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The purpose of this Standard is to ensure that the peacetime staffing requirements of the Military Health Services System (MHSS) provide quality medical care in a productive environment. The Joint Healthcare Manpower Standards (JHMS) provide the Department of Defense and the MHSS with a uniform system for determining peacetime healthcare manpower requirements for operation of fixed military medical treatment facilities. The primary objectives of the JHMS are as follows: (1) Provide military healthcare management with a uniform process for determining requirements and applying military treatment facility staffing standards; (2) Provide guidance for determining demand on work centers and for ensuring appropriate performance levels, staffing sequences, and other workload factors are employed in satisfying workload; (3) Provide a means of identifying unique facility and system healthcare manpower requirements; (4) Provide actual and potential areas of interservice support of healthcare workload; and (5) Provide a method for forecasting healthcare manpower requirements based on mission and/or service population changes.

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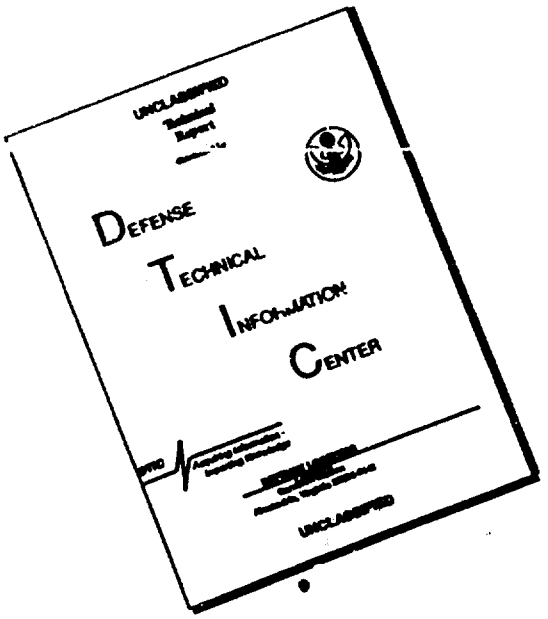

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FORCE MANAGEMENT AND PERSONNEL HEALTH AFFAIRS

DoD 6025.12-STD
1 November 1989

FOREWORD

These standards are issued under the authority of DoD Directive 6025.12, "Joint Healthcare Manpower Standards", March 21, 1989. The provisions of these standards apply to the Office of the Secretary of Defense (OSD), the Military Departments, and the Joint Chiefs of Staff (JCS) (hereafter collectively called "DoD Components"). The term "Military Services," as used herein, refers to the Army, Navy, Air Force, and Marine Corps.

These standards are effective immediately and are mandatory for use by all DoD Components.

The initial set of standards included in this publication are classified as manpower guides. These standards were developed under an accelerated, non-engineered, methodology. As a result, they do not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing service management engineered standards may be used in lieu of these interim standards until they are replaced by standards developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a service standard not based on the DoDI 5010.37, Efficiency Review program, must be justified.

Address comments and recommendations for amendments through appropriate channels to the:

Assistant Secretary of Defense (Health Affairs)
Room 3E343, The Pentagon
Washington, DC 20301-1200

DoD Components may obtain copies of this manual through their own publications channels. Other Federal Agencies and the public may obtain copies from the U.S. Department of Commerce, National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161

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REFERENCES

(a) DoD 5025.1-M, "DoD Directive System Procedures," April 1981, authorized by DoD Directive 5025.1, December 23, 1988

(b) DoD Directive 6010.13, "Medical Expense and Performance Reporting (MEPR) System for Fixed Military Medical and Dental Treatment Facilities," February 3, 1986

(c) DoD Instruction 5010.37, "Efficiency Review, Position Management, and Resource Requirements Determination," November 17, 1987

CHAPTER 1 - GENERAL INFORMATION

CHAPTER 1 - GENERAL INFORMATION

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SECTION A - INTRODUCTION

1. Purpose

The purpose of the Department of Defense Joint Healthcare Manpower Standards (JHMS) is to ensure that the peacetime staffing requirements of the Military Health Services System (MHSS) provide quality medical care in a productive environment. The JHMS provide the Department of Defense and the MHSS with a uniform system for determining peacetime healthcare manpower requirements for operation of fixed military medical treatment facilities (MTFs).

2. Applicability and Scope

a. These standards apply to fixed MTFs of the Army, Navy, and Air Force (referred to collectively as "DoD Components") directly involved in the provision of direct patient care, and other authorized activities such as medical centers, hospitals, and clinics, including troop and dental clinics.

b. These standards do not apply to:

(1) DoD Component facilities not involved in the delivery of military community healthcare, such as medical research facilities and schools.

(2) DoD Component facilities such as medical facilities for field service (aid stations, clearing stations, and division, field, and force combat support and evacuation hospitals), medical facilities afloat (hospital ships and sick bays aboard ships), tactical casualty staging facilities, medical advance base staging facilities, and medical advance base components contained within mobile-type units.

c. The system of JHMS, through the use of common manpower standards, prescribes a uniform process for determining healthcare staffing requirements for applicable work centers within DoD MTFs. The use of the joint standards requires management audit of manpower and workload data to ensure that the standards are applied and implemented consistently and in the manner which reflects the requirements for delivering healthcare to DoD beneficiaries.

3. Responsibilities

a. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall exercise management, direction, and maintenance of JHMS within the Department of Defense.

b. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)) shall provide general manpower management policy, guidance, and instruction to the DoD components.

c. The Heads of DoD Components shall:

(1) Implement the JHMS.

(2) Apply the JHMS in determining component healthcare manpower requirements and in planning and programming healthcare manpower resources.

(3) Develop and report related data to designated management levels as required.

(4) Assist in maintaining the JHMS by recommending changes and improvements.

d. The Assistant Secretaries of Defense (Health Affairs) (ASD(HA)) and Force Management and Personnel (ASD(FM&P)) and Heads of DoD Components shall coordinate their efforts to ensure that the JHMS are consistently implemented and integrated into the existing manpower systems.

4. Objectives

The JHMS shall:

a. Provide military health care management with a uniform process for determining requirements and applying MTF staffing standards.

b. Provide guidance for determining demand on work centers and for ensuring appropriate performance levels, staffing sequences, and other workload factors are employed in satisfying workload.

c. Provide a means of identifying unique facility and system healthcare manpower requirements.

d. Provide actual and potential areas of interservice support of healthcare workload.

e. Provide a method for forecasting healthcare manpower requirements based on mission and/or service population changes.

5. Identification System, Changes and Distribution

a. Identification System. Each chapter and its parts are numbered consecutively. Page numbers consist of two parts (chapter numbers and consecutive page numbers).

b. Basic Issuance and Changes. This document is published in looseleaf form and each change after the basic issuance shall be covered by a SD Form 106-2, "Department of Defense Publication System Change Transmittal".

c. Distribution. The basic issuance and changes shall be distributed in accordance with DoD 5025.1-M (reference (a)).

6. Interpretations and Recommendations

Requests for information, clarification, or interpretation of, or changes to this document will be submitted to the ASD(HA). Deviations from this document must be submitted for approval to the office of responsibility as provided in Chapter 1, section 3., above, after coordinating the overall DoD effect of such a deviation with the other Military Departments. Other matters such as proposed modifications of this document shall be submitted in accordance with Chapter 3.

7. Effective Date and Implementation

This document is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs).

SECTION B - BACKGROUND AND CONCEPT

1. Background

In July 1985, the Secretary of Defense directed the implementation of the recommendations of the Blue Ribbon Panel on Sizing DoD Medical Treatment Facilities. That report emphasized the need for a joint staffing methodology. A working group was established for that project. On March 17, 1987, the DoD Medical Program Review Committee pledged support to an ASD(HA) plan to develop JHMS. The project was set in motion with an ASD(HA) letter to the Service Secretaries on March 19, 1987. The first phase began with the accelerated development of 33 first generation standards by a joint Service project team.

2. Concept

The goal of the Department of Defense is to have common manpower standards for all work centers in the MHSS. This is to be accomplished through a Joint Service Healthcare Management Engineering Program. This program is managed by the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)), Joint Manpower Office (JMO) through an executive agent for operation of a Joint Healthcare Management Engineering Team (JHMET). The U.S. Air Force has been designated as Executive Agent.

SECTION C - ORGANIZATION

Organization

a. The JHMS is divided into chapters and sections with an introduction and table of contents. It consists of four chapters and appendices as follows:

(1) Chapter 1 is "General Information."

(2) Chapter 2, "Standards Application," provides the general criteria and assumptions upon which the JHMS are based, explains relevant terms, provides instructions for the application and reapplication of the standards, and discusses the exception process.

(3) Chapter 3, "Standards Maintenance," states the objective of the JHMS Office and discusses the JHMS review and update process.

(4) Chapter 4, "Standards Application Workload Data," provides instructions for accessing the data required for standards application.

(5) Appendix A contains the JHMS Standards. Each standard is a separate annex to Appendix A, thereby providing an efficient mechanism for adding newly approved standards and replacing standards which have been revised.

(6) Appendix B contains a table of data source and statistical requirements for the classification of standards.

(7) Appendix C contains a glossary of the terms considered essential to the understanding and implementation of the JHMS Program.

CHAPTER 2 - STANDARDS APPLICATION

CHAPTER 2 - STANDARDS APPLICATION

A. General Criteria

Application of the JHMS to each identified work center is based on the following criteria.

1. The manpower tables specified by the JHMS use a monthly man-hour availability factor (MAF) of 145 hours.

2. An overload factor of 7.7 percent has been included for each workload breakpoint range through a staffing level of 13. Thereafter, a factor of .999 is used to round to the next highest integer.

3. Physician and support requirements in each manpower table provide the manpower staffing at designated workload levels within the extrapolation range of the model. Extrapolation will not exceed the limits of the applicable manpower table.

B. Classification of Standards

1. JHMS is based on varying workload volumes and performance of a number of tasks that are approximately the same in nature. The standards are classified into three types:

a. Type I - developed by determining man-hours required to do a job through the use of time study, work sampling, or a combination of both methods. At least 80 percent of the man-hours in the standard are based on these engineered methods. The resulting standard is developed by regression analysis and must satisfy specific statistical measures of accuracy. Type I standards are also termed "engineered" standards.

b. Type II and Type III - developed by determining manpower requirements in a variety of workcenters when the work is not appropriate for engineered methods. The primary determinant for the classification of these standards is the development method.

(1) When standards developed using regression analysis and the engineered methods (time study or work sampling) do not satisfy the rigid statistical standard for a Type I standard, they are classified as Type II. This classification also applies to standards where operational audit is the primary source of data. If a standard does not satisfy the statistical requirements for a Type II standard, it may be classified as a Type III. However, the proposed standard must meet the minimum number of input point requirements, pass realistic and economic criteria, and have an $R^2 \geq .50$.

(2) In some workcenters, tasks performed are not amendable to work measurement methods or regression analysis. Alternative development methods and analysis procedures are used to develop valid standards in these areas. In each case, the standard is classified as Type III. Differences between Type II and Type III are procedural and are based on the nature of the workcenter. The type is not intended to reflect a level of quality but rather the statistical precision of the standard.

(a) Standards developed without detailed work measurement and based on minimum manpower requirements, staffing patterns, and historical performance are subject to specific constraints to ensure the quality of the standard. Standards built within these constraints are classified as Type III.

(b) Simulation models may be used to determine total workcenter requirements. When simulation is used, such as queueing analysis, the resulting standard is classified as a Type III standard.

(c) Standards development for a single location may be based on ratio unit times. These unit times are built on the ratio of man-hours required to workload accomplished. The ratio unit time method may also be used in limited cases involving multiple locations when the study population is small. The use of the ratio unit time method results in a Type III classification.

2. Data source and statistical requirements are identified in Appendix B.

3. Manpower Guide. A manpower model may be approved and used as a guide if it satisfactorily describes the relationship between required resources and mission workload. Where workcenter size, changing systems, policies, or procedures would make a standards development effort excessively costly, development of a guide may be appropriate. In addition, a published engineered standards may be invalidated because of changing workcenter conditions, but may remain useful and be reclassified as a guide. Minimum study design, measurement, and statistical criteria for development and approval of a valid guide cannot be determined in advance. Such factors must be determined on a case-by-case basis by the Joint Healthcare Management Engineering community.

C. Explanation of Terms

1. Definitions: Terms used in the JHMS are defined in Appendix C. Additional definitions are contained in DOD 6010.13-M (reference (b)).

2. Source of Workload: Each standard defines the workload factor(s), to be used in application of the standard. Generally, the workload factors are reported through the DoD Medical Expense

and Performance Reporting System (MEPRS) to the Defense Medical Information System (DMIS). As new workload factors are identified for use with the standards, they will be added to DMIS.

D. Instructions

1. Each JHMS contains specific instructions for applying the standard to a particular workcenter. No deviations from those instructions are permitted.

2. Following initial application, the JHMS shall be reapplied at least annually to determine requirements and serve as a guide for the planning and programming of manpower authorizations by the Military Services.

3. Exceptions to the JHMS (e.g., additives, deviations, or exclusions) must be thoroughly justified and validated. All nonvalidated requests for exceptions may be submitted by the Services during the annual standards application cycle. Specific instructions for the annual standards application and submission of exceptions shall be provided by OASDS(HA) in a memorandum to the Services. Approval authority for all exceptions is the ASD(HA).

4. For those healthcare work centers that do not have a JHMS, a Service developed standard may be used only after it has been approved by the ASD(HA). Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the JHMET. The use of a Service standard not based on DoD Instruction 5010.37 (reference (c)). Efficiency Review Program, must be justified during the annual reapplication cycle.

5. Where prospective workload data, e.g., projected visits, are not available, standards shall be applied using historical workload pending prospective data availability. Historical workload shall be provided by existing DoD data bases or by the Services as necessary.

CHAPTER 3 - STANDARDS MAINTENANCE

CHAPTER 3 - STANDARDS MAINTENANCE

A. General

The JHMS is based on the latest concepts of providing healthcare and associated support within the MHSS. It is essential that these standards remain credible by continuing to accurately reflect the manpower required to conduct workcenter activities. In that respect, the need for maintainability is a major consideration in the initial standards development planning. The standards must be designed so that they are easily updated. As such, the automated systems supporting the development and application of JHMS must be flexible and easily modified to incorporate changes in types and mix of manpower. The standards must be continually assessed to ensure that changes in processes, technology and policy are known and included in standards updates.

B. Responsibility

Every level of management with the MHSS shares the responsibility for ensuring that the JHMS are current. Within the operating guidelines established by the ASD(HA), the Executive Agent (JHMET) is responsible for both development and maintenance of the JHMS. Each approved standard shall be scheduled for review at least annually. The reviews shall be conducted in accordance with specific procedures published by the Executive Agent.

CHAPTER 4 - STANDARDS APPLICATION WORKLOAD DATA

CHAPTER 4 - STANDARDS APPLICATION WORKLOAD DATA

General Information

A. DMIS. The DMIS shall be the principal source of workload data to be used in applying the JHMS. The Report Control Symbol DD-HA(Q) 1704, "Medical Expense and Performance Report," shall be used as the means for passing workload data to DMIS.

B. Accessing DMIS for Workload Data. At the time of this publication, the major systems providing data to DMIS are under revision. Until the revisions are completed and specific user guidance is published, the workload to be used in the annual application of the standards, or at other times are required, shall be provided through a formal request to the Services for data.

APPENDIX A - JOINT HEALTHCARE MANPOWER STANDARDS (JHMS)

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Allergy and Immunology

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a service standard not based on the DoD Instruction 5010.37 (reference (c)), must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides examinations, diagnoses, and treatments for disorders of allergenic origin. Prepares and reviews case histories and obtains data through interviews and testing; and interprets findings and determines types and duration of therapy. Prepares allergy treatment extracts and serum kits and administers routine and prescribed allergenic injections. Provides immunization services including required vaccinations. Provides for professional training of assigned personnel, preparation and submission of reports, maintenance of medical records, and regional allergy and immunology support.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. Immunizations and screening tests equal the sum of inpatient and outpatient immunizations and screening tests. MEPRS Codes: BAB, FBI)

a. Continental United States (CONUS), Alaska and Hawaii:

		HOSPITAL				Graduate Medical Education (GME)
	CLINIC	1-50	51-100	101-200 (Operating Beds)	201-300 301+	TEACHING FACILITY
Allergist	----------250 Allergy Visits----------					615*

Immunization Technician (facilities with allergist)	---------2275	Immunizations and Screening Tests--------
Immunization Technician (facilities without allergist)	---------1520	Allergy Visits, Immunizations, and Screening Tests----------

*The 615 residency performance level is based on 85 visits per staff allergist plus 70 visits per fellow plus 10 visits per resident and 450 visits contributed by technician support personnel.

b. Outside Continential United States (OCONUS), excluding Alaska and Hawaii:

	CLINIC	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
		1-50	51-100	101-200	201-300	301+	
Allergist	----------240	Allergy Visits----------					615*
Allergist	----------0	Inpatient Days----------					0
Allergy Technician	----------290	Allergy Visits----------					
Immunization Technician (facilities with allergist)	---------2215	Immunizations and Screening Tests---------					
Immunization Technician (facilities without allergist)	---------1480	Allergy Visits, Immunizations, and Screening Tests----------					

*Same as CONUS.

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model shall be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy levels of work for this workcenter. Table A is the basic manpower table for clinics and hospitals authorized an allergy clinic without GME training programs. Table B is for determining additional technician

requirements for immunizations and screening exams. Table C is for facilities not earning an allergist. Table D is for the Allergy GME Training Program. Select the correct manpower table for the facility from Attachment 1.

a. TABLES A and B - MTF EARNING AN ALLERGIST:

Step 1. In the top half of the table are one or more rows, each labeled with a MTF category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 5. If an Allergist (with support requirements) is earned in Table A, then obtain historical immunizations and screening tests from MEPRS and enter Table B at the appropriate breakpoint range to determine additional technician requirements using steps 3 and 4 above.

Step 6. Add the requirements identified in Tables A and B to obtain the total workcenter manpower requirements.

NOTE: Minimum requirement for MTFs with Internal Medicine Residency Program and/or Extract Mixing Centers is two staff Allergists and five technicians. Apply the minimum when workload does not earn the required staff allergists.

b. TABLE C - MTF NOT EARNING AN ALLERGIST:

Step 1. If an allergist is not earned in Table A, then add allergy clinic visits to historical immunization and screening tests (from MEPRS) to obtain workload.

Step 2. Go to Table C and follow the procedures in subparagraph 8.a., steps 3 and 4, above, to determine total workcenter requirements.

c. TABLES D and B - MTF WTTH ALLERGY GME TRAINING PROGRAM:

Step 1. Compare Allergy Clinic Visits (from MEPRS) to the clinic visit breakpoint ranges in Table D and follow instructions in subparagraph 8.a., steps 1 through 4, above, to determine basic GME requirements.

Step 2. Then obtain historical immunization and screening tests (from MEPRS) and enter Table B at appropriate breakpoint range to determine additional technician requirements following instructions in subparagraph 8.a., steps 3 and 4, above.

Step 3. Add requirements identified in Table D to those identified in Table B to obtain the total workcenter requirements.

NOTE: Minimum requirements for Allergy GME teaching program are:

AUTHORIZED RESIDENTS	STAFF ALLERGISTS
1 - 4	2
5 - 6	3
7 - 8	4

Apply the minimum when workload does not earn required staff allergists.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology 6010 Table A	Allergy Clinic Without GME Training Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Minimum Count ->	920	1239	2155	2747	3662					
Maximum Count ->	1238	2154	2746	3661	4254					
OCONUS										
Minimum Count ->	888	1196	2079	2650	3533					
Maximum Count ->	1195	2078	2649	3532	4103					
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Allergist	1	2	3	4	5					
Allergy and Immunology Technician	3	5	6	8	9					
NOTE: Services may substitute clerical support staff for technician(s).										
TOTAL	4	7	9	12	14					

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology/6010 Table B	Additional Technician Support									
MTF LOCATION	IMMUNIZATION BREAKPOINT RANGES									
CONUS (Facilities earning an Allergist)										
Minimum Count->	1	2451	4901	7351	9801	12251	14702	17152	19602	22052
Maximum Count->	2450	4900	7350	9800	12250	14701	17151	19601	22051	24501
OCONUS (Facilities earning an Allergist)										
Minimum Count->	1	2386	4772	7157	9543	11928	14314	16699	19085	21470
Maximum Count->	2385	4771	7156	9542	11927	14313	16698	19084	21469	23855
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Immunology Technician	1	2	3	4	5	6	7	8	9	10
TOTAL	1	2	3	4	5	6	7	8	9	10

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology/6010 Table C	MTF Without Authorized Allergy Clinic									
MTF LOCATION	IMMUNIZATION & ALLERGY VISIT BREAKPOINT RANGES									
CONUS (Facilities not earning an Allergist)										
Minimum Count ->	1	1638	3275	4912	6549	8186	9823	11460	13097	14734
Maximum Count ->	1637	3274	4911	6548	8185	9822	11459	13096	14733	16370
OCONUS (Facilities not earning an Allergist										
Minimum Count ->	1	1594	3188	4782	6376	7970	9564	11158	12752	14346
Maximum Count ->	1593	3187	4781	6375	7969	9563	11157	12751	14345	15939
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Immunology Technician	1	2	3	4	5	6	7	8	9	10
TOTAL	1	2	3	4	5	6	7	8	9	10

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology/6010 Table D	Allergy GME Training Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
Allergy GME Training Program										
Minimum Count ->	1	1325	1988	2650	3312	3975	4637			
Maximum Count ->	1324	1987	2649	3311	3974	4636	5298			
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Allergist	2	3	4	5	6	7	8			
Allergy and Immunology Technician	4	6	8	10	11	12	14			
Clerical Support	1	1	1	1	2	2	2			
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	7	10	13	16	19	21	24			

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. Dermatology

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides for the specialized treatment and consultative evaluation of patients suffering from dermatological conditions; provides superficial x-ray therapy and ultraviolet therapy; prepares and examines cultural materials having to do with superficial mycotic diseases; reviews slides on specimens submitted to the Pathology Service which pertains to pathology of the skin; examines and treats dermatological diseases and injuries; performs minor dermatological procedures, physical examinations, and treatments; and provides medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BAP)

a. Continental United States (CONUS), Alaska and Hawaii:

	CLINIC	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
		1-50	51-100	101-200	201-300	301+	
Visits per Dermatologist	----------565----------						495*
Inpatient Days per Dermatologist	----------2.5----------						

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	CLINIC	HOSPITAL				
		1-50	51-100	101-200	201-300	301+
		(Operating Beds)				
Visits per Dermatologist	----------500----------					
Inpatient Days per Dermatologist	----------5----------					

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. A prospective model to determine workload is currently in development.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy levels of work for this work center. Table A is the basic manpower table for clinics and hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT DERMATOLOGY GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a MTF category (e.g. CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and /or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row selected in Step 1, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column (selected in Step 3) into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

NOTE: Minimum requirements for MTFs with Internal Medicine GME Program are two staff dermatologists. Minimum requirement for MTFs with Family Practice GME Teaching Program is one staff dermatologist. Apply the minimum when workload does not earn required staff dermatologists.

b. TABLE B - MTF WITH DERMATOLOGY GME TRAINING PROGRAM:

Step 1. Determine the historical and/or expected workload and manpower requirements for this program using the steps in subparagraph 8.a., above.

Step 2. Apply the following minimum requirements if workload does not earn required staff dermatologists as determined in Table B:

Authorized Residents	Staff Dermatologists
1 - 3	2
4 - 6	3
7 - 9	5
10 - 12	6

Use Table B at the appropriate level of minimum staff dermatologists to determine support requirements. For example, if the workload earns two dermatologists using Table B, but the MTF has four authorized residents; then the requirement for this GME program is three dermatologists, four technicians and one administrative requirement.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Dermatology/6011 Table A	MTF Without Dermatology GME Teaching Program										
MTF LOCATION	**CLINIC VISIT BREAKPOINT RANGES**										
CONUS											
Minimum Count ->	452	609	1218	1826							
Maximum Count ->	608	1217	1825	2434							
OCONUS											
Minimum Count ->	400	539	1078	1616							
Maximum Count ->	538	1077	1615	2154							
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**										
Dermatologist	1	2	3	4							
Dermatology Technicians	2	3	4	5							
NOTE: Services may substitute clercial support staff for technician(s).											
TOTAL	3	5	7	9							

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Dermatology/6011 Table B	MTF With Dermatology GME Teaching Program								
MTF LOCATION	**CLINIC VISIT BREAKPOINT RANGES**								
GME Teaching Facility									
Minimum Count ->	1	1067	1600	2133	2666	3199	3732	4265	4799
Maximum Count ->	1066	1599	2132	2665	3198	3731	4264	4798	5331
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**								
Dermatologist	2	3	4	5	6	7	8	9	10
Dermatology Technicians	2	4	5	6	7	8	10	11	12
Clerical Support	1	1	1	2	2	2	2	2	2
NOTE: Services may substitute clerical support staff for technician(s).									
TOTAL	5	8	10	13	15	17	20	22	24

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Emergency Medicine**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides emergency medical care, diagnostic services, treatment, minor surgical procedures, and proper medical disposition of any nature to patients who present themselves to the service; refers patients to specialty clinics as necessary; admits patients to the medical facility as required; provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records; and provides emergency medical services and medical support of mass casualty and fire drills. Coordinates on site disaster plans, participates in disaster exercises and operates emergency communications systems that permit instant contact with law enforcement agencies, rescue squads and other emergency services within the community. Provides appropriate emergency medical transportation of ill or injured individuals and hospitalized patients. Each medical treatment facility will be classified by its respective service in accordance with the requirements of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Emergency Room (ER) classifications are defined as follows:

a. Level I. A Level I Emergency Service offers comprehensive emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There shall be in-house physician coverage by members of the medical staff or by senior level residents for at least medical, surgical,

orthopaedic, obstetrical and gynecological, pediatric, and anesthesiology services. When such coverage can be demonstrated to be met suitably through another mechanism, an equivalency shall be considered to exist for purposes of compliance with the requirement. Other specialty consultation shall be available within approximately 30 minutes. Initial consultation through two-way voice communication is acceptable. The hospital's scope of service shall include in-house capabilities for managing physical and related emotional problems, on a definitive basis. The above requirements also apply to a comprehensive level emergency service provided by a hospital offering care only to a limited group of patients, such as pediatric, obstetrical, ophthalmological, and orthopaedic. Ambulance service is provided 24 hours a day, 7 days a week.

b. Level II. A Level II Emergency Service offers emergency care 24 hours a day, with at least one physician experienced in emergency care and one nurse to be on duty in the emergency care area, with specialty consultation available within approximately 30 minutes by members of the medical staff or by senior level residents. Initial consultation through two-way voice communication is acceptable. The hospital's scope of service shall include in-house capabilities for managing physical and related emotional problems, with provisions for patient transfer to another facility when needed. Ambulance service is provided 24 hours a day, 7 days a week.

c. Level III. A Level III Emergency Service offers emergency care 24 hours a day. An attending physician credentialed by the institution is required 24 hours for ER duty. Specialty consultation shall be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided. Ambulance service is provided 24 hours a day, 7 days a week.

5. Monthly Performance Level(s) per Provider. (MEPRS Code: BI)

Continental United States (CONUS), Alaska, Hawaii, and Outside Continental United States (OCONUS):

Emergency Room Classification	Minimum	Above minimum
Level I	3000 visits per 9 Physicians	600 visits per physician over 9 Physicians
Level II	1250 visits per 5 Physicians	850 visits per physician over 5 Physicians
Level III	1250 visits per 5 Physicians	

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of exam rooms and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. Ambulance Service requirements have been excluded from this standard. Requirements for this service will be submitted through the exception process until a functional review can be scheduled.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this work center. Table A is the manpower table for a Level I Emergency Service. Table B is the manpower table for a Level II Emergency Service. Table C is the manpower table for a Level III Emergency Service. Select the correct manpower table for the facility.

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., Level I Emergency Services). Select the row which applies to the facility.

Step 2. Determine the historical/expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

9. GME Emergency Medicine Training Program.

Minimum staffing requirements

Authorized Residents	Staff Emergency Physicians
3 - 12	6
13 - 15	7
16 - 18	8
19 - 21	9
22 - 24	11

NOTE: Apply the minimum if workload does not earn required staff emergency medicine physicians in Tables A and B. Determine support staff i.e., nurses, technicians and administrative support at the level of required ER physicians. For example, workload for a level II ER earns 5 physicians, but the MTF has 4 authorized residents; then the requirement for this GME program is 6 ER physicians, 7 nurses, 18 technicians, and 3 administrative requirements.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Emergency Medicine/6012 Table A	Level I									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
Level I Emergency Services Minimum Count ->	1	3232	3878	4524	5170	5816				
Maximum Count ->	3231	3877	4523	5169	5815	6599				
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Emergency Physician	9	10	11	12	13	14				
Registered Nurse	11	12	12	13	13	14				
Emergency Services Technician	26	28	30	32	34	36				
Clerical Support	5	5	6	6	7	7				
NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	51	55	59	63	67	71				

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Emergency Medicine/6012 Table B	Level II							
MTF LOCATION	**CLINIC VISIT BREAKPOINT RANGES**							
Level II Emergency Services								
Minimum Count ->	1	1347	2262	3178	4093	5009	5924	6839
Maximum Count ->	1346	2261	3177	4092	5008	5923	6838	7754
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**							
Emergency Physician	5	6	7	8	9	10	11	12
Registered Nurse	6	7	7	8	8	9	9	10
Emergency Services Technician	17	18	19	20	21	22	23	24
Clerical Support	3	3	4	4	5	5	5	5
NOTE: Services may interchange technician(s) and clerical support staff.								
TOTAL	31	34	37	40	43	46	48	51

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Emergency Medicine/6012 Table C	Level III									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
Level III Emergency Services Minimum Count ->	1	1347	1805	2262	2720	3178	3636	4093	4551	
Maximum Count ->	1346	1804	2261	2719	3177	3635	4092	4550	5008	
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Emergency Physician	5	5	5	5	5	5	6	7	8	
Registered Nurse	5	5	5	5	6	6	6	6	6	
Emergency Services Technician	10	11	15	15	15	16	17	18	18	
Clerical Support				1	1	1	1	1	1	
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	20	21	25	26	27	28	30	32	33	

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Internal Medicine**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides care and consultative services to patients suffering from disease and illness of a non-surgical nature; provides subspecialty assistance in areas where trained internal medicine subspecialists are not assigned; provides a comprehensive plan of care for patients including guidance, health education, rehabilitation, and prevention of disease; and provides medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BAA, BAC, BAE, BAF, BAG, BAH, BAI, BAJ, BAM, BAN, BAO, BAQ, BAZ)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Internal Medicine Physician	250	250	240	240	240	335*
Inpatient Days per Internal Medicine Physician	85	85	95	95	95	95

*The 335 residency performance level is based on 175 visits per staff internist plus 60 visits contributed by the resident and 100 visits by the support personnel assigned to each staff physician.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Internal Medicine Physician	----------220----------				
Inpatient Days per Internal Medicine Physician	----------85----------				

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. Internal medicine includes cardiology, diabetic clinic, endocrinology, gastroenterology, hematology, hypertension clinic, nephrology, oncology, pulmonary disease, rheumatology, infectious disease, and medical clinics not elsewhere classified.

c. This standard does not include requirements for cardio-pulmonary, respiratory therapy, dialysis, and the Department of Medicine functions.

d. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table for clinics and hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT INTERNAL MEDICINE GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS Hospital, 1-100 beds). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column. (See paragraph 10., below, for Adult Nurse Practitioners, if appropriate).

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 5. Facilities without an Internal Medicine GME Teaching Program but with a Family Practice GME Teaching Program will have a minimum of nine internists (the mix will be at the discretion of the Services Surgeons General).

b. TABLE B - MTF WITH INTERNAL MEDICINE GME TEACHING PROGRAM:

Step 1. Go to Table B to determine the manpower requirements for this program using the steps in subparagraph 8.a., steps 1 through 4, above. (See paragraph 10., below, for Adult Nurse Practitioners, if appropriate).

Step 2. Apply the following minimums if workload does not earn required staff internists as determined by Table B:

	Number of Authorized Residents (excluding PG-1 and fellows)		
	10 - 25	26 - 40	41 - 55
Internists	7	11	15
Cardiologists	4	5	5
Endocrinologists	1	2	2
Gastroenterologists	4	5	5
Hematologists/Oncologists	2	3	3
Infectious Disease	2	3	3
Nephrologists	1	2	2
Pulmonary Disease	3	4	4
Rheumatologists	1	2	2
Total Internists	25	37	41

NOTE: This is only the recommended specialty mix for Internal Medicine GME Teaching Program. Changes in specialty mix are at the discretion of the Services Surgeons General and MTF GME Program Directors.

Step 3. Add ONE (1) staff physician for each subspecialty Fellowship Program to the requirements earned in paragraph 8.b., steps 1 or 2.

Step 4. The recommended minimum ratio of 1 staff subspecialty physician to 1.5 fellows SHOULD BE met as indicated on

the table below from within the total requirements determined through application of sub paragraph 8.b., steps 1 through 3, above. These minimum ratios are not additives.

Fellows	Subspecialty Staff
1 - 3	2
4	3
5 - 6	4
7	5
8 - 9	6
10	7
11 - 12	8

9. Additive Requirement.

AIDS Referral Centers earn the following additional requirements:

1 Infectious Disease Physician
1 Internist

NOTE: These requirements are added to requirements earned in paragraph 8., above, to determine the total workcenter requirements.

10. Adult Nurse Practitioners. Pending validation of performance levels for adult nurse practitioners in medicine clinics, the nurse practitioners may substitute for internists as follows:

Average Monthly Historical Clinic Visits Seen by a Nurse Practitioner	Nurse Practitioner Earned
325 - 450	1
451 - 725	2
726 - 1000	3
1001 +	4

Substitutions for adult nurse practitioners for internists will be determined using historical clinic visits, seen by the nurse practitioner. A monthly average (historical) of 325 nurse practitioner visits is the minimum number of visits to earn a nurse practitioner. If a nurse practitioner(s) is earned, the number of internists is reduced by a corresponding number. For example, a MTF earns four internists based on 1000 visits per month (MEPRS) in Table A; however, 350 visits were credited to an adult nurse practioner. The MTF therefore earns three internists, one nurse practitioner, one registered nurse, three technicians and two clerical manpower requirements.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A	MTF Without Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Hospital 1-100 Beds										
Minimum Count ->	1	270	539	808	1078	1347	1616	1885	2155	2424
Maximum Count ->	269	538	807	1077	1346	1615	1884	2154	2423	2692
CONUS Hospital Over 100 Beds										
Minimum Count ->	1	259	517	776	1034	1293	1551	1810	2068	2327
Maximum Count ->	258	516	775	1033	1292	1550	1809	2067	2326	2584
OCONUS Hospital										
Minimum Count ->	1	237	474	711	948	1185	1422	1659	1896	2133
Maximum Count ->	236	473	710	947	1184	1421	1658	1895	2132	2369
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	1	2	3	4	5	6	7	8	9	10
Registered Nurse			1	1	1	2	2	2	2	2
Technician	2	2	3	3	4	5	6	7	9	10
Clerical Support		1	1	2	2	2	2	2	3	3
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	3	5	8	10	12	15	17	19	23	25

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program									
MTF LOCATION	**CLINIC VISIT BREAKPOINT RANGES**									
CONUS Hospital 1-100 Beds										
Minimum Count ->	2693	2962	3232	3501	3750	4000	4250	4500	4750	5000
Maximum Count ->	2961	3231	3500	3749	3999	4249	4499	4749	4999	5249
CONUS Hospital Over 100 Beds										
Minimum Count ->	2585	2844	3102	3361	3600	3840	4080	4320	4560	4800
Maximum Count ->	2843	3101	3360	3599	3839	4079	4319	4559	4799	5039
OCONUS Hospital										
Minimum Count ->	2370	2607	2844	3081	3300	3520	3740	3960	4180	4400
Maximum Count ->	2606	2843	3080	3299	3519	3739	3959	4179	4399	4619
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
Internist*	11	12	13	14	15	16	17	18	19	20
Registered Nurse	2	2	2	2	2	2	2	2	2	2
Technician	11	12	13	14	15	16	17	18	19	20
Clerical Support	3	3	3	3	3	3	3	3	3	3
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	27	29	31	33	35	37	39	41	43	45

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Hospital 1-100 Beds										
Minimum Count ->	5250	5500	5750	6000	6250	6500	6750	7000	7250	7500
Maximum Count ->	5499	5749	5999	6249	6499	6749	6999	7249	7499	7749
CONUS Hospital Over 100 Beds										
Minimum Count ->	5040	5280	5520	5760	6000	6240	6480	6720	6960	7200
Maximum Count ->	5279	5519	5759	5999	6239	6479	6719	6959	7199	7439
OCONUS Hospital										
Minimum Count ->	4620	4840	5060	5280	5500	5720	5940	6160	6380	6600
Maximum Count ->	4839	5059	5279	5499	5719	5939	6159	6379	6599	6819
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	21	22	23	24	25	26	27	28	29	30
Registered Nurse	2	2	2	3	3	3	3	3	3	3
Technician	21	22	23	23	24	25	26	27	28	29
Clerical Support	3	3	3	3	3	3	3	3	3	3
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	47	49	51	53	55	57	59	61	63	65

JOINT HEALTHCARE MANPOWER TABLE											
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program										
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES										
CONUS Hospital 1-100 Beds											
Minimum Count ->	7750	8000	8250								
Maximum Count ->	7999	8249	8499								
CONUS Hospital Over 100 Beds											
Minimum Count ->	7440	7680	7920								
Maximum Count ->	7679	7919	8159								
OCONUS Hospital											
Minimum Count ->	6820	7040	7260								
Maximum Count ->	7039	7259	7479								
SPECIALTY TITLE	MANPOWER REQUIREMENTS										
Internist*	31	32	33								
Registered Nurse	3	3	3								
Technician	31	32	33								
Clerical Support	3	3	3								
*Subspecialties may be substituted											
NOTE: Services may interchange technician(s) and clerical support staff.											
TOTAL	68	70	72								

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table B	MTF With Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility Minimum Count ->	1	8710	9045	9380	9715	10050	10385	10720	11055	11390
Maximum Count ->	8709	9044	9379	9714	10049	10384	10719	11054	11389	11724
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	25	26	27	28	29	30	31	32	33	34
Registered Nurse	3	3	3	3	3	3	3	3	3	3
Technician	24	25	26	27	28	29	31	32	33	34
Clerical Support	10	10	10	10	10	12	12	12	12	12
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	62	64	66	68	70	74	77	79	81	83

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/ CODE: Internal Medicine/ 6014 Table B (continued)	MTF With Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility										
Minimum Count ->	11725	12060	12395	12730	13065	13400	13735	14070	14405	14740
Maximum Count ->	12059	12394	12729	13064	13399	13734	14069	14404	14739	15074
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	35	36	37	38	39	40	41	42	43	44
Registered Nurse	3	3	3	3	3	3	3	3	3	3
Technician	36	37	38	39	40	41	42	43	44	45
Clerical Support	14	14	14	14	14	16	16	16	16	16
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	88	90	92	94	96	100	102	104	106	108

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/ CODE: Internal Medicine/ 6014 Table B (continued)	MTF With Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility										
Minimum Count ->	15075	15410	15745	16080	16415	16750	17085	17420	17755	18090
Maximum Count ->	15409	15744	16079	16414	16749	17084	17419	17754	18089	18424
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	45	46	47	48	49	50	51	52	53	54
Registered Nurse	4	4	4	4	4	4	4	4	4	4
Technician	46	47	48	49	50	51	53	54	55	56
Clerical Support	18	18	18	18	18	20	20	20	20	20
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	113	115	117	119	121	125	128	130	132	134

JOINT HEALTHCARE MANPOWER TABLE									
WORK CENTER TITLE/ CODE: Internal Medicine/ 6014 Table B (continued)	MTF With Internal Medicine GME Teaching Program								
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES								
GME Teaching Facility									
Minimum Count ->	18425	18760	19095	19430	19765	20100	20435	20770	
Maximum Count ->	18759	19094	19429	19764	20099	20434	20769	21104	
SPECIALTY TITLE	MANPOWER REQUIREMENTS								
Internist*	55	56	57	58	59	60	61	62	
Registered Nurse	4	4	4	4	4	4	4	4	
Technician	57	58	60	61	62	63	64	65	
Clerical Support	22	22	22	22	22	24	24	24	
*Subspecialties may be substituted									
NOTE: Services may interchange technician(s) and clerical support staff.									
TOTAL	138	140	143	145	147	151	153	155	

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Neurology**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides specialized medical treatment, consultation, and diagnosis to eligible beneficiaries with neurological diseases and disorders.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BAK)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Neurologist	----------160----------					*180
Inpatient Days per Neurologist	85	85	95	95	95	95

*The 180 residency performance level is based on 100 visits per staff neurologist plus 50 visits per resident plus 30 visits contributed by support staff.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Neurologist	----------150----------				
Inpatient Days per Neurologist	----------85----------				

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria

b. This standard does not address requirements for performance of electroencephalograms (EEGs), electromyelograms (EMGs), and evoked potential studies (nerve conduction velocities).

c. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the expected levels of work for this workcenter. Table A is the basic manpower table for clinics and hospitals without GME training programs Table B is for facilities with GME training programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT NEUROLOGY GME TRAINING PROGRAM.

In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS). Select the row which applies to the facility.

Step 1. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 2. Going from left to right along the row and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 3. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 4. Apply the following minimums if workload does not earn required staff neurologists as determined by Table A:

Program	Staff Neurologist
Internal Medicine GME Teaching Program	2
Family Practice GME Teaching Program	1

b. TABLE B - MTF WITH NEUROLOGY GME TEACHING PROGRAM:

Step 1. Determine the historical and/or expected workload and manpower requirements for this program using the steps in paragraph 8.a., above.

Step 2. Apply the following minimums if workload does not earn required staff neurologists as determined in Table B:

Authorized Residents	Staff Neurologists
1 - 4	3
5 - 8	4
9 - 12	6
13 - 16	8
17 - 20	10

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Neurology/6015 Table A	MTF Without Neurology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1	173	345	517	690	862	1034	1207	1379	1551
Maximum Count ->	172	344	516	689	861	1033	1206	1378	1550	1723
OCONUS										
Minimum Count ->	1	162	324	485	647	808	970	1131	1293	1454
Maximum Count ->	161	323	484	646	807	969	1130	1292	1453	1615
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Neurologist	1	2	3	4	5	6	7	8	9	10
Neurological Technicians	1	2	3	3	5	5	6	6	7	7
Clercial Support	1	1	1	1	1	1	1	1	1	1
NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	3	5	7	8	11	12	14	15	17	18

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Neurology/6015 Table B	MTF With Neurology GME Teaching Program									
MTF LOCATION	**CLINIC VISIT BREAKPOINT RANGES**									
GME Teaching Facility										
Minimum Count ->	1	595	776	970	1164	1358	1551	1745	1939	2133
Maximum Count ->	594	775	969	1163	1357	1550	1744	1938	2132	2326
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
Neurologist	3	4	5	6	7	8	9	10	11	12
Neurological Technicians	3	4	6	7	8	9	10	11	12	13
Clerical Support	2	2	2	3	3	4	5	6	7	8
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	8	10	13	16	18	21	24	27	30	33

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. Pediatrics

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnostic services, care, treatment, and proper medical disposition of inpatients and outpatients; provides a comprehensive plan of care for patients including monitoring and maintenance of their state of health, counseling and guidance, health education, rehabilitation and prevention of disease; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records. These functions are performed in the subspecialty clinics when so organized.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BD)

a. Continental United States (CONUS), Alaska and Hawaii:

	CLINIC	HOSPITAL					GME TEACHING FACILITY
		1-50	51-100	101-200	201-300	301+	
		(Operating Beds)					
Visits per Pediatrician	510	----------410----------					360*
Inpatient Days per Pediatrician		----------70----------					

Visits per Nurse Practitioner	520	----------500----------				

*The 360 residency performance level is based on 150 visits per staff pediatrician plus 210 visits contributed by the residents assigned to each teaching staff pediatrician.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	CLINIC	HOSPITAL				
		1-50	51-100	101-200	201-300	301+
		(Operating Beds)				
Visits per Pediatrician	500	360	360	----------300------		
Inpatient Days per Pediatrician		----------85----------				
Visits per Nurse Practitioner	505	485	485	----------470------		

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. *This standard does not address requirements for programs* that provide medically related services to handicapped children in Department of Defense Dependent Schools (DoDDS).

c. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the expected levels of work for this workcenter. Table A is the basic manpower table for clinics and hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT PEDIATRIC GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a MTF category (e.g., CONUS Clinic). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 5. Facilities without a Pediatric GME Teaching Program, but with an Obstetrics Delivery Service and/or a Family Practice GME Teaching Program earn a minimum of two staff pediatricians. Apply this minimum if workload does not earn the required staff pediatricians in Table A.

b. TABLE B - MTF WITH PEDIATRIC GME TEACHING PROGRAM:

Step 1. Determine the historical and/or expected workload and manpower requirements for this program using steps in subparagraph 8.a., above.

Step 2. The minimum required is 11 staff pediatricians for a GME Teaching Program. Apply this minimum if workload does not earn the required staff pediatricians.

NOTE: Pediatric GME teaching programs require a mix of subspecialties. Each program may determine the appropriate mix of general pediatricians and subspecialty pediatricians; however, adolescent medicine and neonatology should be included in the 11 staff pediatrician requirements for a pediatric GME teaching program.

Step 3. Add one additional subspecialty pediatrician and one additional administrative requirement for each Fellowship Program (including neonatology). These requirements are added to requirements earned in subparagraph 8.b., above.

9. Additive Requirements. The following requirements, as specified, should be added to requirements previously determined in paragraph 8., above, to determine total workcenter requirements:

a. Neonatal Intensive Care Level III - Add two neonatologists.

b. Service Medical Genetics Lab - Add two medical geneticists.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Pediatrics/6016
Table A

MTF Without Pediatric GME Teaching Program

MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Clinic										
Minimum Count ->	408	550	1099	1648	2208	2768	3318	3867	4416	4965
Maximum Count ->	549	1098	1647	2207	2767	3317	3866	4415	4964	5514
OCONUS Clinic										
Minimum Count ->	400	539	1078	1616	2160	2704	3242	3781	4319	4858
Maximum Count ->	538	1077	1615	2159	2703	3241	3780	4318	4857	5395
CONUS Hospital										
Minimum Count ->	328	442	884	1325	1864	2402	2844	3285	3727	4168
Maximum Count ->	441	883	1324	1863	2401	2843	3284	3726	4167	4609
OCONUS Hospital 1-100 Beds										
Minimum Count ->	288	388	776	1164	1686	2208	2596	2984	3372	3759
Maximum Count ->	387	775	1163	1685	2207	2595	2983	3371	3758	4146
OCONUS Hospital Over 100 Beds										
Minimum Count ->	240	324	647	970	1476	1982	2305	2628	2951	3275
Maximum Count ->	323	646	969	1475	1981	2304	2627	2950	3274	3597

SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Pediatrician	1	2	3	3	3	4	5	6	7	8
Pediatric Nurse Practitioner				1	2	2	2	2	2	2
Registered Nurse		1	1	1	1	1	1	2	2	2
Technician	1	1	2	2	3	4	5	6	7	8
Clercial Support				1	1	1	1	1	1	1
TOTAL	2	4	6	8	10	12	14	17	19	21

NOTE:
Services may interchange technician(s) and clerical support staff.

JOINT HEALTHCARE MANPOWER TABLE											
WORK CENTER TITLE/CODE: Pediatrics/6016 Table A (continued)	MTF Without Pediatric GME Teaching Program										
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES										
CONUS Clinic											
Minimum Count ->	5515	6064	6613								
Maximum Count ->	6063	6612	7162								
Overseas Clinic											
Minimum Count ->	5396	5935	6473								
Maximum Count ->	5934	6472	7011								
CONUS Hospital											
Minimum Count ->	4610	5052	5493								
Maximum Count ->	5051	5492	5934								
OCONUS Hospital 1-100 Beds											
Minimum Count ->	4147	4535	4922								
Maximum Count ->	4534	4921	5309								
OCONUS Hospital Over 100 Beds											
Minimum Count ->	3598	3921	3232								
Maximum Count ->	3920	3231	4566								
SPECIALTY TITLE	MANPOWER REQUIREMENTS										
Pediatrician	9	10	11								
Pediatric Nurse Practitioner	2	2	2								
Registered Nurse	2	2	2								
Technician	9	10	11								
Clerical Support	1	1	1								
NOTE: Services may inter-change technician(s) and clerical support staff.											
TOTAL	23	25	27								

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Pediatrics/6016 Table B	MTF With Pediatric GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility										
Minimum Count ->	1	1939	2327	3275	3662	4050	4998	5386	5773	6161
Maximum Count ->	1938	2326	3274	3661	4049	4997	5385	5772	6160	6599
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Pediatrician	5	6	7	8	9	10	11	12	13	14
Registered Nurse	1	1	1	1	1	2	2	2	2	2
Technician	3	4	5	6	6	6	7	7	8	9
Clerical Support	1	1	1	1	2	2	2	3	3	3
NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	10	12	14	16	18	20	22	24	26	28

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Pediatrics/6016 Table B (continued)	MTF With Pediatric GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility										
Minimum Count ->	6600	6960	7320	7680	8560	8920	9280	9640	10000	10360
Maximum Count ->	6959	7319	7679	8559	8919	9279	9639	9999	10359	10719
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Pediatrician	15	16	17	18	19	20	21	22	23	24
Registered Nurse	2	2	2	3	3	3	3	3	3	3
Technician	10	11	12	12	13	14	15	16	17	18
Clerical Support	3	3	3	3	4	4	4	4	4	4
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	30	32	34	36	39	41	43	45	47	49

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Pediatrics/6016 Table B (continued)	MTF With Pediatric GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility										
Minimum Count ->	10720									
Maximum Count ->	11079									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Pediatrician	25									
Registered Nurse	3									
Technician	19									
Clerical Support	4									
NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	51									

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Physical Medicine**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying health care demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides consultation, diagnosis, and referral primarily for patients with neuromusculoskeletal disorders; evaluates and prescribes orthotics, and assistive devices; and performs electroneuromyographic testing.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: DHC)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
	(Operating Beds)					
Visits per Physical Medicine Physician	----------120----------					160*

* The 160 residency performance level is based on 80 visits per staff physical medicine physician plus 80 visits contributed by the residents assigned to each teaching staff physician.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL				
	1-50	51-100	101-200	201-300	301+
	(Operating Beds)				
Visits per Physical Medicine Physician	----------120----------				

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table.

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (*MEPRS*).

Step 3. Going from left to right along the row selected in Step 1, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column (selected in Step 3) into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 5. Physical Medicine Residency Programs:

Apply the following minimums if workload does not earn required physical medicine physicians in Table A.

Authorized Residents	Staff Physiatrists
1-2	1
3-4	2
5-6	3
7-8	4

Attachment Manpower Table

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Physical Medicine/6017 Table A										
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1	130	259	388	517	647	776	905	1034	
Maximum Count ->	129	258	387	516	646	775	904	1033	1163	
OCONUS										
Minimum Count ->	1	130	259	388	517	647	776	905	1034	
Maximum Count ->	129	258	387	516	646	775	904	1033	1163	
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Physiatrist	1	2	3	4	5	6	7	8	9	
Physical Medicine Technician	1	2	2	3	4	4	5	6	6	
Clerical Support	1	1	1	1	1	1	1	1	1	
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	3	5	6	8	10	11	13	15	16	

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. Surgery

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5C10.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnostic, preoperative, surgical and postoperative care for general surgery patients; provides consultative evaluation for referral patients; provides subspecialty assistance in surgical areas where trained subspecialists are not assigned; and performs those functions outlined under surgical care, as appropriate; provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and disposition of eligible patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Codes: BBA, BBB, BBC, BBE, BBG, BBH, BBJ, BBZ)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
	(Operating Beds)					
Visits per Surgeon	----------185* ----------					155**
Inpatient Days Per Surgeon	80	100	190	190	190	190

* Includes support staff visits.

**The 155 residency performance level is based on 50 visits per staff surgeon plus 85 visits contribution by the residents and fellows assigned to each teaching staff physician and 20 visit contribution by all other support staff.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Surgeon	----------180*----------				
Inpatient Days per Surgeon	50	135	150	150	150

*Includes support staff visits.

6. Statement of Conditions.

a. Performance levels assure adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. The following surgical services are included in the total surgical visits for the purpose of applying this standard; general surgery, cardiovascular and thoracic surgery, neurosurgery, organ transplant surgery, plastic surgery, proctology, pediatric surgery, and surgical clinics not elsewhere classified. Separate specialty surgical standards (6101, 6108, 6109, and 6110) are used in conjunction with this standard to determine additional surgeons required for GME training programs; to adjust total team performance factors when substitution occurs (Table B); and determine additives for surgical sub-specialties.

c. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table for hospitals without general surgery GME teaching programs. Table B is for facilities with general surgery GME teaching programs. Table C is for facilities with specialty surgical GME teaching programs. Select the correct manpower table from Attachment 1 for the facility.

a. TABLE A - MTF WITHOUT GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

NOTE: The Surgeon General from each service may elect to substitute surgical subspecialties after four general surgeons are earned in Table A.

b. TABLE B - MTF WITH GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. Enter Table B at the level of authorized general surgery residents (PGY2-5). The total team visits generated from the number of general surgery residents are then subtracted from the total MEPRS workload that has been combined for all surgical and surgical subspecialty clinics.

Step 2. Any remaining visits (residuals) are then applied to TABLE A to determine additional surgical manpower requirements. Go to Table A and follow the instructions in paragraph 8a above.

Step 3. Any additional manpower requirements are then added to the residency manpower requirements determined in Step 8b(1) to obtain total manpower requirements for the surgical clinic.

NOTE: Service Surgeons General and MTF Program Director will determine appropriate specialty mix of surgeons for the residency program in order to meet residency accreditation requirements.

c. TABLE C - MTF WITH SURGERY SPECIALTY GME TEACHING PROGRAM:

Step 1. Reference standards 6101 (Neuro), 6108 (Plastic), 6109 (Colon/Rectal), and 6110 (Thoracic), as appropriate.

Step 2. Enter table at the level of authorized fellows at the MTF to determine surgical subspecialty manpower requirements.

Step 3. Add surgical specialty manpower requirements determined above to those requirements generated in paragraph 8b in order to determine total surgical requirements.

NOTE: Refer to application worksheet for steps b and c.

9. Additive Requirements. The performance of surgical procedures in an ambulatory setting requires additional support staff. Duties include administering medications, monitoring sterile techniques, assisting physician during procedures, stabilizing patients, and providing patient instructions. Manpower requirements are as follows:

Ambulatory Surgery Rooms (No Anesthetizing Personnel Required)	1	2	3	4	5
Registered Nurse	1	1	2	2	3
Technician	1	2	3	4	5

NOTE: If these rooms support surgery specialties, only apply this additive in this standard. If surgical specialties have their own dedicated ambulatory surgical rooms (no anesthetizing personnel required), apply this additive under the appropriate joint health-care surgical specialty standard.

Attachments
1. Application Worksheet
2. Manpower Tables

APPLICATION WORKSHEET FOR GME SURGICAL AND SURGICAL SPECIALTY TEACHING PROGRAMS

MTF with General Surgery GME Teaching Program:

Step 1. Roll up all MTF surgical workload in general surgery and surgical subspecialty (MEPRS codes are: BBA, BBB, BBC, BBE, BBG, BBF, BBJ, BBZ). _____

Step 2.a. Add all general surgery residents authorized at the MTF and enter the total number of surgical staff earned. _____

2.b. Determine the total team visits earned. _____

Step 3. Subtract value in step 2.b. from value in step 1. If there are any remaining visits (residuals), then apply Table A to determine any additional surgical manpower requirements. - _____

Step 4. Add value in step 2.a. to value in step 3 to determine total manpower requirements for the surgical clinic. + _____

MTF with Surgical Specialty GME Teaching Program:

Step 5. Refer to Table C for the total number of authorized fellows in neurosurgery, plastic, colon/rectal, and thoracic surgery. Determine number of specialty surgical staff surgeons earned. _____

Step 6. Add total surgical subspecialty manpower requirements to value in Step 4 to determine total surgical requirements. + _____

NOTE: Surgical staff consists of physicians, registered nurses, technicians and clerical staff.

STANDARD MANPOWER TABLE

WORK CENTER TITLE/CODE:	MTF Without General Surgery GME Teaching Program
Surgery/6100	
Table A	

MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1	200	399	598	797	997	1196	1395	1594	1794
Maximum Count ->	199	398	597	796	996	1195	1394	1593	1793	1992
OCONUS										
Minimum Count ->	1	194	388	582	776	970	1164	1358	1551	1745
Maximum Count ->	193	387	581	775	969	1163	1357	1550	1744	1938

	MANPOWER REQUIREMENTS									
Surgeon	1	2	3	4	5	6	7	8	9	10
Registered Nurse			1	1	1	1	1	1	1	1
Technician	1	2	3	4	5	6	7	8	9	10
Clerical Support		1	1	1	1	2	2	2	3	3
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	2	5	8	10	12	15	17	19	22	24

STANDARD MANPOWER TABLE

WORK CENTER TITLE/CODE:	
Surgery/6100 Table A (cont'd)	MTF Without General Surgery GME Teaching Program

MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1993	2192	2391	2591	2775	2960	3145	3330	3515	3700
Maximum Count ->	2191	2390	2590	2774	2959	3144	3329	3514	3699	3884
OCONUS										
Minimum Count ->	1939	2133	2327	2521	2700	2880	3060	3240	3420	3600
Maximum Count ->	2132	2326	2520	2699	2879	3059	3239	3419	3599	3779
	MANPOWER REQUIREMENTS									
Surgeon	11	12	13	14	15	16	17	18	19	20
Registered Nurse	1	1	1	1	1	1	1	2	2	2
Technician	11	11	12	12	13	14	15	16	17	18
Clerical Support	3	4	4	5	5	5	6	6	6	6
TOTAL	26	28	30	32	34	36	39	42	44	46

NOTE:
Services may interchange technician(s) and clerical support staff.

STANDARD MANPOWER TABLE

WORK CENTER TITLE/CODE:	MTF Without General Surgery GME Teaching Program
Surgery/6100 Table A (cont'd)	

MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	3885	4070	4255	4440	4625	4810	4995	5180	5365	5550
Maximum Count ->	4069	4254	4439	4624	4809	4994	5179	5364	5549	5734
OCONUS										
Minimum Count ->	3780	3960	4140	4320	4500	4680	4860	5040	5220	5400
Maximum Count ->	3959	4139	4319	4499	4679	4859	5039	5219	5399	5579

	MANPOWER REQUIREMENTS									
Surgeon	21	22	23	24	25	26	27	28	29	30
Registered Nurse	2	2	2	2	2	2	2	2	2	2
Technician	19	19	20	20	21	21	22	22	23	23
Clerical Support	7	7	7	8	8	8	8	9	9	9
TOTAL	49	50	52	54	56	57	59	61	63	64

NOTE:
Services may interchange technician(s) and clerical support staff.

