<u>Manual M-1, Operations. Part IX, Staffing Guidelines and Productivity Enhancements</u>

Chapter 29, Social Work Service Staffing Guidelines, RCS 10-0748
(Paragraphs 29.01 through 29.07; Appendix 29A and Appendix 29B)

This document includes:

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Introduction for M-1, Part IX, dated **April 21, 1989**
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Department of
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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."

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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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CHAPTER 29. SOCIAL WORK SERVICE STAFFING GUIDELINES, RCS 10-0748

29.01 MISSION

Social Work Service is an integral part of the overall VA health care program and operates in close concert with all health care services. Its purpose is to provide help to veterans and their families in resolving the psychosocial, emotional, and economic problems associated with the stresses of illness. Social Work Service brings individual, group, and family treatment skills to bear on the treatment of veteran patients as they move through admission, hospitalization, and post-hospital care back into the community. The service provides a major link between the VA health care system and the community through the development and utilization of community resources and services in support of established goals for veterans and their families.

29.02 APPLICABILITY

The staffing guidelines apply to all VA health care facilities providing social work services. The guidelines presented are composed of direct and indirect patient care activities of the clinical social worker -- Master of Social Work (MSW), and may be used to estimate clinical social work (MSW) resource requirements. An assessment of patient needs has not been incorporated into the guidelines and therefore should be considered (in addition) to assure that the guidelines are doing what is expected (e.g. providing adequate patient care). Yet to be developed are the (time) requirements for Office of the Chief, Supervisory Social Worker, Program Coordinating Social Worker, Medical District Community Services Coordinator/Specialist, and Social Work Associate. No staffing determinations should be made for an entire Social Work Service by any internal or external review body until staffing guidelines have been fully developed for every Social Work Service function.

29.03 METHOD OF DEVELOPMENT

a. Study Objectives

(1) Previous staffing guidelines utilized by Social Work Service were found to be outdated, and a review of the literature regarding the state-of-the-art of social work staffing methodologies disclosed no existing staffing guidelines (based on empirical study) applicable to the VA health care system. A time study was conducted at 25 representative VA health care facilities (with different populations) to determine the amount of time spent in direct patient care activities, on both an inpatient and outpatient basis. These discrete patient populations (patient locations) were as follows:

INPATIENT LOCATIONS (31)

Blind Rehabilitation
Cardiology
Cardiovascular Surgery
Dermatology
Dialysis/Renal
Domiciliary
ENT/Head and Neck Surgery
General Medicine
Ophthalmology
Orthopedic Surgery
Plastic Surgery
Psychiatry--Acute
Psychiatry--Long-Term
Rehabilitation Medicine
Respiratory Care/Pulmonary Disease
Rheumatology

INPATIENT LOCATIONS (31)--Continued

General Surgery
Hematology
Hospice
Intermediate Care
Neurology
Neurosurgery
Nursing Home Care Unit
Oncology
Spinal Cord Injury
Stroke Rehabilitation
Substance Abuse--Alcohol
Substance Abuse--Drug
Thoracic Surgery
Urology
Other

OUTPATIENT LOCATIONS (41)

Admission (General)
Admission (Psychiatry)
Amputee/Prosthetic
Audiology/Speech
C&P Exam/2507/Legal/POW
Cardiology
Community Nursing Home - Non VA Paid
Community Nursing Home - VA Paid
Day Hospital
Day Treatment Center
Dermatology
Dialysis
Endocrinology/Diabetic
ENT/Head and Neck
Family Mental Health
General Medicine
General Surgery
Gastro Intestinal
GU/Cysto
Hematology
Hospital Based Home Care
Hypertension
Mental Hygiene Clinic
Neurology/Seizure
Neurosurgery
Nutrition
Oncology
Ophthalmology/Eye Surgery
Orthopedic Surgery
Plastic Surgery
Psychiatry - General
Radiation Therapy/Nuclear Medicine
Rehabilitation Medicine
Residential Care
Respiratory Care/Pulmonary Disease
Rheumatology
Spinal Cord Injury
Substance Abuse--Alcohol
Substance Abuse--Drug
Visual Impairment Service
Other

(2) Time and budgetary constraints precluded a totally inclusive study of all skill levels in social work. Because clinical social workers (MSW) comprise approximately 80 percent of the staffing complement of Social Work Service, and are the direct care providers granted clinical privileges at each health care facility, this group was selected for the first generation staffing guidelines to be developed for Social Work Service.

(3) In order to determine the amount of time involved in direct patient care activities, it was first necessary to identify the clinical practice activities that represent a responsible level of VA social work practice. The direct patient care activities list developed by a VA Social Work Advisory Committee in April, 1982, was believed to account for approximately 82 percent of a clinical social worker's on-duty time. Indirect patient care activities (education, training, meetings, personal time, unavoidable delay, etc.) were not included in this study. The direct care activities specified in the time study were:

(a) Assessment
(b) Consultation
(c) Discharge Planning
(d) Family/Patient Education
(e) Outreach
(f) Program Development
(g) Psychosocial Treatment
(h) Referral
(i) Resource Development
(j) Screening
(k) Social Treatment Planning
(l) Steering

(4) Each activity was measured to the nearest minute by the task(s) needed to complete that activity; specific tasks were:

(a) Face-to-Face Contact
(b) Meetings
(c) Organizing & Analyzing Information
(d) Reviewing Documents
(e) Searching and Tracking
(f) Telephoning
(g) Travel
(h) Writing/Dictating

b. **Data Collection.** The time study examined 2,805 cases of patients in 25 representative VA health care facilities located within 13 different states. Case selection was determined on a random basis. The activities, tasks, and time involved in each case were recorded for 4 weeks, or until the close of the case, whichever occurred first.

