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

Chapter 1, General (Paragraphs 1.01 through 1.04)

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 1, dated **April 21, 1989** Text for Chapter 1, dated **April 21, 1989**

Transmittal sheet located at the end of the document:

Sheet dated April 21, 1989

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

ii

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

CONTENTS

CHAPTER

- 1. GENERAL
- 2. QUARTERLY REPORTING REQUIREMENTS
- 3. (Reserved.) ALCOHOL AND DRUG ABUSE STAFFING GUIDELINES
- 4. AUDIOLOGY AND SPEECH PATHOLOGY STAFFING GUIDELINES
- 5. (Reserved.) BIOMEDICAL ENGINEERING STAFFING GUIDELINES
- 6. (Reserved.) BUILDING MANAGEMENT STAFFING GUIDELINES
- 7. (Reserved.) DENTAL SERVICE STAFFING GUIDELINES
- 8. DIETETIC STAFFING GUIDELINES
- 9. EEG (ELECTROENCEPHALOGRAPHIC) LABORATORY STAFFING GUIDELINES
- 10. (Reserved.) ENGINEERING STAFFING GUIDELINES
- 11. FISCAL STAFFING GUIDELINES
- 12. (Reserved.) LABORATORY STAFFING GUIDELINES
- 13. (Reserved.) LIBRARY STAFFING GUIDELINES
- 14. (Reserved.) MEDICAL ADMINISTRATION STAFFING GUIDELINES
- 15. (Reserved.) MEDICAL MEDIA PRODUCTION STAFFING GUIDELINES
- 16. MEDICAL SERVICE STAFFING GUIDELINES
- 17. NUCLEAR MEDICINE SERVICE STAFFING GUIDELINES
- 18. (Reserved.) NURSING SERVICES STAFFING GUIDELINES
- 19. (Reserved.) OUTREACH PROGRAM STAFFING GUIDELINES
- 20. PERSONNEL SERVICE STAFFING GUIDELINES
- 21. PHARMACY STAFFING GUIDELINES
- 22. (Reserved.) PHYSICIANS STAFFING GUIDELINES
- 23. (Reserved.) PROSTHETICS STAFFING GUIDELINES
- 24. (Reserved.) PSYCHOLOGY STAFFING GUIDELINES
- 25. (Reserved.) RADIOLOGY STAFFING GUIDELINES

CONTENTS--Continued

CHAPTER

- 26. RECREATION SERVICE STAFFING GUIDELINES
- 27. (Reserved.) REHABILITATION MEDICINE STAFFING GUIDELINES
- 28. SECURITY SERVICE STAFFING GUIDELINES
- 29. SOCIAL WORK STAFFING GUIDELINES
- 30. (Reserved.) SPINAL CORD INJURY STAFFING GUIDELINES
- 31. (Reserved.) SUPPLY STAFFING GUIDELINES
- 32. (Reserved.) CIRCULAR NO. A-76, PERFORMANCE OF COMMERCIAL ACTIVITIES
- 33. (Reserved.) COST CONTAINMENT
- 34. EFFICIENCY REVIEW PROGRAM
- 35. (Reserved.) MEO (MOST EFFICIENT ORGANIZATION)
- 36. (Reserved.) PRODUCTIVITY IMPROVEMENT PROGRAM

RESCISSIONS

1. Complete Rescissions

Circulars

10-84-71 and supplements

10-85-119

10-85-122

10-86-70

10-84-216

10-85-120

10-87-89

10-88-37

2. Partial Rescissions

Circulars

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

CONTENTS

CHAPTER 1. GENERAL

PARAC	GRAPH	PA(ЗE
	Definition	. 1-	1
1.02	Purpose of Staffing Guidelines	. 1-	1
1.03	Authority for Development of Staffing Guidelines	. 1-	·1
	Responsibilities		

CHAPTER 1. GENERAL

1.01 DEFINITION

Staffing guidelines are a systematic analytical method for determining FTEE requirements to accomplish work required by the various medical facility operational functions based on workload and time values to accomplish all of the tasks within the workload.

