

APPROVED BY THE THESIS COMMITTEE:
A STUDY OF PERFORMANCE FACTOR REPORTING AT
LETTERMAN ARMY MEDICAL CENTER, PRESIDIO
OF SAN FRANCISCO, CALIFORNIA 94129

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APPROVED BY THE THESIS COMMITTEE:
A Problem Solving Thesis
Submitted to the Faculty of
Baylor University
In Partial Fulfillment of the
Requirements for the Degree
of *James R. [Signature]*
Master of Hospital Administration

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DATE: *August 14, 1976*
Waco, Texas
August 1976

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the handwritten drafts of which were received at the

initial submission.

The author also wishes to thank the following:

ing and fairness shown him.

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ACKNOWLEDGMENTS

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ACKNOWLEDGMENTS

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The author thanks Kathryn, his wife, for reviewing the handwritten drafts of this thesis and typing them for initial submission.

The author also wishes to acknowledge the understanding and fairness shown him by Colonel Donald F. Callaghan, Health Care Administration Course Director.

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CHAPTER I

INTRODUCTION

Background Information

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The present Letterman Hospital opened in 1969. It replaced the original Letterman General Hospital, established in 1898 and named for a Civil War surgeon, Major Jonathan Letterman.² The hospital serves the assigned active duty personnel, approximately 4,600 active duty military personnel assigned elsewhere in the area, a large retired military population, and dependents in the San Francisco Bay area.³ It is also a major referral center for United States military

CHAPTER I

INTRODUCTION

Background Information

Letterman Army Medical Center (LAMC) is a United States Army hospital with a capacity of 550 beds and the capability for handling more than 1,500 outpatient clinic visits daily. LAMC is located on the Presidio of San Francisco, a United States Army reservation on the northernmost tip of the peninsula of San Francisco.

The Presidio has a history dating from the earliest Spanish exploration and mapping of California in the 1500s.¹ Founded by the Spanish in 1776, the Presidio later was maintained by Mexico until it was acquired by the United States. The present Letterman Hospital opened in 1969. It replaced the original Letterman General Hospital, established in 1898 and named for a Civil War surgeon, Major Jonathan Letterman.² The hospital serves the assigned active duty personnel, approximately 4,600 active duty military personnel assigned elsewhere in the area, a large retired military population, and dependents in the San Francisco Bay area.³ It is also a major referral center for United States military

patients from the southern half of the western United States and all Pacific areas including Asia.⁴

Recent years have seen increasing concern over Federal expenditures. As a result, expenditures and operational efficiencies have been examined from within specific governmental organizations as well as from the highest levels of government. United States Army medical system and its individual facilities have likewise become more concerned with monitoring and evaluating the efficiency of health care delivery facilities.

Condition Which Prompted Study

The condition which prompted this study was the cutback of Operations and Maintenance, Army (OMA) funds for civilian personnel salaries in fiscal year 1975. As a result of the cutback, Letterman Army Medical Center was directed by the United States Army Health Services Command to significantly reduce the number of civilian personnel on the hospital staff. Because of the severe recession in the general economy, it was assumed that there would not be enough voluntary terminations from the civilian work force during the year to meet the lower civilian staffing levels dictated by the OMA funding cuts.

The LAMC Force Development Officer did not want to make arbitrary recommendations to the hospital commander about which civilian positions to eliminate. Instead, he sought an objective measurement device which could be used to gauge and compare the relative efficiencies of all operational activities within the hospital. With such a comparative device at his disposal, the Force Development Officer felt he could better evaluate the relative efficiencies of both professional and support activities and could, therefore, recommend to the commander activities whose staffing levels could be decreased without jeopardizing work output. For this reason the Force Development Officer submitted this subject to the U.S. Army-Baylor University Program in Health Care Administration for consideration as a possible study topic for a problem-solving thesis.⁵

The following criteria were used to gauge the performance factor information system:

Problem Statement

The problem was to develop a performance factor information reporting system to assist managerial decisions at Letterman Army Medical Center, Presidio of San Francisco, California, 94129. Reported information should provide feedback to each hospital activity and be useful for managerial decision making.

Objectives

The objectives of this study were:

1. To determine what type of performance information was most useful to managers in patient treatment areas and administrative support areas.

Limitations

The limitations which had a bearing on this study were as follows:

2. To determine whether the needed information was being collected, and if so, by what means.

1. More than 200 separate activities were identified within the hospital, but it was necessary to restrict the interviews to the command element and department, division, and reported on a timely basis.

3. To determine whether the information was being supplied to the command element and department, division, and separate service chiefs levels of management.
4. To develop an information reporting system to supply timely performance factor information to all levels of management, utilizing automatic data processing to the maximum.

The validity and comparability of the various performance and work load output factors could not be investigated. Such an investigation would have expanded the scope of the study too much.

Criteria

The following criteria were used to gauge the performance factor information reporting system:

Factors Bearing on the Problem

1. The information reporting system should provide the essential performance factor information on a timely basis.

2. The reported information should provide feedback to each hospital activity and be useful for managerial decision making.

3. The information reporting system should be compatible with the hospital's present automatic data processing capabilities.

Limitations

The limitations which had a bearing on this study were as follows:

1. More than 200 separate activities were identified within the hospital, but it was necessary to restrict the interviews to the command element and department, division, and separate service chiefs levels of management.

2. The validity and comparability of the various performance and work load output factors could not be investigated. Such an investigation would have expanded the scope of the study too much because of the large number of activities and the great variety of performance factors involved.

Factors Bearing on the Problem

Letterman Army Medical Center serves a large population living in the San Francisco Bay area. Due to the area's mild climate and desirable living conditions, many military retirees have chosen to live there. It was claimed, therefore, that this hospital has a higher proportion of older

patients than most other Army hospitals.⁶ Letterman Army Medical Center also has a major teaching responsibility. Clinical department chiefs claimed that this responsibility created demands on staffing and resource allocation not experienced by hospitals without a teaching responsibility.⁷

Assumptions

The following assumptions were made:

1. The performance factors and work load data as defined, collected, and reported in accordance with the current Army Regulations are valid indicators of productivity.
2. The current performance factors represent the best indicators available for managerial decision making.

Research Methodology

The development of a performance factor information source management techniques have tended to imply, however, reporting system for Letterman Army Medical Center evolved that the methods of determining manpower requirements were through a series of events. Some of the events were conceptual, others were activity-oriented. First, the literature

During previous periods when human resources were was reviewed. Next, a conceptual model was devised which inexpensive and plentiful, there was little need to be set the basic parameters for the proposed system. A series concerned about efficient use of the human resources. In the of open-ended interviews were conducted with most of the 1970s, however, organizational success may well be determined command element and department, division and separate service

level managers at Letterman Army Medical Center. The interviews provided the perceived and deduced management requirements for the proposed performance factor information system. Two weekly staff briefing sessions for the LAMC commander were observed and current LAMC reports were evaluated.

Literature Review

Review of the literature revealed a general agreement that management has the responsibility to allocate human resources within an organization so as to have the right people with the right skills and abilities at the right places at the right times to meet organizational objectives.

Efficient methods have been developed to enable an organization to attract, select, retain, develop, and use the right people and skills for the organization. Human resource management techniques have tended to imply, however, that the methods of determining manpower requirements were known or else relatively unimportant.

During previous periods when human resources were inexpensive and plentiful, there was little need to be concerned about efficient use of the human resources. In the 1970s, however, organizational success may well be determined

by an organization's ability to "do the best job in fully utilizing their human resources."⁸ Many organizations now recognize that there must be a coordinated forecasting of and planning for the proper management of human resources. It is also recognized that these activities must be tied in with an organization's overall planning efforts.

Organizational objectives and plans determine and are determined by manpower data.⁹ It becomes incumbent on the organization, therefore, to have related manpower and productivity data. With such data managers can decide what level of manpower would be necessary to provide a desired specific level of productivity. A common complaint from managers, however, has been that there was not enough facts and data for manpower decision making.¹⁰

A recognition of the need for proper kinds of manpower information and for its control and use in planning future needs has developed.

Reinke stated that "organizations are made up of individual decision makers who contemplate the alternatives under their control and are held accountable for the results achieved from the courses of action they select."¹¹ A management information system to be useful must be designed

around the individual managers who are the responsibility centers within the organization.¹² Since there are at least three levels of management within any large organization--first line supervisor, department chief, and chief executive--care must be taken to provide the specific information needed at each level. In general, top management needs only general information, while lower levels require specific feedback information to monitor performance. In other words, "information should be tailored to job responsibilities."¹³

One of management's main responsibilities is control. Performance factor information is necessary in managerial control because it can be used to assure managers that resources are used effectively and efficiently in the accomplishment of the organizational objectives.¹⁴ In fact, if the definition of control is accepted as "(a) setting standards of performance, (b) measuring performance against the standard, and (c) correcting deviations, then by definition the control process cannot be performed without information."¹⁵

"The information system within an organization plays a role analogous to that of the nervous system of an animal . . . its primary purpose is to provide information for decision making and coordination."¹⁶ The information system is

the means for getting a flow of information to the decision makers. A good information system is not necessarily one which produces the greatest amount of data. It is more important that the information produced be useful and presented at the right time and place.¹⁷ "To be useful, data must be accurate, relevant, material, and timely."¹⁸

Footnotes

¹Unofficial Guide/The Presidio of San Francisco (San Francisco, Calif.: Armed Forces Directory Service, Inc., 1973), pp. 1-20.

²Ibid.

³Ibid.

⁴Ibid.

⁵Major Thomas J. Gordon, Chief, Force Development Division, Letterman Army Medical Center, San Francisco, California, study topic for problem solving thesis, submitted to U.S. Army-Baylor University program in health care administration, Fall of 1974.

⁶Department chiefs, Letterman Army Medical Center, interviews conducted in San Francisco, California, March 3-14, 1975.

⁷Ibid.

⁸James W. Walker, "Forecasting Manpower Needs," Harvard Business Review, XLVII (March-April, 1969), 152.

⁹Bruce P. Coleman, "An Integrated System for Manpower Planning," Business Horizons, XII (October, 1970), 21.

¹⁰Joel E. Ross, Management by Information System (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1970), p. 106.

¹¹William A. Reinke, "Methods and Measurements in Evaluation," in Health Planning: Qualitative Aspects and Quantitative Techniques, ed. by William A. Reinke (Baltimore: Waverly Press, Inc., 1972), p. 45.

¹²Charles T. Horngren, Accounting for Management Control (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1970), p. 324.

¹³Toni Wiseman, "Human Touch Lacking in MIS," Computer-World, VII (October 2, 1974), 9.

¹⁴Robert N. Anthony, Management Accounting Principles (Homewood, Ill.: Richard D. Irvin, Inc., 1970), pp. 306-25.

¹⁵Ross, p. 113.

¹⁶James C. Emery, Organizational Planning and Control Systems: Theory and Technology (Toronto: The Macmillan Co., 1969), p. 34.

¹⁷Reinke, p. 46.

¹⁸Horngren, p. 361.

CHAPTER II

DISCUSSION

LAMC Mission, Organization, and Function

Letterman Army Medical Center is a medical center (MEDCEN) under the control of the United States Army Health Services Command. Letterman Army Medical Center's primary mission is to provide centralized, specialized patient health care and other services for authorized patients from the San Francisco Bay area and for patients from regional and overseas locations who require facilities or treatments not otherwise available to them. The Center also conducts many professional and technical training programs, which are described in Appendix A. Command and staff relationships within Letterman Army Medical Center are depicted on the organizational chart contained in Appendix A.

Letterman Army Medical Center Regulation Number 10-2, dated September 20, 1974, titled Organization and Functions, described the mission and functions for all departments, services, and divisions within the Center. The LAMC Table of Distribution and Allowances (TDA), which codifies the

organization's structure, personnel requirements and authorizations, defined more than 200 separate operational activities.

LAMC Regulation 10-2 required all department, service, division and separate activity chiefs to utilize, review and analyze the use of personnel and facilities in the accomplishment of their missions. As an example, the specific mission and functions statements from LAMC Regulation 10-2 for the Department of Ambulatory Care are presented in Appendix B. Paragraph 4.b. of LAMC Regulation 570-1 specified the responsibilities for the proper utilization of manpower resources by the chiefs of departments, services, divisions, and separate activities (see Appendix C).

Performance Information

LAMC Regulation 570-1 required each department, service, division, and separate activity chief to collect man-hour and work load data on a monthly basis. Specific directions were given on how the data were to be collected, recorded, maintained on file, and reported (see Appendix C). LAMC Regulation 570-1 also called for monthly record keeping at department, service, division, and separate activity

level and required that the data "be identical with statistics contained in official reports to higher headquarters."¹ The regulation further required that the data be summarized and forwarded to the Chief of the Force Development Division not later than one month after the end of each quarter.²

Although the productivity data reported in accordance with this regulation provided the performance factor work load data desired by LAMC managers,³ there were several deficiencies in it:

1. By the time the quarterly reports reached the Force Development Office the monthly data were from one to four months old. The Force Development Officer stated that in general this information was too late to be of value.

2. No particular effort had been made to give as feedback to the individual activities the actual report compiled from the data supplied by each activity. The deputy commander/chief of professional services (CPS) perceived this lack of feedback to each activity as the greatest shortcoming of the system.⁴ He stated that without the feedback to each activity concerning the contents of the reports, the activities tended to be unconcerned about the accuracy and validity of what they recorded for reporting.

3. Even though the activities did not perceive the reports as important, the reports eventually were used to justify manpower staffing levels. If the activities had received timely feedback of the information they reported and had seen it related to their staffing levels, they might have taken a more active interest in what was being reported. Horngren said much the same thing when he cautioned that the "manager should be more sensitive to possible errors, more aware of . . . the natural tendency of individuals to report their activities so as to minimize their personal bother."⁵

During the author's on-site investigation, the following described LAMC reports were studied which collectively had the performance factor information desired by LAMC decision making managers.

Authorized and Assigned Roster.--This was a multi-page computer print-out report compiled from two distinct inputs, a Unit Manning Report and a Civilian Authorized and Assigned Roster. The Unit Manning Report (UMR), distributed monthly by the Military Personnel Branch, summarized the distribution of military personnel spaces by title, grade, Military Occupational Specialty, branch, and number of positions authorized.⁶ The Civilian Authorized and Assigned Roster

(CAAR), distributed monthly by the Force Development Division, summarized the distribution of civilian personnel spaces by job title, series code, grade, and Army Management System code.⁷ The two inputs, UMR and CAAR, identified all personnel present and related them to the authorized positions for each organizational element of LAMC.