TABLE B

GENERAL SURGERY GME TEACHING PROGRAM

(PGY2-5) RESIDENT 85 VISITS	STAFF PHYSICIAN 50 VISITS	TECHNICIAN SUPPORT 20 VISITS*	CLERICAL SUPPORT	TOTAL TEAM VISITS
1	1	2	1	155
2	2	3	1	290
3	2	4	1	375
4	3	5	1	510
5	4	6	1	645
6	5	8	2	780
7	5	9	2	865
8	6	10	2	1000
9	7	11	2	1135
10	7	12	3	1220
11	8	14	3	1355
12	9	15	3	1490
13	9	16	3	1575
14	10	17	3	1710
15	10	18	3	1795
16	11	20	4	1930
17	12	21	4	2065
18	12	22	4	2150
19	13	23	4	2285
20	14	24	4	2420
21	15	26	5	2555
22	16	27	5	2690
23	16	28	5	2775
24	17	29	5	2910
25	18	30	5	3045

* Constant Value

TABLE C

SURGICAL SPECIALTY GME TEACHING PROGRAM

FELLOW	STAFF PHYSICIAN	TECHNICIAN SUPPORT	CLERICAL SUPPORT
1	1	2	1
2	2	3	1
3	3	5	1
4	4	6	1
5	5	8	1
6	6	9	2
7	7	11	2
8	8	12	2
9	9	14	2
10	10	15	3
11	11	17	3
12	12	18	3
13	13	20	3
14	14	21	3
15	15	23	3
16	16	24	4
17	17	26	4
18	18	27	4
19	19	29	4
20	20	30	4
21	21	32	5
22	22	33	5
23	23	35	5
24	24	36	5
25	25	38	5

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Neurosurgery**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnostic, preoperative, surgical and postoperative care for patients with injuries or mass lesions of the skull, brain, spinal cord or peripheral nerves. Performs the following surgical care functions, as appropriate: provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and disposition of patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. Neurosurgeons typically provide surgical care for patients evaluated and referred by other physicians. The ambulatory workload of this specialty is minimal. Neurosurgeons are normally used in support of Surgical Residency Training Programs and at large referral centers. (NOTE: The performance level for Neurosurgeons has not been validated by formal measurement techniques. Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BBC)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Neurosurgeon	0	0	0	50	50	50
Inpatient Days per Neurosurgeon	0	0	0	170	170	170

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Neurosurgeon	0	0	0	50	50
Inpatient Days per Neurosurgeon	0	0	0	170	170

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. DoD 6100-STD, Surgery.

8. Application Instructions. These instructions are used in conjunction with DoD 6100-STD, Surgery, to explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. The standard may only apply when more than four general surgeons are earned.

a. MTF WITHOUT GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, subparagraph 8.a., above, and Table A to determine the total number of surgeons required.

Step 2. The Service Surgeon General may elect to substitute neurosurgeons after four general surgeons are earned.

Step 3. Support staff for the entire Surgical Service is reflected in Table A.

b. MTF WITH GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, subparagraph 8.b., above and Table B.

Step 2. In Table B the total team visits are calculated on required surgeons.

Step 3. The Service Surgeon General and Program Director may elect to substitute neurosurgeons after four general surgeons are earned.

Step 4. Total team visits (in Table B) do not have to be adjusted should substitution of neurosurgeons occur since the residency performance levels are identical to general surgeons.

Step 5. Residual manpower requirements for the surgical service are calculated from DoD 6100-STD, subparagraph 8.b., steps 2 and 3., above.

c. MTF WITH NEUROSURGERY SPECIALTY TEACHING PROGRAM:

Step 1. See DoD 6100-STD, Table C, to determine requirements.

Step 2. Table C provides physician and support staff requirements for Surgical Specialty GME Teaching Program.

Step 3. For neurosurgery, one neurosurgeon is required for each fellow.

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Ophthalmology**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides for specialized treatment, care, and consultative evaluation of patients with disease, injury, or disorder of the eye; performs ophthalmological surgery with preoperative and postoperative care. Performs the following surgical care functions as appropriate: provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and disposition of patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BBD)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITALS (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Ophthalmologist	----------325*----------					480**
Inpatient Days per Ophthalmologist	----------30----------					

*Includes support staff visits.

**The 480 residency performance level is based on 100 visits per staff Ophthalmologist plus 380 visits contribution by each of the two residents and fellows assigned to each teaching staff physician and by all other support staff.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL				
	1-50	51-100	101-200	201-300	301+
	(Operating Beds)				
Visits per Ophthalmologist	----------300*----------				
Inpatient Days per Ophthalmologist	----------30----------				

*Includes support staff visits.

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this work center. Table A is the basic manpower table for hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT OPHTHALMOLOGY GME TEACHING PROGRAM.

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

b. TABLE B - MTF WITH GME OPHTHALMOLOGY TEACHING PROGRAM.

Step 1. Enter table at the level of authorized residents to determine manpower requirements.

Step 2. The total team visits (from the number of residents authorized) are then subtracted from the workload for this clinic provided by MEPRS. The remaining visits (residuals) are then applied to the Ophthalmology Manpower Standard at Table A to determine additional requirements. Go to Table A and follow the instructions in paragraph 8.a., above.

Step 3. The residual (additional) manpower requirements are then added to the residency manpower requirements determined in step subparagraph 8.b., step 1, above, to obtain the manpower requirements for the clinic.

9. Additive Requirements.

a. The performance of surgical procedures in an ambulatory setting requires additional support staff. Duties include administering medications, monitoring sterile techniques, assisting physician during procedures, stabilizing patients, and providing patient instructions. Manpower requirements are as follows:

Ambulatory Surgery Rooms (No Anesthetizing Personnel Required)	1	2	3	4	5
Registered Nurse	1	1	2	2	3
Technician	1	2	3	4	5

NOTE: Ambulatory surgery requirements are added to requirements determined in paragraph 8., above. To earn additional requirements under this paragraph, the ambulatory surgery rooms must be dedicated for ophthalmic surgery and not require anesthetizing personnel.

b. Cornea and Retinal Referral Centers earn one additional cornea and/or retina fellowship trained ophthalmologist. This requirement is added to the requirements determined in paragraph 8. and subparagraph 9.a., above.

Attachment Manpower Tables

STANDARD MANPOWER TABLE

WORK CENTER TITLE/CODE: Ophthalmology/6103 Table A	MTF Without Ophthalmology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1	351	701	1051	1401	1751	2101	2451	2801	3151
Maximum Count ->	350	700	1050	1400	1750	2100	2450	2800	3150	3500
OCONUS										
Minimum Count ->	1	324	647	970	1293	1616	1939	2262	2585	2908
Maximum Count ->	323	646	969	1292	1615	1938	2261	2584	2907	3231
Ophthalmologist	1	2	3	4	5	6	7	8	9	10
Technician	2	3	5	7	7	9	10	11	12	13
Clerical Support	1	1	1	1	2	2	2	2	3	3
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	4	6	9	12	14	17	19	21	24	26

STANDARD MANPOWER TABLE										
WORK CENTER TITLE/CODE: Ophthalmology/6103 Table A (continued)	MTF Without Ophthalmology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	3501	3851	4201	4551	4875	5200				
Maximum Count ->	3850	4200	4550	4874	5199	5524				
OCONUS Overseas										
Minimum Count ->	3232	3555	3878	4201	4500	4800				
Maximum Count ->	3554	3877	4200	4499	4799	5099				
Ophthalmologist	11	12	13	14	15	16				
Technician	15	17	18	19	21	22				
Clerical Support	3	3	4	4	4	4				
NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	29	32	35	37	40	42				

TABLE B

OPHTHALMOLOGY GME TEACHING PROGRAM

AUTHORIZED NUMBER OF RESIDENTS (190 VISITS)	STAFF PHYSICIAN (100 VISITS)	CLERICAL SUPPORT	TECHNICIAN SUPPORT (0.5 PER RESIDENT 1.5 PER STAFF)	TEAM VISITS
1	1	1	2	290
2	1	1	3	480
3	2	1	5	770
4	2	1	5	960
5	3	1	7	1250
6	3	1	8	1440
7	4	2	10	1730
8	4	2	10	1920
9	5	2	12	2210
10	5	2	13	2400
11	6	2	15	2690
12	6	2	15	2880
13	7	2	17	3170
14	7	2	18	3360
15	8	3	20	3650
16	8	3	20	3840
17	9	3	22	4130
18	9	3	23	4320
19	10	3	25	4610
20	10	3	25	4800
21	11	3	27	5090
22	11	3	28	5280
23	12	4	30	5570
24	12	4	30	5760
25	13	4	32	6050

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. Optometry

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides examinations of the eyes and adnexa, determines their condition and when appropriate prescribes corrective treatment; determines vision abnormalities which may be corrected or improved by lenses, prisms or other ophthalmic devices, prescribes corrective lenses and orthoptic training; provides appropriate medical treatment of diseases and injuries of the eyes and adnexa; directs eye protection programs; supervises technician in fabricating, adjusting and dispensing spectacles.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BHC)

a. Continental United States (CONUS), Alaska and Hawaii:

	CLINIC	HOSPITAL			
		1-50	51-100	101-200	201-300	301+
		(Operating Beds)				
Visits per Optometrist	----------340----------					

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	CLINIC	HOSPITAL				
		1-50	51-100	101-200	201-300	301+
		(Operating Beds)				
Visits per Optometrist	----------330----------					

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table.

Step 1. In the top half of the table are one or more rows, each labeled with a MTF category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row selected in Step 1, and if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column (selected in Step 3) into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

9. Additive Requirements. The presence of a Service academy, basic and/or recruit training site(s), and/or officer candidate and/or training school(s), earns a total of one optometrist and one technician in addition to the requirements determined in paragraph 8., above.

Attachment Manpower Tables

STANDARD MANPOWER TABLE

WORK CENTER TITLE/CODE:
Optometry/6104
Table A

MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1	367	733	1099	1465	1831	2198	2564	2930	3296
Maximum Count ->	366	732	1098	1464	1830	2197	2563	2929	3295	3661
OCONUS										
Minimum Count ->	1	356	711	1067	1422	1778	2133	2488	2844	3199
Maximum Count ->	355	710	1066	1421	1777	2132	2487	2843	3198	3554
	MANPOWER REQUIREMENTS									
Optometrist	1	2	3	4	5	6	7	8	9	10
Technician	1	2	3	4	5	6	7	8	9	10
Clerical Support		1	1	1	1	1	1	1	1	1
TOTAL	2	5	7	9	11	13	15	17	19	21

NOTE:
Services may interchange technician(s) and clerical support staff.

STANDARD MANPOWER TABLE

WORK CENTER TITLE/CODE:
Optometry/6104
Table A (con't)

MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	3662	4028	4395	4761	5100	5440	5780	6120	6460	6800
Maximum Count ->	4027	4394	4760	5099	5439	5779	6119	6459	6799	7139
OCONUS										
Minimum Count ->	3555	3910	4265	4621	4950	5280	5160	5940	6270	6600
Maximum Count ->	3909	4264	4620	4949	5279	5609	5939	6269	6599	6929
	MANPOWER REQUIREMENTS									
Optometrist	11	12	13	14	15	16	17	18	19	20
Technician	11	12	13	14	15	16	17	18	19	20
Clerical Support	1	2	2	2	2	2	2	2	2	2
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	23	26	28	30	32	34	36	38	40	42

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Orthopaedic Surgery**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides for the specialized care, treatment, and consultative evaluation of patients with diseases, disorders, and injuries of the musculoskeletal system; performs surgery for abnormal conditions of bones, joints, muscles, fasciae, and tendons; provides care and treatment of bone infections and other infected orthopaedic cases; provides care and treatment of fractures and associated soft tissue injuries; operates a cast room with facilities for application, alteration, and removal of plaster casts, splints, and various forms of traction required in the treatment of orthopaedic conditions of inpatients; and performs those functions outlined under orthopaedic care, as appropriate.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Codes: BEA, BEB, BEC).

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Orthopaedic Surgeon	----------235----------					375*
Inpatient Days per Physician	----------125----------					

Visits per Technician	----------45----------

* The 375 residency performance level is based on 210 visits per staff orthopaedic surgeon, 120 visits contributed by the residents assigned to each teaching staff surgeon, and 45 visits per cast technician.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL 1-50	51-100	101-200	201-300	301+
	(Operating Beds)				
Visits per Orthopaedic Surgeon	----------225----------				
Inpatient Days per Physician	----------175----------				
Visits per Technician	----------40----------				

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table for hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT ORTHOPAEDIC GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

b. TABLE B - MTF WITH ORTHOPAEDIC GME TEACHING PROGRAM:

Step 1. Enter table at level of authorized residents to determine manpower requirements.

Step 2. The total team visits (from the number of residents authorized) are then subtracted from the workload for this clinic provided by MEPRS. The remaining visits (residuals) are then applied to the Orthopaedic Manpower Standard at Table A to determine additional requirements. Go to Table A and follow the instructions in paragraph 8.a., above.

Step 3. The residual (additional) manpower requirements are then added to the residency manpower requirements determined in subparagraph 8.b., step 1., above, to obtain the manpower requirements for the clinic.

Step 4. The Orthopaedic GME Teaching Program requires a minimum of four staff orthopaedic surgeons. Apply this minimum if workload does not earn the required staff orthopaedic surgeons.

NOTE: The Service Surgeon General may elect to substitute orthopaedic subspecialties, such as hand and spine surgeons.

9. Additive Requirement. The performance of surgical procedures in an ambulatory setting requires additional support staff. Duties include administering medications, monitoring sterile techniques, assisting physicians during procedures, stabilizing patients, and providing patient instructions. Manpower requirements are as follows:

Ambulatory Surgery Rooms (No Anesthetizing Personnel Required)	1	2	3	4	5
Registered Nurse	1	1	2	2	3
Technician	1	2	3	4	5

NOTE: Ambulatory surgery requirements are added to requirements determined in paragraph 8., above, to determine total workcenter requirements. To earn requirements under this paragraph, the ambulatory surgery rooms must be dedicated for orthopaedic surgery.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Orthopaedic Surgery/6105 Table A	MTF Without Orthopaedic GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1	351	652	954	1255	1557	1907	2208	2510	2811
Maximum Count ->	350	651	953	1254	1556	1906	2207	2509	2810	3112
OCONUS										
Minimum Count ->	1	329	614	900	1185	1471	1799	2084	2370	2655
Maximum Count ->	328	613	899	1184	1470	1798	2083	2369	2654	2940
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Orthopaedic Surgeon	1	2	3	4	5	6	7	8	9	10
Technician	2	3	4	5	6	8	9	10	11	12
Clerical Support		1	1	2	3	3	3	3	3	3
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	3	6	8	11	14	17	19	21	23	25

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Orthopaedic Surgery/6105 Table A (continued)	MTF Without Orthopaedic GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	3113	3415	3713	4011	4290	4570	4850	5130	5410	5690
Maximum Count ->	3414	3712	4010	4289	4569	4849	5129	5409	5689	5969
OCONUS										
Minimum Count ->	2941	3226	3508	3790	4055	4320	4585	4850	5115	5380
Maximum Count ->	3225	3507	3789	4054	4319	4584	4849	5114	5379	5644
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Orthopedic Surgeon	11	12	13	14	15	16	17	18	19	20
Technician	13	14	15	16	17	18	19	20	21	22
Clerical Support	3	3	3	3	4	4	4	4	4	5
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	27	29	31	33	36	38	40	42	44	47

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Orthopaedic Surgery/6105 Table A (continued)	MTF Without Orthopaedic GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	5970	6250	6530	6810	7090	7370	7650	7930	8210	8490
Maximum Count ->	6249	6529	6809	7089	7369	7649	7929	8209	8489	8769
OCONUS										
Minimum Count ->	5645	5910	6175	6440	6705	6970	7235	7500	7765	8030
Maximum Count ->	5909	6174	6439	6704	6969	7234	7499	7764	8029	8294
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Orthopedic Surgeon	21	22	23	24	25	26	27	28	29	30
Technician	23	24	25	26	27	28	29	30	31	32
Clerical Support	5	5	5	5	6	6	6	6	7	7
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	49	51	53	55	58	60	62	64	67	69

TABLE B

ORTHOPAEDIC GME TEACHING PROGRAM

NUMBER OF AUTHORIZED ORTHOPAEDIC RESIDENTS	MINIMUM ORTHOPAEDIC TEACHING STAFF	TECHNICIAN	CLERICAL SUPPORT	TOTAL VISITS
4	1	1	2	375
5	2	1	2	615
6	2	2	2	690
7	2	2	2	720
8	2	2	2	750
9	3	3	2	1045
10	3	3	2	1065
11	3	3	2	1095
12	3	4	2	1170
13	4	4	3	1410
14	4	4	3	1440
15	4	5	3	1515
16	4	5	3	1545
17	5	5	3	1785
18	5	6	3	1860
19	5	6	3	1890
20	5	6	3	1920
21	6	7	4	2205
22	6	7	4	2235
23	6	7	4	2265
24	6	8	4	2340
25	7	8	4	2580

Performance levels:

Resident	Staff Physician	Technician
30	210	45

The total performance level of each resident, teaching staff orthopaedic surgeon and technician required to support the Orthopaedic GME Teaching Program are shown as total visits.

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Podiatry**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnosis, treatment, and prevention of foot disorders; provides inpatient consultations when requested by other professional services; assists with or performs inpatient surgical procedures on the foot; provides related follow-up care; and performs those functions outlined under orthopaedic care, as appropriate.

5. Monthly Performance Level(s) per Provider. NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS code: BEF)

a. Continental United States (CONUS), Alaska and Hawaii:

	CLINIC	HOSPITAL				
		1-50	51-100	101-200	201-300	301+
		(Operating Beds)				
Visits per Podiatrist	----------300----------					

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	CLINIC	HOSPITAL			
		1-50	51-100	101-200	201-300	301+
		(Operating Beds)				
Visits per Podiatrist	----------290----------					

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed,, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy levels of work for the workcenter. Table A is the basic manpower table.

Step 1. In the top half of the table are one or more rows, each labeled with a MTF category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

9. Additive Requirements. The presence of a basic recruit training site(s) and/or officer candidate/training school(s), earns one podiatrist and one technician in addition to the requirements determined in paragraph 8., above.

Attachment Manpower Table

JOINT HEALTHCARE MANPOWER STANDARD

WORK CENTER TITLE/CODE:
Podiatry/6106
Table A

MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES					
CONUS						
Minimum Count ->	1	324	647	970	1293	1616
Maximum Count ->	323	646	969	1292	1615	1938
OCONUS						
Minimum Count ->	1	313	625	937	1250	1562
Maximum Count ->	312	624	936	1249	1561	1873

SPECIALTY TITLE	MANPOWER REQUIREMENTS					
Podiatrist	1	2	3	4	5	6
Technicians	1	1	2	2	3	3
Clerical Support		1	1	1	1	1
TOTAL	2	4	6	7	9	10

NOTE:
Services may interchange technician(s) and clerical support staff.

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Otolaryngology**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides for specialized treatment, care and consultative evaluation of patients with injuries, disease, or disorders of the ear, nose, throat, and maxillofacial skelton and the general contiguous structures such as the sinuses, the face, the pharynx, the larynx, the trachea and esophagus in anatomic area of the head and neck (exclusive of neurosurgical, dental, and ophthalmological conditions); provides bronchoscopic, esophagoscopic, and laryngoscopic examinations; performs advanced tests of auditory and vestibular functions, and neuro-otologic disorders; performs surgical procedures for facial nerve disease and trauma, diseases of the ear, corrective reconstructive and cosmetic surgery for acquired or congenital deformities; performs microsurgery of the sinuses, tonsils, adenoids, and vocal cords; and performs those functions outlined under surgical care, as appropriate; provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and disposition of patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BBF)

a. Continental United States (CONUS), Alaska and Hawaii:

HOSPITAL (Operating Beds)					GME TEACHING FACILITY
1-50	51-100	101-200	201-300	301+	

Visits per Otolaryngologist	----------300*----------	350**
Inpatient Days per Otolaryngologist	----------75----------	75

*Includes support staff visits.

**The 350 residency performance level is based on 50 visits per staff Otolaryngologist plus 300 visit contribution by the residents assigned to each teaching staff physician. This performance factor is based on two (2) residents in a residency program.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Otolaryngologist	----------285*----------				
Inpatient Days per Otolaryngologist	----------75----------				

*Includes support staff visits.

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. This standard does not include requirements for audiology or speech pathology.

c. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table for hospitals without GME teaching program. Table B is for facilities with an GME teaching program. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT OTOLARYNGOLOGY GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

b. TABLE B - MTF WITH GME OTOLARYNGOLOGY TEACHING PROGRAM:

Step 1. Enter table at the level of authorized residents to determine manpower requirements.

Step 2. The total team visits (from the number of residents authorized) are then subtracted from the workload for this clinic provided by MEPRS. The remaining visits (residuals) are then applied to the Otolaryngology Manpower Standard at Table A to determine additional requirements. Go to Table A and follow the instructions in subparagraph 8.a., above.

Step 3. The residual (additional) manpower requirements are then added to the residency manpower requirements determined in subparagraph 8.b., step 1., above, to obtain the manpower requirements for the clinic.

9. Additive Requirements: The performance of surgical procedures in an ambulatory setting requires additional support staff. Duties include administering medications, monitoring sterile techniques, assisting physicians during procedures, stabilizing patients, and providing patient instructions. Manpower requirements are as follows:

Ambulatory Surgery Rooms (No Anesthetizing Personnel Required)	1	2	3	4	5
Registered Nurse	1	1	2	2	3
Technician	1	2	3	4	5

NOTE: Ambulatory surgery requirements are added to requirements determined in paragraph 8., above. To earn requirements under this paragraph, the ambulatory surgery rooms must be dedicated for otolaryngology surgery, otherwise these requirements are covered under DoD 6100-STD, Surgery.

Attachment Manpower Tables

STANDARD MANPOWER TABLE

WORK CENTER TITLE/CODE: Otolaryngology/6107 Table A	MTF Without Otolaryngology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	1	324	647	970	1293	1616	1939	2262	2585	2908
Maximum Count ->	323	646	969	1292	1615	1938	2261	2584	2907	3231
OCONUS										
Minimum Count ->	1	307	614	921	1228	1535	1842	2149	2456	2763
Maximum Count ->	306	613	920	1227	1534	1841	2148	2455	2762	3069
	MANPOWER REQUIREMENTS									
Otolaryngologist	1	2	3	4	5	6	7	8	9	10
Technician	2	2	4	5	6	7	8	9	10	11
Clerical Support		1	1	1	2	2	2	2	3	3
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	3	5	8	10	13	15	17	19	22	24

STANDARD MANPOWER TABLE										
WORK CENTER TITLE/CODE: Otolaryngology/6107 Table A (continued)	MTF Without Otolaryngology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	3232	3555	3878	4201	4500	4800	5100	5400	5700	6000
Maximum Count ->	3554	3877	4200	4499	4799	5099	5399	5699	5999	6299
OCONUS										
Minimum Count ->	3070	3377	3684	3991	4275	4560	4845	5130	5415	5700
Maximum Count ->	3376	3683	3990	4274	4559	4844	5129	5414	5699	5984
	MANPOWER REQUIREMENTS									
Otolaryngologist	11	12	13	14	15	16	17	18	19	20
Technician	12	13	14	15	16	17	18	19	20	21
Clerical Support	3	3	3	3	3	4	4	4	4	4
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	26	28	30	32	34	37	39	41	43	45

TABLE B

OTOLARYNGOLOGY GME TRAINING PROGRAM

NUMBER OF AUTHORIZED RESIDENTS (150 VISITS)	STAFF PHYSICIAN (50 VISITS)	TECH SUPPORT (0.5 PER RESIDENT 1.5 PER STAFF)	CLERICAL SUPPORT	TOTAL TEAM VISITS
2	1	3	1	350
3	2	5	1	550
4	2	5	1	700
5	3	7	1	900
6	3	8	1	1050
7	4	10	2	1250
8	4	10	2	1400
9	5	12	2	1600
10	5	13	2	1750
11	6	15	2	1950
12	6	15	2	2100
13	7	17	2	2300
14	7	18	2	2450
15	8	20	3	2650
16	8	20	3	2800
17	9	22	3	3000
18	9	23	3	3150
19	10	25	3	3350
20	10	25	3	3500
21	11	27	3	3700
22	11	28	3	3850
23	12	30	4	4050
24	12	30	4	4200
25	13	32	4	4400

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Plastic Surgery**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Plastic Surgery requirements will be included in general surgery staffing requirements as unique allocations by service at major treatment and/or referral centers or to support Graduate Medical Education (GME) programs at a military treatment facility. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnostic, preoperative, surgical and postoperative care for patients with plastic and reconstructive problems; provides surgery to restore or aid in healing wounded, disfigured, or unsightly parts of the body. Performs the following surgical care services, as appropriate: provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates health care delivery relative to the examination, treatment, diagnosis, and disposition of patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. The performance level for Plastic Surgeons has not been validated by formal measurement techniques. Plastic surgeons are normally used in support of surgical GME teaching programs and at large referral centers.

NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS code: BBG)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Plastic Surgeon	0	0	---------185*--------			155**
Inpatient Days per Plastic Surgeon	0	0	140	140	140	170

*Includes support staff visits.

** The residency performance level is based on 50 visits per staff plastic surgeon plus 85 visits contributed by all the residents and fellows and 20 visits contribution by all support assigned to each teaching staff plastic surgeon.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Plastic Surgeon	0	0	------180*-----		140*
Inpatient Days per Plastic Surgeon	0	0	150	150	190

*Includes support staff visits.

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See DoD 6100-STD, Surgery.

8. Application Instructions. These instructions are used in conjunction with DoD 6100-STD, Surgery, to explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. This standard may only apply when more than four general surgeons are earned.

a. MTF WITHOUT GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, subparagraph 8.a., and Table A to determine the total number of surgeons required.

Step 2. The Service Surgeon General may elect to substitute plastic surgeons after four general surgeons are earned.

Step 3. Support staff for the entire surgical service is reflected in Table A.

b. MTF WITH GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, subparagraph 8.b., and Table B.

Step 2. In Table B the total team visits are calculated on required surgeons.

Step 3. The Service Surgeon General and Program Director may elect to substitute plastic surgeons after four general surgeons are earned.

Step 4. Total team visits (in Table B) do not have to be adjusted should substitution of plastic surgeons occur since the performance levels are identical to general surgeons.

Step 5. Residual manpower requirements for the surgical service are calculated from DoD 6100-STD, subparagraph 8.b., steps 2 and 3, above.

c. MTF WITH PLASTIC SURGERY SPECIALTY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, Table C, to determine requirements.

Step 2. Table C provides physician and support staff requirements for Surgical Specialty GME Teaching Program.

Step 3. For plastic surgery, one plastic surgeon is required for each fellow.

NOTE: For MTFs with a Plastic Surgery Teaching Program the minimum requirement is three plastic surgeons. Apply this minimum if the required staff is not earned using Table C in DoD 6100-STD.

9. Additive Requirements: The performance of surgical procedures in an ambulatory setting requires additional support staff. Duties include administering medications, monitoring sterile techniques, assisting physicians during procedures, stabilizing patients, and providing patient instructions. Manpower requirements are as follows:

Ambulatory Surgery Rooms (No Anesthetizing Personnel Required)	1	2	3	4	5
Registered Nurse	1	1	2	2	3
Technician	1	2	3	4	5

NOTE: Ambulatory surgery requirements are added to requirements determined in paragraph 8., above. To earn requirements under this program, the ambulatory surgery rooms must be dedicated for plastic surgery; otherwise these requirements are covered under DoD 6100-STD, Surgery.

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. Colon and Rectal Surgery

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Colon and Rectal surgical requirements will be included in general surgery staffing requirements as unique allocations by Service at major treatment and/or referral centers or to support GME teaching programs at a military treatment facility. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnostic, preoperative, surgical and postoperative care for patients with diseases and injuries of the anus, rectum, and colon. Performs the following surgical care functions as appropriate: provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates health care delivery relative to the examination, treatment, diagnosis, and disposition of patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. The performance level for colon and rectal surgeons has not been validated by formal measurement techniques. The performance level established for general surgeons will be used pending the determination of a separate level for this subspecialty. Colon and rectal surgeons are normally used in support of Surgical GME Programs and at large referral centers.

a. Continental United States (CONUS), Alaska and Hawaii.

	HOSPITALS (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Colon/Rectal Surgeon	0	0	0	185*	185*	155**
Inpatient Days per Colon/Rectal Surgeon	0	0	0	140	140	170

*Includes support staff visits.

**The residency performance level is based on 50 visits per staff colon and rectal surgeon plus 85 visits contributed by all the residents and fellows and 20 visits contribution by all support assigned to each teaching staff colon and rectal surgeon.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Colon/Rectal Surgeon	0	0	0	180*	135*
Inpatient Days per Colon/Rectal Surgeon	0	0	0	150	190

*Includes support staff visits.

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables: See DoD 6100-STD, Surgery.

8. Application Instructions: These instructions are used in conjunction with DoD 6100-STD, Surgery to explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. This standard may only apply when more than two general surgeons are earned.

a. MTF WITHOUT GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, paragraph 8.a., above, and Table A to determine the total number of surgeons required.

Step 2. The Service Surgeon General may elect to substitute colon and rectal surgeons after four general surgeons are earned.

Step 3. Support staff for the entire Surgical Service is reflected in Table A.

b. MTF WITH GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, paragraph 8b and Table B.

Step 2. In Table B the total team visits are calculated on required surgeons.

Step 3. The Service Surgeon General and Program Director may elect to substitute colon and rectal after four general surgeons are earned.

Step 4. Total team visits (in Table B) do not have to be adjusted should substitution of colon and rectal surgeons occur since the performance levels are identical to general surgeons.

Step 5. Residual manpower requirements for the surgical service are calculated from DoD 6100-STD, subparagraph 8.b., steps 2 and 3.

c. MTF WITH COLON AND RECTAL SPECIALTY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, Table C, to determine requirements.

Step 2. Table C provides physician and support staff requirements for Surgical Specialty GME Teaching Program.

Step 3. For colon and rectal surgery, one colon and rectal surgeon is required for each fellow.

9. Additive Requirements: The performance of surgical procedures in an ambulatory setting requires additional support staff. Duties include administering medications, monitoring sterile techniques, assisting physicians during procedures, stabilizing patients, and providing patient instructions. Manpower requirements are as follows:

Ambulatory Surgery Rooms (No Anesthetizing Personnel Required)	1	2	3	4	5
Registered Nurse	1	1	2	2	3
Technician	1	2	3	4	5

NOTE: Ambulatory surgery requirements are added to requirements determined in paragraph 8., above. To earn requirements under this paragraph, the ambulatory surgery rooms must be dedicated for colon and rectal surgery only; otherwise these requirements are covered under DoD 6100-STD, Surgery.

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Thoracic Surgery**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Thoracic surgery requirements will be included in general surgery staffing requirements as unique allocations by service at major treatment and referral facilities or to support GME teaching programs at a facility. When a facility is authorized to conduct open heart surgery, the functional area will include cardiovascular surgeons. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnostic, preoperative, surgical and postoperative care for patients with diseases and injuries of the cardiovascular system and of the chest. Performs the following surgical care functions as appropriate: provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates health care delivery relative to the examination, treatment, diagnosis, and disposition of patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. The performance level for cardiovascular and thoracic surgeons has not been validated by formal measurement techniques. These surgeons typically provide surgical care for patients evaluated and referred by other physicians. The ambulatory workload of this specialty is minimal. They are normally used in support of the Surgical GME Training Programs and at large referral facilities. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BBB)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Surgeon	0	0	0	30	30	30
Inpatient Days per Surgeon	0	0	0	170	170	170

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Surgeon	0	0	0	25	25
Inpatient Days per Surgeon	0	0	0	190	190

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the *DoD Medical Space Planning Criteria*.

b. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See DoD 6100-STD, Surgery.

8. Application Instructions. These instructions are used in conjunction with DoD 6100-STD, Surgery, to explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. This standard may only apply when the general surgery work center earns more than four general surgeons.

a. MTF WITHOUT GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, subparagraph 8.a., and Table A to determine the total number of surgeons required.

Step 2. The Service Surgeon General may elect to substitute thoracic surgeons after four general surgeons are earned.

Step 3. Support staff for the entire Surgical Service is reflected in Table A.

b. MTF WITH GENERAL SURGERY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, subparagraph 8.b., and Table B.

Step 2. In Table B the total team visits are calculated on required surgeons.

Step 3. The Service Surgeon General and Program Director may elect to substitute thoracic surgeons after four general surgeons are earned.

Step 4. Residual manpower requirements for the surgical service are calculated from DoD 6100-STD, subparagraph 8.b., steps 2 and 3.

c. MTF WITH THORACIC SURGERY SPECIALTY GME TEACHING PROGRAM:

Step 1. See DoD 6100-STD, Table C to determine requirements.

Step 2. Table C provides physician and support staff requirements for Surgical Specialty GME Teaching Program.

Step 3. For thoracic surgery, one thoracic surgeon is required for each fellow.

9. Additive Requirements for Open Heart Surgery Programs: MTFs with a Surgical GME Teaching Program earn a minimum of one cardio-thoracic surgeon on the manpower tables. MTFs with a Surgical GME Teaching Program and an Open Heart Surgery Program earn an additive of two cardio-thoracic surgeons and two perfusionist technicians. This additive allows for minimum Open Heart Program requirements of three cardio-vascular surgeons and two perfusion technicians.

Apply this additive only if the minimum cardio-thoracic staff, required for an open heart program, (MTFs with Cardio-thoracic GME program) is not earned using Table C in DoD 6100-STD.

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Urology**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides diagnostic, preoperative, surgical and postoperative care and treatment to eligible patients suffering from genitourinary disease or disorders; provides cystoscopic examinations, urograms, pyelograms, cystometrograms, lymphangiograms, function studies, and other urological studies; and performs those functions outlined under surgical care, as appropriate; provides inpatient care and consultative evaluation in the surgical specialty and subspecialty services; coordinates health care delivery relative to the examination, treatment, diagnosis, and disposition of patients appropriate to the surgical specialties and subspecialties; prepares medical records; and submits required reports.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BBI)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Urologist	----------215*----------					225**
Inpatient Days per Urologist	----------75----------					

*Includes support staff visits.

**The 225 residency performance level is based on 65 visits per staff Urologist plus 160 visit contribution by the residents assigned to each teaching staff Urologist.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL (Operating Beds)				
	1-50	51-100	101-200	201-300	301+
Visits per Urologist	----------200*----------				
Inpatient Days per Urologist	75	75	105	105	105

*Includes support visits.

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. A prospective model to determine workload is currently in development.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table for hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT UROLOGY GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical/expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

b. TABLE B - MTF WITH UROLOGY GME TEACHING PROGRAM:

Step 1. Enter table at the level of authorized residents to determine manpower requirements.

Step 2. The total team visits (from the number of residents authorized) are then subtracted from the workload for this clinic provided by MEPRS. The remaining visits (residuals) are then applied to the Urology Manpower Standard at Table A to determine additional requirements. Go to Table A and follow the instructions in subparagraph 8.a., above.

Step 3. The residual (additional) manpower requirements are then added to the residency manpower requirements determined in subparagraph 8.b., step 1, above, to obtain the total manpower requirements for the clinic.

9. Additive Requirements: The performance of surgical procedures in an ambulatory setting requires additional support staff. Duties include administering medications, monitoring sterile techniques, assisting physicians during procedures, stabilizing patients, and providing patient instructions. Manpower requirements are as follows:

Ambulatory Surgery Room(s) (No Anesthetizing Personnel Required)	1	2	3	4	5
Registered Nurse	1	1	2	2	3
Technician	1	2	3	4	5

NOTE: Ambulatory surgery requirements are added to requirements determined in paragraph 8., above. To earn requirements under this paragraph, the ambulatory surgery rooms must be dedicated for urology surgery.

Attachment Manpower Tables

STANDARD MANPOWER TABLE										
WORK CENTER TITLE/CODE: Table A Urology/6111	MTF Without Urology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	172	232	464	695	927	1158	1390	1621	1853	2084
Maximum Count ->	231	463	694	926	1157	1389	1620	1852	2083	2315
OCONUS										
Minimum Count ->	160	216	431	647	862	1078	1293	1508	1724	1939
Maximum Count ->	215	430	646	861	1077	1292	1507	1723	1938	2154
	MANPOWER REQUIREMENTS									
Urologist	1	2	3	4	5	6	7	8	9	10
Technician	2	3	4	5	7	8	10	11	13	14
Clerical Support		1	1	1	1	1	1	2	2	2
NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	3	6	8	10	13	15	18	21	24	26

STANDARD MANPOWER TABLE										
WORK CENTER TITLE/CODE: Urology/6111 Table A (continued)	MTF Without Urology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	2316	2548	2779	3011	3225	3440	3655	3870	4085	4300
Maximum Count ->	2547	2778	3010	3224	3439	3654	3869	4084	4299	4514
Overseas										
Minimum Count ->	2155	2370	2585	2801	3000	3232	3400	3600	3800	4000
Maximum Count ->	2369	2584	2800	2999	3199	3399	3599	3799	3999	4199
	MANPOWER REQUIREMENTS									
Urologist	11	12	13	14	15	16	17	18	19	20
Technician	15	16	17	18	19	20	21	22	23	24
Clerical Support	2	2	2	3	3	3	3	3	3	4
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	28	30	32	35	37	39	41	43	45	48

TABLE B

UROLOGY GME TEACHING PROGRAM

RESIDENT 80 VISITS	STAFF PHYSICIAN 65 VISITS	TECH SUPPORT .5 PER RESIDENT 1.5 PER STAFF	CLERICAL SUPPORT	TOTAL TEAM VISITS
1	1	2	1	145
2	1	3	1	225
3	2	5	1	370
4	2	5	1	450
5	3	7	1	595
6	3	8	1	675
7	4	10	2	820
8	4	10	2	900
9	5	12	2	1040
10	5	13	2	1125
11	6	15	2	1270
12	6	15	2	1350
13	7	17	2	1495
14	7	18	2	1575
15	8	20	3	1720

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area. **Medical/Surgical Inpatient Nursing Services**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for inpatient nursing demands, using the Workload Management System for Nursing.

3. Classification. Manpower Guide.

4. Functional Statement. Identifies the nursing/patient care needs of each patient. Assists each patient to maintain or return to the highest possible level of wellness or, when necessary, sustain and support the patient and family in coping with death. Through the use of the nursing process, perform the following functions:

a. Assess the physical, psychosocial and health educational needs of patient and family.

b. Plan nursing interventions to incorporate the medical and nursing care requirements of each patient, family and/or significant others.

c. Implement the directed medical and nursing plan.

d. Coordinate activities to support all disciplines impacting on patient care.

e. Evaluate patient progress toward nursing/patient care goals.

f. Document all aspects of the nursing process.

The performance of inpatient nursing services functions also requires administration, supervision and management of fiscal and human resources (manpower, equipment, supplies, etc.) and the ongoing education and staff development of all levels of nursing personnel.

5. Workload Factors and Equations.

a. Standard Manhour Equations:

(1) Basic Weighted Equations:

$$M_1 = c + (w_1P_1 + w_2P_2 + w_3P_3 + w_4P_4 + w_5P_5 + w_6P_6)ICM$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
c = Constant Manhours Required (Fixed Overhead)
w_i = Manhours Required Per Patient Within a Category
P_i = Average monthly Number of Patients a given Acuity Category, derived by multiplying the average daily count of patients in a given acuity category by 30.44 days.
ICM = Indirect Care Multiplier (by unit)

(2) Continuing Education and Readiness Equation:

$$M_2 = M_1(e_1) + M_1(e_2)$$

Where: M_1 = Total Manhours Computed Based on Workload
M_2 = Total Computed Manhours for Continuing Education and Readiness
e_1 = Continuing Education and Readiness Factor for Professional Nurses
e_2 = Continuing Education and Readiness Factor for Paraprofessionals

b. $M_1 + M_2$ = Total Manhours

c. Workload Factors:

(1) Definitions:

(a) P_1: The average monthly number of patients in Acuity Category I.

(b) P_2: The average monthly number of patients in Acuity Category II.

(c) P_3: The average monthly number of patients in Acuity Category III.

(d) P_4: The average monthly number of patients in Acuity Category IV.

(e) P_5: The average monthly number of patients in Acuity Category V.

(f) P_6: The average monthly number of patients in Acuity Category VI.

(g) P_7: The average monthly number of outpatient weighted procedure points for procedures performed on an inpatient nursing unit/ward.

(h) Continuing education and readiness equation: The equation for continuing education (CE) and readiness is applied to the total manhours driven by the basic weighted equation, based on the ratio of professional nurses to paraprofessionals and man-hours for CE and readiness. Professional nurses receive 6.5 hours per month for CE and readiness, while paraprofessionals receive 4 hours per month for readiness only. The ratio of professional nurses to paraprofessionals for medical/surgical and multiservice nursing units/wards is 40% professional nurses and 60% paraprofessional. The factors are derived as follows: Multiply the percentage of professional nurses required by the hours per professional nurse and divide by 145; multiply the percentage of paraprofessionals required by the hours per paraprofessional and divide by 145. For example:

(.40 PROFESSIONAL NURSES) X (6.5 HOURS) / (145) = .01793 FACTOR FOR PROFESSIONAL NURSES
(.60 PARAPROFESSIONALS) X (4 HOURS) / (145) = .01655 FACTOR FOR PARAPROFESSIONALS

(2) Workload Factor Sources:

(a) P_1 through P_6:

1 Army: Workload Management System for Nursing.

2 Navy: Workload Management System for Nursing.

3 Air Force: Workload Management System for Nursing.

(b) P_7: To be determined.

(c) The nursing care hours are computed using the attached patient acuity worksheets; see Attachments 3 and 4, per instructions provided in the Workload Management System for Nursing Reference Manual. No changes will be made to the patient acuity worksheets unless directed by DoD Health Affairs.

6. Statement of Conditions.

a. This standard applies to medical/surgical inpatient nursing units/wards. Outpatient workload is not included.

b. Normal work center operating hours are 24 hours per day, 7 days per week.

c. This standard considers minimum manpower required to operate medical/surgical inpatient nursing units/wards. Paragraph 7 contains the minimum manpower criteria for various types of medical/surgical inpatient nursing units/wards.

d. The manhour equations will be applied to each unit separately to determine each individual unit/ward's requirements. This does not preclude the facility's distribution of nursing resources as deemed appropriate by nurse managers.

e. This standard does not address manpower requirements for nursing administration and supervision above nursing unit/ward level, nursing education and staff development work center, infection control, quality assurance, nurse methods analysts, clinical nurse specialists and practitioners, community health, environmental health or nursing research.

7. Essential Staffing Levels.

a. The minimum manpower requirements for medical/surgical inpatient units/wards are as follows: (NOTE: The minimums are not cumulative. If more than one minimum is applicable to the nursing unit, select the applicable minimum that provides the greatest number of staff.)

(1) Medical/surgical or multiservice unit/ward with close observation room (A close observation room is a specially designated and equipped room for acutely ill patients requiring additional observation or care):

(a) CONUS: 7 professional nurses, 10 paraprofessionals

(b) OCONUS: 7 professional nurses, 11 paraprofessionals

(2) Medical/surgical or multiservice units/wards in hospitals with three or less nursing units/wards (excluding recovery room and labor/delivery suite):

(a) CONUS: 7 professional nurses, 9 paraprofessionals

(b) OCONUS: 7 professional nurses, 10 paraprofessionals

(3) CONUS Minimum Staff: 6 professional nurses, 6 paraprofessionals.

(4) OCONUS Minimum Staff: 6 professional nurses, 7 paraprofessionals.

b. Centrally Monitored Units: A centrally monitored unit is an inpatient nursing unit that employs centrally located, electronic equipment to monitor the physiological status of patients. This applies only to non-special care units (e.g., step-down or telemetry). The directed manpower requirement is 5 additional professional nurses.

8. Manpower Tables. See Attachment 2.

9. Application Instructions At Military Treatment Facility Level.

a. Application by local management. Apply the equation for each medical/surgical or multiservice inpatient nursing unit authorized at your MTF.

b. Basic weighted equation for medical/surgical or multiservice nursing units/wards:

CONUS:

$$M_1 = 290 + 1.541P_1 + 4.843P_2 + 10.57P_3 + 17.61P_4 + 26.63P_5 + 44.91P_6$$

OCONUS:

$$M_1 = 435 + 1.541P_1 + 4.843P_2 + 10.57P_3 + 17.61P_4 + 26.63P_5 + 44.91P_6$$

(1) For the most recent 12 months, determine the average monthly number of patients in each acuity category, (P1-P6). (Refer to paragraph 5.a.)

(2) Determine the manhours by applying the basic weighted equation to the results of step 1 (above), for each authorized medical surgical nursing unit/ward in your medical treatment facility. The continuing education and readiness equation is applied to the results of the basic weighted equation. Note: P7 will not be used until the workload data are validated at a later date.

OR

(3) If historical acuity data are not available for the facility, the historical occupied bed days (OBDS) will be used and the most current U.S. ARMY acuity percentages will be applied:

Patient Acuity Category I - 35% of Monthly Bed Days
Patient Acuity Category II - 44% of Monthly Bed Days
Patient Acuity Category III - 16% of Monthly Bed Days
Patient Acuity Category IV - 4% of Monthly Bed Days
Patient Acuity Category V - 1% of Monthly Bed Days
Patient Acuity Category VI - 0% of Monthly Bed Days

Determine manhours by applying the basic weighted equation to the monthly number of patients for each level of acuity (P_1 - P_6) using the above percentages. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated at a later date.

c. For mixed work centers, apply the appropriate formula for each patient type (e.g. OB/PEDS/MED-SURG). Add the M values for all patient types. Once the total manpower requirements are determined, reference the manpower table that applies to the predominant patient type. For mixed work centers with no predominant patient type, the medical-surgical formula and table(s) will be used.

NOTE: Include the c value (290 hours CONUS, 435 hours OCONUS) in the equation once only.

d. Continuing education and readiness equation for medical/surgical or multiservice nursing units/wards in both CONUS and OCONUS:

$$M_2 = M_1(.01793) + M_1(.01655)$$

(1) Insert the M_1 values from Step 8b(2) or 8b(3).

e. The computation for total manpower requirements for the medical/surgical or multiservice inpatient nursing unit/ward:

$$(M_1 + M_2)/145 = \text{Total Computed Manpower Requirements}$$

(1) The sum of M_1 and M_2 is divided by 145. The yield is the total number of personnel required.

(a) The yield will not be rounded up at the workcenter level. Fractional manpower requirements will be accounted for in the facility application.

(b) At the facility level, the M_1 and M_2 values for each inpatient unit will be summed and divided by 145.

(2) Reference paragraph 7. If computed manpower requirements are less than the minimum staffing requirements as identified by the staffing table, the minimum staffing level will apply. If computed manpower requirements are equal to, or greater than, applicable minimums, the computed staffing requirement will apply.

(3) Refer to the Manpower Table(s).

Application worksheets for applying the standard are at Attachment 1.

Attachments
1. Application Worksheet
2. Manpower Table(s)
3. Patient Acuity Worksheet
4. Patient Acuity Worksheet (Psychiatric)

Attachment 1

APPLICATION WORKSHEET
FOR MEDICAL/SURGICAL OR MULTISERVICE NURSING UNITS/WARDS

Apply the basic weighted equation for each authorized medical/surgical or multiservice nursing unit/ward in your medical treatment facility by determining the average monthly number of patients for each level of acuity (P_1 - P_6). The continuing education and readiness equation is applied based on the results of the basic equation.

BASIC EQUATIONS:

CONUS: $M_1 = 290 + 1.541P_1 + 4.843P_2 + 10.57P_3 + 17.61P_4 + 26.63P_5 + 44.91P_6$

OCONUS: $M_1 = 435 + 1.541P_1 + 4.843P_2 + 10.57P_3 + 17.61P_4 + 26.63P_5 + 44.91P_6$

CONTINUING EDUCATION AND READINESS EQUATION (CONUS and OCONUS):

$M_2 = M_1(.01793) + M_1(.01655)$

I. CONUS APPLICATION

Step 1. $M_1 = 290 + 1.541(\ \ ) + 4.843(\ \ ) + 10.57(\ \ ) + 17.61(\ \ ) + 26.63(\ \ ) + 44.91(\ \ )$

Step 2. $M_2 = M_1(.01793) + M_1(.01655)$

Step 3. Total Manpower Requirements = $(M_1 + M_2)$ /145
= _____ /145 = _____

Step 4. Reference paragraph 7. If the computed manpower requirements are less than the minimum staffing requirements as identified in the staffing table, the staffing table will apply. If computed manpower requirements for a specific unit are equal to, or greater than, the applicable minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

II. OCONUS APPLICATION

Step 1. $M_1 = 435 + 1.541(\ \ ) + 4.843(\ \ ) + 10.57(\ \ ) + 17.61(\ \ ) + 26.63(\ \ ) + 44.91(\ \ )$

Step 2. $M_2 = M_1(.01793) + M_1(.01655)$

Step 3. Total Manpower Requirements = $(M_1 + M_2)$ /145
= _____ /145 = _____

Step 4. Reference paragraph 7. If the computed manpower requirements are less than the minimum staffing requirements as identified by the staffing table, the staffing table will apply. If computed manpower requirements for a specific unit are equal to, or greater than, the applicable minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Medical/ Surgical or Multi-service/6300	APPLIES TO MEDICAL/SURGICAL OR MULTISERVICE INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	6	6	6	6	7	7	7	8	8	9
Paraprofessional	6	7	7	8	8	9	10	10	11	11
Clerical Support			1	1	1	1	1	1	1	1
JOINT SERVICE OCONUS LOCATIONS: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	12	13	14	15	16	17	18	19	20	21

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Medical/ Surgical or Multi-service/6300	APPLIES TO MEDICAL/SURGICAL OR MULTISERVICE INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	9	9	10	10	11	11	11	12	12	13
Paraprofessional	12	13	13	14	14	15	15	15	16	16
Clerical Support	1	1	1	1	1	1	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	22	23	24	25	26	27	28	29	30	31

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Medical/ Surgical or Multi-service/6300	APPLIES TO MEDICAL/SURGICAL OR MULTISERVICE INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	13	13	14	14	15	15	15	16	16	17
Paraprofessional	17	18	18	19	19	20	21	21	22	22
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	32	33	34	35	36	37	38	39	40	41

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Medical/ Surgical or Multi-service/6300	APPLIES TO MEDICAL/SURGICAL OR MULTISERVICE INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	17	17	18	18	19	19	19	20	20	21
Paraprofessional	23	24	24	25	25	26	27	27	28	28
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	42	43	44	45	46	47	48	49	50	51

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Medical/ Surgical or Multi-service/6300	APPLIES TO MEDICAL/SURGICAL OR MULTISERVICE INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	21	21	22	22	23	23	23	24	24	25
Paraprofessional	29	30	30	31	31	32	33	33	34	34
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE.										
SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	52	53	54	55	56	57	58	59	60	61

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Medical/ Surgical or Multi-service/6300	APPLIES TO MEDICAL/SURGICAL OR MULTISERVICE INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	25	25	26	26	27	27	27	28	28	
Paraprofessional	35	36	36	37	37	38	39	39	40	
Clerical Support	2	2	2	2	2	2	2	2	2	
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	62	63	64	65	66	67	68	69	70	

ADDRESSOGRAPH	ENTER DATE, RN INITIALS, AND LAST FOUR SSN →						
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS *(Manual TPR, BP)*						
1	Vital signs qid or less	1					
2	Vital signs q4h or x 6	2					
3	Vital signs q3h or x 8	3					
4	Vital signs q2h or x 12	4					
5	Vital signs q1h or x 24	8					
6	Rectal or axillary temp or apical pulse qid or more	2					
7	Femoral, pedal or popliteal pulses or FHT qid or more	2					
8	Tilt test q4h or more	2					
9	Post-op, post-partum, post-delivery (newborn VS)	6					
	2. MONITORING						
10	Intake and output q8h	2					
11	Intake and output q2h	8					
12	Circulation or fundus checks q2h or x 12	2					
13	Neuro checks q4h or x 6	3					
14	Neuro checks q2h or x 12	6					
15	CVP or ICP (manual) q2h or x 12	2					
16	Cardiac / apnea / temp / BP monitor (not cumulative)	6					
17	Transcutaneous monitor / oximeter	6					
18	A-line or ICP monitor or Swan Ganz set-up	4					
19	A-line or ICP monitor reading q2h or x 12	2					
20	Swan Ganz PAP / PA wedge reading q4h or x 6	2					
21	Swan Ganz PAP / PA wedge reading q2h or x 12	4					
22	Cardiac output tid or x 3	2					
	3. ACTIVITIES OF DAILY LIVING						
23	Care - age 5 or less (infant / toddler)	6					
24	Care - age 6 or more - Self / Minimal	2					
25	Care - age 6 or more - Assisted	6					
	SUBTOTAL A POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	3. ACTIVITIES OF DAILY LIVING *(Continued)*						
26	Care - age 6 or more - Complete	14					
27	Care - age 6 or more - Total	32					
28	Extra linen change and partial bath x 2 per shift	4					
29	Turning frame (2 staff members) q2h	14					
30	Peds recreation / observation - age 0 - 12	8					
	4. FEEDING						
31	Spoon feed meals - age 6 or more - x 3	6					
32	Spoon feed meals - age 5 or less - x 3	10					
33	Infant / neonate bottle x 1 feeding	2					
34	Infant / neonate bottle q4h or x 6	12					
35	Infant / neonate bottle q3h or x 8	16					
36	Tube feed bolus q4h or x 6	5					
37	Tube feed bolus q3h or x 8	8					
38	Tube feed bolus q2h or x 12	10					
39	Tube feed - adult / child / neonate - (continuous) q bag change	2					
	5. IV THERAPY						
40	Start IV	2					
41	Change bottle / bag / volutrol bid or less	4					
42	Change bottle / bag tid or qid	6					
43	Change bottle / bag x 5 or more	8					
44	Heparin lock or Broviac q4h or x 6	4					
45	IV Medication q8h or x 3	2					
46	IV Medication q6h or x 4	3					
47	IV Medication q4h or x 6	4					
48	Blood products per unit	2					
49	Infusion controller / pump (each)	2					
	6. TREATMENTS / PROCEDURES / MEDICATIONS						
50	Insert NG	2					
51	Pre-op prep / enema / Ace wraps / support hose	2					
52	Catheterization - Foley / straight	2					
53	Tube care (exclude Trach) x 2	2					
54	Dressing - simple 5 - 7 mins x 2	2					
	SUBTOTAL B POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	6. TREATMENTS / PROCEDURES / MEDICATIONS *(Continued)*						
55	Dressing - complex 30 mins x 1	4					
56	Lab tests performed / collected on the unit x 3	2					
57	Do EKG	2					
58	Venipuncture, arterial puncture x 2	2					
59	Medications - exclude IV - 3-11 trips or q3h - q8h	2					
60	Medications - exclude IV - 12 trips or more or q2h	4					
61	Irrigations or Instillations x 4 or less	2					
62	Restraints, 2 point, 4 point, Posey	2					
63	Assist OOB chair / gurney and return, x 3	2					
64	Assist to ambulate and return, x 1	2					
65	Infant circumcision or phototherapy	2					
66	Isolation mask, gown and gloves x 8	2					
67	Chest tube insertion or lumbar puncture (assist)	4					
68	Thoracentesis or paracentesis (assist)	4					
69	Range of motion exercises x 3	4					
70	New admission - assessment and orientation	12					
71	Transfer - in-house (receiving unit only)	4					
72	Accompany patient off unit 15 minutes	2					
73	Accompany patient off unit 30 minutes	4					
74	Accompany patient off unit 45 minutes	6					
75	Other activities requiring 15 minutes	2					
76	Other activities requiring 30 minutes	4					
77	Other activities requiring 45 minutes	6					
78	Each hour requiring continuous staff attendance	8					
	7. RESPIRATORY THERAPY						
79	Oxygen therapy or oxyhood	2					
80	Incentive spirometer or C&DB q4h or x 6	2					
81	IPPB or Maximist bid or x 2	2					
82	IPPB or Maximist q6h or x 4	4					
83	IPPB or Maximist q4h or x 6	6					
84	Croup tent or mist tent	8					
	SUBTOTAL C POINT VALUE						

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	7. RESPIRATORY THERAPY *(Continued)*						
85	Chest pulmonary therapy bid or x 2	2					
86	Chest pulmonary therapy q6h x 4	4					
87	Chest pulmonary therapy q4h or x 6	6					
88	Suctioning q4h or x 6	2					
89	Suctioning q2h or x 12	4					
90	Ventilator	10					
91	Tracheostomy care x 3	4					
	8. TEACHING						
92	Teaching - group - per hour	2					
93	Teaching - individual per 30 minutes	4					
	9. EMOTIONAL SUPPORT						
94	Patient / family support (per 30 minutes)	4					
95	Lifestyle modification (per 30 minutes)	4					
96	Sensory deprivation - blind, deaf, retarded, etc	6					
97	Maximum points for emotional support	10					
	10. CONTINUOUS						
98	Patient requiring 1:1 coverage all shifts	96					
99	Patient requiring greater than 1:1 coverage all shifts	146					
	SUBTOTAL D POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	SUBTOTAL C POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

ADDRESSOGRAPH	ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					

ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS *(Manual TPR, BP)*						
100	Vital signs qid or less	1					
101	Vital signs q4h or x 6	2					
102	Vital signs q3h or x 8	3					
103	Vital signs q2h or x 12	4					
104	Vital signs q1h or x 24	8					
105	Tilt test q4h or more	2					
	2. MONITORING						
106	*Intake and output q8h*	2					
107	Circulation checks q2h or x 12	2					
108	Patient checks q30 minutes x 8	8					
109	Patient checks q15 minutes x 8	16					
110	Neuro checks q4h or x 6	3					
	3. ACTIVITIES OF DAILY LIVING						
111	Care - age 6 or more - Self / Minimal	2					
112	Care - age 6 or more - Assisted	6					
113	Care - age 6 or more - Complete	14					
	4. FEEDING						
114	Spoon feed or 1 1 at meals tid	6					
115	Tube feed - bolus q4h or x 6	5					
116	Escort patient to dining hall x 1	2					
	SUBTOTAL A POINT VALUE						

PATIENT ACUITY WORKSHEET (PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	5. TREATMENTS / PROCEDURES / MEDICATIONS						
117	Start IV / Ace wraps / Tube care	2					
118	Dressing - simple 5 - 7 mins x 2	2					
119	Dressing - complex 30 mins x 1	4					
120	Lab tests performed / collected on the unit x 3	2					
121	Do EKG	2					
122	Venipuncture, arterial puncture x 2	2					
123	Medications - exclude IV - 3 - 11 trips or q3h - q8h	2					
124	Medications - exclude IV - 12 trips or more or q2h	4					
125	Restraints, 2 point, 4 point, Posey	2					
126	New admission - assessment and orientation	12					
127	Transfer - between psychiatric units (receiving units only)	4					
128	Accompany patient off unit - 15 minutes	2					
129	Accompany patient off unit - 30 minutes	4					
130	Accompany patient off unit - 45 minutes	6					
131	Other activities - 15 minutes	2					
132	Other activities - 30 minutes	4					
133	Other activities - 45 minutes	6					
134	Each hour requiring continuous staff attendance	8					
	SUBTOTAL B POINT VALUE						

PATIENT ACUITY WORKSHEET (PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	6. THERAPEUTIC INTERVENTIONS / ACTIVITIES						
135	Purposeful interaction - 15 minutes	2					
136	Purposeful interaction - 30 minutes	4					
137	Purposeful interaction - 45 minutes	6					
138	Purposeful interaction - 1 hour	8					
139	Sensory deprivation - blind, deaf, retarded, etc	6					
140	Group activity, on unit - staff ratio 1: 4-5	2					
141	Group activity, off unit - staff ratio 1: 4-5	2					
142	Group activity, meeting - staff ratio 1: 4-5	2					
	7. TEACHING						
143	Teaching - group per hour	2					
144	Teaching - individual per 30 minutes	4					
	8. CONTINUOUS						
145	Patient requiring 1:1 coverage all shifts	96					
	SUBTOTAL C POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

COMMENTS

DD Form 2552 TEST, NOV 89

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area. **Obstetric (Ante/Postpartum) Inpatient Nursing Services**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for inpatient nursing demands using the Workload Management System for Nursing.