1.02 PURPOSE OF STAFFING GUIDELINES

- a. VHS&RA (Veterans Health Services and Research Administration) is committed to the development, refinement, and implementation of reliable staffing guidelines for all medical facility activities. Health care is a labor-intensive industry and VA (Department of Veterans Affairs) personnel costs are approximately 69 percent of all medical care expenditures. Budgetary and resource constraints make it imperative that the Agency equitably and effectively allocate its human resources among medical facilities and within program areas. The guidelines presented in this manual will help to achieve the objective of allocating resources within VA medical facilities.
- b. In addition to helping determine allocation of resources, the program specific guidelines should provide management with a tool for conducting managerial analyses of operations in determining program efficiency. Efficiency for this purpose will be defined as follows:

EFFICIENCY = Earned Hours x 100
Available Hours

Where,

<u>Earned Hours</u> = the number of manhours needed to perform a given workload (weekly, monthly, annually, etc.) as prescribed by the staffing guidelines

and,

<u>Available Hours</u> = the number of manhours actually devoted to the accomplishment of the same given workload excluding any type of leave (annual, sick, administrative, etc.), but including overtime man-hours.

1.03 AUTHORITY FOR DEVELOPMENT OF STAFFING GUIDELINES

VA Organization Manual, M-00-1 (see chg. 11), delegates the authority to develop, refine, and implement staffing guidelines and assigns the responsibility for the accomplishment of this mission to the Assistant Chief Medical Director for Planning, Evaluation and Systems Development.

1.04 RESPONSIBILITIES

The mission of the Manpower Planning Division is to improve the management of health care through the conduct of planning, health systems evaluations, technology assessments, and improvement in the organization and delivery of health care program development. This mission is carried out by specific individuals and/or groups is described as follows:

- a. Analysts. Each staffing guideline is assigned a lead analyst responsible for the development, testing, implementation, refinement, instructions for collection and reporting of data of the specific function or program area. The lead analyst is assisted by peer analysts and analysts in training in developing the guideline. Techniques such as health systems analyses, scientific management skills such as operations research, industrial engineering, etc., are used toward the full development and implementation of manpower/staffing methodologies for all VA facilities (acute and long-term). Toward the development of these criteria, the analyst(s) must successfully engage in collection, reduction, and analysis of operational workload data from each of the VA's facilities. In addition, the analyst(s) must prepare plans of action, recommend study designs, evaluate pilot staffing methodologies, validate staffing criteria, and prepare progress reports on the various phases of the manpower/staffing program.
- b. Advisory Groups. During the development of staffing guidelines, counsel and assistance are rendered by an advisory group consisting of individuals functioning in the specified service/function at the facility. The advisory group ensures that operational activities are accurate and reflect the duties performed.
- c. <u>Coordinators</u>. Each facility Director will delegate an individual who will be responsible for editing the requested information for clarity and completeness prior to transmission to the Austin Data Processing Center. Changes in name and/or telephone number are to be teletyped to (10A41C).
- d. <u>Consultants</u>. During the various stages of development of staffing guidelines, non-VA expertise is sought by use of consultants regarding appropriate methodologies and formulas determining staffing requirements, productivity, and effectiveness.
- e. <u>Contractors</u>. The development of certain staffing guidelines occasionally requires staff and expertise not readily available in VHS&RA or the Manpower Planning Division (10A41C). VA will then contract for assistance in establishing a guideline. Contractors will assist in the development of the guideline, data collection, validity testing, and editing of data, as required. The contractor can be assisted by VA Central Office staff or representation from the field facilities.

SEP 2 1 1989

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

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

John A. GROWALL, M.D.

Chief Medical Director

Distribution: RPC: 1150 is assigned

FD

Printing Date: 8/89