Executive Suite Report.--This was a monthly report which presented Center statistics for general categories (see Appendix D). Current data periods were compared with one year past periods in a fiscal year trend line. The information presented was useful primarily to only the highest levels of management (e.g., commander, executive officer and deputy commander), hence this report's designation by the author as "Executive Suite Report." The Force Development Officer was able to get this report, but had no strong feelings in favor of its usefulness.⁸

Work Load Highlights.--This report, compiled by the Patient Administration Division, presented work load data from "current" (just past) month only. The report compared current month data to the same month of the previous year. It also compared current fiscal year cumulative data to the same period of the previous fiscal year (see Appendix E).

Data were grouped by large service or department and the information presented was primarily benchmarks of the overall operation of the hospital. The report was distributed to every department, service and division of Letterman Army Medical Center but it did not relate the number of patients seen to staffing levels, man-hours required, or funds spent during the period. The highlights were a gauge of the overall progress of the hospital. They were useful to the command staff in monitoring the hospital operation and to the program budget advisory committee as it assisted the commander in planning and allocating funds to the major areas in the hospital.

Program Progress Report.--This report of more than seventy pages was similar in data presentation to the Work Load Highlight report, but was concerned with an entire quarter of a fiscal year. It delved at greater length into various hospital activities and their attendant costs, and was most useful at the highest managerial levels. The report was sent to the U.S. Army Health Services Command, The Office of The Surgeon General, and six other medical centers for comparison and evaluation.

Man-hour and Work Load Data Reporting.--To improve the reporting system, the Force Development Division in March

1975 instituted a new format for the quarterly reporting of man-hour and work load data required by LAMC Regulation 570-1 (see Appendix F). The amount of computation for the individual activities was decreased and fewer coding sheets were involved.

The actual data submission consisted of twenty items (see Appendix G). The resulting report, however, still provided much information that was not needed for judging productivity. The Force Development Officer stated that items seven through twenty were unnecessary even though total actual man-hours were computed from items seven through ten. He stated that the man-hour utilization record (see Appendix H), already maintained by each activity, could be used to provide the total man-hours worked.⁹

Usefulness of current reports/system

Not all of the reports mentioned above were made available to all managerial levels. Even if the reports had been available, each manager would have had to have the time and interest to go through the reported data to find what was appropriate for his particular needs. A further disadvantage was that seldom were even two of the reports finalized and ready for use at the same time. As Emery pointed out, however,

"we should avoid requiring a decision maker to scan vast reams of reports in order to select the information he wants."¹⁰ The Force Development Officer and other high level managers said that they would like to have an information report which compared current staffing and work load productivity to past periods and to the most recently validated Manpower Survey Report (Schedule X).¹¹ Although current reports could be extracted to provide the information desired, the effort to do so would be poorly rewarded. Most information when finally available would be out of date. The information would presumably be used for the managerial function of control, but as Haimann has pointed out, "the supervisor cannot control the past."¹² Information based on data (even if valid) which was too old would be essentially worthless.

What Letterman Army Medical Center needed was a report system which would provide the information needed for each particular level of management in a composite and more timely manner.

Proposed Reports/System

The proposed Performance Factor Information Reporting

System (PFIRS) was built on the strengths of the new Work Load/Manpower Report of January 1975 (see Appendix G). Data would be collected by each activity and submitted monthly for key punching to be used to generate PFIRS reports. Reports would be tailored to each managerial level from individual activity to one for all of LAMC. Activity level reports would be based on their monthly data submissions. Succeeding higher levels of management would receive reports based on summaries of subordinate activities.

The important improvements provided by the PFIRS would be:

1. Simplified data requirement (Figure 1) by deleting unneeded data required for submission by the Work Load/Manpower Report of January 1975.

2. Inclusion of data from past periods on reports to permit trend comparisons.

3. Inclusion on reports of most recent Schedule X results as established standards for comparison to current report.

4. Report compilation monthly to insure feedback and desired managerial information availability.

5. Monthly feedback of information to each activity

Fig. 1.--Example of individual activity PFIRS Data Reader Form

PFIRS
Monthly Data
Submission

<u>(Division, Branch, Section)</u>	<u>(March, 1975)</u>
Activity Name	Reporting Period
1. Activity TDA paragraph number	
2. Activity schedule X sheet number	
3. Activity schedule X line number	
4. Reporting period (month, year)	
5. Activity average strength	
6. Total man-hours worked	
7. Number of work units accomplished	

Explanations:

- a. Item 4. Reporting Period--enter code for month, year.

Examples: March, 1975 0375

October, 1976 1076

- b. Item 5. Average Strength--enter the average number of personnel assigned to activity during the month. If there were gains or losses during the month, total the number of days the arrivals and departees were with the activity and divide the total by the number of days in the month, round to nearest tenth and enter.

- c. Item 6. Total Man-hours--enter the total number of man-hours worked in activity during the month. Obtain from Man-Hour Utilization Record, LGH Form 796 (Appendix H), add totals for sections II and III, both assigned and other personnel combined.

- d. Item 7. Number of Work Units--enter appropriate number, e.g., "average daily beds occupied," "total monthly clinic visits," etc. Obtain from Patient Administration Division or section Administrative Assistant.

Fig. 1.--Example of individual activity PFIRS Data Feeder Form

in a first level report (Figure 2) based on the data submitted by the activity.

6. Summary reports based on activity reports for succeeding higher levels of management (Figures 3, 4, and 5).

Individual activity reports

Each activity would submit feeder data monthly (see Figure 1) not later than the second working day of the next month to the Force Development Division. Data submitted by an activity would consist of TDA paragraph number; Schedule X sheet number; Schedule X line number; time period of report; total average strength; total man-hours worked; and, number of work units accomplished.

Each activity's data would be used to prepare the first level report (see Figure 2). The report would be sent to the activity by the fifth working day of the next month. The activity chief would then have timely feedback of information on current productivity and would be able to compare it with that of previous periods.

Service/branch reports

The information from each activity under a particular service/branch would be compiled to form a service/branch

PFIRS Activity Report

(Activity Name) Report Month: March, 1975

Schedule X Code: (Sheet no., line no.)

FISCAL QUARTERS & MONTHS a	MANPOWER				WORKLOAD	
	AVERAGE STRENGTH b	TOTAL MANHOURS WORKED c	HOURS OF OPERATION IN MONTH d	EQUIVALENT MANMONTHS (c ÷ d) e	NUMBER OF WORK UNITS f	WORKLOAD PER PERSON (f ÷ e) g
March (74)						
3rd Q FY 74						
April						
May						
June						
4th Q FY 74						
July						
August						
September						
1st Q FY 75						
October						
November						
December						
2nd Q FY 75						
January						
February						
March (75)						
3rd Q FY 75						
AVERAGES*						

*Monthly averages.

Latest Manpower Survey Validation (date):

Manpower Allowance

Average Productivity

Fig. 2.--Example of individual activity PFIRS Report

PFIRS Summary Report

(Service/Branch Name) Report for March 1975
Summarized from the following: (subordinate Activity)

FISCAL QUARTERS & MONTHS a	MANPOWER				WORKLOAD	
	AVERAGE STRENGTH b	TOTAL MANHOURS WORKED c	HOURS OF OPERATION IN MONTH d	EQUIVALENT MANMONTHS (c ÷ d) e	NUMBER OF WORK UNITS f	WORKLOAD PER PERSON (f ÷ e) g
March (74)						
3rd Q FY 74						
April						
May						
June						
4th Q FY 74						
July						
August						
September						
1st Q FY 75						
October						
November						
December						
2nd Q FY 75						
January						
February						
March (75)						
3rd Q FY 75						
AVERAGES*						

*Monthly averages.

Latest Manpower Survey Validation (date):

Total Manpower Allowance

Average of Productivities

Fig. 3.--Example of Summary PFIRS Report format for services and branches

PFIRS Summary Report

(Department/Division Name) Report for March 1975
Summarized from the following: (subordinate Service/Branch)

FISCAL QUARTERS & MONTHS a	MANPOWER				WORKLOAD	
	AVERAGE STRENGTH b	TOTAL MANHOURS WORKED c	HOURS OF OPERATION IN MONTH d	EQUIVALENT MANMONTHS (c ÷ d) e	NUMBER OF WORK UNITS f	WORKLOAD PER PERSON (f ÷ e) g
March (74)						
3rd Q FY 74						
April						
May						
June						
4th Q FY 74						
July						
August						
September						
1st Q FY 75						
October						
November						
December						
2nd Q FY 75						
January						
February						
March (75)						
3rd Q FY 75						
AVERAGES*						

*Monthly averages.

Latest Manpower Survey Validation (date):

Total Manpower Allowance

Average of Productivities

Fig. 4.--Example of Summary PFIRS Report format for departments and divisions

Letterman Army Medical Center Report for 3rd Quarter, FY 75

FISCAL QUARTERS a	MANPOWER				WORKLOAD	
	AVERAGE STRENGTH b	TOTAL MANHOURS WORKED c	HOURS OF OPERATION IN MONTH d	EQUIVALENT MANMONTHS (c ÷ d) e	NUMBER OF MEDICAL CARE COMPOSITE UNITS f	WORKLOAD PER PERSON (f ÷ e) g
3rd Q FY 74						
4th Q FY 74						
1st Q FY 75						
2nd Q FY 75						
3rd Q FY 75						
AVERAGES						

Latest Manpower Survey Validation (date):

Total LAMC Manpower Allowance

Total Average Productivities (in MCCUs)

Fig. 5.--Example of LAMC Quarterly Summary PFIRS Report

summary report (see Figure 3). The Force Development Division would send the service/branch report to the service/branch chief by the seventh of the next month with a copy of each individual activity report for which the service/branch was responsible. The chief of each service/branch could compare current summary productivity with the past and with manpower survey established standards. The service/branch chief could use the individual activity productivity reports for monitoring, comparison, and control of the subordinate activities.

Department/division reports

Similarly, each department and division would receive from the Force Development Division a department/division summary report (see Figure 4) by the eighth day of the next month compiled from each of its' subordinate branches or services. The department and division chiefs would also get a copy of each of their subordinate branch or service branch/service summary reports. Each department or service chief could compare current summary productivity with the past and with the manpower survey established standards. The department or division chief could use the service/branch productivity reports for monitoring, comparison, and control of

the subordinate branches or services.

Executive suite reports

Not later than the tenth day of the month following the end of the quarter, the "executive suite" would receive from the Force Development Division a LAMC Quarterly Summary Report (see Figure 5) compiled from all activities in the Center. By the ninth of the following month, the executive suite would also receive a copy of each of the department, division, and separate activity summary reports from the Force Development Division. The hospital commander, who complained about being given too much information,¹³ should only be given a copy of the LAMC Quarterly Summary Report (see Figure 5). The subordinate summary reports sent to the rest of the executive suite could be used for monitoring, comparison, and control of the various departments, divisions, and separate activities.

Use of PFIRS reports

The series of reports suggested above for the Performance Factor Information Report System (PFIRS) would meet the stated needs of the LAMC managers. The utilization of the Center's IBM 1440 ADP equipment could then handle the proposed PFIRS.¹⁶ The WISO cautioned, however, that other priorities within LAMC would not permit immediate design and

have control. The PFIRS reports would concentrate on staff productivity, the area most subject to the control of each particular manager, in accordance with Horngren's suggestion that performance reports should focus on those things most subject to each particular manager's control.¹⁴

These reports also could be used to provide the historical data required in section B, Performance Data, of the Manpower Survey Report, DA form 140-2 (see Appendix I). All data required in section B of the Schedule X form are presented in the activity report of the PFIRS, less the quarterly summary rows (see Figure 2). Ready availability of performance data for Section B of the Schedule X would greatly facilitate the timely, accurate, and trouble-free compilation of that section of the survey report by the Force Development Division.¹⁵

ADP Capability

According to the Management Information Systems Officer (MISO), the personnel of the automatic data processing (ADP) facility could design the necessary programs and the Center's IBM 1440 ADP equipment could then handle the proposed PFIRS.¹⁶ The MISO cautioned, however, that other priorities within LAMC would not permit immediate design and

implementation of ADP-compiled PFIRS reports. He felt, however, that within six months of the hospital commander's approval, an ADP PFIRS could be in operation.

Footnotes

¹Letterman Army Medical Center Regulation 570-1, dated May 13, 1974, p. 3.

²Ibid., p. 4.

³Department and division chiefs, Letterman Army Medical Center, interviews conducted in San Francisco, California, March 3-14, 1975.

⁴Colonel Richard E. George, Deputy Commander/Chief of Professional Services, Letterman Army Medical Center, interview conducted in San Francisco, California, March 4, 1975.

⁵Charles T. Horngren, Accounting for Management Control (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1970), p. 361.

⁶LAMC Regulation 570-1, p. 5.

⁷Ibid., p. 6.

⁸Major Thomas J. Gordon, Chief, Force Development Division, Letterman Army Medical Center, interviews conducted in San Francisco, California, March 3-14, 1975.

⁹Ibid.

¹⁰Emery, p. 99

¹¹Interviews with Department and division chiefs.

¹²Theo Haimann, Supervisory Management (Saint Louis, Mo.: The Catholic Hospital Association, 1966), p. 232.

13Brigadier General George S. Woodard, Commander, Letterman Army Medical Center, interview conducted in San Francisco, California, March 10, 1975.

14Horngren, p. 341. AND RECOMMENDATIONS

15Interviews with Gordon.

Summary
16Captain Stephen H. Gordon, Management Information Systems Officer and Chief, Automatic Data Processing Facility, Letterman Army Medical Center, interviews conducted in San Francisco, California, March 3-13, 1975. or information would

be most useful to Letterman Army Medical Center managers.

Specifically, the Force Development Officer wanted to compare current productivity to past trends and to manpower standards established through the manpower survey program for all activities in the hospital. Through such comparison it was hoped that better recommendations could be made to the commander regarding relative efficiencies of operation and appropriateness of staffing cuts for particular activities.

Such comparative performance factor information was also deemed necessary as feedback to first level supervisors. The data to provide the necessary information were being collected at the activity level and compiled by the Force Development Division on a quarterly basis.

The current LAMC reports, however, did not return meaningful feedback to each individual activity; and they did

not have a good comparative format to relate current efforts with established manpower standards. In general, current

CHAPTER III

report information entered the fact and, hence, was essentially useless for managerial decision

CONCLUSIONS AND RECOMMENDATIONS

Summary

Through interviews with various levels of management, it was determined what performance factor information would be most useful to Letterman Army Medical Center managers. The PFIRS was built on the strengths of an existing new report. Specifically, the Force Development Officer wanted to compare current productivity to past trends and to manpower standards established through the manpower survey program for all activities in the hospital. Through such comparison it was hoped that better recommendations could be made to the commander regarding relative efficiencies of operation and appropriateness of staffing cuts for particular activities.