c. **Discussion of Results.** The primary purpose of this study was to determine the amount of time required for social workers to serve various types of patients. For each patient in the study, the total time devoted to (and on behalf of) the patient was calculated by summing the time involved in all patient care activities. The total time involvement of the social worker was divided by the number of days the patient occupied a bed during the time study thus expressing the inpatient care guidelines in minutes per patient day for social work cases. For outpatients, the total time involvement of the social worker was divided by the number of official visits that the patient made to social work in outpatient clinics during the study period thus expressing the outpatient care guidelines in minutes per visit to social work.

d. **Refinement**

(1) The time study indicated that the social worker's involvement will vary depending on a patient's location. However, the small sample sizes for many locations, together with the large variability observed within these locations, severely reduced making definitive decisions toward statistical analysis of many locations.

(2) To validate the results of the time study and to determine the indirect patient care time (education/training provided and received, professional development, community linkage/resource development, inspection of community placement facilities, hospital committees, quality assurance activities, and research) of a clinical social worker, a 3-month study was conducted at 26 randomly selected VA health care facilities. The study utilized the operational audit technique, a highly useful, flexible tool in work measurement or manpower studies. The time factors derived were approximately the same, and set realistic limits of acceptance (statistically). Both the methodology and approach were approved by a Social Work Service Advisory Committee which convened specifically for the development of staffing guidelines.

(3) The second phase of refinement concentrated on significantly reducing the reporting burden (e.g. number of workload activity codes), but maintaining the sensitivity and specificity required of a viable management tool. This was accomplished by the development of a Social Work Service workload profile (model) using all four quarters of Fiscal Year 1987 data

(RCS 10-0748). The results were a decrease from 72 activity codes to 40 activity codes in the number of workload activity codes to be reported. The condensed number of activity codes are now defined so that they are compatible with the Cost Distribution Report, RCS 10-0141, account descriptions. The advantage of this is that the staffing guidelines now provide a significant and direct link to the budgetary process and strategic planning in addition to reducing the number of workload activity codes reported. Both the methodology and approach were approved by the Social Work Service Strategic Management Committee which convened specifically for the refinement effort.

(4) The refinement process will continue by monitoring significant changes to assure continued integrity of the guidelines. Future refinement will primarily focus on:

(a) Extracting maximal amount of pertinent workload data from existing reports, and

(b) Guideline development for administrative, supervisory, and social work associate activities.

29.04 WORKLOAD ACTIVITIES AND UNIT VALUES

Patient locations (direct patient care activities), indirect patient care activities and related time values (for clinical social workers) are as follows:

a. INPATIENT LOCATIONS	ACTIVITY CODE	UNIT TIMES MAN-HOURS/ PATIENT DAY*
General Medicine	1110	0.183
Neurology	1111	0.200
Rehabilitation Medicine	1113	0.147
Epilepsy Center	1114	0.200
Blind Rehabilitation	1115	0.180
Intensive Care Units-Medical	1117	0.183
Spinal Cord Injury		
Age of Injury 0-24 months	1116	0.320
Age of Injury 25-48 months	1126	0.210
Age of Injury 49 months & older	1136	0.170
Surgical Ward	1210	0.176
Intensive Care Unit-Surgery	1211	0.176
Psychiatric Ward - Acute	1309	0.200

Inpatient Locations--Continued	ACTIVITY CODE	UNIT TIMES MAN-HOURS/ PATIENT DAY*
Psychiatric Ward - Long-Term	1310	0.120
Alcohol Dependence Treatment Program	1311	0.180
Drug Dependence Treatment Program	1312	0.230
VA Nursing Home Care	1410	0.060
Domiciliary Beds	1510	0.060
Intermediate Care	1610	0.088

**Patient Day: The period of time (in days) the patient (active social work case) occupied a bed (during the quarter).*

b. Outpatient Locations	ACTIVITY CODE	UNIT TIMES MAN-HOURS/ OP VISIT**
Medicine	2110	1.050
Admitting/Screening	2111	0.819
Surgery	2210	0.911
Ambulatory Surgery Procedures	2211	0.911
Special Psychiatric Treatment	2310	0.841
General Psychiatric Treatment	2311	1.075
Alcohol Dependence	2314	0.630
Drug Dependence	2315	1.470
Dialysis	2410	0.510
ADHC (Adult Day Health Care)	2510	1.380
Ancillary Services	2610	1.000

Outpatient Locations--Continued	ACTIVITY CODE	UNIT TIMES MAN-HOURS/ OP VISIT**
Rehabilitative and Supportive Services	2611	1.583
Diagnostic Services	2612	0.618
Prosthetics/Orthotics	2614	0.670
Community Nursing Home Care	3410	1.191
Contract HCMI (Homeless Chronically Mentally Ill) Program	3520	1.380
Hospital Based Home Care	5110	2.530
Home Dialysis	5111	2.530
Spinal Cord Injury Home Care	5112	2.530
Residential Care Home Program	5113	0.930
Other Home Based Programs	5114	2.530
Services Furnished Other than VHS&RA	8020	1.930

***Outpatient visit to a Clinical Social Worker (MSW).*

c. **Indirect Patient Care Activities**

The allowance provided for indirect patient care activities (education/training provided and received, professional development, community linkage/resource development, inspection of community placement facilities, hospital committees, quality assurance activities, and research) is 10 percent of the clinical social worker's (MSW) hours worked.

d. **Allowance Factor**

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 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. Work sampling, ideally suited for measuring the kind and amount of time spent by employees, is usually used to determine the allowances. Stop-watch time study is another technique that can judiciously be used to incorporate the PF&D allowances. However, in the case of the Social Work guidelines, a specific add-on allowance for PF&D was not possible as neither of these work measurement techniques were used to collect work volume and related man-hour data. Instead, consideration for

these allowances is recognized as having been largely incorporated in the data submitted from the test sites and, thus, largely reflected in the guidelines unit times.

