance transaction is represented by a single serial number and consists of filling the Controlled Substance prescription as well as all paperwork required for Controlled Substances accountability. For more information, refer to VHS&RA Clinical Affairs Manual M-2, part VII, Chapter 5, paragraph 5.03 subparagraphs a. through c.

(e) **105 Automatic Replenishment, Unit Dose/Non Unit-Dose Wards.** This system is described by the following tasks:

1. Determining minimum/maximum ward or clinic replenishment levels for medications (including emergency carts and night cabinets).
2. Scheduling inventories (actual inventories of ward/clinic stock).
3. Processing orders, including filling data collection, signature by R.Ph./Technician.
4. Delivery of order and obtaining signed receipt.
5. Filing orders.
6. Maintaining inventory.
7. Miscellaneous communications.

(f) **106 Automatic Replenishment, Fluids/Sets**

1. Determining minimum/maximum ward or clinic replenishment levels for stock IV's, irrigation solutions, administration sets, etc.
2. Scheduling inventories (actual inventorying of ward/clinic stock).
3. Processing automatic replenishment orders, including filling order, data collection for AMIS, signature by R.Ph./Technician.
4. Delivery of actual order and obtaining signed receipt for order.
5. Filling automatic replenishment orders.
6. Replenishing drug inventory in ward/clinic.

(2) **Sterile Products.** The following tasks describe those functions normally performed in dealing with Sterile Products:

(a) 107 1. IV Products/Admixtures\* \*\*

(b) 108 2. Prefilled Syringes\*

(c) 109 3. TPN's\*

1. Obtaining sterile product orders.
2. Reviewing and setting request priorities.
3. Conducting all necessary calculations and checks on the orders.

*\*Does not include chemotherapy/antineoplastics, see Activity Code 302.*

*\*\*This section includes piggy-backs, TKO's premixes, LVP's minibags etc. which are labeled for individual patients. Do not count sterile products which are provided on a ward stock or automatic replenishment basis.*

4. Contacting manufacturers for additional information when necessary.
5. Communicating with physicians, nurses and other personnel regarding clarification of orders, continuations by designation or exception, patient location, variations in therapy, follow-up problems, etc.
6. Medication profile review.
7. Adding information to patient's sterile products profile.
8. Preparing labels for sterile products.
9. Preparing work surfaces in the Laminar/Vertical Flow Hood(s).
10. Following personal standard hygiene techniques (gown, mask, scrub, etc.).
11. Collecting materials to prepare sterile products.
12. Preparing sterile products.
13. Labelling sterile products.
14. Verifying of finished sterile product(s) by R.Ph. for type drug, amount, lot number, etc.
15. Recording sterile products prepared.
16. Time spent cleaning up.
17. Performing quality control checks of sterile products and environment.
18. Delivery of sterile products.

**c. Outpatient Pharmacy**

(1) **201 & 202 Controlled Substances (Schedule II and III Narcotics).** Task includes:

- (a) Receive prescription
- (b) Medication profile review
- (c) Fill prescription
- (d) Post prescription to perpetual inventory sheet/log book
- (e) Make copy of prescription and file
- (f) Verify patient identification, obtain signature, and dispense medication to patient.

(2) **203 Counseling of Patients with Window Prescriptions (Informal).** This process (patient medication counseling) is distinguished from (patient medication teaching) in that only short, informal episodes are involved on a spontaneous basis. Task includes communicating with the

patient and/or agent concerning medications and/or medical supplies being received. **NOTE:** *The above definition does not include normal interchange with patient during routine dispensing of medication at window.*

(3) **204 Fee Basis Prescriptions (Participating Pharmacies).** A Fee Basis Prescription is defined as a prescription written by a non-VA physician for an entitled VA patient. If prescription has already been filled by an outside pharmacy:

- (a) Extract participating pharmacy file to ensure presence of pharmacy on the list.
- (b) Check appropriateness of prescription and pricing.

(4) **205 Fee Eligibility Checking.** (This activity should be required only when new prescriptions are requested by the patient.)

(a) Review SC (service connected) prescriptions to determine if medication is for a SC/entitled disability.

(b) Call MAS for BIRLS (Beneficiary Identification Record Locator System) check, if required. (In some cases, veterans may present adequate verification, such as a DD214, etc.)