Such comparative performance factor information was also deemed necessary as feedback to first level supervisors.

The data to provide the necessary information were being col-

lected at the activity level and compiled by the Force Development Division on a quarterly basis.

The current LAMC reports, however, did not return meaningful feedback to each individual activity; and they did

not have a good comparative format to relate current efforts with established manpower standards. In general, current report information became available months after the fact and, hence, was essentially useless for managerial decision making.

A new performance factor information reporting system (PFIRS) was developed for Letterman Army Medical Center. The PFIRS was built on the strengths of an existing new report but decreased the amount and type of data to be reported. The PFIRS would return to each individual activity timely feedback of the basic information collected. The information reported by the activities would be the basis of the information reported to higher supervisory, command, and staff levels. Appropriately, the PFIRS reports would present information which was specific for each activity, yet would provide broader summary information for each succeeding supervisory level.

Although unable to automate a new report system immediately, the automatic data processing (ADP) facility would be able to handle the proposed PFIRS within six months of its approval by the commander.

1. Submission of data on work output and man-hours worked, monthly, by each LAMC activity to the Force Development Division (see Figure 1).

Conclusions

As a result of this study, the following conclusions have been made:

1. There was a perceived need for timely performance factor information for all levels of management at Letterman Army Medical Center.
2. Current Center reports were not prepared frequently enough to be timely.
3. Current reports did not relate work productivity to staffing levels nor to established manpower survey staffing/productivity standards.
4. In general, the current reports were of a summary nature and therefore at best were useful only to the higher levels of management.

Recommendations

It was recommended that the performance factor information reporting system developed by this study be implemented by Letterman Army Medical Center as soon as possible.

To do so would require:

1. Submission of data on work output and man-hours at Letterman Army Medical Center be established to facilitate the studies of staffing changes undertaken by the Force Development Division (see Figure 1).

Develop 2. Compilation of the data and report information back to each activity via monthly activity reports (see Figure 2). output at Letterman Army Medical Center be re-

evaluate 3. Sending a copy of the activity reports to each activity's next higher supervisor (also monthly).

4. Use of the activity reports as input for the information provided by summary reports for each succeeding higher managerial level.

5. Submission of the Summary Reports (see Figures 3, 4, and 5) to each appropriate higher managerial level (monthly, except for quarterly LAMC summary report).

6. Maintenance by the Force Development Division of copies of all reports for its use.

7. Submission of data to permit the compilation and distribution of reports monthly. Once ADP systems could process the data, activities should submit data and receive feedback reports weekly, but all other higher level summary reports could remain monthly.

It was also recommended that:

1. A prioritized ranking of all civilian positions at Letterman Army Medical Center be established to facilitate the studies of staffing changes undertaken by the Force

Development Division at the request of the commander.

2. The current system for measuring health care work load output at Letterman Army Medical Center be re-evaluated, because of the frequency with which the subject was raised by the Center managers.

APPENDIX A

LETTERMAN ARMY MEDICAL CENTER

REGULATION 16-2, CHAPTER 1

20 September 1974

LAMC Reg 10-2

CHAPTER 1. GENERAL.

1. **PURPOSE.** This regulation prescribes the Letterman Army Medical Center organizational structure and provides detailed, approved mission and general function statements for each organizational element of the Medical Center.

2. IMPLEMENTATION.

a. The organizational structure in this regulation is designed to accommodate the missions of this Medical Center, in accordance with organizational policy and manpower requirements prescribed by the Commander, US Army Health Services Command.

b. Chiefs of organizational elements are responsible for keeping current that portion of this regulation which pertains to their activity, and for maintaining organization/function charts, which will be visually displayed in appropriate areas. **APPENDIX A**
LETTERMAN ARMY MEDICAL CENTER
current recognized requirements, authorizations, and actual personnel strength.

c. Proposed changes to mission and function statements as shown herein will be submitted to the Chief, Force Development Division, for evaluation and referral to the Commander for approval. **REGULATION 10-2, CHAPTER 1**

3. MISSION STATEMENT - LETTERMAN ARMY MEDICAL CENTER.

a. Letterman Army Medical Center is a US Army Health Services Command Medical Center (MEDCHS). Its primary mission is to provide centralized, specialized inpatient and outpatient health care, consultation service, and medical laboratory support on a regional basis and to provide a GHS base for area, regional, and overseas evacuees who require facilities and clinical support in disciplines not economically feasible/available in other medical treatment facilities.

b. As one of the major Medical Centers of the Army, conducts professional and technical training in consonance with the needs of the Army and within its assigned capabilities.

(1) First year graduate medical education, residency, and fellowship programs are conducted in the following specialties:

20 September 1974

20.3 LAMC Reg 10-2

CHAPTER 1. GENERAL

1. PURPOSE. This regulation prescribes the Letterman Army Medical Center organizational structure and provides detailed, approved mission and general function statements for each organizational element of the Medical Center.

2. IMPLEMENTATION.

a. The organizational structure in this regulation is designed to accommodate the missions of this Medical Center, in accordance with organizational policy and manpower requirements prescribed by the Commander, US Army Health Services Command.

b. Chiefs of organizational elements are responsible for keeping current that portion of this regulation which pertains to their activity, and for maintaining organization/function charts, which will be visually displayed in appropriate locations. Charts will include current recognized requirements, authorizations, and actual personnel strength.

c. Proposed changes to mission and function statements as shown herein will be submitted to the Chief, Force Development Division, for evaluation and referral to the Commander for approval.

3. MISSION STATEMENT - LETTERMAN ARMY MEDICAL CENTER.

a. Letterman Army Medical Center is a US Army Health Services Command Medical Center (MEDCEN). Its primary mission is to provide centralized, specialized inpatient and outpatient health care, consultation service, and medical laboratory support on a regional basis and to provide a CONUS base for area, regional, and oversea evacuees who require facilities and clinical support in disciplines not economically feasible/available in other medical treatment facilities.

b. As one of the major Medical Centers of the Army, conducts professional and technical training in consonance with the needs of the Army and within its assigned capabilities.

(1) First year graduate medical education, residency, and fellowship programs are conducted in the following specialties:

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Adult Psychiatry	Hematology	Pediatrics
Anesthesiology	Hip Replacement Surgery	Periodontia
Cardiology	Internal Medicine	Pharmacy
Child Psychiatry	Medical Intensive Care	Physical Medicine
Dermatology	Neurology	Pulmonary Diseases
Fixed Prosthodontia	Nuclear Medicine	Radiology
Gastroenterology	Obstetrics and Gynecology	Rheumatology
General Dentistry	Ophthalmology	Removable Prostho-
General Surgery	Oral Surgery	dontia
Health Care Adminis-	Orthopedic Surgery	Thoracic Surgery
tration	Pathology	Urology

(2) The following courses are conducted in whole or in part at the Letterman Army Medical Center:

- Anesthesiology for ANC Officers (Phase II) (6F-3445)
- Brace Specialist (304-42C20)
- Clinical Specialist (300-91C20)
- Clinical Nuclear Medicine Technique (HM-8416)
- Clinical Pastoral Education
- Eye, Ear, Nose, and Throat Specialist (Applicatory) (300-91U20)
- Hospital Food Service Cook (800-94F20)
- Operating Room Nursing for ANC Officers (6F-3443)
- Operating Room Procedures (Applicatory) (301-91D20)
- Orthopedic Specialist (304-91H20)
- Radiographic Procedures (Applicatory) (313-91P20)

c. The Commander, Letterman Army Medical Center, serves as Regional Coordinator, US Army Health Services Region VI, in accordance with AR 10-43 and HSC Reg 40-3.

d. The Commander, Letterman Army Medical Center serves as Co-chairman, Northern California Military Medical Region (NCMMR), Armed Forces Regional Health Service System, Region 2.

e. Administrative and logistical support, as required, is provided by Letterman Army Medical Center for the Letterman Army Institute of Research, US Army Medical Laboratory (Fort Baker) and US Army Regional Dental Activity (Alameda). Military professional personnel, within Medical Center capability, are furnished to function as military consultants to selected US Army medical facilities in Health Services Region VI.

4. DEVIATIONS FROM HEALTH SERVICES COMMAND ORGANIZATIONAL POLICY. HSC Regulation 40-4 (Organization & Function Policy for AMEDD Activities &

20 September 1974

LAMC Reg 10-2

Installations Subordinate to HSC), 1 Dec 73, prescribes the standard Medical Center organizational policy. The following deviations from this policy have been approved by HQ HSC.

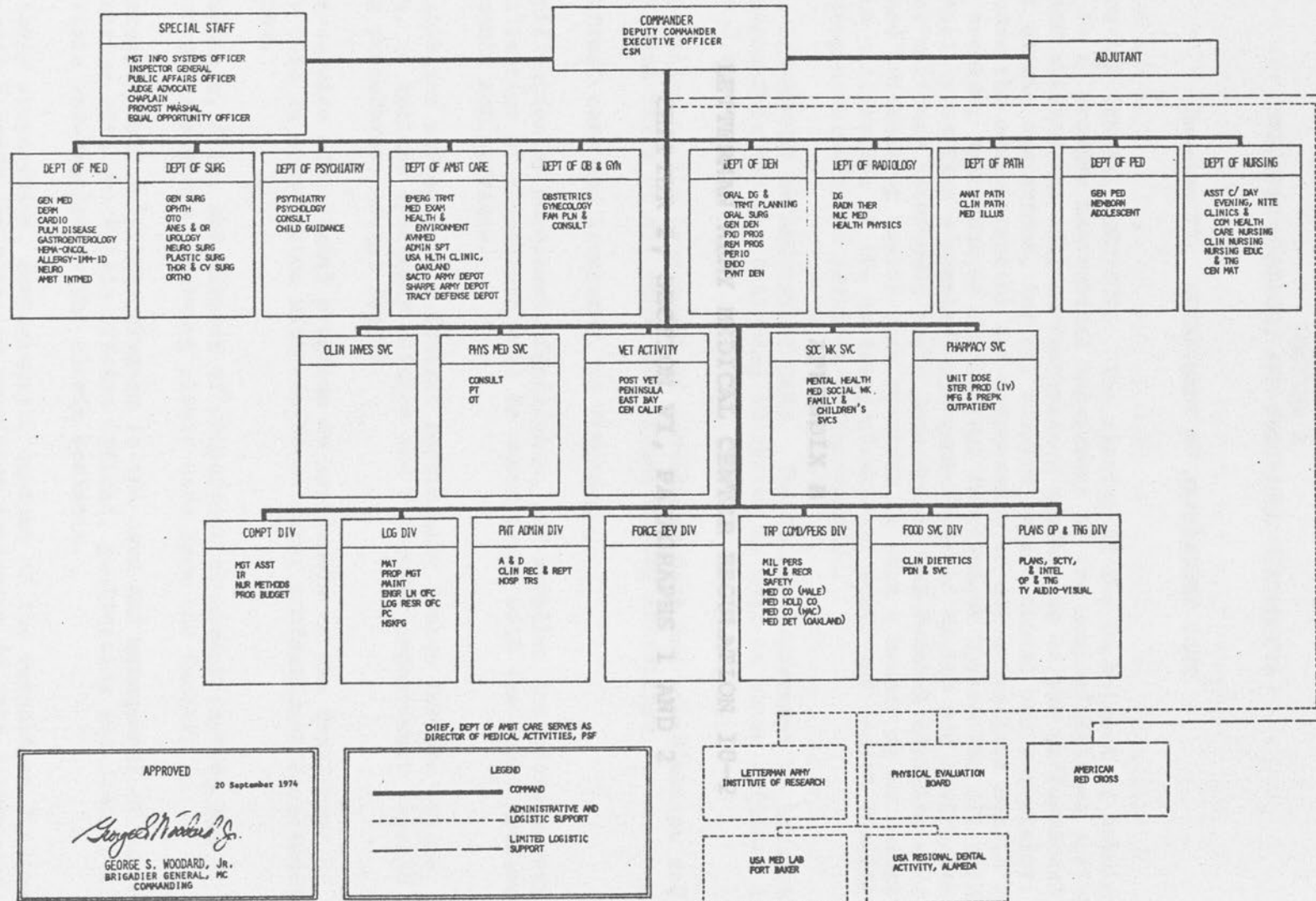
a. Neurology Service is established in the Department of Medicine, rather than the Department of Psychiatry, per paragraph 3b, letter, HSC-OP-FB, HQ HSC, 12 Dec 73.

b. Health and Environment Services is established under the Department of Ambulatory Care, rather than as a separate professional staff element, per paragraph 1, 1st Ind, HSC-OP-FB, HQ HSC, 3 Apr 74.

c. The Department of Ambulatory Care is established in lieu of the Department of Clinics and Community Health Care Services, per paragraph 3, 1st Ind, HSC-OP-FB, HQ HSC, 8 Apr 74.

LETTERMAN ARMY MEDICAL CENTER

LETTERMAN ARMY MEDICAL CENTER



CHAPTER 2 SPECIFIC MISSIONS AND FUNCTIONS STATEMENTS

Section VI. DEPARTMENT OF AMBULATORY CARE

1. **MISSION AND GENERAL FUNCTIONS.** The mission of the Department of Ambulatory Care is to provide centralized management of the nonprofessional activities of LAMC clinics, as well as centralized monitoring of the professional aspects of clinic operations, for all clinics except dental and veterinary. This includes the administration and maintenance of all outpatient health and treatment records; operation of the Central Appointment System for all clinics except dental; providing a complete and comprehensive health and environment program for military personnel, their dependents, and Federal civilian employees; and integrating health care services in such a manner as to insure the optimum utilization of the entire professional staff and health facilities for providing continuity of services to the patient.

APPENDIX B

1. **CHIEF, DEPARTMENT OF AMBULATORY CARE.** The Chief, Department of Ambulatory Care is responsible for the following functions as well as those outlined in paragraphs 3

LETTERMAN ARMY MEDICAL CENTER REGULATION 10-2

a. Operation of the Department of Ambulatory Care and coordination and support of activities of all other outpatient clinic services.