29.05 ESTIMATING METHODOLOGY

The quarterly volumes of workload are multiplied by the respective unit times and added to the allowance provided for Indirect Patient Care Activities to arrive at the total earned hours for the quarter. Conversion to Earned FTEE is accomplished by dividing the total earned hours by 438 hours (the average hours worked by one employee during a quarter). Actual (Paid) FTEE is calculated by dividing Hours Paid by 520 (the average hours paid to one employee during a quarter).

29.06 GLOSSARY

a. **General Definitions**

(1) **Direct Patient Care.** Includes activities conducted with the patient or collaterals on the patient's behalf. Activities may involve one or more specific tasks as described below. Collaterals may be any or all of the following: family, relative, friends, employer, neighbor, associate, landlord, personal physician, clergy, guardian, attorney, government agency, community organization, financial or social institution, etc.

(a) **Activities:** A group of tasks, not necessarily performed in a time sequence, which represent a definite sphere of professional action.

1. **Assessment.** The process of identifying problems and/or needs, which the patient presents, that require professional Social Work. Synonyms are: Diagnostic Evaluation, Re-evaluation of Care, Progress Evaluation, and Follow-Up Evaluation. Some or all of the described tasks may be involved.

2. **Consultation.** The process of seeking or providing expert knowledge in association with patient care. Participants may be other Social Workers, Social Work Supervisors, and/or other professionals. Some or all of the described tasks may be involved.

3. **Discharge Planning.** The process of developing an individualized plan for patients who require professional social work intervention in transfer to another level of VA care or return to the community. Discharge Planning is an integral component of care coordination which includes monitoring the patients' progress and coordinating/assuring access to required services/resources. Synonyms used are: After-care Planning, Placement, and Care Coordination. Some or all of the described tasks may be involved.

4. **Family/Patient Education.** The process of providing a patient and/or family with information which will allow them to better understand and accept the nature of the disability or illness and to follow social treatment recommendations. Whereas counselingfocuses on problems of the patient, education focuses on the characteristics of the illness or disability. Some or all of the described tasks may be involved.

5. **Outreach.** Any accented efforts to bring eligible persons from an identified group at large in the catchment area into the treatment system. Examples are: Meetings with

senior citizens, veterans not functioning well in the academic environment, delayed post-trauma-stress veterans, prisoners, and with members of Alcoholics Anonymous. Some or all of the described tasks may be involved.

6. **Program Development.** The process of identifying the needs of a group of patients and developing activities, resources, or interdisciplinary structure to meet their needs. Example: Developing a group for patients with similar problems; Planning and developing a resocialization program. Some or all of the described tasks may be involved.

7. **Psychosocial Treatment.** Any action taken to resolve a particular problem(s) through the application of Social Work concepts, principles, knowledge, and skills. Included are counseling and all forms of biopsychosocial therapy with individuals, groups, and families. Synonyms: Therapeutic Intervention and Psychotherapy. Some or all of the described tasks may be involved.

8. **Referral.** The process of searching for and identifying resources, and accomplishing transfer of some or all responsibility of meeting patient needs. A synonym is: Initiating and Coordinating Linkages. Some or all of the described tasks may be involved.

9. **Resource Development.** The process of working with community agencies and groups in the interest of VA patients and their families in order to facilitate access to (and utilization of) health care and social support systems, and to develop resources for unmet needs. Synonyms used are: Community Organization, Community Liaison, Community Agencies/Organizations, and Committee Participation. Some or all of the described tasks may be involved.

10. **Screening.** The process of initial review of care applicants (inpatients, outpatients, or ambulatory care patients) or potential applicants (referred by hospital staff, VA Regional Office staff, governmental or community agencies, self-referred or Social Work-initiated) to determine whether provision of Social Work Services is indicated. Synonyms are: Case-Finding and Triaging. Some or all of the described tasks may be involved.

11. **Social Treatment Planning.** The process of thinking through, evaluating alternative avenues, weighing risks, and deciding what actions will be taken toward resolution of specific problems. Some or all of the described tasks may be involved.

12. **Steering.** The process of advising the patient or family of available resources from which continued assistance may be chosen. A synonym is: Information. "Steering" simply provides information while "referral" involves initiating linkages with agencies, organizations, or groups. Some or all of the described tasks may be involved.

(b) **Task:** A basic unit of work with a distinct starting and ending point.

1. **Face-to-Face Contact.** Any "in person" contact with an individual or group of patients, and/or family, and/or hospital staff to discuss patient(s) or related matter(s). For example: An interview; a counseling session; a group therapy session; discussing a case with another social worker.

2. **Meeting.** Any regularly scheduled, formal assembly of staff to discuss a patient(s) and/or related problems. For example: ward rounds; chart rounds; team meetings; patient staffing.

3. **Organizing & Analyzing Information.** The mental activity of sorting, associating, assimilating, differentiating, comparing, compiling, analyzing, abstracting and arranging descriptive, narrative, or statistical information regarding patients.

4. **Reviewing Documents.** The process of scanning, screening, and/or reading of charts, notes, letters, reports, and/or data regarding patients or their care.

