

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

**Chapter 4, Audiology and Speech Pathology Services Staffing Guidelines, RCS 10-0701
(Paragraphs 4.01 through 4.07; Appendix 4A and Appendix 4B)**

This document includes:

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

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

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

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Transmittal sheet located at the end of the document:

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**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**

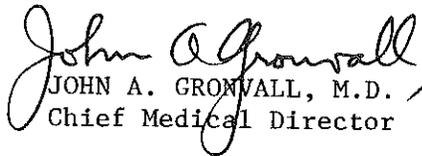
FOREWORD

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."

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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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Circulars

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

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RCS 10-0701

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**CHAPTER 4. AUDIOLOGY AND SPEECH PATHOLOGY SERVICES STAFFING GUIDLINES,
RCS 10-0701**

4.01 MISSION

Provides audiology and speech pathology services to veterans exhibiting speech, language and/or hearing disorders, provides and develops professional and educational audiology and/or speech pathology training programs and participates in research and clinical studies.

4.02 APPLICABILITY

The staffing criteria are for use in all medical facilities that provide audiology and/or speech pathology services.

4.03 METHOD OF DEVELOPMENT

The staffing guidelines were developed utilizing operational (desk and work place) audits. Categories of work were developed and unit values (standard hours) for the work categories were developed through analysis of professional estimates. Workload activity data for the staffing guidelines are collected and reported in accordance with the Audiology and Speech Pathology quarterly AMIS report. Staffing utilization data are obtained and reported quarterly in accordance with instructions contained in this chapter and in M-1, part VI, chapter 2.

4.04 WORKLOAD ACTIVITIES AND UNIT VALUES

a. Audiology

<u>Activities</u>	<u>AMIS Field</u>	<u>Standard Hours</u>
ASE's Completed	(009)	--
Case Histories	(010)	0.25
Screening	(011)	0.17
Pure Tone Air Cond	(012)	0.25
Pure Tone Bone Cond	(013)	0.25
Speech Audiometry	(014)	0.33
Stenger Tests	(015)	0.08
Tone Decay	(016)	0.17

AUDIOLOGY--Cont.

<u>Activities</u>	<u>AMIS Field</u>	<u>Standard Hours</u>
Otoimmittance	(017)	0.25
Evoked Potentials	(018)	1.50
ENG	(019)	1.50
Other Site of Lesn Tests	(020)	0.25
Central Auditory Tests	(021)	0.75
Aural Rehab Tests	(022)	0.50
Diagnostic Report	(023)	0.33
Treatment Planning	(024)	0.50
Aural Rehab	(025)	0.50
Family Counseling	(026)	0.50
Progress Notes	(027)	0.25
Other Contacts	(028)	0.25
Prosthetic Evaluation	(029)	1.50
Rounds	(030)	0.50
Equip Maintenance Calib	(031)	0.50
Hearing Conservation	(032)	0.50
Student Training	(033)	1.00
Travel - On Station	(034)	1.00
Travel - Off Station	(035)	1.00

b. Speech Pathology

<u>Activities</u>	<u>AMIS Field</u>	<u>Standard Hours</u>
Consults	(036)	--
Pts Waiting for Therapy	(037)	--

SPEECH PATHOLOGY--Cont.

<u>Activities</u>	<u>AMIS Field</u>	<u>Standard Hours</u>
Case Histories	(038)	0.25
Screening	(039)	0.25
Comp Lang Cog Eval	(040)	1.00
Spec Ltd Lang Cog Eval	(041)	0.50
Oral Motor Struct Eval	(042)	0.25
Voice Reson Art Eval	(043)	0.50
Fluency Eval	(044)	0.50
Dysphagia Eval	(045)	0.50
Diagnostic Reports	(046)	1.00
Treatment Planning	(047)	0.50
Ther Session Plng	(048)	0.17
Treatment	(049)	0.50
Family Counseling	(050)	0.50
Progress Notes	(051)	0.50
Other Contacts	(052)	0.25
Prosthetics Evaluation	(053)	0.50
Rounds	(054)	0.50
Equip Maintenance Calib	(055)	0.50
Student Training	(056)	1.00
Travel - On Station	(057)	1.00
Travel - Off Station	(058)	1.00

