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

Chapter 26, Recreation Service Staffing Guidelines, RCS 10-0712 (Paragraphs 26.01 through 26.07; Appendix 26A and Appendix 26B)

This document includes:

Title page for M-1, Part IX, dated **April 21, 1989**Foreword for M-1, Part IX, dated **April 21, 1989**Introduction for M-1, Part IX, dated **April 21, 1989**Contents pages for M-1, Part IX, dated **April 21, 1989**Contents pages and Rescissions page for M-1, Part IX, dated **August 22, 1991**

Contents page for Chapter 26, dated **April 21, 1989**Text for Chapter 26, dated **April 21, 1989**Text for Appendix 26A and Appendix 26B, dated **April 21, 1989**

Transmittal sheet located at the end of the document:

Sheets dated April 21, 1989 and August 22, 1991

Department of Veterans Affairs

OPERATIONS

Staffing Guidelines and Productivity Enhancements

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."

John A. GROMVALL, M.D. / Chief Medical Director

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M-1, Part IX April 21, 1989

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, 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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RESCISSIONS

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Circulars

10-84-71 and supplements

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CHAPTER 26. RECREATION SERVICE STAFFING GUIDELINES, RCS 10-0712

26.01 MISSION

To serve the veteran patient by providing comprehensive therapeutic and adaptive recreational care for patients; cooperate in planning the integrated patient care program; participate in medical center training programs; and initiate research and clinical studies.

26.02 APPLICABILITY

The staffing criteria is for use in all medical facilities that provide recreation functions.

26.03 METHOD OF DEVELOPMENT

The staffing criteria was developed utilizing operational (desk and work place) audit. A definitive assessment, treatment plan, activity and evaluation list was developed and time estimates for those categories of work were provided by professional staff. Data were reviewed and refined to accurately predict the staff required to support the efforts of the recreation function.

26.04 WORKLOAD ACTIVITIES AND UNIT VALUES

Categories of work and time values for the functions of recreation are as follows:

a. Direct Work Activities	ACTIVITY CODE	MAN-HOURS/ PROCEDURE
Activity Assessment Comprehensive Leisure Assessment Treatment Plan Patient Evaluation Patient Therapy Patient Education Adaptive Recreational Activity (On Station) Adaptive Recreational Activity (Off Station)	1101 1102 1200 1300 2300 2200 3000 3500	.25 .75 .42 .25 .83 .83 .82
b. Indirect Work Activities		
Supervision/Administrative	6010	

c. Unreported Work Activities

- (1) An allowance of 8.98 percent, based on earned man-hours (quarterly volumes of procedures multiplied by their respective activity/task times), is provided for those activities that are no longer reported. Those activities madeup only a small portion of the work volume's earned hours and tracking of those efforts was unnecessarily time consuming. They have been deleted and the allowance factor compensates for that workload.
- (2) Staffing guidelines should take into consideration the time consumed during an 8-hour day (for employees) to attend to:
 - (a) Personal needs (e.g. coffee breaks, restroom visits, etc.)
- (b) Fatigue (the change of pace an employee will experience from the beginning to the end of a shift), and

(c) unavoidable delays (telephone busy signals, etc.).

Allowances for these three types of activities are normally referred to as PF&D (Personal, Fatigue, & Delay) allowances. PF&D and travel allowances, are included in the Activity/task times.

26.05 ESTIMATING METHODOLOGY

The quarterly volumes of workload for activities (activity codes 1101 through 3500) are multiplied by their respective activity/task times (man-hours/unit); subtotal and multiply the earned man-hours by 108.98 and add supervision hours; to determine the total earned man-hours. Earned FTEEs are derived by dividing the total earned man-hours by 438 (the Manpower Availability Factor). Actual FTEEs are the result of dividing total paid hours (activity code 9500) by 520.

26.06 GLOSSARY

- a. Activity Assessment. The process of determining a patient's leisure interest and skills for Adapted Recreational Activities participation. Tasks include: interviewing patient; reviewing patient's Interest Inventory; participating in patient's orientation, etc. Do not count when this activity is conducted in conjunction with a Comprehensive Leisure Assessment.
- b. Leisure Assessment. Determine a patient's leisure dysfunction as related to the diagnosis and therapeutic needs. Tasks include: reviewing a written referral; interviewing patients; determining patient's leisure dysfunctions, interests and therapeutic needs; reviewing the patient's chart; collaborating with the medical staff, etc.
- c. Treatment Plan. Formulate a treatment plan indicating therapy goals, the therapeutic process, content, duration, providers, and the evaluation methodology schedule. Tasks include: obtaining medical approval; incorporating plan into patient's master treatment plan; documenting plan in patient's medical records; and, explaining the nature, procedure and schedule of the plan to the patient. Count: Record only the initial workup for a Treatment Plan.
- d. Patient Evaluation. Monitor and report a patient's responses and progress, in relation to their treatment plan, to a referring physician. Tasks include: collaborating with a medical therapeutic team, as necessary; evaluating the patient in accordance with the methodology and schedule specified in the treatment plan; and documenting the evaluation in the patient's medical records. NOTE: In a therapeutic committee team session, count as one evaluation activity completed each Recreational Service patient (Treatment Plan -1200) evaluated that is validated by an entry to the patient's medical record. Do not count the activity if no entry to the patient's record is made.
- e. Patient Education. Conduct group sessions for medically approved educational strategies specifically indicated in the patient's treatment plan. Activities include: lecture; self instruction; and case study. Count an individual or group as one session.
- f. Patient Therapy. Conduct medically approved therapy sessions specifically indicated in patient's treatment plan. Activities include: group therapy; reality orientation; behavioral therapy; and physical restoration. Count an individual or group as one session.