5. **Searching and Tracking.** Any action or communication which expedites the start and completion of another task or activity related to the patient or the patient's care.

6. **Telephoning.** Any use of the telephone (incoming or outgoing) which is patient-related, from receiver pick-up to receiver replacement. An example is: calling the Social Security Office for a client.

7. **Travel.** The time of ambulation and/or transport from one location to another which may include elevator usage, crossing the street, and riding or driving a vehicle within or outside of the health care facility; this does not include chance meetings and conversations unless they interrupt the walk or ride.

8. **Writing/Dictating.** Any writing, recording, charting, or dictating of notes, letters, data, and/or reports on forms, stationery, worksheets, tape, in charts, or to steno-clerks about patient care.

(2) **Indirect patient care:**

(a) **Community Linkage/Resource Development.** Working in coalition with other agencies to develop community resources; meeting with community agencies to develop guidelines for patient referrals; AAA; networking; etc.

(b) **Education/Training Provided.** (including preparation time) - Formal or informal training provided to others other than students or patients/families.

(c) **Education/Training Received.** Formal or informal training.

(d) **Hospital Committees.** Clinical Executive Board, Medical Records, Space, Position Management, etc.

(e) **Inspection of Community Placement Facilities.**

(f) **Professional Development.** Inservice training, seminars, workshops, etc.

(g) **Quality Assurance Activities.** Social Work Service and/or multidisciplinary Quality Assurance activities, e.g., supervisory and/or peer audit of recordings, specifically for quality assurance.

(h) **Research.**

(i) **Travel Related to Inspection of Community Placement Facilities**

(3) **Inpatient Locations:** These are designated by VA Central Office according to the mission and level of care for a particular VA medical center. Having a service of specific treatment at a facility does not mean there is a bed section assigned. Workload recorded will be only for VA Central Office designated bed sections.

(4) **Outpatient Visits:** An outpatient visit to a clinical social worker. This is not the same as an outpatient visit to a clinic.

(5) **Patient Days:** Patient days are the "workload" count for inpatients seen by social workers during the report period. For the purpose of staffing guidelines, patient days are defined as "the period of time (in days) the patient (active social work case) occupied a bed during the report period." Patient days are calculated by determining the first and last days in the report period the patient (treated by a social worker during the report period) occupied a bed. For example: a patient admitted on May 2, screened by a social worker on May 4, and discharged on May 7 would provide a workload count of 5 patient days (as bed census is taken at midnight). Patient days will be reported only for patients who are provided (during the report period) direct social work care. Patient days will be reported by patient location, (designated bed section -- not diagnosis) irrespective of the social worker's regular location assignment. For example: A patient admitted to the General Medicine unit on May 2, assessed by a social worker on May 7, and transferred to Rehabilitation Medicine on May 9, where the patient remained through May 31, would provide a workload count of 7 patient days in General Medicine and 22 patient days in Rehabilitation Medicine (if the patient received social work while occupying a Rehab. Medicine bed).

b. **SPECIFIC DEFINITIONS.** The following explanations will assist in reporting workload/man-hour data for the quarter on the Workload Statistic Worksheet (See Appendix A):

(1) **Section I. Inpatient Locations** (Patient Days are the workload count):

(a) **Activity Code 1110.** General Medicine (compatible with RCS 10-0141, CDR, account 1110.00 description): Designated bed section for the diagnosis, treatment and medical intervention of diseases in general medicine such as cardiology, allergy, immunology, dermatology, endocrine/metabolism, infectious diseases, pulmonary disease, diabetes, etc. and other disorders treated in a medical bed other than those beds designated by activity codes 1111 and 1117. Report MSW workload.

(b) **Activity Code 1111.** Neurology (compatible with RCS 10-0141, CDR, account 1111.00 description): Designated bed section for the diagnosis, treatment and medical intervention of diseases involving the nervous system such as general laboratory support (EEG, EKG, EPL) or special units and centers (stroke, aphasia, multiple sclerosis, etc.). Report MSW workload.

(c) **Activity Code 1113.** Rehabilitation Medicine (compatible with RCS 10-0141, CDR, account 1113.00 description): Designated bed section to provide evaluation and treatment services to patients in rehabilitation medicine beds. Report MSW workload.

(d) **Activity Code 1114.** Epilepsy Center (compatible with RCS 10-0141, CDR, account 1114.00 description): Designated bed section for the diagnosis, treatment and medical intervention of epilepsy. Report MSW workload.

(e) **Activity Code 1115.** Blind Rehabilitation (compatible with RCS 10-0141, CDR, account 1115.00 description): Designated bed section for providing personal and social adjustment training and services to the blind in adapting to their environments. Report MSW workload.

(f) **Activity Code 1117.** Intensive Care Units-Medical (compatible with RCS 10-0141, CDR, account 1117.00 description): Medical and/or coronary intensive care units. Report MSW workload.

(g) **SCI (Spinal Cord Injury)** (compatible with RCS 10-0141, CDR, account 1116.00 description): Designated bed sections at designated SCI Centers for the care and treatment provided for any injury to the spinal cord including treatments and services such as intensive rehabilitation care, sustaining care, and long-term care. For staffing guideline purposes, it is necessary to separate the reporting into three activity codes according to the patient's age of injury. The patient's age of injury expressed in months is the difference between the date of the spinal cord injury and the most recent admission or transfer date to the Spinal Cord Injury Unit. Report MSW workload. The activity codes are as follows:

1. Activity Code 1116 - Age of Injury 0-24 months.
2. Activity Code 1126 - Age of Injury 25-48 months.
3. Activity Code 1136 - Age of Injury 49 months and older.