(5) **206 Window Prescriptions (New and Refill Combined)**

- (a) Receive prescription request
- (b) Medication profile review
- (c) Filling Prescription
- (d) Dispensing R to patient (Does not include counseling, see Activity Code 202)
- (e) Refill Profile

(6) **207 Mail Prescriptions (New and Refill Combined)**

- (a) Processing prescription request
- (b) Medication profile review
- (c) Filling prescription
- (d) Packaging prescription for mailing
- (e) Refill profile

d. **Support Activities (IP/OP)**

(1) **301 Admission Interview.** A review of the patient chart and interview of selected patients by the pharmacist to identify and document medications used prior to admission, to inform the prescriber and to dispose of the medications.

(2) **302 Chemotherapy/Antineoplastic Preparations\***

- (a) Screening physician's order for appropriateness.

*\*This does not include time required to administer the drug to the patient.*

(b) Determining if there is an investigational protocol. If yes, refer to Investigational (Protocol) Prescriptions, Activity Code 321.

(c) Obtaining drugs and special supplies.

(d) Precautionary measures - preparation of vertical flow hood, gowning, gloving, masking.

(e) Admixture of medication.

(f) Labelling final product.

(g) Record Keeping: Chemotherapy profile, IV profile (if applicable), personnel exposure time log.

(h) Clean-up and disposal of waste.

(3) **303 Patient Medication Teaching (Formal)\*\***. Instruction sessions, verbally or in writing, on the importance and proper use of prescribed medications to assure safe and correct self-administration; includes IP/OP special teaching and discharge medication teaching.

(a) Review patient's Medication Profile to identify drug therapy.

(b) Verify prescriptions against chart discharge summary note or current medication administration record (if discharge).

(c) Discuss with the patient the following medication information:

Name & description of medication  
Use and expected action  
Route, dosage form, dose, administration schedule  
Directions for preparation and/or administration  
Length of therapy and importance of compliance  
Precautions and common side effects and methods of avoidance  
Proper storage  
Potential drug-drug, drug-food interactions  
Refill information.

(d) Assess patient's comprehension of drug therapy and ability to self-administer medications and comply with administration schedule.

(e) Provide patient with medication information sheet if needed.

(f) Document patient medication teaching.

(4) **304 Drug Information Request**. This activity is the result of a health care provider-initiated or self-initiated question concerning information about a drug. It encompasses any question that can be answered after consulting a text or reference within the pharmacy station. It does not include questions which the pharmacist can answer spontaneously or questions answered during rounds.

*\*\*In order to use this activity all criteria as stated have to be met.*

(5) **305 Drug Information Literature Search, Verbal Reply.** Each literature search that requires library time, including use of abstracting services, reference materials, journal articles and culminates in an oral reply to a health care provider.

(6) **306 Drug Information Literature Search, Written Reply.** Each literature search that requires library time, including the use of abstracting services, reference materials, and journal articles, and culminates in a written reply to a health care provider, a Pharmacy and Therapeutics Committee drug evaluation or preparation of an article for the hospital drug information bulletin.

(7) **307 Geriatric/Nursing Home Care Chart Review**

(a) Review of physician's orders, all health care provider progress notes and laboratory and special test results to screen for:

1. Drug therapy indications
2. Drug duplications
3. Drugs, drug-lab, drug-diet or drug-disease state interactions
4. Inappropriate doses/dose intervals
5. Inappropriate duration of therapy
6. Adverse drug reactions

(b) Follow-up on recommendations to physicians and nurses for identified problems.

(c) Above activities based on a minimum frequency of one review per chart per month.

(8) **308 Ambulatory Care Clinic Related Activity**

(a) Review of medical records and pharmacy profiles of scheduled ambulatory care clinic patients to evaluate efficacy of drug therapy and patient compliance.

1. Physical assessment
2. Medication counseling
3. Assessment of adverse drug reactions

(b) Consultation with physician/nurse practitioner to recommend changes in drug therapy.

(c) Writing chart notes.

(d) Applicable to this activity for example, are the following clinics: Coumadin, Diabetic, Cardiology, Neurology, Alcohol, Endocrinology, Hypertension, Mental Health, Pulmonary, Refill.

(9) **309 Inpatient Prescriptions.** Includes non-formulary items, pass prescriptions, self-medications, bedside medications, discharge medications, restricted drugs, etc.