3. Classification. Manpower Guide.

4. Functional Statement. Identifies the nursing/patient care needs of each patient. Assists each patient to maintain or return to the highest possible level of wellness or, when necessary, sustain and support the patient and family in coping with death. Through the use of the nursing process, perform the following functions:

a. Assess the physical, psychosocial, and health educational needs of patient and family.

b. Plan nursing interventions to incorporate the medical and nursing care requirements of each patient, family and/or significant others.

c. Implement the directed medical and nursing plan.

d. Coordinate activities to support all disciplines impacting on patient care.

e. Evaluate patient progress toward nursing/patient care goals.

f. Document all aspects of the nursing process.

The performance of inpatient nursing services functions also requires administration, supervision and management of fiscal and human resources (manpower, equipment, supplies, etc.) and the ongoing education and staff development of all levels of nursing personnel.

5. Workload Factors and Equations.

a. Standard Manhour Equations:

(1) Basic Weighted Equations:

$$M_1 = c + (w_1P_1 + w_2P_2 + w_3P_3 + w_4P_4 + w_5P_5 + w_6P_6)ICM$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
c = Constant Manhours Required (Fixed Overhead)
w_i = Manhours Required Per Patient Within a Category
P_i = Average monthly Number of patients in a given Acuity Category, derived by multipying the average daily count of patients in a given acuity category by 30.44 days.
ICM = Indirect Care Multiplier (by unit)

(2) Continuing Education and Readiness Equation:

$$M_2 = M_1(e_1) + M_1(e_2)$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
M_2 = Total Computed Manhours for Continuing Education and Readiness
e_1 = Continuing Education and Readiness Factor for Professional Nurses
e_2 = Continuing Education and Readiness Factor for Paraprofessionals

b. Total Manhours: $M_1 + M_2$

c. Workload Factors:

(1) Definitions:

(a) P_1: The average monthly number of patients in Acuity Category I.

(b) P_2: The average monthly number of patients in Acuity Category II.

(c) P_3: The average monthly number of patients in Acuity Category III.

(d) P_4: The average monthly number of patients in Acuity Category IV.

(e) P_5: The average monthly number of patients in Acuity Category V.

(f) P_6: The average monthly number of patients in Acuity Category VI.

(g) P_7: The average monthly number of outpatient weighted procedure points for procedures performed on an inpatient nursing unit/ward.

(h) Continuing education and readiness equation: The equation for continuing education (CE) and readiness is applied to the total manhours driven by the basic weighted equation, based on the ratio of professional nurses to paraprofessionals and man-hours for CE and readiness. Professional nurses receive 6.5 hours per month for CE and readiness, while paraprofessionals receive 4 hours per month for readiness only. The ratio of professional nurses to paraprofessionals for obstetric inpatient nursing units/wards is 40% professional nurses and, 60% paraprofessional. The factors are derived as follows: Multiply the percentage of professional nurses required by the hours per professional nurse and divide by 145; multiply the percentage of paraprofessionals required by the hours per paraprofessional and divide by 145. For example:

(.40 PROFESSIONAL NURSES) X (6.5 HOURS) / (145) = .01793 FACTOR FOR PROFESSIONAL NURSES

(.60 PARAPROFESSIONALS) X (4 HOURS) / (145) = .01655 FACTOR FOR PARAPROFESSIONALS

(2) Workload Factor Source:

(a) P_1 through P_6:

1 Army: Workload Management System for Nursing.

2 Navy: Workload Management System for Nursing.

3 Air Force: Workload Management System for Nursing.

(b) P_7: To be determined.

(c) The nursing care hours are computed using the attached patient acuity worksheets; see Attachments 3 and 4, per instructions provided in the Workload Management System for Nursing Reference Manual. No changes will be made to the patient acuity worksheets unless directed by DoD Health Affairs.

6. Statement of Conditions:

a. This standard applies to obstetric (ante/postpartum) inpatient nursing units/wards. Outpatient workload is not included.

b. Normal work center operating hours are 24 hours per day, 7 days per week.

c. This standard considers minimum manpower required to operate obstetric inpatient nursing units/wards. Paragraph 7 contains the minimum manpower criteria for obstetric inpatient nursing units/wards.

d. The manhour equations will be applied to each unit separately to determine each individual unit/ward's requirements. This does not preclude the facility's distribution of nursing resources as deemed appropriate by nurse managers.

e. This standard does not address work associated with the labor and delivery suite, nor nurse midwifery. These areas will be addressed in separate manpower standards.

f. This standard does not address manpower requirements for nursing administration and supervision above nursing unit/ward level, nursing education and staff development work center, infection control, quality assurance, nurse methods analysts, clinical nurse specialists and practitioners, community health, environmental health, or nursing research.

7. Essential Staffing Levels.

a. Minimums: The minimum manpower requirements for obstetric inpatient units/wards are as follows:

(1) CONUS Minimum Staff: 6 professional nurses, 6 paraprofessionals

(2) OCONUS Minimum Staff: 6 professional nurses, 7 paraprofessionals.

8. Manpower Tables. See Attachment 2.

9. Application Instructions At Military Treatment Facility Level.

a. Application by local management. Apply the equation for each obstetric inpatient nursing unit authorized at your MTF.

b. Basic weighted equation for obstetric nursing units/wards:

CONUS:

$$M_1 = 290 + 1.556P_1 + 4.890P_2 + 10.67P_3 + 17.78P_4 + 26.89P_5 + 45.34P_6$$

OCONUS:

$$M_1 = 435 + 1.556P_1 + 4.890P_2 + 10.67P_3 + 17.78P_4 + 26.89P_5 + 45.34P_6$$

(1) For the most recent 12 months, determine the average monthly number of patients in each acuity category, (P1-P6). (Refer to paragraph 5.a.)

(2) Determine the manhours by applying the basic weighted equation to the results of step 1 (above), for each authorized obstetric nursing unit/ward in your medical treatment facility. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated, at a later date.

OR

(3) If historical acuity data are not available for the facility, the historical occupied bed days (OBDS) will be used and the most current U.S. ARMY acuity percentages will be applied:

Patient Acuity Category I - 40% of Monthly Bed Days
Patient Acuity Category II - 46% of Monthly Bed Days
Patient Acuity Category III - 13% of Monthly Bed Days
Patient Acuity Category IV - 1% of Monthly Bed Days
Patient Acuity Category V - 0% of Monthly Bed Days
Patient Acuity Category VI - 0% of Monthly Bed Days

Determine manhours by applying the basic weighted equation to the monthly number of patients for each level of acuity (P_1-P_6) using the above percentages. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated at a later date.

c. For mixed work centers, apply the appropriate formula for each patient type (e.g. PEDS/OB/MED-SURG). Total the M values for all patient types. NOTE: Include the c value (290 hours CONUS, 435 hours OCONUS) in the equation once only. Once the total manpower requirements are determined, reference the manpower table which applies to the predominant patient type. For mixed work centers with no predominant patient type, use the medical-surgical table.

d. Continuing education and readiness equation for obstetric nursing units/wards in both CONUS and OCONUS:

$$M_2 = M_1(.01793) + M_1(.01655)$$

(1) Insert the M_1 values from Step 8b(2) or 8b(3).

e. The computation for total manpower requirements for the obstetric inpatient nursing unit/ward:

$(M_1 + M_2)/145$ = Total Computed Manpower Requirements

(1) The sum of M_1 and M_2 is divided by 145. The yield is the total number of personnel required.

(a) The yield will not be rounded up at the workcenter level. Fractional manpower requirements will be accounted for in the facility application.

(b) At the facility level, the M_1 and M_2 values for each inpatient unit will be summed and divided by 145.

(2) Reference paragraph 7a(1) and 7a(2). If computed manpower requirements are less than 12 (CONUS) or less than 13 (OCONUS), the minimum staffing level identified by the staffing table will apply. If computed manpower requirements are equal to, or greater than, the applicable minimums, the computed staffing requirement will apply.

(3) Refer to the Manpower Table(s).

Application worksheets for applying the standard are at Attachment 1.

Attachments
1. Application Worksheet
2. Manpower Table(s)
3. Patient Acuity Worksheet
4. Patient Acuity Worksheet (Psychiatric)

Attachment 1

APPLICATION WORKSHEET
FOR OBSTETRICAL (ANTE/POST PARTUM)
NURSING UNITS/WARDS

Apply the basic weighted equation for each authorized obstetrical (ante/post partum) nursing unit/ward in your medical treatment facility by determining the average monthly number of patients for each level of acuity (P_1 - P_6). The continuing education and readiness equation is applied based on the results of the basic equation.

BASIC EQUATIONS:

CONUS: $M_1 = 290 + 1.556P_1 + 4.890P_2 + 10.67P_3 + 17.78P_4 + 26.89P_5 + 45.34P_6$

OCONUS: $M_1 = 435 + 1.556P_1 + 4.890P_2 + 10.67P_3 + 17.78P_4 + 26.89P_5 + 45.34P_6$

CONTINUING EDUCATION AND READINESS EQUATION (CONUS and OCONUS):
$M_2 = M_1(.01793) + M_1(.01655)$

I. CONUS APPLICATION

Step 1. $M_1 = 290 + 1.556(\ \ ) + 4.890(\ \ ) + 10.67(\ \ ) + 17.78(\ \ ) + 26.89(\ \ ) + 45.34(\ \ ) + 0.125(\ \ ) =$ _____

Step 2. $M_2 = M_1(.01793) + M_1(.01655) =$ _____

Step 3. $(M_1 + M_2) =$ _____/145 = _____ Total Personnel Requirements

Step 4. Reference paragraph 6.a.(2). If computed personnel requirements are less than 13, the minimum staffing level identified by the staffing table will apply. If computed personnel requirements are equal to, or greater than, the applicable minimum, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

II. OCONUS APPLICATION

Step 1. $M_1 = 435 + 1.556(\ \ ) + 4.890(\ \ ) + 10.67(\ \ ) + 17.78(\ \ ) + 26.89(\ \ ) + 45.34(\ \ ) + 0.125(\ \ ) =$ _____

Step 2. $M_2 = M_1(.01793) + M_1(.01655) =$ _____

Step 3. $(M_1 + M_2) =$ _____/145 = _____ Total Personnel Requirements

Step 4. Reference paragraph 6.a.(2). If computed personnel requirements are less than 13, the minimum staffing level identified by the staffing table will apply. If computed personnel requirements are equal to, or greater than, the applicable minimum, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services/6300 OB (Ante/Postpartum)/ 6301	APPLIES TO OB (ANTE/POSTPARTUM) INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	6	6	6	6	7	7	7	8	8	9
Paraprofessional	6	7	7	8	8	9	10	10	11	11
Clercial Support			1	1	1	1	1	1	1	1
JOINT SERVICE OCONUS LOCATIONS: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	12	13	14	15	16	17	18	19	20	21

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services OB (Ante/Postpartum)/ 6301	APPLIES TO OB (ANTE/POSTPARTUM) INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	9	9	10	10	11	11	11	12	12	13
Paraprofessional	12	13	13	14	14	15	15	15	16	16
Clerical Support	1	1	1	1	1	1	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	22	23	24	25	26	27	28	29	30	31

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services OB (Ante/Postpartum)/ 6301	APPLIES TO OB (ANTE/POSTPARTUM) INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	13	13	14	14	15	15	15	16	16	17
Paraprofessional	17	18	18	19	19	20	21	21	22	22
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	32	33	34	35	36	37	38	39	40	41

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services OB (Ante/Postpartum)/ 6301	APPLIES TO OB (ANTE/POSTPARTUM) INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	17	17	18	18	19	19	19	20	20	21
Paraprofessional	23	24	24	25	25	26	27	27	28	28
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	42	43	44	45	46	47	48	49	50	51

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services OB (Ante/Postpartum)/ 6301	APPLIES TO OB (ANTE/POSTPARTUM) INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	21	21	22	22	23	23	23	24	24	25
Paraprofessional	29	30	30	31	31	32	33	33	34	34
Clercial Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	52	53	54	55	56	57	58	59	60	61

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services OB (Ante/Postpartum)/ 6301	APPLIES TO OB (ANTE/POSTPARTUM) INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	25	25	26	26	27	27	27	28	28	
Paraprofessional	35	36	36	37	37	38	39	39	40	
Clerical Support	2	2	2	2	2	2	2	2	2	
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE.										
SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	62	63	64	65	66	67	68	69	70	

ADDRESSOGRAPH		ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS *(Manual TPR, BP)*						
1	Vital signs qid or less	1					
2	Vital signs q4h or x 6	2					
3	Vital signs q3h or x 8	3					
4	Vital signs q2h or x 12	4					
5	Vital signs q1h or x 24	8					
6	Rectal or axillary temp or apical pulse qid or more	2					
7	Femoral, pedal or popliteal pulses or FHT qid or more	2					
8	Tilt test q4h or more	2					
9	Post-op, post-partum, post-delivery (newborn VS)	6					
	2. MONITORING						
10	Intake and output q8h	2					
11	Intake and output q2h	8					
12	Circulation or fundus checks q2h or x 12	2					
13	Neuro checks q4h or x 6	3					
14	Neuro checks q2h or x 12	6					
15	CVP or ICP (manual) q2h or x 12	2					
16	Cardiac / apnea / temp / BP monitor (not cumulative)	6					
17	Transcutaneous monitor / oximeter	6					
18	A-line or ICP monitor or Swan Ganz set-up	4					
19	A-line or ICP monitor reading q2h or x 12	2					
20	Swan Ganz PAP / PA wedge reading q4h or x 6	2					
21	Swan Ganz PAP / PA wedge reading q2h or x 12	4					
22	Cardiac output tid or x 3	2					
	3. ACTIVITIES OF DAILY LIVING						
23	Care - age 5 or less (infant / toddler)	6					
24	Care - age 6 or more - Self / Minimal	2					
25	Care - age 6 or more - Assisted	6					
	SUBTOTAL A POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	3. ACTIVITIES OF DAILY LIVING *(Continued)*						
26	Care - age 6 or more - Complete	14					
27	Care - age 6 or more - Total	32					
28	Extra linen change and partial bath x 2 per shift	4					
29	Turning frame (2 staff members) q2h	14					
30	Peds recreation / observation - age 0 - 12	8					
	4. FEEDING						
31	Spoon feed meals - age 6 or more - x 3	6					
32	Spoon feed meals - age 5 or less - x 3	10					
33	Infant / neonate bottle x 1 feeding	2					
34	Infant / neonate bottle q4h or x 6	12					
35	Infant / neonate bottle q3h or x 8	16					
36	Tube feed bolus q4h or x 6	5					
37	Tube feed bolus q3h or x 8	8					
38	Tube feed bolus q2h or x 12	10					
39	Tube feed - adult / child / neonate - (continuous) q bag change	2					
	5. IV THERAPY						
40	Start IV	2					
41	Change bottle / bag / volutrol bid or less	4					
42	Change bottle / bag tid or qid	6					
43	Change bottle / bag x 5 or more	8					
44	Heparin lock or Broviac q4h or x 6	4					
45	IV Medication q8h or x 3	2					
46	IV Medication q6h or x 4	3					
47	IV Medication q4h or x 6	4					
48	Blood products per unit	2					
49	Infusion controller / pump (each)	2					
	6. TREATMENTS / PROCEDURES / MEDICATIONS						
50	Insert NG	2					
51	Pre-op prep / enema / Ace wraps / support hose	2					
52	Catheterization - Foley / straight	2					
53	Tube care (exclude Trach) x 2	2					
54	Dressing - simple 5 - 7 mins x 2	2					
	SUBTOTAL B POINT VALUE						

PATIENT ACUITY WORKSHEET
(GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	6. TREATMENTS / PROCEDURES / MEDICATIONS *(Continued)*						
55	Dressing - complex 30 mins x 1	4					
56	Lab tests performed / collected on the unit x 3	2					
57	Do EKG	2					
58	Venipuncture, arterial puncture x 2	2					
59	Medications - exclude IV - 3-11 trips or q3h - q8h	2					
60	Medications - exclude IV - 12 trips or more or q2h	4					
61	Irrigations or instillations x 4 or less	2					
62	Restraints, 2 point, 4 point, Posey	2					
63	Assist OOB chair / gurney and return, x 3	2					
64	Assist to ambulate and return, x 1	2					
65	Infant circumcision or phototherapy	2					
66	Isolation mask, gown and gloves x 8	2					
67	Chest tube insertion or lumbar puncture (assist)	4					
68	Thoracentesis or paracentesis (assist)	4					
69	Range of motion exercises x 3	4					
70	New admission - assessment and orientation	12					
71	Transfer - in-house (receiving unit only)	4					
72	Accompany patient off unit 15 minutes	2					
73	Accompany patient off unit 30 minutes	4					
74	Accompany patient off unit 45 minutes	6					
75	Other activities requiring 15 minutes	2					
76	Other activities requiring 30 minutes	4					
77	Other activities requiring 45 minutes	6					
78	Each hour requiring continuous staff attendance	8					
	7. RESPIRATORY THERAPY						
79	Oxygen therapy or oxyhood	2					
80	Incentive spirometer or C&DB q4h or x 6	2					
81	IPPB or Maximist bid or x 2	2					
82	IPPB or Maximist q6h or x 4	4					
83	IPPB or Maximist q4h or x 6	6					
84	Croup tent or mist tent	8					
	SUBTOTAL C POINT VALUE						

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	7. RESPIRATORY THERAPY *(Continued)*						
85	Chest pulmonary therapy bid or x 2	2					
86	Chest pulmonary therapy q6h x 4	4					
87	Chest pulmonary therapy q4h or x 6	6					
88	Suctioning q4h or x 6	2					
89	Suctioning q2h or x 12	4					
90	Ventilator	10					
91	Tracheostomy care x 3	4					
	8. TEACHING						
92	Teaching - group - per hour	2					
93	Teaching - individual - per 30 minutes	4					
	9. EMOTIONAL SUPPORT						
94	Patient / family support (per 30 minutes)	4					
95	Lifestyle modification (per 30 minutes)	4					
96	Sensory deprivation - blind, deaf, retarded, etc	6					
97	Maximum points for emotional support	10					
	10. CONTINUOUS						
98	Patient requiring 1:1 coverage all shifts	96					
99	Patient requiring greater than 1:1 coverage all shifts	146					
	SUBTOTAL D POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	SUBTOTAL C POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

ADDRESSOGRAPH	ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS *(Manual TPR, BP)*						
100	Vital signs qid or less	1					
101	Vital signs q4h or x 6	2					
102	Vital signs q3h or x 8	3					
103	Vital signs q2h or x 12	4					
104	Vital signs q1h or x 24	8					
105	Tilt test q4h or more	2					
	2. MONITORING						
106	Intake and output q8h	2					
107	Circulation checks q2h or x 12	2					
108	Patient checks q30 minutes x 8	8					
109	Patient checks q15 minutes x 8	16					
110	Neuro checks q4h or x 6	3					
	3. ACTIVITIES OF DAILY LIVING						
111	Care - age 6 or more - Self / Minimal	2					
112	Care - age 6 or more - Assisted	6					
113	Care - age 6 or more - Complete	14					
	4. FEEDING						
114	Spoon feed or 1 1 at meals tid	6					
115	Tube feed bolus q4h or x 6	5					
116	Escort patient to dining hall x 1	2					
	SUBTOTAL A POINT VALUE						

PATIENT ACUITY WORKSHEET (PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	5. TREATMENTS / PROCEDURES / MEDICATIONS						
117	Start IV / Ace wraps / Tube care	2					
118	Dressing - simple 5 - 7 mins x 2	2					
119	Dressing - complex 30 mins x 1	4					
120	Lab tests performed / collected on the unit x 3	2					
121	Do EKG	2					
122	Venipuncture, arterial puncture x 2	2					
123	Medications - exclude IV - 3 - 11 trips or q3h - q8h	2					
124	Medications - exclude IV - 12 trips or more or q2h	4					
125	Restraints, 2 point, 4 point, Posey	2					
126	New admission - assessment and orientation	12					
127	Transfer - between psychiatric units (receiving units only)	4					
128	Accompany patient off unit - 15 minutes	2					
129	Accompany patient off unit - 30 minutes	4					
130	Accompany patient off unit - 45 minutes	6					
131	Other activities - 15 minutes	2					
132	Other activities - 30 minutes	4					
133	Other activities - 45 minutes	6					
134	Each hour requiring continuous staff attendance	8					
	SUBTOTAL B POINT VALUE						

DD Form 2552 TEST, NOV 89

PATIENT ACUITY WORKSHEET
(PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	6. THERAPEUTIC INTERVENTIONS / ACTIVITIES						
135	Purposeful interaction - 15 minutes	2					
136	Purposeful interaction - 30 minutes	4					
137	Purposeful interaction - 45 minutes	6					
138	Purposeful interaction - 1 hour	8					
139	Sensory deprivation - blind, deaf, retarded etc	6					
140	Group activity, on unit - staff ratio 1:4-5	2					
141	Group activity, off unit - staff ratio 1:4-5	2					
142	Group activity, meeting - staff ratio 1:4-5	2					
	7. TEACHING						
143	Teaching - group per hour	2					
144	Teaching - individual per 30 minutes	4					
	8. CONTINUOUS						
145	Patient requiring 1:1 coverage all shifts	96					
	SUBTOTAL C POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

DD Form 2552 TEST, NOV 89

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

COMMENTS

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area. **Pediatric Inpatient Nursing Services**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for inpatient nursing demands, using the Workload Management System for Nursing.

3. Classification. Manpower Guide.

4. Functional Statement. Identifies the nursing/patient care needs of each patient. Assists each patient to maintain or return to the highest possible level of wellness or, when necessary, sustain and support the patient and family in coping with death. Through the use of the nursing process, perform the following functions:

a. Assess the physical, psychosocial, and health educational needs of patient and family.

b. Plan nursing interventions to incorporate the medical and nursing care requirements of each patient, family and/or significant others.

c. Implement the directed medical and nursing plan.

d. Coordinate activities to support all disciplines impacting on patient care.

e. Evaluate patient progress toward nursing/patient care goals.

f. Document all aspects of the nursing process.

The performance of inpatient nursing services functions also requires administration, supervision and management of fiscal and human resources (manpower, equipment, supplies, etc.) and the ongoing education and staff development of all levels of nursing personnel.

5. Workload Factors and Equations.

a. Standard Manhour Equations:

(1) Basic Weighted Equations:

$$M_1 = c + (w_1P_1 + w_2P_2 + w_3P_3 + w_4P_4 + w_5P_5 + w_6P_6)ICM$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
c = Constant Manhours Required (Fixed Overhead)
w_i = Manhours Required Per Patient Within a Category
P_i = Average Monthly Number of Patients in a given Acuity Category, derived by multiplying the average daily count of patients in a given acuity category by 30.44 days.
ICM = Indirect Care Multiplied (by unit)

(2) Continuing Education and Readiness Equation:

$$M_2 = M_1(e_1) + M_1(e_2)$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
M_2 = Total Computed Manhours for Continuing Education and Readiness
e_1 = Continuing Education and Readiness Factor for Professional Nurses
e_2 = Continuing Education and Readiness Factor for Paraprofessionals

b. Total Manhours: $M_1 + M_2$

c. Workload Factors:

(1) Definitions:

(a) P_1: The average monthly number of patients in Acuity Category I.

(b) P_2: The average monthly number of patients in Acuity Category II.

(c) P_3: The average monthly number of patients in Acuity Category III

(d) P_4: The average monthly number of patients in Acuity Category IV.

(e) P_5: The average monthly number of patients in Acuity Category V.

(f) P_6: The average monthly number of patients in Acuity Category VI.

(g) P_7: The average monthly number of outpatient weighted procedure points for procedures performed on an inpatient nursing unit/ward.

(h) Continuing education and readiness equation: The equation for continuing education (CE) and readiness is applied to the total manhours driven by the basic weighted equation, based on the ratio of professional nurses to paraprofessionals and man-hours for CE and readiness. Professional nurses receive 6.5 hours per month for CE and readiness, while paraprofessionals receive 4 hours per month for readiness only. The ratio of professional nurses to paraprofessionals for pediatric inpatient nursing units/wards is 50% professional nurses and, 50% paraprofessional. The factors are derived as follows: Multiply the percentage of professional nurses required by the hours per professional nurse and divide by 145; multiply the percentage of paraprofessionals required by the hours per paraprofessional and divide by 145. For example:

(.50 PROFESSIONAL NURSES) X (6.5 HOURS) / (145) = .02241 FACTOR FOR PROFESSIONAL NURSES

(.50 PARAPROFESSIONALS) X (4 HOURS) / (145) = .01379 FACTOR FOR PARAPROFESSIONALS

(2) Workload Factor Source:

(a) P_1 through P_6:

1 Army: Workload Management System for Nursing.

2 Navy: Workload Management System for Nursing.

3 Air Force: Workload Management System for Nursing.

(b) P_7: To be determined.

(c) The nursing care hours are computed using the attached patient acuity worksheet; see Attachments 3, per instructions provided in the Workload Management System for Nursing Reference Manual. No changes will be made to the patient acuity worksheets unless directed by DoD Health Affairs.

6. Statement of Conditions.

a. This standard applies to pediatric inpatient nursing units/wards. Outpatient workload is not included.

b. Normal work center operating hours are 24 hours per day, 7 days per week.

c. This standard considers minimum manpower required to operate pediatric nursing units/wards. Paragraph 7 contains the minimum manpower for various types of pediatric inpatient nursing units/wards.

d. The manhour equations will be applied to each unit separately to determine each individual unit/ward's requirements. This does not preclude the facility's distribution of nursing resources as deemed appropriate by nurse managers.

e. This standard does not address manpower requirements for nursing administration and supervision above nursing unit/ward level, nursing education and staff development work center, infection control, quality assurance, nurse methods analysts, clinical nurse specialists and practitioners, community health, environmental health, or nursing research.

7. Essential Staffing Levels.

a. Minimums: The minimum manpower requirements for pediatric inpatient units/wards are as follows:

(1) CONUS Minimum Staff: 6 professional nurses, 6 paraprofessionals

(2) OCONUS Minimum Staff: 7 professional nurses, 6 paraprofessionals

8. Manpower Tables. See Attachment 2.

9. Application Instructions At Military Treatment Facility Level.

a. Application by local management. Apply the equation for each pediatric inpatient nursing unit authorized at your MTF.

b. Basic Weighted Equation for pediatric nursing units/wards:

CONUS:

$$M_1 = 290 + 1.511P_1 + 4.749P_2 + 10.36P_3 + 17.27P_4 + 26.12P_5 \quad 44.04P_6$$

OCONUS:

$$M_1 = 435 + 1.511P_1 + 4.749P_2 + 10.36P_3 + 17.27P_4 + 26.12P_5 \quad 44.04P_6$$

(1) For the most recent 12 months, determine the average monthly number of patients in each acuity category (P_1-P_6). (Refer to paragraph 5.a.)

(2) Determine the manhours by applying the basic weighted equation to the results of step 1 (above), for each authorized pediatric nursing unit/ward in your medical treatment facility. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated at a later date.

OR

(3) If historical acuity data are not available for the facility, the historical occupied bed days (OBDS) will be used and the most current U.S. ARMY acuity percentages will be applied:

Patient Acuity Category I - 11% of Monthly Bed Days
Patient Acuity Category II - 24% of Monthly Bed Days
Patient Acuity Category III - 52% of Monthly Bed Days
Patient Acuity Category IV - 12% of Monthly Bed Days
Patient Acuity Category V - 1% of Monthly Bed Days
Patient Acuity Category VI - 0% of Monthly Bed Days

Determine manhours by applying the basic weighted equation to the monthly number of patients for each level of acuity (P_1 - P_6), using the above percentages. The continuing education and readiness equation is applied based on the results of the basic equation.

NOTE: P_7 will not be used until the workload data are validated at a later date.

c. For mixed work centers, apply the appropriate formula for each patient type (e.g. PEDS/OB/MED-SURG). Total the M values for all patient types. NOTE: Include the c value (290 hours CONUS, 435 hours (OCONUS) in the equation once only. Once the total manpower requirements are determined, reference the manpower table which applies to the predominant patient type. For mixed work centers with no predominant patient type, use the medical-surgical table.

d. Continuing education and readiness equation for pediatric nursing units/wards in both CONUS and OCONUS:

$$M_2 = M_1(.02241) + M_1(.01379)$$

(1) Insert the M_1 values from Step 9b(2) or 9b(3).

e. The computation for total manpower requirements for the pediatric inpatient nursing unit/ward:

$$(M_1 + M_2)/145 = \text{Total Computed Manpower Requirements}$$

(1) The sum of M_1 and M_2 is divided by 145. The yield is the total number of personnel required.

(a) The yield will not be rounded up at the workcenter level. Fractional manpower requirements will be accounted for in the facility application.

(b) At the facility level, the M_1 and M_2 values for each inpatient unit will be summed and divided by 145.

(2) Reference paragraph 7. If computed manpower requirements are less than 12 (CONUS) or less than 13 (OCONUS), the minimum staffing level identified by the staffing table will apply. If computed manpower requirements are equal to, or greater than, the applicable minimums, the computed staffing requirement will apply.

(3) Refer to the Manpower Table(s).

Application worksheet for applying the standard is at Attachment 1.

Attachments
1. Application Worksheet
2. Manpower Table(s)
3. Patient Acuity Worksheet
4. Patient Acuity Worksheet (Psychiatric)

Attachment 1

APPLICATION WORKSHEET FOR PEDIATRIC NURSING UNITS/WARDS

Apply the basic weighted equation for each authorized pediatric nursing unit/ward in your medical treatment facility by determining the average monthly number of patients for each level of acuity (P_1 - P_6). The continuing education and readiness equation is applied based on the results of the basic equation.

BASIC EQUATIONS:

CONUS: $M_1 = 290 + 1.511P_1 + 4.749P_2 + 10.36P_3 + 17.27P_4 + 26.12P_5 + 44.04P_6$

OCONUS: $M_1 = 435 + 1.511P_1 + 4.749P_2 + 10.36P_3 + 17.27P_4 + 26.12P_5 + 44.04P_6$

CONTINUING EDUCATION AND READINESS EQUATION (CONUS and OCONUS):

$M_2 = M_1(.02241) + M_1(.01379)$

I. CONUS APPLICATION

Step 1. $M_1 = 290 + 1.511(\ \ ) + 4.749(\ \ ) + 10.36(\ \ ) + 17.27(\ \ ) + 26.12(\ \ ) + 44.04(\ \ )$

Step 2. $M_2 = M_1(.02241) + M_1(.01379)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)$ /145
= _____ /145 = _____

Step 4. Reference paragraph 7a(1). If computed personnel requirements are less than 12, the minimum staffing level identified in the staffing tables will apply. If computed personnel requirements are equal to, or greater than, the applicable minimum, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

II. OCONUS APPLICATION

Step 1. $M_1 = 435 + 1.511(\ \ ) + 4.749(\ \ ) + 10.36(\ \ ) + 17.27(\ \ ) + 26.12(\ \ ) + 44.04(\ \ )$

Step 2. $M_2 = M_1(.02241) + M_1(.01379)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)$ /145
= _____ /145 = _____

Step 4. Reference paragraph 7a(2). If computed personnel requirements are less than 13, the minimum staffing level identified in the staffing table will apply. If computed personnel requirements are equal to, or greater than, the applicable minimum, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Pediatric/ 6302	APPLIES TO PEDIATRIC INPATIENT NURSING UNIT									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	6	7	7	8	8	9	9	10	10	11
Paraprofessional	6	6	6	6	7	7	8	8	9	9
Clerical Support			1	1	1	1	1	1	1	1
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	12	13	14	15	16	17	18	19	20	21

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Pediatric/ 6302	APPLIES TO PEDIATRIC INPATIENT NURSING UNIT									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	11	12	12	13	13	14	14	15	15	16
Paraprofessional	10	10	11	11	12	12	12	12	13	13
Clerical Support	1	1	1	1	1	1	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	22	23	24	25	26	27	28	29	30	31

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Pediatric/ 6302	APPLIES TO PEDIATRIC INPATIENT NURSING UNIT									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	16	17	17	18	18	19	19	20	20	21
Paraprofessional	14	14	15	15	16	16	17	17	18	18
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	32	33	34	35	36	37	38	39	40	41

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Pediatric/ 6302	APPLIES TO PEDIATRIC INPATIENT NURSING UNIT									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	21	22	22	23	23	24	24	25	25	26
Paraprofessional	19	19	20	20	21	21	22	22	23	23
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	42	43	44	45	46	47	48	49	50	51

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Pediatric/ 6302	APPLIES TO PEDIATRIC INPATIENT NURSING UNIT									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	26	27	27	28	28	29	29	30	30	31
Paraprofessional	24	24	25	25	26	26	27	27	28	28
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	52	53	54	55	56	57	58	59	60	61

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Pediatric/ 6302	APPLIES TO PEDIATRIC INPATIENT NURSING UNIT									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	31	32	32	33	33	34	34	35	35	
Paraprofessional	29	29	30	30	31	31	32	32	33	
Clerical Support	2	2	2	2	2	2	2	2	2	
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	62	63	64	65	66	67	68	69	70	

ADDRESSOGRAPH	ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES				
	1. VITAL SIGNS *(Manual TPR, BP)*					
1	Vital signs qid or less	1				
2	Vital signs q4h or x 6	2				
3	Vital signs q3h or x 8	3				
4	Vital signs q2h or x 12	4				
5	Vital signs q1h or x 24	8				
6	Rectal or axillary temp or apical pulse qid or more	2				
7	Femoral, pedal or popliteal pulses or FHT qid or more	2				
8	Tilt test q4h or more	2				
9	Post-op, post-partum, post-delivery (newborn VS)	6				
	2. MONITORING					
10	Intake and output q8h	2				
11	Intake and output q2h	8				
12	Circulation or fundus checks q2h or x 12	2				
13	Neuro checks q4h or x 6	3				
14	Neuro checks q2h or x 12	6				
15	CVP or ICP (manual) q2h or x 12	2				
16	Cardiac / apnea / temp / BP monitor (not cumulative)	6				
17	Transcutaneous monitor / oximeter	6				
18	A-line or ICP monitor or Swan Ganz set-up	4				
19	A-line or ICP monitor reading q2h or x 12	2				
20	Swan Ganz PAP / PA wedge reading q4h or x 6	2				
21	Swan Ganz PAP / PA wedge reading q2h or x 12	4				
22	Cardiac output tid or x 3	2				
	3. ACTIVITIES OF DAILY LIVING					
23	Care - age 5 or less (infant / toddler)	6				
24	Care - age 6 or more - Self / Minimal	2				
25	Care - age 6 or more - Assisted	6				
	SUBTOTAL A POINT VALUE					

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	3. ACTIVITIES OF DAILY LIVING *(Continued)*						
26	Care - age 6 or more - Complete	14					
27	Care - age 6 or more - Total	32					
28	Extra linen change and partial bath x 2 per shift	4					
29	Turning frame (2 staff members) q2h	14					
30	Peds recreation / observation - age 0 - 12	8					
	4. FEEDING						
31	Spoon feed meals - age 6 or more - x 3	6					
32	Spoon feed meals - age 5 or less - x 3	10					
33	Infant / neonate bottle x 1 feeding	2					
34	Infant / neonate bottle q4h or x 6	12					
35	Infant / neonate bottle q3h or x 8	16					
36	Tube feed bolus q4h or x 6	5					
37	Tube feed bolus q3h or x 8	8					
38	Tube feed bolus q2h or x 12	10					
39	Tube feed - adult / child / neonate - (continuous) q bag change	2					
	5. IV THERAPY						
40	Start IV	2					
41	Change bottle / bag / volutrol bid or less	4					
42	Change bottle / bag tid or qid	6					
43	Change bottle / bag x 5 or more	8					
44	Heparin lock or Broviac q4h or x 6	4					
45	IV Medication q8h or x 3	2					
46	IV Medication q6h or x 4	3					
47	IV Medication q4h or x 6	4					
48	Blood products per unit	2					
49	Infusion controller / pump (each)	2					
	6. TREATMENTS / PROCEDURES / MEDICATIONS						
50	Insert NG	2					
51	Pre-op prep / enema / Ace wraps / support hose	2					
52	Catheterization - Foley / straight	2					
53	Tube care (exclude Trach) x 2	2					
54	Dressing - simple 5 - 7 mins x 2	2					
	SUBTOTAL B POINT VALUE						

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PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	6. TREATMENTS / PROCEDURES / MEDICATIONS (Continued)						
55	Dressing - complex 30 mins x 1	4					
56	Lab tests performed / collected on the unit x 3	2					
57	Do EKG	2					
58	Venipuncture, arterial puncture x 2	2					
59	Medications - exclude IV - 3-11 trips or q3h - q8h	2					
60	Medications - exclude IV - 12 trips or more or q2h	4					
61	Irrigations or Instillations x 4 or less	2					
62	Restraints, 2 point, 4 point, Posey	2					
63	Assist OOB chair / gurney and return, x 3	2					
64	Assist to ambulate and return, x 1	2					
65	Infant circumcision or phototherapy	2					
66	Isolation mask, gown and gloves x 8	2					
67	Chest tube insertion or lumbar puncture (assist)	4					
68	Thoracentesis or paracentesis (assist)	4					
69	Range of motion exercises x 3	4					
70	New admission - assessment and orientation	12					
71	Transfer - in-house (receiving unit only)	4					
72	Accompany patient off unit 15 minutes	2					
73	Accompany patient off unit 30 minutes	4					
74	Accompany patient off unit 45 minutes	6					
75	Other activities requiring 15 minutes	2					
76	Other activities requiring 30 minutes	4					
77	Other activities requiring 45 minutes	6					
78	Each hour requiring continuous staff attendance	8					
	7. RESPIRATORY THERAPY						
79	Oxygen therapy or oxyhood	2					
80	Incentive spirometer or C&DB q4h or x 6	2					
81	IPPB or Maximist bid or x 2	2					
82	IPPB or Maximist q6h or x 4	4					
83	IPPB or Maximist q4h or x 6	6					
84	Croup tent or mist tent	8					
	SUBTOTAL C POINT VALUE						

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	7. RESPIRATORY THERAPY (Continued)						
85	Chest pulmonary therapy bid or x 2	2					
86	Chest pulmonary therapy q6h x 4	4					
87	Chest pulmonary therapy q4h or x 6	6					
88	Suctioning q4h or x 6	2					
89	Suctioning q2h or x 12	4					
90	Ventilator	10					
91	Tracheostomy care x 3	4					
	8. TEACHING						
92	Teaching - group - per hour	2					
93	Teaching - individual - per 30 minutes	4					
	9. EMOTIONAL SUPPORT						
94	Patient / family support (per 30 minutes)	4					
95	Lifestyle modification (per 30 minutes)	4					
96	Sensory deprivation - blind, deaf, retarded, etc	6					
97	Maximum points for emotional support	10					
	10. CONTINUOUS						
98	Patient requiring 1:1 coverage all shifts	96					
99	Patient requiring greater than 1:1 coverage all shifts	146					
	SUBTOTAL D POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	SUBTOTAL C POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT (*X as applicable*)

	a MED / SURG		e ANTEPARTUM POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

PATIENT ACUITY WORKSHEET (PSYCHIATRIC)

ADDRESSOGRAPH

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES						
	1. VITAL SIGNS *(Manual TPR, BP)*							
100	Vital signs qid or less	1						
101	Vital signs q4h or x 6	2						
102	Vital signs q3h or x 8	3						
103	Vital signs q2h or x 12	4						
104	Vital signs q1h or x 24	8						
105	Tilt test q4h or more	2						
	2. MONITORING							
106	Intake and output q8h	2						
107	Circulation checks q2h or x 12	2						
108	Patient checks q30 minutes x 8	8						
109	Patient checks q15 minutes x 8	16						
110	Neuro checks q4h or x 6	3						
	3. ACTIVITIES OF DAILY LIVING							
111	Care - age 6 or more - Self / Minimal	2						
112	Care - age 6 or more - Assisted	6						
113	Care - age 6 or more - Complete	14						
	4. FEEDING							
114	Spoon feed or 1 1 at meals tid	6						
115	Tube feed - bolus q4h or x 6	5						
116	Escort patient to dining hall x 1	2						
	SUBTOTAL A POINT VALUE							

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES						
	5. TREATMENTS / PROCEDURES / MEDICATIONS							
117	Start IV / Ace wraps / Tube care	2						
118	Dressing - simple 5 - 7 mins x 2	2						
119	Dressing - complex 30 mins x 1	4						
120	Lab tests performed / collected on the unit x 3	2						
121	Do EKG	2						
122	Venipuncture, arterial puncture x 2	2						
123	Medications - exclude IV - 3 - 11 trips or q3h - q8h	2						
124	Medications - exclude IV - 12 trips or more or q2h	4						
125	Restraints, 2 point, 4 point, Posey	2						
126	New admission - assessment and orientation	12						
127	Transfer - between psychiatric units (receiving units only)	4						
128	Accompany patient off unit - 15 minutes	2						
129	Accompany patient off unit - 30 minutes	4						
130	Accompany patient off unit - 45 minutes	6						
131	Other activities - 15 minutes	2						
132	Other activities - 30 minutes	4						
133	Other activities - 45 minutes	6						
134	Each hour requiring continuous staff attendance	8						
	SUBTOTAL B POINT VALUE							

PATIENT ACUITY WORKSHEET
(PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	6. THERAPEUTIC INTERVENTIONS / ACTIVITIES						
135	Purposeful interaction - 15 minutes	2					
136	Purposeful interaction - 30 minutes	4					
137	Purposeful interaction - 45 minutes	6					
138	Purposeful interaction - 1 hour	8					
139	Sensory deprivation - blind, deaf, retarded, etc	6					
140	Group activity, on unit - staff ratio 1: 4-5	2					
141	Group activity, off unit - staff ratio 1: 4-5	2					
142	Group activity, meeting - staff ratio 1: 4-5	2					
	7. TEACHING						
143	Teaching - group per hour	2					
144	Teaching - individual per 30 minutes	4					
	8. CONTINUOUS						
145	Patient requiring 1 1 coverage all shifts	96					
	SUBTOTAL C POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

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SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

COMMENTS

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area. **Psychiatric Inpatient Nursing Services**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for inpatient nursing demands, using the Workload Management System for Nursing.

3. Classification. Manpower Guide.

4. Functional Statement. Identifies the nursing/patient care needs of each patient. Assists each patient to maintain or return to the highest possible level of wellness or, when necessary, sustain and support the patient and family in coping with death. Through the use of the nursing process, perform the following functions:

a. Assess the physical, psychosocial and health educational needs of patient and family.

b. Plan nursing interventions to incorporate the medical and nursing care requirements of each patient, family and/or significant others.

c. Implement the directed medical and nursing plan.

d. Coordinate activities to support all disciplines impacting on patient care.

e. Evaluate patient progress toward nursing/patient care goals.

f. Document all aspects of the nursing process.

The performance of inpatient nursing services functions also requires administration, supervision and management of fiscal and human resources (manpower, equipment, supplies, etc.) and the ongoing education and staff development of all levels of nursing personnel.

5. Workload Factors and Equations.

a. Standard Manhour Equations:

(1) Basic Weighted Equations

$$M_1 = c + (w_1P_1 + w_2P_2 + w_3P_3 + w_4P_4 + w_5P_5 + w_6P_6)ICM$$

Where:
- M_1 = Total Staffing Manhours Computed Based on Workload
- c = Constant Manhours Required (Fixed Overhead)
- w_i = Manhours Required Per Patient Within a Category
- P_i = Average Monthly Number of Patients in a given Acuity Category, derived by multiplying the average daily count of patients in a given acuity category by 30.44 days.
- ICM = Indirect Care Multiplier (by unit)

(2) Continuing Education and Readiness Equation

$$M_2 = M_1(e_1) + M_1(e_2)$$

Where:
- M_1 = Total Staffing Manhours Computed Based on Workload
- M_2 = Total Computed Manhours for Continuing Education and Readiness
- e_1 = Continuing Education and Readiness Factor for Professional Nurses
- e_2 = Continuing Education and Readiness Factor for Paraprofessionals

b. Total Manhours: $M_1 + M_2$

c. Workload Factors:

(1) Definitions:

(a) P_1: The average monthly number of patients in Acuity Category I.

(b) P_2: The average monthly number of patients in Acuity Category II.

(c) P_3: The average monthly number of patients in Acuity Category III.

(d) P_4: The average monthly number of patients in Acuity Category IV.

(e) P_5: The average monthly number of patients in Acuity Category V.

(f) P_6: The average monthly number of patients in Acuity Category VI.

(g) P_7: The average monthly number of outpatient weighted procedure points for procedures performed on an inpatient nursing unit/ward.

(h) Continuing education and readiness equation: The equation for continuing education (CE) and readiness is applied to the total manhours driven by the basic weighted equation, based on the ratio of professional nurses to paraprofessionals and man-hours for CE and readiness. Professional nurses receive 6.5 hours per month for CE and readiness, while paraprofessionals receive 4 hours per month for readiness only. The ratio of professional nurses to paraprofessionals for psychiatric nursing units/wards is 40% professional nurses and 60% paraprofessional. The factors are derived as follows: Multiply the percentage of professional nurses required by the hours per professional nurse and divide by 145; multiply the percentage of paraprofessionals required by the hours per paraprofessional and divide by 145. For example:

(.40 PROFESSIONAL NURSES) X (6.5 HOURS) / (145) = .01793 FACTOR FOR PROFESSIONAL NURSES

(.60 PARAPROFESSIONALS) X (4 HOURS) / (145) = .01655 FACTOR FOR PARAPROFESSIONALS

(2) Workload Factor Source:

(a) P_1 through P_6:

1 Army: Workload Management System for Nursing.

2 Navy: Workload Management System for Nursing.

3 Air Force: Workload Management System for Nursing.

(b) P_7: To be determined.

(c) The nursing care hours are computed using the attached patient acuity worksheets; see Attachments 3 and 4, per instructions provided in the Workload Management System for Nursing Reference Manual. No changes will be made to the patient acuity worksheets unless directed by DoD Health Affairs.

6. Statement of Conditions.

a. This standard to psychiatric inpatient nursing units/wards. Outpatient workload is not included.

b. Normal work center operating hours are 24 hours per day, 7 days per week.

c. This standard considers minimum manpower required to operate psychiatric inpatient nursing units/wards. Paragraph 7 contains the minimum manpower criteria for psychiatric inpatient nursing units/wards.

d. The manhour equations will be applied to each unit separately to determine each individual unit/ward's requirements. This does not preclude the facility's distribution of nursing resources as deemed appropriate by nurse managers.

e. This standard does not address manpower requirements for nursing administration and supervision above nursing unit/ward level, nursing education and staff development work center, infection control, quality assurance, nurse methods analysts, clinical nurse specialists and practitioners, community health, environmental health, nursing research, or Alcohol Rehabilitation Units.

7. Essential Staffing Levels.

a. Minimums: The minimum manpower requirements for psychiatric inpatient units/wards are as follows:

(1) Minimum Staff: 6 professional nurses, 6 paraprofessionals

(2) OCONUS Minimum Staff: 6 professional nurses, 7 paraprofessionals.

8. Manpower Tables. See Attachment 2.

9. Application Instructions At Military Treatment Facility Level.

a. Application by local management. Apply the equation for each psychiatric inpatient nursing unit authorized at your MTF.

b. Basic weighted equation for psychiatric nursing units/wards:

CONUS:

$$M_1 = 290 + 1.478P_1 + 4.645P_2 + 10.13P_3 + 16.89P_4 + 25.55P_5 + 43.07P_6$$

OCONUS:

$$M_1 = 435 + 1.478P_1 + 4.645P_2 + 10.13P_3 + 16.89P_4 + 25.55P_5 + 43.07P_6$$

(1) For the most recent 12 months, determine the average monthly number of patients in each acuity category, (P_1-P_6). (Refer to paragraph 5.a.)

(2) Determine the manhours by applying the basic weighted equation to the results of step 1 (above), for each authorized psychiatric nursing unit/ward in your medical treatment facility. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated, at a later date.

OR

(3) If historical acuity data are not available for the facility, the historical occupied bed days (OBDS) will be used and the most current U.S. ARMY acuity percentages will be applied:

Patient Acuity Category I - 17% of Monthly Bed Days
Patient Acuity Category II - 49% of Monthly Bed Days
Patient Acuity Category III - 29% of Monthly Bed Days
Patient Acuity Category IV - 3% of Monthly Bed Days
Patient Acuity Category V - 2% of Monthly Bed Days
Patient Acuity Category VI - 0% of Monthly Bed Days

Determine manhours by applying the basic weighted equation to the monthly number of patients for each level of acuity (P_1-P_6) using the above percentages. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated at a later date.

c. For mixed work centers, apply the appropriate formula for each patient type (e.g. PEDS/OB/MED-SURG). Total the M values for all patient types. NOTE: Include the c value (290 hours CONUS, 435 hours OCONUS) in the equation once only. Once the total manpower requirements have been determined, reference the manpower table which applies to the predominant patient type. For mixed work centers with no predominant patient type, use the medical-surgical table.

d. Continuing education and readiness equation for psychiatric nursing units/wards in both CONUS and OCONUS:

$$M_2 = M_1(.01793) + M_1(.01655)$$

(1) Insert the M_1 values from Step 9b(2) or 9b(3).

e. The computation for total manpower requirements for the psychiatric nursing unit/ward:

$(M_1 + M_2)/145$ = Total Computed Manpower Requirements

(1) The sum of M_1 and M_2 is divided by 145. The yield is the total number of personnel required.

(a) The yield will not be rounded up at the workcenter level. Fractional manpower requirements will be accounted for in the facility level application.

(b) At the facility level, the M_1 and M_2 values for each inpatient unit will be summed and divided by 145.

(2) Reference paragraph 7a(1) and 7a(2). If computed personnel requirements are less than 12 (CONUS) or less than 13 (OCONUS), the minimum staffing level identified in the staffing table will apply. If computed personnel requirements are equal to, or greater than, the applicable minimum, the computed staffing requirement will apply.

(3) Refer to the Manpower Table(s).

Application worksheet for applying the standard is at Attachment 1.

Attachments
1. Application Worksheet
2. Manpower Table(s)
3. Patient Acuity Worksheet
4. Patient Acuity Worksheet (Psychiatric)

Attachment 1

APPLICATION WORKSHEET
FOR PSYCHIATRIC NURSING UNITS/WARDS

Apply the basic weighted equation for each authorized psychiatric nursing unit/ward in your medical treatment facility by determining the average monthly number of patients for each level of acuity (P_1 - P_6). The continuing education and readiness equation is applied based on the results of the basic equation.

BASIC EQUATIONS:

CONUS: $M_1 = 290 + 1.478P_1 + 4.645P_2 + 10.13P_3 + 16.89P_4 + 25.55P_5 + 43.07P_6$

OCONUS: $M_1 = 435 + 1.478P_1 + 4.645P_2 + 10.13P_3 + 16.89P_4 + 25.55P_5 + 43.07P_6$

CONTINUING EDUCATION AND READINESS EQUATION (CONUS and OCONUS):
$M_2 = M_1(.01793) + M_1(.01655)$

I. CONUS APPLICATION

Step 1. $M_1 = 290 + 1.478(\ \ ) + 4.645(\ \ ) + 10.13(\ \ ) + 16.89(\ \ ) + 25.55(\ \ ) + 43.07(\ \ )$

Step 2. $M_2 = M_1(.01793) + M1(.01655)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)/145$
= _____/145 = _____

Step 4. Reference paragraph 7a(1). If calculated personnel requirements are less than 12 (CONUS), the minimum staffing level identified in the staffing table will apply. If the computed requirements are equal to, or greater than, the minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table.

II. OCONUS APPLICATION

Step 1. $M_1 = 435 + 1.478(\ \ ) + 4.645(\ \ ) + 10.13(\ \ ) + 16.89(\ \ ) + 25.55(\ \ ) + 43.07(\ \ )$

Step 2. $M_2 = M_1(.01793) + M_1(.01655)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)/145$
= _____/145= _____

Step 4. Reference paragraph 7a(2). If calculated personnel requirements are less than 13 (OCONUS), the minimum staffing level in the staffing table will apply. If the computed requirements are equal to, or greater than, the minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table.

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Psychiatric/6303	APPLIES TO PSYCHIATRIC INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	6	6	6	6	7	7	7	8	8	9
Paraprofessional	6	7	7	8	8	9	10	10	11	11
Clerical Support			1	1	1	1	1	1	1	1
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	12	13	14	15	16	17	18	19	20	21

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Psychiatric/6303	APPLIES TO PSYCHIATRIC INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	9	9	10	10	11	11	11	12	12	13
Paraprofessional	12	13	13	14	14	15	15	15	16	16
Clerical Support	1	1	1	1	1	1	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	22	23	24	25	26	27	28	29	30	31

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Psychiatric/6303	APPLIES TO PSYCHIATRIC INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	13	13	14	14	15	15	15	16	16	17
Paraprofessional	17	18	18	19	19	20	21	21	22	22
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	32	33	34	35	36	37	38	39	40	41

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Psychiatric/6303	APPLIES TO PSYCHIATRIC INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	17	17	18	18	19	19	19	20	20	21
Paraprofessional	23	24	24	25	25	26	27	27	28	28
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	42	43	44	45	46	47	48	49	50	51

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Psychiatric/6303	APPLIES TO PSYCHIATRIC INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	21	21	22	22	23	23	23	24	24	25
Paraprofessional	29	30	30	31	31	32	33	33	34	34
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	52	53	54	55	56	57	58	59	60	61

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Psychiatric/6303	APPLIES TO PSYCHIATRIC INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	25	25	26	26	27	27	27	28	28	
Paraprofessional	35	36	36	37	37	38	39	39	40	
Clerical Support	2	2	2	2	2	2	2	2	2	
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	62	63	64	65	66	67	68	69	70	

ADDRESSOGRAPH		ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS *(Manual TPR, BP)*						
1	Vital signs qid or less	1					
2	Vital signs q4h or x 6	2					
3	Vital signs q3h or x 8	3					
4	Vital signs q2h or x 12	4					
5	Vital signs q1h or x 24	8					
6	Rectal or axillary temp or apical pulse qid or more	2					
7	Femoral, pedal or popliteal pulses or FHT qid or more	2					
8	Tilt test q4h or more	2					
9	Post-op, post-partum, post-delivery (newborn VS)	6					
	2. MONITORING						
10	Intake and output q8h	2					
11	Intake and output q2h	8					
12	Circulation or fundus checks q2h or x 12	2					
13	Neuro checks q4h or x 6	3					
14	Neuro checks q2h or x 12	6					
15	CVP or ICP (manual) q2h or x 12	2					
16	Cardiac / apnea / temp / BP monitor (not cumulative)	6					
17	Transcutaneous monitor / oximeter	6					
18	A-line or ICP monitor or Swan Ganz set-up	4					
19	A-line or ICP monitor reading q2h or x 12	2					
20	Swan Ganz PAP / PA wedge reading q4h or x 6	2					
21	Swan Ganz PAP / PA wedge reading q2h or x 12	4					
22	Cardiac output tid or x 3	2					
	3. ACTIVITIES OF DAILY LIVING						
23	Care - age 5 or less (infant / toddler)	6					
24	Care - age 6 or more - Self / Minimal	2					
25	Care - age 6 or more - Assisted	6					
	SUBTOTAL A POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	3. ACTIVITIES OF DAILY LIVING *(Continued)*						
26	Care - age 6 or more - Complete	14					
27	Care - age 6 or more - Total	32					
28	Extra linen change and partial bath x 2 per shift	4					
29	Turning frame (2 staff members) q2h	14					
30	Peds recreation / observation - age 0 - 12	8					
	4. FEEDING						
31	Spoon feed meals - age 6 or more - x 3	6					
32	Spoon feed meals - age 5 or less - x 3	10					
33	Infant / neonate bottle x 1 feeding	2					
34	Infant / neonate bottle q4h or x 6	12					
35	Infant / neonate bottle q3h or x 8	16					
36	Tube feed bolus q4h or x 6	5					
37	Tube feed bolus q3h or x 8	8					
38	Tube feed bolus q2h or x 12	10					
39	Tube feed - adult / child / neonate - (continuous) q bag change	2					
	5. IV THERAPY						
40	Start IV	2					
41	Change bottle / bag / volutrol bid or less	4					
42	Change bottle / bag tid or qid	6					
43	Change bottle / bag x 5 or more	8					
44	Heparin lock or Broviac q4h or x 6	4					
45	IV Medication q8h or x 3	2					
46	IV Medication q6h or x 4	3					
47	IV Medication q4h or x 6	4					
48	Blood products per unit	2					
49	Infusion controller / pump (each)	2					
	6. TREATMENTS / PROCEDURES / MEDICATIONS						
50	Insert NG	2					
51	Pre-op prep / enema / Ace wraps / support hose	2					
52	Catheterization - Foley / straight	2					
53	Tube care (exclude Trach) x 2	2					
54	Dressing - simple 5 - 7 mins x 2	2					
	SUBTOTAL B POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	6. TREATMENTS / PROCEDURES / MEDICATIONS (Continued)						
55	Dressing - complex 30 mins x 1	4					
56	Lab tests performed / collected on the unit x 3	2					
57	Do EKG	2					
58	Venipuncture, arterial puncture x 2	2					
59	Medications - exclude IV - 3-11 trips or q3h - q8h	2					
60	Medications - exclude IV - 12 trips or more or q2h	4					
61	Irrigations or instillations x 4 or less	2					
62	Restraints, 2 point, 4 point, Posey	2					
63	Assist OOB chair / gurney and return, x 3	2					
64	Assist to ambulate and return, x 1	2					
65	Infant circumcision or phototherapy	2					
66	Isolation mask, gown and gloves x 8	2					
67	Chest tube insertion or lumbar puncture (assist)	4					
68	Thoracentesis or paracentesis (assist)	4					
69	Range of motion exercises x 3	4					
70	New admission - assessment and orientation	12					
71	Transfer - in-house (receiving unit only)	4					
72	Accompany patient off unit 15 minutes	2					
73	Accompany patient off unit 30 minutes	4					
74	Accompany patient off unit 45 minutes	6					
75	Other activities requiring 15 minutes	2					
76	Other activities requiring 30 minutes	4					
77	Other activities requiring 45 minutes	6					
78	Each hour requiring continuous staff attendance	8					
	7. RESPIRATORY THERAPY						
79	Oxygen therapy or oxyhood	2					
80	Incentive spirometer or C&DB q4h or x 6	2					
81	IPPB or Maximist bid or x 2	2					
82	IPPB or Maximist q6h or x 4	4					
83	IPPB or Maximist q4h or x 6	6					
84	Croup tent or mist tent	8					
	SUBTOTAL C POINT VALUE						

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	7. RESPIRATORY THERAPY (Continued)						
85	Chest pulmonary therapy bid or x 2	2					
86	Chest pulmonary therapy q6h x 4	4					
87	Chest pulmonary therapy q4h or x 6	6					
88	Suctioning q4h or x 6	2					
89	Suctioning q2h or x 12	4					
90	Ventilator	10					
91	Tracheostomy care x 3	4					
	8. TEACHING						
92	Teaching - group per hour	2					
93	Teaching - individual - per 30 minutes	4					
	9. EMOTIONAL SUPPORT						
94	Patient / family support (per 30 minutes)	4					
95	Lifestyle modification (per 30 minutes)	4					
96	Sensory deprivation - blind, deaf, retarded, etc	6					
97	Maximum points for emotional support	10					
	10. CONTINUOUS						
98	Patient requiring 1:1 coverage all shifts	96					
99	Patient requiring greater than 1:1 coverage all shifts	146					
	SUBTOTAL D POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	SUBTOTAL C POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

ADDRESSOGRAPH	ENTER DATE, RN INITIALS, AND LAST FOUR SSN →						
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS *(Manual TPR, BP)*						
100	Vital signs qid or less	1					
101	Vital signs q4h or x 6	2					
102	Vital signs q3h or x 8	3					
103	Vital signs q2h or x 12	4					
104	Vital signs q1h or x 24	8					
105	Tilt test q4h or more	2					
	2. MONITORING						
106	Intake and output q8h	2					
107	Circulation checks q2h or x 12	2					
108	Patient checks q30 minutes x 8	8					
109	Patient checks q15 minutes x 8	16					
110	Neuro checks q4h or x 6	3					
	3. ACTIVITIES OF DAILY LIVING						
111	Care - age 6 or more - Self / Minimal	2					
112	Care - age 6 or more - Assisted	6					
113	Care - age 6 or more - Complete	14					
	4. FEEDING						
114	Spoon feed or 1:1 at meals tid	6					
115	Tube feed - bolus q4h or x 6	5					
116	Escort patient to dining hall x 1	2					
	SUBTOTAL A POINT VALUE						

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PATIENT ACUITY WORKSHEET (PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES						
	5. TREATMENTS / PROCEDURES / MEDICATIONS							
117	Start IV / Ace wraps / Tube care	2						
118	Dressing - simple 5 - 7 mins x 2	2						
119	Dressing - complex 30 mins x 1	4						
120	Lab tests performed / collected on the unit x 3	2						
121	Do EKG	2						
122	Venipuncture, arterial puncture x 2	2						
123	Medications - exclude IV - 3 - 11 trips or q3h - q8h	2						
124	Medications - exclude IV - 12 trips or more or q2h	4						
125	Restraints, 2 point, 4 point, Posey	2						
126	New admission - assessment and orientation	12						
127	Transfer - between psychiatric units (receiving units only)	4						
128	Accompany patient off unit - 15 minutes	2						
129	Accompany patient off unit - 30 minutes	4						
130	Accompany patient off unit - 45 minutes	6						
131	Other activities - 15 minutes	2						
132	Other activities - 30 minutes	4						
133	Other activities - 45 minutes	6						
134	Each hour requiring continuous staff attendance	8						
	SUBTOTAL B POINT VALUE							

PATIENT ACUITY WORKSHEET (PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	6. THERAPEUTIC INTERVENTIONS / ACTIVITIES						
135	Purposeful interaction - 15 minutes	2					
136	Purposeful interaction - 30 minutes	4					
137	Purposeful interaction - 45 minutes	6					
138	Purposeful interaction - 1 hour	8					
139	Sensory deprivation - blind, deaf, retarded, etc	6					
140	Group activity, on unit - staff ratio 1: 4-5	2					
141	Group activity, off unit - staff ratio 1: 4-5	2					
142	Group activity, meeting - staff ratio 1: 4-5	2					
	7. TEACHING						
143	Teaching - group per hour	2					
144	Teaching - individual per 30 minutes	4					
	8. CONTINUOUS						
145	Patient requiring 1:1 coverage all shifts	96					
	SUBTOTAL C POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a. MED / SURG		e. ANTEPARTUM / POSTPARTUM
	b. ICU		f. PEDIATRIC
	c. NURSERY		g. PSYCHIATRIC
	d. NEONATAL ICU		

COMMENTS

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area. **Intensive Care Inpatient Nursing Services**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for inpatient nursing demands, using the Workload Management System for Nursing.