CHAPTER 2, SECTION VI, PARAGRAPHS 1 AND 2

b. Patient care and treatment, as required.

c. Utilization of personnel, facilities, and supplies for optimum patient care. Utilization of physicians will be coordinated with the other professional departments and services.

d. Establish and operate a Central Appointment System for the entire Department, to include specialty clinics and for other departments engaged in scheduling procedures, except dental.

d. In-service educational programs as applicable to the Department of Ambulatory Care in cooperation with chiefs of other professional departments and services.

f. Maintain, file, and dispose of outpatient treatment records and health records of members receiving clinic care from the Center.

g. Interpersonal relations program in the care and management of patients. In coordination with the Public Affairs Officer, publication and distribution of appropriate information to the clinic patients.

h. Timely preparation, completeness, content of the Outpatient Treatment Records/Health Records for patients receiving treatment in this department and in all Center clinics, except dental; and maintaining, filing, and

CHAPTER 2

1. Professional SPECIFIC MISSIONS AND FUNCTIONS STATEMENTS

1. Preparation and submission of reports and maintenance of records,

as required. Section VI. DEPARTMENT OF AMBULATORY CARE

2. Review and analysis of work methods and operational procedures within

1. MISSION AND GENERAL FUNCTIONS. The mission of the Department of Ambulatory Care is to provide centralized management of the nonprofessional activities of LAMC clinics, as well as centralized monitoring of the professional aspects of clinic operations, for all clinics except dental and veterinary. This includes the administration and maintenance of all outpatient health and treatment records; operation of the Central Appointment System for all clinics except dental; providing a complete and comprehensive health and environment program for military personnel, their dependents, and Federal civilian employees; and integrating health care services in such a manner as to insure the optimum utilization of the entire professional staff and health facilities for providing continuity of services to the patient.

2. CHIEF, DEPARTMENT OF AMBULATORY CARE. The Chief, Department of Ambulatory Care is responsible for the following functions as well as those outlined in paragraphs 3 through 8.

a. Operation of the Department of Ambulatory Care and coordination and support of activities of all other outpatient clinic activities.

b. Patient care and treatment, as required.

c. Utilization of personnel, facilities, and supplies for optimum patient care. Utilization of physicians will be coordinated with the other professional departments and services.

d. Establish and operate a Central Appointment System for the entire department, to include specialty clinics and for other departments engaged in scheduling procedures, except dental.

d. In-service educational programs as applicable to the Department of Ambulatory Care in cooperation with chiefs of other professional departments and services.

f. Maintain, file, and dispose of outpatient treatment records and health records of members receiving clinic care from the Center.

g. Interpersonal relations program in the care and management of patients. In coordination with the Public Affairs Officer, publication and distribution of appropriate information to the clinic patients.

h. Timely preparation, completeness, content of the Outpatient Treatment Records/Health Records for patients receiving treatment in this department and in all Center clinics, except dental; and maintaining, filing, and

disposing of outpatient treatment records and health records of units receiving clinic care from the Center.

i. Professional training of personnel assigned to the department.

j. Preparation and submission of reports and maintenance of records, as required.

k. Review and analysis of work methods and operational procedures within the department.

l. Perform the duty of Director of Medical Activities, Presidio of San Francisco.

m. Scheduling and administrative support to all clinics, except veterinary, for purposes of improved functioning of the respective clinics and for more efficient and economical staffing, administration, and logistical support.

n. Serves as Assistant Chairman, LAMC Ambulatory Patient Care Committee, and acts as the Command proponent for the Ambulatory Patient Care (APC) Program, as outlined in HSC Reg 40-5.

LETTERMAN ARMY MEDICAL CENTER REGULATION 570-1

REGULATION 570-1 (WITHOUT APPENDICES)

DEPARTMENT OF THE ARMY
LETTERMAN ARMY MEDICAL CENTER
Presidio of San Francisco, California 94129

LANC REGULATION
NUMBER 570-1

13 May 1974

Manpower and Equipment Control
MANPOWER MANAGEMENT

1. PURPOSE. This regulation assigns responsibilities for manpower management at Letterman Army Medical Center and furnishes guidance for coordinating actions involving manpower resources.
2. SCOPE. The provisions of this regulation are applicable to all LANC organizational elements.

3. EXPLANATION OF TERMS.

APPENDIX C

a. Manpower Requirements. The quantity of military and civilian spaces which a unit requires to perform valid functions effectively. The required spaces are determined by a manpower survey without regard to availability of personnel spaces and funds.

LETTERMAN ARMY MEDICAL CENTER REGULATION 570-1

REGULATION 570-1 (WITHOUT APPENDICES)

b. Authorized Manpower. That portion of the required manpower which can be supported by personnel spaces allocated by Headquarters US Army Health Services Command (HSC). Constraints such as end year civilian employment projection, manpower ceilings, funding limitations, and the availability of military and civilian personnel often result in manpower authorizations being far short of requirements.

c. Table of Distribution and Allowances (TDA). A table which prescribes the organizational structure, personnel requirements, and authorizations in one document.

d. Manpower Survey. An on-site appraisal of the military and civilian manpower utilization and current workload, so that a determination can be made of the minimum number of spaces required to accomplish valid functions effectively. Normally, manpower surveys are conducted by HSC every two years. Local surveys are conducted by the Force Development Division to determine the proper utilization of manpower resources and to update requirements and authorizations based on fluctuations in workload since the previous HSC Survey.

*This regulation supersedes LANC Reg 570-1, 10 May 1973.

DEPARTMENT OF THE ARMY
LETTERMAN ARMY MEDICAL CENTER
Presidio of San Francisco, California 94129

LAMC REGULATION
NUMBER 570-1

13 May 1974

Manpower and Equipment Control
MANPOWER MANAGEMENT

1. PURPOSE. This regulation assigns responsibilities for manpower management at Letterman Army Medical Center and furnishes guidance for coordinating actions involving manpower resources.
2. SCOPE. The provisions of this regulation are applicable to all LAMC organizational elements.
3. EXPLANATION OF TERMS.
 - a. Manpower Requirements. The quantity of military and civilian spaces which a unit requires to perform valid functions effectively. The required strength is based upon the recognized manpower spaces approved by a manpower survey without regard to availability of personnel spaces and funds.
 - b. Authorized Manpower. That portion of the required manpower which can be supported by personnel spaces allocated by Headquarters US Army Health Services Command (HSC). Constraints such as end year civilian employment projection, manpower ceilings, funding limitations, and the availability of military and civilian personnel often result in manpower authorizations being far short of requirements.
 - c. Table of Distribution and Allowances (TDA). A table which prescribes the organizational structure, personnel requirements, and authorizations in one document.
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*This regulation supersedes LAMC Reg 570-1, 10 May 1973.

LAMC Reg 570-1

13 May 1974

e. Schedule X, Manpower Survey Report (DA Form 140-4). The basic survey document, containing statistics on manpower utilization, workload, and other pertinent data to justify manpower needs. The approved report is the basis for TDA personnel requirements and authorizations.

f. Staffing Guides. DA Pamphlets used at all command levels as a basis for determining the number and kinds of manpower required to perform certain common activities and functions.

g. Local Appraisal. Personnel requirements recognized by the survey team, based on workload or other special justification, when staffing guide yardstick codes are determined to be inapplicable to the function surveyed. Local appraisal performance factors are included in Appendix B.

h. Civilian Hire Ceiling. A limitation imposed by HSC on the number of civilian employees who may be employed as of a specified date, normally 30 June of each fiscal year.

4. RESPONSIBILITIES.

a. The Chief, Force Development Division, is responsible to the Commander for:

(1) Supervising, monitoring and formulating the LAMC manpower management program, to include programming, allocation, and control of military and civilian spaces.

(2) Conducting local manpower surveys to determine the proper utilization of manpower resources.

(3) Maintaining detailed requirement and workload data for all LAMC organizational elements.

(4) Maintaining established staffing standards and guidelines to assist in the development of recommendations for changes to staffing guides.

b. Chiefs of departments, services, divisions and separate activities are responsible for:

(1) Proper utilization of their manpower resources.

(2) Recording, maintaining, and reporting manhour and performance factor data as prescribed in paragraph 5d.

(3) Insuring that essential duties cannot be assumed as additional duties by personnel already assigned before requesting additional requirements/authorizations.

13 May 1974

LAMC Reg 570-1

(4) Recommending elimination of nonessential or marginal activities or positions as the workload indicates.

5. MANHOUR AND WORKLOAD DATA. Chiefs of Departments/Divisions/separate Services will maintain manhour and workload data on a monthly basis for the continued justification of manpower requirements and authorizations.

a. Manhours worked each month will be recorded on Manhour Utilization Record (LAMC Form 796) for all military and civilian personnel assigned or used, including part-time, temporary, when-actually-employed (WAE) and all other personnel contributing to the accomplishment of the mission.

(1) The instructions on LAMC Form 796 for recording manhours by category of personnel must be followed, since manhours worked partially justify personnel requirements/authorizations. Personnel maintaining civilian time and attendance records should be responsible for maintaining LAMC Form 796 so that manhours are verifiable during manpower surveys.

(2) Each month, total manhours worked for each organizational element, less Interns and Residents, will be entered in Column c, Section B (Performance Data) of DA Form 140-4 (Schedule X - Manpower and Workload Data), as indicated in Appendix A. Residents' hours will be entered in Section D, DA Form 140-4.

b. Workload units to be recorded monthly for each organizational elements are indicated in Appendix B, LAMC Yardstick Codes and Performance Factors. These workload units will be entered in column f, Section B (Performance Data) of DA Form 140-4 (Schedule X - Manpower and Workload Data), and Section D, as indicated in the sample form at Appendix A. The Chief, Force Development Division determines the appropriate Yardstick Codes and Work Units to be recorded, based upon continuing liaison with the Manpower Management Branch, Headquarters US Army Health Services Command. Workload factors must be identical with statistics contained in official reports to higher headquarters, such as monthly clinic visits, beds occupied, physical examinations and similar data. Validated workload factors for the period Sep 72 - Aug 73 are shown in Appendix B for comparison purposes.

c. A file will be established in each activity for maintenance of LAMC Form 796 (Manhour Utilization Record) and DA Form 140-4 (Manpower Survey Report). Example:

601-07 Manpower Utilization
Reference Paper Files (FY 74)
COFF 30 Jun 74, Dest Jul 75

LAMC Reg 570-1

13 May 1974

d. One copy of DA Form 140-4 (Manpower Survey Report) for each organizational element will be forwarded to the Chief, Force Development Division NLT 31 October, 31 January, 30 April, and 31 July. Only Section B (Performance Data), and Section D (Supplemental Performance Data) will be completed, based on manhour and workload data for the previous quarter. Reports Control Symbol RCS CSFOR 76 (Feeder) is assigned to this report. Maintenance of this report will ensure that accurate records are available for future manpower surveys, and that the Commander, LAMC will have current manhour and workload data available to assist in making manpower adjustments.

e. Requests for Changes in Manpower Authorizations.

(1) Changes in authorization will be requested only when a function cannot be performed within the overall manpower resources authorized an organizational element.

(2) Requests for changes in authorizations, within resources currently available to chiefs of organizational elements, will be submitted to the Chief, Force Development Division, on Disposition Form (DA Form 2496) and will include full justification for the proposed change.

(3) Requests for additional manpower authorizations will be submitted by Disposition Form (DA Form 2496) to the Chief, Force Development Division, with complete workload data indicated in Appendix B, and an explanation as to why workload cannot be handled within current resources.

6. MANPOWER AUTHORIZATION PROCEDURES.

a. A manpower space may be authorized only where there is a recognized requirement approved by HSC.

b. An authorization of military and civilian spaces is received from HSC on a quarterly basis. Distribution of spaces to LAMC activities is based on workload data contained in Appendix B for organizational elements, as recommended by the Chief, Force Development Division and approved by the Commander, LAMC.

c. The quarterly authorization of civilian spaces from HSC makes a distinction between full-time-permanent (FTP) and temporary and part-time (TPT) spaces. Temporary spaces are indicated by "TPT" in the Authorized and Assigned Roster. Appointments to these positions are limited to one year. These positions are not reflected on the official TDA.

d. Over and above permanent and temporary positions included in the Authorized and Assigned Roster, temporary positions may be established to meet a need for a specified period of time not to exceed one year. Incumbents are counted against the command civilian authorization ceiling.

13 May 1974

LAMC Reg 570-1

Requests for TPT positions will be submitted to the Chief, Force Development Division, with full justification, to include pertinent workload data.

7. AUTHORIZATIONS FOR SUMMER EMPLOYMENT OF YOUTH (SEY). Each year LAMC receives a separate allocation for SEY positions. Instructions concerning authorization and appointment procedures will be issued by Chief, Force Development Division, when allocations are received.

8. OFFICER, ENLISTED, AND CIVILIAN GRADES.

a. Officer titles and MOS are designated as indicated in reference 11c. Grades of officer positions are reviewed and approved by HSC in accordance with established criteria and limitations on the overall authorized officer strength by grade and branch as established by law.

b. AR 611-201 governs the pay grades and duty position titles for enlisted positions by Military Occupational Specialty. Requests for exceptions to standards of grade authorization will be prepared by activities in accordance with para 5f, reference 11d, and forwarded to Chief, Force Development Division.

c. Grades of civilian positions in the TDA do not constitute a legal authorization for the grades reflected. Grade, position title, and series code are determined by Position and Pay Management, CPO, PSF, in accordance with Civil Service Commission and Department of the Army directives.

9. REQUESTS FOR PERSONNEL ACTION (SF 52).

a. SF 52s will be prepared in accordance with Para 4, Part 2, Sec X of PSF Reg 690-5 and "Guidelines for Requesting Personnel Actions", CPO, PSF.

b. Supervisors will review each position which becomes vacant and determine whether duties may be reassigned or the positions abolished without seriously affecting the operation of essential functions.

c. All SF 52s, regardless of purpose, will be submitted to the Force Development Division in three copies for appropriate action.

10. AUTHORIZED AND ASSIGNED ROSTER.

a. The Unit Manning Report, distributed monthly by the Chief, Military Personnel Branch, reflects the distribution of military personnel spaces by TDA paragraph and line number, to include position title, grade, MOS, branch, and number of positions authorized.

LAMC Reg 570-1

13 May 1974

b. The Civilian Authorized and Assigned Roster, distributed monthly by the Chief, Force Development Division, reflects the distribution of civilian personnel spaces by TDA paragraph and line number, job title, series code, grade, and AMS code. The Chief, Force Development Division will forward two copies of the roster to chiefs of organizational elements for review and update monthly. One updated copy will be returned to the Chief, Force Development Division for reconciliation.

11. FEEDER FOR MED 87(R4) ASSIGNMENT AND UTILIZATION OF AMEDD PERSONNEL,

a. Chiefs of Departments/Divisions/separate Services will submit one copy of LAMC Form 965 (Appendix C) to Chief, Force Development Division not later than second workday of January, April, July and October.

b. Report only hours for the report month as opposed to the total months in the quarter.