AUDIOLOGY AND SPEECH PATHOLOGY--Continued

c. Program Management

	<u>AMIS Field</u>	<u>Standard Hours</u>
Administrative Hours	(059)	1.00
Meetings	(060)	1.00
Cont Educ Recd	(061)	1.00
Other Training Recd	(062)	1.00
Training Given	(063)	1.00
Service Status	(064)	--

d. Research

Research Hours	(065)	1.00
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e. Clerical

Secretary/Clerical Hours Worked	(066)	1.00
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f. Staffing guidelines should take into consideration the time consumed during an 8-hour day (for employees) to attend to:

- (1) Personal needs (e.g. coffee breaks, restroom visits, etc.)
- (2) Fatigue (the change of pace an employee will experience from the beginning to the end of a tour), and
- (3) Unavoidable delays due to equipment failure, etc.

Allowances for these three types of activities are normally referred to as PF&D (Personal, Fatigue, & Delay) allowances. PF&D allowances, are included in the Standard Hours.

4.05 ESTIMATING METHODOLOGY

a. Following is an example of the estimating methodology using a partial listing of activities.

<u>AMIS Field</u>	<u>Activity</u>	<u>Activity Volume</u>		<u>Standard Hours</u>		<u>Earned Hours</u>
(012)	Pure Tone Air Cond	502	x	0.25	=	125.50
(014)	Speech Audiometry	494	x	0.33	=	163.02

<u>AMIS Field</u>	<u>Activity</u>	<u>Activity Volume</u>		<u>Standard Hours</u>		<u>Earned Hours</u>
(020)	Other Site of Lesion Tests	307	x	0.25	=	76.75
(025)	Aural Rehabilitation	12	x	0.50	=	6.00
(028)	Other Contacts	215	x	0.25	=	53.75
(029)	Prosthetic Evaluation	93	x	1.50	=	<u>139.50</u>
Total Earned Hours					=	564.52

b. The quarterly workload volumes for activities are multiplied by their respective standard hours to obtain earned hours; subtotal earned hours to determine total earned hours. Earned FTEE is derived by dividing total earned hours by the MAF (man-hour available factor) of 438 hours per quarter. The MAF is composed of the net annual hours available for work, adjusted for holidays, annual, sick, and administrative leave. Actual FTEE is determined by dividing total paid hours as reported on the Workload Statistics Worksheet (Activity Code 300) by 520; 520 being the average quarterly paid hours per employee.

4.06 GLOSSARY

Field (010) - Case Histories. Enter the number of audiology case histories taken during the report period. Gathering data for the case history includes the review of medical records; consultations with referral sources; interviewing the patient or family or other sources.

Field (011) - Screening. Record the number of pure tone screening hearing tests performed during the report period. This refers usually to Pass/Fail determination for three or more frequencies at a set intensity level.

Field (012) - Pure Tone Air Conduction. Enter the number of pure tone air conduction threshold hearing tests performed during the report period.

Field (013) - Pure Tone Bone Conduction or SAL Audiometry. Enter the number of pure tone bone conduction or SAL-determined threshold hearing tests performed during the report period.

Field (014) - Speech Audiometry. Enter the number of speech audiometry examinations performed during the report period. In basic hearing evaluation/2507 testing, speech audiometry includes both Speech Threshold (or Speech Awareness Threshold) and PB Max (or CNC Max) scores. SSI Max or other recorded speech stimuli may be facility-specific entries to this field. In preparation for custom ITE orders, speech audiometry can include facility-specific combinations of Speech Threshold (or Speech Awareness Threshold), Speech Comfort/Discomfort Threshold, PB Max (or CNC Max) and SSI Max.

Field (015) - Stenger Tests. Enter the number of Stenger tests performed during the report period. Other nonorganic tests are entered in Field (020).

Field (016) - Tone Decay. Enter the number of tone decay tests performed during the report period. Selection of the tone decay paradigm may be facility-specific.

Field (017) - Otoimmittance Battery. Enter the number of complete otoimmittance batteries (tympanometry, EAC volume measurement, acoustic reflex thresholds, reflex decay) performed during the report period. Additional procedures (SPAR, Eustachian Tube Function testing) may be facility-specific.

Field (018) - Auditory Evoked Potentials Examination. Enter the number of AEP examinations performed during the report period. Measurements may be facility-specific, and clinical judgment is encouraged in actual test selection. However, the final series should include enough of the following procedures to justify 1.5 hour credit: auditory brainstem testing (thresholds, latency-intensity function, rate function), middle latency response, cortical response.