(h) **Activity Code 1210.** Surgical Ward (compatible with RCS 10-0141, CDR, account 1210.00 description): Designated bed section for the examination, diagnosis and treatment of patients who are admitted as inpatients to a surgical bed section, including general surgery, urology, orthopedics, vascular, neurosurgery, plastic, thoracic, transplantation, etc. Report MSW workload.

(i) **Activity Code 1211.** Intensive Care Unit-Surgical (compatible with RCS 10-0141, CDR, account 1211.00 description): Intensive care and monitoring for the acute treatment of all patients with surgical diseases in the pre- or post-operative stage. Report MSW workload.

(j) **Psychiatric Ward.** (compatible with RCS 10-0141, CDR, account 1310.00 description): Care in the diagnosis and treatment of psychiatric patients, except for VA Central Office approved Alcohol and Drug Activity Codes 1311 and 1312. For staffing guideline purposes, it is necessary to separate the reporting into two activity codes; e.g. separate "acute" from "long-term." Report MSW workload. The activity codes are as follows:

1. Activity Code 1309 - Psychiatric Ward/Acute
2. Activity Code 1310 - Psychiatric Ward/Long-Term

(k) **Activity Code 1311.** Alcohol Dependence Treatment Program (compatible with RCS 10-0141, CDR, account 1311.00 description): Designated bed section (VA Central Office approved programs only) for the diagnosis and treatment of alcohol dependent patients. Report MSW workload.

(l) **Activity Code 1312.** Drug Dependence Treatment Program (compatible with RCS 10-0141, CDR, account 1312.00 description): Designated bed section VA Central Office approved programs only) for the diagnosis and treatment of drug dependent patients. Report MSW workload.

(m) **Activity Code 1410.** VA Nursing Home Care (compatible with RCS 10-0141, CDR, account 1410.00 description): Designated bed section for the care and treatment of patients in the nursing home care unit. Report MSW workload.

(n) **Activity Code 1510.** Domiciliary Beds (compatible with RCS 10-0141, CDR, account 1510.00 description): Designated bed section for the care and treatment of patients in the domiciliary. Report MSW workload.

(o) **Activity Code 1610.** Intermediate Care (compatible with RCS 10-0141, CDR, account 1610.00 description): Designated bed section provides medical care to patients in intermediate medicine (extended hospital) beds. Report MSW workload.

(2) **Section II - Outpatient Locations** (Outpatient Visits are the workload count)

(a) **Activity Code 2110.** Medicine (compatible with RCS 10-0141, CDR, account 2110.00 description): Diagnosis and/or therapeutic care related to general medicine. Report MSW workload. Includes the following clinic stops:

1. 301 - General Medicine
2. 302 - Allergy Immunology
3. 303 - Cardiology
4. 304 - Dermatology
5. 305 - Endo/Metab. (except Diabetes)
6. 306 - Diabetes
7. 307 - Gastroenterology
8. 308 - Hematology
9. 309 - Hypertension
10. 310 - Infectious Disease
11. 311 - Pacemaker
12. 312 - Pulmonary/Chest
13. 313 - Renal/Nephrology (except dialysis)
14. 314 - Rheumatology-Arthritis
15. 315 - Neurology
16. 316 - Oncology/Tumor
17. 317 - Coumadin
18. 318 - Geriatric

(b) **Activity Code 2111.** Admitting/Screening (compatible with RCS 10-0141, CDR, account 2111.00 description): Report MSW workload. Includes the following clinic stops:

1. 101 - Emergency Unit
2. 102 - Admitting/Screening

(c) **Activity Codes 2210.** Surgery (compatible with RCS 10-0141, CDR, account 2210.00 description): Diagnosis and/or therapeutic care related to surgical outpatients in the clinics listed below. (Actual surgical procedures done on an ambulatory basis are reported through Activity Code 2211). Report MSW workload.

1. 401 - General Surgery
2. 402 - Cardiac Surgery

3. 403 - ENT
4. 404 - Gynecology
5. 405 - Hand Surgery
6. 406 - Neurosurgery
7. 407 - Ophthalmology
8. 408 - Optometry
9. 409 - Orthopedic
10. 410 - Plastic Surgery
11. 411 - Podiatry
12. 412 - Proctology
13. 413 - Thoracic Surgery
14. 414 - Urology
15. 415 - Vascular Surgery
16. 416 - Ambulatory Surgery Eval./Follow-up
17. 419 - Anesthesia Pre-Op Consult
18. 420 - Pain
19. 421 - Vascular Laboratory
20. 422 - Cast

(d) **Activity Code 2211.** Ambulatory Surgery Procedures (compatible with RCS 10-0141, CDR, account 2211.00 description): Provision of procedures identified as Ambulatory Surgery Procedures. These procedures may be provided in clinics other than Surgery, to include the following clinic stops. Report MSW workload.

1. 902 - CAT Scans
2. 903 - Radiation Therapy
3. 904 - Chemotherapy
4. 905 - Amb. Surgery Services
5. 906 - Blood/Blood Products Trans.
6. 907 - Nuclear Magnetic Resonance

(e) **Activity Code 2310.** Special Psychiatric Treatment (compatible with RCS 10-0141, CDR, account 2310.00 description): Diagnostic and/or therapeutic care for psychiatric related care, to include the following clinic stops. Report MSW workload.