12. REFERENCES.

- APPENDIX D
MANPOWER STATUS REPORT
- a. AR 310-49, The Army Authorization Document System.
 - b. AR 570-4, Manpower Management.
 - c. AR 611-101, Manual of Commissioned Officer Military Occupational Specialties.
 - d. AR 611-201, Enlisted Military Occupational Specialties.
 - e. DA Pam 570-4, Manpower Procedures Handbook.
 - f. DA Pam 570-551, Staffing Guide for US Army Garrisons.
 - g. DA Pam 570-557, Staffing Guide for US Army Medical Department Activities.
 - h. PSF Reg 690-5, Civilian Personnel Policy.
 - i. LAMC Reg 1-2, Command Management System.
 - j. LAMC Reg 40-419, Outpatient Report.

PATIENT ADMISSIONS

1. Admissions

a. Live Births

b. Other

TOTAL

2. Daily Average Beds Occ

a. VB

b. (INHA - VB)

c. Other

TOTAL

3. Occupancy Rate (%)

4. Daily Average Patient Census

a. VB

b. (INHA - VB)

c. Other

TOTAL

5. Average Length of Stay

a. Active Duty Military

b. Dependents

c. All Categories

Quarters Patients and Nonborn Residents are listed for information purposes only. They are not included in the Total Daily Average Patient Census

APPENDIX D

EXECUTIVE SUITE REPORT

REF: 100774 class 1054 will be reflected in the output count.

A. PATIENT ADMIN DIV

1. Admissions

a. Live Births

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
	41	52	54	65	47	61	48						FY 75
	(72)	(55)	(49)	(58)	(65)	(63)	(63)	()	()	()	()	()	FY 74

b. Other

	857	839	793	838	716	686	916					
	(889)	(799)	(759)	(762)	(784)	(614)	(910)	()	()	()	()	()

TOTAL

	898	891	847	903	763	747	964					
	(961)	(854)	(808)	(820)	(849)	(677)	(973)	()	()	()	()	()

2. Daily Average Beds Occ

a. VN

	0	0	0	0	0	0	0					
	(2)	(1)	(1)	(0)	(0)	(0)	(0)	()	()	()	()	()

b. (IRHA - VN)

	0	0	0	0	0	0	0					
	(2)	(1)	(1)	(0)	(0)	(0)	(0)	()	()	()	()	()

c. Other

	342	356	350	360	325	270	333					
	(390)	(358)	(387)	(391)	(392)	(282)	(324)	()	()	()	()	()

TOTAL

	342	356	350	360	325	270	333					
	(392)	(359)	(388)	(391)	(392)	(282)	(324)	()	()	()	()	()

3. Occupancy Rate (%)

	70%	73%	71%	73%	66%	55%	68%					
	(75%)	(68%)	(74%)	(74%)	(75%)	(58%)	(66%)	()	()	()	()	()

4. Daily Average Patient

Census

a. VN

	0	0	0	0	0	0	0					
	(6)	(2)	(1)	(0)	(0)	(0)	(0)	()	()	()	()	()

b. (IRHA - VN)

	0	0	0	0	0	0	0					
	(5)	(1)	(1)	(0)	(0)	(0)	(0)	()	()	()	()	()

c. Other

	408	429	429	433	401	361	405					
	(488)	(424)	(431)	(435)	(469)	(427)	(396)	()	()	()	()	()

TOTAL

	408	429	429	433	401	361	405					
	(494)	(426)	(432)	(435)	(469)	(427)	(396)	()	()	()	()	()

d. Newborn Bassinets*

	7	8	9	10	10	9	8					
	(12)	(9)	(7)	(10)	(13)	(12)	(10)	()	()	()	()	()

e. Quarters Patients*

	8	9	Eff 1 Sep 74 qtrs pnts will be reflected in the outpnt count.									
	(7)	(10)	(13)	(13)	(15)	(13)	(15)	()	()	()	()	()

5. Average Length of Stay

a. Active Duty Military

	20	22	31	28	24	23	21					
	(20)	(21)	(27)	(28)	(28)	(19)	(20)	()	()	()	()	()

b. Dependents

	9	9	8	8	9	8	8					
	(10)	(8)	(10)	(10)	(10)	(10)	(7)	()	()	()	()	()

c. All Categories

	12	13	13	13	14	12	11					
	(14)	(13)	(15)	(16)	(15)	(14)	(11)	()	()	()	()	()

*Quarters Patients and Newborn Bassinets are listed for information purposes only. They are not included in the Total Daily Average Patient Census

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
6. Hospital Deaths													
a. Fetal/Neonatal	(0) (4)	(1) (3)	(1) (0)	(3) (1)	(0) (1)	(0) (2)	(0) (2)	()	()	()	()	()	FY 75 FY 74
b. Other	(14) (16)	(15) (21)	(11) (8)	(9) (13)	(16) (17)	(15) (15)	(13) (15)	()	()	()	()	()	
TOTAL	(14) (20)	(16) (24)	(12) (8)	(12) (14)	(16) (18)	(15) (17)	(13) (17)	()	()	()	()	()	
7. Autopsy Rate (%)	(79%) (80%)	(56%) (87%)	(58%) (88%)	(50%) (86%)	(44%) (83%)	(60%) (65%)	(62%) (82%)	()	()	()	()	()	
8. Live Births	(41) (72)	(52) (55)	(54) (49)	(65) (58)	(47) (65)	(61) (63)	(48) (63)	()	()	()	()	()	
9. Number of Medical Boards Processed	(47) (36)	(41) (52)	(52) (46)	(41) (45)	(47) (47)	(67) (53)	(66) (66)	()	()	()	()	()	
10. Delinquent Clinical Records	(16) (60)	(9) (69)	(13) (90)	(25) (122)	(17) (20)	(41) (4)	(25) (16)	()	()	()	()	()	
11. Aver Daily Clinical Visits													
a. Outpatient (Incl Health Clinics)	(1279) (1096)	(1175) (1128)	(1156) (1055)	(1197) (1132)	(1225) (1198)	(995) (783)	(1358) (1263)	()	()	()	()	()	
b. Inpatient	(450) (265)	(463) (309)	(482) (258)	(426) (330)	(432) (340)	(250) (213)	(396) (408)	()	()	()	()	()	
c. Quarters Patients	(6) (2)	(6) (3)	Eff 1 Sep 74	(9) (9)	(10) (10)	(8) (8)	(9) (9)	()	()	()	()	()	
d. Physical Exams Completed	(26) (41)	(22) (40)	(27) (31)	(22) (30)	(27) (32)	(20) (23)	(25) (28)	()	()	()	()	()	
TOTAL ***	(1761) (1404)	(1666) (1480)	(1665) (1352)	(1645) (1501)	(1684) (1580)	(1265) (1027)	(1779) (1708)	()	()	()	()	()	
12. Aver Daily Dental Procedures (Incl Health Clinics)	(401)** (208)	(410) (233)	(378) (171)	(351) (188)	(388) (186)	(228) (144)	(444) (168)	()	()	()	()	()	
B. PERSONNEL DIVISION													
1. Personnel Strengths													
a. Total Military Auth	(999) (1037)	(997) (1037)	(997) (1039)	(997) (1039)	(997) (1039)	(1001) (1034)	(1025) (1034)	()	()	()	()	()	
Assigned	(1146) (1258)	(1151) (1215)	(1136) (1232)	(1139) (1240)	(1129) (1238)	(1177) (1210)	(1166) (1186)	()	()	()	()	()	
b. Total Civilian Auth*	(816) (794)	(820) (794)	(825) (802)	(813) (802)	(810) (802)	(791) (802)	(808) (794)	()	()	()	()	()	
Assigned	(755) (727)	(758) (741)	(756) (745)	(772) (759)	(768) (761)	(750) (759)	(767) (772)	()	()	()	()	()	

*Locally Auth to Activities

**Method of computing dental workload changed by HSC from Dental Treatments (FY 74) to Dental Procedures effective (FY 75).

***Close of HAFF & Hunters Point

NOTE: JAN (FY 75) reflects Sierra Health & Dental Clinic workload.

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
c. MC Officers Auth	168	201	201	201	201	193	195						FY 75
	(159)	(159)	(159)	(159)	(159)	(160)	(160)	()	()	()	()	()	FY 74
Assign	257	242	241	240	235	247	244						
	(264)	(250)	(244)	(244)	(246)	(246)	(246)	()	()	()	()	()	
d. DC Officers Auth	26	24	24	24	24	24	25						
	(29)	(29)	(27)	(27)	(27)	(27)	(27)	()	()	()	()	()	
Assign	30	31	27	22	22	27	26						
	(26)	(31)	(32)	(31)	(32)	(31)	(32)	()	()	()	()	()	
e. VC Officers Auth	9	8	8	8	8	8	8						
	(10)	(10)	(10)	(10)	(10)	(9)	(9)	()	()	()	()	()	
Assign	5	6	6	8	8	8	8						
	(5)	(7)	(6)	(6)	(6)	(5)	(6)	()	()	()	()	()	
f. ANC Officers Auth	140	137	137	137	137	137	138						
	(142)	(142)	(142)	(142)	(142)	(142)	(142)	()	()	()	()	()	
Assign	141	156	156	158	162	149	148						
	(137)	(145)	(154)	(162)	(169)	(158)	(159)	()	()	()	()	()	
g. MSC Officers Auth	51	50	50	50	50	50	53						
	(51)	(51)	(52)	(52)	(52)	(52)	(52)	()	()	()	()	()	
Assign	58	62	62	55	57	58	62						
	(58)	(56)	(61)	(63)	(62)	(61)	(67)	()	()	()	()	()	
h. AMSC Officers Auth	20	19	19	19	19	19	19						
	(24)	(24)	(26)	(26)	(26)	(26)	(26)	()	()	()	()	()	
Assign	17	21	23	21	20	23	22						
	(24)	(21)	(21)	(21)	(21)	(25)	(21)	()	()	()	()	()	
i. Other Officers Auth	7	7	7	7	7	7	7						
	(9)	(9)	(8)	(8)	(8)	(7)	(7)	()	()	()	()	()	
Assign	11	14	13	13	14	13	15						
	(11)	(11)	(12)	(11)	(13)	(12)	(11)	()	()	()	()	()	
j. Enlisted Pers Auth	578	551	551	551	551	563	580						
	(613)	(613)	(615)	(615)	(615)	(611)	(611)	()	()	()	()	()	
k. EM (Male) Assign	445	432	417	427	415	467	451						
	(554)	(510)	(519)	(519)	(518)	(503)	(479)	()	()	()	()	()	
l. EW (Female) Assign	182	187	191	195	196	185	190						
	(179)	(184)	(183)	(183)	(171)	(169)	(165)	()	()	()	()	()	
m. MHC Patients Assign	93	112	112	95	97	97	99						
	(115)	(114)	(112)	(119)	(93)	(101)	(116)	()	()	()	()	()	
2. No. of Man hours lost due to accidents	15	0	0	0	0	0	0						
	(16)	(0)	(0)	(0)	(112)	(152)	(32)	()	()	()	()	()	
3. No. of reenlistments	6	5	5	5	7	11	5						
	(16)	(9)	(5)	(10)	(9)	(7)	(8)	()	()	()	()	()	

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
a. Total Reenl Obj*	6.21 (2.00)	6.93 (2.00)	6.78 (2.00)	6.67 (8.31)	6.84 (8.31)	7.03 (8.31)	6.66 (7.35)	()	()	()	()	()	FY 75 FY 74
b. % Rate of Reenl*	97% (150%)	72% (200%)	74% (100%)	75% (120%)	102% (108%)	156% (84%)	75% (109%)	()	()	()	()	()	
4. Turnover Rate Civilian Personnel (%) (Term+Avg Strxl00)	5.2% (6.8%)	3.0% (2.6%)	4.0% (2.0%)	2.2% (2.2%)	3.0% (1.6%)	3.0% (1.7%)	1.0% (2.3%)	()	()	()	()	()	
5. Article 15s													
a. Med Co. (male)	4 (8)	3 (8)	5 (1)	5 (3)	6 (3)	3 (4)	0 (9)	()	()	()	()	()	
b. Med Co. (WAC)	0 (1)	1 (4)	0 (1)	1 (1)	1 (0)	1 (0)	4 (1)	()	()	()	()	()	
c. Medical Holding Co	3 (0)	2 (4)	5 (1)	1 (0)	4 (2)	0 (0)	0 (1)	()	()	()	()	()	
C. <u>FOOD SERVICE DIVISION</u>													
1. Average Daily Rations													
a. Total	665 (725)	645 (670)	638 (648)	632 (664)	598 (676)	485 (657)	578 (596)	()	()	()	()	()	
b. To Wards (Trays)	258 (274)	281 (249)	270 (242)	277 (254)	251 (235)	217 (213)	252 (223)	()	()	()	()	()	
2. No. Guest Meals	4291 (3326)	3415 (1587)	2378 (1825)	1642 (598)	2323 (1711)	1262 (1453)	1517 (1577)	()	()	()	()	()	
3. Turnover Rate Civ Pers% (Term+Avg Strxl00)	0% (0%)	0% (1%)	0% (0%)	0% (0%)	2% (2%)	0% (2%)	0% (1%)	()	()	()	()	()	
D. <u>LOGISTICS DIVISION</u>													
1. Medical Supply													
a. Lines Issued	5821 (5009)	6607 (4496)**	5322 (4582)	5869 (5318)	6623 (6207)	4499 (5506)	7749 (6512)	()	()	()	()	()	
b. Lines received	3087 (2349)	1950 (1257)**	1835 (2016)	1821 (2862)	1827 (2606)	1359 (1705)	2683 (1785)	()	()	()	()	()	
c. Demand satisfaction (% of stock items supplied on demand)	96.1% (92.1%)	94.0% (89.2%)	94.1% (90.0%)	94.8% (90.7%)	95.0% (94.3%)	95.3% (93.1%)	95.6% (95.5%)	()	()	()	()	()	

*Jul thru Sep (FY 74) is 1st Termer Reenl Obj & Initial Reenl Rate. HSC requirement changed to Total Reenl Obj & % Rate of Reenl in Oct.