(10) **310 & 311 Methadone Detoxification/Maintenance\***

(a) Participating as a member of multidisciplinary team.

*\*In Inpatient Detox Unit, handle doses dispensed as inpatient controlled substance orders.*

- (b) Consulting with the medical staff and patients on methadone and other drugs.
- (c) Filling and dispensing all prescriptions for the program.
- (d) Establishing, maintaining and reviewing medication profiles.
- (e) Assisting in the procurement of methadone in accordance with appropriate VA, DEA, and FDA regulations.
- (f) Maintaining prepackaging equipment used in the program.
- (g) Administering methadone doses, where applicable.
- (h) Maintaining all necessary records in the procurement, preparation and consumption of methadone.
- (i) Serving as liaison between the Methadone Program and other clinics in both VA and non-VA sections.
- (j) Providing dosage information to the Austin Data Processing Center for labels and record production.

(11) **312 Monitoring of TPN Activity (TPN related activities).** The systematic review of a SELECTED patient's subjective and objective data, including the patient's clinical symptoms, chart, medication sheets and laboratory values for the purpose of assessing an individual patient's progress.

- (a) Review the patient's drug regimen using the pharmacy monitoring book or CMR.
- (b) Review the medical record, and when necessary, communicate with nurses, physicians, and allied health professionals to define the patient's problems and status of these problems.
- (c) Develop monitoring parameters for the patient's problems and drug therapy.
- (d) Review laboratory data.
- (e) Patient interview.
- (f) Communicate pertinent findings to the appropriate health care team member(s) making recommendations and documenting communications and outcomes.

(12) **313 Pharmacokinetic Consultation**

- (a) Review of the patient's medical record to evaluate:
  - 1. Indication for the drugs
  - 2. Age, height, weight or lean-body weight
  - 3. Laboratory parameters related to drug disposition (serum creatinine, LFT's, etc.)
  - 4. Clinical status affecting drug disposition (CHF, COPD, pneumonia, etc.)
  - 5. Concomitant drug levels, if any
- (b) Recommendation of target serum levels, loading and maintenance doses and dosage frequencies, follow-up monitoring parameters, and serum sampling times.

(13) **314 Rounds.** Attending medical team rounds as a consultant to the medical staff to provide expertise in drug therapy, proper drug utilization, dosages, routes and methods of administration, untoward effects and interactions. Assisting in evaluation of individual patient drug therapy, laboratory values, clinical status, and making appropriate recommendations.

(14) **315 CPR (Cardiopulmonary Resuscitation) Codes.** Pharmacist participation in codes to prepare and label emergency medications, calculate dosages and drip rates, provide drug information and drug therapy recommendations.

**NOTE:** *This does not include emergency cart restocking.*

(15) **316 Tablets/Capsules. UD (Unit Dose) Prepackaging.** "Prepackaging" includes the following functions:

- (a) Selecting the appropriate drugs from inventory.
- (b) Packaging and labelling the drugs.
- (c) Completing appropriate records.
- (d) Verifying of the drug by a pharmacist.
- (e) Time spent cleaning up.
- (f) Storing the drugs.

(16) **317 Liquids. Unit of Use (OP)/Ward Stock (IP) Prepackaging:**

Same functions as UD Tablets/Capsules.

(17) **318 Container (Tablets/Capsules)**

Same functions as UD Tablets/Capsules.

(18) **319 Other Prepackaging (Ointments/Liquids)**

Same functions as UD Tablets/Capsules.

(19) **320 Compounding.** Includes the following functions for each bulk product:

- (a) Determining the drug and quantity of product to be compounded.
- (b) Weighing and/or measuring the amount of each ingredient.
- (c) Mixing and making the compound.
- (d) Packaging and labelling the compound. **NOTE:** *If packaged in multiple containers, report units of use under Activity Code 318.*
- (e) Completing appropriate records.
- (f) Time spent cleaning up.

(g) Verification by a pharmacist.

(h) Storing the compounds.

(20) **321 Investigational (Protocol) Prescriptions.** Functions performed involving investigational (protocol) prescriptions are similar to those required in dealing with any other drug, with the following additional steps:

(a) Reviewing of research drug protocols.

(b) Determining source and availability of medications.

(c) Maintaining records and dispensing these drugs in accordance with the provisions of M-2, part VII, chapter 6.

(d) This may include FDA approved drugs used in investigational protocols.