- g. Adaptive Recreational Activity. Tasks include preparing, dispensing and putting away recreational equipment; assigning recreation facilities; directing modification of equipment and facilities as the activity may require; directing and/or providing instruction to patients during the activity; and supervising hospital personnel, volunteers, and civic groups who are directing and providing instructions to the patients during the activity. NOTE: Activity Codes 1300, 2200 and 2300 are mutually exclusive. The primary purpose of the therapist's activity will determine which category will receive the work count. For example: a therapist escorts 5 alcohol and substance abuse patients to a bowling program for the purpose of exploratory leisure skill development. The activity count will be credited only to Activity Code 2300 "A Patient Therapy Activity Completed."
- h. Supervision Administrative Hours. Record actual man-hours spent by Chief, Assistant Chief, Supervisor, and Secretary/Clerk-typist in supervision and administrative responsibilities (personnel, inservice training, all meetings, administrative reports, rounds/conference with physicians, ordering and stocking supplies, equipment maintenance, etc.). It will be necessary to separate man-hours spent in patient care away from Supervision and Administrative activities by the Chief, Assistant Chief, and Supervisor. Count: Record number of working man-hours spent in Supervisor and Administrative Activities.
- i Unreported Work Activities. These activities made-up a small portion of the work volume's earned hours and tracking of those efforts was unnecessarily time consuming so they have been deleted. An allowance is provided for direct/indirect activities that are no longer reported to include preparing, dispensing and putting away recreation equipment.

26.07 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 10-0057k, Recreation (RECR) Activities Workload Statistics Worksheet, prior to transcribing to VA Form 10-0067, Workload Statistics Codesheet, to be keypunched and transmitted to the Austin DPC. The data for this report are reported under RCS 10-0712. A blank copy of VA Form 10-0057k is contained in appendix 26A and a partially completed example of VA Form 10-0067 is contained in appendix 26B.
- 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 10-0057k contained in appendix 26A 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.

RECREATION (RECR) ACTIVITIES WORKLOAD STATISTICS WORKSHEET (RCS 10-0712)

VAMC:	FACILITY NUMBER:								
QUARTER ENDING:	FISCAL YEAR:								
CHIEF:	FTS NUMBER:_								
DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER							
Activity Assessment	1101	Assessments							
Comprehensive Leisure Assessment	1102	Assessments							
Treatment Plan	1200	Plans							
Patient Evaluation Completed	1300	Evaluations							
Patient Therapy	2300	Sessions							
Patient Education/Counseling	2200	Sessions							
Adaptive Recreational Activity (On Station)	3000	Events							
Adaptive Recreational Activity (Off Station)	3500	Events							
Supervision/Administrative Hours	6010	Hours							
STAFFING UTILIZ	ATION DATA								
DESCRIPTION									
TOTAL HOURS WORKED Report hours actually worked performing Recreation Service activities; i.e.,hours spent on the job. These hours should include the normal duty hours,overtime/ compensatory hours, and uncompensated hours worked by employees work study students, WOC appointed personnel, etc.	9600	HOURS							
VOLUNTEER HOURS WORKED Report time devoted to activities of Recreation Service by formal volunteers.	8010	HOURS							

VA FORM 10-0057k SEPTEMBER 1988

RECR (RECREATION SERVICE) ACTIVITIES

VAMC:	FACILITY NUMBER:	
QUARTER ENDING:	EICCAL VEAD.	
STAFFING UTILIZATI	ON DATAContinued	
DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER
TOTAL PAID HOURS Report the number of man-hours paduring the report period for all of the Recreation Service employed Include hours for authorized paid overtime, leave and holidays.		HOURS
PAID OVERTIME HOURS Report the paid hours worked by Recreation Service employees in excess of eight hours in a day or forty hours in an administrative workweek. These hours should be included in the total paid hours.	9505	HOURS
COP (CONTINUATION OF PAY) HOURS (45 days or less) Report the total number of COP hours due to job-related injuries for all employees whose paid hours are charged to the Recreation Serv These hours should be included in total paid hours.	rice.	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 Recreation Service	9525	HOURS
Record the full-time employee equivalents of the Recreation Service for the total number of positions that are filled, plus an additional positions for which fundavailable for recruitment and place as of the end of the report period	ds are ement	FTEE

VA FORM 10-0057k SEPTEMBER 1988

RECR (RECREATION SERVICE) ACTIVITIES

VAMC:	PACILITY NUMBER:							
QUARTER ENDING:	FISCAL YEAR:	SCAL YEAR:						
STAFFING UTILIZATION	G UTILIZATION DATAContinued							
DESCRIPTION	ACTIVITY CODE	DATA FOR QUARTER						
MAN-HOURS BORROWED Report the hours spent performing Recreation Service activities by employees assigned to another service.	9535	HOURS						
MAN-HOURS LOANED Report the hours spent by employees of Recreation Service performing activitie	s 9540	HOURS						

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M-1, Part IX

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

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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 July 26, 1985, and all supplements; Circular 10-87-98, dated August 27, 1987, and all supplements.

John A. GRONVALL, M.D.

Chief Medical Director

Distribution: RPC: 1150 is assigned

FD

Printing Date: 8/89

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

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

Distribution: RPC: 1150

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Printing Date: 8/91

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