**Does not include Local Purchase Mat. Cat 31 due to ADP failure to run program.

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2. Property Management												
a. Line items processed	4246 (1423)	2282 (1386)	995 (1129)	3148 (1859)	8876 (3804)	1872 (1570)	2608 (2756)	()	()	()	()	()
b. \$ value of Prop Book	7204727 (7204727)	8028586 (7204727)	8028586 (7402727)	8363671 (7402727)	8363671 (7666568)	7978586 (7666568)	9041626 (7666568)	()	()	()	()	()
c. MEDCASE Equip												
(1) Requirements	1746654 (1497801)	1924000 (982413)	1850000 (982413)	1894000 (1133844)	1894000 (935598)	1920516 (962805)	1494723 (1018405)	()	()	()	()	()
(2) Procured	0 (0)	0 (383484)	4824 (10705)	7498 (0)	85324 (45841)	180689 (8065)	107628 (540125)	()	()	()	()	()
d. Linen items issued	274106 (284890)	299256 (291182)	237267 (238445)	266491 (271679)	231173 (288176)	225144 (251657)	231907 (286419)	()	()	()	()	()
3. Procurement												
a. Purchase actions	651 (482)	957 (882)	882 (814)	782 (815)	958 (879)	1237 (733)	1137 (1120)	()	()	()	()	()
b. Dollar value	353364 (299125)	561638 (543824)	395776 (210860)	367982 (399490)	449463 (338867)	816521 (280154)	420263 (436918)	()	()	()	()	()
4. Medical maint jobs compl												
	716 (1198)	631 (1064)	420 (2689)	3828 (2799)	3572 (4007)	2891 (3844)	2986 (3713)	()	()	()	()	()
E. OTHER SERVICES AND ACTIVITIES												
1. No. of IG Complaints(IG)	10 (12)	14 (7)	13 (5)	10 (9)	12 (5)	15 (7)	18 (8)	()	()	()	()	()
2. No. of Requests for Asst	15 (21)	19 (24)	17 (10)	15 (12)	15 (9)	13 (8)	30 (14)	()	()	()	()	()
3. No. of Court Martials (JAG)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	()	()	()	()	()
a. Special	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	()	()	()	()	()
b. Summary	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	()	()	()	()	()

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
4. Average Number in Tng (PO&T)												
a. Numbered Enlisted Courses (Less 91C20)	(<u>23</u> 21)	(<u>24</u> 17)	(<u>30</u> 14)	(<u>29</u> 15)	(<u>25</u> 17)	(<u>17</u> 14)	(<u>19</u> 14)	()	()	()	()	()
b. Clinical Specialist Course	(<u>120</u> 129)	(<u>114</u> 129)	(<u>113</u> 125)	(<u>81</u> 95)	(<u>94</u> 65)	(<u>103</u> 64)	(<u>100</u> 100)	()	()	()	()	()
c. Professional Officer Training Programs	(<u>198</u> 227)	(<u>199</u> 223)	(<u>197</u> 196)	(<u>196</u> 196)	(<u>196</u> 195)	(<u>196</u> 194)	(<u>188</u> 192)	()	()	()	()	()
d. Miscellaneous Training Programs	(<u>163</u> 119)	(<u>136</u> 44)	(<u>101</u> 28)	(<u>30</u> 24)	(<u>39</u> 24)	(<u>37</u> 28)	(<u>41</u> 27)	()	()	()	()	()
e. Clinical Clerks and Summer Practicums	(<u>63</u> 49)	(<u>16</u> 23)	(<u>15</u> 12)	(<u>13</u> 18)	(<u>9</u> 10)	(<u>5</u> 6)	(<u>6</u> 7)	()	()	()	()	()
f. Nursing Specialty Courses	(<u>4</u> 6)	(<u>8</u> 5)	(<u>8</u> 4)	(<u>8</u> 8)	(<u>8</u> 7)	(<u>8</u> 6)	(<u>9</u> 9)	()	()	()	()	()
TOTAL	(<u>571</u> 551)	(<u>497</u> 441)	(<u>464</u> 379)	(<u>357</u> 356)	(<u>371</u> 318)	(<u>366</u> 312)	(<u>363</u> 349)	()	()	()	()	()
5. Input into Postgraduate Short Courses Held at LAMC	(<u>0</u> 3)	(<u>0</u> 0)	(<u>263</u> 185)	(<u>215</u> 194)	(<u>0</u> 0)	(<u>316</u> 197)	(<u>0</u> 0)	()	()	()	()	()
6. Total Number of TDY Man-Days Conference Travel by Professional Elements	(<u>34</u> 68)	(<u>66</u> 66)	(<u>49</u> 153)	(<u>388</u> 199)	(<u>136</u> 150)	(<u>177</u> 112)	(<u>6</u> 149)	()	()	()	()	()
7. Number of Paid Civilian Consultant Visits	(<u>52</u> 48)	(<u>71</u> 48)	(<u>101</u> 92)	(<u>107</u> 95)	(<u>104</u> 85)	(<u>91</u> 76)	(<u>94</u> 92)	()	()	()	()	()
8. Medical Library Svcs												
a. Library Circulation	(<u>1941</u> 1747)	(<u>2153</u> 2134)	(<u>1609</u> 1659)	(<u>2175</u> 1802)	(<u>1964</u> 1515)	(<u>1611</u> 1361)	(<u>2042</u> 2053)	()	()	()	()	()
b. Ref Requests/Svcs	(<u>1327</u> 901)	(<u>1549</u> 1104)	(<u>1862</u> 835)	(<u>2071</u> 751)	(<u>1974</u> 1062)	(<u>1370</u> 922)	(<u>2009</u> 1200)	()	()	()	()	()
TOTAL	(<u>3268</u> 2648)	(<u>3702</u> 3238)	(<u>3471</u> 2494)	(<u>4246</u> 2553)	(<u>3938</u> 2577)	(<u>2981</u> 2283)	(<u>4051</u> 3253)	()	()	()	()	()

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
9. Pharmacy Workload												
a. Outpt (prescrip)												
(Incl Health Clinics)	33371	34077	32366	33527	34118	29467	34579					
	(28945)	(31872)	(31033)	(30903)	(35668)	(31972)	(36907)					
b. Inpt (ward issues)	44411	51111	45461	45924	36770	37741	50666					
	(46210)	(43416)	(44287)	(44586)	(46378)	(39263)	(43861)					
10. Office Correspondence Handled (ADJ)	108624	101667	101604	101610	101721	101666	101672					
	(98700)	(97680)	(97775)	(96724)	(95624)	(94927)	(96674)					
11. Reproduction Masters Prepared	3095	2845	2755	2875	2740	2440	2620					
	(3450)	(3650)	(2825)	(2990)	(2850)	(2140)	(2945)					
12. Postal & Directory Svc (pieces)	112128	113124	113044	113072	112964	101924	101936					
	(111726)	(110940)	(111740)	(111642)	(111211)	(110826)	(111126)					
13. Non-Appropriated Fund Activities												
a. Central Post Fund												
net worth increases	+6313	-5771	-6186	+9845	-4075	-3514	+5983					
(+)decreases(-)	(+7551)	(-3690)	(-6261)	(+14446)	(+1645)	(-7274)	(-1323)					
b. Donated Fund, net												
worth increase(+)	-467	-6	-179	+286	-409	-1790	+1512					
decrease(-)	(+204)	(-0-)	(-550)	(+310)	(-148)	(+1288)	(+189)					
c. Thompson Hall												
Fund, net	+867	+1037	+81	-256	-101	-2736	-2768					
Profit(+)Loss(-)	(-1688)	(+6)	(+483)	(+1973)	(-1054)	(-1493)	(-1499)					

DISPOSITION FORM

For use of this form, see AF 340-15, the present agency or The Adjutant General's Office.

REFERENCE OR OFFICE SYMBOL	SUBJECT
MEMRS-2	Workload Highlights for October 1974

TO SEE DISTRIBUTION FROM PAD DATE 11 Nov 74 BY 1
Mr. Barnes/sh/4510

A group of schedules has been compiled to provide information relating to the workload of the month of October 1974. As compared to the previous month, the following are the general highlights based on the daily averages:

- Average Beds Occupied jumped 3%.
- Hospital Admissions climbed 6%.
- Average Patient Stay remained steady.
- Clinic Visits slipped 1%.
- Hospital Composite Units (HCU) 1974
- Reimbursements Earned dropped 3%.

APPENDIX E

WORK LOAD HIGHLIGHTS REPORT

1 Incl
as

John C. Faine
MAJ, MC
C, Patient Admin Division

DISTRIBUTION:

Commander
Adjutant
Comptroller
Personnel Division
Force Development Div
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Occupational Therapy
Physical Therapy
Neurosurgery
Plastic Surgery
Dept of Medicine
Dept of Surgery
Dept of Psychiatry
Dept of OB/GYN
Dept of Ambulatory Care
Dept of Pediatrics
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Dept of Pathology
Dept of Nursing
Physical Medicine Service
Pharmacy Service
Social Work Service
Oakland Army Base Clinic
Patient Administration Division (10 copies)

DA FORM 2496

REPLACES DA FORM 24, DATED 10-1-64, WHICH WILL BE
ISSUED AND USED UNTIL 1 FEB 68 UNLESS SOONER EXHAUSTED.

FORM 10710-100-101

DISPOSITION FORM

For use of this form, see AR 340-15; the proponent agency is The Adjutant General's Office.

REFERENCE OR OFFICE SYMBOL	SUBJECT
MEDES-R	Workload Highlights for October 1974

TO SEE DISTRIBUTION FROM PAD DATE 11 Nov 74 CMT 1
Mr. Bacon/ah/4510

A group of schedules has been compiled to provide information relating to the workload of the month of October 1974. As compared to the previous month, the following are the general highlights based on the daily averages:

- a. Average Beds Occupied jumped 3%.
- b. Hospital Admissions climbed 6%.
- c. Average Patient Stay remained steady.
- d. Clinic Visits slipped 1%.
- e. Hospital Composite Units (HCU) rose 3%.
- f. Reimbursements Earned dropped 3%.

1 Incl
as

John C. Payne
JOHN C. PAYNE
MAJ, MSC
C, Patient Admin Division

DISTRIBUTION:

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Dept of Pediatrics
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Physical Medicine Service
Pharmacy Service
Social Work Service
Oakland Army Base Clinic
Patient Administration Division (10 copies)

DA FORM 2496
1 FEB 62

REPLACES DD FORM 96, EXISTING SUPPLIES OF WHICH WILL BE
ISSUED AND USED UNTIL 1 FEB 63 UNLESS SOONER EXHAUSTED.

☆GPO: 1971 O - 426-721

LETTERMAN ARMY MEDICAL CENTER WORKLOAD

OCTOBER 1974

TOTALS	CURRENT MONTH				FISCAL YEAR CUMULATIVE			
	OCT 74	OCT 73	CHANGE	%	JUL-OCT 74	JUL-OCT 73	CHANGE	%
Beds Occupied	11172	12126	- 954	- 8	43294	47045	- 3751	- 8
Admissions	838	762	+ 76	+10	3327	3209	+ 118	+ 4
Live Births	65	58	+ 7	+12	212	234	- 22	- 9
Clinic Visits	51003	46520	+4483	+10	207162	176500	+30662	+17
LAMC	46829	43384	+3445	+ 8	189996	160308	+29688	+19
OAB	1414	1402	+ 12	+ 1	5489	5429	+ 60	+ 1
SACTO	1412	1719	- 307	-18	5483	6488	- 1005	-15
SHARPE	1348	1417	- 69	- 5	6194	5677	+ 517	+ 9
* Dental Treatments	10880	5836	+5044	+87	47361	24626	+22735	+92
<u>DAILY AVERAGE</u>								
Beds Occupied	360	391	- 31	- 8	352	382	- 30	- 8
Admissions	27	25	+ 2	+10	27	26	+ 1	+ 4
Live Births	2	2			2	2		
Clinic Visits	1645	1501	+ 144	+10	1684	1435	+ 249	+17
* Dental Treatments	351	188	+ 163	+87	385	200	+ 185	+92
<u>COMPOSITE UNITS</u>								
HCU	652	656	- 4	- 1	640	662	- 22	- 3
MCCU	1145	1106	+ 39	+ 4	1145	1093	+ 52	+ 5
HCCU	1251	1162	+ 89	+ 8	1261	1153	+ 108	+ 9

HCU (Hospital Composite Unit) Beds Occupied + 10 times Admissions + 10 times Live Births.

MCCU (Medical Care Composite Units) HCU + .3 times Clinic Visits.

HCCU (Health Care Composite Units) MCCU + .3 times Dental Treatments.

* In July 74 the dental service changed from treatments to procedures for workload reporting purposes.

SOURCE: MED 302, Medical Summary Report

LETTERMAN ARMY MEDICAL CENTER

INPATIENT SPECIALTY SERVICE

OCTOBER 1974

DEPARTMENT	BED DAYS			ADMISSIONS			LENGTH OF PATIENT STAY		
	SEP	OCT	CHANGE	SEP	OCT	CHANGE	SEP	OCT	CHANGE
Surgery	4927	5567	+ 640	352	346	- 6	13.9	16.1	+ 2.2
Medicine	2767	2612	- 155	221	246	+ 25	12.6	10.6	- 2.0
Psychiatry	1965	2172	+ 207	45	55	+ 10	43.7	39.5	- 4.2
OB-GYN	627	671	+ 44	137	161	+ 24	4.6	4.2	- .4
Pediatric	199	150	- 49	38	30	- 8	5.2	5.0	- .2
TOTAL	10485	11172	+ 687	793	838	+ 45	13.2	13.3	+ .1

CHANGES IN BED DAYS DUE TO INCREASE OR DECREASE IN

DEPARTMENT	ADMISSIONS	LENGTH OF STAY	DAYS IN MONTH
Surgery	+ 273	+ 737	+ 176
Medicine	+ 180	- 417	+ 82
Psychiatry	+ 316	- 179	+ 70
OB-GYN	+ 80	- 57	+ 21
Pediatric	- 45	- 15	+ 11
TOTAL	+ 258	+ 69	+ 360

REMARKS: There were 360 more beds recorded during October because of the extra calendar day as compared to September. Also, the extra day meant 27 more admissions. In reviewing the two months on a comparable 30 day month basis, the increase of 18 admissions resulted in 258 more bed days. Using admissions to compute the average length of patient stay, there was a slight increase from 13.2 days in September to 13.3 days in October. The overall effect was the addition of 69 bed days during October. The influence of these three factors, (admission, length of stay and days in month) on the number of bed days can be observed for each department.

REMARKS: There was a proportionate increase in number of admissions by active duty and retired personnel. Whereas the length of patient stay remained relatively stable during September and October, the retired and dependents remained for a longer period during October. There was a marked decline in the percentage of total clinic visits in treatment of inpatients during October, from 25.4% to 23.4%. Each inpatient on an average visited clinics 12 times during every 10 days of hospitalization.