3. Classification. Manpower Guide.

4. Functional Statement. Identifies the nursing/patient care needs of each patient. Assists each patient to maintain or return to the highest possible level of wellness or, when necessary, sustain and support the patient and family in coping with death. Through the use of the nursing process, perform the following functions:

a. Assess the physical, psychosocial and health educational needs of patient and family.

b. Plan nursing interventions to incorporate the medical and nursing care requirements of each patient, family and/or significant others.

c. Implement the directed medical and nursing plan.

d. Coordinate activities to support all disciplines impacting on patient care.

e. Evaluate patient progress toward nursing/patient care goals.

f. Document all aspects of the nursing process.

The performance of inpatient nursing services functions also requires administration, supervision and management of fiscal and human resources (manpower, equipment, supplies, etc.) and the ongoing education and staff development of all levels of nursing personnel.

5. Workload Factors and Equations.

a. Standard Manhour Equations:

(1) Basic Weighted Equations:

$$M_1 = c + (w_1P_1 + w_2P_2 + w_3P_3 + w_4P_4 + w_5P_5 + w_6P_6)ICM$$

Where:
- M_1 = Total Staffing Manhours Computed Based on Workload
- c = Constant Manhours Required (Fixed Overhead)
- w_i = Manhours Required Per Patient Within a Category
- P_i = Average Monthly Number of Patients in a given Acuity Category, derived by multiplying the average daily count of patients in a given acuity category by 30.44 days.
- ICM = Indirect Care Multiplier (by unit)

(2) Continuing Education and Readiness Equation:

$$M_2 = M_1(e_1) + M_1(e_2)$$

Where:
- M_1 = Total Staffing Manhours Computed Based on Workload
- M_2 = Total Computed Manhours for Continuing Education and Readiness
- e_1 = Continuing Education and Readiness Factor for Professional Nurses
- e_2 = Continuing Education and Readiness Factor for Paraprofessionals

b. $M_1 + M_2$ = Total Manhours

c. Workload Factors:

(1) Definitions:

(a) P_1: The average monthly number of patients in Acuity Category I.

(b) P_2: The average monthly number of patients in Acuity Category II.

(c) P_3: The average monthly number of patients in Acuity Category III.

(d) P_4: The average monthly number of patients in Acuity Category IV.

(e) P_5: The average monthly number of patients in Acuity Category V.

(f) P_6: The average monthly number of patients in Acuity Category VI.

(g) P_7: The average monthly number of outpatient weighted procedure points for procedures performed on an inpatient nursing unit/ward.

(h) Continuing education and readiness equation: The equation for continuing education (CE) and readiness is applied to the total manhours driven by the basic weighted equation, based on the ratio of professional nurses to paraprofessionals and man-hours for CE and readiness. Professional nurses receive 6.5 hours per month for CE and readiness, while paraprofessionals receive 4 hours per month for readiness only. The ratio of professional nurses to paraprofessionals for intensive care nursing units/wards is 60% professional nurses and 40% paraprofessional. The factors are derived as follows: multiply the percentage of professional nurses required by the hours per professional nurse and divide by 145; multiply the percentage of paraprofessionals required by the hours per paraprofessional and divide by 145. For example:

(.60 PROFESSIONAL NURSES) X (6.5 HOURS) / (145) = .02690
FACTOR FOR PROFESSIONAL NURSES

(.40 PARAPROFESSIONALS) X (4 HOURS) / (145) = .01103
FACTOR FOR PARAPROFESSIONALS

(2) Workload Factor Sources:

(a) P_1 through P_6:

1 Army: Workload Management System for Nursing.

2 Navy: Workload Management System for Nursing.

3 Air Force: Workload Management System for Nursing.

(b) P_7: To be determined.

(c) The nursing care hours are computed using the attached patient acuity worksheets, see Attachments 3 and 4, per instructions provided in the Workload Management System for Nursing Reference Manual. No changes will be made to the patient acuity worksheets unless directed by DoD Health Affairs.

6. Statement of Conditions.

a. This standard applies to intensive care inpatient nursing units/wards. Intensive/special care units are inpatient units that provide specialized or intensive care continuously to the critically ill patient. Outpatient workload is not included.

b. Normal work center operating hours are 24 hours per day, 7 days per week.

c. This standard considers minimum manpower required to operate intensive care inpatient nursing units/wards. Paragraph 7 contains the minimum manpower criteria for various types of intensive care inpatient nursing units/wards.

d. The manhour equations will be applied to each unit separately to determine each individual unit/ward's requirements. This does not preclude the facility's distribution of nursing resources as deemed appropriate by nurse managers.

e. This standard does not address work associated with the recovery room. This will be addressed in a separate manpower standard.

f. This standard does not address manpower requirements for nursing administration and supervision above nursing unit/ward level, nursing education and staff development work center, infection control, quality assurance, nurse methods analysts, clinical nurse specialists and practitioners, community health, environmental health, or nursing research.

7. Essential Staffing Levels.

a. The minimum manpower requirements for intensive care units are as follows:

(1) CONUS Minimum Staff: 9 professional nurses, 6 paraprofessionals

(2) OCONUS Minimum Staff: 10 professional nurses, 6 paraprofessionals.

8. Manpower Tables. See Attachment 2.

9. Application Instructions At Military Treatment Facility Level.

a. Application by local management. Apply the equation for each intensive care inpatient nursing unit authorized at your MTF.

b. Basic weighted equation for intensive care nursing units/wards:

CONUS:

$$M_1 = 290 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P_6$$

OCONUS:

$$M_1 = 435 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P_6$$

(1) For the most recent 12 months, determine the average monthly number of patients in each acuity category, (P_1-P_6). (Refer to paragraph 5.a.)

(2) Determine the manhours by applying the basic weighted equation to the results of step 1 (above), for each authorized intensive care nursing unit/ward in your medical treatment facility. The continuing education and readiness equation is applied based on the results of the basic weighted equation. NOTE: P_7 will not be used until the workload data are validated, at a later date.

OR

(3) If historical acuity data are not available for the facility, the historical occupied bed days (OBDs) will be used and the most current U.S. ARMY acuity percentages will be applied:

Patient Acuity Category I - 7% of Monthly Bed Days
Patient Acuity Category II - 7% of Monthly Bed Days
Patient Acuity Category III - 28% of Monthly Bed Days
Patient Acuity Category IV - 24% of Monthly Bed Days
Patient Acuity Category V - 25% of Monthly Bed Days
Patient Acuity Category VI - 9% of Monthly Bed Days

Determine manhours by applying the basic weighted equation to the monthly number of patients for each level of acuity (P_1 - P_6) using the above percentages. The continuing education and readiness equation is applied based on the results of the basic equation.

NOTE: P_7 will not be used until the workload data are validated at a later date.

c. Continuing education and readiness equation for intensive care nursing units/wards in both CONUS and OCONUS:

$$M_2 = M_1(0.02690 + M_1(0.01103)$$

(1) Insert the M_1 values from Step 9b(2) or 9b(3).

d. The computation for total manpower requirements for the intensive care nursing unit/ward:

$$(M_1 + M_2)/145 = \text{Total Computed Manpower Requirements}$$

(1) The sum of M_1 and M_2 is divided by 145. The yield is the total number of personnel required.

(a) The yield will not be rounded up at the workcenter level. Fractional manpower requirements will be accounted for in the facility level application.

(b) At the facility level, the M_1 and M_2 values for each inpatient unit will be summed and divided by 145.

(2) Reference paragraph 7. If computed personnel requirements are less than the applicable minimum, the minimum staffing level identified in the staffing table will apply. If computed personnel requirements are equal to, or greater than, the minimums, the computed staffing requirement will apply.

(3) Refer to the Manpower Table(s).

Application worksheet for applying the standard is at Attachment 1.

Attachments
1. Application Worksheet
2. Manpower Table(s)
3. Patient Acuity Worksheet
4. Patient Acuity Worksheet (Psychiatric)

Attachment 1

APPLICATION WORKSHEET FOR INTENSIVE CARE NURSING UNITS

Apply the basic weighted equation for each authorized intensive care nursing unit in your medical treatment facility by determining the average monthly number of patients for each level of acuity (P_1 - P_6). The continuing education and readiness equation is applied based on the results of the basic equation.

BASIC EQUATIONS:

CONUS: $M_1 = 290 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P_6$

OCONUS: $M_1 = 435 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P_6$

CONTINUING EDUCATION AND READINESS EQUATION (CONUS and OCONUS):
$M_2 = M_1(.02690) + M_1(.01103)$

I. CONUS APPLICATION

Step 1. $M_1 = 290 + 1.454(\ \ ) + 4.571(\ \ ) + 9.972(\ \ ) + 16.62(\ \ ) + 25.14(\ \ ) + 42.38(\ \ )$

Step 2. $M_2 = M_1(.02690) + M_1(.01103)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)$ /145
= _____/145 = _____

Step 4. Reference paragraph 7a(1). If computed personnel requirements are less than 15 (CONUS), the minimum staffing level identified in the staffing table will apply. If computed personnel requirements exceed the minimums, the computed staffing requirement will apply.

Step 5. Go to the Manpower Table(s).

II. OCONUS APPLICATION

Step 1. $M_1 = 435 + 1.454(\ \ ) + 4.571(\ \ ) + 9.972(\ \ ) + 16.62(\ \ ) + 25.14(\ \ ) + 42.38(\ \ )$

Step 2. $M_2 = M_1(.02690) + M_1(.01103)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)/145$
= _____/145 = _____

Step 4. Reference paragraph 7. If computed personnel requirements are less than the applicable minimum, the minimum staffing level identified in the staffing table will apply. If computed personnel requirements exceed the minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

JOINT HEALTHCARE MANPOWER STANDARD

WORK CENTER TITLE/CODE: Inpatient Nursing Services Intensive Care/6304	APPLIES TO INTENSIVE CARE INPATIENT NURSING UNIT (ICU/SICU/CCU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	9	10	10	11	11	12	13	13	14	14
Paraprofessional	5	5	6	6	7	7	7	8	8	9
Clerical Support	1	1	1	1	1	1	1	1	1	1
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	15	16	17	18	19	20	21	22	23	24

JOINT HEALTHCARE MANPOWER STANDARD

WORK CENTER TITLE/CODE: Inpatient Nursing Services Intensive Care/6304	APPLIES TO INTENSIVE CARE INPATIENT NURSING UNIT (ICU/SICU/CCU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	15	16	16	16	17	18	19	19	20	20
Paraprofessional	9	9	10	10	10	10	10	11	11	12
Clerical Support	1	1	1	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	25	26	27	28	29	30	31	32	33	34

JOINT HEALTHCARE MANPOWER STANDARD

WORK CENTER TITLE/CODE: Inpatient Nursing Services Intensive Care/6304	APPLIES TO INTENSIVE CARE INPATIENT NURSING UNIT (ICU/SICU/CCU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	21	22	22	23	23	24	25	25	26	26
Paraprofessional	12	12	13	13	14	14	14	15	15	16
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	35	36	37	38	39	40	41	42	43	44

JOINT HEALTHCARE MANPOWER STANDARD

WORK CENTER TITLE/CODE: Inpatient Nursing Services Intensive Care/6304	APPLIES TO INTENSIVE CARE INPATIENT NURSING UNIT (ICU/SICU/CCU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	27	28	28	29	29	30	31	31	32	32
Paraprofessional	16	16	17	17	18	18	18	19	19	20
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	45	46	47	48	49	50	51	52	53	54

JOINT HEALTHCARE MANPOWER STANDARD

WORK CENTER TITLE/CODE: Inpatient Nursing Services Intensive Care/6304	APPLIES TO INTENSIVE CARE INPATIENT NURSING UNIT (ICU/SICU/CCU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	33	34	34	35	35	36	37	37	38	38
Paraprofessional	20	20	21	21	22	22	22	23	23	24
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	55	56	57	58	59	60	61	62	63	64

JOINT HEALTHCARE MANPOWER STANDARD

WORK CENTER TITLE/CODE: Inpatient Nursing Services Intensive Care/6304	APPLIES TO INTENSIVE CARE INPATIENT NURSING UNIT (ICU/SICU/CCU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	39	40	40	41	41	42				
Paraprofessional	24	24	25	25	26	26				
Clerical Support	2	2	2	2	2	2				
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	65	66	67	68	69	70				

ADDRESSOGRAPH	ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES				
	1. VITAL SIGNS *(Manual TPR, BP)*					
1	Vital signs qid or less	1				
2	Vital signs q4h or x 6	2				
3	Vital signs q3h or x 8	3				
4	Vital signs q2h or x 12	4				
5	Vital signs q1h or x 24	8				
6	Rectal or axillary temp or apical pulse qid or more	2				
7	Femoral, pedal or popliteal pulses or FHT qid or more	2				
8	Tilt test q4h or more	2				
9	Post-op, post-partum, post-delivery (newborn VS)	6				
	2. MONITORING					
10	Intake and output q8h	2				
11	Intake and output q2h	8				
12	Circulation or fundus checks q2h or x 12	2				
13	Neuro checks q4h or x 6	3				
14	Neuro checks q2h or x 12	6				
15	CVP or ICP (manual) q2h or x 12	2				
16	Cardiac / apnea / temp / BP monitor (not cumulative)	6				
17	Transcutaneous monitor / oximeter	6				
18	A-line or ICP monitor or Swan Ganz set-up	4				
19	A-line or ICP monitor reading q2h or x 12	2				
20	Swan Ganz PAP / PA wedge reading q4h or x 6	2				
21	Swan Ganz PAP / PA wedge reading q2h or x 12	4				
22	Cardiac output tid or x 3	2				
	3. ACTIVITIES OF DAILY LIVING					
23	Care - age 5 or less (infant / toddler)	6				
24	Care - age 6 or more - Self / Minimal	2				
25	Care - age 6 or more - Assisted	6				
	SUBTOTAL A POINT VALUE					

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	3. ACTIVITIES OF DAILY LIVING *(Continued)*						
26	Care - age 6 or more - Complete	14					
27	Care - age 6 or more - Total	32					
28	Extra linen change and partial bath x 2 per shift	4					
29	Turning frame (2 staff members) q2h	14					
30	Peds recreation / observation - age 0 - 12	8					
	4. FEEDING						
31	Spoon feed meals - age 6 or more - x 3	6					
32	Spoon feed meals - age 5 or less - x 3	10					
33	Infant / neonate bottle x 1 feeding	2					
34	Infant / neonate bottle q4h or x 6	12					
35	Infant / neonate bottle q3h or x 8	16					
36	Tube feed bolus q4h or x 6	5					
37	Tube feed bolus q3h or x 8	8					
38	Tube feed bolus q2h or x 12	10					
39	Tube feed - adult / child / neonate - (continuous) q bag change	2					
	5. IV THERAPY						
40	Start IV	2					
41	Change bottle / bag / volutrol bid or less	4					
42	Change bottle / bag tid or qid	6					
43	Change bottle / bag x 5 or more	8					
44	Heparin lock or Broviac q4h or x 6	4					
45	IV Medication q8h or x 3	2					
46	IV Medication q6h or x 4	3					
47	IV Medication q4h or x 6	4					
48	Blood products per unit	2					
49	Infusion controller / pump (each)	2					
	6. TREATMENTS / PROCEDURES / MEDICATIONS						
50	Insert NG	2					
51	Pre-op prep / enema / Ace wraps / support hose	2					
52	Catheterization - Foley / straight	2					
53	Tube care (exclude Trach) x 2	2					
54	Dressing - simple 5 - 7 mins x 2	2					
	SUBTOTAL B POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	6. TREATMENTS / PROCEDURES / MEDICATIONS (Continued)						
55	Dressing - complex 30 mins x 1	4					
56	Lab tests performed / collected on the unit x 3	2					
57	Do EKG	2					
58	Venipuncture, arterial puncture x 2	2					
59	Medications - exclude IV - 3-11 trips or q3h - q8h	2					
60	Medications - exclude IV - 12 trips or more or q2h	4					
61	Irrigations or Instillations x 4 or less	2					
62	Restraints, 2 point, 4 point, Posey	2					
63	Assist OOB chair / gurney and return, x 3	2					
64	Assist to ambulate and return, x 1	2					
65	Infant circumcision or phototherapy	2					
66	Isolation mask, gown and gloves x 8	2					
67	Chest tube insertion or lumbar puncture (assist)	4					
68	Thoracentesis or paracentesis (assist)	4					
69	Range of motion exercises x 3	4					
70	New admission - assessment and orientation	12					
71	Transfer - in-house (receiving unit only)	4					
72	Accompany patient off unit 15 minutes	2					
73	Accompany patient off unit 30 minutes	4					
74	Accompany patient off unit 45 minutes	6					
75	Other activities requiring 15 minutes	2					
76	Other activities requiring 30 minutes	4					
77	Other activities requiring 45 minutes	6					
78	Each hour requiring continuous staff attendance	8					
	7. RESPIRATORY THERAPY						
79	Oxygen therapy or oxyhood	2					
80	Incentive spirometer or C&DB q4h or x 6	2					
81	IPPB or Maximist bid or x 2	2					
82	IPPB or Maximist q6h or x 4	4					
83	IPPB or Maximist q4h or x 6	6					
84	Croup tent or mist tent	8					
	SUBTOTAL C POINT VALUE						

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	7. RESPIRATORY THERAPY (Continued)						
85	Chest pulmonary therapy bid or x 2	2					
86	Chest pulmonary therapy q6h x 4	4					
87	Chest pulmonary therapy q4h or x 6	6					
88	Suctioning q4h or x 6	2					
89	Suctioning q2h or x 12	4					
90	Ventilator	10					
91	Tracheostomy care x 3	4					
	8. TEACHING						
92	Teaching - group - per hour	2					
93	Teaching - individual - per 30 minutes	4					
	9. EMOTIONAL SUPPORT						
94	Patient / family support (per 30 minutes)	4					
95	Lifestyle modification (per 30 minutes)	4					
96	Sensory deprivation - blind, deaf, retarded, etc	6					
97	Maximum points for emotional support	10					
	10. CONTINUOUS						
98	Patient requiring 1:1 coverage all shifts	96					
99	Patient requiring greater than 1:1 coverage all shifts	146					
	SUBTOTAL D POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	SUBTOTAL C POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

PATIENT ACUITY WORKSHEET (PSYCHIATRIC)

ADDRESSOGRAPH

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES						
	1. VITAL SIGNS (*Manual TPR, BP*)							
100	Vital signs qid or less	1						
101	Vital signs q4h or x 6	2						
102	Vital signs q3h or x 8	3						
103	Vital signs q2h or x 12	4						
104	Vital signs q1h or x 24	8						
105	Tilt test q4h or more	2						
	2. MONITORING							
106	Intake and output q8h	2						
107	Circulation checks q2h or x 12	2						
108	Patient checks q30 minutes x 8	8						
109	Patient checks q15 minutes x 8	16						
110	Neuro checks q4h or x 6	3						
	3. ACTIVITIES OF DAILY LIVING							
111	Care - age 6 or more - Self / Minimal	2						
112	Care - age 6 or more - Assisted	6						
113	Care - age 6 or more - Complete	14						
	4. FEEDING							
114	Spoon feed or 1 1 at meals tid	6						
115	Tube feed - bolus q4h or x 6	5						
116	Escort patient to dining hall x 1	2						
	SUBTOTAL A POINT VALUE							

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES						
	5. TREATMENTS / PROCEDURES / MEDICATIONS							
117	Start IV / Ace wraps / Tube care	2						
118	Dressing - simple 5 - 7 mins x 2	2						
119	Dressing - complex 30 mins x 1	4						
120	Lab tests performed / collected on the unit x 3	2						
121	Do EKG	2						
122	Venipuncture, arterial puncture x 2	2						
123	Medications - exclude IV - 3 - 11 trips or q3h - q8h	2						
124	Medications - exclude IV - 12 trips or more or q2h	4						
125	Restraints, 2 point, 4 point, Posey	2						
126	New admission - assessment and orientation	12						
127	Transfer - between psychiatric units (receiving units only)	4						
128	Accompany patient off unit - 15 minutes	2						
129	Accompany patient off unit - 30 minutes	4						
130	Accompany patient off unit - 45 minutes	6						
131	Other activities - 15 minutes	2						
132	Other activities - 30 minutes	4						
133	Other activities - 45 minutes	6						
134	Each hour requiring continuous staff attendance	8						
	SUBTOTAL B POINT VALUE							

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PATIENT ACUITY WORKSHEET
(PSYCHIATRIC)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	6. THERAPEUTIC INTERVENTIONS / ACTIVITIES						
135	Purposeful interaction - 15 minutes	2					
136	Purposeful interaction - 30 minutes	4					
137	Purposeful interaction - 45 minutes	6					
138	Purposeful interaction - 1 hour	8					
139	Sensory deprivation - blind, deaf, retarded, etc	6					
140	Group activity, on unit - staff ratio 1: 4-5	2					
141	Group activity, off unit - staff ratio 1: 4-5	2					
142	Group activity, meeting - staff ratio 1: 4-5	2					
	7. TEACHING						
143	Teaching - group per hour	2					
144	Teaching - individual per 30 minutes	4					
	8. CONTINUOUS						
145	Patient requiring 1:1 coverage all shifts	96					
	SUBTOTAL C POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

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SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

COMMENTS

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area. **Neonatal Intensive Care Inpatient Nursing Services**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for inpatient nursing demands, using the Workload Management System for Nursing.

3. Classification. Manpower Guide.

4. Functional Statement. Identifies the nursing/patient care needs of each patient. Assists each patient to maintain or return to the highest possible level of wellness or, when necessary, sustain and support the patient and family in coping with death. Through the use of the nursing process, perform the following functions:

a. Assess the physical, psychosocial and health educational needs of patient and family.

b. Plan nursing interventions to incorporate the medical and nursing care requirements of each patient, family and/or significant others.

c. Implement the directed medical and nursing plan.

d. Coordinate activities to support all disciplines impacting on patient care.

e. Evaluate patient progress toward nursing/patient care goals.

f. Document all aspects of the nursing process.

The performance of inpatient nursing services functions also requires administration, supervision and management of fiscal and human resources (manpower, equipment, supplies, etc.) and the ongoing education and staff development of all levels of nursing personnel.

5. Workload Factors and Equations.

a. Standard Manhour Equations:

(1) Basic Weighted Equations:

$$M_1 = c + (w_1P_1 + w_2P_2 + w_3P_3 + w_4P_4 + w_5P_5 + w_6P_6 +)ICM$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
c = Constant Manhours Required (Fixed Overhead)
w_i = Manhours Required Per Patient Within a Category
P_i = Average Monthly Number Patients in a given Acuity Category, derived by multiplying the average daily count of patients in a given acuity category by 30.44 days.
ICM = Indirect Care Multiplier (by unit)

(2) Continuing Education and Readiness Equation:

$$M_2 = M_1(e_1) + M_1(e_2)$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
M_2 = Total Computed Manhours for Continuing Education and Readiness
e_1 = Continuing Education and Readiness Factor for Professional Nurses
e_2 = Continuing Education and Readiness Factor for Paraprofessionals

b. $M_1 + M_2$ = Total Manhours

c. Workload Factors:

(1) Definitions:

(a) P_1: The average monthly number of patients in Acuity Category I.

(b) P_2: The average monthly number of patients in Acuity Category II.

(c) P_3: The average monthly number of patients in Acuity Category III.

(d) P_4: The average monthly number of patients in Acuity Category IV.

(e) P_5: The average monthly number of patients in Acuity Category V.

(f) P_6: The average monthly number of patients in Acuity Category VI.

(g) P_7: The average monthly number of outpatient weighted procedure points for procedures performed on an inpatient nursing unit/ward.

(h) Continuing education and readiness equation: The equation for continuing education (CE) and readiness is applied to the total manhours driven by the basic weighted equation, based on the ratio of professional nurses to paraprofessionals and man-hours for CE and readiness. Professional nurses receive 6.5 hours per month for CE and readiness, while paraprofessionals receive 4 hours per month for readiness only. The ratio of professional nurses to paraprofessionals for neonatal intensive care nursing units/wards is 80% professional nurses and 20% paraprofessional. The factors are derived as follows: Multiply the percentage of professional nurses required by the hours per professional nurse and divide by 145; multiply the percentage of paraprofessionals required by the hours per paraprofessional and divide by 145. For example:

(.80 PROFESSIONAL NURSES) X (6.5 HOURS) / (145) = .03586
FACTOR FOR PROFESSIONAL NURSES

(.20 PARAPROFESSIONALS) X (4 HOURS) / (145) = .005517
FACTOR FOR PARAPROFESSIONALS

(2) Workload Factor Sources:

(a) P_1 through P_6:

1 Army: Workload Management System for Nursing.

2 Navy: Workload Management System for Nursing.

3 Air Force: Workload Management System for Nursing.

(b) P_7: To be determined.

(c) The nursing care hours are computed using the attached patient acuity work sheets; see Attachment 3, per instructions provided in the Workload Management System for Nursing Reference Manual. No changes will be made to the patient acuity worksheets unless directed by DoD Health Affairs.

6. Statement of Conditions.

a. This standard applies to neonatal intensive care inpatient nursing units/wards. Outpatient workload in not included.

b. Normal work center operating hours are 24 hours per day, 7 days per week.

c. This standard considers minimum manpower required to operate neonatal intensive care inpatient nursing units/wards. Paragraph 7 contains the minimum manpower criteria for neonatal intensive care inpatient nursing units/wards.

d. The manhour equations will be applied to each unit separately to determine each individual unit/ward's requirements. This does not preclude the facility's distribution of nursing resources as deemed appropriate by nurse managers.

e. This standard does not address manpower requirements for nursing administration and supervision above nursing unit/ward level, nursing education and staff development work center, infection control, quality assurance, nurse methods analysts, clinical nurse specialists and practitioners, community health, environmental health, or nursing research.

7. Essential Staffing Levels.

a. The minimum manpower requirements for military treatment facilities with a neonatal intensive care inpatient unit/ward are as follows:

(1) CONUS minimum staff: 12 professional nurses, 3 paraprofessionals.

(2) OCONUS minimum staff: 13 professional nurses, 3 paraprofessionals.

8. Manpower Tables. See Attachment 2.

9. Application Instructions At Military Treatment Facility Level.

a. Application by local management. Apply the equation for each neonatal intensive care inpatient nursing unit authorized at your MTF.

b. Basic weighted equation for neonatal intensive care nursing units/wards:

CONUS:

$$M_1 = 290 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P_6$$

OCONUS:

$$P_1 = 435 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P_6$$

(1) For the most recent 12 months, determine the average monthly number of patients in each acuity category, (P_1-P_6). (Refer to paragraph 5.a.)

(2) Determine the manhours by applying the basic weighted equation to the results of step 1 (above), for each authorized neonatal intensive care nursing unit/ward in your medical treatment facility. The continuing education and readiness equation is applied based on the results of the basic weighted equation. NOTE: P_7 will not be used until the workload data are validated at a later date.

OR

(3) If historical acuity data are not available for the facility, the historical occupied bed days (OBDS) will be used and the most current U.S. ARMY acuity percentages applied:

Patient Acuity Category I - 0% of Monthly Bed Days
Patient Acuity Category II - 4% of Monthly Bed Days
Patient Acuity Category III - 57% of Monthly Bed Days
Patient Acuity Category IV - 27% of Monthly Bed Days
Patient Acuity Category V - 11% of Monthly Bed Days
Patient Acuity Category VI - 1% of Monthly Bed Days

Determine manhours by applying the basic weighted equation to the monthly number of patients for each level of acuity (P_1 - P_6) using the above percentages. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated at a later date.

c. Continuing education and readiness equation for neonatal intensive care nursing units/wards in both CONUS and OCONUS:

$$M_2 = M_1(0.03586 + M_1(0.005517)$$

(1) Insert the M_1 values from Step 9b(2) or 9b(3).

d. The computation for total manpower requirements for the neonatal intensive care nursing unit/ward:

$$(M_1 + M_2)/145 = \text{Total Computed Manpower Requirements}$$

(1) The sum of M_1 and M_2 is divided by 145. The yield is the total number of personnel required.

(a) The yield will not be rounded up at the workcenter level. Fractional manpower requirements will be accounted for in the facility level application.

(b) At the facility level, the M_1 and M_2 values for each inpatient unit will be summed and divided by 145.

(2) Reference paragraph 7. If computed personnel requirements are less than the applicable minimum, the minimum staffing level identified in the staffing table will apply. If computed personnel requirements are equal to, or greater than, the minimums, the computed staffing requirements will apply.

(3) Refer to the Manpower Table(s).

Application worksheet for applying the standard is at Attachment 1.

Attachments
1. Application Worksheet
2. Manpower Table(s)
3. Patient Acuity Worksheet

APPLICATION WORKSHEET
FOR NEONATAL INTENSIVE CARE NURSING UNITS

Apply the basic weighted equation for each authorized neonatal intensive care nursing unit in your medical treatment facility by determining the average monthly numbered of patients for each level of acuity (P_1 - P_6). The continuing education and readiness equation is applied based on the results of the basic equation.

BASIC EQUATIONS:

CONUS: $M_1 = 290 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P_6$

OCONUS: $M_1 = 435 + 1.454P_1 + 4.571P_2 + 9.972P_3 + 16.62P_4 + 25.14P_5 + 42.38P6$

CONTINUING EDUCATION AND READINESS EQUATION (CONUS and OCONUS):
$M_2 = M_1(.03586) + M_1(.005517)$

I. CONUS APPLICATION

Step 1. $M_1 = 290 + 1.454(\ \ ) + 4.571(\ \ ) + 9.972(\ \ ) + 16.62(\ \ ) + 25.14(\ \ ) + 42.38(\ \ )$

Step 2. $M_2 = M_1(.03586) + M_1(.005517)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)/145$
= _____ /145 = _____

Step 4. Reference paragraph 7a(1). If computed personnel requirements are less than 15 (CONUS), the minimum staffing level identified in the staffing table will apply. If computed personnel requirements exceed the minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

II. OCONUS APPLICATION

Step 1. $M_1 = 435 + 1.454(\ \ ) + 4.571(\ \ ) + 9.972(\ \ ) + 16.62(\ \ ) + 25.14(\ \ ) + 42.38(\ \ )$

Step 2. $M_2 = M_1(.03586) + M_1(.005517)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)/145$
= _____/145 = _____

Step 4. Reference paragraph 7. If computed personnel requirements are less than the applicable minimum, the minimum staffing level identified in the staffing table will apply. If computed personnel requirements exceed the minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table(s).

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Neonatal Intensive Care/6305	APPLIES TO NEONATAL INTENSIVE CARE INPATIENT NURSING UNIT (NICU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	12	13	14	14	15	16	17	18	18	19
Paraprofessional	2	2	2	3	3	3	3	3	4	4
Clerical Support	1	1	1	1	1	1	1	1	1	1
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	15	16	17	18	19	20	21	22	23	24

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Neonatal Intensive Care/6305	APPLIES TO NEONATAL INTENSIVE CARE INPATIENT NURSING UNIT (NICU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	20	21	22	22	23	24	25	26	26	27
Paraprofessional	4	4	4	4	4	4	4	4	5	5
Clerical Support	1	1	1	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	25	26	27	28	29	30	31	32	33	34

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Neonatal Intensive Care/6305	APPLIES TO NEONATAL INTENSIVE CARE INPATIENT NURSING UNIT (NICU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	28	29	30	30	31	32	33	34	34	35
Paraprofessional	5	5	5	6	6	6	6	6	7	7
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	35	36	37	38	39	40	41	42	43	44

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Neonatal Intensive Care/6305	APPLIES TO NEONATAL INTENSIVE CARE INPATIENT NURSING UNIT (NICU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	36	37	38	38	39	40	41	42	42	43
Paraprofessional	7	7	7	8	8	8	8	8	9	9
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	45	46	47	48	49	50	51	52	53	54

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Neonatal Intensive Care/6305	APPLIES TO NEONATAL INTENSIVE CARE INPATIENT NURSING UNIT (NICU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	44	45	46	46	47	48	49	50	50	51
Paraprofessional	9	9	9	10	10	10	10	10	11	11
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	55	56	57	58	59	60	61	62	63	64

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Neonatal Intensive Care/6305	APPLIES TO NEONATAL INTENSIVE CARE INPATIENT NURSING UNIT (NICU)									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	52	53	54	54	55	56				
Paraprofessional	11	11	11	12	12	12				
Clerical Support	2	2	2	2	2	2				
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	65	66	67	68	69	70				

ADDRESSOGRAPH		ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS *(Manual TPR, BP)*						
1	Vital signs qid or less	1					
2	Vital signs q4h or x 6	2					
3	Vital signs q3h or x 8	3					
4	Vital signs q2h or x 12	4					
5	Vital signs q1h or x 24	8					
6	Rectal or axillary temp or apical pulse qid or more	2					
7	Femoral, pedal or popliteal pulses or FHT qid or more	2					
8	Tilt test q4h or more	2					
9	Post-op, post-partum, post-delivery (newborn VS)	6					
	2. MONITORING						
10	Intake and output q8h	2					
11	Intake and output q2h	8					
12	Circulation or fundus checks q2h or x 12	2					
13	Neuro checks q4h or x 6	3					
14	Neuro checks q2h or x 12	6					
15	CVP or ICP (manual) q2h or x 12	2					
16	Cardiac / apnea / temp / BP monitor (not cumulative)	6					
17	Transcutaneous monitor / oximeter	6					
18	A-line or ICP monitor or Swan Ganz set-up	4					
19	A-line or ICP monitor reading q2h or x 12	2					
20	Swan Ganz PAP / PA wedge reading q4h or x 6	2					
21	Swan Ganz PAP / PA wedge reading q2h or x 12	4					
22	Cardiac output tid or x 3	2					
	3. ACTIVITIES OF DAILY LIVING						
23	Care - age 5 or less (infant / toddler)	6					
24	Care - age 6 or more - Self / Minimal	2					
25	Care - age 6 or more - Assisted	6					
	SUBTOTAL A POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	3. ACTIVITIES OF DAILY LIVING *(Continued)*						
26	Care - age 6 or more - Complete	14					
27	Care - age 6 or more - Total	32					
28	Extra linen change and partial bath x 2 per shift	4					
29	Turning frame (2 staff members) q2h	14					
30	Peds recreation / observation - age 0 - 12	8					
	4. FEEDING						
31	Spoon feed meals - age 6 or more - x 3	6					
32	Spoon feed meals - age 5 or less - x 3	10					
33	Infant / neonate bottle x 1 feeding	2					
34	Infant / neonate bottle q4h or x 6	12					
35	Infant / neonate bottle q3h or x 8	16					
36	Tube feed bolus q4h or x 6	5					
37	Tube feed bolus q3h or x 8	8					
38	Tube feed bolus q2h or x 12	10					
39	Tube feed - adult / child / neonate - (continuous) q bag change	2					
	5. IV THERAPY						
40	Start IV	2					
41	Change bottle / bag / volutrol bid or less	4					
42	Change bottle / bag tid or qid	6					
43	Change bottle / bag x 5 or more	8					
44	Heparin lock or Broviac q4h or x 6	4					
45	IV Medication q8h or x 3	2					
46	IV Medication q6h or x 4	3					
47	IV Medication q4h or x 6	4					
48	Blood products per unit	2					
49	Infusion controller / pump (each)	2					
	6. TREATMENTS / PROCEDURES / MEDICATIONS						
50	Insert NG	2					
51	Pre-op prep / enema / Ace wraps / support hose	2					
52	Catheterization - Foley / straight	2					
53	Tube care (exclude Trach) x 2	2					
54	Dressing - simple 5 - 7 mins x 2	2					
	SUBTOTAL B POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	6. TREATMENTS / PROCEDURES / MEDICATIONS (Continued)						
55	Dressing - complex 30 mins x 1	4					
56	Lab tests performed / collected on the unit x 3	2					
57	Do EKG	2					
58	Venipuncture, arterial puncture x 2	2					
59	Medications - exclude IV - 3-11 trips or q3h - q8h	2					
60	Medications - exclude IV - 12 trips or more or q2h	4					
61	Irrigations or instillations x 4 or less	2					
62	Restraints, 2 point, 4 point, Posey	2					
63	Assist OOB chair / gurney and return, x 3	2					
64	Assist to ambulate and return, x 1	2					
65	Infant circumcision or phototherapy	2					
66	Isolation mask, gown and gloves x 8	2					
67	Chest tube insertion or lumbar puncture (assist)	4					
68	Thoracentesis or paracentesis (assist)	4					
69	Range of motion exercises x 3	4					
70	New admission - assessment and orientation	12					
71	Transfer - in-house (receiving unit only)	4					
72	Accompany patient off unit 15 minutes	2					
73	Accompany patient off unit 30 minutes	4					
74	Accompany patient off unit 45 minutes	6					
75	Other activities requiring 15 minutes	2					
76	Other activities requiring 30 minutes	4					
77	Other activities requiring 45 minutes	6					
78	Each hour requiring continuous staff attendance	8					
	7. RESPIRATORY THERAPY						
79	Oxygen therapy or oxyhood	2					
80	Incentive spirometer or C&DB q4h or x 6	2					
81	IPPB or Maximist bid or x 2	2					
82	IPPB or Maximist q6h or x 4	4					
83	IPPB or Maximist q4h or x 6	6					
84	Croup tent or mist tent	8					
	SUBTOTAL C POINT VALUE						

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	7. RESPIRATORY THERAPY (Continued)						
85	Chest pulmonary therapy bid or x 2	2					
86	Chest pulmonary therapy q6h x 4	4					
87	Chest pulmonary therapy q4h or x 6	6					
88	Suctioning q4h or x 6	2					
89	Suctioning q2h or x 12	4					
90	Ventilator	10					
91	Tracheostomy care x 3	4					
	8. TEACHING						
92	Teaching - group - per hour	2					
93	Teaching - individual - per 30 minutes	4					
	9. EMOTIONAL SUPPORT						
94	Patient / family support (per 30 minutes)	4					
95	Lifestyle modification (per 30 minutes)	4					
96	Sensory deprivation - blind, deaf, retarded, etc	6					
97	Maximum points for emotional support	10					
	10. CONTINUOUS						
98	Patient requiring 1:1 coverage all shifts	96					
99	Patient requiring greater than 1:1 coverage all shifts	146					
	SUBTOTAL D POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	SUBTOTAL C POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area. **Newborn Nursery Inpatient Nursing Services**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for inpatient nursing demands, using the Workload Management System for Nursing.

3. Classification. Manpower Guide.

4. Functional Statement. Identifies the nursing/patient care needs of each patient. Assists each patient to maintain or return to the highest possible level of wellness or, when necessary, sustain and support the patient and family in coping with death. Through the use of the nursing process, perform the following functions:

a. Assess the physical, psychosocial and health educational needs of patient and family.

b. Plan nursing interventions to incorporate the medical and nursing care requirements of each patient, family and/or significant others.

c. Implement the directed medical and nursing plan.

d. Coordinate activities to support all disciplines impacting on patient care.

e. Evaluate patient progress toward nursing/patient care goals.

f. Document all aspects of the nursing process.

The performance of inpatient nursing services functions also requires administration, supervision and management of fiscal and human resources (manpower, equipment, supplies, etc.) and the ongoing education and staff development of all levels of nursing personnel.

5. Workload Factors and Equations.

a. Standard Manhour Equations:

(1) Basic Weighted Equations:

$$M_1 = c + (w_1P_1 + w_2P_2 + w_3P_3 + w_4P_4 + w_5P_5 + w_6P_6 +)ICM$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
c = Constant Manhours Required (Fixed Overhead)
w_i = Manhours Required Per Patient Within a Category
P_i = Monthly Average Number of Bed days for Patients in the Category
ICM = Indirect Care Multiplier (by unit)

(2) Continuing Education and Readiness Equation:

$$M_2 = M_1(e_1) + M_1(e_2)$$

Where: M_1 = Total Staffing Manhours Computed Based on Workload
M_2 = Total Computed Manhours for Continuing Education and Readiness
e_1 = Continuing Education and Readiness Factor for Professional Nurses
e_2 = Continuing Education and Readiness Factor for Paraprofessionals

b. $M_1 + M_2$ = Total Manhours

c. Workload Factors:

(1) Definitions:

(a) P_1: The average monthly number of patients in Acuity Category I.

(b) P_2: The average monthly number of patients in Acuity Category II.

(c) P_3: The average monthly number of patients in Acuity Category III.

(d) P_4: The average monthly number of patients in Acuity Category IV.

(e) P_5: The average monthly number of patients in Acuity Category V.

(f) P_6: The average monthly number of patients in Acuity Category VI.

(g) P_7: The average monthly number of outpatient weighted procedure points for procedures performed on an inpatient nursing unit/ward.

(h) The equation for continuing education (CE) and readiness is applied to the total manhours driven by the basic weighted equation, based on the ratio of professional nurses to parapro fessionals and man hours for CE and readiness. Professional nurses receive 6.5 hours per month for CE and readiness, while paraprofessionals receive 4 hours per month for readiness only. The ratio of professional nurses to paraprofessionals for newborn nursery nursing units/wards is 56% professional nurses and 44% paraprofessional. The factors are derived as follows: Multiply the percentage of professional nurses required by the hours per professional nurse and divide by 145; multiply the percentage of paraprofessionals required by the hours per paraprofessional and divide by 145. For example:

(.56 PROFESSIONAL NURSES) X (6.5 HOURS) / (145) = .02510 FACTOR FOR PROFESSIONAL NURSES

(.44 PARAPROFESSIONALS) X (4 HOURS) / (145) = .01213 FACTOR FOR PARAPROFESSIONAL

(2) Workload Factor Sources:

(a) P_1 through P_6:

1 Army: Workload Management System for Nursing.

2 Navy: Workload Management System for Nursing.

3 Air Force: Workload Management System for Nursing.

(b) P_7: To be determined.

(c) The nursing care hours are computed using the attached patient acuity worksheet (See Attachment 3).

6. Statement of Conditions.

a. This standard applies to newborn nursery inpatient nursing units/wards. Outpatient workload is not included.

b. Normal work center operating hours are 24 hours per day, 7 days per week.

c. This standard considers minimum manpower required to operate newborn nursery inpatient nursing units/wards. Paragraph 7 contains the minimum manpower criteria for newborn nursery inpatient nursing units/wards.

d. The manhour equations will be applied to each unit separately to determine each individual unit/ward's requirements. This does not preclude the facility's distribution of nursing resources, as deemed appropriate by nurse managers.

e. This standard does not address manpower requirements for nursing administration and supervision above nursing unit/ward level, nursing education and staff development work center, infection control, quality assurance, nurse methods analysts, clinical nurse specialists and practitioners, community health, environmental health, or nursing research.

7. Essential Staffing Levels.

a. Minimums: The minimum manpower requirements for newborn nursery inpatient units/wards are as follows:

(1) CONUS MINIMUM STAFF: 6 professional nurses, 6 paraprofessionals

(2) OCONUS MINIMUM STAFF: 7 professional nurses, 6 paraprofessional

8. Manpower Tables. See Attachment 2.

9. Application Instructions At Military Treatment Facility Level.

a. Application by local management: Apply the equation for each newborn nursery inpatient nursing unit authorized at your MTF.

b. Basic weighted equation for newborn nursery nursing units/wards:

CONUS:

$$M_1 = 290 + 1.426P_1 + 4.483P_2 + 9.780P_3 + 16.30P_4 + 24.65P_5 + 41.57P_6$$

OCONUS:

$$M_1 = 435 + 1.426P_1 + 4.483P_2 + 9.780P_3 + 16.30P_4 + 24.65P_5 + 41.57P_6$$

(1) For the most recent 12 months, determine the average monthly number of patients in each acuity category, (P_1-P_6). (Refer to paragraph 5.a.)

(2) Determine the manhours by applying the basic weighted equation to the results of step 1 (above), for each authorized newborn nursing unit/ward in your medical treatment facility. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated, at a later date.

OR

(3) If historical acuity data are not available for the facility, the historical occupied bed days (OBDs) will be used and the most current U.S. ARMY acuity percentages will be applied:

Patient Acuity Category I - 11% of Monthly Bed Days
Patient Acuity Category II - 46% of Monthly Bed Days
Patient Acuity Category III - 37% of Monthly Bed Days
Patient Acuity Category IV - 6% of Monthly Bed Days
Patient Acuity Category V - 0% of Monthly Bed Days
Patient Acuity Category VI - 0% of Monthly Bed Days

Determine manhours by applying the basic weighted equation to the monthly number of patients for each level of acuity (P_1 - P_6) using the above percentages. The continuing education and readiness equation is applied based on the results of the basic equation. NOTE: P_7 will not be used until the workload data are validated at a later date.

c. For mixed work centers, apply the appropriate formula for each patient type (e.g. PEDS/NEWBORN/OB). Add the M values for all patient types. NOTE: Include the c value (290 hours CONUS, 435 hours OCONUS) in the equation once only. Once the total manpower requirements are determined, reference the manpower table which applies to the predominant patient type. For mixed work centers with no predominant patient type, use the medical-surgical table.

d. Continuing education and readiness equation for newborn nursery nursing units/wards in both CONUS and OCONUS:

$$M_2 = M_1(.02510) + M_1(0.01213)$$

(1) Insert the M_1 values from Step 8.b.(2) or 8.b.(3).

e. The computation for total manpower requirements for the newborn nursery nursing unit/ward:

$$(M_1 + M_2)/145 = \text{Total Computed Manpower Requirements}$$

(1) The sum of M_1 and M_2 is divided by 145. The yield is the total number of personnel required.

(a) The yield will not be rounded up at the workcenter level. Fractional manpower requirements will be accounted for in the facility level application.

(b) At the facility level, the M_1 and M_2 values for each inpatient unit will be summed and divided by 145.

(2) Reference paragraph 7a(1) and 7a(2). If calculated personnel requirements are less than 12 (CONUS) or less than 13 (OCONUS), the minimum staffing level identified in the staffing table will apply. If computed personnel requirements exceed the minimums, the computed staffing requirement will apply.

(3) Refer to the Manpower Table.

Application worksheet for applying the standard is at Attachment 1.

Attachments
1. Application Worksheet
2. Manpower Table(s)
3. Patient Acuity Worksheet

Attachment 1

APPLICATION WORKSHEET
FOR NEWBORN NURSERY

Apply the basic weighted equation for each authorized newborn nursery in your medical treatment facility by determining the average monthly number of patients for each level of acuity (P_1 - P_6). The continuing education and readiness equation is applied based on the results of the basic equation.

BASIC EQUATION:

CONUS: $M_1 = 290 + 1.426P_1 + 4.483P_2 + 9.780P_3 + 16.30P_4 + 24.65P_5 + 41.57P_6$

OCONUS: $M_1 = 435 + 1.426P_1 + 4.483P_2 + 9.780P_3 + 16.30P_4 + 24.65P_5 + 41.57P_6$

CONTINUING EDUCATION AND READINESS EQUATION (CONUS and OCONUS):
$M_2 = M_1(.02510) + M_1(.01213)$

I. CONUS APPLICATION

Step 1. $M_1 = 290 + 1.426(\ \ ) + 4.483(\ \ ) + 9.780(\ \ ) + 16.30(\ \ ) + 24.65(\ \ ) + 41.57(\ \ )$

Step 2. $M_2 = M_1(.02510) + M_1(.01213)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)/145$
= _____/145 = _____

Step 4. Reference paragraph 6.a.(1) . If calculated personnel requirements are less than 12 (CONUS), the minimum staffing level identified in the staffing table will apply. If computed personnel requirements exceed the minimums, in computed staffing requirement will apply.

Step 5. Refer to the Manpower Table.

II. OCONUS APPLICATION

Step 1. $M_1 = 435 + 1.426(\ \ ) + 4.483(\ \ ) + 9.780(\ \ ) + 16.30(\ \ ) + 24.65(\ \ ) + 41.57(\ \ )$

Step 2. $M_2 = M_1(.02510) + M_1(.01213)$

Step 3. Total Personnel Requirements = $(M_1 + M_2)/145$
= _____/145 = _____

Step 4. Reference paragraph 6.a.(2). If computed personnel requirements are less than 13 (OCONUS), the minimum staffing level identified in the staffing tabel will apply. If computed personnel requirements exceed the minimums, the computed staffing requirement will apply.

Step 5. Refer to the Manpower Table.

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Newborn Nursery/6306	APPLIES TO NEWBORN NURSERY INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	6	7	8	8	9	9	10	11	11	12
Paraprofessional	6	6	5	6	6	7	7	7	8	8
Clerical Support			1	1	1	1	1	1	1	1
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE.										
SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	12	13	14	15	16	17	18	19	20	21

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Newborn Nursery/6306	APPLIES TO NEWBORN NURSERY INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	12	13	13	14	14	15	16	16	17	17
Paraprofessional	9	9	10	10	11	11	10	11	11	12
Clerical Support	1	1	1	1	1	1	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	22	23	24	25	26	27	28	29	30	31

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Newborn Nursery/6306	APPLIES TO NEWBORN NURSERY INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	18	18	19	19	20	21	21	22	22	23
Paraprofessional	12	13	13	14	14	14	15	15	16	16
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	32	33	34	35	36	37	38	39	40	41

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Newborn Nursery/6306	APPLIES TO NEWBORN NURSERY INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	23	24	25	25	26	26	27	27	28	28
Paraprofessional	17	17	17	18	18	19	19	20	20	21
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	42	43	44	45	46	47	48	49	50	51

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Newborn Nursery/6306	APPLIES TO NEWBORN NURSERY INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	29	30	30	31	31	32	32	33	33	34
Paraprofessional	21	21	22	22	23	23	24	24	25	25
Clerical Support	2	2	2	2	2	2	2	2	2	2
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTER-CHANGE PARAPROFESSION-AL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	52	53	54	55	56	57	58	59	60	61

JOINT HEALTHCARE MANPOWER STANDARD										
WORK CENTER TITLE/CODE: Inpatient Nursing Services Newborn Nursery/6306	APPLIES TO NEWBORN NURSERY INPATIENT NURSING UNIT/WARD									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Registered Nurse	35	35	36	36	37	37	38	39	39	
Paraprofessional	25	26	26	27	27	28	28	28	29	
Clerical Support	2	2	2	2	2	2	2	2	2	
JOINT SERVICE OCONUS LOCATIONS ONLY: ONE REGISTERED NURSE MAY BE INTERCHANGED FOR ONE PARAPROFESSIONAL OR ONE PARAPROFESSIONAL MAY BE INTERCHANGED FOR ONE REGISTERED NURSE. SERVICES MAY INTERCHANGE PARAPROFESSIONAL(S) AND CLERICAL SUPPORT STAFF.										
TOTAL	62	63	64	65	66	67	68	69	70	

ADDRESSOGRAPH	ENTER DATE, RN INITIALS, AND LAST FOUR SSN →					
ACUITY CODE	SECTION I - CRITICAL INDICATORS	POINT VALUES					
	1. VITAL SIGNS (*Manual TPR, BP*)						
1	Vital signs qid or less	1					
2	Vital signs q4h or x 6	2					
3	Vital signs q3h or x 8	3					
4	Vital signs q2h or x 12	4					
5	Vital signs q1h or x 24	8					
6	Rectal or axillary temp or apical pulse qid or more	2					
7	Femoral, pedal or popliteal pulses or FHT qid or more	2					
8	Tilt test q4h or more	2					
9	Post-op, post-partum, post-delivery (newborn VS)	6					
	2. MONITORING						
10	Intake and output q8h	2					
11	Intake and output q2h	8					
12	Circulation or fundus checks q2h or x 12	2					
13	Neuro checks q4h or x 6	3					
14	Neuro checks q2h or x 12	6					
15	CVP or ICP (manual) q2h or x 12	2					
16	Cardiac / apnea / temp / BP monitor (not cumulative)	6					
17	Transcutaneous monitor / oximeter	6					
18	A-line or ICP monitor or Swan Ganz set-up	4					
19	A-line or ICP monitor reading q2h or x 12	2					
20	Swan Ganz PAP / PA wedge reading q4h or x 6	2					
21	Swan Ganz PAP / PA wedge reading q2h or x 12	4					
22	Cardiac output tid or x 3	2					
	3. ACTIVITIES OF DAILY LIVING						
23	Care - age 5 or less (infant / toddler)	6					
24	Care - age 6 or more - Self / Minimal	2					
25	Care - age 6 or more - Assisted	6					
	SUBTOTAL A POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS *(Continued)*	POINT VALUES					
	3. ACTIVITIES OF DAILY LIVING *(Continued)*						
26	Care - age 6 or more - Complete	14					
27	Care - age 6 or more - Total	32					
28	Extra linen change and partial bath x 2 per shift	4					
29	Turning frame (2 staff members) q2h	14					
30	Peds recreation / observation - age 0 - 12	8					
	4. FEEDING						
31	Spoon feed meals - age 6 or more - x 3	6					
32	Spoon feed meals - age 5 or less - x 3	10					
33	Infant / neonate bottle x 1 feeding	2					
34	Infant / neonate bottle q4h or x 6	12					
35	Infant / neonate bottle q3h or x 8	16					
36	Tube feed bolus q4h or x 6	5					
37	Tube feed bolus q3h or x 8	8					
38	Tube feed bolus q2h or x 12	10					
39	Tube feed - adult / child / neonate - (continuous) q bag change	2					
	5. IV THERAPY						
40	Start IV	2					
41	Change bottle / bag / volutrol bid or less	4					
42	Change bottle / bag tid or qid	6					
43	Change bottle / bag x 5 or more	8					
44	Heparin lock or Broviac q4h or x 6	4					
45	IV Medication q8h or x 3	2					
46	IV Medication q6h or x 4	3					
47	IV Medication q4h or x 6	4					
48	Blood products per unit	2					
49	Infusion controller / pump (each)	2					
	6. TREATMENTS / PROCEDURES / MEDICATIONS						
50	Insert NG	2					
51	Pre-op prep / enema / Ace wraps / support hose	2					
52	Catheterization - Foley / straight	2					
53	Tube care (exclude Trach) x 2	2					
54	Dressing - simple 5 - 7 mins x 2	2					
	SUBTOTAL B POINT VALUE						

PATIENT ACUITY WORKSHEET (GENERAL)

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	6. TREATMENTS / PROCEDURES / MEDICATIONS (Continued)						
55	Dressing - complex 30 mins x 1	4					
56	Lab tests performed / collected on the unit x 3	2					
57	Do EKG	2					
58	Venipuncture, arterial puncture x 2	2					
59	Medications - exclude IV - 3-11 trips or q3h - q8h	2					
60	Medications - exclude IV - 12 trips or more or q2h	4					
61	Irrigations or instillations x 4 or less	2					
62	Restraints, 2 point, 4 point, Posey	2					
63	Assist OOB chair / gurney and return, x 3	2					
64	Assist to ambulate and return, x 1	2					
65	Infant circumcision or phototherapy	2					
66	Isolation mask, gown and gloves x 8	2					
67	Chest tube insertion or lumbar puncture (assist)	4					
68	Thoracentesis or paracentesis (assist)	4					
69	Range of motion exercises x 3	4					
70	New admission - assessment and orientation	12					
71	Transfer - in-house (receiving unit only)	4					
72	Accompany patient off unit 15 minutes	2					
73	Accompany patient off unit 30 minutes	4					
74	Accompany patient off unit 45 minutes	6					
75	Other activities requiring 15 minutes	2					
76	Other activities requiring 30 minutes	4					
77	Other activities requiring 45 minutes	6					
78	Each hour requiring continuous staff attendance	8					
	7. RESPIRATORY THERAPY						
79	Oxygen therapy or oxyhood	2					
80	Incentive spirometer or C&DB q4h or x 6	2					
81	IPPB or Maximist bid or x 2	2					
82	IPPB or Maximist q6h or x 4	4					
83	IPPB or Maximist q4h or x 6	6					
84	Croup tent or mist tent	8					
	SUBTOTAL C POINT VALUE						

ENTER DATE, RN INITIALS, AND LAST FOUR SSN →

ACUITY CODE	SECTION I - CRITICAL INDICATORS (Continued)	POINT VALUES					
	7. RESPIRATORY THERAPY (Continued)						
85	Chest pulmonary therapy bid or x 2	2					
86	Chest pulmonary therapy q6h x 4	4					
87	Chest pulmonary therapy q4h or x 6	6					
88	Suctioning q4h or x 6	2					
89	Suctioning q2h or x 12	4					
90	Ventilator	10					
91	Tracheostomy care x 3	4					
	8. TEACHING						
92	Teaching - group - per hour	2					
93	Teaching - individual - per 30 minutes	4					
	9. EMOTIONAL SUPPORT						
94	Patient / family support (per 30 minutes)	4					
95	Lifestyle modification (per 30 minutes)	4					
96	Sensory deprivation - blind, deaf, retarded, etc	6					
97	Maximum points for emotional support	10					
	10. CONTINUOUS						
98	Patient requiring 1:1 coverage all shifts	96					
99	Patient requiring greater than 1:1 coverage all shifts	146					
	SUBTOTAL D POINT VALUE						
	SUBTOTAL A POINT VALUE						
	SUBTOTAL B POINT VALUE						
	SUBTOTAL C POINT VALUE						
	TOTAL POINT VALUE						
	PATIENT ACUITY CATEGORY						

SECTION II - ADDITIONAL DATA

1. ACUITY TABLE

CATEGORY	POINTS
0	0
I	1 - 12
II	13 - 31
III	32 - 63
IV	64 - 95
V	96 - 145
VI	146 - 262

2. TYPE OF PATIENT *(X as applicable)*

	a MED / SURG		e ANTEPARTUM / POSTPARTUM
	b ICU		f PEDIATRIC
	c NURSERY		g PSYCHIATRIC
	d NEONATAL ICU		

DD Form 2551 TEST, NOV 89

APPENDIX B - DATA SOURCE AND STATISTICAL REQUIREMENTS

APPENDIX B

DATA SOURCE AND STATISTICAL REQUIREMENTS TABLE				
STEP	A **Standards Classified as**	B **Which are based on work measurement method**	C **Must meet requirements**	D **Result in a standard equation with statistical parameters (see Note 1)**
1	Type I (see Note 2)	Work Sampling	- 3% absolute accuracy - 95% confidence level - complete work cycle sampled - minimum number of input location used - at least 15 usable sampling days	Regression analysis used to obtain equation and $R^2 \geq .750$ $V \leq 150$ $Fc \geq F_{.95, m-1, n-m}$ (not applicable if $n \leq 5$) For parabola $tc \geq t_{.90, n-1}$ For multivariate $tc \geq t_{90, n-1}$
2		Time Study	- 10% relative accuracy - 95% confidence level - minimum number of input locations used	
3	Type II	Work Sampling	- 3% absolute accuracy - 95% confidence level - complete work cycle sampled - at least 15 usable days - minimum number of input locations used	Regression analysis used to obtain equation and $R^2 \geq .500$ $V \leq .250$ $FC \geq F_{90, m-1, n-m}$ (not applicable if $n \leq 5$) For parabola $tc \geq t_{90, n-1}$ for multivariate $t_{bi} \geq t_{.90, n-1}$
4		Time Study	-15% relative accuracy - 95% confidence level - minimum number of input locations used	
5		Operational Audit	- minimum number of locations used	

TABLE CONTINUED

STEP	A	B	C	D
	Standards Classified as	**Which are based on work measurement method**	**Must meet requirements**	**Result in a standard equation with statistical parameters (see Note 1)**
6	Type III	Work Sampling Time Study, Operational Audit	- minimum number of locations used	Regression analysis used to obtain equation and $R^2 \geq .500$ Equation must still meet both the realistic and the economic criteria.
7		Staffing Pattern, Directed Requirement, Minimum Manpower Factors, Functional Model, Historical Data, Single, Location and Small Population Standards	Based on logical rationale used to support to support the applicability of the development method as most appropriate for the work center. Must follow the constraints specified by regulation.	
8	Manpower Guide	The minimum level of study design, measurement, and statistical criteria which satisfactorily describes relationships between required resources and mission workload.		