(21) **322 Specialty Item Prescriptions**

Prescriptions involved with ordering or dispensing special or one-time, non-medication items, such as prosthesis, ostomy supplies or any closely related items requiring special or unusual care in ordering or processing.

e. **Indirect Patient Care Activities**

(1) **400 Office of the Chief**

Consider all FTEE or portions of FTEE that pertain to administrative/supervisory duties performed by the Chief, Assistant Chief, Administrative Supervisors (Inpatient Supervisors, Outpatient Supervisor, etc.) and secretarial staff, including in-services, continuing education on government time, and Quality Assurance/Drug Utilization Review work accomplished by this group. Do not include any portions of FTEE devoted to direct patient care activities or procurement functions. Exclude administrative portions of FTEE worked by staff, clinical pharmacy teaching coordinator, work study students, residents, interns, volunteers, or temporary staff, as these manhours are allocated under ancillary time.

(2) **410 Clinical Pharmacy Teaching Coordinator.** The necessity for this position will be determined locally based on:

(a) ASHP accredited pharmacy residency program

(b) Clerkship students from affiliated university

(c) The need to coordinate support activities

(3) **420 Procurement.** Workload volume counts are to be based only on numbers of line items found on VA Form 90-2237, Request, Turn-In, and Receipt for Property or Services; VA Form 10-7142, Procurement Requests, UIR (Unposted Item Request) cards; Loan/Borrow records, and line items requested on issue books. General definition of line item--a quantity of one particular drug to be ordered, received or inventoried. Example: One bottle of Dimetap = 1 line item; four bottles of Dimetap on the same order = 1 line item. Also, one VA Form 10-7142 = 1 line item, while one VA Form 90-2237 with orders for Dimetap, Haldol, Bacitracin

Ointment and Stadol = four line items. Varying dosage amounts of the same drug type are counted as separate line items, i.e., - three bottles of 250 mg Aspirin and three bottles of 500 mg Aspirin on the same VA Form 90-2237 = 2 line items. The following are aspects of procurement:

- (a) Inventory - Drug stocks are to be inventoried periodically to ascertain needs.
- (b) Generate Requests - Examples of request to be generated are VAF 90-2237, UIR cards, Loan/Borrow records, VAF 10-2529's filling out of issue books, etc.
- (c) Fund Control - Includes all record keeping aspects of all budget control, such as control point management, liquidation of VAF 10-1358, reconciliation of fiscal activity listing, etc.
- (d) Receiving - Involves the verifying of receipts, pricing, coding, stocking of shelves in pharmacy active storage area, distribution of stock, etc.
- (e) Communications - This function includes dialogues with Supply, Fiscal, intra-pharmacy, manufacturers' representatives, VA Supply Depot, VA Central Office Pharmacy Service, etc. While the above tasks are all aspects of procurement, the time required to accomplish these tasks were for simplicity incorporated into one task/function time, Line Items Ordered.

(4) **430 Ancillary Time.** Ancillary time is allocated for all FTEE other than those included in Office of the Chief. This includes:

- a. In-service education, including but not limited to on-the-job trainees, training of students/residents, continuing education, in-services with other disciplines, and patient education classes
- b. Continuing education on government time
- c. Time spent in preparing for attending and follow-up committee meetings including preparing DUR criteria, analyzing outcomes and follow-up activities
- d. Attending pharmacy staff meetings
- e. Other time away from the job which is not categorized as annual leave, sick leave, LWOP or personal time (coffee breaks, etc.)

(5) **440 Drug Utilization Chart Review.** Time spent in chart review for DUR data retrieval and application of criteria.

*NOTE: Time spent in preparing DUR criteria, analyzing outcomes and follow-up activities is allocated in either the Office of the Chief (for supervisors) or Ancillary time (for non-supervisors).*

(6) **450 Ward/Clinic Inspection.** Includes all drug storage areas. Count one inspection of one storage area as one area inspection conducted. Functions are described as follows:

- (a) Checking all items at inspection sites to ensure compliance with VA, JCAHO, or other applicable standards. Examples include: purging outdated stocks and open vials, checking storage temperatures, cleanliness, etc.

- (b) Documentation of irregularities found during ward inspections.
- (c) Communicating with nurses/medical personnel during ward inspections.
- (d) Returning drugs (outdated, unused, etc.) to Pharmacy.
- (e) Reviewing of Drug Inspections by pharmacy management.