Field (019) - Electronystagmography. Enter the number of electronystagmographic examinations performed during the report period. Measurements may be facility-specific, and clinical judgment is encouraged in actual test selection. However, the final series should include enough of the following procedures to justify 1.5 hour credit: measurement of gaze, positional and spontaneous nystagmus, Dix-Hallpike examination, water or air caloric irrigation, sinusoidal tracking and optokinetic examination, and other facility-specific tests designed to assess labyrinthine function.

Field (020) - Other Site of Lesion Tests. Enter the number of site of lesion tests not included in previous fields that were performed during the report period. Measurements may include ABLB, MLB, Bekesy audiometry, brief tone audiometry, SISI, speech function testing (PB's, SSI at O MCR) for rollover, and other facility-specific tests designed to localize site of auditory lesion.

Field (021) - Central Auditory Tests. Enter the number of central auditory tests performed during the report period. Measurements may include SSI (varying MCR: ICM/CCM), DSI, SSW, MLD, speeded speech, filtered speech, and other facility-specific tests designed to identify central auditory dysfunction.

Field (022) - Aural Rehabilitation Tests. Enter the number of aural rehabilitation tests performed during the report period. Measurements may include formal tests of speechreading skill, tests of environmental sound identification, differentiation of speaker gender, etc. *NOTE: Some wide-based procedures (ex: Minimal Auditory Capabilities test) require extended test time, and multiple entries in Field (022) are necessary in order to cover the expenditure of staff time.*

Field (023) - Diagnostic Reports. Enter the number of reports completed during the report period that summarized diagnostic findings in a professional format in compliance with existing regulatory requirements. Expenditure of greater than .33 hour in report-writing may call for an additional entry in Field (024), Treatment Planning.

Field (024) - Treatment Planning. Enter the number of written plans for auditory rehabilitation developed for patients: long- and short-term goals, consideration of the details of patients' skills/needs/home and work environments, their interests, previous experiences with amplification (if any), and unusual problems anticipated in rehabilitation are all appropriate material for inclusion in a formal treatment plan. Often, telephone contacts with patients, their families, or health care professionals provide input for lengthy chart entries which address the overall and ongoing rehabilitation of patients: these are treatment plans.

Field (025) - Aural Rehabilitation/Auditory Rehabilitation. Enter the number of half-hour aural rehabilitation sessions carried out during the report period. Sessions may include therapy and patient education that considered treatment goals, patient interests, etc. This field includes training on the use of hearing aids and/or assistive listening devices. One patient or a group of patients seen for 1 hour would be reported as two sessions.

Field (026) - Family Counseling. Enter the number of half-hour family counseling sessions conducted during the report period. This field includes telephone or direct contact sessions with family members to discuss progress of the patient in therapy, home activities, problems resulting from the communication disorder, etc. Family members seen for 1 hour would be reported as two sessions.

Field (027) - Progress Notes. Enter the number of progress notes that were prepared during the report period. Preparation of notes should be in compliance with existing regulatory requirements for inclusion in the patient's medical record.

Field (028) - Other Contacts. Enter the number of other quarter-hour contacts conducted with patients during the report period. This field includes telephone or direct contacts with patients/family members for battery issuance, inspecting/adjusting prosthetic devices, performing electroacoustic analysis, earmold impression/modifications, provision of loaner instruments, etc. Patients/families seen for 1 hour would be reported as four sessions.

Field (029) - Prosthetic Evaluation. Enter the number of hearing aid, tinnitus masker or assistive listening device evaluations that were conducted during the report period. Substantial evaluative procedures which may be facility-specific should be performed in order to justify the 1.5 hour credit for this field.

Field (030) - Rounds. Enter the number of half-hour sessions in which an audiologist participated in/prepared for rounds, treatment team meetings, or patient staffing (direct or telephone) during the report period. Rounds lasting for 1 hour would be reported as two sessions.

Field (031) - Equipment Maintenance and Calibration. Enter the number of half-hour sessions spent during the report period to perform equipment checks for safety, cleanliness, conformity to standards, etc. Electroacoustic checks of loaner hearing aid stock qualify in this field. Activities lasting for 1 hour would be reported as two sessions.