NOTES:

1. A standard represents a work center's man-hour requirements in response to varying levels of workload. Therefore, an equation that consists only of a constant will not be classified unless it was determined with staffing pattern, directed requirement, or minimum manpower factors.

2. To be classified as a Type I standard, at least 80% of the man-hours must be based on the use of work sampling, time study, standard time data, or a combination of these engineered methods.

APPENDIX C - GLOSSARY

APPENDIX C - GLOSSARY

Accreditation. Formal process by which an agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.

Additive (Manpower). Work done that is not part of the basic work center description and therefore not part of the basic work center manpower standard.

Admission. The act of placing an individual under treatment or observation in a hospital. The day of admission is the day on which the hospital makes a formal acceptance of the patient who is to be provided with room, board, and continuous nursing service in an area of the hospital where patients normally stay at least overnight. While the admission of a newborn is deemed to occur at the time of birth, these neonates are reported separately and are excluded from admission data.

Ambulatory Care. The examination, diagnosis, treatment and proper disposition of all categories of eligible ambulatory patients (inpatients and outpatients) who are scheduled to be seen in any ambulatory care clinic.

Ambulatory Care Clinic. An entity or unit of a medical treatment facility that is organized and staffed to provide healthcare and holds regular hours in a designated place.

Ambulatory Patient. A patient who is able to walk or ambulate in a wheelchair as opposed to one requiring confinement to a bed.

Ancillary Services. Those services other than medical, dental, and nursing services, such as laboratory, radiology, pharmacy, and therapy services, that are provided to hospital patients in the course of care.

Assigned. State of belonging to a unit and being counted as part of that unit's assigned strength.

Available Time. Assigned man-hours dedicated to performance of primary duties, plus time specifically allowed for personal, fatigue, delay, standby, and travel activity. This is computed by subtracting the nonavailable hours from the assigned hours.

Average Daily Patient Load (ADPL). Average number of inpatients in the hospital and receiving care each day during a reported period. Included are patients on pass or liberty not in excess of 72 hours and patients admitted and discharged on the same day. Excluded are newborns, patients on convalescent leave, and patients authorized to subsist out. ADPL is calculated by dividing the number of occupied bed days during the period by the total number of days in the reported period.

Average Length of Stay. Average stay counted by days of all or a class of inpatients discharged over a given period, calculated by dividing the number of inpatient days by the number of dispositions. Transfers and deaths are not included.

Bassinet. Accommodation with supporting services maintained in the newborn nursery for healthy infants newly born in the hospital.

Bed, Occupied. See Occupied Bed.

Boarder. Person other than a patient, physician, or staff member, such as a parent or spouse of an inpatient, who is temporarily housed in a hospital but who is neither admitted to an inpatient status nor assigned a register number.

Clinic. A medical or dental treatment facility intended and appropriately staffed and equipped to provide primary ambulatory care services, limited specified secondary care services, and certain nontherapeutic activities related to the health of the personnel served, such as physical examinations, immunizations, medical administration, preventive medicine services, and health promotion activities.

Consultant. An expert in a specific medical, dental, or other health services field who provides specialized professional advice or services upon request.

Delivery. The act of giving birth to a liveborn infant and/or dead fetus by manual, instrumental, or surgical means. A delivery may result in a single birth, multiple births, or fetal dealth (stillbirth).

Dental Clinic. A healthcare treatment facility appropriately staffed and equipped to provide outpatient dental care that may include a wide range of specialized and consultative support.

Deviation (Manpower). A situation in or affecting a work center that causes man-hours required to do approved work to vary from man-hours established by the manpower standard. Such deviations exist only within the framework of approved Work Center Descriptions and result in added or subtracted man-hours to the basic standard. Typical causes are travel distances, climatic conditions, work distribution, unique mission requirements, equipment differences and procedural differences.

Discharge. Formal release by a hospital, upon direction of a physician or through the dealth of the patient, of a patient who no longer requires inpatient care, or of a patient who voluntarily departs the hospital against medical advice. The day of discharge is the day on which the hospital formally terminates hospitalization.

Disposition. The removal of a patient from the census of a hospital by reason of discharge, transfer to another medical facility, death, or other termination of inpatient care.

Encounter. A face-to-face contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgement.

End Strength. The number of personnel actually assigned as of the last day of the reporting period.

Environmental Services. Services such as housekeeping, laundry, maintenance, and liquid and solid waste control performed to ensure safe, sanitary, and efficient hospital operation.

Exception (Manpower). Any one or combination of the following causes requiring a manpower change to a multi-location manpower standard: additive workload, excluded workload, or deviation.

Exclusion (Manpower). Work categories or tasks not required in one or more activities but commonly required in other like activities. See exceptions.

Facility. A separate individual building, structure, utility system, or other item of real property improvement, each item of which is subject to separate reporting and recording, in accordance with DoD Instruction 4165.14, Inventory of Military Real Property.

Fiscal Year (FY). The 12-month accounting period used by the Federal government (currently from 1 October to the next 30 September).

Five-Year Defense Plan (FYDP). The official program which summarizes the Secretary of Defense-approved plans and programs for the Department of Defense. The FYDP is published annually. The FYDP is also represented by a computer data base which is updated regularly to reflect decisions.

Fixed Medical Treatment Facility. An established land-based medical center, hospital, clinic, or other facility that provides medical, surgical, or dental care and that does not fall within the definition of nonfixed medical treatment facility.

Fractional Manpower Ranges. Overload factors are established based on the premise that separate criteria should be applied to small and large work centers, as well as economic considerations in regards to breakpoint determinations. The overload is cumulative until reaching a maximum equating to one-half position. The cutoff point is the highest value which the fractional manpower can equate to before the manpower requirement is rounded to the next higher integer. To simplify the computational process for determining manpower requirements, overload factors of 7.7% have been included for each workload breakpoint range.

Full-Time Equivalent (FTE). Work force equivalent of one individual working full-time for a specific period, which may be made up of several part-time individuals or one full-time individual.

Full-Time Equivalent (FTE) Work-Month. The amount of labor that would be available if one person worked for one month in a given work center. One FTE is equal to 168 hours per month.

Graduate Medicat Education (GME). The years between undergraduate medical education and continuing medical education; it includes both residency and fellowship training.

Graduate Medical Education (GME) Teaching Facility. A hospital which conducts residency and fellowship training programs.

Health Benefits Advisor (HBA). An individual at a military medical treatment facility who is responsible for providing information about the Uniformed Services Health Benefits Program, and who assists beneficiaries to obtain healthcare benefits.

Healthcare Professional. An individual who has received special training or education in a health-related field. This may include administration, direct provision of patient care, or ancillary services. Such a professional may be licensed, certified, or registered by a government agency or professional organization to provide health services in that field as an independent practitioner or employee of a healthcare facility.

Hospital. An inpatient medical treatment facility with an organized professional staff which has beds available 24 hours a day and is capable of providing definitive inpatient care. It is staffed and equipped to provide diagnostic and therapeutic services in the fields of general medicine and surgery and preventive medicine services, and has the supporting facilities to perform its assigned mission and functions. A hospital may, in addition, discharge the functions of a clinic and/or dental clinic.

Inpatient. An individual, other than a transient patient, who is admitted by a member of the medical staff for treatment or observation to a bed in a hospital.

Inpatient Care: The examination, diagnosis, treatment, and disposition of inpatients.

Inpatient Visit: A visit by an inpatient to an Ambulatory Care Clinic managed by the hospital in which the individual is an in-patient, or a visit by certain health professionals, other than the attending physician(s), to an inpatient. For specific guidance on counting and reporting all categories of visits, see DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

Joint Standard. A standard which is common to all of the DoD Components.

Length Of Stay (LOS). The number of occupied bed days that elapse between the date of admission and the date of disposition. For hospital stays exceeding 24 hours, the day of admission is counted but the day of discharge is not. To compute LOS, divide the number of bed days generated by dispositions in the period by the number of disposition in the period.

Length Of Stay, Average. See: average length of stay.

Management Engineering. That discipline which combines the exactness of science with the art of judgement to develop managerial tools, techniques, procedures, and methods which, when applied by a manager, will help achieve more effective operations. Management engineering also refers to the application of engineering principles to all phases of planning, organizing, directing, controlling, and coordinating a project or enterprise.

Man-day. A unit of work equal to the productive effort of one person working one, 8-hour workday.

Man-Hour. A unit of measuring work. It is equivalent to one person working at normal pace for 60 minutes, two people working at normal pace for 30 minutes, or a similar combination of people working at normal pace for a period of time equal to 60 minutes.

Man-Hour Availability Factor (MAF). The average number of man-hours per month that an assigned individual is available to perform primary duties. Monthly required manhours are divided by the MAF to determine the manpower requirements.

Man-Year. A unit of work equal to the productive effort of one person working 8 hours per day, 5 days per week for a period of one year, adjusted to include paid leave.

Manpower Authorization. A manpower allocation that has been expanded to include all of the necessary position attributes and alloted to a specific organization based on recognition of the Position as required to accomplish a specific workload.

Manpower Requirement. Personnel needed to accomplish specified workload of an organization.

Manpower Standard. A quantitative expression which represents a work center's man-hour requirements in response to varying levels of workload. A standard also includes a description of work center tasks and associated conditions on which the standard is built.

Manpower Validation. The process of establishing, through on-site manpower utilization studies, the validity of stated military and civilian manpower requirements.

Medical. Of, pertaining to, or dealing with the healing art and the science of medicine, which includes services related to the diagnosis and treatment of illness, injury, pregnancy, and mental disorders.

Medical Expense and Performance Reporting System For Fixed Military Medical and Dental Treatment Facilities (MEPRS). A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance data by DoD fixed military medical treatment facilities. Within these specific objectives the MEPRS also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and a cost assignment methodology.

Medical Records. Inpatient treatment records, outpatient treatment records, health records, dental records, civilian employee medical records, x-ray film, DD Forms 602, Patient Evacuation Tag, and DD Forms 1380, U.S. Field Medical Card.

Medical Treatment Facility (MTF). A facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

Military Services. The Army, the Navy, the Marine Corps, the Air Force, and the Coast Guard. This definition includes all personnel serving on active duty, active duty for training, inactive duty for training, and retained beyond active duty for training.

Nonavailable Time. Assigned man-hours allowed for participation in those activities directed, recognized, and approved by the Services, which render the individual unavailable for assigned primary duties. These activities include official leave, Permanent Change of Station (PCS) related activities, medical visits or treatments, and organizationally directed duties, such as charge of quarters, watch, parades and formations, and details. Also included as nonavailable time is official release from duty to participate in education and training and drug and alcohol rehabilitation, and other miscellaneous absences such as Absence Without Official Leave (AWOL) or desertion, and release from duty for civic duties, such as voting or jury duty.

Nonfixed Medical Treatment Facility. Medical facilities for field service, such as aid stations, clearing stations, and division, field and force combat support and evacuation hospitals; medical facilities afloat, such as hospital ships and sick bays aboard ships; and tactical casualty staging facilities and medical advance base components contained within mobile-type units.

Nurse Acuity System. A two-part workload management system to evaluate and place patients in one of six discrete categories based upon a factor-evaluation classification, and link them to staffing methodologies, in order to determine the number and mix of personnel recommended to provide nursing care. It merges critical indicators used to determine patient acuity and data on direct care nursing activities.

Occasion of Service. A specific act or service involved in the medical care of a patient which does not require the assessment of the patient's condition nor the exercising of independent judgement as to the patient's care, such as a technician drawing blood, taking an x-ray, or administering an immunization.

Occupied Bed. A hospital bed assigned to a patient as of the census taking hour to include a patient on pass or liberty not in excess of 72 hours, any bassinet assigned to a newborn infant and days in the labor and delivery rooms. As an exception to the foregoing, a bed assigned to a patient who was admitted and discharged the same day will also be counted as an occupied bed. The definition excludes any bed assigned to a patient subsisting out, on leave, or absent without leave; transfers out; and any bed occupied by a transient patient.

Occupied Bed Day. A day in which a patient occupies a hospital bed at the census taking hour (normally midnight). The following are counted as occupied bed days: days on pass or liberty not in excess of 72 hours, newborn infants occupying a bassinet, and days in the labor or delivery room. Additionally, an occupied bed day is credited whenever a patient is admitted and discharged on the same day, such as for same day surgery.

Operating Bassinet. Accommodation in a functioning medical treatment facility designed for the care of a healthy infant that is currently set up in the newborn nursery and is ready in all respects for use. It must include support space, equipment medical materiel, ancillary and support services, and staff to operate under normal circumstances. Excluded are incubators and infant transporters.

Operating Bed: Accommodation in a functioning medical treatment facility that is currently set up and ready in all respects for the care of a patient. It must include supporting space, equipment, medical materiel, ancillary and support services, and staff to operate under normal circumstances. Excluded are transient patients' beds, bassinets, incubators, labor beds, and recovery beds.

Outpatient. An individual receiving healthcare services for an actual or potential disease, injury, or lifestyle related problem that does not require admission to a medical treatment facility for inpatient care.

Outpatient Visit. A visit to a separate, organized clinic or specialty service by a patient who has not been admitted as an inpatient in the supporting hospital.

Overload Factor. A multiplication factor that converts a fractional manpower range into a whole number. The overload is cumulative until reaching a maximum value where the manpower requirement is rounded to the next highest integer. For the purpose of JHMS, the overload factor is 7.7% through a manpower requirement of 13. At 14 and above, it is the computed fractional manpower plus .999 for each breakpoint range. For example:

MANPOWER	OVERLOAD FACTOR
11	11.847;(11 x 1.077)
12	12.924;(12 x 1.077)
13	13.999;(13 x 1.077)
14	Manpower plus .999

Performance Factor. A measure of work produced by a function, such as visits, procedures, occupied bed days, etc.

Provider. Healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients.

Quality Assurance Program. Organized set of activities designed to demonstrate that patient care and services provided by a medical treatment facility are the best possible within available resources and consistent with achievable goals, through the ongoing assessment of important aspects of patient care, the correction of identified problems, and follow-up activities to verify that corrected problems have not recurred.

Residency. A period of training that provides the graduate medical or dental student with clinical practice experience in a specialty or subspecialty area. The residency period is designed to provide proficiency in a field of practice including the acquisition of special skills and techniques, and to provide sufficient education for continued development. The duration of residency varies from specialty to specialty and usually coincides with the period of training required for board certification.

Support Services. Those services other than medical, dental, nursing, and ancillary services that provide support in the delivery of clinical services for patient care, including laundry service, housekeeping, food service, purchasing, maintenance, central supply, materials management, and security.

Transient Patient. A patient enroute from one medical treatment facility to another medical treatment facility.

Transient Patient's Bed. A bed that a designated hospital operates for the care of a patient who is being moved between medical treatment facilities and who must stop over for a short period of time while enroute to his or her final destination.

Uniform Reporting. Reporting of financial and service data in conformance with prescribed standard definitions to permit comparisons among hospitals.

Uniformed Service. Includes personnel serving in the Army, the Navy, the Marine Corps, the Air Force, the Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, and the Commissioned Corps of the Public Health Service.

Visit. Healthcare procedure characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen. For specific guidance on counting and reporting procedures for all categories of visits, see DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

Work. The activity of a body or mind which can be measured against standards in time, quantity, or quality, or outcome product.

Work Center. A discrete function or subdivision of an organization for which provision is made to accumulate and measure its expense and determine its workload performance. The minimum work centers for a military medical treatment facility are established by DoD 6010-13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

Work Center Description (WCD). A format that shows work center responsibilities structured for easy measurement of work categories, tasks, and subtasks, counting and reporting procedures for all categories of visits, see DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

Work. The activity of a body or mind which can be measured against standards in time, quantity, or quality.

Work Center. A discrete function or subdivision of an organization for which provision is made to accumulate and measure its expense and determine its workload performance. The minimum work centers for a military medical treatment facility are established by DoD 6010-13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

Work Center Description (WCD). A format that shows work center responsibilities structured for easy measurement of work categories, tasks, and subtasks.

Workload. An expression of the amount of work, identified by the number of work units or volume of a workload factor, that a work center has on hand at any given time or performs during a specific period of time.

Workload Factor. An index of unit of measure that consistently expressive of, or relatable to, the manpower required to accomplish the quantitatively and qualitatively defined responsibilities for a work center. Also, an end product (or a combination of products) that represents the work done in the center. It may be either something physically produced in the work center (referred to as a production-type workload factor) or something that is external to, but served by, the work center (referred to as work generator-type workload factor).

Workload Indicator. A broad index sometimes used as guide in establishing relationships between workload and manpower requirements.

Workload Management System For Nursing. A factor evaluation patient classification system which classifies inpatients into one of six categories of acuity according to required nursing care. Hours of nursing care for each category are then translated into the appropriate number and mix of personnel needed to provide care for the patient workload. This system has a direct and indirect care component. Users have the option to use either the manual or automated version.

Work Measurement. A technique for the collection of data on man-hours and production by work units, so that the relationship between work performed and manhours expended can be calculated and used as the basis for manpower planning, scheduling, production, budget justification, performance evaluation, and cost control.

Work Unit. The basic identification of work accomplished or services performed. Work units should be easy to identify, convenient for obtaining productive count, and useable for scheduling, planning, and costing.

DEPARTMENT OF DEFENSE
PUBLICATION SYSTEM

CHANGE TRANSMITTAL

OFFICE OF THE SECRETARY OF DEFENSE
Assistant Secretary of Defense (Health Affairs)

CHANGE NO. 1
DoD 6025.12-STD
February 22, 1991

JOINT HEALTHCARE MANPOWER STANDARDS (JHMS)

The Assistant Secretary of Defense (Health Affairs) has authorized the following page changes to DoD 6025.12-STD, "Joint Healthcare Manpower Standards (JHMS)," November 1989:

PAGE CHANGES

Remove: Pages ii and ii

Insert: Attached replacement pages and new pages iv, A-6500-1 through A-6500-14, A-6501-1, and A-6501-2

Changes appear on page ii and are indicated by marginal asterisks.

EFFECTIVE DATE

The above changes are effective immediately.

James L. Elmer

JAMES L. ELMER
Director
Correspondence and Directives

Attachments: 19 pages

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT

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#First amendment (Ch 1, 2/22/91)

Appendix B Data Source and Statistical Requirements Table B-1

Appendix C Glossary C-1

#First amendment (Ch 1, 2/22/91)

REFERENCES

(a) DoD 5025.1-M, "DoD Directive System Procedures," December 1990, authorized by DoD Directive 5025.1, December 23, 1988

(b) DoD Directive 6010.13, "Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities," February 3, 1986

(c) DoD Instruction 5010.37, "Efficiency Review, Position Management, and Resource Requirements Determination," November 17, 1987

(d) DoD Directive 6025.12, "Use of Joint Healthcare Manpower Standards," March 21, 1989

(e) DoD 6015.1-M, "DoD Glossary of Healthcare Terminology," March 1989, authorized by DoD Directive 6015.1, December 12, 1988

(f) DoD Instruction 6410.2, "Standardization of Code on Dental Procedures," April 3, 1987

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. Dental Clinic

1. Objective. To quantify the manpower required in Dental Clinic to accomplish the tasks described in the work center functional statement for varying dental care demands.

2. Authority. DoD Directive 6025.12 (reference (d)).

3. Applicability. Applies to all peacetime fixed Dental Treatment Facilities (DTFs). Requirements for Command and Control functions are not included in this standard.

4. Functional Statement. Provides dental care through the following services: ancillary, adjunctive, diagnostic, radiology, histopathology and laboratory examinations, preventive, restorative, endodontic, periodontic, prosthodontic, oral and maxillofacial surgery, orthodontic, pediatric, dental clinic laboratory support, management/supervision, residency training, consultant, and satellite support. Provides support services to include accreditation, third party liability, family advocacy, personal reliability, hypertension, tumor registry, communicable disease, patient treatment data (records service), central appointments, and identification checks. In addition, at Naval Dental Treatment Facilities, provides dental equipment maintenance and repair, and provides installation of new dental equipment. This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management-engineered standards may be used instead of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

5. Standard Data.

a. Classification. Manpower Guide.

b. Standard Manhour Equation.

$$Y_1 = 168.7 + .4652(X_1 - X_2)$$

c. Workload Factors.

(1) Title.

(a) X_1 = Composite Time Value (CTV)

(b) X_2 = Residency Training Program CTV

(2) Definitions. (NOTE: Workload counts should represent the most recent fiscal year 12-month averages.)

(a) X_1: The average monthly number of reportable CTVs (weighted procedure) as defined in DoD Instruction 6410.2, (reference (f)).

(b) X_2: The average monthly number of reportable CTVs documenting dental care provided to authorized beneficiaries and produced by dentist(s) whose requirement is generated by the Residency Training Programs.

(3) Source.

(a) X_1: Dental Clinic - Medical Expense and Performance Reporting System (MEPRS), MEPRS code CA.

(b) X_2: To be provided by the Services at OASD(HA) request.

6. Statement of Conditions.

a. Normal operating hours are 8 hours per day, 5 days a week with additional support for patient care available 24 hours per day, 7 days a week.

b. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

c. The performance level allows 50 manhours per year for professional dental education for each Dental Officer.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the expected levels of work for this work center. (NOTE: Workload counts should represent the most recent fiscal year 12-month averages.)

Step 1. Apply equation Y_1 to determine basic manhours.

Step 2. If the DTF has a consultant program, refer to Essential Staffing, Attachment 2A, for the Consultant Services Program, and determine consultant manhours.

Step 3. If the DTF has a Medical Training requirement, go to Essential Staffing, Attachment 2A, for Readiness Training, and determine training manhours.

Step 4. Add basic standard manhours from Step 1, consultant manhours from Step 2, and medical readiness manhours from Step 3 to determine total manhours.

Step 5. Divide the total manhours by the Manhour Availability Factor (MAF), 145.0, to determine required manpower. Round to whole manpower using the Fractional Manpower Ranges Table that follows:

Fractional Range	Requirement	Fractional Range	Requirement
0 - 1.077	1	7.540 - 8.616	8
1.078 - 2.154	2	8.617 - 9.693	9
2.155 - 3.231	3	9.694 - 10.770	10
3.232 - 4.308	4	10.771 - 11.847	11
4.309 - 5.385	5	11.848 - 12.924	12
5.386 - 6.462	6	12.925 - 13.999	13
6.463 - 7.539	7	14.000 - 14.999	14

For numbers 14 and over, no credit is given for fractions. All decimals are dropped and the whole integer used in the manpower table.

Step 6. Take the required manpower determined in Step 5, and go to the appropriate column on Joint Healthcare Manpower Table, Attachment 1, to obtain basic manpower composition.

Step 7. Refer to Essential Staffing, Attachment 2A, and identify any additional validated *manpower requirements*.

Step 8. Add any additional manpower requirements identified in Step 7 to the basic manpower requirements identified in Step 6 to determine the composition of the total manpower requirements for this work center.

Attachments

1 Joint Healthcare Manpower Table
2A Essential Staffing
2B Dental Residency Training Programs Directed Requirements Chart
2C Ratio Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORKCENTER TITLE/CODE: Dental Clinic/6500										
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer				1	1	2	2	2	3	3
Dental Technician				3	4	4	5	6	6	6
Clerical Support										1
TOTAL				4	5	6	7	8	9	10
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	3	4	4	4	5	5	5	6	6	6
Dental Technician	7	7	8	9	9	10	11	11	12	13
Clerical Support	1	1	1	1	1	1	1	1	1	1
TOTAL	11	12	13	14	15	16	17	18	19	20
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	6	7	7	7	8	8	8	8	9	9
Dental Technician	14	14	15	16	16	17	18	19	19	20
Clerical Support	1	1	1	1	1	1	1	1	1	1
TOTAL	21	22	23	24	25	26	27	28	29	30
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	9	10	10	10	10	11	11	11	12	12
Dental Technician	21	21	21	22	23	23	24	25	25	26
Clerical Support	1	1	2	2	2	2	2	2	2	2
TOTAL	31	32	33	34	35	36	37	38	39	40

JOINT HEALTHCARE MANPOWER TABLE										
WORKCENTER TITLE/CODE: Dental Clinic/6500										
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	12	13	13	13	14	14	14	15	15	15
Dental Technician	27	27	28	29	29	30	31	31	32	33
Clerical Support	2	2	2	2	2	2	2	2	2	2
TOTAL	41	42	43	44	45	46	47	48	49	50
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	16	16	16	16	17	17	17	18	18	18
Dental Technician	33	34	35	36	36	37	38	38	39	40
Clerical Support	2	2	2	2	2	2	2	2	2	2
TOTAL	51	52	53	54	55	56	57	58	59	60
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	18	19	19	19	20	20	20	20	21	21
Dental Technician	41	41	42	43	43	43	44	45	45	46
Clerical Support	2	2	2	2	2	3	3	3	3	3
TOTAL	61	62	63	64	65	66	67	68	69	70
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	21	22	22	22	23	23	23	23	24	24
Dental Technician	47	47	48	49	49	50	51	52	52	53
Clerical Support	3	3	3	3	3	3	3	3	3	3
TOTAL	71	72	73	74	75	76	77	78	79	80

JOINT HEALTHCARE MANPOWER TABLE										
WORKCENTER TITLE/CODE: Dental Clinic/6500										
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	24	25	25	25	26	26	26	26	27	27
Dental Technician	54	54	55	56	56	57	58	59	59	59
Clerical Support	3	3	3	3	3	3	3	3	3	4
TOTAL	81	82	83	84	85	86	87	88	89	90
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	27	28	28	28	29	29	29	29	30	30
Dental Technician	60	60	61	62	62	63	64	65	65	66
Clerical Support	4	4	4	4	4	4	4	4	4	4
TOTAL	91	92	93	94	95	96	97	98	99	100
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	30	31	31	31	32	32	32	32	33	33
Dental Technician	67	67	68	69	69	70	71	72	72	73
Clerical Support	4	4	4	4	4	4	4	4	4	4
TOTAL	101	102	103	104	105	106	107	108	109	110
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	33	34	34	34	35	35	35	35	36	36
Dental Technician	74	74	75	76	76	77	78	79	79	80
Clerical Support	4	4	4	4	4	4	4	4	4	4
TOTAL	111	112	113	114	115	116	117	118	119	120

JOINT HEALTHCARE MANPOWER TABLE										
WORKCENTER TITLE/CODE: Dental Clinic/6500										
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	36	37	37	37	38	38	38	38	39	39
Dental Technician	81	81	82	83	83	84	85	86	86	87
Clerical Support	4	4	4	4	4	4	4	4	4	4
TOTAL	121	122	123	124	125	126	127	128	129	130
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	39	40	40	40	41	41	41	41	42	42
Dental Technician	88	88	89	90	90	91	92	93	93	93
Clerical Support	4	4	4	4	4	4	4	4	4	5
TOTAL	131	132	133	134	135	136	137	138	139	140
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	42	43	43	43	44	44	44	44	45	45
Dental Technician	94	94	95	96	96	97	98	99	99	100
Clerical Support	5	5	5	5	5	5	5	5	5	5
TOTAL	141	142	143	144	145	146	147	148	149	150
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	45	46	46	46	47	47	47	47	48	48
Dental Technician	101	101	102	103	103	104	105	106	106	107
Clerical Support	5	5	5	5	5	5	5	5	5	5
TOTAL	151	152	153	154	155	156	157	158	159	160

JOINT HEALTHCARE MANPOWER TABLE										
WORKCENTER TITLE/CODE: *Dental Clinic/6500*										
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	48	49	49	49	49	50	50	50	51	51
Dental Technician	108	108	109	110	111	111	112	113	113	114
Clerical Support	5	5	5	5	5	5	5	5	5	5
TOTAL	161	162	163	164	165	166	167	168	169	170
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	51	52	52	52	53	53	53	53	54	54
Dental Technician	115	115	116	117	117	118	119	120	120	121
Clerical Support	5	5	5	5	5	5	5	5	5	5
TOTAL	171	172	173	174	175	176	177	178	179	180
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	54	55	55	55	56	56	56	56	57	57
Dental Technician	122	122	123	123	123	124	125	126	126	127
Clerical Support	5	5	5	6	6	6	6	6	6	6
TOTAL	181	182	183	184	185	186	187	188	189	190
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	57	58	58	58	59	59	59	59	60	60
Dental Technician	128	128	129	130	130	131	132	133	133	134
Clerical Support	6	6	6	6	6	6	6	6	6	6
TOTAL	191	192	193	194	195	196	197	198	199	200

JOINT HEALTHCARE MANPOWER TABLE										
WORKCENTER TITLE/CODE: Dental Clinic/6500										
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	60	61	61	61	62	62	62	62	63	63
Dental Technician	134	134	135	136	136	137	138	139	139	140
Clerical Support	7	7	7	7	7	7	7	7	7	7
TOTAL	201	202	203	204	205	206	207	208	209	210
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	63	64	64	64	64	65	65	65	66	66
Dental Technician	141	141	142	143	144	144	145	146	146	147
Clerical Support	7	7	7	7	7	7	7	7	7	7
TOTAL	211	212	213	214	215	216	217	218	219	220
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dental Officer	66	66								
Dental Technician	148	149								
Clerical Support	7	7								
TOTAL	221	222								

Essential Staffing

Dental Clinic

Workload factors do not sufficiently capture work for certain activities in this work center. Additional manpower requirements are indicated below:

1. Consultant Services Program. DTFs with a designated command or regional dental consultant program require additional personnel. This applies to workload generated and the time lost for these efforts during normal workdays. If the requirement is directed for residency staff or command and control, the hours do not apply. DTFs are responsible for the collection of monthly manhours spent in consultant manhours will be used as an additive to manhours earned from the standard manpower equation.

2. Readiness Training. DTFs with this requirement require additional personnel. This applies to workload generated and the time lost for these efforts during normal workdays. DTFs are responsible for the collection of monthly manhours spent in readiness training. A 12-month average of readiness training manhours will be used as an additive to manhours earned from the standard manhour equation.

3. Navy Dental Equipment Maintenance Program. Navy DTFs with dental equipment maintenance and repair work centers maintaining six or more operating units require additional personnel. Additional manhours requirements for this program are determined by using the following equation:

$$Y_2 = 59.634 + 2.9191(X_3)$$

Y_2 = Manhours required for Dental Equipment Maintenance.

X_3 = Number of dental operating units maintained; i.e., the instrument delivery system that accompanies a chair and contains the interchangeable handpieces, air and water syringes, arm, tray, with or without vacuum, and is operated electrically.

Source of Count: Dental Equipment and Facilities Report (NAVMED 6750/4) Part II, Item 1, Column B.

Application: Apply the Navy dental equipment maintenance equation to determine maintenance manhours. Divide the maintenance manhours by the MAF to determine the number of dental equipment repair technicians required. Add the manpower required for dental equipment maintenance and repair to the basic manpower requirements identified in paragraph 8, step 6.

4. Dental Clinic Laboratory. DTFs with a dental clinic laboratory earn dental laboratory technician requirements based on Dental Officer to Technician ratios and Dental Officer mix.

a. DTFs with a dental clinic laboratory require one laboratory technician for every four Dental Officers (exclude Orthodontists, Prosthodontists, and training program requirements). Use ratio table 3, attachment 2C.

b. DTFs with Orthodontists require 1 Laboratory Technician per Orthodontist.

c. DTFs with Prosthodontists require 2 Laboratory Technicians for each Prosthodontist.

5. Residency Training Program. DTFs with a dental residency training program require additional personnel.

a. Each residency training program has a requirement for one Dental Officer as Program Director and one person for administrative support. DTFs with 14 or more residents in any one program earn a second clerical support person.

b. Each DTF with a designated residency training program, has a requirement for one enlisted person as Training NCO/Petty Officer. If the DTF has more than one residency program, there is a requirement for one Training NCO /Petty Officer for every two residency programs. Use ratio table 1, Attachment 2C, when determining additional Training NCO/Petty Officer requirements.

c. Additional manpower requirements for each program are noted on Dental Residency Training Directed Requirements Chart, Attachment 2B.

6. Satellite Dental Clinic. DTFs supported by a parent DTF. Requirements are provided by the parent DTF and the satellite clinic's workload is combined with the parent DTF workload for reporting purposes.

One dental technician is allowed for each functioning Satellite unit.

7. Army Dental Services Europe/Korea.

a. Field Equipment Maintenance. Units authorized dental and support equipment by the Modified Table of Organization and Equipment (MTOE) require 4 additional dental technicians per numbered dental detachment to provide required scheduled and unscheduled maintenance.

b. Clinic Dispersion Factor. In Europe/Korea where travel is performed from DENTAC to Dental Clinics and between Dental Clinics, two additional dental technicians are required for each DENTAC. These requirements are to provide supply, administration, and personnel support functions for clinics dispersed over wide geographic areas.

DENTAL RESIDENCY TRAINING PROGRAMS
DIRECTED REQUIREMENTS CHART

	ADVANCED CLINICAL DENTISTRY (12 MONTHS)	ENDODONTICS (24 MONTHS)	GENERAL DENTISTRY (12 MONTHS)	GENERAL DENTISTRY (24 MONTHS)	ORAL AND MAXILLOFACIAL (48 MONTHS)	MAXILLOFACIAL PROSTHODONTICS (12 MONTHS)	ORAL MEDICINE (24 MONTHS)	ORAL PATHOLOGY (36 MONTHS)	ORTHODONTICS (24 MONTHS)	PEDIATRIC DENTISTRY (24 MONTHS)	PERIODONTICS (24 MONTHS)	PROSTHODONTICS (24 MONTHS)
ASSISTANT PROGRAM DIRECTOR	1	1	1	1	1	—	1	1	1	1	1	1
RESIDENT TNG OFFICER: RESIDENT RATIO	—	—	—	—	1:4***	—	—	—	—	—	—	—
JUNIOR RESIDENT TRAINING OFFICER	—	a	—	a	—	—	—	—	a	b	a	a
SENIOR RESIDENT TRAINING OFFICER	—	d	—	d	—	—	—	—	d	c	d	d
DENTAL ASSISTANT: RESIDENT RATIO	1:1	1:1	1:1	1:1	1:1	1:1	1:1	—	1:1	1:1	1:1	1:1
DENTAL ASSISTANT: DIR, TNG OFFICER RATIO	1:2*	1:2*	1:2*	1:2*	1:2*	1:1	1:2	—	1:2*	1:2*	1:2*	1:2*
DENTAL HYGIENIST: DIR/TNG OFFICER RATIO	—	—	—	—	—	—	—	—	—	—	1:2*	—
DENTAL HYGIENIST: RESIDENT RATIO	—	—	—	—	—	—	—	—	—	—	1:4***	—
LAB TECH: RESIDENT RATIO	1:4***	—	1:4***	1:4***	—	1:2*	—	—	1:3**	—	—	1:2*
LAB TECH: DIR/TNG OFFICER RATIO	—	—	—	—	—	1:1	—	—	1:2*	—	—	1:1
LAB TECHNICIAN	—	—	—	—	1	—	—	—	—	2	—	—
HISTOPATHOLOGY TECH: RESIDENT RATIO	—	—	—	—	—	—	—	1:1	—	—	—	—
HISTOPATHOLOGY TECH: DIR RATIO	—	—	—	—	—	—	—	1:2*	—	—	—	—
REGISTERED NURSE	—	—	—	—	1	—	—	—	—	—	—	—
NOTES:	—	—	e	e	f	h	—	—	—	—	—	g

Notes:

a) 1 for 4 or more Junior Residents
b) 1 for 3 or more Junior Residents
c) 1 for 3 or more Senior Residents
d) 1 for 4 or more Senior Residents
e) Minimum of 1 lab tech regardless of residency size
f) Additional specialty mentor as determined by program
g) 1-Maxillofacial Prosthodontist
h) Minimum of 2 lab techs per program
* ratio table 1
** ratio table 2
*** ratio table 3

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Feb 22, 91
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RATIO TABLES

Ratio table 1: (1:2)

1 - 2	1
3 - 4	2
5 - 6	3
7 - 8	4

Ratio table 2: (1:3)

1 - 3	1
4 - 6	2
7 - 9	3
10 - 12	4

Ratio table 3: (1:4)

1 - 4	1
5 - 8	2
9 - 12	3
13 - 16	4
17 - 20	5
21 - 24	6
25 - 28	7
29 - 32	8

DEPARTMENT OF DEFENSE

JOINT HEALTH CARE MANPOWER STANDARD (JHMS)

Functional Area. Area Dental Laboratory

1. Objective. To quantify the manpower required in Area Dental Laboratories to accomplish the tasks described in the work center functional statement for varying levels of dental laboratory services.

2. Authority. DoD Directive 6025.12 (reference (d)).

3. Applicability. Applies to all peacetime fixed Military Area Dental Laboratorys (ADLs). Requirements for Command and Control are not included in this standard.

4. Functional Statement. Fabricates removable prostheses, fixed prosthesis, orthodontic appliances, maxillofacial prostheses, provides all other prosthetic laboratory services, and performs shipping and receiving. This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used instead of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

5. Standard Data.

a. Classification. Manpower Guide.

b. Basic Staffing. Each Area Dental Laboratory has a requirement for 2 Prosthodontists and 1 clerical support person. One technician requirement is earned for every 600 Composite Laboratory Values (CLVs) per month.

c. Standard Manpower Equation.

$$Y = X_1 / 600.$$

d. Workload Factors.

(1) Title.

Y = The number of dental laboratory technician requirements.

X_1 = CLVs (Weighted Procedure)

(2) Definitions. (NOTE: Workload counts should represent the most recent fiscal year 12-month averages.)

X_1: The average monthly number of reportable CLVs as defined in DoD Instruction 6410.2 (reference (f)).

(3) Source.

Area Dental Prosthetic Laboratory (Type 1) - Medical Expense and Performance Reporting System (MEPRS), MEPRS code FAB.

6. Statement of Conditions.

a. This standard recognizes all significant variations in methods of operation.

b. Specific Dental Officer and enlisted grades are not identified.

c. Professional dental education of 50 man-hours per year for each Dental Officer is recognized.

7. Manpower Table. No manpower tables are required.

8. Application Instructions. These instructions explain the steps to determine the dental laboratory technician requirements to satisfy expected levels of work in this work center. (NOTE: Workload counts should represent the most recent fiscal year 12-month averages.)

Step 1. Apply the technician manpower equation.

Step 2. Round to whole manpower using the Fractional Manpower Ranges Table that follows:

Fractional Range	Requirement	Fractional Range	Requirement
0 - 1.077	1	7.540 - 8.616	8
1.078 - 2.154	2	8.617 - 9.693	9
2.155 - 3.231	3	9.694 - 10.770	10
3.232 - 4.308	4	10.771 - 11.847	11
4.309 - 5.385	5	11.848 - 12.924	12
5.386 - 6.462	6	12.925 - 13.999	13
6.463 - 7.539	7	14.000 - 14.999	14

For numbers 14 and over, no credit is given for fractions. All decimals are dropped and the whole integer is used in the manpower table.

DEPARTMENT OF DEFENSE
PUBLICATION SYSTEM

CHANGE TRANSMITTAL

OFFICE OF THE SECRETARY OF DEFENSE
Assistant Secretary of Defense (Health Affairs)

CHANGE NO. 3
DoD 6025.12-STD
January 15, 1993

JOINT HEALTHCARE MANPOWER STANDARDS (JHMS)

The Assistant Secretary of Defense (Health Affairs) has authorized the following pen and page changes to DoD 6025.12-STD, "Joint Healthcare Manpower Standards (JHMS)," November 1989:

PEN CHANGES

Appendix A
Change page numbers "A-6108-1 through A-6108-4" to "A-6111-1 through A-6111-4" and place these pages in numerical order in the Standard.

NOTE: The 6111 Urology standard is being replaced by the 6108 Urology standard.

PAGE CHANGES

Remove: ii through iv, A-6100-1 through A-6100-10, and A-6106-1 through A-6106-3

Insert: Attached replacement pages and new pages A-6100-11 through A-6100-16, A-6102-1 through A-6102-26, A-6106-4 through A-6106-11, A-6108-5 through A-6108-17, A-6402-1 through A-6402-10, A-6407-1 through A-6408-13, and A-6506-1 through A-6506-19

Changes appear on pages ii&iii and are indicated by marginal asterisks.

EFFECTIVE DATE

These changes are effective immediately.

James L. Elmer

JAMES L. ELMER
Director
Correspondence and Directives

Attachments
127 pages

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT

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Appendix B Data Source and Statistical Requirements Table B-1

Appendix C Glossary C-1

REFERENCES

(a) DoD 5025.1-M, "DoD Directive System Procedures," December 31, 1990, authorized by DoD Directive 5025.1, December 23, 1988

(b) DoD Directive 6010.13, "Medical Expense and Performance Reporting System (MEPRS) for fixed Military Medical and Dental Treatment Facilities," February 3, 1986

(c) DoD Instruction 5010.37, "Efficiency Review, Position Management, and Resource Requirements Determination," November 17, 1987

(d) DoD Directive 6015.12, "Use of Joint Healthcare Manpower Standards," March 21, 1989

(e) DoD 6015.1-M, "DoD Glossary of Healthcare Terminology," March 1989, authorized by DoD Directive 6015.1, October 1988

(f) DoD Instruction 6410.2, "Standardization of Code on Dental Procedures," April 3, 1987

#First Amendment (Ch 3, 1/15/93)

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: General Surgery Service.

1. Objective. To quantify the manpower required to accomplish the tasks described in the General Surgery work center description for varying levels of workload volume. This JHMS supersedes Appendix A-6100 of DoD 6025.12-STD and is mandatory for use by all DoD components.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to peacetime fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of General Surgery Service patient care in a peacetime environment only. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type II.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-hour Equations.

(1) MTFs that provide General Surgery Graduate Medical Education (GME).

$$Y_1 = 106.8 + 1.703(X_1) + 9.903(X_2)$$

(2) All other MTFs (including other specialty GME) that provide General Surgery Services.

$$Y_2 = 160.7 + 0.7784(X_1) + 2.216(X_3)$$

d. Workload Factors.

(1) X_1.

#First Amendment (Ch 3, 1/15/93)

(a) Title. A General Surgery Patient Visit.

(b) Definition. The average monthly number of inpatient, outpatient, and quarters patient visits reportable to a separately organized and staffed General Surgery Service for diagnosis, consultation, or treatment. A visit is countable each time an eligible beneficiary arrives at the clinic for examination, diagnosis, treatment, evaluation, consultation, counseling, and/or medical advice; or is treated or observed in quarters; and a signed and dated entry is made in the patient's health record or other record of medical treatment. Count includes initial and follow-up patient visits as well as inpatient visits with non-General Surgery patients and documented telephone consults with patients.

(c) Source. Medical Expense and Performance Reporting System (MEPRS), Stepdown Assignment Statistic (SAS) 003, Total Patient Visits, Codes BBA and BBH.

(2) X_2.

(a) Title. A General Surgery Admission.

(b) Definition. The average monthly number of General Surgery admissions for your MTF. An admission is the act of placing an individual under treatment or observation in a medical center or a hospital. The day of admission is the day on which the medical center or hospital makes a formal acceptance of the patient who is to be provided with room, board, and continuous nursing service in an area of the hospital where patients normally stay at least overnight.

(c) Source. MEPRS, SAS 008, Admissions by Specialty, Codes ABA and ABJ.

(3) X_3.

(a) Title. A General Surgery Occupied Bed Day.

(b) Definition. The average monthly number of bed days occupied by General Surgery patients for your MTF. An occupied bed day is defined as a day in which a patient occupies a bed at the census taking hour (normally midnight). Additionally, an occupied bed day is credited whenever a patient is admitted and discharged on the same day, such as for same day surgery.

(c) Source. MEPRS, SAS 001, Occupied Bed Days, Codes ABA and ABJ.

6. Manpower Tables. There are two applicable manpower tables.

Table 1 applies to equation Y_1. Table 2 applies to equation Y_2. See Attachment 2.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Tables (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the equation in paragraph 5. that applies to your MTF.

Step 2: Obtain a 12-month average for the number of General Surgery Patient Visits to obtain X_1.

Step 3: Obtain a 12-month average for the number of General Surgery Admissions to obtain X_2.

Step 4: Obtain a 12-month average for the number of General Surgery Occupied Bed Days to obtain X_3.

Step 5: Compute the basic equation man-hours using the applicable equation, Y_1, or Y_2.

Step 6: Compute man-hours earned through the application of approved Service exceptions. Sum these man-hours to the man-hours earned by the basic equation in Step 5.

Step 7: Divide the total man-hours earned in Step 6 by the applicable Service Man-hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 8: Refer to the whole manpower requirements column of the joint healthcare manpower table (Attachment 2) for types and number of personnel earned. The open-the-door requirement for Manpower Table Two (Non-GME) has been set at four.

Step 9: Minimum Provider Manning to Support General Surgery GME Training Missions (Applies to Y1 locations). Accreditation agencies recommend a 1:2 provider to resident ratio.

a. Minimum. Obtain a 12-month average of the number of residents assigned to your work center. Divide this number by 2. This is the minimum number of providers needed to support the training of residents at your location.

b. Compare number obtained in step 9a to the number of providers earned in step 8. If number earned in step 9a is less than or equal to number of providers in step 8, minimum has been met.

c. If the number earned in step 9a is greater than the providers earned in step 8, add providers needed until they are equal. Refer to the whole manpower requirements column of the standard manpower table (Attachment 2) that reflects the number of minimum providers needed and provides the largest number of support personnel. For example:

Providers earned in Step 8:	9
Average residents assigned:	20
Step 9a:	20/2 = 10
Step 9b:	10 > 9
Step 9c:	9+1 = 10
	Total providers needed 10.
	Column 26: 10 providers and 16 support personnel.

8. Statement of Conditions.

a. There are two stratifications of General Surgery Services:

(1) MTFs that provide General Surgery Graduate Medical Education (GME).

(2) All other MTFs that provide General Surgery Services.

b. Residents and Other Contributors. The workload contributed by residents, volunteers, borrowed labor, and others was included in this measurement. Their contributions to work center outputs need to be considered when interpreting the manpower tables.

c. Individual Continuing Medical Education (CME) and Nursing Continuing Education Units (CEU). Regulatory requirements for CME and CEUs have been included in the standard. Physicians have been allowed 50 hours per year for CME. Registered Nurses (RNs) have been allowed 20 hours per year for CEUs.

d. Mode of Operation. Normal operating hours of each clinic are 8 hours per day, 5 days a week, Monday through Friday.

e. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, and waste removal. Clinic personnel are required to maintain desk tops, counter tops, and equipment.

f. Medical Readiness and Mobility. Medical readiness and mobility posture is an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

g. Department Level Resources. Manpower requirements in overhead functions (Department Chiefs, etc.) are not incorporated into this JHMS. This workload will be accommodated by the JHMET on a separate Departmental Services Study.

h. Surgical Subspecialties. This standard will also be applied to General Surgery work centers which provide surgical subspecialty care. For any subspecialties that are separately constituted work centers with independent workload counts, use the Neurosurgery standard, DoD 6101-STD, the Plastic Surgery standard, DoD 6111-STD, the Cardiac/Thoracic Surgery standard, DoD 6113-STD, and/or the Peripheral Vascular Surgery standard, DoD 6112-STD, as appropriate.

i. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). JHMSs are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships to derive required man-hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of the total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements. Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU120-007, PU120-008, PU120-009, and the ICD9-CM Reports, may be obtained from OCHAMPUS by writing to:

OCHAMPUS
Information Systems Division
Aurora, CO 80045-6900

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Tables

#First Amendment (Ch 3, 1/15/93)

WORK CENTER DESCRIPTION

GENERAL SURGERY

DIRECT:

1. SURGICAL PROFESSIONAL CLINICAL CARE:

1.1. PERFORMS INITIAL EVALUATION FOR NEW PATIENT. Obtains medical history. Reviews medical record; reviews x-ray, lab and other studies; obtains historical data on present complaint; and assesses the number, reason, problem, procedure performed and treatment. Reviews current medical therapy, records any patient allergies; and obtains history of and records any medical problem. Performs examination and makes diagnosis. Accomplishes nonsurgical treatment. Prepares prescription; arranges for ancillary services. Arranges for consultation; completes clinical record consultation sheet; contacts consultant service. Provides outpatient instructions. Discusses with patient or relative the evaluation of patient's medical condition, prognosis, implication toward current and future health, the recommended form of treatment; alternate form of treatment, risk and complication, and expected result of treatment. Updates outpatient record.

1.2. PERFORMS FOLLOW-UP EVALUATION: Obtains medical history. Reviews medical record; reviews x-ray, lab and other studies; obtains historical data on present complaint; and assesses the number, reason, problem, procedure performed, treatment, and follow-up care of previous visit. Reviews current medical therapy; records any patient allergies; and obtains history of and records any medical problem. Performs examination and makes diagnosis. Accomplishes nonsurgical treatment. Prepares prescription; arranges for ancillary services. Arranges for consultation; completes clinical record consultation sheet; contacts consultant service. Provides outpatient instructions. Discusses with patient or relative the evaluation of patient's medical condition, prognosis, implication toward current and future health, the recommended form of treatment; alternate form of treatment, risk and complication, and expected result of treatment. Performs post surgical wound care. Updates outpatient record.

1.2.1. PERFORMS FOLLOW-UP EVALUATION FOR NON-POSTOPERATIVE PATIENT.

1.2.2. PERFORMS FOLLOW-UP EVALUATION FOR POSTOPERATIVE PATIENT.

1.3. ACCOMPLISHES CLINIC PROCEDURE:

1.3.1. SCHEDULES CLINIC PROCEDURE.

1.3.2. PERFORMS CLINIC SURGICAL PROCEDURE.

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1.3.3. PERFORMS ENDOSCOPIC PROCEDURE.

1.3.4. PERFORMS PROCTOSCOPY.

1.4. ACCOMPLISHES ADMINISTRATIVE DISPOSITION:

1.4.1. PLACES PATIENT ON QUARTERS.

1.4.2. MAKES PATIENT PROFILE CHANGE.

1.4.3. PREPARES DUTY EXCUSE.

1.4.4. DISCHARGES PATIENT.

1.4.5. ARRANGES FOR MEDICAL EVACUATION. Completes appropriate forms, drafts narrative summary, gathers appropriate ancillary test data, contacts accepting facility.

1.4.6. REFERS PATIENT TO ANOTHER LOCAL FACILITY.

1.4.7. PREPARES MEDICAL STATEMENT.

1.5. EVALUATES/TREATS EMERGENCY ROOM PATIENT:

1.5.1. TRAVELS TO EMERGENCY ROOM.

1.5.2. PROVIDES EMERGENCY TREATMENT. Performs rapid evaluation. Provides definitive care, admits to hospital and schedules operating room, or stabilizes for transportation to another facility.

2. INPATIENT SURGICAL WARD/SPECIALTY UNIT CARE:

2.1. COMPLETES ADMISSION PAPERWORK. Completes admission form, completes admitting orders, arranges for bed, obtains history and performs physical examination.

2.2. SURGICAL WARD ROUNDS. Reviews clinical record; examines patient; discusses current medical condition; prescribes ancillary test, treatment, or medication; administers treatment; provides patient care instruction to nursing and ward personnel; updates inpatient record; and provides patient education.

2.3. OBTAINS AND EVALUATES ANCILLARY TEST DATA.

2.4. PERFORMS BEDSIDE PROCEDURE.

2.5. ACCOMPLISHES PATIENT DISPOSITION.

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3. SURGERY:

3.1. PREPARES FOR SURGERY:

3.1.1. OBTAINS AND DOCUMENTS INFORMED CONSENT. Schedules surgery; completes patient consent form; performs pre-operative patient history review; prepares pre-operative patient chart and note.

3.1.2. PREPARES FOR SURGICAL PROCEDURE. Briefs operating room personnel on procedure; requests the selection of surgical instruments; instructs circulating nurse and operating room technician in handling special equipment; coordinates with anesthesiologist; changes into surgical scrubs; positions patient; shaves and prepares patient; drapes patient; scrubs hands; dresses in surgical operating room attire; and examines patient under anesthesia.

3.2. PERFORMS SURGICAL PROCEDURE.

3.3. COMPLETES POSTOPERATIVE CARE. Completes pathology study form; checks for perioperative complication; observes and records vital sign or reviews vital sign previously obtained; prepares postoperative order; writes inpatient chart operation note; provides instruction to nursing personnel; discusses patient's condition, treatment plan, and progress with patient or patient's family; and dictates entry for inpatient record.

3.4. ASSISTS OTHER PHYSICIAN IN SURGERY. Provides assistance to other physician.

4. SURGICAL TECHNICAL SUPPORT:

4.1. PREPARES EXAMINATION OR TREATMENT ROOM:

4.1.1. PROCURES DAILY SUPPLIES AND INSTRUMENTS FROM CLINIC SUPPLY TO STOCK EXAM OR TREATMENT ROOM.

4.1.2. CLEANS EXAMINATION ROOM. Cleans wash basin, surgical instrument stand, examination table, and general examination room area.

4.1.3. CLEANS THERAPEUTIC EQUIPMENT. Cleans equipment and prepares instruments to be sent for sterilization.

4.1.4. SETS UP INSTRUMENTS, EQUIPMENT AND SUPPLIES FOR EXAMINATION OR PROCEDURE. Prepares surgical instrument stand, takes instruments and medical supplies from office supply cabinet, and places on surgical instrument stand.

4.2. RECEIVES PATIENT. Greets patient, obtains vital signs, escorts to examination room, and provides undressing

instructions.

4.3. ASSISTS PHYSICIAN:

4.3.1. ASSISTS PHYSICIAN WITH EXAMINATION.

4.3.2. ASSISTS PHYSICIAN WITH CLINIC PROCEDURE:

4.3.2.1. ASSISTS PHYSICIAN WITH CLINIC SURGICAL PROCEDURE.

4.3.2.2. ASSISTS PHYSICIAN WITH ENDOSCOPIC PROCEDURE.

4.3.2.3. ASSISTS PHYSICIAN WITH PROCTOSCOPY.

4.3.3. ASSISTS PHYSICIAN WITH POST-SURGERY WOUND CARE:

4.4. APPLIES/CHANGES BANDAGES OR DRESSING.

5. PROFESSIONAL NURSING:

5.1. PROVIDES PRE AND POSTOPERATIVE PATIENT EDUCATION.

5.2. PROVIDES POSTOPERATIVE MONITORING OF PATIENT:

5.2.1. PROVIDES POSTOPERATIVE MONITORING OF PATIENT RECEIVING INTRAVENOUS SEDATION.

5.2.2. PROVIDES POSTOPERATIVE MONITORING OF PATIENT NOT RECEIVING INTRAVENOUS SEDATION.

5.3. MONITORS PATIENT UNDERGOING ENDOSCOPIC PROCEDURE.

5.4. PERFORMS ENTEROSTOMAL THERAPY. Orders necessary supplies, instructs patient, and coordinates care.

5.5. PREPARES PATIENT NOTIFICATION FOR MAILING OF TEST RESULTS OR CONTACTS PATIENT WITH RESULTS BY TELEPHONE.

5.6. ORDERS AND OBTAINS SPECIAL X-RAY OR LABORATORY TEST FOR DIAGNOSTIC EVALUATION.

5.7. ATTENDS SPECIALTY MEETING, CONFERENCE OR SYMPOSIUM TO MAINTAIN CURRENCY FOR CERTIFICATION, LICENSURE, OR CREDENTIALING.