(7) **460 Operational FTEE.** Operational FTEE are those pharmacy FTEE devoted exclusively to providing direct patient care activities, including clinical services, dispensing prescriptions, preparing IV's, etc., exclusive of any advisory supervisory/administrative responsibility. Number of required FTEE are those obtained to use the sample calculation found on page 21-6.

#### 21.07 WORKLOAD DATA SOURCE

a. All facilities will report their staffing data on a quarterly basis in accordance with the instructions contained in chapter 2. The data must be entered on the VA Form 10-0057j, Pharmacy Service 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 10-0710. A blank copy of VA Form 10-0057j is contained in appendix 21A and a partially completed example of VA Form 10-0067 is contained in appendix 21B.

b. VA Form 10-0067 is available from the 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 10-0057j contained in appendix 21A 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.

PHARMACY SERVICE  
WORKLOAD STATISTICS WORKSHEET  
RCS 10-0710

VAMC: \_\_\_\_\_ FACILITY NUMBER: \_\_\_\_\_  
 QUARTER ENDING: \_\_\_\_\_ FISCAL YEAR: \_\_\_\_\_  
 SERVICE CHIEF: \_\_\_\_\_ FTS NUMBER \_\_\_\_\_

WORKLOAD DATA

ACTIVITY	ACTIVITY CODE	DATA FOR QUARTER
<b><u>DIRECT PATIENT CARE</u></b>		
<b>Dispensing Systems</b>		
Unit Dose-Administered	101	_____ Doses
Ward Stock Do not include sterile products	102	_____ Doses
Medication Order Review	103	_____ Patient
Controlled Substances (Schedule II & III)	104	_____ Transactions
Automatic Replenishment Unit dose/Non-unit dose wards Do not include sterile products	105	_____ Doses
Automatic Replenishment, Fluids, sets (normal Saline, irrigation, etc.) Do not include sterile products	106	_____ Fluids/sets
<b>Sterile Products</b>		
IV Products/Admixtures	107	_____ Units
Prefilled Syringes	108	_____ Units
TPN's	109	_____ Units
Total Paid Hours for Medication dispensing systems (for functions in activity codes, 101-106)	110	_____ Hours
Total Paid Hours involved with sterile products preparation (for functions in Activity Codes, 107-109)	111	_____ Hours

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

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

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

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

**WORKLOAD DATA--Continued**

ACTIVITY	ACTIVITY CODE	DATA FOR QUARTER
<b><u>DIRECT PATIENT CARE</u></b>		
Controlled Substances II & III Narcotics Window	201	_____ Rs
Mailout	202	_____ Rs
Patient Medication Counseling Window R (INFORMAL)	203	_____ Rs
Fee R (Participating Pharmacy)	204	_____ Rs
Fee Eligibility checking <u>ONLY</u>	205	_____ Rs
Window Rs (new & refill combined) Exclude activity codes 201,204 and 321	206	_____ Rs
Mailout Rs (new & refill combined) Exclude activity codes 202, 204 and 321	207	_____ Rs
Total <u>Paid Hours</u> involved with outpatient functions in Activity Codes 201-207	208	_____ Hours

**SUPPORT ACTIVITIES (INPATIENT/OUTPATIENT)**

Admission Interview	301	_____ Interviews
Chemotherapy/Antineoplastic preparations	302	_____ Preparations
Patient medication teaching (formal) Usually a formal classroom or individual instruction.	303	_____ Sessions
Drug information request Must consult text or reference within the Pharmacy station.	304	_____ Requests
Drug information literature search, (verbal reply) - Each search requires library time.	305	_____ Searches