Field (032) - Hearing Conservation. Enter the number of half-hour sessions spent during the report period to conduct sound level recordings of areas in the facility, make determinations of compliance with noise standards, prepare a report of findings and make necessary recommendations for corrective actions. Activities lasting for 1 hour would be reported as two sessions within the facility or on the grounds of the base facility.

Field (033) - Student Training. Enter the number of hours spent by staff audiologists in the training and supervision of students during the report period. DO NOT DOUBLE-COUNT: audiologists who supervise trainees performing clinical activities do not credit themselves with BOTH supervision hours AND the clinical activity fields. Supervising audiologists log student training hours; trainees log clinical activities.

Field (034) - Travel-On Station. Enter the number of hours used by audiologists traveling on-station to provide or facilitate patient treatment or to carry out administrative work assignments. "On station" refers to travel within the facility or on the grounds of the base facility.

Field (035) - Travel-Off Station. Enter the number of hours used by audiologists traveling off-station to provide or facilitate patient treatment, to carry out administrative work assignments, or to obtain continuing education. "Off station" refers to travel off the grounds of the base facility. If travel extends past normal duty hours, only that portion occurring within normal duty hours is reported.

Field (038) - Case Histories. Enter the number of speech pathology case histories taken during the report period. Gathering data for the case history includes the review of medical records; consultation with referral sources; interviewing the patient or family or other sources.

Field (039) - Screening. Enter the number of screenings conducted by speech pathologists during the report period. These are brief assessments of structural and/or functional systems necessary for communication and related behaviors.

Field (040) - Comprehensive Language and/or Cognitive Evaluations. Enter the number of comprehensive language and/or cognitive evaluations conducted during the report period. Evaluations reported in this field include tests designed to measure multiple language modalities and/or other cognitive functions. Examples of these tests would be BDAE, PICA, MTDDA, LEITER SCALES, Wide Range Achievement Test (WRAT), etc. Evaluations should be reported in 1-hour increments. Comprehensive evaluations requiring 2 hours will have 2.0 entries in this field.

Field (041) - Special or Limited Language and/or Cognitive Evaluations. Enter the number of special or limited language and/or cognitive evaluations conducted during the report period. Evaluations reported in this field include tests designed to measure a specific language modality and/or other cognitive functions. Examples of these tests would be Token Test, Boston Naming Test, Wechsler Memory Scale, Raven's and tests of orientation, calculation, etc. Evaluations should be reported in half-hour increments. Special evaluations requiring 1 hour will have 2.0 entries in this field.

Field (042) - Oral Motor and Structural Evaluations. Enter the number of oral motor and structural evaluations conducted during the report period. Examinations included in this field are the traditional structural-functional evaluations of the speech mechanism. Evaluations can be perceptual, physiological, or both. Evaluations should be reported in half-hour increments. Evaluations requiring 1 hour will have 2.0 entries in this field.

Field (043) - Voice, Resonance, Articulation Evaluations. Enter the number of voice, resonance, or articulation evaluations conducted during the report period. These examinations include the perceptual and/or acoustic and/or physiological evaluation of articulation, phonation, resonance and prosody. Evaluations of the patient with a laryngectomy, glossectomy, and other structural differences as well as hypothyroid and other organic or nonorganic speech disordered patients. Evaluations should be reported in half-hour segments. Evaluations requiring 1 hour will have 2.0 entries in this field.

Field (044) - Fluency Evaluations. Enter the number of evaluations for fluency conducted during the report period. Evaluations should be reported in half-hour increments. Evaluations requiring 1 hour will have 2.0 entries in this field.

Field (045) - Dysphagia Evaluations. Enter the number of dysphagia evaluations conducted during the report period. Evaluations should be reported in half-hour increments. Evaluations requiring 1 hour will have 2.0 entries in this field.

Field (046) - Diagnostic Reports. Enter the number of reports completed during the report period that summarized diagnostic findings in a professional format in compliance with existing regulatory requirements. Diagnostic reports requiring 2 hours will have 2.0 entries in this field.

Field (047) - Treatment Planning. Enter the number of written treatment plans that have been developed for the patient which consider long- and short-term goals, interests of the patient, other pertinent data with input from the patient, family and other appropriate professionals.

Field (048) - Therapy Session Planning. Enter the number of therapy planning sessions that occurred during the report period. Therapy planning includes the selection and preparation of materials, scoring responses, etc. Report planning sessions in 10-minute increments. Planning sessions requiring a half-hour will have 3.0 entries in this field.