5.8. ADMINISTERS ORAL OR INJECTABLE MEDICATION.

6. CLERICAL/SECRETARIAL SUPPORT:

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6.1. SCHEDULES APPOINTMENT. Schedules initial, follow-up, or rescheduled appointment.

6.2. RECEIVES PATIENT. Greets patient; verifies appointment; pulls patient record; and completes pre-examination portion of Standard Form 600, Health Record - Chronological Record of Medical Care.

6.3. OBTAINS AND RETURNS PATIENT RECORD.

6.4. OBTAINS AND RETURNS X-RAY OR LAB RESULT.

6.5. OBTAINS AND FILES TEST RESULTS:

6.5.1. OBTAINS AND FILES TEST RESULTS ON A CASE-BY-CASE BASIS. Obtains and files laboratory, pathology, and/or X-ray results on a case-by-case basis as needed by the provider.

6.5.2. FILES TEST RESULTS FOR NEXT CLINIC DAY SCHEDULE. Files laboratory, pathology, and/or x-ray results for the next clinic day schedule.

6.6. ANSWERS TELEPHONE INQUIRY. Answers telephone inquiry received from patient and directs patient to clinic, physician, or central appointments.

6.7. PREPARES PATIENT VISIT REGISTER FORM FOR PHYSICIAN SCHEDULE.

6.8. RELEASES PATIENT. Prepares required lab and or x-ray request. Reviews record for completeness.

6.9. TYPES PROFILES AND MEDICAL STATEMENTS.

6.10. REVIEWS AND DOCUMENTS INPATIENT AND TELEPHONE CONSULTS.

6.11. PREPARES PREADMISSION PAPERWORK.

6.12. INVENTORIES AND ORDERS MEDICAL EQUIPMENT AND SUPPLIES.

6.13. COMPLETES PATIENT ACCOUNTABILITY LOG.

6.14. PROVIDES CLERICAL SUPPORT FOR RESIDENCY/FELLOWSHIP AND STAFF TRAINING PROGRAM. Prepares correspondence, summaries and reports; prepares curriculum revisions; maintains training records/files; maintains teaching and research files; schedules and coordinates trainee orientation; coordinates with affiliated integrated facility and USUHS; types slides and handouts for didactic presentations.

6.15. SUBMITS APPROPRIATE CLINICAL INFORMATION TO HOSPITAL TUMOR BOARD.

#First Amendment (Ch 3, 1/15/93)

6.16. PROVIDES CLERICAL SUPPORT TO QUALITY ASSURANCE (QA)/ RISK MANAGEMENT (RM)/UTILIZATION REVIEW (UR).

6.17. UPDATES WAITING PATIENT ON PHYSICIAN STATUS.

7. RESIDENCY/FELLOWSHIP AND STAFF TRAINING PROGRAM:

7.1. PROVIDES TRAINING:

7.1.1. CONDUCTS INTRADEPARTMENTAL CONFERENCE. Prepares for and conducts intradepartmental teaching conference including didactic lecture and case discussion.

7.1.2. CONDUCTS INTERDEPARTMENTAL CONFERENCE. Prepares for and conducts interdepartmental teaching conference including didactic lecture and case discussion.

7.1.3. REVIEWS RECORD. Reviews inpatient and outpatient records prepared by trainee for completeness and appropriateness.

7.2. PROVIDES FOR PROGRAM ADMINISTRATION:

7.2.1. PROVIDES PROGRAM DIRECTION. Prepares curriculum; establishes, reviews and revises residency training curriculum and prepares rotation schedules. Evaluates and counsels trainee. Maintains accreditation; corresponds with Residency Review committee (RRC); prepares inspection form; reviews operative experience performs liaison with affiliates/integrated facility and Uniformed Services University of the Health Sciences (USUHS). Performs Graduate Medical Education recruiting; corresponds with potential resident/fellow; interviews potential resident/fellow; and selects resident/ fellow.

7.2.2. PROVIDES CLERICAL SUPPORT. Prepares correspondence, summaries and reports; prepares curriculum revisions; maintains training records/files; maintains teaching and research files; schedules and coordinates trainee orientation; coordinates with affiliated/integrated facility and USUHS; types slides and handouts for didactic presentations.

7.3. CONDUCTS/SUPERVISES RESEARCH ACTIVITIES AND PREPARATION OF MANUSCRIPT FOR PUBLICATION.

8. QUALITY ASSURANCE/RISK MANAGEMENT/UTILIZATION REVIEW:

8.1. DEVELOPS AND UPDATES SERVICE QA PLAN.

8.2. CONDUCTS CRITERIA BASED REVIEW. Conducts inpatient review,

outpatient review and Monitoring and Evaluation (M & E).

8.3. REVIEWS AND CONDUCTS MORBIDITY AND MORTALITY CONFERENCE.

8.4. CONDUCTS QA COMMITTEE MEETING:

8.4.1. CONDUCTS EXTENSIVE SURGICAL CASE REVIEW.

8.4.2. ATTENDS HOSPITAL, DEPARTMENT/SERVICE QA COMMITTEE MEETING.

8.5. PREPARES REPORT AND DOCUMENTS QA/RM/UR ACTIVITIES.

8.6. ASSISTS CREDENTIALS COMMITTEE BY PROVIDING DATA AND REVIEWING NECESSARY RECORDS AND REQUIREMENTS FOR CREDENTIALING.

8.7. COMPILES DATA FOR QA.

8.8. CONDUCTS NURSING QA. Monitors and evaluates task performance in order to improve patient care and the nursing process.

9. CONTINUING MEDICAL EDUCATION (CME):

9.1. ATTENDS MAJOR SURGICAL SPECIALTY MEETING, CONFERENCE, OR SYMPOSIUM TO MAINTAIN CURRENCY FOR CERTIFICATION, LICENSURE, OR CREDENTIALING.

9.2. PREPARES AND PRESENTS CME LECTURES.

9.3. ATTENDS IN-HOUSE CME.

INDIRECT: Indirect tasks are tasks performed that are not related to providing direct care to a patient. Such tasks were grouped and given a standard indirect allowance factor (SIAF) used in developing the staffing equation. The following are examples of indirect tasks:

I1. SUPERVISION. Administers personnel. Hires civilian employee. Indoctrinates personnel. Prepares military and civilian evaluation Endorses military and civilian evaluation. Nominates personnel for award. Submits management improvement recommendation. Supervises personnel. Develops standard publication or other directive. Directs work center activity. Prepares routine correspondence. Counsels personnel. Reviews incoming and outgoing distribution. Reviews report and statistical data. Develops budget estimate. Inspects facility. Receives and assists visiting official.

I2. ADMINISTRATION. Types communication, letter or form, message, report, enlisted and officer evaluation, civilian appraisal, award/decoration, plan, schedule or roster, and

statistical data. Processes unclassified distribution. Maintains classified material. Maintains unclassified publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Provides stenographic service. Maintains appointment record. Acknowledges visitor.

I3. MEETING. Prepares for meeting. Conducts or attends meeting.

I4. TRAINING. Administers training. Maintains training record. Develops training material. Conducts training. Receives training. Reads publication.

I5. SUPPLY. Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE. Maintains office equipment. Maintains shop equipment. Maintains test equipment.

I7. CLEAN-UP. Prepares work area. Puts work away. Cleans work area.

JOINT HEALTHCARE MANPOWER TABLE TABLE ONE										
WORK CENTER TITLE/CODE: General Surgery Services DoD 6100 (GME)	**EXTRAPOLATION LIMITS:** 1897.214-6580.600 See Application Instructions									
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
* General Surgeon	5	5	5	6	6	7	7	7	8	8
Registered Nurse	1	1	1	1	1	1	1	1	1	1
** Medical Technician	5	6	6	6	7	7	7	8	8	9
** Clerical/Administrative	2	2	3	3	3	3	4	4	4	4
TOTAL	13	14	15	16	17	18	19	20	21	22
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
* General Surgeon	8	9	9	9	10	10	10	11	11	12
Registered Nurse	1	1	2	2	2	2	2	2	2	2
** Medical Technician	9	9	9	10	10	10	11	11	12	12
** Clerical/Administrative	5	5	5	5	5	6	6	6	6	6
TOTAL	23	24	25	26	27	28	29	30	31	32
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
* General Surgeon	12	12	13	13	13	14	14	15	15	16
Registered Nurse	2	2	2	3	3	3	3	3	3	3
** Medical Technician	13	13	13	13	14	14	14	14	15	15
** Clerical/Administrative	6	7	7	7	7	7	8	8	8	8
TOTAL	33	34	35	36	37	38	39	40	41	42

* - A Colon Rectal Surgeon may be substituted for a General Surgeon as deemed appropriate.

** - Medical Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE TABLE ONE										
WORK CENTER TITLE/CODE: General Surgery Services DoD 6100 (GME)	EXTRAPOLATION LIMITS: 1897.214-6580.600 See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
* General Surgeon	16	16	17							
Registered Nurse	3	3	3							
** Medical Technician	16	16	16							
** Clerical/Administrative	8	9	9							
TOTAL	43	44	45							

* - A Colon Rectal Surgeon may be substituted for a General Surgeon as deemed appropriate.

** - Medical Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE TABLE TWO										
WORK CENTER TITLE/CODE: **General Surgery Services** **DoD 6100 (NON-GME)**	**EXTRAPOLATION LIMITS:** Minimum Manning to Upper Extrapolation Limit (2104.574) See Application Instructions									
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
General Surgeon	2	2	3	3	3	4	4	4	5	5
Registered Nurse					1	1	1	1	1	1
*** Medical Technician**	1	2	2	3	3	3	4	4	4	5
*** Clerical/Administrative**	1	1	1	1	1	1	1	2	2	2
TOTAL	4	5	6	7	8	9	10	11	12	13
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
General Surgeon	6									
Registered Nurse	1									
*** Medical Technician**	5									
*** Clerical/Administrative**	2									
TOTAL	14									

* - Medical Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Obstetrical-Gynecological Clinic (OB/GYN)

1. Objective. To quantify the manpower required to accomplish the tasks described in the OB/GYN work center description for varying levels of workload volume.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of OB/GYN services in a peacetime environment only. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type III.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-Hour Equations.

(1) MTFs that provide OB/GYN services without deliveries:

$$Y_1 = -188.9 + 1.404(X_1)$$

(2) MTFs that provide OB/GYN services with deliveries, but no graduate medical education (GME) training.

$$Y_2 = 324.4 + 0.2267(X_1) + 27.94(X_2)$$

(3) MTFs which provide OB/GYN services, with deliveries, to include those locations with Family Practice and/or other non-OB/GYN GME training and those sites with an organized 4-year OB/GYN GME training program.

$$Y_3 = 508.6 + 1.381(X_1) + 19.40(X_3)$$

d. Modular Man-Hour Equation for Research.

$$Y = 9.794 + 11.39(X_4)$$

e. Workload Factors.

(1) X_1.

(a) Title. An OB/GYN Patient Visit.

(b) Definition. The average monthly number of inpatient, outpatient, and quarters obstetrical, family planning, and/or gynecological patient visits reportable to a separately organized and staffed Obstetrical/Gynecological (OB/GYN) Clinic for diagnosis, consultation, or treatment. A visit is countable each time an eligible beneficiary presents herself to the clinic for examination, diagnosis, treatment, evaluation, consultation, counseling, medical advice; or is treated or observed in her quarters; and a signed and dated entry is made in the patient's health record or other record of medical treatment. Count includes initial and follow-up patient visits and documented telephone consults with patients.

(c) Source. Medical Expense and Performance Reporting System (MEPRS), Stepdown Assignment Statistics (SAS) 003, Total Patient Visits, Codes BCA, BCB, and BCC.

(2) X_2.

(a) Title. A Birth.

(b) Definition. The average monthly number of births for your MTF. A birth is defined as a vaginal, Caesarean, or fetal death delivery under the direct supervision and care of a separately organized and staffed OB/GYN Clinic.

(c) Source. Medical Expense and Performance Reporting System (MEPRS):

1) Live Births. SAS 009 for Navy and Air Force. Army, using EASII, see SAS 702.

2) Fetal Deaths. SAS 010.

(3) X_3.

(a) Title. An OB/GYN Inpatient Surgical Case.

(b) Definition. The average monthly number of OB/GYN inpatient surgical cases for your medical treatment facility. An inpatient surgical case is counted as the

performance of one or more inpatient surgical procedures on an individual patient in the MTF's operating room.

(c) Source. Local count. MTF Surgical Log.

(4) X_4.

(a) Title. Active Research Projects Conducted by OB/GYN.

(b) Definition. The average monthly number of active research projects started, in progress, or completed by OB/GYN personnel assigned to a separately organized OB/GYN work center. This includes performing research and assisting in gathering materials, typing, and providing other administrative support. An active project is defined as a research protocol, rather than the individual components comprising the project. Therefore, counts should not consist of the total number of individual active/inactive patient charts within a project. Rather, the count should equal one per month for the life of the project.

(c) Source. Local count. Obtain count of research projects from OB/GYN Clinic chief or designated representative.

6. Manpower Tables. There are three applicable manpower tables. Table 1 applies to equations Y_1 and Y_2. Table 2 applies to the GME sites contained in equation Y_3 which have Family Practice and/or other non-OB/GYN GME training programs. Table 3 is applicable for all OB/GYN sites included in equation Y_3 which have OB/GYN GME training programs. See Attachment 2.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Tables (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the equation in paragraph 5 that applies to your MTF.

Step 2: Obtain a 12-month average for the number of OB, Family Planning, and GYN patient visits and add the three to obtain X_1.

Step 3: (As applicable) Obtain a 12-month average for the number of births to obtain X_2.

Step 4: (As applicable) Obtain a twelve-month average for the number of OB and GYN inpatient surgical cases and add the two to obtain X_3. Obtain local count from logs maintained in Surgical Suites. Do not count each individual surgical procedure as a case.

Step 5: Compute the basic equation man-hours using the applicable equation, Y_1, Y_2, or Y_3.

Step 6: (As applicable) Obtain a 12-month average of the number of Research Projects Conducted by Providers and Research Projects Conducted or Assisted by Clinical Nurses, LVNs, Medical Technicians, or Administrative Personnel, assigned to an OB/GYN work center, to obtain X_4.

Step 7: Compute man-hours earned for research by using the formula for Y in paragraph 5d.

Step 8: Add these man-hours to the man-hours earned by the application of the basic OB/GYN equation in Step 5.

Step 9: (As applicable) Compute man-hours through the application of approved Service exceptions. Sum these man-hours to the man-hours earned by the basic equation in Step 5.

Step 10: Divide the total man-hours earned in Steps 5-9 by the applicable Service Man-Hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 11: Refer to the whole manpower column of the standard manpower table (Attachment 2) for types and number of personnel earned.

Step 12: Minimum Manning Due to GME Training Missions (OB/GYN GME sites). Obtain the average monthly number of OB/GYN residents assigned to your work center for the most recent 12-month period. Divide this number by two (based upon accreditation agencies' recommended 1:2 provider-resident ratio) to establish the number of staff providers required to train these residents. If the number of providers obtained in Step 11 is less than this minimum level, then provider requirements are set at the minimum level. If not, retain provider requirements obtained in Step 11. To obtain support personnel levels for minimum provider requirements, refer to the column containing these minimums.

8. Statement of Conditions.

a. There are three stratifications of the OB/GYN Clinics:

(1) OB/GYN services without deliveries.

(2) OB/GYN services with deliveries, but no GME training.

(3) OB/GYN services, including deliveries, with GME training, to include OB/GYN, Family Practice, and/or other GME.

b. A Provider is defined as an OB/GYN Physician, a Nurse Midwife, or an OB/GYN Nurse Practitioner.

c. Individual Continuing Medical Education (CME) and Nursing Continuing Education Units (CEU). Regulatory requirements for CME and CEUs have been included in the standard. Physicians have been allotted 50 hours per year for CME. Nurses (nurse midwives, nurse practitioners and clinical nurses) have been allowed 20 hours per year for CEUs.

d. Manpower Table Substitutability. Services may interchange medical technician(s) and administrative support staff.

e. Mode of Operation. Normal operating hours of each clinic are 8 hours per day, 5 days a week, Monday through Friday. Ward rounds vary at each facility, with rounds being made once or twice a day for stratifications 2 and 3. Man-hours required for conducting ward rounds were determined by the number of patients per month seen on the rounds.

f. This standard does not include man-hours for the following:

(1) Stratification 1. MTFs which provide OB/GYN services without deliveries. Categories 2--Obstetrical-Gynecological Care, 3--Labor/Delivery, 4--Surgery, and 6--Formal Training Program, of the WCD. This stratum excludes inpatient workload.

(2) Conducts Air Evacuation Mission.

(3) Conducts and Prepares JAG Manual or AR 15-6 Investigation.

(4) Accompanies and Attends or Transfers Patient Outside of the Medical Treatment Facility.

g. Research. Category 7 covers active research projects conducted by providers, administrative support provided, and active clinical research projects conducted and/or assisted by a clinical nurse, LVN, or medical technician. A research equation has been developed for this activity. (See paragraph 5.d. above.)

h. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, and waste removal. Clinic personnel are required to maintain desk tops, counter tops, and equipment.

i. Medical Readiness and Mobility. Medical readiness and mobility posture is an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

j. Department Level Resources. Manpower requirements in overhead functions (Department Chiefs and their staff) are not incorporated into this JHMS. This workload will be accommodated by the JHMET on a separate Departmental Services Study.

k. Equations for Use as Analytical Tools. The following multivariate workload factor combinations are provided solely as analytical tools for local use. The definitions of X_1, X_2, and X_3 are the same as those on pages 2-2 through 2-3 of this report: (1) OB/GYN services, with deliveries, but no GME training -- $Y = + 0.0831 (X_1) + 27.90 (X_2) + 6.940 (X_3)$ and (2) OB/GYN services, including deliveries, with GME training, to include OB/GYN, Family Practice, and/or other GME -- $Y = + 1.544 (x_1) - 11.91 (X_2) + 19.97 (X_3)$.

l. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). JHMSs are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships to derive required man-hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of the total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements.

Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU120-007, PU120-008, PU120-009, and the ICD9-CM Reports, may be obtained from OCHAMPUS by writing to:

OCHAMPUS
Information Systems Division
Aurora, CO 80045-6900

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Table

WORK CENTER DESCRIPTION
Obstetrical-Gynecological (OB/GYN) Clinic

DIRECT:

1. OBSTETRICAL-GYNECOLOGICAL (OB/GYN) PROFESSIONAL CLINICAL CARE:

1.1. PROVIDES OBSTETRICAL PROFESSIONAL CLINICAL CARE:

1.1.1. PERFORMS OBSTETRIC EVALUATION:

1.1.1.1. PERFORMS INITIAL OBSTETRIC EVALUATION (NEW OB PHYSICAL). Reviews medical record and/or chart; obtains historical data on present complaint; assesses the number, reason, problem, procedures performed, treatments, and follow-up care of previous visits. Reviews current medical therapy; records patient allergies and history of medical problems other than of obstetrical-gynecological origin; records current medications, family history, history of substance abuse, and any teratogen exposure. Reviews laboratory, X-Ray, etc., test results. Performs comprehensive physical exam. Obtains cytology or appropriate directed cultures and reviews results. Determines the nature and required immediacy of any laboratory, radiographic, or sonographic study to be ordered. Contacts ancillary service for scheduling of test or study as necessary. Instructs patient on diet, rest, proper exercise, use of medication, expected course of pregnancy, and detection of abnormal signs and symptoms. Prepares prescription form, instructs patient about medication, and gives form to patient. Records pertinent data in patient's record, to include current medical problem, physical findings, laboratory test data, and other objective data. Records diagnosis, plan of treatment, and follow-up.

1.1.1.2. PERFORMS PERIODIC UNCOMPLICATED OBSTETRIC EVALUATION. Obtains pertinent medical history. Reviews laboratory, X-Ray, etc., test results. Obtains and records measurements, listens for fetal heartbeat, and evaluates fetal size and position. Examines extremity for normal or abnormal edema. Performs appropriate examination consistent with patient's historical data and reviews vital signs. Determines the nature and required immediacy of any laboratory, radiographic, or sonographic study to be ordered. Contacts ancillary service for scheduling of test or study as necessary. Instructs patient on physiological, psychological, and anatomical change; toxemia; anesthesia; analgesia; prepared childbirth; labor and delivery; breast feeding; and anticipatory family planning. Prepares prescription form, instructs patient about medications, and gives form to patient. Records pertinent data in patient's record, to include current medical problem, physical findings, laboratory test data, and other objective data. Records diagnosis, plan of treatment,

and follow-up.

1.1.1.3. PERFORMS PERIODIC COMPLICATED OBSTETRIC EVALUATION. Obtains pertinent medical history. Reviews laboratory, X-Ray, etc., test results. Obtains and records measurements, listens for fetal heartbeat, and evaluates fetal size and position. Examines extremity for normal or abnormal edema. Performs appropriate examination consistent with patient's historical data and reviews vital signs. Determines the nature and required immediacy of any laboratory, radiographic, or sonographic study to be ordered. Contacts ancillary service for scheduling of test or study as necessary. Instructs patient on physiological, psychological, and anatomical change; toxemia; anesthesia; analgesia; prepared childbirth; labor and delivery; breast feeding; and anticipatory family planning. Instructs fetal movement charting. Prepares prescription form, instructs patient about medication, and gives form to patient. Records pertinent data in patient's record, to include current medical problem, physical findings, laboratory test data, and other objective data. Records diagnosis, plan of treatment, and follow-up.

1.1.2. PERFORMS ANTEPARTUM TESTING:

1.1.2.1. PERFORMS ULTRASOUND. Performs ultrasound, including testing performed in the clinic setting as well as on Labor and Delivery.

1.1.2.2. INTERPRETS, EXPLAINS AND DOCUMENTS NON-STRESS TEST (NST). Interprets, explains and documents NST, including testing performed in the clinic setting as well as on Labor and Delivery.

1.1.2.3. INTERPRETS, EXPLAINS, AND DOCUMENTS CONTRACTION STRESS TEST (CST). Interprets, explains and documents CST, including testing performed in the clinic setting as well as on Labor and Delivery.

1.1.2.4. PERFORMS BIOPHYSICAL PROFILE (BPP). Performs BPP, including testing performed in the clinic setting as well as on Labor and Delivery.

1.1.2.5. PERFORMS AMNIOCENTESIS.

1.1.3. PROVIDES OBSTETRICAL OUTPATIENT (WALK-IN) EVALUATION. Provides acute care evaluation and treatment for OB Sick Call or Walk-In patient.

1.2. PROVIDES GYNECOLOGICAL PROFESSIONAL CLINICAL CARE

(INCLUDING POSTPARTUM CARE):

1.2.1. PERFORMS EVALUATION:

1.2.1.1. PERFORMS WELL-WOMAN (HEALTH MAINTENANCE) EVALUATION. Reviews medical record and/or chart; obtains historical data on present complaint; and assesses the number, reason, problem, procedures performed, treatments, and follow-up care of previous visits. Reviews current medical therapy; records patient allergies and obtains pertinent family history, to include that of breast disease and any medical problem other than obstetrical-gynecological in nature. Conducts general physical examination with comprehensive breast examination. Provides instruction on breast self-examination. Performs abdominal examination, evaluation of internal and external genitalia, and a bimanual (to include a rectal) examination. Collects specimens as necessary. Determines the nature and required immediacy of any laboratory, radiographic, or sonographic study to be ordered. Contacts ancillary services for scheduling of test or study and completes request forms. Instructs patient on oral contraceptive therapy, the use of contraceptive devices, sterilization procedures, infertility, menstrual activity, feminine hygiene, sexually transmitted disease, and vaginitis. Discusses menopause and hormone replacement therapy. Prepares prescription form, instructs patient about medication, and gives form to patient. Records pertinent data in patient's record, to include current medical problem, physical findings, laboratory test data, and other objective data. Records diagnosis, plan of treatment, and follow-up.

1.2.1.2. PROVIDES WALK-IN (ACUTE) GYNECOLOGICAL EVALUATION:

1.2.1.2.1. PERFORMS WALK-IN (ACUTE) MINOR EVALUATION. Performs walk-in (acute) minor evaluation, e.g., vaginitis.

1.2.1.2.2. PERFORMS WALK-IN (ACUTE) MAJOR EVALUATION. Performs walk-in (acute) major evaluation, e.g., ectopic pregnancy.

1.2.1.3. PROVIDES SCHEDULED (NON-ACUTE) GYNECOLOGICAL EVALUATION:

1.2.1.3.1. PERFORMS SCHEDULED (NON-ACUTE) INITIAL EVALUATION: Reviews medical record and/or chart; obtains historical data on present complaint; and assesses the number, reason, problem, procedures performed, treatments, and follow-up care of previous visit. Reviews current medical therapy; records patient allergies, pertinent family history, to include that of breast disease and any medical problem other than obstetrical-gynecological in nature. Conducts general physical examination with comprehensive breast examination. Provides instruction on breast self-examination. Performs abdominal examination, evaluation of external and internal genitalia, and a bimanual (to

include rectal) examination. Collects specimen as necessary. Determines the nature and required immediacy of any laboratory, radiographic, or sonographic study to be ordered. Contacts ancillary service for scheduling of test or study and completes request forms. Instructs patient on oral contraceptive therapy, the use of contraceptive devices, sterilization procedures, infertility, menstrual activity, feminine hygiene, sexually transmitted disease, and vaginitis. Discusses menopause and hormone replacement therapy. Prepares prescription form, instructs patient about medication, and gives form to patient. Records pertinent data in patient's record, to include current medical problem, physical findings, laboratory test data, and other objective data. Records diagnosis, plan of treatment, and follow-up. (This task includes performing school and college physicals on females over 14 years.)

1.2.1.3.2. PERFORMS SCHEDULED (NON-ACUTE) FOLLOW-UP EVALUATION. Reviews medical record and/or chart, obtains historical data on present complaint and prior therapy, and assesses the interval change since previous visit. Performs appropriate physical exam. Determines nature and required immediacy of any laboratory, radiographic, or sonographic study and arranges for its performance. Updates current management plan. Prepares prescription form. Counsels patient on status of condition and therapy. Documents in medical record.

1.2.2. SIZES AND PLACES CONTRACEPTIVE DEVICE.

1.2.3. PROVIDES GYNECOLOGICAL OUTPATIENT TREATMENT. Performs minor surgical treatment or biopsy in the clinic, to include cryotherapy for warts and colposcopy examinations on obstetrical patients and sonographic and outpatient urodynamics evaluations. Initiates hydration treatment for hyperemesis patient.

1.3. REVIEWS MEDICAL RECORD ON REFILL REQUEST. Reviews medical record when patient requests refill of medication, prepares prescription, and/or obtains refill off-the-shelf item, and documents record.

1.4. RESPONDS TO EMERGENCY:

1.4.1. TRAVELS TO PLACE OF EMERGENCY.

1.4.2. PROVIDES NECESSARY TREATMENT AND/OR PROCEDURE FOR PATIENT.

1.5. PREPARES FOR AND CONDUCTS OB/GYN PATIENT EDUCATION CLASSES. Prepares for and conducts OB/GYN patient education classes, to

include attending weekly OB orientation program and CHAMPUS briefing to instruct attendees on program agenda.

1.6. DRAFTS OR DICTATES MEDICAL SUMMARIES, BOARDS, AND CORRESPONDENCE. Records statement of patient's current medical problem and reaction to medication, treatment, or therapy. Records diagnosis and follow-on treatment required. Completes medical boards and correspondence.

2. OBSTETRICAL-GYNECOLOGICAL INPATIENT CARE:

2.1. PERFORMS ADMISSION PROCEDURES. Obtains patient history and performs physical examination for medical OB and surgical and nonsurgical GYN patients.

2.2. CONDUCTS WARD ROUNDS:

2.2.1. EXAMINES PATIENT DURING WARD ROUND. Examines patient and updates patient treatment plan.

2.2.2. PRESCRIBES ANCILLARY TEST, TREATMENT, OR MEDICATION AND UPDATES INPATIENT RECORD. Orders necessary radiographic, sonographic, or nuclear scanning study. Prescribes injectable, oral or other medication. Reviews narrative summary, records positive or negative ancillary data, and records change in patient prognosis and treatment.

2.2.3. ADMINISTERS TREATMENT DURING WARD ROUND. Administers treatment, such as changing dressing, while conducting ward round.

2.2.4. PROVIDES PATIENT CARE INSTRUCTION TO NURSING AND WARD PERSONNEL. Provides instruction to nursing and ward personnel on postpartum care, patient activity, administration of medication, position of patient, and management of treatment appliance.

2.3. COMPLETES DISCHARGE PLANNING AND DOCUMENTATION. Reviews necessary data for discharge. Documents discharge.

2.4. REVIEWS AND ENDORSES INPATIENT MEDICAL RECORDS.

2.5. PROVIDES INPATIENT AND FAMILY EDUCATION AND COUNSELING.

3. LABOR/DELIVERY:

3.1. EVALUATES PRESENTING PREGNANT PATIENT. Evaluates presenting pregnant patient, whether patient is admitted or not.

3.2. ADMITS LABOR AND DELIVERY PATIENT.

3.3. MANAGES PATIENT ADMITTED TO LABOR AND DELIVERY:

3.3.1. EVALUATES AND MANAGES HIGH RISK ANTEPARTUM PATIENT ON LABOR AND DELIVERY UNIT.

3.3.2. EVALUATES AND MANAGES LABOR PATIENT. Manages labor to include pain relief/augmentation.

3.4. ACCOMPLISHES VAGINAL DELIVERY, COMPLETES POST-DELIVERY PROCEDURES, PROVIDES IMMEDIATE NEWBORN CARE, AND PREPARES POST-DELIVERY DOCUMENTATION AND ORDERS.

3.5. DISCUSSES PATIENT'S CONDITION, TREATMENT PLAN, AND PROGRESS WITH PATIENT OR PATIENT'S FAMILY.

3.6. ASSISTS OTHER PHYSICIAN OR MIDWIFE WITH DELIVERY AND/OR POST-DELIVERY PROCEDURES. Assists other physician or midwife with delivery and/or post-delivery procedures. Other physicians include another obstetrician, a Family Practice physician, or a Resident.

4. SURGERY:

4.1. PREPARES FOR SURGERY:

4.1.1. PREPARES FOR NONSAME-DAY SURGERY:

4.1.1.1. ADVISES PATIENT, OBTAINS CONSENT, SCHEDULES SURGERY, AND DOCUMENTS COUNSELING.

4.1.1.2. PREPARES PRE-ADMISSION PACKET. Prepares pre-admission documentation, to include required laboratory, radiographic and special test forms, admission form, clinical record forms, and medical record forms.

4.1.2. PREPARES AND COUNSELS PATIENT FOR SAME-DAY SURGERY. Advises patient, obtains consent, schedules Same-Day Surgery, and documents counseling. Prepares required pre-admission documentation, to include required laboratory, radiographic and special test forms, admission form, clinical record forms, and medical record forms.

4.2. CONDUCTS PERI-OPERATIVE MANAGEMENT. Monitors peri-operative patient from time patient enters the operating room to time operation starts.

4.3. PERFORMS SURGICAL PROCEDURE:

4.3.1. PERFORMS OR ASSISTS WITH MAJOR SURGERY. Performs or assists with major surgery, to include a surgical delivery.

4.3.2. PERFORMS OR ASSISTS WITH MINOR SURGERY. Performs or assists with minor surgery.

4.4. DRAFTS OR DICTATES ENTRY FOR INPATIENT RECORD AND MONITORS IMMEDIATE POSTOPERATIVE RECOVERY.

4.5. DISCUSSES PATIENT'S CONDITION, TREATMENT PLAN, AND PROGRESS WITH PATIENT OR PATIENT'S FAMILY.

5. CONSULTATION: Requests and provides medical advice or service to an authorized requesting agency or physician.

5.1. REQUESTS CONSULTATION.

5.2. PROVIDES CONSULTATION:

5.2.1. PROVIDES WRITTEN CONSULTATION.

5.2.2. PROVIDES CONSULTATION TELEPHONICALLY WITH PATIENT OR CARE PROVIDER.

5.2.3. PROVIDES INFORMAL CONSULTATION.

5.2.4. PROVIDES IN-CLINIC CONSULTATION. Provides in-clinic consultation, e.g., providing a second opinion or examination to a nurse practitioner, nurse midwife, resident, or another physician.

5.3. PERFORMS MEDICOLEGAL/SPECIALTY REVIEW.

6. FORMAL TRAINING PROGRAM (INCLUDES INSTITUTIONS WITH FORMAL PROVIDER TRAINING PROGRAMS, MEMORANDUM OF UNDERSTANDING (MOU) OR OTHER TRAINING PROGRAMS):

6.1. INTERVIEWS AND RECRUITS TRAINEE. Conducts interview, conducts facility tour, and recruits trainee.

6.2. PROVIDES TRAINING:

6.2.1. PREPARES FOR AND PRESENTS CONFERENCE. Prepares for and conducts teaching conference.

6.2.2. CONDUCTS TEACHING FOR RESIDENT, MIDWIFE, AND NURSE PRACTITIONER. Conducts extensive teaching in both general and highly specialized OB/GYN procedures. Includes ward rounds, emergency room, bedside, clinic, and operating room teaching on a one-to-one basis.

6.3. ADMINISTERS PROGRAM. Prepares curriculum; establishes, reviews and revises training curriculum and prepares rotation schedules. Evaluates and documents trainee performance, counsels trainee, arranges testing, and maintains files on trainee.

Maintains accreditation, corresponds with Residency Review Committee (RRC) and prospective residents, and attends faculty meeting. Arranges consultant visits and visiting professors. Participates in GME selection board proceedings.

6.4. REVIEWS AND ENDORSES OUTPATIENT MEDICAL RECORDS OF PATIENTS SEEN BY TRAINEE.

7. RESEARCH:

7.1. CONDUCTS RESEARCH. Conducts research, at the provider level, to include conducting individual projects, assisting others, and publishing manuscripts.

7.2. SUPPORTS RESEARCH STUDY:

7.2.1. CONDUCTS CLINICAL RESEARCH. Conducts clinical research, at the clinical nurse/support personnel level, to include conducting individual projects, assisting others, and publishing manuscripts.

7.2.2. PROVIDES ADMINISTRATIVE SUPPORT TO RESEARCH STUDY. Obtains material for research project, types manuscripts, and provides any administrative support for the study.

8. QUALITY ASSURANCE/RISK MANAGEMENT:

8.1. PERFORMS DEPARTMENT QUALITY ASSURANCE/RISK MANAGEMENT (QA/RM) FUNCTIONS. Performs Department QA/RM functions, which include review and endorsement of medical records of patients seen by a Nurse Practitioner or Nurse Midwife. Tracks clinic data, such as number of Pap smears, mammograms, and Maternal Serum Alpha Fetalproteins (MSAFP).

8.2. PERFORMS HOSPITAL QUALITY ASSURANCE AND RISK MANAGEMENT (QA/RM) FUNCTIONS. Performs Hospital QA/RM functions, which include QA Committees.

9. CONTINUING EDUCATION:

9.1. PREPARES FOR AND CONDUCTS STAFF IN-SERVICE CONFERENCE. Prepares for and conducts staff In-Service conference. This task does not include conferences for a Provider's or Nurse's own training program requirements.

9.2. MAINTAINS INDIVIDUAL CONTINUING MEDICAL EDUCATION OR NURSING CONTINUING EDUCATION UNITS (CEUs). Keeps current with developments in pertinent subject matter for certification,

licensure, and/or credentialing for clinic personnel.

10. CLINICAL SUPPORT FOR PATIENT CARE:

10.1. SCREENS REFERRALS. Screens medical record of patient referred from another clinic or service, directs patient to proper clinic, or directs patient to scheduled appointment.

10.2. PREPARES EXAMINATION ROOM. Checks for proper instruments, medications, dressings, anesthetics and emergency drugs, and other supplies. Sets up instruments and supplies for examination or procedure.

10.3. PREPARES PATIENT PRIOR TO PHYSICIAN'S EXAMINATION OR PROCEDURE:

10.3.1. OBTAINS PRE-EXAMINATION PHYSICAL DATA. Greets patient, takes a brief history from patient, obtains vital signs, weight, measurements, and other pre-examination physical data, and documents health/medical record and/or chart.

10.3.2. PREPARES PATIENT FOR EXAMINATION OR PROCEDURE. Escorts patient from the waiting area to the screening room, minor treatment room, and provider's office/examining room. Discusses examination with patient, instructs patient to remove appropriate clothing, drapes patient, positions patient on examination table, and positions patient for sit-up heart and lung examination.

10.4. ASSISTS/CHAPERONS PRIMARY PROVIDER WITH EXAMINATION OR PROCEDURE: Sets up equipment, assists provider with equipment and instrument, adjusts equipment, monitors patient's reaction to examination or procedure, recovers patient, as necessary, after examination or procedure, and chaperons.

10.4.1. ASSISTS WITH OB EXAMINATION AND/OR PROCEDURE:

10.4.1.1. ASSISTS WITH INITIAL OB EXAMINATION AND/OR PROCEDURE.

10.4.1.2. ASSISTS WITH PERIODIC UNCOMPLICATED AND COMPLICATED OB EXAMINATION AND/OR PROCEDURE.

10.4.2. ASSISTS WITH GYN EXAMINATION AND/OR PROCEDURE:

10.4.2.1. ASSISTS WITH WELL-WOMAN (HEALTH MAINTENANCE), SCHEDULED (NONACUTE) INITIAL, OR WALK-IN (ACUTE) MAJOR PROBLEM GYN EXAMINATION AND/OR PROCEDURE.

10.4.2.2. ASSISTS WITH SCHEDULED (NON-ACUTE) FOLLOW-UP OR WALK-IN (ACUTE) MINOR GYN EXAMINATION AND/OR PROCEDURE.

10.4.3. ASSISTS WITH URODYNAMICS EXAMINATION AND/OR PROCEDURE.

10.4.4. FINDS CHAPERON FOR PROVIDER. Finds chaperon for provider whenever one is not immediately available.

10.5. PERFORMS NON-STRESS TEST IN CLINIC. Performs non-stress test in clinic and instructs patient.

10.6. PERFORMS URINARY CATHETERIZATION. Performs urinary catheterization and instructs patient.

10.7. PERFORMS DIP STICK OF URINE. Performs dip stick of urine and instructs patient.

10.8. COLLECTS BLOOD SPECIMEN. Explains to patient why blood is drawn, provides special instructions, and draws blood specimen.

10.9. CONDUCTS HUMAN CHORIONIC GONDATROPIA (HCG) TEST:

10.9.1. INSTRUCTS PATIENT ON HCG TEST. Provides patient with lab slip, urine container, and instructions. Prepares appropriate paperwork.

10.9.2. PERFORMS HCG TEST.

10.9.3. INFORMS PATIENT OF THE RESULTS OF HCG. Informs patient of results of HCG test, answers any questions or concerns of patient, and provides instructions to the patient on what is required of the patient.

10.10. DIRECTS PATIENT TO COLLECT URINE SPECIMEN AND DEPOSIT IN APPROPRIATE LOCATION. Provides container and special instructions to patient and fills out appropriate paperwork.

10.11. PREPARES DOCUMENTATION FOR MEDICAL TEST OR EXAMINATION. Prepares appropriate request form for test, laboratory work, X-rays, etc. Provides instructions to patient.

10.12. LOGS SPECIMEN OUT AND IN CLINIC. Annotates specimen in log, including date when specimen left the clinic, date when results were received, and results.

10.13. TAKES SPECIMENS TO LAB. Takes specimens to lab, accounts for specimens with lab personnel, has receipt acknowledged in specimen log, and returns to clinic.

10.14. OBTAINS RESULT OF TEST OR EXAMINATION. Picks up test result from X-Ray, laboratory, or other ancillary service, returns to clinic, and gives results to provider.

10.15. FOLLOWS UP ON PATIENT CARE. Follows up on specimen or HCG test results and contacts patient who should be seen by provider but fails to keep appointment. Mails required cards to patient or telephones patient. Documents follow-up.

10.16. PROVIDES POSTOPERATIVE WOUND CARE. Cleans and packs wound and applies dressing. Removes dressing. Instructs patient on proper wound care. Performs suture staple removal when instructed by provider or prepares instruments for provider for suture staple removal.

10.17. CHECKS PATIENT OUT OF CLINIC. Reviews medical record and/or chart prior to patient's leaving clinic. Instructs patient according to provider's orders. Ensures test request forms are correctly prepared.

10.18. ADMINISTERS MEDICATION:

10.18.1. PREPARES PRESCRIPTION REFILL. Obtains patient's medical record and/or chart, assists patient with providing medical history, and documents patient's medical record and/or chart. Fills out prescription and takes medical record and/or chart and prescription to provider for signature. Instructs patient prior to giving prescription to patient.

10.18.2. ADMINISTERS MEDICATION. Obtains patient's medical record and/or chart and verifies correct medication and allergies. Instructs patient. Measures medication, administers medication, and documents patient's medical record and/or chart.

10.19. OBTAINS AND RETURNS EQUIPMENT FOR PERFORMING OB/GYN PROCEDURE OR TEST. Obtains and returns equipment, such as ultrasound, monitor, EKG, from various departments in the medical treatment facility for performing procedure or test on OB/GYN patient in the clinic.

10.20. PREPARES INSTRUMENTS FOR STERILIZATION:

10.20.1. PROCESSES INSTRUMENTS PRIOR TO STERILIZATION. Scrubs and washes instruments used during examination and/or procedure. Wraps and labels instruments, as necessary, prior to sterilization. Logs instruments on issue and turn-in form prior to taking instruments to Sterilization.

10.20.2. DELIVERS INSTRUMENTS TO AND PICKS UP INSTRUMENTS FROM STERILIZATION. Goes to Sterilization, hands instruments and turn-in form to Sterilization personnel and returns to clinic. Returns to Sterilization, picks up and verifies correct number of instruments, and returns to clinic. Places instruments in proper place.

10.21. PROVIDES SUPPLEMENTAL PATIENT EDUCATION:

10.21.1. PROVIDES SUPPLEMENTAL PATIENT EDUCATION ON AN INDIVIDUAL BASIS. Provides education to patient concerning health care for OB/GYN on an individual basis, to include preoperative and postoperative teaching for surgical/special procedures.

10.21.2. PREPARES FOR GROUP PATIENT EDUCATION. Prepares for administrative support; prepares handouts, charts, and slides; prepares classroom; and breaks down classroom afterward.

10.22. TRANSPORTS PATIENT WITHIN MEDICAL TREATMENT FACILITY. Transports patient to various ancillary services and other departments in the medical treatment facility, such as X-ray, lab, Labor and Delivery, and returns to clinic.

10.23. EVALUATES AND RESPONDS TO PATIENT COMPLAINT:

10.23.1. EVALUATES AND RESPONDS TO INFORMAL PATIENT COMPLAINT. Researches cause of complaint, reassures patient, and tries to solve complaint.

10.23.2. EVALUATES AND RESPONDS TO FORMAL PATIENT COMPLAINT. Receives formal patient complaint, researches problem, identifies solution, if possible, and provides written statement.

10.24. PROVIDES FORMAL TRAINING TO LICENSED VOCATIONAL NURSE (LVN), NURSING STUDENT, AND MEDICAL TECHNICIAN. Provides obstetrical and gynecological training to LVNs, nursing students, and medical technicians who are not part of the OB/GYN staff.

11. CLINIC ADMINISTRATION:

11.1. PROVIDES INFORMATION TO PATIENT: Answers telephone and walk-in inquiry from patient.

11.1.1. ANSWERS TELEPHONE INQUIRY. Answers telephone inquiry received from patient and refers to appropriate clinic personnel, other clinic, or appointment desk.

11.1.2. ANSWERS WALK-IN ADMINISTRATIVE INQUIRY. Answers administrative inquiry received from walk-in patient and directs patient to appropriate clinic personnel, other clinic, or appointment desk.

11.1.3. PREPARES TELEPHONIC CONSULTATION. Documents telephone inquiry and provides information to provider.

11.1.4. PROVIDES RESPONSE TO WALK-IN OR TELEPHONE INQUIRY.

Provides response to walk-in or telephone inquiry not able to be handled by administrative personnel.

11.2. OBTAINS AND RETURNS PATIENT'S RECORD:

11.2.1. REQUESTS AND OBTAINS PATIENTS' MEDICAL RECORDS FOR SCHEDULED GYN APPOINTMENTS. Requests patients' medical records and picks up or receives patients' medical records and appointment register from medical records section for scheduled GYN appointments prior to receiving patients. Arranges records for each clinic for the day.

11.2.2. PULLS AND FILES OB CHART. Pulls patient's OB chart from the file in order for the patient to be seen in clinic, arranges OB chart according to appointment, and files chart after patient is seen.

11.2.3. PULLS INDIVIDUAL MEDICAL RECORD. Goes to outpatient record section. Fills out request for medical record and pulls or has the requested record pulled. Searches for record. Returns to clinic.

11.2.4. SHUTTLES OBSTETRIC CHART RACKS BETWEEN LABOR AND DELIVERY AND THE OB/GYN CLINIC. Picks up rack of OB charts from Labor and Delivery at the start of each day and returns charts to Labor and Delivery at the end of the day.

11.3. RECEIVES PATIENT. Greets patient, verifies appointment if scheduled patient, checks identification and eligibility, advises patient of DEERS status, completes or annotates required form, annotates patient log, directs patient to waiting area or examining room, and places patient record in screening room box.

11.4. PREPARES PATIENT ACCOUNTABILITY FORM. Enters walk-ins added to provider's schedule into the appointment data base. Prepares patient accountability form at end of day by verifying appointments made and missed. Gives report of number of patients seen to MEPRS personnel and prepares list of no-shows for appropriate follow-up action.

11.5. OPERATES APPOINTMENT SYSTEM:

11.5.1. OBTAINS PROVIDER'S SCHEDULE AND INPUTS DATA INTO APPOINTMENT SYSTEM DATA BASE. Obtains schedule of each provider and inputs data into appointment system data base or gives schedule to appointment desk.

11.5.2. MAKES INITIAL OR FOLLOW-UP APPOINTMENT. Schedules patient for initial or follow-up appointment, annotates appointment register or log, and updates appointment system data base.

11.5.3. RESCHEDULES CANCELLED APPOINTMENT:

11.5.3.1. RESCHEDULES CANCELLED APPOINTMENT INITIATED BY PATIENT. Cancels appointment, reschedules patient, coordinates with appointment desk, annotates appointment register or log, and updates appointment system data base. Notifies provider of cancellation.

11.5.3.2. RESCHEDULES CANCELLED APPOINTMENT INITIATED BY PROVIDER. Cancels appointment, reschedules patient, coordinates with appointment desk, annotates appointment register or log, and updates appointment system data base.

11.5.4. PRINTS OUT PROVIDER'S SCHEDULE AND DISTRIBUTES COPY TO APPROPRIATE PERSONNEL.

11.6. FILES OR RECORDS RESULTS OF TEST AND LAB DATA IN PATIENT'S CHART OR MEDICAL RECORD. Records and posts information to patient's medical record and/or chart.

11.7. CONSTRUCTS CHART FOR NEW OBSTETRIC PATIENT.

11.8. PREPARES AND MAINTAINS SPECIALTY FILE. Prepares and maintains specialty file for infertility, oncology, and other specialty clinics in OB/GYN. Prepares, records, and distributes results for PAP smear examinations and mammograms. Maintains files for abnormal results.

11.9. SCREENS FILE OF OB CHARTS FOR RECORDS NO LONGER REQUIRED IN CLINIC. Reviews file of OB charts, pulls records no longer required in clinic, and takes the charts to inpatient records section.

11.10. PREPARES PHYSICAL PROFILE OR CONFIRMATION OF PREGNANCY. Prepares physical profile or confirmation of pregnancy forms for patients requiring limited duty or physical exercise in accordance with provider's instruction.

11.11. COORDINATES WITH APPROPRIATE PERSONNEL TO INSURE NECESSARY PREPARATION FOR AIR EVACUATING OB/GYN PATIENT. Coordinates with patient administration and other appropriate personnel, insuring orders, supplies, equipment, and personnel are in place so patient can be evacuated.

INDIRECT: Indirect tasks are tasks performed that are not related to providing direct care to a patient. Such tasks were grouped and given a standard indirect allowance factor (SIAF) used in developing the staffing equation. The following are

examples of indirect tasks:

I1. SUPERVISION: Administers personnel. Hires civilian employee. Indoctrinates personnel. Prepares military and civilian evaluation. Indorses military and civilian evaluation. Nominates personnel for award. Submits management improvement recommendation. Supervises personnel. Develops work center activity. Prepares routine correspondence. Counsels personnel. Reviews incoming and outgoing distribution. Reviews report and statistical data. Develops budget estimate. Inspects facility. Receives and assists visiting official.

I2. ADMINISTRATION: Types communication, letter or form, message, report, enlisted and officer evaluation, civilian appraisal, award/decoration, plan, schedule, or roster, and statistical data. Processes unclassified distribution. Maintains classified material. Maintains unclassified publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Provides stenographic service. Maintains appointment record. Acknowledges visitor.

I3. MEETING: Prepares for meeting. Conducts or attends meeting.

I4. TRAINING: Administers training. Maintains training record. Develops training material. Conducts training. Receives training. Reads publication.

I5. SUPPLY: Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE: Maintains office equipment. Maintains shop equipment. Maintains test equipment.

I7. CLEAN-UP: Prepares work area. Puts work away. Cleans work area.

JOINT HEALTHCARE MANPOWER TABLE									TABLE ONE	
WORK CENTER TITLE/CODE: Obstetrics/Gynecology DoD 6102 (NON-GME)	EXTRAPOLATION LIMITS: See Application Instructions					Y1 - 277.649-1618.829 Y2 - 973.008-5056.312				
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	1	1	2	2	2	3	3	4	4	4
Clinical Nurse	1	1	1	1	1	1	1	1	1	1
*Medical Technician		1	1	1	2	2	3	3	3	4
*Administrative Support				1	1	1	1	1	2	2
TOTAL	2	3	4	5	6	7	8	9	10	11
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	5	5	6	6	7	7	7	8	8	8
Clinical Nurse	1	1	1	1	1	1	2	2	2	2
*Medical Technician	4	5	5	5	5	6	6	6	6	7
*Administrative Support	2	2	2	3	3	3	3	3	4	4
TOTAL	12	13	14	15	16	17	18	19	20	21
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	9	9	10	10	10	11	11	12	12	13
Clinical Nurse	2	2	2	2	2	2	2	2	2	2
*Medical Technician	7	8	8	8	9	9	10	10	10	10
*Administrative Support	4	4	4	5	5	5	5	5	6	6
TOTAL	22	23	24	25	26	27	28	29	30	31
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	13	14	14							
Clinical Nurse	2	2	2							
*Medical Technician	11	11	11							
*Administrative Support	6	6	7							
TOTAL	32	33	34							

*NOTE: Medical Technician and Administrative Support requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE									TABLE TWO	
WORK CENTER TITLE/CODE: Obstetrics/Gynecology DoD 6102 (NON-OB/GYN GME)	EXTRAPOLATION LIMITS: 2420.675-6210.523 See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	7	7	7	8	8	8	9	9	10	10
Clinical Nurse	2	2	2	2	2	2	2	2	2	2
*Medical Technician	4	5	6	6	7	7	7	8	8	8
*Administrative Support	3	3	3	3	3	4	4	4	4	5
TOTAL	16	17	18	19	20	21	22	23	24	25
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	10	11	11	11	12	12	12	13	13	14
Clinical Nurse	2	2	3	3	3	3	3	3	3	3
*Medical Technician	9	9	9	10	10	10	11	11	12	12
*Administrative Support	5	5	5	5	5	6	6	6	6	6
TOTAL	26	27	28	29	30	31	32	33	34	35
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	14	14	15	15	16	16	16			
Clinical Nurse	3	4	4	4	4	4	4			
*Medical Technician	12	12	12	13	13	13	14			
*Administrative Support	7	7	7	7	7	8	8			
TOTAL	36	37	38	39	40	41	42			

*NOTE: Medical Technician and Administrative Support requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE										TABLE THREE
WORK CENTER TITLE/CODE: Obstetrics/Gynecology DoD 6102 (OB/GYN GME)	EXTRAPOLATION LIMITS: 2416.665-13266.635 See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	7	7	8	8	8	9	9	10	10	10
Clinical Nurse	1	1	1	2	2	2	2	2	2	2
*Medical Technician	5	6	6	6	7	7	8	8	8	9
*Administrative Support	3	3	3	3	3	3	3	3	4	4
TOTAL	16	17	18	19	20	21	22	23	24	25
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	11	11	12	12	13	13	13	14	14	14
Clinical Nurse	2	2	2	2	2	2	2	2	2	2
*Medical Technician	9	10	10	10	10	11	11	11	11	12
*Administrative Support	4	4	4	5	5	5	6	6	7	7
TOTAL	26	27	28	29	30	31	32	33	34	35
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	15	15	16	16	16	17	17	18	18	18
Clinical Nurse	2	2	2	2	2	2	2	2	2	2
*Medical Technician	12	13	13	13	14	14	15	15	15	16
*Administrative Support	7	7	7	8	8	8	8	8	9	9
TOTAL	36	37	38	39	40	41	42	43	44	45
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	18	19	20	20	20	21	21	22	22	22
Clinical Nurse	3	3	3	3	3	3	3	3	3	3
*Medical Technician	16	16	16	16	17	17	18	18	18	19
*Administrative Support	9	9	9	10	10	10	10	10	11	11
TOTAL	46	47	48	49	50	51	52	53	54	55

*NOTE: Medical Technician and Administrative Support requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE									TABLE THREE	
WORK CENTER TITLE/CODE: Obstetrics/Gynecology DoD 6102 (OB/GYN GME)	**EXTRAPOLATION LIMITS:** 2416.665-13266.6358 See Application Instructions									
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
Provider	23	23	24	24	25	25	26	26	26	26
Clinical Nurse	3	3	3	3	3	3	3	3	4	4
*Medical Technician	19	20	20	20	20	21	21	21	21	22
*Administrative Support	11	11	11	12	12	12	12	13	13	13
TOTAL	56	57	58	59	60	61	62	63	64	65
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
Provider	27	27	28	28	28	29	29	30	30	30
Clinical Nurse	4	4	4	4	4	4	4	4	4	5
*Medical Technician	22	23	23	23	24	24	25	25	25	25
*Administrative Support	13	13	13	14	14	14	14	14	15	15
TOTAL	66	67	68	69	70	71	72	73	74	75
SPECIALTY TITLE			**MANPOWER REQUIREMENTS**							
Provider	30	31	31	32	32	33	33	34	34	34
Clinical Nurse	5	5	5	5	5	5	5	5	5	5
*Medical Technician	26	26	27	27	27	27	28	28	28	29
*Administrative Support	15	15	15	15	16	16	16	16	17	17
TOTAL	76	77	78	79	80	81	82	83	84	85
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
Provider	35	35	36	36	37	37				
Clinical Nurse	5	5	5	5	5	5				
*Medical Technician	29	30	30	30	30	31				
*Administrative Support	17	17	17	18	18	18				
TOTAL	86	87	88	89	90	91				

*NOTE: Medical Technician and Administrative Support requirements may be substituted for one another according to Service/local needs.

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Podiatry Services

1. Objective. To quantify the manpower required to accomplish the tasks described in the Podiatry Services work center description for varying levels of workload volume. This JHMS supersedes Appendix A-6106 of DoD 6025.12-STD and is mandatory for use by all DoD components.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of Podiatry Service in a peacetime environment only. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type II.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-Hour Equations.

(1) MTFs that provide Podiatry Clinic services only.

$Y_1 = 98.88 + 0.8261X_1$

(2) MTFs that provide Podiatry Clinic services and inpatient surgery services.

$Y_2 = 113.6 + 0.8967X_1 + 3.863X_2$

d. Workload Factors.

(1) X_1.

(a) Title. A Podiatry Services Patient Visit.

(b) Definition. The average monthly number of inpatient and outpatient visits reportable to a Podiatry Clinic for diagnosis, consultation, or treatment. A visit is countable each time an eligible beneficiary arrives at the clinic for examination, diagnosis, treatment, evaluation, consultation, counseling, and medical advice; and a signed and dated entry is made in the patient's health record or other record of medical treatment. Count includes initial and follow-up patient visits.

(c) Source. Medical Expense and Performance Reporting System (MEPRS), Stepdown Assignment Statistic (SAS) 003, Code BEF.

(2) X_2.

(a) Title. A Podiatric Inpatient Surgical Case.

(b) Definition. The average monthly number of Podiatric inpatient surgical cases for your medical treatment facility. An inpatient surgical case is counted as the performance of one or more inpatient surgical procedures on an individual patient in the medical treatment facility's Operating Room.

(c) Source. Local count. Medical Treatment Facility Operating Room Surgical Log.

6. Manpower Table. One manpower table applies to both equations. See Attachment 2.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Tables (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the equation in paragraph 5 that applies to your MTF.

Step 2: Obtain a 12-month average for the number of podiatry patient visits to obtain X_1.

Step 3: (As applicable) Obtain a 12-month average for the number of Podiatric inpatient surgical cases to obtain X_2. Do not count each individual surgical procedure as a case.

Step 4: Compute the basic equation man-hours using the applicable equation. MTFs which provide clinic services only should use equation in paragraph 5.c.(1) above. MTFs which provide clinic services and inpatient surgery services should use

equation in paragraph 5.c.(2) above.

Step 5: Compute man-hours through the application of approved service exceptions. Sum these man-hours to the man-hours earned by the basic equation in Step 3.

Step 6: Divide the total man-hours earned in Step 5 by the applicable Service Man-hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 7: Refer to the whole manpower requirements column of the standard manpower table (Attachment 2) for number and types of personnel earned.

8. Statement of Conditions.

a. There are two stratifications for Podiatry Services:

(1) Podiatry Clinic Services without inpatient surgery.

(2) Podiatry Clinic Services with inpatient surgery services.

b. Individual Continuing Medical Education (CME). Regulatory requirements for CME have been included in the standard. Podiatrists have been allotted 35 hours per year for CME.

c. Mode of Operation. Normal operating hours of each clinic are 8 hours per day, 5 days a week, Monday through Friday. Ward rounds may vary at each facility.

d. This standard does not include man-hours for the Podiatry Residency Training Program. This program is not conducted by all three Services.

e. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, waste removal, et cetera. Clinic personnel are required to maintain desk tops, counter tops, and equipment.

f. Medical Readiness and Mobility. Medical readiness and mobility posture is an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

#First Amendment (Ch 3, 1/15/93)

g. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). JHMSs are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships to derive required man-hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements. Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU120-007, PU120-008, PU120-009 and the ICD9-CM Reports, may be obtained by writing to:

OCHAMPUS
Information Systems Division
Aurora, CO 80045-6900

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Table

WORK CENTER DESCRIPTION
Podiatry Services

DIRECT:

1. PODIATRY CLINIC PROFESSIONAL CARE:

1.1. REVIEWS MEDICAL RECORD, OBTAINS PATIENT'S MEDICAL HISTORY, AND PERFORMS EXAMINATION:

1.1.1. INPATIENT. Reviews inpatient medical record/chart to assess patient's current medical status and determines reason for clinic visit; obtains and records history of current podiatric problem and any other medical problem, including allergies; and examines patient to determine ailment/condition.

1.1.2. OUTPATIENT. Reviews outpatient medical record/chart to assess patient's current medical status and determines reason for clinic visit; obtains and records history of current podiatric problem and any other medical problem, including allergies; evaluates result of treatment rendered on any previous visit; and examines patient to determine ailment/condition.