LETTERMAN ARMY MEDICAL CENTER

IMPATIENT CATEGORY WORKLOAD

OCTOBER 1974

CATEGORY OF PATIENT	ADMISSIONS NUMBER	% OF TOTAL	BED DAYS	DAYS AVERAGE PATIENT STAY	INPATIENT VISITS TO CLINICS	PERCENTAGE OF TOTAL CLINIC VISITS	CLINIC VISITS EVERY 10 DAYS HOSPITALIZATION
TOTAL	838	100.0	11172	13.3	13208	25.9	12
ACTIVE DUTY	143	17.1	4050	28.3	3143	37.1	8
RETIRED	232	27.7	3153	13.6	4418	34.3	14
DEPENDENTS	457	54.5	3882	8.5	5595	20.5	14
OTHER	6	.7	87	14.5	52	2.2	6

SEPTEMBER 1974

TOTAL	793	100.0	10485	13.2	14465	29.0	14
ACTIVE DUTY	127	16.0	3961	31.2	3715	40.0	9
RETIRED	211	26.7	2695	12.8	4445	36.4	16
DEPENDENTS	446	56.2	3623	8.1	6274	24.1	17
OTHER	9	1.1	206	22.9	31	1.3	2

REMARKS: There was a proportionate increase in number of admissions by active duty and retired personnel. Whereas the length of patient stay remained relatively stable during September and October, the retired and dependents remained for a longer period during October. There was a marked decline in the percentage of total clinic visits in treatment of inpatients during October, from 29% to 25.9%. Each inpatient as an average visited clinics 12 times during every 10 days of hospitalization.

LETTERMAN ARMY MEDICAL CENTER

OUTPATIENT AND CLINIC WORKLOAD

OCTOBER 1974

CATEGORY OF PATIENT	OUTPATIENT VISITS		DEPARTMENT OR SERVICE	TOTAL	% OF TOTAL	INPATIENT VISITS	OUTPATIENT VISITS
	NUMBER	% OF TOTAL		VISITS			
<u>TOTAL</u>	<u>37795</u>	<u>100.0</u>	<u>TOTAL</u>	<u>51003</u>	<u>100.0</u>	<u>13208</u>	<u>37795</u>
ACTIVE DUTY	5332	14.1	Surgery	6288	12.3	474	5814
			Medicine	13219	25.9	6613	6606
RETIRED	8447	22.4	Psychiatry	1741	3.4	188	1553
			OB-GYN	2388	4.7	27	2361
DEPENDENTS	21655	57.3	Pediatrics	2018	4.0		2018
			Ambulatory Care	10309	20.2		10309
OTHER	2361	6.2	Physical Medicine	5017	9.8	3478	1539
			Radiology	3208	6.3	986	2222
			Social Work	2641	5.2	1442	1199
			Oakland Army Base	1414	2.8		1414
			Sacramento Army Depot	1412	2.8		1412
			Sharpe Army Depot	1348	2.6		1348

REMARKS: The proportion of outpatient visits by other than active duty military reached a high of almost 86% during October.

Visits by outpatients rose to 74% of the clinic workload.

Bed patients accounted for 26% of the clinic effort, a drop from 29% in September.

Under 48 hours
Over 48 hours

DISCHARGE 714

Remaining S.I. at end of mo.

CHS - Coded for record only. Includes deaths occurring elsewhere and SIA.

LETTERMAN ARMY MEDICAL CENTER

DEATHS

OCTOBER 1974

	OCT 74	OCT 73	CUMULATIVE	
			JUL-OCT 74	JUL-OCT 73
TOTAL	<u>12</u>	<u>14</u>	<u>54</u>	<u>67</u>
Autopsies Performed	6	12	39	57
Autopsy Ratio	50%	86%	72%	85%
In Hospital	6	12	33	54
By Coroner			6	3
CATEGORY TOTAL	<u>12</u>	<u>14</u>	<u>54</u>	<u>67</u>
Active Duty				5
Retired	5	9	23	30
Dependent	7	5	28	29
Civilian			3	3
OTHER DATA				
Newborn	1	1	2	7
Stillborn	2		2	1
Coroners			5	2
CRO	3	3	4	3
TOTAL	<u>12</u>	<u>14</u>	<u>54</u>	<u>67</u>
Under 48 hours	2	3	22	24
Over 48 hours	10	11	32	43
SERIOUSLY ILL				
New Seriously Ill	56	47	190	187
Remaining S.I. at end of mo.	24	17	24	17

CRO - Carded for record only. Includes deaths occurring elsewhere and DOA.

LETTERMAN ARMY MEDICAL CENTER

REIMBURSEMENTS EARNED

OCTOBER 1974

SOURCE	OCTOBER	SEPTEMBER	CHANGE
* 210 Rations, ENL Military	\$ 20,179.80	\$ 17,609.82	\$ + 2,569.98
* 260 National Guard	94.50	25.40	+ 69.10
* 270 Reserve Forces	556.20	1,747.52	- 1,191.32
816 Federal Employees Comp	931.00		+ 931.00
* 819 State Dept		48.00	- 48.00
875 Coast Guard, PHS	31,410.50	37,563.80	- 6,153.30
899 All Other	676.00	96.00	+ 580.00
* 930 Mess Hall	12,121.75	12,455.30	- 333.55
Outpatient	320.00	288.00	+ 32.00
Inpatient (Civ, Off, Dep)	17,693.20	17,029.85	+ 663.35
TOTAL	\$ 83,982.95	\$ 86,863.69	\$ - 2,880.74
* Subject to Local Collection	\$ 50,965.45	\$ 49,203.89	\$ + 1,761.56

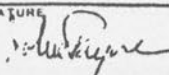
Reimbursements Earned are charges made by LAMC for services furnished including subsistence, inpatient and outpatient care. The dollars represent amounts billed or charged individuals who are responsible for the cost of care, and amounts billed to other government agencies. Source codes and a separate breakout total have been identified to show the charges subject to local collection.

Billings for patient days of Coast Guard personnel declined by 18% this month to almost the same figure as experienced during August. The ration rate rise effective 1 October 1974 contributed in part to the 14% increase in billings for enlisted military rations. One VA authorized admission added \$ 532.00 to the earnings under code 899 All Other. In combination with other variations in workloads which are subject to a charge, reimbursements earned decreased by 3% during October

CONSOLIDATE REPORT

MEDICAL SUMMARY REPORT														REPORTS CONTROL SYMBOL MED-302			
For use of this form, see AR 40-418; the proponent agency is the Office of The Surgeon General.																	
REPORTING FACILITY, UIC, LOCATION (MEDDAC, MEDICAL CENTER, MAJOR COMMAND)										TYPE OF REPORT (Check appropriate box)		REPORT PERIOD					
Letterman Army Medical Center, Presidio of San Francisco, CA 94129										☐ INITIAL ☒ MONTHLY ☐ FINAL		OCTOBER 1974					
SECTION A - PATIENT'S TABLE																	
CATEGORY OF PATIENT		HOSPITAL ADMISSIONS							TOTAL PNTS ON CENSUS			TOTAL HOSPITAL BEDS OCCUPIED				OUTPAT & INPAT VISITS	
		TOTAL ADMISSIONS (Column c thru h)	DIRECT OR TRANSFER FROM NON-HOSPITAL US MILITARY MEDICAL TREATMENT FACILITY			TRANSFER FROM ANOTHER US MILITARY HOSPITAL		CONUS ORIGIN	OVERSEAS ORIGIN		TOTAL	CONUS ORIGIN	OVERSEAS ORIGIN		OUTPATIENT, QUARTERS PATIENT, COMPLETE AND FLIGHT PHYSICAL EXAMINATIONS	IMPATIENT VISITS TO CLINICS	
			DISEASE c	INJURY (NBI) d	BAT CAS e	CONUS ORIGIN f	OVERSEAS ORIGIN DISEASE/ NBI g		BAT CAS h	DISEASE/ NBI i			BAT CAS j	DISEASE/ NBI k			BAT CAS l
1	TOTAL - ALL PATIENTS	838	706	51		37	44		4488	1822		11172	9711	1461		37795	13208
	ACTIVE DUTY																
2	ARMY	121	73	8		19	21		4027	1813		3699	2436	1263		4497	2662
3	NAVY - MARINE CORPS	8	5	2			1		119	7		100	93	7		313	77
4	AIR FORCE	7	6				1		137	2		65	63	2		438	139
5	OTHER (Specify)	1		1					21			5	5			56	48
6	NATIONAL GUARD - RESERVE PERSONNEL (Specify)	6	3	2		1			184			181	181			28	17
	RETIRED																
7	ARMY	155	139	8		8						2125	2088	37		5356	2612
8	NAVY - MARINE CORPS	47	41	5		1						565	565			1470	913
9	AIR FORCE	28	27			1						408	408			1497	893
10	OTHER (Specify)	2	2									55	55			124	
	DEPENDENTS																
11	ARMY AD	106	84	5		3	14					579	512	67		5765	947
12	NAVY - MARINE CORPS AD	58	53	3			2					368	338	30		2368	173
13	AIR FORCE AD	32	25	3			4					198	168	30		1370	263
14	ARMY RETIRED & DECEASED	131	122	7		1	1					1568	1543	25		6659	2527
15	NAVY-MARINE CORPS RETIRED & DECEASED	62	58	3		1						538	538			2475	824
16	AIR FORCE RETIRED & DECEASED	54	50	2		2						531	531			2395	604
17	OTHER (Specify)	14	13	1								100	100			623	27
18	FED EMPLOYEES' COMPENSATION (OPEC)	1		1								7	7			525	
19	VETERANS ADMINISTRATION BENEFICIARIES	1	1									4	4				
20	FOREIGN NATIONALS (Specify) Para 4-24															19	
21	ALL OTHERS (Specify)	4	4									76	76			1817	52

CONSOLIDATED REPORT

SECTION B - INPATIENT AND OUTPATIENT VISITS TO MEDICAL TREATMENT FACILITIES							
TYPE OF VISIT a		INPATIENT b	OUT- PATIENT c	TYPE OF VISIT a		INPATIENT b	OUT- PATIENT c
22	TOTAL (lines 23 thru 27)	13208	37795	50	OCCUPATIONAL HEALTH		85
23	TROOP CLINICS			51	OCCUPATIONAL THERAPY	1781	394
24	HEALTH CLINICS		4374	52	ONCOLOGY	118	430
25	GENERAL OUTPATIENT CLINIC		7761	53	OPHTHALMOLOGY	5	367
26	EMERGENCY ROOM		2463	54	OPTOMETRY	23	1715
27	TOTAL-Special Clinics (lines 28 thru 77)	13208	23397	55	ORGAN TRANSPLANT		
28	ADOLESCENT PEDIATRIC		84	56	ORTHOPEDIC	9	829
29	ALLERGY		912	57	OTOLARYNGOLOGY	24	423
30	ARMY HEALTH NURSE	0	0	58	PERIPHERAL VASCULAR		23
31	CARDIOLOGY	84	1046	59	PEDIATRICS		1760
32	CHILD GUIDANCE		357	60	PHYSICAL MEDICINE	69	373
33	DERMATOLOGY		1325	61	PHYSICAL THERAPY	1628	772
34	ENDOCRINE-METABOLISM		162	62	PLASTIC SURGERY	154	375
35	GASTROENTEROLOGY	102	468	63	PODIATRY	19	319
36	GENERAL MEDICINE	5807	1238	64	PSYCHIATRY	39	830
37	GENERAL SURGERY	62	635	65	PSYCHOLOGY	149	366
38	GYNCOLOGY	23	1626	66	PULMONARY DISEASE	63	220
39	HAND SURGERY			67	PULMONARY FUNCTION	17	46
40	HEAD AND NECK SURGERY		13	68	RADIO THERAPY	168	292
41	HEMATOLOGY	161	116	69	RADIOISOTOPE	818	1930
42	INFECTIOUS DISEASE			70	RHEUMATOLOGY		97
43	INTERNAL MEDICINE	107	45	71	SOCIAL WORK	1442	1199
44	MHCS			72	THORACIC SURGERY	57	93
45	NEPHROLOGY	19	91	73	UROLOGY	85	634
46	NEUROSURGERY	32	66	74	WELL BABY		174
47	NEUROPSYCHIATRY			75			
48	NEUROLOGY	135	410	76	Audio-Speech Path	4	322
49	OBSTETRICS	4	735	77			
SECTION C - ANCILLARY SERVICES							
78	AVIATION MEDICINE			85	COMPLETE PHYSICAL EXAMS		618
79	DIET CONSULTATIONS	20	255	86	FLIGHT PHYSICAL EXAMS		57
80	X-RAY FILM EXPOSURES	20821	40119	87	SCREENING EXAMINATIONS		1334
81	FLUOROSCOPIC PROCEDURES	62	176	88	LIMITED PHYSICAL EXAMS		1161
82	IMMUNIZATIONS	196	8081	89	ORTHOPEDIC APPLIANCES	29	221
83	LABORATORY PROCEDURES	248077		90	ORTHOPEDIC CASTS	279	494
84	PHARMACY						
SECTION D - DATA PERTAINING TO QUARTERS PATIENTS AND MILITARY PERSONNEL IN HOSPITALS OTHER THAN US MILITARY				SECTION E - NEW CASES VENEREAL DISEASE (Performing Duty)			
TYPE a	ADMISSIONS DISEASE/ NBI b	REMAIN- ING END OF PERIOD c	TOTAL CENSUS d	TYPE a	ARMY b	NAVY-MC c	AIR- FORCE d
91	QUARTERS (Army AD)			93	SYPHILLIS		
92	ABSENT SICK	9	7	94	GONOCOCCI INFECTION	1	
* If entered, attach a list of those hospitals. IAW Fig 2-1, AR 40-418.				95	OTHER		
SECTION F - OTHER INFORMATION							
96. BEDS OCCUPIED, END-OF-MONTH AT NON-HOSPITAL MEDICAL TREATMENT FACILITIES		97. NUMBER OF LIVEBIRTHS		STRENGTH			
0		65		98. ARMY	99. N-MC	100. AF	101. REP-63
				4817	288	73	0
							102. OTHER
							0
REMARKS							
Dental Trm: 10880							
AUTHENTICATED BY (Typed Name, Grade and Title) JOHN C. PAYNE, MAJ, MSC C PNT ADMIN DIV				SIGNATURE 		AUTOVON LINE & EXT 586-4510/4906	
						DATE 7 Nov 74	

DISPOSITION FORM

The use of this form, and AF 249-1, for personnel activity is The Adjutant General's Office.

REFERENCE FOR OFFICE SYMBOL

FORM

AFPM-1050

Man-hour and Workload Data Reporting

TO

FROM C, Force Dev Div

DATE 5 Mar 75

CHY 1

1. Reference is made to LAMC Reg 570-1 dated 13 May 74, subject: Manpower Management.

2. Reference above requires each activity to submit quarterly report on man-hour and workload data. Reports Control Symbol CSFOR 76 (Feeder). This is not only necessary at the time of manpower surveys or for processing Interim Schedules X. It is also used by this office for the continued justification of manpower requirements and authorizations. There has been a recent effort to improve the reporting system. It is envisioned that by computerizing and expanding the report, the data will be more timely and meaningful. The majority of activities have already furnished data in the new format for the period July - December 1974. The two coding sheets formerly used to report man-hour and workload data have now been replaced by a single coding sheet, Inclosure 1. The primary change is elimination of the requirement for each activity to do its own adding and dividing. This function will eventually be accomplished by the computer.