1. 550 - Mental Hygiene (Group)
2. 553 - Day Treatment Center (Group)
3. 554 - Day Hospital (Group)
4. 557 - Psychiatric (Group)
5. 558 - Psychology (Group)
6. 559 - Neurobehavioral (Group)

(f) **Activity Code 2311.** General Psychiatric Treatment (compatible with RCS 10-0141, CDR, account 2311.00 description): Diagnostic and/or therapeutic care for psychiatric related care, to include the following clinic stops. Report MSW workload.

1. 502 - Mental Hygiene (Individual)
2. 505 - Day Treatment (Individual)
3. 506 - Day Hospital (Individual)
4. 509 - Psychiatric (Individual)
5. 510 - Psychology (Individual)
6. 511 - Neurobehavioral (Individual)
7. 512 - Psychiatric Consultation

(g) **Activity Code 2314.** Alcohol Dependence (compatible with RCS 10-0141, CDR, account 2314.00 description): VA staff care and treatment supporting the ambulatory care alcohol dependence activity as part of the following clinic stops. Report MSW Workload.

1. 508 - Alcohol Treatment (Individual)
2. 556 - Alcohol Treatment (Group)

(h) **Activity Code 2315.** Drug Dependence (compatible with RCS 10-0141, CDR, account 2315.00 description): VA staff care and treatment supporting the ambulatory care drug dependence activity as part of the following clinic stops. Report MSW workload.

1. 507 - Drug Dependence (Individual)
2. 555 - Drug Dependence (Group)

(i) **Activity Code 2410.** Dialysis Program (compatible with RCS 10-0141, CDR, account 2410.00 description): Report MSW workload. Includes the following clinic stops:

1. 601 - Acute Hemodialysis Treatment
2. 602 - Chronic Assisted Hemodialysis Treatment
3. 603 - Limited Self Care Hemodialysis Treatment
4. 604 - Home Hemodialysis Training
5. 605 - Acute Peritoneal Dialysis Treatment
6. 606 - Chronic Assisted Peritoneal Dialysis
7. 607 - Limited Self Care Peritoneal Dialysis
8. 608 - Home Peritoneal Dialysis Training

(j) **Activity Code 2510.** Adult Day Health Care (compatible with RCS 10-0141, CDR, account 2510.00 description): VA staff care and treatment of the ADHC (Adult Day Health Care) patients. Report MSW workload. Includes clinic stop:

190 - Adult Day Health Care

(k) **Activity Code 2610.** Ancillary Services (compatible with RCS 10-0141, CDR, account 2610.00 description): Report MSW workload. Services in support of diagnosis and/or treatment for outpatients to include the following clinic stops:

1. 117 - Nursing
2. 120 - Health Screening
3. 122 - Public Health Nursing
4. 123 - Nutrition/Dietetics (Individual)
5. 124 - Nutrition/Dietetics (Group)
6. 125 - Social Work Service
7. 126 - Evoked Potential
8. 127 - Topographical Brain Mapping
9. 128 - Prolonged Video-EEG Monitor
10. 160 - Clinical Pharmacy
11. 165 - Bereavement Counseling
12. 999 - Employee Health

(l) **Activity Code 2611.** Rehabilitative and Supportive Services (compatible with RCS 10-0141, CDR, account 2611.00 description): Report MSW workload. Includes the following clinic stops:

1. 201 - Rehabilitation Medicine
2. 202 - Recreation Service
3. 203 - Audiology
4. 204 - Speech Pathology
5. 205 - Physical Therapy

6. 206 - Occupational Therapy
7. 207 - Incentive Therapy
8. 208 - Comp. Work Therapy
9. 209 - Visually Impaired Coord.
10. 210 - Spinal Cord Injury
11. 211 - Amputation Follow-up
12. 212 - EMG (Electromyography)
13. 213 - Vocational Assistance
14. 214 - Corrective Therapy

(m) **Activity Code 2612.** Diagnostic Services (compatible with RCS 10-0141, CDR, account 2612.00 description):. Report MSW workload. Services in support of the diagnosis and/or treatment of outpatients, to include the following clinic stops:

1. 104 - Pulmonary Function
2. 105 - X-Ray
3. 106 - EEG
4. 107 - EKG
5. 108 - Laboratory
6. 109 - Nuclear Medicine
7. 115 - Ultrasound

(n) **Activity Code 2614.** Prosthetics/Orthotics (compatible with RCS 10-0141, CDR, account 2614.00 description): Prosthetic/orthotic services in support of the diagnosis and/or treatment of outpatients. Report MSW workload. Includes the following clinic stops:

1. 417 - Prosthetics/Orthotics
2. 418 - Amputation

(o) **Activity Code 3410.** Community Nursing Home Care (compatible with RCS 10-0141, CDR, account 3410.00 description): Care and treatment of patients in community nursing homes, including follow-up visits by VA staff. Report MSW workload.

(p) **Activity Code 3520.** Contract HCMI (Homeless Chronically Mentally Ill) Program (compatible with RCS 10-0141, CDR, account 3520.00 description): VA staff care and treatment of the Homeless Chronically Mentally Ill program patients. Report MSW workload.

(q) **Activity Code 5110.** Hospital Based Home Care (compatible with RCS 10-0141, CDR, account 5110.00 description): Care and treatment furnished the HBHC (Hospital Based Home Care) patient in the home setting. Report MSW workload.

(r) **Activity Code 5111.** Home Dialysis (compatible with RCS 10-0141, CDR, account 5111.00 description): Home treatment of patients requiring removal of toxic wastes from patients with diseases of the kidneys, or acute poisonings or other toxic or metabolic diseases. Report MSW workload.