1.2. ADMINISTERS AND DOCUMENTS TREATMENT:

1.2.1. SURGICAL TREATMENT. Treats patient by surgical means; arranges for laboratory, X-Ray, and other diagnostic tests as needed and interprets results; provides outpatient instruction; applies/removes cast, splint, dressing, taping and other forms of immobilization; issues prescriptions for Pharmacy, Cast Room and/or Brace Shop (Orthotics Lab); requests consultation in writing, telephonically, or in person from other specialty/agency as needed; and updates inpatient/outpatient medical record master problem list.

1.2.2. NONSURGICAL TREATMENT. Treats patient by nonsurgical means; arranges for laboratory, X-Ray, and other diagnostic tests as needed and interprets results; provides outpatient instruction; applies/removes cast, splint, dressing, taping and other forms of immobilization (includes impressions for foot orthotics); issues prescriptions for Pharmacy, Cast Room and/or Brace Shop (Orthotics Lab); requests consultation in writing, telephonically, or in person from other specialty/agency as needed; updates inpatient/outpatient medical record master problem list; and drafts/prepares or updates profile.

1.3. CONSULTATION. Receives and reviews written, telephonic, or in person consultation; and provides written, telephonic or in

person consultation to requesting agency or healthcare provider.

1.4. DRAFTS/DICTATES MEDICAL SUMMARY:

1.4.1. PREPARES MEDICAL EVALUATION BOARD, LIMITED DUTY BOARD, PHYSICAL EVALUATION BOARD AND/OR EXISTED PRIOR TO ENLISTMENT BOARD DOCUMENTATION.

1.4.2. PREPARES DISCHARGE SUMMARY, INPATIENT NARRATIVE AND/OR AIR EVACUATION SUMMARY.

1.4.3. PREPARES DISABILITY EVALUATION SUMMARY AND/OR DOCUMENTATION FOR TEMPORARY DISABILITY RETIREMENT LIST (TDRL).

1.5. RESPONDS TO EMERGENCY ROOM CONSULTATION/TREATMENT. Travels to and from Emergency Room and provides necessary evaluation and treatment for patient in Emergency Room.

2. PODIATRY SUPPORT CARE:

2.1. PREPARES EXAMINATION ROOM AND PATIENT. Sets up instruments and equipment for podiatry procedure; prepares patient for examination; and records temperature, pulse, respiration, and blood pressure.

2.2. ASSISTS PODIATRIST. Assists Podiatrist during examination; performs chaperone duty; administers treatment as directed by Podiatrist; applies/removes cast, splint, dressing, taping and other forms of immobilization (including impressions for foot orthotics); and documents care in medical record.

2.3. ORDERS, STOCKS, AND ENSURES REQUIRED MEDICAL SUPPLIES ARE AVAILABLE.

3. PODIATRIC ADMISSIONS AND SURGERY:

3.1. PREPARES FOR SURGICAL OR MEDICAL ADMISSIONS:

3.1.1. PLANS AND DOCUMENTS INPATIENT CARE. Reviews diagnosis and all pertinent tests to plan inpatient care; and documents plan.

3.1.2. PREPARES APPROPRIATE ADMISSION PACKET:

3.1.2.1. PREPARES SHORT FORM. Prepares SF 539, (Medical Record-Abbreviated Medical Record), plus appropriate forms. Arranges for review and completion of admission examination by credentialed provider, and schedules surgery if necessary.

3.1.2.2. PREPARES LONG FORM. Prepares SF 504, (Clinical Record History Part 1), SF 505, (Clinical Record-History Part 2 and 3), SF 506, (Clinical Record-Physical Examination), SF 507, (Clinical

Record-Report on or Continuation of SF) plus other appropriate forms. Arranges for review and completion of admission examination by credentialed provider and schedules surgery if necessary.

3.1.3. OBTAINS ADMISSION HISTORY AND PERFORMS LOWER EXTREMITY PHYSICAL EXAMINATION.

3.1.4. ADVISES PATIENT. Advises patient on proposed course of treatment and required tests before admission; obtains consent; reviews documentation to ensure required tests have been completed; and directs patient to ward.

3.1.5. PREPARES PATIENT FOR SURGERY. Advises or assists patient in gowning; places patient in correct position for surgery; cleans, shaves, or prepares area for surgery; and assists in transporting patient to surgery.

3.1.6. PERFORMS PRE-OPERATIVE PREPARATION. Requests and reviews selection of surgical instrument pack contents; briefs surgical team on procedure; instructs circulating nurse and operating room technician in handling special equipment; coordinates with Anesthesia Department; dresses in surgical clothing and mask; scrubs hands; monitors/administers anesthesia; and examines patient.

3.2. PERFORMS AND/OR ASSISTS WITH SURGICAL PROCEDURE, OBTAINS NEGATIVE MOLD, AND APPLIES CAST, SPLINT, OR OTHER FORM OF IMMOBILIZATION:

3.2.1. PERFORMS AS PRIMARY SURGEON.

3.2.2. PERFORMS AS ASSISTANT SURGEON.

3.2.3. ASSISTS PODIATRIST AS SCRUB TECHNICIAN.

3.3. ACCOMPLISHES POST-OPERATIVE PROCEDURES. Transports patient to Recovery Room; provides instructions to Recovery Room personnel; notifies waiting family member(s) of patient's condition; and prepares post-operative documentation.

4. WARD ROUNDS. Reviews clinical record; examines patient; prescribes/administers treatment, tests, and medication; provides instructions to nursing personnel; and updates inpatient medical record.

5. CLINICAL ADMINISTRATION:

5.1. PROVIDES PATIENT INFORMATION. Answers telephone and or walk-in inquiry; and screens medical record of walk-in patient and refers patient to appropriate clinic, healthcare provider, or Central Appointments.

5.2. MAINTAINS APPOINTMENT REGISTER: Maintains appointment register or obtains and reviews patient appointment register from Central Appointments.

5.2.1. OBTAINS PROVIDER(S)' SCHEDULE AND INPUTS DATA INTO APPOINTMENT SYSTEM DATA BASE. Obtains schedule of each provider and inputs data into appointment system data base or gives schedule to appointment desk.

5.2.2. OPERATES APPOINTMENT SYSTEM, MAKING INITIAL/FOLLOW-UP APPOINTMENT. Schedules patient for initial/follow-up appointment; prepares appointment slip; annotates appointment register or log; updates appointment system data base; and performs appointment register distribution.

5.2.3. OBTAINS/REVIEWS PATIENT APPOINTMENT REGISTER FROM CENTRAL APPOINTMENTS.

5.3. OBTAINS AND RETURNS PATIENT'S MEDICAL RECORD.

5.4. RECEIVES PATIENT. Greets patient; verifies appointment if scheduled patient; checks identification and eligibility; completes or annotates forms required for patient record; annotates patient log; directs patient to waiting area or examination room; and places patient record in Podiatrist's appointment box.

5.5. PREPARES REQUEST FOR ANCILLARY TEST AND EXTRANEOUS DOCUMENTS. Prepares request for, obtains, and receives results of x-ray, laboratory tests, or other ancillary service; and completes patient admission packet.

5.6. PREPARES FORM FOR PATIENT ACCOUNTABILITY. Prepares patient accountability form at end of day by verifying appointments made and missed; prepares reports on number of patients seen, specific diagnosis, type of treatment and list of no-shows; and provides reports/lists to the appropriate office.

5.7. INPUTS MEDICAL DATA INTO COMPUTERIZED DATA BASE.

6. QUALITY ASSURANCE/RISK MANAGEMENT:

6.1. ATTENDS/CONDUCTS REQUIRED MTF COMMITTEE MEETING.

6.2. ADMINISTERS AND/OR DOCUMENTS QUALITY ASSURANCE PROGRAM.

6.3. CONDUCTS PEER REVIEW.

7. CONTINUING MEDICAL EDUCATION:

7.1. MAINTAINS CURRENCY. Keeps current with developments in pertinent subject matter for certification/licensure and/or credentialing.

7.2. CONDUCTS RESEARCH. Prepares and presents research paper and scientific exhibit/publication.

INDIRECT:

Indirect tasks are tasks performed that are not related to providing direct care to a patient. Such tasks were grouped and given a standard indirect allowance factor (SIAF) used in developing the staffing equation. The following are examples of indirect tasks:

I1. SUPERVISION: Administers personnel. Hires civilian employee. Indoctrinates personnel. Prepares military and civilian evaluation. Indorses military and civilian evaluation. Nominates personnel for award. Submits management improvement recommendation. Supervises personnel. Develops work center activity. Prepares routine correspondence. Counsels personnel. Reviews incoming and outgoing distribution. Reviews report and statistical data. Develops budget estimate. Inspects facility. Receives and assists visiting official.

I2. ADMINISTRATION: Types communication, letter or form, message, report, enlisted and officer evaluation, civilian appraisal, award/decoration, plan, schedule, or roster, and statistical data. Processes unclassified distribution. Maintains classified material. Maintains unclassified publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Provides stenographic service. Maintains appointment record. Acknowledges visitor.

I3. MEETING: Prepares for meeting. Conducts or attends meeting.

I4. TRAINING: Administers training. Maintains training record. Develops training material. Conducts training. Receives training. Reads publication.

I5. SUPPLY: Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE: Maintains office equipment.

Maintains shop equipment. Maintains test equipment.

I7. CLEAN-UP: Prepares work area. Puts work away. Cleans work area.

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Podiatry Services DoD 6106	**EXTRAPOLATION LIMITS:** 216.228 - 2058.881 See Application Instructions									
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
Podiatrist	1	1	2	3	3	4	4	5	5	6
* Medical Technician	1	1	1	1	2	2	3	3	4	4
* Administrative Support		1	1	1	1	1	1	1	1	1
TOTAL	2	3	4	5	6	7	8	9	10	11
SPECIALTY TITLE	**MANPOWER REQUIREMENTS**									
Podiatrist	6	7	7							
* Medical Technician	5	5	5							
* Administrative Support	1	1	2							
TOTAL	12	13	14							

* NOTE: Medical Technician and Administrative Support requirements may be substituted for one another according to Service/local needs.

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Urology Service.

1. Objective. To quantify the manpower required to accomplish the tasks described in the Urology work center description for varying levels of workload volume. This JHMS supersedes Appendix A-6111 of DoD 6025.12-STD and is mandatory for use by all DoD components.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to peacetime fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of Urology Services patient care in a peacetime environment only.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type II.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-hour Equations.

(1) MTFs that provide Urology services with a recognized Urology Graduate Medical Education (GME) Program.

$$Y_1 = 652.9 + 18.63(X_1) + 3.368(X_2)$$

(2) MTFs that provide Urology services, to include those locations with Family Practice and/or other non-Urology GME training.

$$Y_2 = 92.04 + 10.14(X_1) + 1.230(X_3)$$

d. Workload Factors.

(1) X_1.

(a) Title. A Urology Admission.

(b) Definition. The average monthly number of Urology admissions for your MTF. An admission is the act of placing an individual under treatment or observation in a medical center or a hospital. The day of admission is the day on which the medical center or hospital makes a formal acceptance of the patient who is to be provided with room, board, and continuous nursing service in an area of the hospital where patients normally stay at least overnight.

(c) Source. Medical Expense and Performance Reporting System (MEPRS), Stepdown Assignment Statistic (SAS) 008, Admissions by Specialty, Code ABK.

(2) X_2.

(a) Title. A Urologic Clinic Procedure.

(b) Definition. The average monthly number of Urologic Clinic procedures performed within the clinic, but does not include procedures performed in the main operating room and/or Same Day Surgery. A Urologic Clinic Procedure consists of the Cystoscopies, Retrograde Pyelograms, Leak Pressures, Cystometrograms (CMG), Electromyographies (EMG), Prostate Ultrasounds, Vasectomies, Circumcisions, Prostate Biopsies, Incision and Draining of Abscesses, Meatotomies, Urethral Dilatations, and Laser Treatments.

(c) Source. Obtain the number of Urologic Clinic procedures from the Urology Clinic Procedures Log or the monthly Urology Quality Assurance Report.

(3) X_3.

(a) Title. A Urology Patient Visit.

(b) Definition. The average monthly number of inpatient, outpatient, and quarters patient visits reportable to a separately organized and staffed Urology Service for diagnosis, consultation, or treatment. A visit is countable each time an eligible beneficiary arrives at the clinic for examination, diagnosis, treatment, evaluation, consultation, counseling, and/or medical advice; or is treated or observed in quarters; and a signed and dated entry is made in the patient's health record or other record of medical treatment. Count includes initial and follow-up patient visits and documented telephone consults with patients.

(c) Source. MEPRS, SAS 003, Total Patient Visits, Code BBI.

6. Manpower Tables. There are two applicable manpower tables. Table 1 applies to equation Y_1. Table 2 applies to equation Y_2. See Attachment 2.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Tables (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the equation in paragraph 5 that applies to your MTF.

Step 2: Obtain a 12-month average for the number of Urology Admissions to obtain X_1.

Step 3: Obtain a 12-month average for the number of Urologic Clinic Procedures to obtain X_2.

Step 4: Obtain a 12-month average for the number of Urology Patient Visits to obtain X_3.

Step 5: Compute the basic equation man-hours using the applicable equation, Y_1 or Y_2.

Step 6: Compute man-hours earned through the application of approved Service exceptions. Sum these man-hours to the man-hours earned by the basic equation in Step 5.

Step 7: Divide the total man-hours earned in Step 6 by the applicable Service Man-hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 8: Refer to the whole manpower column of the joint healthcare manpower table (Attachment 2) for types and number of personnel earned. The open-the-door requirement for Manpower Table One (GME) has been set at 13.

Step 9: Minimum Provider Manning to Support GME Training Missions (Applies to Y1 locations). Accreditation agencies recommend a 1:2 provider to resident ratio.

a. Minimum. Obtain a 12 month average of the number of residents assigned to your work center. Divide this number by 2. This is the minimum number of providers needed to support the

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training of residents at your location.

b. Compare number obtained in step 9a to the number of providers earned in step 8. If number earned in step 9a is less than or equal to number of providers in step 8, minimum has been met.

c. If the number earned in step 9a is greater than the providers earned in step 8, add providers needed until they are equal. Refer to the whole manpower requirements column of the standard manpower table (Attachment 2) that reflects the number of minimum providers needed and provides the largest number of support personnel. For example:

Providers earned in Step 8:	4
Average residents assigned:	10
Step 9a:	10/2 = 5
Step 9b:	5 > 4
Step 9c:	4+1 = 5
	Total providers needed 5.
	Cclumn 22: 5 providers
	and 17 support personnel.

8. Statement of Conditions

a. There are two stratifications of the Urology Services:

(1) Urology Services with an organized Urology GME training program.

(2) Urology Services, to include MTFs with Family Practice and/or other non-Urology GME training.

b. Residents and Other Contributors. The workload contributed by residents, volunteers, borrowed labor, and others was included in this measurement. Their contributions to work center outputs need to be considered when interpreting the manpower tables.

c. Individual Continuing Medical Education (CME) and Nursing Continuing Education Units (CEU). Regulatory requirements for CME and CEUs have been included in the standard. Physicians have been allotted 50 hours per year for CME. Nurses (nurse practitioners and clinical nurses) have been allowed 20 hours per year for CEUs.

d. Mode of Operation. Normal operating hours of each clinic are 8 hours per day, 5 days a week, Monday through Friday.

e. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, and waste removal. Clinic personnel are required to maintain desk tops,

counter tops, and equipment.

f. Medical Readiness and Mobility. Medical readiness and mobility posture is an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

g. Department Level Resources. Manpower requirements in overhead functions (Department Chiefs, etc.) are not incorporated into this JHMS. This workload will be accommodated by the JHMET on a separate Departmental Services Study.

h. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). JHMSs are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships to derive required man-hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of the total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements. Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU120-007, PU120-008, PU120-009, and the ICD9-CM Reports, may be obtained from OCHAMPUS by writing to:

OCHAMPUS
Information Systems Division
Aurora, CO 80045-6900

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Tables

WORK CENTER DESCRIPTION
UROLOGY

DIRECT:

1. UROLOGICAL PROFESSIONAL CLINICAL CARE:

1.1. OBTAINS MEDICAL HISTORY: Reviews medical record; obtains historical data on present complaint; and assesses the number, reason, problem, procedure performed, and treatment. Reviews current medical therapy; records any patient allergies; and obtains history of, and records any medical problems.

1.1.1. OBTAINS INITIAL HISTORY.

1.1.2. OBTAINS FOLLOW-UP HISTORY.

1.2. PERFORMS EXAMINATION:

1.2.1. PERFORMS PHYSICAL.

1.2.2. PERFORMS URINALYSIS.

1.2.3. PERFORMS CYSTOSCOPY.

1.2.4. PERFORMS RETROGRADE PYELOGRAPHY.

1.2.5. PERFORMS URODYNAMICS. Performs leak pressures, cystometrograms (CMGs), and electromyographies (EMGs), under fluoroscopy.

1.2.6. PERFORMS PROSTATE ULTRASOUND.

1.2.7. PERFORMS DIAGNOSTIC IMPOTENCY EVALUATION. Performs penile injections, penile blood pressures, and instructs patient on vacuum erection device.

1.2.8. PERFORMS DIAGNOSTIC RADIOGRAPHIC STUDY. Performs loop-o-grams, nephrostograms, fistulagrams, retrograde urethrograms (RUGs), and voiding cystourethrograms (VCUGs).

1.3. EVALUATES, DOCUMENTS, AND DISCUSSES EXAMINATION RESULTS: Documents results and counsels patient.

1.3.1. EVALUATES URINALYSIS.

1.3.2. EVALUATES CYSTOSCOPY AND/OR RETROGRADE PYELOGRAPHY.

1.3.3. EVALUATES URODYNAMICS.

1.4. PERFORMS OUTPATIENT TREATMENT: Provides minor surgical treatment under local anesthesia.

1.4.1. PERFORMS MINOR SURGICAL PROCEDURE:

1.4.1.1. PERFORMS VASECTOMY.

1.4.1.2. PERFORMS CIRCUMCISION.

1.4.1.3. PERFORMS PROSTATE BIOPSY/ASPIRATION.

1.4.1.4. PERFORMS INCISION AND DRAIN/PACK ABSCESS.

1.4.1.5. PERFORMS MEATOTOMY.

1.4.1.6. PERFORMS URETHRAL DILATATION.

1.4.1.7. PERFORMS LASER TREATMENT OF SURFACE LESION.

1.4.1.8. PERFORMS ACETIC ACID TEST AND TREATMENT OF WART.

1.4.2. PERFORMS POST-SURGICAL CARE:

1.4.2.1. REMOVES URETERAL STENTS.

1.4.2.2. PLACES OR CHANGES URETERAL STENTS.

1.4.2.3. PLACES, REMOVES OR REPLACES NEPHROSTOMY TUBE.

1.4.2.4. PLACES, REMOVES OR REPLACES URINARY CATHETER. Places, removes or replaces Foley or suprapubic catheter.

1.5. DEVELOPS AND DOCUMENTS TREATMENT PLAN. Plans ancillary service, prepares ancillary requests, evaluates ancillary test results, arranges for consultation, completes clinical record consultation sheet, contacts consultant service, prepares prescription, provides outpatient education, and updates outpatient record.

1.6. MAKES APPROPRIATE PATIENT DISPOSITION:

1.6.1. COMPLETES ADMISSION PAPERWORK. Completes admission form, completes admitting orders, schedules surgery, arranges for bed, obtains history and performs physical examination.

1.6.2. PREPARES ACTIVE DUTY DISPOSITION. Places patient on quarters or binnacle list or sick in quarters (SIQ), determines patient duty status, and prepares duty excuse.

1.7. DRAFTS OR DICTATES MEDICAL LETTER OR BOARD. Records statement of patient's current medical problem, reaction to

medication, treatment, or therapy, and records diagnosis and follow-up treatment needed.

1.7.1. DRAFTS OR DICTATES MEDICAL LETTER.

1.7.2. DRAFTS OR DICTATES MEDICAL EVALUATION BOARD (MEB) OR PHYSICAL EVALUATION BOARD (PEB).

2. UROLOGICAL WARD ROUNDS. Reviews clinical record; examines patient; discusses current medical condition; prescribes ancillary test, treatment, or medication; administers treatment; provides patient care instruction to nursing and ward personnel; updates inpatient record; and provides patient education.

3. SURGERY:

3.1. PREPARES FOR SURGERY:

3.1.1. OBTAINS AND DOCUMENTS INFORMED CONSENT. Completes patient consent form; performs preoperative patient history review; prepares preoperative patient chart and note.

3.1.2. PREPARES FOR SURGICAL PROCEDURE. Briefs Operating Room personnel on procedure; requests the selection of surgical instruments; instructs circulating nurse and Operating Room technician in handling special equipment; coordinates with anesthesiologist; changes into surgical scrubs; positions patient; shaves and prepares patient; drapes patient; scrubs hands; dresses in surgical Operating Room attire; and examines patient under anesthesia.

3.2. PERFORMS SURGICAL PROCEDURE.

3.3. COMPLETES POSTOPERATIVE CARE. Completes pathology study form; checks for perioperative complication; observes and records vital sign or reviews vital sign previously obtained; prepares postoperative order; writes inpatient chart operation note; provides instruction to nursing personnel; discusses patient's condition, treatment plan, and progress with patient or patient's family; and dictates entry for inpatient record.

3.4. ASSISTS OTHER PHYSICIAN IN SURGERY. Provides assistance to other physician.

4. PROVIDES INTRAOPERATIVE CONSULTATION.

5. UROLOGICAL TECHNICIAN AND NURSING SUPPORT:

5.1. PREPARES TREATMENT AREAS. Procures supplies and stocks treatment areas and crash cart.

5.2. SETS UP INSTRUMENTS, EQUIPMENT AND SUPPLIES FOR PROCEDURE.

Prepares instrument stand. Takes instruments and medical supplies from central supply area and places on urological instrument stand.

5.3. RECEIVES AND PREPARES PATIENT. Greets patient, escorts to treatment area, provides undressing instructions, assists patient to table, and prepares and drapes patient for procedure.

5.4. ASSISTS PHYSICIAN WITH PROCEDURE:

5.4.1. ASSISTS PHYSICIAN WITH CYSTOSCOPY.

5.4.2. ASSISTS PHYSICIAN WITH RETROGRADE PYELOGRAPHY.

5.4.3. ASSISTS PHYSICIAN WITH URODYNAMICS. Assists physician with leak pressures, cystometrograms (CMGs), and electromyographies (EMGs), under fluoroscopy.

5.4.4. ASSISTS PHYSICIAN WITH PROSTATIC ULTRASOUND.

5.4.5. ASSISTS PHYSICIAN WITH DIAGNOSTIC RADIOGRAPHIC STUDY.

5.4.6. ASSISTS PHYSICIAN WITH VASECTOMY.

5.4.7. ASSISTS PHYSICIAN WITH CIRCUMCISION.

5.4.8. ASSISTS PHYSICIAN WITH PROSTATE BIOPSY/ASPIRATION.

5.4.9. ASSISTS PHYSICIAN WITH INCISION AND DRAIN/PACK ABSCESS.

5.4.10. ASSISTS PHYSICIAN WITH MEATOTOMY.

5.4.11. ASSISTS PHYSICIAN WITH URETHRAL DILATATION.

5.4.12. ASSISTS PHYSICIAN WITH REMOVAL OF URETERAL STENTS.

5.4.13. ASSISTS PHYSICIAN WITH PLACING OR CHANGING URETERAL STENTS.

5.4.14. ASSISTS PHYSICIAN WITH PLACING, REMOVAL OR REPLACING NEPHROSTOMY TUBE.

5.4.15. ASSISTS PHYSICIAN WITH PLACING, REMOVING OR REPLACING URINARY CATHETER. Assists physician with placing, removal or replacement of Foley or suprapubic catheter.

5.5. PERFORMS UROLOGIC PROCEDURE:

5.5.1. PERFORMS LABORATORY PROCEDURE:

5.5.1.1. PERFORMS URINALYSIS.

5.5.1.2. PERFORMS GRAM STAIN, QUICK CULTURE, AND SEMEN ANALYSIS.

5.5.2. PERFORMS URORADIOGRAPHIC PROCEDURE:

5.5.2.1. PERFORMS INTRAVENOUS PYELOGRAM/EXCRETORY UROGRAM.

5.5.2.2. PERFORMS OTHER URORADIOGRAPHIC PROCEDURES. Performs loop-o-grams, nephrostograms, fistulagrams, retrograde urethrograms (RUGs), and voiding cystourethrograms (VCUGs).

5.5.3. PERFORMS CIRCUMCISION.

5.5.4. PERFORMS URODYNAMICS:

5.5.4.1. PERFORMS FLOW RATE TO INCLUDE POST VOID RESIDUAL.

5.5.4.2. PERFORMS CYSTOMETROGRAM (CMG), ELECTROMYOGRAM (EMG), URETHRAL PRESSURE PROFILE.

5.5.5. PERFORMS CATHETERIZATION NOT IN CONJUNCTION WITH OTHER PROCEDURE. Performs trial void, catheterized urines, catheter changes, and bladder instillations.

5.5.6. ADMINISTERS MEDICATION.

5.6. PROVIDES OPERATING ROOM SUPPORT:

5.6.1. PREPARES INSTRUMENTS FOR OPERATING ROOM PROCEDURE.

5.6.2. ASSISTS PHYSICIAN WITH SURGICAL PROCEDURE.

5.7. CLEANS EQUIPMENT, INSTRUMENTS, AND ROOMS:

5.7.1. CLEANS EQUIPMENT, INSTRUMENTS, AND ROOMS IN CLINIC TREATMENT AREA.

5.7.2. PERFORMS TERMINAL (END OF DAY) CLEANING OF CLINIC TREATMENT AREA.

5.7.3. CLEANS EQUIPMENT, INSTRUMENTS, AND ROOM IN OPERATING ROOM.

5.7.4. PERFORMS TERMINAL (END OF DAY) CLEANING OF OPERATING ROOM.

5.7.5. CLEANS AND PREPARES CLINIC EQUIPMENT/INSTRUMENTS TO BE SENT FOR STERILIZATION.

5.7.6. CLEANS AND PREPARES OPERATING ROOM EQUIPMENT/INSTRUMENTS TO BE SENT FOR STERILIZATION.

5.8. PERFORMS PATIENT TEACHING. Teaches self-catheterization, Rigiscan, chemotherapy, vacuum erection device, vasectomy counseling.

6. CLINIC ADMINISTRATION:

6.1. SCHEDULES APPOINTMENT.

6.2. OBTAINS AND RETURNS PATIENT RECORD AND OR X-RAY. Completes Chargeout Record for each advance scheduled appointment. Walks to Record Section, obtains records and returns to clinic with records.

6.3. RECEIVES PATIENT. Greets patient; verifies appointment; pulls patient record; screens record; obtains lab and x-ray data; obtains urine specimen; and completes pre-examination portion of Standard Form 600, Health Record-Chronological Record of Medical Care.

6.4. RELEASES PATIENT. Prepares required lab and or x-ray request. Reviews record for completeness.

6.5. RECEIVES AND DOCUMENTS INPATIENT AND TELEPHONE CONSULTS.

6.6. PREPARES PREADMISSION PAPERWORK.

6.7. INVENTORIES AND ORDERS MEDICAL EQUIPMENT AND SUPPLIES.

6.8. COMPLETES PATIENT ACCOUNTABILITY LOG.

7. ELECTIVE SURGERY NOTIFICATION. Notifies patient of surgery, posts verification of surgery, and notifies patient of surgery change.

8. QUALITY ASSURANCE (QA)/RISK MANAGEMENT/UTILIZATION REVIEW:

8.1. ATTENDS/CONDUCTS DEPARTMENT/SERVICE QA AND MORBIDITY AND MORTALITY (MM) MEETING.

8.2. ATTENDS HOSPITAL QA COMMITTEE MEETING.

8.3. CONDUCTS RETROSPECTIVE, CONCURRENT, AND PROSPECTIVE CASE REVIEW:

8.3.1. CONDUCTS DEPARTMENTAL CASE REVIEW.

8.3.2. RESPONDS TO PATIENT COMPLAINT.

8.3.3. DRAFTS/DICTATES RESPONSE TO JAGMAN, IG/COMMAND, AND CONGRESSIONAL INQUIRY.

8.3.4. REVIEWS JAGMAN, IG/COMMAND, AND CONGRESSIONAL INQUIRY.

8.4. ASSISTS CREDENTIALS COMMITTEE BY PROVIDING DATA AND REVIEWING NECESSARY RECORDS AND REQUIREMENTS FOR CREDENTIALING.

8.5. COMPILES DATA FOR QA.

9. CONTINUING MEDICAL EDUCATION (CME). Keeps current with developments in pertinent subject matter for certification/ recertification, licensure, and credentialing.

10. STAFF RECRUITMENT. Interviews and screens prospective applicant.

11. RESIDENCY TRAINING PROGRAM:

11.1. PROVIDES TRAINING:

11.1.1. CONDUCTS CONFERENCE. Prepares for and conducts intradepartmental teaching conference including didactic lecture and case discussion.

11.1.2. REVIEWS RECORD. Reviews inpatient records prepared by residents and staff for completeness and appropriateness.

11.1.3. PREPARES, PERFORMS AND DELIVERS INTERDEPARTMENTAL TEACHING. Provides lecture and/or seminar, and inservice to ward and clinic personnel.

11.2. PROVIDES ADMINISTRATION:

11.2.1. PREPARES CURRICULUM:

11.2.1.1. PREPARES MONTHLY CURRICULUM. Establishes, reviews and revises residency training curriculum.

11.2.1.2. PREPARES YEARLY CURRICULUM INTERNAL AUDIT/REVIEW.

11.2.1.3. PREPARES AND REVIEWS CORRESPONDENCE AND REPORTS REQUIRED BY RESIDENCY REVIEW COMMITTEE FOR UROLOGY.

11.2.2. INTERVIEWS AND CORRESPONDS WITH PROSPECTIVE RESIDENT AND MEDICAL STUDENT.

12. PERFORMS RESEARCH:

12.1. PREPARES CLINICAL OR LABORATORY RESEARCH. Reviews

literature, prepares protocol, and presents protocol to approving bodies.

12.2. CONDUCTS CLINICAL OR LABORATORY RESEARCH.

12.3. PREPARES REPORT FOR PUBLICATION AND PRESENTATION.

Indirect tasks are tasks performed that are not related to providing direct care to a patient. Such tasks were grouped and given a standard indirect allowance factor (SIAF) used in developing the staffing equation. The following are examples of indirect tasks:

INDIRECT:

I1. SUPERVISION. Administers personnel. Hires civilian employee. Indoctrinates personnel. Prepares military and civilian evaluation. Endorses military and civilian evaluation. Nominates personnel for award. Submits management improvement recommendation. Supervises personnel. Develops standard publication or other directive. Directs work center activity. Prepares routine correspondence. Counsels personnel. Reviews incoming and outgoing distribution. Reviews report and statistical data. Develops budget estimate. Inspects facility. Receives and assists visiting official.

I2. ADMINISTRATION. Types communication, letter or form, message, report, enlisted and officer evaluation, civilian appraisal, award/decoration, plan, schedule or roster, and statistical data. Processes unclassified distribution. Maintains classified material. Maintains unclassified publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Provides stenographic service. Maintains appointment record. Acknowledges visitor.

I3. MEETING. Prepares for meeting. Conducts or attends meeting.

I4. TRAINING. Administers training. Maintains training record. Develops training material. Conducts training. Receives training. Reads publication.

I5. SUPPLY. Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE. Maintains office equipment. Maintains shop equipment. Maintains test equipment.

I7. CLEAN-UP. Prepares work area. Puts work away. Cleans work area.

JOINT HEALTHCARE MANPOWER TABLE								TABLE ONE			
WORK CENTER TITLE/CODE: Urology DoD 6108 (GME)	EXTRAPOLATION LIMITS: Minimum Manning to Upper Extrapolation Limit (6316.16) See Application Instructions										
SPECIALTY TITLE	MANPOWER REQUIREMENTS										
Urologist	4	4	4	4	4	4	5	5	5	5
Registered Nurse	1	1	1	1	1	1	1	1	2	2
* Urology Technician	5	6	7	7	8	9	9	10	10	10
* Administrative Support	3	3	3	4	4	4	4	4	4	5
TOTAL	13	14	15	16	17	18	19	20	21	22
SPECIALTY TITLE	MANPOWER REQUIREMENTS										
Urologist	6	6	6	6	6	7	7	7	7	7
Registered Nurse	2	2	2	2	2	2	3	3	3	3
* Urology Technician	10	10	11	12	12	12	12	13	14	14
* Administrative Support	5	6	6	6	7	7	7	7	7	8
TOTAL	23	24	25	26	27	28	29	30	31	32
SPECIALTY TITLE	MANPOWER REQUIREMENTS										
Urologist	8	8	8	8	8	8	8	9	9	9
Registered Nurse	3	3	3	4	4	4	4	4	5	5
* Urology Technician	14	15	15	15	16	17	17	17	17	17
* Administrative Support	8	8	9	9	9	9	10	10	10	11
TOTAL	33	34	35	36	37	38	39	40	41	42

* - Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE TABLE ONE										
WORK CENTER TITLE/CODE: Urology DoD 6108 (GME)	EXTRAPOLATION LIMITS: Minimum Manning to Upper Extrapolation Limit (6316.16) See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Urologist	9									
Registered Nurse	5									
* Urology Technician	18									
* Administrative Support	11									
TOTAL	43									

* - Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE								TABLE TWO		
WORK CENTER TITLE/CODE: Urology DoD 6108 (Other than GME)	EXTRAPOLATION LIMITS: 330.60 - 2286.57 See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Urologist	1	2	2	2	3	3	4	4	4	4
Registered Nurse									1	1
* Urology Technician	2	2	2	3	3	4	4	4	4	5
* Administrative Support			1	1	1	1	1	2	2	2
TOTAL	3	4	5	6	7	8	9	10	11	12
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Urologist	5	5	5							
Registered Nurse	1	1	1							
* Urology Technician	5	6	6							
* Administrative Support	2	2	3							
TOTAL	13	14	15							

* - Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Physical Examinations.

1. Objective. To quantify the manpower required to accomplish the tasks described in the Physical Examinations work center description for varying levels of workload volume.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of Physical Examinations in a peacetime environment only. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type II.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-hour Equation.

$$Y = 418.6 + .9714X$$

d. Workload Factor.

(1) Title. A Physical Examination Completed.

(2) Definition. The average monthly number of nonflying physical examinations completed by the Physical Examination work center.

(3) Source. ARMY - MED-302(R3), Medical Summary Report, Section II, line 171, "PHYSICAL EXAMS-COMPLETE," COLUMN "OUTPATIENT VISITS." NAVY - Worldwide Outpatient Reporting System, WORS DATA PRINT LIST, PROCEDURES DATA, UCA Code BHB. AIR FORCE - AF Form 235, Report of Patients, Section III, "OTHER VISIT AND PHYSICAL EXAM DATA," line 38, "OTHER COMPLETE PHYSICAL EXAMINATIONS."

6. Manpower Table. See Attachment 2.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Table (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the equation in paragraph 5.c. above.

Step 2: Obtain a 12-month average for the number of Physical Examinations completed.

Step 3: Compute the basic equation man-hours.

Step 4: Compute man-hours from the application of approved Service exceptions. Sum these man-hours to the man-hours earned by the basic equation in Step 3.

Step 5: Divide the total man-hours earned in Step 4 by the applicable Service Man-hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 6: Refer to the whole manpower column of the standard manpower table (Attachment 2) for types and number of personnel earned.

8. Statement of Conditions.

a. The following tasks were measured during standard development, but proved to be noncore (not applicable to all Services):

(1) PERFORMS CLINICAL EXAM BY HEALTHCARE PROVIDER. This task refers to the medical examination performed by a health care provider. This task was not applicable to the Air Force, since no health care providers are assigned in Physical Examinations in the Air Force. This task is performed in other provider work centers, such as Primary Care, Family Practice, and Aerospace Medicine in the Air Force and at some Army and Navy locations.

(2) PERFORMS QUARTERLY CALIBRATION. This task refers to the quarterly calibration of audiometric equipment. In the Army and at most Air Force locations this task is the responsibility of the Medical Equipment Maintenance function. Only daily calibrations were applicable to all three Services.

(3) PERFORMS MEDICAL RECORD REVIEW FOR PROFILE DETERMINATION. This task refers to the review of a medical

record by a provider or a technician for the purpose of determining the requirement for a physical profile change. It did not apply to the Navy.

(4) TYPES PROFILE AND FORWARDS COPY TO APPROPRIATE OFFICE. This task refers to the administrative portion of preparing a physical profile change. It did not apply to the Navy.

(5) REVIEWS 4T PROFILE. This task refers to the review of a temporary physical profile to determine if an individual is eligible to be returned to their previous profile. It did not apply to the Navy.

b. Normal operating hours for Physical Examinations are eight hours per day, five days per week.

c. This standard provides hours for performing optometric examinations, audiograms, and electrocardiograms generated by the Physical Examination work center. Some locations may not have the equipment to perform some or all of this work in Physical Examinations. At these locations, examinees are sent to another clinic to have the tests performed. An exclusion should be developed for locations where this work involves significant man-hours.

d. This standard does not provide hours for health care professionals performing clinical examinations. It provides for all nonprovider work associated with a physical examination. Provider work is performed in other work centers (Aerospace Medicine, Primary Care, Family Practice, etc.) at most locations.

e. This standard provides hours for operating an appointment system. Some locations make appointments for physical examinations through the central appointment system.

f. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, and waste removal. Clinic personnel are required to maintain desk tops, counter tops, and equipment.

g. Medical Readiness and Mobility. Medical readiness and mobility posture is an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

h. Some locations combine Aerospace Medicine and Physical

Examinations into one work center. At these locations the total requirements for the combined work center can be determined by applying this standard and the Physical Examinations standard seperately. The sum of these applications equal the total manpower requirements for the combined work center.

i. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Joint Healthcare Manpower Standards (JHMS) are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships, usually in the form of manpower equations, to derive required hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements. Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU 120-007, PU 120-008, PU 120-009, and the ICD9-CM Reports may be obtained from OCHAMPUS by writing to:

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Aurora, CO 80045-6900

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Table

WORK CENTER DESCRIPTION
Physical Examinations

DIRECT:

1. PHYSICAL EXAMINATION:

1.1. INSTRUCTS EXAMINEE. Instructs examinee on the preparation of physical examination forms (SF 88, laboratory reports, radiological reports, audiology reports, and any other forms associated with a physical examination).

1.2. COMPLETES HEALTH HISTORY. Reviews health history and other necessary forms with examinee for completeness and writes health history.

1.3. DIRECTS EXAMINEE. Directs examinee to appropriate examining stations.

1.4. OBTAINS BIOMETRICS DATA ON EXAMINEE:

1.4.1. OBTAINS AND RECORDS VITAL SIGNS. Obtains and records temperature, pulse rate, respiration, and blood pressure for pre- and post exercises, sitting examinee, standing examinee, and reclining examinee.

1.4.2. OBTAINS AND RECORDS HEIGHT AND WEIGHT CHECKS. Records height (standing and sitting) and weight; and obtains and records antropometric measurements.

1.4.3. PERFORMS MEASUREMENTS TO DETERMINE EXAMINEE'S PERCENT BODY FAT AND RECORDS RESULTS.

1.5. OBTAINS LABORATORY SPECIMENS AND SUBMITS FOR ANALYSIS. Collects specimen, labels specimen, and sends specimen to laboratory.

1.6. RETRIEVES AND COLLATES PHYSICAL EXAMINATION DATA PRIOR TO HEALTHCARE PROVIDER'S PHYSICAL EXAM, TO INCLUDE ALL APPROPRIATE REPORTS.

1.7. PERFORMS CHAPERONE FUNCTION DURING PROVIDER'S EXAMINATION AND LAB TEST.

1.8. CONTACTS EXAMINEE FOR REPEAT OR FOLLOW-UP TEST.

1.9. MANAGES SPECIALTY REFERRAL. Schedules and monitors

specialty appointments which are part of physical examination.

2. VISUAL SCREENING: Instructs examinee on procedure, performs examination and records results.

2.1. CONDUCTS VISUAL ACUITY SCREENING EXAMINATION.

2.2. CONDUCTS COLOR VISION TEST.

2.3. CONDUCTS RED LENS TEST.

2.4. CONDUCTS TONOMETRY EXAMINATION.

2.5. CONDUCTS DEPTH PERCEPTION TEST.

2.6. CONDUCTS OCCULAR MOTILITY TEST.

2.7. DETERMINES REFRACTIVE ERROR ON SPECTACLES WITH LENSOMETER.

3. AUDIOMETRIC EXAMINATION:

3.1. PERFORMS DAILY CALIBRATION OF EQUIPMENT.

3.2. CONDUCTS AUDIOMETRIC EXAMINATION. Prepares required form, instructs examinee in procedure, conducts audiometric exam, and documents results. Includes initial, routine, periodic, 15-hour noise-free, and 40-hour noise-free examination.

3.3. COMPARES RESULTS. Compares results of examination to previous audiograms.

3.4. COMPLETES REQUIRED HEARING CONSERVATION PROGRAM FORM. Reviews and completes form, checks for accuracy, and provides instructions/counseling to examinee.

3.5. REFERS PATIENT FOR CONSULTATION. Prepares consultation form to refer patient for further audiological examination.

4. ELECTROCARDIOGRAM (EKG) EXAMINATION:

4.1. ACCOMPLISHES EKG. Selects and arranges appropriate supplies and equipment; receives, signs in, and instructs patient on test procedure; attaches electrodes to patient. For computerized EKG, enters medical history data to telemed, ensures proper operation of electrocardiograph during recording process and disconnects upon completion. For manual EKG, tests machine, operates in-house electrocardiograph, monitors proper operation while accomplishing exam, and disconnects upon completion. Marks lead, cuts, and mounts EKG; folds and places lead in data bag; attaches tracing to appropriate form/clerical record/physical examination request. Assists and instructs examinee after examination.

4.2. PERFORMS CHAPERONE FUNCTION DURING EKG.

5. PULMONARY FUNCTIONS TESTING. Instructs examinee in test procedure, performs pulmonary function tests, and documents results.

6. POST-PHYSICAL EXAMINATION PAPERWORK. Collects, collates, and reviews examination paperwork; analyzes results; records finding; and releases to administration.

7. HEALTH QUALIFICATION. Reviews the medical record of incoming and outgoing personnel and cross-trainees for duty eligibility (this includes, but is not limited to, PRP, PCS, TDY, TAD, and mobility).

8. QUALITY ASSURANCE (QA)/RISK MANAGEMENT:

8.1. MAINTAINS/UPDATES QA PROGRAM. Maintains and updates QA program to be reviewed and approved annually by Quality Assurance Committee; includes developing important aspects of care and required periodic review.

8.2. ATTENDS DEPARTMENTAL QA MEETING.

8.3. MONITORS AND EVALUATES QA INDICATORS. Collects data; reviews and analyzes data; identifies problem; documents problem identification, review and analysis; conducts peer review studies; includes monitoring of infection control program.

8.4. PERFORMS CORRECTIVE ACTION AND FOLLOW-UP. Identifies, develops and implements solution for problem; evaluates solution for effectiveness and closes problem when resolved.

9. HEALTH RISK APPRAISAL/INTERVENTION:

9.1. PERFORMS HEALTH RISK APPRAISAL. Conducts wellness review, assesses risk and instructs in appropriate lifestyle changes.

9.2. CONDUCTS CARDIOVASCULAR SCREENING. Conducts cardiovascular screening, assesses results and provides counseling.

10. CLINIC ADMINISTRATION/PHYSICAL EXAMINATION PREPARATION:

10.1. PROVIDES VISITOR RECEPTION. Answers telephone or walk-in inquiry. Screens medical record of walk-in patient and refers patient to appropriate healthcare provider or central appointments.

10.2. SCHEDULES PHYSICAL EXAMINATION:

10.2.1. SCHEDULES INDIVIDUAL PHYSICAL EXAMINATION. Receives telephonic or in-person request for physical examination, requests and screens examinee's record to determine type of examination needed, schedules appointment, annotates appointment register and provides specific instructions to examinee about examination.

10.2.2. SCHEDULES UNIT PHYSICAL EXAMINATION FROM UNIT EXAMINATION ROSTER. Receives request for physical examination, schedules appointment, annotates appointment register and notifies requester.

10.3. PREPARES WORK AREA: Obtains, selects and arranges appropriate supplies and instruments. Tests equipment.

10.3.1. PERFORMS DAILY PREPARATION OF WORK AREA.

10.3.2. PERFORMS WEEKLY PREPARATION OF WORK AREA.

10.4. REQUESTS EXAMINEE MEDICAL RECORDS. Requests examinee medical records for scheduled examination.

10.5. REVIEWS EXAMINEE MEDICAL RECORDS. Reviews medical records for scheduled examination to determine specialty evaluations/tests required.

10.6. RECEIVES EXAMINEE. Greets examinee, enters name in appropriate register, and obtains required examination forms. Orders routine preliminary tests. Directs examinee to appropriate examination area.

10.7. CANCELS SCHEDULED APPOINTMENT.

10.8. PREPARES FORM FOR PATIENT ACCOUNTABILITY. Reviews appointment log to identify no-shows, prepares report on no-shows, and forwards report to appropriate office.

10.9. TYPES, FILES, AND COPIES EXAMINATION REPORT.

11. REVIEWS PROFESSIONAL SUBJECT MATTER. Keeps current with developments in pertinent subject matter for certification/ licensure/credentialing for clinic personnel.

INDIRECT: Indirect work involves those tasks that are not readily identifiable with the work center's specific product or service. A Standard Indirect Allowance Factor (SIAF) for indirect work was used in developing the manpower standard equation.

I1. SUPERVISION: Hires civilian employee. Indoctrinates

personnel. Rates personnel. Prepares selective reenlistment program (SRP)/NCO status consideration. Nominates personnel for award. Submits management improvement recommendation. Schedules personnel. Develops standard publication or other directive. Directs work center activity. Counsels personnel. Reviews incoming distribution. Reviews outgoing distribution. Reviews report and statistical data. Develops budget estimate. Validates hazard abatement log. Prepares hazard report. Inspects facility. Assists in mishap or incident investigation. Receives and assists visiting official.

I2. ADMINISTRATION: Types letter or form. Types message. Types report. Types enlisted evaluation. Types officer evaluation. Types civilian evaluation. Types indorsement to military and civilian evaluation. Types award and decoration. Types plan, schedule, or roster. Types statistical data. Processes incoming distribution. Processes outgoing distribution. Establishes new file. Updates file. Files correspondence. Maintains suspense file. Reviews file for disposal. Disposes of documentation. Maintains log or register. Maintains security file. Controls classified material. Inventories classified material. Safeguards classified material. Destroys classified material. Orders administrative publication. Maintains index. Maintains publication. Determines requirement for publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Takes dictation. Takes minutes. Transcribes material. Maintains appointment log. Acknowledges visitor. Processes ADP card. Maintains computer system.

I3. MEETING: Prepares for meeting. Conducts or attends meeting.

I4. TRAINING: Evaluates individual training requirement. Develops training plan. Controls career development package. Counsels trainee. Maintains training record. Develops training material. Conducts training. Receives training. Reads publication.

I5. SUPPLY: Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE: Maintains office equipment. Maintains machinery. Maintains test equipment. Maintains consolidated tool kit. Maintains individual tool kit. Maintains assigned vehicle.

I7. CLEAN-UP: Prepares work area. Puts work away. Cleans work

area.

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Physical Examinations DoD 6402	EXTRAPOLATION LIMITS: 418.605 - 3830.131 See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
*Medical Technician	2	3	4	5	6	7	7	8	9	10
*Clerical/Administrative	1	1	1	1	1	1	2	2	2	2
TOTAL	3	4	5	6	7	8	9	10	11	12
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
*Medical Technician	11	11	12	13	13	14	15	16	17	18
*Clerical/Administrative	2	3	3	3	4	4	4	4	4	4
TOTAL	13	14	15	16	17	18	19	20	21	22
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
*Medical Technician	18	19	20	21						
*Clerical/Administrative	5	5	5	5						
TOTAL	23	24	25	26						

*NOTE: Medical Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Physical Therapy.

1. Objective. To quantify the manpower required to accomplish the tasks described in the Physical Therapy work center description for varying levels of workload volume.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to peacetime fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of Physical Therapy patient care in a peacetime environment only. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type III.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-hour Equations.

(1) MTF designated as a Medical Center.

$$Y_1 = 807.6 + .7667(X)$$

(2) MTF designated as other than a Medical Center, which has at least one Physical Therapist authorized.

$$Y_2 = \frac{X}{.9915 + .0001725(X)}$$

(3) Independent Duty Technician (IDT). MTF designated as other than a Medical Center which has a Physical Therapy Clinic without an authorized Physical Therapist.

$$Y_3 = -128.8 + 1.006(X)$$

d. Workload Factor.

(1) Title. A Physical Therapy Visit

(2) Definition. The average number of physical therapy visits per month for the facility.

(3) Source. Medical Expense and Performance Reporting System, Code DHD.

6. Manpower Table. See Attachment 2. The manpower table at attachment 2 provides manpower mixes for locations with Physical Therapist, Technician, and Administrative requirements (Y_1 and Y_2). Requirements for Y_3, IDT locations, involve technicians only, therefore, a manpower table for this stratum is unnecessary.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Tables (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the equation in paragraph 5 that applies to your MTF.

Step 2: Obtain a 12-month average for the number of Total Physical Therapy Visits to obtain X.

Step 3: Compute the basic equation man-hours using the applicable equation, Y_1, Y_2 or Y_3.

Step 4: Compute man-hours by applying approved Service exceptions. Sum these man-hours and the man-hours earned by the basic equation in Step 3.

Step 5: Divide the total man-hours earned in Step 4 by the applicable Service Man-hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 6: For Y_1 and Y_2, refer to the whole manpower column of the standard manpower table (Attachment 2) for types and number of personnel earned. Since personnel at an Independent Duty Technician location are technicians only, application of Y_3 in step 5 yields technician requirements only, rendering the need and use of a joint manpower table unnecessary.

8. Statement of Conditions

a. There are three stratifications of the Physical Therapy Clinics:

(1) MTFs designated as a Medical Center.

(2) MTF designated as other than a Medical Center, which has at least one Physical Therapist authorized.

(3) Independent Duty Technician (IDT). MTF designated as other than a Medical Center which has a Physical Therapy Clinic without an authorized Physical Therapist.

b. Individual Continuing Medical Education (CME). Regulatory requirements for CME have been included in the standard. Physical Therapists have been allotted 35 hours per year for CME.

c. Mode of Operation. Normal operating hours of each clinic are 8 hours per day, 5 days a week, Monday through Friday.

d. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, and waste removal. Clinic personnel are required to maintain desk tops, counter tops, and equipment.

e. This standard does not include man-hours for the following:

(1) Performs Electroneuromyography.

(2) Conducts Staff Assistance Visits/On-Site Evaluations.

(3) Supports Community/Sports Activities.

(4) Clinic Initiated Research.

(5) Performs Data Collection in PT Clinic in Support of Research Sponsored by Other Services/Departments.

f. Definitions of Physical Therapy Evaluation and Neuromusculoskeletal Evaluation.

(1) Physical Therapy Evaluation. A physical therapist (PT) evaluates a patient prior to planning and implementing a treatment program. The evaluation may include examination of the

neurological, muscular, skeletal, cardiac, vascular, and pulmonary systems, based on the specific diagnostic category provided by the referring physician.

(2) Neuromusculoskeletal Evaluation: A physical therapist may, without referral and provision of a primary diagnosis by a physician, perform neuromusculoskeletal evaluation (NMSE) and treatment for patients with disorders involving the neuromusculoskeletal systems. The patient may be self-referred or be referred from a credentialed healthcare provider for NMSE and treatment. Following PT NMSE, the patient will be treated by the PT or referred to the appropriate medical specialty.

g. Medical Readiness and Mobility. Medical readiness and mobility posture is an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

h. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). JHMSs are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships to derive required man-hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of the total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements. Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU120-007, PU120-008, PU120-009, and the ICD9-CM Reports, may be obtained from OCHAMPUS by writing to:

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Aurora, CO 80045-6900

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Table

WORK CENTER DESCRIPTION
Physical Therapy (PT)

DIRECT:

1. EVALUATION AND TREATMENT PROGRAM PLANNING:

1.1. REVIEWS CONSULTATION/EVALUATION REQUEST. Reviews consultation/evaluation request and patient medical record for referred or direct access patient; interviews patient.

1.2. ADMINISTERS INITIAL DIAGNOSTIC TESTS AND MEASUREMENTS AS CREDENTIALED:

1.2.1. PERFORMS INITIAL EVALUATION/NEUROMUSCULOSKELETAL SCREENING EVALUATION.

1.2.2. PERFORMS AND DOCUMENTS SPECIAL TESTING. Performs special tests, such as: Isokinetic testing, Neurodevelopmental assessment, Detailed Manual Muscle Test (SF 527, 528), Prosthetic checks, et cetera. Documents results.

1.3. FORMULATES ASSESSMENT AND DEVELOPS TREATMENT PLAN. Develops assessment; confers with other healthcare provider(s) as needed; establishes treatment goals in measurable, functional and time related terms; determines type and frequency of treatment; explains treatment goal and plan to patient or patient's guardian; (formulates tentative patient discharge plan to include architectural barriers, necessary equipment, and assistance level); documents initial subjective and objective finding, assessment and treatment plan on appropriate medical record.

2. INDIVIDUAL CLINIC TREATMENT:

2.1. PREPARES PATIENT AND EQUIPMENT FOR TREATMENT. Reviews record; prepares patient for treatment; arranges equipment; aids/instructs patient in proper attire for treatment; adjusts equipment or assistive devices; orients patient to initial use or operation.

2.2. ADMINISTERS/INSTRUCTS TREATMENT:

2.2.1. ADMINISTERS HANDS-ON THERAPY. Administers hands-on therapy to include (but not limited to) Gait Training; Manual Therapy; Myofascial Release; Proprioceptive Neuromuscular Facilitation; Activities of Daily Living; Cardiac Rehabilitation; Neurodevelopmental Treatment; Mat Activities; Orthotic Fabrication and Fitting; Prosthetic Fitting; Chest/Pulmonary

Physical Therapy and Massage; Work Hardening.

2.2.2. APPLIES MODALITIES:

2.2.2.1. APPLIES ATTENDED MODALITIES. Applies modalities requiring constant presence or administration by healthcare provider, i.e., Ultrasound.

2.2.2.2. APPLIES PROVIDER INITIATED/MONITORED MODALITIES. Applies modalities requiring provider application and intermittent supervision/adjustment.

2.2.3. PERFORMS BURN/WOUND CARE. Utilizing appropriate aseptic techniques, removes dressings, inspects wound, cleans and debrides wound, applies medication, and reapplies dressing.

2.2.4. INSTRUCTS/SUPERVISES EXERCISE PROGRAM. Instructs patient; monitors exercise/activity as appropriate, answers questions; provides written instructions.

2.3. DOCUMENTS TREATMENT/INSTRUCTION. Annotates in-patient record and coordinates as necessary with appropriate healthcare provider.

2.4. CLEANS AREA AND PUTS AWAY EQUIPMENT.

3. GROUP TREATMENT:

3.1. PREPARES/REVISES PROGRAM PLAN:

3.1.1. PREPARES INITIAL PROGRAM PLAN. Researches and develops plan; develops resource materials.

3.1.2. REVISES GROUP PROGRAM PLAN.

3.2. TRAVELS TO, SETS UP AND BREAKS DOWN GROUP TREATMENT CLASS. Travels to and from class location. Sets up and breaks down class area.

3.3. PRESENTS CLASS. Presents class; monitors exercise/activity; answers questions; provides written instructions and documents treatment/instruction.

4. BEDSIDE TREATMENT:

4.1. REVIEWS PATIENT'S MEDICAL RECORD AND DOCUMENTS TREATMENT/ PROGRESS.

4.2. TRAVELS AND TRANSPORTS EQUIPMENT TO NURSING WARDS. Travels and transports equipment to and from ward area.

4.3. PREPARES PATIENT FOR TREATMENT. Prepares patient for

treatment; arranges equipment; instructs/aids patient in proper attire for treatment; adjusts equipment or assistive devices to patient.

4.4. ADMINISTERS TREATMENT. Administers hands-on therapy to include (but not limited to) Gait Training, Manual Therapy, Myofascial Release, Proprioceptive Neuromuscular Facilitation, Activities of Daily Living, Cardiac Rehabilitation, Neurodevelopmental Training, Mat Activities, Orthotic Fabrication and Fitting, Prosthetic Fitting, Chest/Pulmonary Physical Therapy, Massage; applies modalities; instructs/supervises exercise program, monitoring exercise/activity; answers questions and provides written instructions (does not include wound care/hydrotherapy).

5. PERFORMS PATIENT PROGRESS EVALUATION. Reviews patient treatment record; interviews patient; re-evaluates patient and treatment plan; modifies treatment plan; instructs patient and coordinates treatment plan with Physical Therapy Staff; documents as necessary.

6. CONSULTATION:

6.1. ATTENDS WARD ROUNDS/SPECIALTY CLINICS. Attends ward rounds and specialty clinics; provides information on patients' progress; makes recommendations regarding therapeutic treatment.

6.2. PROVIDES INFORMATION ON PHYSICAL THERAPY. Provides information on Physical Therapy to healthcare personnel and other individuals, to include Unit personnel, via telephone or in person.

6.3. PARTICIPATES IN DISCHARGE PLANNING:

6.3.1. ATTENDS DISCHARGE PLANNING MEETING. Attends discharge planning meeting; participates in multi-disciplinary discharge planning; coordinates outpatient follow-up therapy; makes recommendations for home care and needed equipment.

6.3.2. PROVIDES PERSONALIZED DISCHARGE INSTRUCTIONS. Participates in discharge planning by providing personalized instructions.

6.4. GENERATES REPORTS. Generates reports for consultation; Staff Assistance Visits, Third Party Liability, Medical Evaluation Boards, and On-Site Evaluations.

7. QUALITY ASSURANCE (QA) PROGRAM:

7.1. IMPLEMENTS QA PROGRAM: Implements and manages departmental Quality Assurance Program.

7.1.1. PREPARES FOR, CONDUCTS OR ATTENDS QUALITY ASSURANCE MEETINGS:

7.1.1.1. PREPARES FOR QUALITY ASSURANCE MEETINGS. Prepares for Quality Assurance meetings; completes and forwards appropriate documentation to Clinic and MTF Quality Assurance Committee.

7.1.1.2. CONDUCTS/ATTENDS QUALITY ASSURANCE MEETINGS. Conducts/attends Quality Assurance meetings, (includes intra and extra departmental meetings).

7.1.2. MONITORS AND EVALUATES QUALITY ASSURANCE INDICATORS. Collects data; reviews and analyzes data; identifies and resolves problems; documents problem identification, review, analysis, and resolution; conducts peer review studies; includes monitoring of infection control program (i.e., disposal of hazardous/infectious waste, culturing of equipment, et cetera).

7.2. MAINTAINS/UPDATES QUALITY ASSURANCE PROGRAM. Maintains and updates Quality Assurance program to be reviewed and approved annually by Quality Assurance Committee; includes developing important aspects of care, and required periodic review.

7.3. ASSISTS CREDENTIAL COMMITTEE. Prepares and reviews professional qualifications of healthcare providers, (may include documentation on continuing education); attends meeting(s) required for credentialing of departmental staff members.

7.4. MAINTAINS/UPDATES RISK MANAGEMENT PROGRAM. Monitors incidents/unusual occurrences to include those incidents that result from the administering of direct patient care.