April 21, 1989

M-1, Part IX  
Chapter 21  
APPENDIX 21A

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

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

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

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

WORKLOAD DATA--Continued

ACTIVITY	ACTIVITY CODE	DATA FOR QUARTER
Drug information literature search, (written reply) - Each search must include either library abstract service reference materials and/or journal articles.	306	_____ Searches
Geriatric/Nursing Home Care Chart Review	307	_____ Charts
Ambulatory Care Clinic	308	_____ Patients
Inpatient Prescriptions	309	_____ Rs
Methadone Detoxification	310	_____ Doses
Methadone Maintenance	311	_____ Doses
Monitoring of TPN Activity	312	_____ TPN Patient Episodes
Pharmacokinetic Consults	313	_____ Consults
Rounds Number of patients reviewed	314	_____ Patients
CPR Codes	315	_____ Codes
UD Prepackaging - Tablets/Capsules	316	_____ Tablets/Capsules
UD Prepackaging - Liquids	317	_____ Units
Unit of Use (OP)/Ward Stock (IP) Prepacking Container (Tablet/Capsule)	318	_____ Containers
Other Prepackaging (Ointments/Liquids)	319	_____ Units of Use
Compounding - Bulk product If packaged in multiple containers report units of use under A/C 318.	320	_____ Products
Investigational (Protocol) Prescriptions	321	_____ Rs

VA FORM 10-0057j  
SEPTEMBER 1988

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

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

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

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

**WORKLOAD DATA--Continued**

ACTIVITY	ACTIVITY CODE	DATA FOR QUARTER
Speciality Item Prescriptions Include ordering or dispensing special or one-time non-medication items.	322	_____ R
Total Paid Hours involved with Support Activities (for functions in Activity codes 301-322)	323	_____ Hours
<b><u>INDIRECT PATIENT CARE</u></b>		
Office of the Chief (Report whole or fractional Administrative and Supervisory duties)	FTEE	devoted exclusively to
Chief of Service	401	_____ FTEE
Assistant Chief	402	_____ FTEE
Secretarial	403	_____ FTEE
Inpatient Supervisors	404	_____ FTEE
Outpatient Supervisors	405	_____ FTEE
Clinical Pharmacy Teaching Coordinator	410	_____ FTEE
Procurement	420	_____ Line Items Ordered
Drug Utilization Chart Review	440	_____ Charts
Ward/Clinic Inspection	450	_____ Inspections

April 21, 1989

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

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

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

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

STAFFING UTILIZATION DATA

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
Total Paid Hours Report hours actually worked performing Pharmacy Service activities; i.e., hours spent on the job. These hours should include the normal duty hours, overtime/compensated hours worked by employees, work-study students, WOC appointed personnel, etc.	501	_____ Hours
Total Paid Hours - Temporary Employees	502	_____ Hours
Total Paid Hours - Work Study Students	503	_____ Hours
Total Paid Hours - Residents & Interns	504	_____ Hours
Paid Overtime Hours Report the paid hours worked by Pharmacy Service 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.	505	_____ Hours
Total Paid Overtime Hours - Temporary Employees	506	_____ Hours
Total Hours Worked - Regular Employees	507	_____ Hours
Total Hours Worked - Trainees	508	_____ Hours
Total Hours Worked - Work Study Student	509	_____ Hours
Total Hours Worked - Externs	510	_____ Hours
Total Hours worked - Clinical Clerks	511	_____ Hours
Total Hours Worked - Volunteers	512	_____ Hours
Total Hours Worked - Other	513	_____ Hours
Total Hours Worked - Overtime & Holiday	514	_____ Hours
Total Leave Hours	515	_____ Hours

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

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

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

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

STAFFING UTILIZATION DATA--Continued

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
<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 Pharmacy Service.	516	_____ Hours
<b>COP (Continuation of Pay) Hours (45 days or less)</b> Report the total number of COP hours due to job-related injuries for all employees whose paid hours are charged to Pharmacy Service. These hours should be included in the total paid hours.	517	_____ Hours
<i>*Total worked hours consumed in activities performed but not addressed in these guidelines</i>	518	_____ Worked Hours
<b>MAN-HOURS BORROWED</b> Report the hours spent performing Pharmacy Service activities by employees assigned to another Service.	519	_____ Hours
<b>MAN-HOURS LOANED</b> Report the hours spent by employees of Pharmacy Service performing activities of another Service.	520	_____ Hours

Provide brief description of these activities (use additional space if necessary)

*\*Exclude ancillary time (time spent in in-service education pharmacy meeting, committee meetings, etc.) expended by all non-supervisory staff. Supervisory/Administrative staff time is accounted for in Office of the Chief.*



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

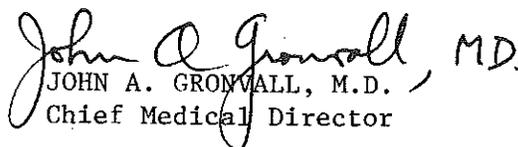
21-i thru 21B-7

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