Field (049) - Treatment. Enter the number of treatment sessions given to patients during the report period. This field will include sessions for conducting treatment, patient counseling, discussion with the patient of treatment goals or patient interest, etc. Report sessions in half-hour increments. Sessions requiring 1 hour will have 2.0 entries in this field.

Field (050) - Family Counseling. Enter the number of family counseling sessions conducted during the report period. This field will include sessions used to counsel the family on progress of the patient in therapy, home activities, problems resulting from the communication disorder, etc. Sessions are reported in half-hour increments. Sessions requiring 1 hour will have 2.0 entries in this field.

Field (051) - Progress Notes. Enter the number of progress notes that were prepared during the report period. Preparation of progress notes should be in compliance with existing regulatory requirements for inclusion in the patient's medical record.

Field (052) - Other Contacts. Enter the number of other contacts conducted with patients during the report period. This field will include patient contacts for battery issuance, checking and adjusting prostheses, providing instruments for loan, etc. Contacts should be reported in 1/4-hour increments. Contacts requiring 1 hour will have 4.0 entries in this field.

Field (053) - Prosthetic Evaluations. Enter the number of prosthetic evaluations that were conducted by speech pathologists during the report period. These evaluations should include the use of devices such as the electrolarynx, Blom-Singer, Panje, Palatal Lift, or alternative and augmentative communication devices. Evaluations should be reported in half-hour increments. Evaluations requiring 1 hour will have 2.0 entries in this field.

Field (054) - Rounds. Enter the number of half-hour sessions in which speech pathologists participated in/prepared for rounds, treatment team meetings, or patient staffing (direct or telephone) during the report period. Rounds lasting for 1 hour would be reported as 2.0 entries.

Field (055) - Equipment Maintenance and Calibration. Enter the number of half-hour sessions spent during the report period to perform equipment checks for safety, cleanliness, conformity to standards, etc. Functional checks of loaner equipment stock qualify in this field. Activities lasting for 1 hour would be reported as two sessions.

Field (056) - Student Training. Enter the number of hours spent by staff speech pathologists in the training and supervision of students during the report period. DO NOT DOUBLE-COUNT: speech pathologists who supervise trainees performing clinical activities do not credit themselves with BOTH supervision hours AND the clinical activity fields. Supervising speech pathologists log student training hours; trainees log clinical activities.

Field (057) - Travel-On Station. Enter the number of hours used by speech pathologists traveling on-station to provide or facilitate patient treatment or to carry out administrative work assignments. "On station" refers to travel within the facility or on the grounds of the base facility.

Field (058) - Travel-Off Station. Enter the number of hours used by speech pathologists traveling off-station to provide or facilitate patient treatment, to carry out administrative work assignments, or to obtain continuing education. "Off station" refers to travel off the grounds of the base facility. If travel extends past normal duty hours, only that portion occurring within normal duty hours is reported.

Field (059) - Administrative Hours. Enter the number of hours used by program staff in administrative activities associated with audiology, speech pathology, or program management. Examples of these activities would be data gathering, nonclinical reports, statistical activities, activity logs, etc.

Field (060) - Meetings. Enter the number of hours spent in medical center, affiliated medical education institution, medical district, Central Office or other approved extra-VA meetings for all of the program staff. Meetings must be supported by aspects of the position description.

Field (061) - Continuing Education Received. Report actual number of hours spent by program staff in receiving training for professional development. Included in this field would be workshops, lectures, conventions, etc. Authorized travel during working hours may be included in Field (035) or (058), if the training takes place off-station.

Field (062) - Other Training Received. Report actual number of hours spent by program staff in receiving training for activities that are other than professional. Included in this field is training in fire and safety, personnel policies, supervisory training, etc. Authorized travel during working hours may be included in Field (035) or (058), if the training takes place off-station.

Field (063) - Training Given. Report actual number of hours spent in providing and/or preparing to give professional training to audiology/speech pathology staff, other medical center personnel or to groups and individuals outside the VA facility. Report also number

of hours spent in providing administrative training and orientation to clerical/voluntary staff. Authorized travel time during working hours may be included in Field (035) or (058), if the training takes place off-station.

Field (065) - Research Hours. Enter the actual time spent by the program staff in conducting research (funded or unfunded), research preparation (i.e., library time), or clinical investigations during the report period. Meetings in which ongoing research is reviewed and directed may be included in this field.