APPENDIX F

3. Pending approval of a new LAMC form, the attached coding sheet may be duplicated and used for submission of data. The Form 1050 (Feeder) is also an acceptable means of transmitting the data. The input (either sheets or cards) as well as a printout will be returned to each activity. The original card or sheet where the data was entered must be circled in red. Corrections to the initial printout will be submitted directly to MISO Key Punch Section by major staff elements. All sheets that are being corrected must include the letter C in Box 80 (See Instructions, Pg 3, Appendix A).

DISPOSITION FORM, DATED MARCH 5, 1975,

MAN-HOUR AND WORK LOAD DATA REPORTING

4. Starting with data for the month of January, each Department, Division and Separate Service will forward all completed cards/sheets to Force Development Division NLT the 7th working day of the following month (i.e., 11 March for February data). The sheets/cards and printout will be returned to each activity upon completion. Within two days, necessary corrections should be made with correct data and returned to MISO. It is anticipated that a final corrected printout will be available on the 15th working day of each month.

5. The submission of January and February 1975 input should be furnished Force Development Division by 12 March utilizing the new coding sheets or cards. Corrections of previous input (July - December 1974) should also be submitted at this time (See Appendix A).



THOMAS J. GORDON
MAJ, MSC
C, Force Dev Div

DA FORM 2496

REPLACES DA FORM 24, EXISTING EDITION OF WHICH WILL BE
ISSUED AND USED UNTIL 1 MAR 75 DATE OF CANCELLATION.

1050-1050-1050

DISPOSITION FORM

For use of this form, see AR 340-15; the proponent agency is The Adjutant General's Office.

REFERENCE OR OFFICE SYMBOL

SUBJECT

AFZM-MDFD

Man-hour and Workload Data Reporting

TO

FROM C, Force Dev Div

DATE 5 Mar 75

CMT 1

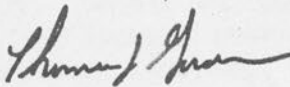
1. Reference is made to LAMC Reg 570-1 dated 13 May 74, subject: Manpower Management.

2. Reference above requires each activity to submit quarterly report on man-hour and workload data, Reports Control Symbol CSFOR 76 (Feeder). This is not only necessary at the time of manpower surveys or for processing interim Schedules X. It is also used by this office for the continued justification of manpower requirements and authorizations. There has been a recent effort to improve the reporting system. It is envisioned that by computerizing and expanding the report, the data will be more timely and meaningful. The majority of activities have already furnished data in the new format for the period July - December 1974. The two coding sheets formerly used to report man-hour and workload data have now been replaced by a single coding sheet, Inclosure 1. The primary change is elimination of the requirement for each activity to do its own adding and dividing. This function will eventually be accomplished by the computer.

3. Pending approval of a new LAMC form, the attached coding sheet may be duplicated and used for submission of data. LAMC Form 239 (Card) is also an acceptable means of transmitting the data. In order to facilitate making corrections in the initial printout, the input (either sheets or cards) as well as a printout will be returned to each activity. As appropriate, corrections will be made on the original card or sheet where the errors occurred. The specific entry that is to be corrected must be circled in red. Corrections to the initial printout will be submitted directly to MISO Key punch Section by major staff elements. All sheets that are being corrected must include the letter C in Box 80 (See instructions, Pg 3, Appendix A).

4. Starting with data for the month of January, each Department, Division and Separate Service will forward all completed cards/sheets to Force Development Division NLT the 7th working day of the following month (i.e., 11 March for February data). The sheets/cards and printout will be returned to each activity upon completion. Within two days, necessary corrections should be made with correct data and returned to MISO. It is anticipated that a final corrected printout will be available OA the 15th working day of each month.

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THOMAS J. GORDON
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C, Force Dev Div

DA FORM 2496
1 FEB 62

REPLACES DD FORM 96, EXISTING SUPPLIES OF WHICH WILL BE
ISSUED AND USED UNTIL 1 FEB 63 UNLESS SOONER EXHAUSTED.

GPO : 1966 O - 323-000

PROCEDURE FOR PREPARATION OF CODING FOR WORKLOAD/MANPOWER REPORTING

1. Effective with Jan 75 submission of workload data, the attached new coding sheet for keypunching will be used.
2. Information to be reported is essentially that information which was reported on the quarterly Schedule X, DA Form 149-4, although there are some additions.
3. A copy of coding sheet may be used for submission or coding cards (LANS Form 239).
4. Sheet #1 outlines items to be filled in with information to be submitted each month on Card (LANS Form 239) or on copy of attached coding sheet.
 - a. Item 1 - Boxes 1, 2, 3 -- TOT para
 - b. Item 2 - Boxes 4, 5 -- Sheet 2
 - c. Item 3 - Boxes 6, 7 -- Sheet 3

APPENDIX G

WORK LOAD/MANPOWER REPORTING

(JANUARY 1975)

- d. Item 4 - Month reported, enter corresponding letter: January, enter "A," for February, enter "B,"
 - e. Item 5 - Boxes 9, 10, 11 -- Average Strength - enter the average number of personnel assigned to your unit during the month. If there were gains or losses during the month, total the number of days the arrivals and departures were assigned to you, and divide the total by the number of days in the month. Carry out to first decimal and convert to whole number. Enter only whole numbers here.
 - f. Item 6 - Boxes 12, 13, 14, 15, 16 -- Number of Work Units. Enter appropriate number, as to "average daily beds occupied," total monthly clinic visits," etc. These figures may be obtained from Patient Administration Division, or from the Administrative Assistant for your Section.
5. Items 7, 8, 9 - Manhours Worked. Enter the total number of hours worked by assigned personnel only. Do not include "Other Used Manhours" (Item 10). Exclude annual and sick leaves, compensatory time, ANOL and LWOP. Include overtime, TDY, physical training, mandatory training.
- a. Item 7 - Boxes 17, 18, 19, 20 -- Officer Actual Man Hours. Include only those hours worked on your unit by officers actually assigned to your unit. Do not include hours for reservists, students, etc.

PROCEDURE FOR PREPARATION OF CODING FOR WORKLOAD/MANPOWER REPORTING

1. Effective with Jan 75 submission of workload data, the attached new coding sheet for keypunching will be used.
2. Information to be reported is essentially that information which was reported on the quarterly Schedule X, DA Form 140-4, although there are some additions.
3. A copy of coding sheet may be used for submission or coding cards (LAMC Form 239).
4. Sheet #1 outlines Items to be filled in with information to be submitted each month on Card (LAMC Form 239) or on copy of attached coding sheet.
 - a. Item 1 - Boxes 1, 2, 3 -- TDA para
 - b. Item 2 - Boxes 4, 5 -- Sheet #
 - c. Item 3 - Boxes 6, 7 -- Line #
 - d. Item 4 - Box 8 -- Month - for month reported, enter corresponding letter code, i.e., when reporting for January, enter "A," for February, enter "B," etc.
 - e. Item 5 - Boxes 9, 10, 11 -- Average Strength - enter the average number of personnel assigned to your unit during the month. If there were gains or losses during the month, total the number of days the arrivals and departees were assigned to you, and divide the total by the number of days in the month. Carry out to first decimal and convert to whole number. Enter only whole numbers here.
 - f. Item 6 - Boxes 12, 13, 14, 15, 16 -- Number of Work Units. Enter appropriate number, as to "average daily beds occupied," total monthly clinic visits," etc. These figures may be obtained from Patient Administration Division, or from the Administrative Assistant for your Section.
5. Items 7, 8, 9 - Manhours Worked. Enter the total number of hours worked by assigned personnel only. Do not include "Other Used Manhours" (Item 10). Exclude annual and sick leaves, compensatory time, AWOL and LWOP. Include overtime, TDY, physical training, mandatory training.
 - a. Item 7 - Boxes 17, 18, 19, 20 -- Officer Actual Man Hours. Include only those hours worked on your unit by officers actually assigned to your unit. Do not include hours for reservists, students, etc.

PROCEDURE FOR PREPARATION OF CODING FOR WORKLOAD/MANPOWER REPORTING (cont'd)

- b. Item 8 - Boxes 21, 22, 23, 24 -- Enlisted Actual Man Hours. Include only those hours worked on your unit by enlisted personnel actually assigned to your unit. Do not include hours for reservists, students, patients, etc.
- c. Item 9 - Boxes 25, 26, 27, 28 -- Civilian Actual Man Hours. Include only those hours worked on your unit by civilian personnel (professional and nonprofessional) actually assigned to your unit. Do not include Red Cross volunteers, SEY-YOB employees, etc.
- d. Item 10 - Boxes 29, 30, 31, 32 -- Other Used Man Hours. Enter the total number of hours worked on your unit by all personnel not included in Items 7, 8, 9.
- e. Item 11 - Box 33 -- Code. Enter Code 1 thru 0 shown on coding sheet to designate the status of personnel who worked the "Other Used Man Hours," i.e., for Patients, enter 1, for Red Cross volunteers, enter 2, etc. In many instances, more than one category of personnel will supply the additional man hours. In that case, enter the code for the category supplying the majority of the hours.
- f. Item 12 - Boxes 34, 35, 36, 37 -- Civilian Annual Leave Man Hours. Enter the total number of hours of annual leave taken by civilian employees (professional and nonprofessional) actually assigned to your unit. Do not include LWOP, or administrative leave.
- g. Item 13 - Boxes 38, 39, 40, 41 -- Civilian Sick Leave Man Hours. Enter the total number of hours of sick leave taken by civilian employees (professional and nonprofessional) actually assigned to your unit. Include maternity leave.
- h. Item 14 - Box 42 -- Civilian Gains. Enter number of civilian employees, professional and nonprofessional, newly assigned to your unit during the month reported, regardless of the date assigned. In other words, if a new civilian employee is assigned on the 30th day of the month, he should be reflected as a gain in Box 42, even though he will not be reflected in the Average Strength, Item 5, for that month.
- i. Item 15 - Box 43 -- Civilian Losses. Enter number of civilian employees, professional and nonprofessional, whose assignment to your unit was terminated during the month, regardless of the reason for or the date of the termination.

4. Enter 3 in Box 80. This will indicate that the entire entry for that month is to be deleted. Leave all other Boxes blank. Normally, a new input sheet or card is submitted following it, with new information in it, and Code 3 in Box 79, Code A in Box 80, which is the same format as original submission with all boxes filled.

PROCEDURE FOR PREPARATION OF CODING FOR WORDLOAD/MANPOWER REPORTING (cont'd)

j. Item 16 - Boxes 44, 45 -- Enter total GS civilians on board as of the last day of the month.

k. Item 17 - Boxes 46, 47 -- Enter total WG civilians on board as of the last day of the month.

l. Item 18 - Boxes 48, 49 -- Enter total residents on board as of the last day of the month.

m. Item 19 - Boxes 50, 51 -- Enter total officers.

n. Item 20 - Boxes 52, 53 -- Enter total enlisted.

o. Box 79 -- Enter the number 3 for Data Processing.

p. Box 80 -- Enter A -- First submissions will be coded "A" as an addition.

APPENDIX B

INSTRUCTIONS FOR CHANGING OR CORRECTION OF INFORMATION IN PRINTOUT

1. For changing any "Item" submitted for any month:

a. Fill out Para, Sheet, and Line -- Boxes 1 thru 7.

b. Enter Code for month to be corrected -- Box 8.

c. Fill in Item/Items, Box/Boxes completely in area to be corrected. Leave all correct Items blank.

d. Enter 3 in Box 79.

e. Enter C in Box 80. This will indicate a change only requirement.

2. To delete entire month previously submitted:

a. Fill out Para, Sheet, and Line -- all Boxes 1 - 7.

b. Enter month to be deleted -- Box 8.

c. Enter 3 in Box 79.

d. Enter D in Box 80. This will indicate that the entire entry for that month is to be deleted. Leave all other Boxes blank. Normally, a new input sheet or card is submitted following it, with new information in it, and Code 3 in Box 79, Code A in Box 80, which is the same format as original submission with all boxes filled.

MANHOUR UTILIZATION RECORD										DATE AND TIME	
NAME OF PERSON		SECTION		DIVISION		BRANCH		RAC			
SECTION A: DATA INFORMATION 1. NAME OF PERSON 2. SECTION 3. DIVISION 4. BRANCH 5. RAC										SECTION B: DATA INFORMATION 1. NAME OF PERSON 2. SECTION 3. DIVISION 4. BRANCH 5. RAC	
SECTION C: ACTIVITY INFORMATION 1. ACTIVITY 2. TIME START 3. TIME STOP 4. TIME TOTAL										SECTION D: ACTIVITY INFORMATION 1. ACTIVITY 2. TIME START 3. TIME STOP 4. TIME TOTAL	
SECTION E: ACTIVITY INFORMATION 1. ACTIVITY 2. TIME START 3. TIME STOP 4. TIME TOTAL										SECTION F: ACTIVITY INFORMATION 1. ACTIVITY 2. TIME START 3. TIME STOP 4. TIME TOTAL	

APPENDIX H
 ACTIVITY MAN-HOUR UTILIZATION RECORD

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APPENDIX I

MANPOWER SURVEY REPORT--SCHEDULE
X--MANPOWER AND WORK LOAD DATA

REPORTS CONTROL SYMBOL
CSFOR-76

For use of this form, see AR 570-4; the proponent agency is the Office of the Assistant Chief of Staff for Force Development.

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BIOGRAPHICAL SKETCH

Major Robert C. Ahlers [REDACTED]

[REDACTED] He received his bachelor of science and doctor of dental surgery degrees from the University of Illinois.

He is married to the former Kathryn I. Jolly. They have one child, Tonya Marie, who is seven years old.

In 1969 Major Ahlers entered the United States Army Dental Corps and attended the Army Medical Department (AMEDD) Officers' Basic Course at Fort Sam Houston, Texas. He served in Korea until December 1970, and then was assigned to Europe, where he became Chief of the Dental Clinic in Aschaffenburg, Germany.

In Europe, Major Ahlers helped to form and was elected the first president of the European Society for Preventive Dentistry. His preventive dentistry program in Aschaffenburg was one of three in Europe that served as models for other programs as far away as Fort Riley, Kansas.

Major Ahlers left Europe in December 1973 to attend the AMEDD Officers' Advanced Course at the Academy of Health Sciences, Fort Sam Houston, Texas. He entered the U.S. Army-Baylor University program in Health Care Administration in August 1974. Upon completion of the course he was assigned for residency training with the Health Care Studies Division of the Academy of Health Sciences, Fort Sam Houston, Texas.

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