(s) **Activity Code 5112.** Spinal Cord Injury Home Care (compatible with RCS 10-0141, CDR, account 5112.00 description): Direct patient care provided in a SCI patient's home under authority of the Spinal Cord Injury Home Care Program. Excludes care provided the patient as an inpatient or in the outpatient clinic. Report MSW workload.

(t) **Activity Code 5113.** Residential Care Home Program (compatible with RCS 10-0141, CDR, account 5113.00 description): Direct patient care by VA for the Residential Care Home Program (e.g. referral, placement, follow-up visits by VA staff, and discharge). Does not include care provided at VA facility. Report MSW workload.

(u) **Activity Code 5114.** Other Home Based Programs (compatible with RCS 10-0141, CDR, account 5114.00 description): Direct patient care provided in a patient's home setting for a home program not specifically identified by another activity code. Example: The Independent Living Program. Report MSW workload.

(v) **Activity Code 8020.** Services Furnished Other than VHS&RA (compatible with RCS 10-0141, CDR, account 8020.00 description): Services furnished VBA (Veterans Benefits Administration), OIS&T (Office of Information Systems and Telecommunications), NCS (National Cemetery System), etc. Report MSW workload.

(3) **Section III. Staff and Leave Summary**

(a) **Funded FTEE:** (Activity Codes 8050, 8053, 8056, 8059, 8062, 8065, 8068, 8071, 8074, 8077, 8080, and 8083) - Record the FTEE (full time employee equivalent) for the total number of Service 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.

(b) **Hours Worked:** (Activity Codes 8051, 8054, 8057, 8060, 8063, 8066, 8069, 8072, 8075, 8078, 8081, and 8084) - Record hours actually worked (e.g., "on-the-job" payroll hours) for all permanent and temporary employees (excluding trainees) devoted directly and indirectly to Service activities. Exclude hours funded by research, holidays, jury duty, military, annual, sick, and administrative leave -- but, include overtime.

(c) **Hours Paid:** (Activity Codes 8052, 8055, 8058, 8061, 8064, 8067, 8070, 8073, 8076, 8079, 8082, and 8085) - Record the total number of paid hours for all Service permanent and temporary personnel (excluding trainees and hours funded by research). Paid hours are those reported on timecards and include hours for authorized paid overtime, holidays, jury duty, military, annual, sick, and administrative leave. LWOP and AWOL hours are not paid hours.

(4) **Section IV. Supplemental Data**

Definitions for this section are contained on the Workload Statistics Worksheet which is appendix 29A.

29.07 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 10-0057m, Social Work 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 10-0748. A blank copy of VA Form 10-0057m is contained in appendix 29A and a partially completed example of VA Form 10-0067 is contained in appendix 29B.

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 10-0057m contained in appendix 29A 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.

SOCIAL WORK SERVICE
WORKLOAD STATISTICS WORKSHEET
(RCS 10-0748)

VAMC: _____ FACILITY NUMBER: _____

QUARTER ENDING: _____ FISCAL YEAR: _____

CHIEF: _____ FTS NUMBER: _____

SECTION I: Inpatient Locations	Activity Code	Patient Days
General Medicine	1110	_____
Neurology	1111	_____
Rehabilitation Medicine	1113	_____
Epilepsy Center	1114	_____
Blind Rehabilitation	1115	_____
Intensive Care Units-Medical	1117	_____
Spinal Cord Injury		
Age of Injury 0-24 months	1116	_____
Age of Injury 25-48 months	1126	_____
Age of Injury 49 months & older	1136	_____
Surgical Ward	1210	_____
Intensive Care Unit-Surgical	1211	_____
Psychiatric Ward - Acute	1309	_____
Psychiatric Ward - Long-Term	1310	_____
Alcohol Dependence Treatment Program	1311	_____
Drug Dependence Treatment Program	1312	_____
VA Nursing Home Care	1410	_____
Domiciliary Beds	1510	_____
Intermediate Care	1610	_____
Other - Specify CDR account number	_____	_____

VA FORM 10-0057m
SEPTEMBER 1988

SOCIAL WORK SERVICE

VAMC: _____ FACILITY NUMBER: _____

QUARTER ENDING: _____ FISCAL YEAR: _____

SECTION II: Outpatient Locations	Activity Code	OP Visits
Medicine	2110	_____
Admitting/Screening	2111	_____
Surgery	2210	_____
Ambulatory Surgery Procedures	2211	_____
Special Psychiatric Treatment	2310	_____
General Psychiatric Treatment	2311	_____
Alcohol Dependence	2314	_____
Drug Dependence	2315	_____
Dialysis	2410	_____
ADHC (Adult Day Health Care)	2510	_____
Ancillary Services	2610	_____
Rehabilitative and Supportive Services	2611	_____
Diagnostic Services	2612	_____
Prosthetics/Orthotics	2614	_____
Community Nursing Home Care	3410	_____
Contract HCMI (Homeless Chronically Mentally Ill) Program	3520	_____
Hospital Based Home Care	5110	_____
Home Dialysis	5111	_____
Spinal Cord Injury Home Care	5112	_____
Residential Care Home Program	5113	_____
Other Home Based Programs	5114	_____

VA FORM 10-0057m
SEPTEMBER 1988

SOCIAL WORK SERVICE

VAMC:_____ FACILITY NUMBER:_____

QUARTER ENDING:_____ FISCAL YEAR:_____

SECTION II: Outpatient Locations-Cont.	Activity Code	OP Visits
Services Furnished Other than VHS&RA	8020	_____
Other - Specify CDR account number	_____	_____
Other - Specify CDR account number	_____	_____