Field (066) - Clerical Hours. Enter the actual time spent by the professional staff in clerical activities.

4.07 WORKLOAD DATA SOURCE

a. Workload data will be obtained from segment 234, Fields (009) thru (066) Audiology and Speech Pathology AMIS report from Austin Data Processing Center.

b. 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 10-0057c, Audiology and Speech Pathology 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 10-0701. A blank copy of VA Form 10-0057c is contained in appendix 4A and a partially completed example of VA Form 10-0067 is contained in appendix 4B.

c. 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 10-0057c contained in appendix 4A 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.

**AUDIOLOGY AND SPEECH PATHOLOGY
WORKLOAD STATISTICS WORKSHEET
(RCS 10-0701)**

VAMC: _____ FACILITY NUMBER: _____
 QUARTER ENDING: _____ FISCAL YEAR: _____
 CHIEF: _____ FTS NUMBER: _____

STAFFING UTILIZATION DATA

Description	<u>Activity Code</u>	<u>Data for Quarter</u>
<p>Total Paid Hours Report the number of man-hours paid during the report period for all employees of the Service (or section) including temporary employees. Include hours for authorized paid overtime, leave and holidays.</p>	300	_____ HOURS
<p>Paid Overtime Hours Report the paid hours worked by Audiology/Speech Pathology Service employees in excess of eight hours in a day or forty hours in an administrative work week. These hours should be included in the total paid hours.</p>	305	_____ HOURS
<p>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 (or section) These hours should be included in the total paid hours.</p>	310	_____ HOURS

AUDIOLOGY AND SPEECH PATHOLOGY
WORKLOAD STATISTICS WORKSHEET
(RCS 10-0701)

VAMC: _____ FACILITY NUMBER: _____

QUARTER ENDING: _____ FISCAL YEAR: _____

STAFFING UTILIZATION DATA (Continued)

Description	Activity Code	Data for Quarter
Temporary Employees Total Paid Hours Record the total number of man-hours paid during the report period for all temporary employees charged to the Audiology/Speech Pathology Service. Include the hours for authorized paid overtime, leave and holidays.	315	_____ HOURS
Total Funded FTEE Record the full-time employee equivalents of the Service (or section) for the total number of positions that are filled, plus any additional positions for which funds are available for recruitment and placement as of the end of the report period.	320	_____ FTEE
Total Hours Worked Report hours actually worked performing Audiology/Speech Pathology Service activities; i.e., hours spent on the job. These hours should include the normal duty hours, overtime/compensatory hours, uncompensated hours worked by employees, work study students, WOC appointed personnel, etc.	325	_____ HOURS
Volunteer Hours Worked Report time devoted to activities of Audiology/Speech Pathology Service by formal volunteers.	330	_____ HOURS

April 21, 1989

M-1, Part IX
Chapter 4
APPENDIX 4A

AUDIOLOGY AND SPEECH PATHOLOGY
WORKLOAD STATISTICS WORKSHEET
(RCS 10-0701)

VAMC: _____ FACILITY NUMBER: _____
QUARTER ENDING: _____ FISCAL YEAR: _____

STAFFING UTILIZATION DATA--Continued

Description	Activity Code	Data for Quarter
Regular Employees Total Hours Worked Record the hours worked for full-time, part-time, intermittent employees assigned to the Audiology/Speech Pathology Service. This field excludes temporary employees.	335	_____ HOURS
Trainees Total Hours Worked Record the hours worked by VACO-funded interns, and other compensated or uncompensated trainees.	340	_____ 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 Audiology/Speech Pathology Service.	345	_____ HOURS
Man-hours Borrowed Report the hours spent performing Audiology/Speech Pathology Service activities by employees assigned to another service.	350	_____ HOURS
Man-hours Loaned Report the hours spent by employees of Audiology/Speech Pathology Service performing activities of another Service.	355	_____ HOURS

VA FORM 10-0057c
SEPTEMBER 1988

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

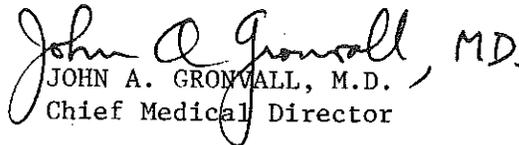
21-i thru 21B-7

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

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