SECTION III: Staff and Leave Summary	Act Code	Funded FTEE	Act Code	Hours Worked	Act Code	Hours Paid
Chief, Social Work Service	8050	_____	8051	_____	8052	_____
Assistant Chief, Social Work Service	8053	_____	8054	_____	8055	_____
Supervisory Social Worker	8056	_____	8057	_____	8058	_____
Medical District Community Services Coordinator/Specialist	8059	_____	8060	_____	8061	_____
Program Coordinating Social Worker	8062	_____	8063	_____	8064	_____
Staff Social Worker (MSW)	8065	_____	8066	_____	8067	_____
Social Work Associate (BSW)	8068	_____	8069	_____	8070	_____
Social Work Aide (AB or less)	8071	_____	8072	_____	8073	_____
Administrative Assistant	8074	_____	8075	_____	8076	_____
Secretary	8077	_____	8078	_____	8079	_____
Clerk	8080	_____	8081	_____	8082	_____
Social Work Auxiliaries	8083	_____	8084	_____	8085	_____

VA FORM 10-0057m
SEPTEMBER 1988

SOCIAL WORK SERVICE

VAMC:_____ FACILITY NUMBER:_____

QUARTER ENDING:_____ FISCAL YEAR:_____

SECTION IV: Supplemental Data

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
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 Service. These hours should be included in the total paid hours.	9900	_____HOURS
PERMANENT EMPLOYEES - TOTAL HOURS WORKED Report hours actually worked performing activities of the Service; i.e., hours spent on the job. These hours should include the normal duty hours, overtime/compensatory hours, and uncompensated hours worked by permanent employees.	9901	_____HOURS
PERMANENT EMPLOYEES - TOTAL PAID HOURS Report the number of man-hours paid during the report period for all permanent employees of the Service. Include hours for authorized paid overtime, leave and holidays.	9902	_____HOURS
TEMPORARY EMPLOYEES - TOTAL HOURS WORKED Report hours actually worked performing activities of the Service; i.e., hours spent on the job. These hours should include the normal duty hours, overtime/compensatory hours, and uncompensated hours worked by temporary employees, trainees, work study students, WOC appointed personnel, etc.	9903	_____HOURS

VA FORM 10-0057m
SEPTEMBER 1988

SOCIAL WORK SERVICE

VAMC:_____ FACILITY NUMBER:_____

QUARTER ENDING:_____ FISCAL YEAR:_____

DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
TEMPORARY EMPLOYEES - TOTAL PAID HOURS Report the number of man-hours paid during the report period for all temporary employees (and trainees) of the Service. Include hours for authorized paid overtime, leave and holidays.	9904	_____HOURS
PAID OVERTIME HOURS Report the paid hours worked by employees of the Service 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.	9905	_____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 Service	9906	_____HOURS
VOLUNTEER HOURS WORKED Report time devoted to activities of the Service by formal volunteers.	9907	_____HOURS
MAN-HOURS BORROWED Report the hours spent performing Social Work Service activities by employees assigned to another Service.	9908	_____HOURS
MAN-HOURS LOANED Report the hours spent by employees of Social Work Service performing activities of another Service.	9909	_____HOURS

COMMENTS:

VA FORM 10-0057m
SEPTEMBER 1988

SOCIAL WORK

SYSTEM ID	FACILITY NUMBER	REPORT PERIOD	PERIOD ENDING	SERVICE	SECTION	COST CENTER	PAGE NUMBER	EOM
MQP	/580	/04	/093089	/SWSV	/99999	/9999	/01	

ACTIVITY CODE	ACTIVITY VOLUME	ACTIVITY CODE	ACTIVITY VOLUME	EOM
/110 0	/2	/1115	/180	
/111 3	/15	/1136	/1350	
/121 0	/3	/1211	/270	
/251 0	/21.5	/1510	/780	
/261 0	/1657	/9905	/30.5	$
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VA FORM JAN 1984 10-0067

WORKLOAD STATISTICS CODESHEET

#U.S. Government Printing Office: 1989-241-643/07571

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC 20420

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

Distribution: RPC: 1150 is assigned
FD

Printing Date: 8/89

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-1, Part IX
Chapter 34

August 22, 1991

1. Transmitted is a new chapter to the Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part IX, "Staffing Guidelines and Productivity Enhancements," Chapter 34, "Efficiency Review Program."

2. Principal purposes for this chapter are:

a. **Paragraph 34.04:** Identifies the levels of management responsibilities to ensure effectiveness of the program.

b. **Paragraph 34.05:** Establishes the management reports, control policy and identification of three required internal management reports.

c. **Paragraph 34.06:** Explains the purpose, content and utility of the VHA (Veterans Health Administration) Efficiency Review Management Information tracking system.

d. **Paragraph 34.07:** Describes the procedures for reporting and implementing approved Efficiency Review recommendations.

e. **Appendices 34A through 34C:** Provides instructions for preparing the three Efficiency Review reports.

f. **Appendix 34D:** A table of recommendation codes resulting from the efficiency improvements which are to be used in preparing the Implementation Report.

g. **Appendices 34E and 34F:** The format for the Efficiency Review study reports.

h. **Appendix 34G:** A checklist to be used by the Regional Director to assess the Efficiency Review management study.

3. **Filing Instructions**

Remove pages	Insert pages
v through vi	v through vi 34-i through 34G-1

4. **RESCISSIONS:** Circular 10-88-37 dated April 11, 1988, and all supplements thereto.

JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: **RPC: 1150**
FD

Printing Date: 8/91

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