8. EDUCATION AND TRAINING PROGRAMS:

8.1. MANAGES EDUCATIONAL PROGRAMS FOR GRADUATE/UNDERGRADUATE PHYSICAL THERAPY AND PHYSICAL THERAPY ASSISTANT/TECHNICIAN STUDENTS:

8.1.1. MANAGES THE GRADUATE/UNDERGRADUATE PROGRAM. Coordinates with educational institutions; develops schedules; updates agreement forms; arranges housing; develops information letters; Xerox handouts, tests et cetera; reviews student information; plans rotation; orients students; supervises; teaches; evaluates and/or counsels/grades students; coordinates with the Academic Coordinator for Clinical Education (ACCE); assists with papers/ in-services.

8.1.2. MANAGES THE PHYSICAL THERAPY ASSISTANTS/TECHNICIANS PROGRAM. Coordinates with educational institutions; schedules

students; updates agreement forms; arranges housing; develops information letters; Xerox handouts, tests, et cetera; reviews student background information; plans rotation; orients students; supervises; teaches; evaluates grades and counsels students; coordinates with ACCE; assists with papers/in-services.

8.2. ATTENDS STAFF CONTINUING MEDICAL EDUCATION AND TRAINING:

8.2.1. ATTENDS PHYSICAL THERAPY CLINIC TRAINING. Attends regularly occurring professional continuing education inservices (as required by the Joint Commission for Accreditation of Healthcare Organizations [JCAHO]), and Naval electroneuromyography (ENMG) training, that take place within, or are presented exclusively to the Physical Therapy staff.

8.2.2. ATTENDS MEDICAL TREATMENT FACILITY TRAINING. Attends other medically related educational opportunities presented by other healthcare professionals, or other subject matter experts, (such as Surgery, Medical Clinic inservices, Sports Medicine, Journal Clubs, professional staff meetings, et cetera), that are presented under the auspices of the Medical Treatment Facility.

8.2.3. ATTENDS CONTINUING MEDICAL EDUCATION (TDY/TAD). Participates in ongoing educational experiences beyond basic education to maintain currency in Physical Therapy, and/or remain current with developments for certification/licensure and/or credentialing.

8.3. PROVIDES EDUCATION TO OTHER HEALTHCARE PROVIDERS. Prepares for and provides Physical Therapy related education to other healthcare providers.

9. HEALTH FITNESS PROMOTION PROGRAM:

9.1. DEVELOPS/IMPLEMENTS HEALTH PROMOTION PROGRAM. Manages health promotion program; identifies program scope, coordinates, plans, prepares, assesses, and documents initial program.

9.2. PRESENTS HEALTH PROMOTION PROGRAM. Prepares and plans for health promotion class; travels to area where program is being taught; screens and evaluates participants; presents program; returns to work center, and documents as necessary.

9.3. ATTENDS MTF/INSTALLATION HEALTH PROMOTION MEETINGS.

10. SPECIAL STUDIES. Identifies potential problem(s); performs data collection and analysis; summarizes and documents results; directs results and proposed solution to appropriate channels.

11. CLINICAL ADMINISTRATION:

11.1. RECEIVES PATIENT. Greets patient; verifies appointment for scheduled patient; checks identification and eligibility; completes or annotates required forms, including computer input; annotates patient log; directs patient to waiting area or examination room; and places patient record in appropriate location.

11.2. SCREENS REFERRAL. Screens medical record and/or consults; determines urgency/appropriateness of referral; directs patient to appropriate clinic or service.

11.3. MANAGES APPOINTMENT SYSTEM:

11.3.1. OBTAINS PROVIDER(S)' SCHEDULE AND INPUTS DATA INTO APPOINTMENT SYSTEM DATA BASE. Obtains schedule of each provider and inputs data into appointment system data base or gives schedule to appointment desk.

11.3.2. OPERATES APPOINTMENT SYSTEM, MAKING INITIAL/FOLLOW-UP APPOINTMENT. Schedules patient for initial/follow-up appointment; reschedules cancelled appointment; prepares appointment slip; annotates appointment register or log; and updates appointment system data base.

11.3.3. OBTAINS/REVIEWS APPOINTMENT REGISTER FROM PATIENT APPOINTMENT SYSTEM.

11.4. PREPARES REPORTS. Prepares patient accountability form at end of day by verifying appointments made and missed; prepares report on number and types of patients, and provides report/list to the appropriate office.

11.5. MANAGES MEDICAL SUPPLIES AND EQUIPMENT:

11.5.1. MANAGES MEDICAL SUPPLIES. Orders, stocks, and ensures required therapeutic supplies, instruments, linens, and pharmaceutical supplies are available.

11.5.2. MANAGES MEDICAL EQUIPMENT:

11.5.2.1. RESEARCHES ACQUISITION OF NEW/REPLACEMENT MEDICAL EQUIPMENT. Conducts research; develops new/replacement equipment requirements.

11.5.2.2. PREPARES REQUISITION/JUSTIFICATION. Prepares required justification/requisition for new/replacement medical equipment.

11.5.2.3. ATTENDS JUSTIFICATION MEETING.

11.5.2.4. TURNS IN MEDICAL EQUIPMENT.

11.5.2.5. ENSURES COMPLIANCE WITH INSPECTION AND MAINTENANCE PROCEDURES, AND SAFEGUARDS FOR PHYSICAL THERAPY EQUIPMENT USE.

12. ON-CALL TIME. Responds to non-duty requirements for physical therapy related services.

INDIRECT: Indirect tasks are tasks performed that are not related to providing direct care to a patient. Such tasks were grouped and given a standard indirect allowance factor (SIAF) used in developing the staffing equation. The following are examples of indirect tasks:

I1. SUPERVISION: Administers personnel. Hires civilian employee. Indoctrinates personnel. Prepares military and civilian evaluation. Indorses military and civilian evaluation. Nominates personnel for award. Submits management improvement recommendation. Supervises personnel. Develops work center activity. Prepares routine correspondence. Counsels personnel. Reviews incoming and outgoing distribution. Reviews report and statistical data. Develops budget estimate. Inspects facility. Receives and assists visiting official.

I2. ADMINISTRATION: Types communication, letter or form, message, report, enlisted and officer evaluation, civilian appraisal, award/decoration, plan, schedule, or roster, and statistical data. Processes unclassified distribution. Maintains classified material. Maintains unclassified publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Provides stenographic service. Maintains appointment record. Acknowledges visitor.

I3. MEETING: Prepares for meeting. Conducts or attends meeting.

I4. TRAINING: Administers training. Maintains training record. Develops training material. Conducts training. Receives training. Reads publication.

I5. SUPPLY: Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE: Maintains office equipment. Maintains shop equipment. Maintains test equipment.

I7. CLEAN-UP: Prepares work area. Puts work away. Cleans work area.

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Physical Therapy DoD 6407	EXTRAPOLATION LIMITS: 1769.201 - 5470.130 Medical Centers 394.785 - 2908.901 All Other MTFs See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Physical Therapist	1	1	2	2	2	3	3	3	4	4
*Physical Therapy Technician	2	3	3	3	4	4	5	6	6	7
*Administrative Support				1	1	1	1	1	1	1
TOTAL	3	4	5	6	7	8	9	10	11	12
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Physical Therapist	5	5	5	6	6	7	7	8	8	9
*Physical Therapy Technician	7	8	8	8	9	9	10	10	11	11
*Administrative Support	1	1	2	2	2	2	2	2	2	2
TOTAL	13	14	15	16	17	18	19	20	21	22
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Physical Therapist	9	10	10	11	11	12	12	13	13	14
*Physical Therapy Technician	12	12	13	13	13	13	14	14	15	15
*Administrative Support	2	2	2	2	3	3	3	3	3	3
TOTAL	23	24	25	26	27	28	29	30	31	32
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Physical Therapist	14	15	15	16	16					
*Physical Therapy Technician	16	16	17	17	18					
*Administrative Support	3	3	3	3	3					
TOTAL	33	34	35	36	37					

*NOTE: Physical Therapy Technician and Administrative Support requirements may be substituted for one another in accordance with Service/local needs.

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Occupational Therapy.

1. Objective. To quantify the manpower required to accomplish the tasks described in the Occupational Therapy work center description for varying levels of workload volume.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of Occupational Therapy in a peacetime environment only. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type II.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-Hour Equations.

(1) Occupational Therapy Clinics for MTFs that are designated as a Medical Center:

$$Y_1 = 528.0 + .4246(X_1) + .7707(X_2)$$

(2) Occupational Therapy Clinics for MTFs which are designated as other than a Medical Center:

$$Y_2 = 260.1 + .2615(X_1) + .8450(X_2)$$

d. Workload Factors:

(1) X_1.

(a) Title. A Mental Health Visit to Occupational Therapy.

(b) Definition. The average monthly number of visits to an Occupational Therapy Clinic which are mental health, drug or alcohol related.

(c) Source. Local Count.

(2) X_2.

(a) Title. A Non-UENMSE (Upper Extremity Neuromusculoskeletal Evaluation) Occupational Therapy Visit Which is not Mental Health, Drug or Alcohol Related.

(b) Definition. The average monthly number of Occupational Therapy Clinic visits, minus the average monthly number of occupational therapy visits which are mental health, drug or alcohol related (X_1 above), minus the average monthly number of UENMSEs (Army only) performed.

(c) Source. Obtain the number of Occupational Therapy Clinic visits from MEPRS, Code DHB, and the number of UENMSEs (Army only) from Line 173 (Inpatient Visits) of the Medical Summary Report (RCS: MED-302).

6. Manpower Table. See Attachment 2.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Table (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the appropriate equation in paragraph 5.

Step 2: Obtain a 12-month average for the number of Occupational Therapy Clinic visits.

Step 3: Obtain a 12-month average for the number of Occupational Therapy Clinic Visits which are mental health, drug or alcohol related to determine X_1.

Step 4: Subtract the number of average number of visits (X_1) in Step 3 above, from the total number of visits in Step 2 to determine X_2.

Step 5: (Army only) Obtain a 12-month average for the number of UENMSEs.

Step 6: (Army only) Subtract the average number of UENMSEs in Step 5 from the average number of Occupational Therapy Clinic Visits in Step 4, to obtain X_2.

Step 7: Compute the basic equation man-hours.

Step 8: Compute man-hours by applying approved Service exceptions. Sum these man-hours and the man-hours earned by the basic equation in Step 7.

Step 9: Divide the total man-hours earned in Step 8 by the applicable Service Man-hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 10: Refer to the whole manpower column of the standard manpower table (Attachment 2) for types and number of personnel earned.

8. Statement of Conditions.

a. Individual Continuing Medical Education (CME). Regulatory requirements for CME have been included in the standard. Therapists have been allotted 35 hours per year for CME.

b. Mode of Operation. Normal operating hours of each clinic are 8 hours per day, 5 days a week, Monday through Friday.

c. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, and waste removal. Clinic personnel are required to maintain desk tops, counter tops, and equipment.

d. This standard does not contain man-hours for the following tasks:

(1) Performs Upper Extremity Neuromusculoskeletal Evaluation.

(2) Performs Upper Extremity Neuromusculoskeletal Treatment.

Analysis indicated that these tasks were not common to all Services. This data will be given to the respective Services for exception development.

e. Medical Readiness and Mobility. Medical readiness and mobility posture is an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

f. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). JHMSs are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships to derive required man-hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements. Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU120-007, PU120-008, PU120-009 and the ICD9-CM Reports, may be obtained by writing to:

OCHAMPUS
Information Systems Division
Aurora, CO 80045-6900

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Table

WORK CENTER DESCRIPTION
Occupational Therapy (OT)

DIRECT:

1. OCCUPATIONAL THERAPY ASSESSMENT:

1.1. SCREENS POTENTIAL PATIENT. Screens potential patient's case to determine need for evaluation and treatment; discusses case with other professional and/or patient advocate; interviews patient and administers screening tools as appropriate.

1.2. EVALUATES PATIENT:

1.2.1. PERFORMS INDIVIDUAL EVALUATION OR RE-EVALUATION. Reviews patient record; interviews and evaluates patient; obtains data necessary for establishing or updating treatment plans or goals.

1.2.2. ADMINISTERS EVALUATION OR RE-EVALUATION TOOL(S) IN A GROUP SETTING. Obtains data necessary for establishing or updating treatment plans or goals in a group setting. Examples include collage, stress management, 24-hour clock, and interest inventories. Includes travel.

1.3. FORMULATES TREATMENT PLAN. Reviews and interprets assessment; performs literature review; develops treatment goals and plans.

2. OCCUPATIONAL THERAPY TREATMENT:

2.1. PROVIDES INDIVIDUAL TREATMENT:

2.1.1. PROVIDES INDIVIDUAL TREATMENT WITHIN THE MEDICAL TREATMENT FACILITY (MTF) AND ASSOCIATED TREATMENT SITES:

2.1.1.1. PROVIDES ONE-ON-ONE INDIVIDUAL TREATMENT. Prepares equipment and patient for treatment; treats patient's deficits and limitations in the areas of work, self-care and play/leisure skills by utilizing activities, modalities and techniques to improve sensorimotor, cognitive and psychosocial functions. Includes, but is not limited to, development of daily living skills; therapy to improve sensory integration, neuromuscular and cognitive function; therapeutic adaptions to include orthotics, prosthetics and adaptive devices; instruction in work simplification, energy conservation and joint protection techniques, and work hardening. Explains treatment goals and plans to patient or patient advocate. Includes travel to and

from work center.

2.1.1.2. INITIATES/MONITORS INDIVIDUAL TREATMENT. Initiates treatment and periodically monitors treatment sessions. May monitor more than one patient at a time. Prepares equipment and patient for treatment; treats patient's deficits and limitations in the areas of work, self-care and play/leisure skills by utilizing activities, modalities and techniques to improve sensorimotor, cognitive and psychosocial functions; includes, but is not limited to, development of daily living skills; therapy to improve sensory integration, neuromuscular and cognitive function; therapeutic adaptions to include orthotics, prosthetics and adaptive devices; instruction in work simplification, energy conservation and joint protection techniques; work hardening. Explains treatment goals and plans to patient or patient advocate. Includes travel to and from work center.

2.1.2. PROVIDES INDIVIDUAL TREATMENT OUTSIDE THE MEDICAL TREATMENT FACILITY. Provides individual treatment outside the medical treatment facility, such as home, school or work site. Examples include home care, school consultation and job analysis. Includes travel to and from work center.

2.2. PROVIDES GROUP TREATMENT. A planned activity program where participants are organized into a group for a common therapeutic or educational purpose. Provides group treatment to two or more individuals at the same time; applies purposeful goal oriented activities to elicit adaptive responses from individuals whose functioning has been impaired. Examples include life skills, work skills, physical reconditioning, recreation, vocational readiness, and cardiac, arthritis and stroke patient education groups. Explains purpose of activity to group members (excludes health promotion classes).

2.2.1. PROVIDES GROUP TREATMENT WITHIN THE MEDICAL TREATMENT FACILITY OR ASSOCIATED TREATMENT SITES. Teaches independent living skills; facilitates sensorimotor skills; develops cognitive component skills, psychosocial and psychological component skills; teaches preventive measures, such as cardiac rehabilitation, arthritis management, social skills, cooking group, stroke group, etc.

2.2.2. PROVIDES GROUP TREATMENT OUTSIDE THE MEDICAL TREATMENT FACILITY:

2.2.2.1. PROVIDES SHORT DURATION (UNDER TWO HOURS) GROUP TREATMENT OUTSIDE THE MTF. Teaches independent living skills; facilitates sensorimotor skills; promotes socialization and acquisition of community living skills; develops cognitive component skills, pyschosocial and pyschological component skills. Includes activities, such as physical reconditioning, athletics, recreation and vocational exploration. Includes

planning, coordination and travel.

2.2.2.2. PROVIDES LONG DURATION (OVER TWO HOURS) GROUP TREATMENT OUTSIDE THE MTF. Teaches leisure, recreational and community living skills; promotes socialization and ability to fulfill a variety of group membership roles. Includes activities such as field trips and community outings. Includes planning, coordination and travel.

3. PATIENT RELATED CONFERENCES:

3.1. ATTENDS PATIENT RELATED CONFERENCES. Attends meetings with patients, such as therapeutic community, ward rounds, etc; attends meetings with patient advocate (e.g., family, guardian, or others responsible for patient) to discuss patient's status, goals, and discharge plan; instructs patient advocate to support or carry out treatment program; attends meetings with professionals to discuss patient's status and to advise or consult regarding treatment needs; attends Exceptional Family Member Program (EFMP) coding meeting; attends meetings with vocational, social, religious, recreational, health, educational, and other community representatives to assess, implement, or coordinate the use of services. Does not include TDY or CME absences.

3.2. PROVIDES TELEPHONE CONSULTATION. Provides telephone consultation; screens patient; provides treatment advice and documents in appropriate record.

4. CLINIC ADMINISTRATION:

4.1. PREPARES RECEPTION AREA. Obtains and arranges daily appointment schedule, reviews each provider's schedule to determine the number and time of appointments, coordinates appointment schedules with provider and makes necessary annotations. Obtains and arranges records of scheduled appointment patients. Obtains and delivers provider requested patient records as needed. Assures the neatness and appearance of reception area and personnel. Assigns and instructs volunteer workers.

4.2. RECEIVES PATIENT. Greets scheduled or walk-in patient; verifies patient's identity; checks off patient's name on appointment schedule, or determines appointment availability for walk-in patient; determines patient's need; coordinates with provider on appointment, as necessary; directs patient to waiting area.

4.3. MAKES APPOINTMENT. Makes appointment, by telephone or in person; notes patient's request; arranges same day "call in" appointment; cancels/reschedules appointments as needed.

4.4. DOCUMENTS PATIENT EVALUATION, RE-EVALUATION, PATIENT PROGRESS AND DISCHARGE SUMMARY. Documents patient evaluation, re-evaluation, patient progress or discharge summary.

4.5. PREPARES REPORT. Prepares patient accountability form at end of day by verifying appointments made and missed; prepares reports on number and types of patients and procedures; provides statistical reports and monthly reports to the appropriate office, such as MEPRS, Uniform Chart of Accounts (UCA), MED 302, AF 555, etc.

4.6. MANAGES MEDICAL SUPPLIES AND EQUIPMENT:

4.6.1. MANAGES MEDICAL SUPPLIES. Orders, stocks, and ensures required therapeutic supplies, instruments, linens, and pharmaceutical supplies are available.

4.6.2. MANAGES MEDICAL EQUIPMENT:

4.6.2.1. RESEARCHES ACQUISITION OF NEW/REPLACEMENT MEDICAL EQUIPMENT. Conducts research; develops new/replacement equipment requirements. (Includes items on the Customer Account Custody Receipt List (CACRL) [Air Force] or the Hand Receipt [Army]).

4.6.2.2. PREPARES REQUISITION/JUSTIFICATION. Prepares required justification/requisition for new/replacement medical equipment.

4.6.2.3. ENSURES COMPLIANCE WITH INSPECTION AND MAINTENANCE PROCEDURES, AND SAFEGUARDS FOR OCCUPATIONAL THERAPY EQUIPMENT USE.

5. EDUCATION AND TRAINING:

5.1. PROVIDES EDUCATIONAL PROGRAMS FOR GRADUATE/UNDERGRADUATE OCCUPATIONAL THERAPIST STUDENTS AND OCCUPATIONAL THERAPY TECHNICIAN STUDENTS. Coordinates with civilian and military educational institutions; prepares and updates support materials; schedules students; orients students; supervises; teaches; documents performance; counsels students on performance; assists with case presentations and projects.

5.2. PROVIDES EDUCATION AND TRAINING TO OTHER PERSONNEL:

5.2.1. PROVIDES EDUCATION AND TRAINING TO OTHER PERSONNEL ON AN INDIVIDUAL BASIS. Provides education and training to other than Occupational Therapy students to include residents, interns, nursing and Physical Therapy students, etc.

5.2.2. PROVIDES EDUCATION AND TRAINING TO GROUPS OF OTHER PERSONNEL. Provides education and training to groups of other personnel such as nurses, residents, interns, ward personnel etc.; also includes inservices to community and professional organizations. Includes travel.

5.3. CONTINUING PROFESSIONAL AND TECHNICAL EDUCATION:

5.3.1. RECEIVES CONTINUING PROFESSIONAL OR TECHNICAL EDUCATION (SHORT DURATION). Participates in ongoing educational experiences beyond basic education, of less than one calendar day in duration. Keeps current with developments in Occupational Therapy for certification/licensure and/or credentialing. Includes attendance at military and civilian conferences, workshops and in-service training. Includes travel and weekend participation.

5.3.2. RECEIVES CONTINUING PROFESSIONAL OR TECHNICAL EDUCATION (EXTENDED DURATION). Participates in ongoing educational experiences beyond basic education, of one calendar day or more in duration. Keeps current with developments in Occupational Therapy for certification/licensures and/or credentialing. Includes attendance at professional conferences, short courses, and workshops. Includes travel and weekend participation.

6. RESEARCH:

6.1. PERFORMS CLINICAL RESEARCH:

6.1.1. PERFORMS PREPARATORY RESEARCH (LITERATURE) AND DESIGN. Performs library/literature review; writes protocol; submits to co-researchers; rewrites; submits to local Medical Treatment Facility Clinical Investigation Review Committee; attends meetings; submits for funding.

6.1.2. PERFORMS DATA COLLECTION AND ANALYSIS. Selects population; advertises/recruits; provides informed consent; interviews; fills out forms; schedules with organizations affected (i.e., Hospital Laboratory, Audiovisual Support, Building Access, etc.); collects supplies and equipment; ships equipment; sets up and calibrates equipment; performs dry run for data collection; collects data; reviews and organizes data; computerizes data; compiles data.

6.1.3. PREPARES RESEARCH FOR PUBLICATION OR PRESENTATION. Prepares for publication; writes article encompassing literature review, research design, data, statistical analysis, discussion, conclusion, and recommendations; submits for publication;

rewrites and resubmits; creates visual support materials; answers questions by phone or letter.

6.1.4. PRESENTS RESEARCH. Makes presentations at professional meetings; includes travel to and from presentation.

6.2. PERFORMS DATA COLLECTION IN OT CLINIC IN SUPPORT OF RESEARCH SPONSORED BY OTHER SERVICES/DEPARTMENTS. Collects data; provides informed consent; interviews; fills out forms; schedules with organizations affected; collects supplies; sets up and calibrates equipment; conducts dry run on data collection.

7. QUALITY ASSURANCE (QA) PROGRAM:

7.1. IMPLEMENTS QA PROGRAM:

7.1.1. PREPARES FOR, CONDUCTS OR ATTENDS QA MEETINGS:

7.1.1.1. PREPARES FOR QA MEETING. Prepares for QA meeting; completes and forwards appropriate documentation to OT Clinic and MTF QA Committee. Includes intra- and interdepartmental meetings.

7.1.1.2. CONDUCTS/ATTENDS QA MEETING. Conducts/attends QA meeting; completes and forwards appropriate documentation to OT Clinic and MTF QA Committee. Includes intra- and interdepartmental meetings.

7.1.2. MONITORS AND EVALUATES QA INDICATOR. Collects data; reviews and analyzes data; identifies and resolves problems; documents problem identification, review, analysis and resolution; conducts peer review studies.

7.2. MAINTAINS/UPDATES QA PROGRAM. Maintains and updates QA Program to be reviewed and approved annually by the QA Committee; includes developing important aspects of care, and required periodic review.

7.3. PERFORMS CREDENTIALING. Prepares and reviews professional qualifications of healthcare providers; attends meeting required for credentialing of departmental staff members.

7.4. MAINTAINS/UPDATES RISK MANAGEMENT PROGRAM. Responds to incidents/unusual occurrences; includes only those incidents resulting from the provision of direct patient care.

8. OCCUPATIONAL THERAPY HEALTH PROMOTION (EDUCATIONAL PROGRAMS FOR DEALING WITH STRESS, LIFESTYLE CHANGE AND BEHAVIORAL CHANGE):

8.1. DEVELOPS OCCUPATIONAL THERAPY HEALTH PROMOTION PROGRAM. Conducts needs assessments to include trends from health risk appraisals; delineates scope of program to include goals and

target audiences; coordinates and markets services available; includes preparation and travel.

8.2. IMPLEMENTS PROGRAM. Presents program to include teaching and lecturing; screens participants; performs documentation as required; makes referrals as appropriate; participates on local health promotion councils or health fairs; includes preparation and travel.

8.3. MONITORS/EVALUATES PROGRAM. Conducts consumer evaluations; maintains pertinent statistical information; conducts special studies to track health promotion trends; communicates regarding programs and trends with appropriate levels such as commanders, Surgeon General's Office (SGO), and other points of contact; networks with other OT personnel; includes administration and travel.

INDIRECT: Indirect tasks are tasks performed that are not related to providing direct care to a patient. Such tasks were grouped and given a standard indirect allowance factor (SIAF) used in developing the staffing equation. The following are examples of indirect tasks:

I1. SUPERVISION: Administers personnel. Hires civilian employee. Indoctrinates personnel. Prepares military and civilian evaluation. Indorses military and civilian evaluation. Nominates personnel for award. Submits management improvement recommendation. Supervises personnel. Develops work center activity. Prepares routine correspondence. Counsels personnel. Reviews incoming and outgoing distribution. Reviews report and statistical data. Develops budget estimate. Inspects facility. Receives and assists visiting official.

I2. ADMINISTRATION: Types communication, letter or form, message, report, enlisted and officer evaluation, civilian appraisal, award/decoration, plan, schedule, or roster, and statistical data. Processes unclassified distribution. Maintains classified material. Maintains unclassified publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Provides stenographic service. Maintains appointment record. Acknowledges visitor.

I3. MEETING: Prepares for meeting. Conducts or attends meeting.

I4. TRAINING: Administers training. Maintains training record. Develops training material. Conducts training. Receives

training. Reads publication.

I5. SUPPLY: Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE: Maintains office equipment. Maintains shop equipment. Maintains test equipment.

I7. CLEAN-UP: Prepares work area. Puts work away. Cleans work area.

JOINT HEALTHCARE MANPOWER TABLE									
WORK CENTER TITLE/CODE: OCCUPATIONAL THERAPY DoD 6408	EXTRAPOLATION LIMITS: 358.966 - 3571.546 Man-hours See Application Instructions								
SPECIALTY TITLE	MANPOWER REQUIREMENTS								
OCCUPATIONAL THERAPIST	1	1	2	2	2	3	3	3	4
* TECHNICIAN	2	3	3	3	4	4	5	6	6
* CLERK/ADMINISTRATIVE				1	1	1	1	1	1
TOTAL	3	4	5	6	7	8	9	10	11
SPECIALITY TITLE	MANPOWER REQUIREMENTS								
OCCUPATIONAL THERAPIST	4	4	5	5	6	6	6	7	7
* TECHNICIAN	7	8	8	9	9	10	11	11	12
* CLERK/ADMINISTRATIVE	1	1	1	1	1	1	1	1	1
TOTAL	12	13	14	15	16	17	18	19	20
SPECIALITY TITLE	MANPOWER REQUIREMENTS								
OCCUPATIONAL THERAPIST	7	8	8	8					
* TECHNICIAN	13	13	14	15					
* CLERK/ADMINISTRATIVE	1	1	1	1					
TOTAL	21	22	23	24					

* NOTE: Occupational Therapy Technician and Clerk/Administrative requirements may be substituted for one another according to Service/local needs.

DEPARTMENT OF DEFENSE
JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: Aerospace Medicine.

1. Objective. To quantify the manpower required to accomplish the tasks described in the Aerospace Medicine work center description for varying levels of workload volume.

2. Authority.

DoD Directive 6025.12 (reference (d))

3. Applicability. This standard applies to fixed medical treatment facilities (MTFs) of the Army, Navy, and Air Force directly involved in the provision of Aviation/Flight Physicals in a peacetime environment only. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies.

4. Work Center Description. See Attachment 1.

5. Standard Data.

a. Classification. Type II.

b. Man-Hour Data Source. Operational audit (historical record and technical estimate techniques).

c. Standard Man-hour Equation.

$$Y = 378.8 + 8.348X_1 + .3297X_2.$$

d. Workload Factor.

(1) Titles:

(a) X_1. An Aviation/Flight Physical Performed.

(b) X_2. An Aerospace Medicine Patient Visit.

(2) Definitions:

(a) X_1. The average monthly number of aviation/flight physical examinations performed by the Aerospace Medicine work center.

(b) X_2. The average monthly number of patient visits performed in the Aerospace Medicine Clinic.

(3) Sources:

(a) X_1. ARMY - MED-302(R3), Medical Summary Report, Section II, line 172, "PHYSICAL EXAMS-FLIGHT," COLUMN "OUTPATIENT VISITS." NAVY - Worldwide Outpatient Reporting System, WORS DATA PRINT LIST, PROCEDURES DATA, Line "PHYSICAL EXAMS - FLIGHT" Column "UNWEIGHTED," sum of subcolumns "OUTPATIENT" and "INPATIENT." AIR FORCE - AF Form 235, Report of Patients, Section III, "OTHER VISIT AND PHYSICAL EXAM DATA," line 37, "FLIGHT PHYSICAL EXAMS."

(b) X_2. Medical Expense and Performance Reporting System (MEPRS), Stepdown Assignment Statistic (SAS) 003, Total Patient Visits, Code BJA.

6. Manpower Table. See Attachment 2.

7. Application Instructions. Fractional manpower requirements resulting from the application of this standard will not be aggregated with fractional requirements from other work centers. The applicable man-hour range will not exceed the extrapolation limits reflected at the top of the Standard Manpower Table (Attachment 2). Step-by-step instructions are as follows:

Step 1: Refer to the equation in paragraph 5.c. above.

Step 2: Obtain a 12-month average for the number of Aviation/Flight Physicals Performed and Aerospace Medicine Patient Visits.

Step 3: Compute the basic equation man-hours.

Step 4: Compute man-hours through the application of approved Service exceptions. Sum these man-hours to the man-hours earned by the basic equation in Step 3.

Step 5: Divide the total man-hours earned in Step 4 by the applicable Service Man-hour Availability Factor to determine the work center manpower requirements. Round to whole manpower using appropriate Service directives.

Step 6: Refer to the whole manpower column of the standard manpower table (Attachment 2) for types and number of personnel earned.

8. Statement of Conditions.

a. Continuing Medical Education (CME). Each physician was allotted 50 hours per year and each Physician Assistant 35 hours per year by Service regulation. This policy was implemented after the start of measurement. Man-hour differences will be submitted as a Medical System Management Option (MSMO).

b. The following tasks were measured, but proved to be noncore (not applicable to all Services).

(1) CONDUCTS MANIFEST EXAMINATION. This task refers to manifest visual examinations. This task was not applicable to the Air Force.

(2) CONDUCTS CYCLOPLEGIC EXAMINATION. This task refers to cycloplegic visual examinations. This task was not applicable to the Air Force.

(3) CONDUCTS CONTACT LENS EVALUATION. This task did not apply to the Navy.

(4) PERFORMS MEDICAL RECORD REVIEW FOR PROFILE DETERMINATION. This task did not apply to the Navy.

(5) TYPES PROFILE, FORWARDING COPY TO APPROPRIATE OFFICE. This task refers to the administrative portion of preparing a physical profile change. It did not apply to the Navy.

(6) REVIEWS 4T PROFILE. This task refers to the review of a temporary physical profile to determine if an individual is eligible to be returned to their previous profile. It did not apply to the Army and Navy.

(7) ADMINISTERS MEDICAL SERVICE. This task refers to medical services provided that are not counted as outpatient visits on the clinic visit log. This task did not apply to the Navy because all services provided by Navy Aerospace Medicine Clinics are counted as visits.

(8) ARRANGES FOR ADMISSION TO ON-SITE HOSPITAL, PROVIDES INPATIENT MEDICAL CARE TO AEROSPACE MEDICINE PATIENT, and PROVIDES CONSULTATION FOR OTHER PROVIDER'S PATIENT. These three tasks refer to the admission and care of an Aerospace Medicine patient to an inpatient unit in the military MTF by an Aerospace Medicine provider. These tasks did not apply to the Navy because Navy Aerospace Medicine patients are referred to other outpatient clinics for admission.

(9) PREPARES FORM FOR PATIENT ACCOUNTABILITY. This task refers to the tracking of patients who miss appointments at the clinic and reporting missed appointments to the appropriate office. This task did not apply to the Navy.

(10) PROVIDES PERSONAL RELIABILITY PROGRAM (PRP) SEMIANNUAL REVIEW. This task refers to a semi-annual review of all PRP medical records. This task did not apply to the Army.

(11) EQUIPS AND MAINTAINS CRASH AMBULANCE and EQUIPS AND MAINTAINS AIR TRANSPORTABLE CLINIC. These two tasks did not apply to the Army and Navy.

(12) PREPARES/MAINTAINS ANNEX TO STANDING OPERATIONS PLAN (CONTINGENCY) AND DISASTER PLAN (RESPONSE) and PREPARES/MAINTAINS ANNEX TO INDIVIDUALIZED OPERATIONS PLAN. These two tasks refer to preparing and maintaining contingency plans, disaster response plans, and plans that are designed for specific operations. These tasks did not apply to the Navy.

(13) PROVIDES SUPPORT TO EMERGENCY/DEPLOYMENT READINESS EXERCISE. This task refers to collecting, reviewing, and transporting medical and immunization records, assembling and transporting medical equipment and supplies to the processing area, administering required immunizations, and providing medical support to an exercise. This task does <u>not</u> include deployments. This task did not apply to the Navy.

(14) CONDUCTS STAFF ASSISTANCE VISIT. This task did not apply to the Navy.

(15) PROVIDES CONSULTANT FUNCTION FOR ENVIRONMENTAL HEALTH/PREVENTIVE MEDICINE. This task did not apply to the Navy.

(16) PARTICIPATES IN OCCUPATIONAL MEDICINE/ BIOENVIRONMENTAL ENGINEERING INSPECTION and PROVIDES CONSULTANT SERVICE FOR OCCUPATIONAL MEDICINE/BIOENVIRONMENTAL ENGINEERING. These two tasks did not apply to the Navy.

(17) DIVING/HYPERBARIC/HYPOBARIC MEDICINE. This category refers to support provided to pressure chamber operations.

(18) PERFORMS PREPARATORY RESEARCH (LITERATURE) AND DESIGN, PERFORMS DATA COLLECTION AND ANALYSIS, PREPARES FOR PUBLICATION, and PROVIDES SUPPORT (INCLUDING DATA COLLECTION) FOR RESEARCH/DEVELOPMENT/TEST AND EVALUATION EFFORTS OF OTHER ORGANIZATIONS. These four tasks refer to performing research in the Aerospace Medicine field. They did not apply to the Navy.

(19) PERFORMS SPECIAL STUDIES. This task refers to the performance of special studies generated internally or by

higher headquarters. It includes gathering data, performing analysis on the data, and preparing a report on the study findings. This task did not apply to the Army or Navy.

c. Normal operating hours for Aerospace Medicine are 8 hours per day, 5 days per week.

d. This standard provides hours for performing optometric examinations, audiograms, and electrocardiograms generated by the Aerospace Medicine work center. Some locations may not have the equipment to perform some or all of this work in Aerospace Medicine. At these locations, examinees are sent to another clinic to have the tests performed.

e. This standard provides hours for operating an appointment system. Some locations make appointments for physical examinations through the central appointment system.

f. Janitorial Service. Generally, housekeeping service is provided by contract and covers floors, rest rooms, and waste removal. Clinic personnel are required to maintain desk tops, counter tops, and equipment.

g. Medical Readiness and Mobility. Medical readiness and mobility posture are an inherent part of Service-specific responsibilities. Manpower requirements in excess of peacetime man-hour availability factor allowances should be considered for development of Service exceptions.

h. Some locations combine Aerospace Medicine and Physical Examinations into one work center. At these locations the total requirements for the combined work center can be determined by applying this standard and the Physical Examinations standard separately. The sum of these applications equal the total manpower requirements for the combined work center.

i. Man-hours for dependent medical care are provided by this standard where this care is provided.

j. This standard does not provide man-hours for overhead management of subordinate work centers.

k. Medical Technicians and Clerical/Administrative personnel can be substituted for one another according to Service/local needs.

l. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Joint Healthcare Manpower Standards (JHMS)

are designed to provide the DoD relationship between man-hours and related workload for the function under consideration. The user applies these relationships, usually in the form of manpower equations, to derive required hours for the portion of total demand of interest. The demand of interest that is usually accommodated in the application of JHMSs covers the direct (in-house) portion of total demand, since this is the portion which reflects the demands placed on the MTF. There may also exist interest in determining the requirements for the balance of demand in the immediate area of the MTF other than the direct demand--the nondirect or external demand, mostly consisting of CHAMPUS workload and its equivalent manpower requirements. Reports which will assist in obtaining the CHAMPUS workload, "Provider Utilization Reports," PU 120-007, PU 120-008, PU 120-009, and the ICD9-CM Reports may be obtained from OCHAMPUS by writing to:

OCHAMPUS
Information Systems Division
Aurora, CO 80045-6900

m. A Provider is defined as a flight surgeon or other physician, physician assistant, or nurse practitioner.

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Attachments
1. Work Center Description
2. Joint Healthcare Manpower Table

WORK CENTER DESCRIPTION
Aerospace Medicine

DIRECT:

1. AVIATION PHYSICAL EXAMINATION (Includes physical examinations for flying personnel, missile crew member, air traffic controller, Federal Aviation Administration, weapons controller, applicant for flight qualification, service academy applicant, and diving personnel):

1.1. RECEIVES EXAMINEE. Greets examinee, enters name in appropriate register, and obtains required examination forms; orders routine preliminary tests; directs examinee to appropriate examination area.

1.2. COUNSELS EXAMINEE. Instructs examinee on the preparation of physical examination forms.

1.3. COMPLETES HEALTH HISTORY. Reviews and completes health history and other necessary forms with examinee for proper completion.

1.4. DIRECTS EXAMINEE. Directs examinee to appropriate examining station.

1.5. OBTAINS BIOMETRICS DATA ON EXAMINEE:

1.5.1. OBTAINS AND RECORDS VITAL SIGNS. Obtains and records temperature, pulse rate, respiration, and blood pressure for pre- and post exercises, sitting examinee, standing examinee, and reclining examinee.

1.5.2. OBTAINS AND RECORDS HEIGHT AND WEIGHT CHECKS. Records height (standing and sitting) and weight, and obtains anthropometric measurements.

1.5.3. PERFORMS MEASUREMENTS TO DETERMINE EXAMINEE'S PERCENT BODY FAT.

1.6. OBTAINS LABORATORY SPECIMENS AND SUBMITS FOR ANALYSIS.

1.7. RETRIEVES AND COLLATES PHYSICAL EXAMINATION DATA PRIOR TO HEALTHCARE PROVIDER'S PHYSICAL EXAM TO INCLUDE ALL APPROPRIATE REPORTS.

1.8. PERFORMS CLINICAL EXAM BY HEALTHCARE PROVIDER.

1.9. PERFORMS CHAPERONE FUNCTION DURING PROVIDER'S EXAMINATION AND LAB TEST.

1.10. VISUAL SCREENING: Instructs examinee on procedure, performs examination and records results.

1.10.1. CONDUCTS VISUAL ACUITY SCREENING EXAMINATION.

1.10.2. CONDUCTS COLOR VISION TEST.

1.10.3. CONDUCTS RED LENS TEST.

1.10.4. CONDUCTS TONOMETRY EXAMINATION.

1.10.5. CONDUCTS DEPTH PERCEPTION TEST.

1.10.6. CONDUCTS OCCULAR MOTILITY/POINT OF CONVERGENCE/ ACCOMMODATION TEST.

1.10.7. CONDUCTS CONFRONTATION TEST.

1.10.8. DETERMINES REFRACTIVE ERROR OF SPECTACLES WITH LENSOMETER.

1.11. PERFORMS AUDIOMETRIC EXAMINATION:

1.11.1. CALIBRATES EQUIPMENT:

1.11.1.1. PERFORMS DAILY CALIBRATION.

1.11.1.2. PERFORMS QUARTERLY CALIBRATION.

1.11.2. CONDUCTS AUDIOMETRIC EXAMINATION. Prepares required form, instructs examinee in procedure, conducts audiometric exam, and documents results. Includes, but is not limited to, initial, routine, periodic, 15-hour noise-free, and 40-hour noise-free examination.

1.11.3. COMPARES RESULTS. Compares results of examination to previous audiograms.

1.11.4. COMPLETES REQUIRED HEARING CONSERVATION PROGRAM FORM. Reviews and completes form, checks for accuracy, and provides instructions/counseling to examinee.

1.11.5. REFERS PATIENT FOR CONSULTATION. Prepares consult for further audiological examination.

1.12. PERFORMS ELECTROCARDIOGRAM (EKG) EXAMINATION:

1.12.1. ACCOMPLISHES EKG. Selects and arranges appropriate on supplies and equipment; receives, signs in, and instructs patient

test procedure; attaches electrodes to patient. For computerized EKG, enters medical history data to telemed, ensures proper operation of electrocardiograph during recording process and disconnects upon completion. For manual EKG, tests machine, operates in-house electrocardiograph, monitors proper operation while accomplishing exam, and disconnects upon completion. Marks lead, cuts, and mounts EKG; folds and places lead in data bag; attaches tracing to appropriate form/clerical record/physical examination request. Assists and instructs examinee after examination.

1.12.2. PERFORMS CHAPERONE FUNCTION DURING EKG.

1.13. PERFORMS PULMONARY FUNCTIONS TESTING. Instructs examinee in test procedure, performs pulmonary function tests, and documents results.

1.14. PREPARES POST-PHYSICAL EXAMINATION PAPERWORK. Collects, collates, and reviews examination paperwork; analyzes results; records finding; and releases to administration.

1.15. DETERMINES REQUIREMENT FOR WAIVER OF PHYSICAL STANDARD AND PREPARES APPROPRIATE DOCUMENTATION.

1.16. REVIEWS AND COUNSELS PATIENT ON RESULTS OF PHYSICAL EXAMINATION.

1.17. CONTACTS EXAMINEE FOR REPEAT OR FOLLOW-UP TEST.

1.18. MANAGES SPECIALTY REFERRAL. Schedules and monitors specialty appointments which are part of physical examination.

1.19. CONDUCTS AND RECORDS RESULTS OF READING ALOUD TEST.

1.20. HEALTH RISK APPRAISAL/INTERVENTION:

1.20.1. PERFORMS HEALTH RISK APPRAISAL. Conducts wellness review, assesses risk and instructs in appropriate lifestyle changes.

1.20.2. CONDUCTS CARDIOVASCULAR SCREENING. Conducts cardiovascular screening, assesses results and provides counseling.

1.21. TYPES, COPIES AND FILES EXAMINATION REPORT.

2. MEDICAL CARE:

2.1. PROVIDES OUTPATIENT MEDICAL CARE:

2.1.1. RECEIVES PATIENT. Greets patient, verifies eligibility and appointment, and annotates patient log and record; documents present medical problem; assesses patient's condition and intervenes when appropriate; obtains and records blood pressure, pulse, respiration, temperature, and weight of patient; directs patient to waiting area or examining room and places medical record in provider's box.

2.1.2. PREPARES EXAMINATION ROOM AND PATIENT FOR EXAMINATION. Obtains appropriate tools/equipment and prepares examining room; cleans room and restores to proper order following exam; escorts patient to examining room; assists patient in preparation for examination; notifies provider that patient is ready for examination.

2.1.3. CONDUCTS PATIENT EXAMINATION, DIAGNOSIS, AND TREATMENT. Receives/initiates telephone patient encounter and provides needed medical advice and documents encounter on SF 600. For clinic outpatient visit, reviews medical record; obtains historical data on present medical complaint or previous treatment; performs examination to determine medical problem or for health maintenance purpose; requests laboratory, x-ray services, or EKG; obtains and manages specimen; obtains specimen and performs diagnostic test; obtains and evaluates results of ancillary service or diagnostic test; obtains medical advice on patient problem from textbook or telephone/personal consult; discusses with patient or relative the evaluation of patient's medical condition, prognosis, implication toward current and future health, recommended form of treatment, risk and complication, expected result of treatment, and healthcare education; provides in-clinic treatment (excluding minor surgical treatment/procedures); writes prescription and provides instruction/education to patient; completes label, logs prescription, verifies patient information, and provides medication to patient with instructions; makes referral to appropriate specialty clinic or agency for further evaluation or treatment; annotates medical problem, diagnosis, plan of treatment, and appropriate patient disposition; prepares quarters slip, physical profile change, and other ancillary documents; consults with healthcare professionals concerning the outpatient care of authorized Aerospace Medicine beneficiary; and advises healthcare personnel concerning aeromedical evacuation for patient and recommends aeromedical disposition.

2.1.4. PERFORMS MINOR SURGICAL TREATMENT/PROCEDURE. Performs or assists in minor surgical procedure; and applies/removes dressings, splints, and sutures.

2.1.5. PROVIDES PRECEPTOR FUNCTION. Performs preceptor function with Physician Assistant or independent Medical Technician.

2.1.6. PREPARES MEDICAL STATEMENT, LETTER, OR SUMMARY. Prepares statement, letter, or summary documenting medical condition of patient or recommendation.

2.1.7. PROVIDES CHAPERONE DUTY. Performs chaperone function during outpatient visit.

2.1.8. ARRANGES FOR ADMISSION TO REFERRAL HOSPITAL (CIVILIAN OR MILITARY). Arranges for admission and prepares transportation documentation to transfer patient to a referral hospital. Contacts accepting provider.

2.1.9. RESPONDS TO EMERGENCY. Responds from off duty/on duty status to notification of emergency within medical treatment facility (MTF) and provides medical treatment. Travels to and from MTF.

2.2. PROVIDES AEROMEDICAL EVACUATION/GROUND TRANSPORTATION SUPPORT: Participates in evacuation operation as required.

2.2.1. PARTICIPATES IN MTF-TO-MTF TRANSFER:

2.2.1.1. PARTICIPATES IN MTF-TO-MTF AEROMEDICAL EVACUATION TRANSFER/GROUND TRANSPORTATION WITH FLIGHT SURGEON/AEROMEDICAL TECHNICIAN ACCOMPANYING PATIENT. Performs pre-transport examination, attends pre-flight brief, accompanies patient during transportation and provides in-flight care, assists with transfer to receiving MTF, and returns to home MTF.

2.2.1.2. PARTICIPATES IN MTF TO MTF AEROMEDICAL EVACUATION TRANSFER WITHOUT FLIGHT SURGEON ACCOMPANYING PATIENT. Reviews case and clears patient for aeromedical evacuation.

2.2.2. PARTICIPATES IN SEARCH AND RESCUE (SAR)/CASUALTY RETRIEVAL:

2.2.2.1. PARTICIPATES IN SAR/CASUALTY RETRIEVAL WITH FLIGHT SURGEON/AEROMEDICAL TECHNICIAN ACCOMPANYING MISSION. Receives notification of emergency, prepares for response and notifies applicable personnel, assembles necessary equipment, transports personnel and equipment to flight line, attends pre-flight briefing, accompanies SAR, assists in rescue, provides in-flight care, assists in transfer of casualty to receiving MTF, and returns personnel and equipment to the work center.

2.2.2.2. PARTICIPATES IN SEARCH AND RESCUE/CASUALTY RETRIEVAL WITHOUT FLIGHT SURGEON ACCOMPANYING MISSION. Provides aeromedical information to air crew during flight.

3. FLIGHT LINE ACTIVITY:

3.1. CONSULTS AND ADVISES LINE COMMANDING OFFICER CONCERNING AEROSPACE MEDICAL ISSUES (HEALTH, SAFETY, MORALE, ETC.).

3.2. PERFORMS VISIT TO OPERATIONAL UNIT/ACTIVITY. Travels to operational site/activity. Views and gains insight of unit/activity operations. Discusses operations with unit/activity members. Interacts with operational unit personnel. Gains situational awareness and assesses effect on readiness capability. Establishes credibility with operational personnel. Monitors formal and informal social interaction.

3.3. PARTICIPATES IN EMERGENCY/DISASTER RESPONSE. Receives notification of emergency/disaster. Prepares for response and notifies applicable personnel, assembles necessary equipment, loads ambulance, transports personnel and equipment to flight line or site of emergency, stands by for emergency landing and provides assistance as necessary, and returns personnel and equipment to the work center. Utilizes fire/crash communication network to coordinate response.

3.4. PARTICIPATES IN ACCIDENT/INCIDENT INVESTIGATION:

3.4.1. PARTICIPATES IN ACCIDENT INVESTIGATION:

3.4.1.1. HEALTHCARE PROVIDER. Gathers equipment, travels to and from wreckage site, interviews personnel/survivors, secures and surveys wreckage site, participates in investigation board, and prepares report of findings and aeromedical analysis.

3.4.1.2. AEROMEDICAL TECHNICIAN. Gathers equipment, travels to and from wreckage site, interviews personnel/survivors, secures and surveys wreckage site, collects samples, takes photographs, coordinates autopsy, and assists in preparation of report of findings and aeromedical analysis.

3.4.2. PARTICIPATES IN PHYSIOLOGICAL INCIDENT INVESTIGATION. Interviews, examines, and treats flying personnel experiencing a physiological incident; and prepares appropriate documentation.

3.5. PAPTICIPATES IN FLYING/GROUND SAFETY PROGRAM:

3.5.1. PROCESSES HAZARD/ACCIDENT REPORTS. Receives and reviews hazard/accident report for findings, evaluates human factor aspects of aircraft systems and flying operations, and prepares recommendation to improve aeromedical/ground safety, coordinating input with unit safety officer.

3.5.2. PROVIDES AEROMEDICAL SAFETY EDUCATION TO ASSIGNED UNIT PERSONNEL. Briefs operational unit members on the danger of self-medication, social overindulgence, and potential hazard of

distracting minor illness.

3.6. PARTICIPATES IN AERIAL FLIGHT:

3.6.1. PARTICIPATES IN AIR CREW TRAINING PROGRAM FOR FLIGHT SURGEON/AEROMEDICAL TECHNICIAN.

3.6.2. PARTICIPATES IN ALL PHASES OF FLYING MISSION. Participates in preflight activity, flies with air crew in assigned aircraft under varying conditions, observes air crew performance, monitors medical aspect of aircraft system effectiveness, and participates in post-flight activity.

3.7. PROVIDES EDUCATION AND TRAINING TO OPERATIONAL UNIT PERSONNEL:

3.7.1. PROVIDES EDUCATION AND TRAINING FOR DEPLOYMENT/SPECIAL MISSION. Prepares, attends, and presents aeromedical briefing for deployment/special mission to assigned personnel.

3.7.2. PROVIDES AEROMEDICAL REFRESHER TRAINING. Prepares, attends, and presents health topics of interest to flying personnel.

3.8. PARTICIPATES IN AVIATION BOARDS:

3.8.1. PARTICIPATES IN FLIGHT EVALUATION BOARD. Participates in/attends flight evaluation board; provides medical expertise to board.

3.8.2. PARTICIPATES IN COLLATERAL INVESTIGATION/JAG BOARD. Participates in collateral investigation/JAG board; provides medical expertise to board.

4. CLINIC ADMINISTRATION:

4.1. PROVIDES VISITOR RECEPTION. Answers telephone or walk-in inquiry. Refers visitor to appropriate clinic healthcare provider or central appointments.

4.2. OPERATES APPOINTMENT SYSTEM:

4.2.1. ESTABLISHES SCHEDULE. Obtains schedule of each healthcare provider/technician, determines healthcare provider/technician availability, and develops clinic schedule.

4.2.2. OPERATES APPOINTMENT SYSTEM, MAKING INITIAL/FOLLOW-UP APPOINTMENT. Schedules patient for initial/follow-up

appointment; reschedules cancelled appointments; prepares appointment slip; annotates appointment register or log; updates appointment system data base.

4.3. TYPES, COPIES AND FILES REPORTS AND NARRATIVE SUMMARIES. This includes staff assistance reports, aviation resource management survey, Quality Assurance (QA) minutes and reports, and Aerospace Medicine narrative summary.

4.4. MAINTAINS PATIENT MEDICAL RECORD:

4.4.1. CONDUCTS INITIAL RECORD REVIEW. Conducts an initial review of medical record on all eligible incoming personnel.

4.4.2. MAINTAINS MEDICAL RECORD. Initiates new medical record, files documentation, and maintains currency of medical record on eligible personnel.

4.4.3. CONDUCTS PERIODIC RECORD REVIEW. Screens, reviews and conducts a periodic review of medical record. Takes required action to correct deficiencies.

4.4.4. LOCATES MISSING PATIENT MEDICAL RECORD, LAB SLIP, OR OTHER DATA. Searches for and locates missing record, lab slip or other data.

4.5. MANAGES AND ADMINISTERS PERSONNEL RELIABILITY PROGRAM (PRP) FOR FLYING PERSONNEL:

4.5.1. CONDUCTS REVIEW OF MEDICAL RECORD TO DETERMINE ELIGILIBILITY FOR PRP. Conducts a review of medical record on all flying personnel on PRP or person being considered for PRP.

4.5.2. MANAGES PRP ON A DAILY BASIS. Determines effect of illness on PRP status, provides notification of unit representative, documents PRP action, and secures records.

4.6. REVIEWS AND PROCESSES OVERSEAS CLEARANCES (AEROSPACE MEDICINE BENEFICIARIES ONLY). Receives and reviews overseas clearance form for Aerospace Medicine beneficiary; retrieves medical records of active duty member; reviews medical records of active duty member and beneficiaries for potential medical restrictions for overseas travel; takes appropriate action.

4.7. MAINTAINS WAIVER SUSPENSE/MEDICAL FOLLOW-UP FILE.

4.8. MAINTAINS GROUNDING MANAGEMENT PROGRAM. Tracks status of grounded flying and special operations personnel.

4.9. MANAGES MEDICAL SUPPLIES AND EQUIPMENT:

4.9.1. MANAGES MEDICAL SUPPLIES. Orders, stocks, and ensures

required therapeutic supplies, instruments, linens, and pharmaceutical supplies are available.

4.9.2. MANAGES MEDICAL EQUIPMENT:

4.9.2.1. RESEARCHES AND PREPARES JUSTIFICATION FOR ACQUISITION OF NEW/REPLACEMENT MEDICAL EQUIPMENT. Conducts research; develops new/replacement equipment requirements; prepares required justification/requisition for new/replacement medical equipment; and attends justification meeting.

4.9.2.2. TURNS IN MEDICAL EQUIPMENT.

4.9.2.3. PERFORMS PREVENTIVE MAINTAINANCE AND SAFETY ON MEDICAL EQUIPMENT.

5. SUPPORT ACTIVITY:

5.1. INDOCTRINATES PHYSICIAN, DENTIST, AND ASSOCIATED HEALTHCARE PROFESSIONAL CONCERNING FLIGHT MEDICINE. Provides indoctrination of physician, dentist, and associated health care professional in the various aspects of flight medicine, the hazard of medication and flying, administrative requirements peculiar to flying personnel and missile crew member; and provides flight line orientation visit for newly assigned physician and dentist.

5.2. PROVIDES CONSULTANT SERVICE TO INSTALLATION AGENCY. Provides consultant service in areas, such as drug and alcohol, HIV, health promotion, federal review physician and Medical Evaluation Review Board (MERB).

5.3. PROVIDES MEDICAL SUPPORT TO COMMUNITY ACTIVITY. Provides medical support for air show, open house, sports event, change of command, and associated function.

6. QUALITY ASSURANCE (QA)/RISK MANAGEMENT:

6.1. MAINTAINS/UPDATES QA PROGRAM. Maintains and updates QA program to be reviewed and approved annually by Quality Assurance Committee; includes developing important aspects of care, and required periodic review.

6.2. ATTENDS/CONDUCTS SERVICE, DEPARTMENT, OR FACILITY QA MEETING. Prepares for and attends QA meeting for assessment of the effectiveness of the quality of care and recommends action to be taken.

6.3. MONITORS AND EVALUATES QA INDICATOR. Collects, reviews,

and analyzes data; identifies and documents problem, conducts peer review study, and monitors infection control program.

6.4. PERFORMS CORRECTIVE ACTION AND FOLLOW-UP. Identifies, develops and implements solution for problem; evaluates solution for effectiveness and closes problem when resolved.

6.5. PREPARES QA REPORT. Drafts, edits, and finalizes QA meeting minutes and QA report for submission to MTF Quality Assurance Committee.

7. CONTINUING MEDICAL EDUCATION (CME):

7.1. PREPARES FOR, CONDUCTS, AND ATTENDS MTF STAFF CME:

7.1.1. PREPARES FOR AND CONDUCTS MTF STAFF CME.

7.1.2. ATTENDS MTF STAFF CME.

7.2. PREPARES FOR, PRESENTS, AND ATTENDS CME AWAY FROM MTF:

7.2.1. PREPARES FOR AND PRESENTS CME AWAY FROM MTF.

7.2.2. ATTENDS CME AWAY FROM MTF.

7.3. REVIEWS PROFESSIONAL SUBJECT MATTER. Keeps current with developments in pertinent subject matter for certification/ licensure/credentialing for clinic personnel.

8. PREVENTIVE MEDICINE INSPECTION. Participates in Preventive Medicine inspection.

INDIRECT: Indirect work involves those tasks that are not readily identifiable with the work center's specific product or service. A standard allowance factor (SIAF) for indirect work was used in developing the manpower standard equation.

I1. SUPERVISION: Hires civilian employee. Indoctrinates personnel. Rates personnel. Prepares selective reenlistment program (SRP)/NCO status consideration. Nominates personnel for award. Submits management improvement recommendation. Schedules personnel. Develops standard publication or other directive. Directs work center activity. Counsels personnel. Reviews incoming distribution. Reviews outgoing distribution. Reviews report and statistical data. Develops budget estimate. Validates hazard abatement log. Prepares hazard report. Inspects facility. Assists in mishap or incident investigation. Receives and assists visiting official.

I2. ADMINISTRATION: Types letter or form. Types message. Types report. Types enlisted evaluation. Types officer evaluation. Types civilian evaluation. Types indorsement to military and

civilian evaluation. Types award and decoration. Types plan, schedule, or roster. Types statistical data. Processes incoming distribution. Processes outgoing distribution. Establishes new file. Updates file. Files correspondence. Maintains suspense file. Reviews file for disposal. Disposes of documentation. Maintains log or register. Maintains security file. Controls classified material. Inventories classified material. Safeguards classified material. Destroys classified material. Orders administrative publication. Maintains index. Maintains publication. Determines requirement for publication. Operates copying machine. Maintains stock of blank forms. Maintains bulletin board. Maintains time and attendance card. Takes dictation. Takes minutes. Transcribes material. Maintains appointment log. Acknowledges visitor. Processes ADP card. Maintains computer system.

I3. MEETING: Prepares for meeting. Conducts or attends meeting.

I4. TRAINING: Evaluates individual training requirement. Develops training plan. Controls career development package. Counsels trainee. Maintains training record. Develops training material. Conducts training. Receives training. Reads publication.

I5. SUPPLY: Processes equipment request. Conducts inventory. Maintains custodian document. Obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE: Maintains office equipment. Maintains machinery. Maintains test equipment. Maintains consolidated tool kit. Maintains individual tool kit. Maintains assigned vehicle.

I7. CLEAN-UP: Prepares work area. Puts work away. Cleans work area.

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Aerospace Medicine DoD 6506	EXTRAPOLATION LIMITS: 403.160 - 6770.269 See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	1	2	2	2	3	3	3	4	4	4
*Medical Technician	2	2	2	3	3	4	4	4	5	6
*Clerical/Administrative			1	1	1	1	2	2	2	2
TOTAL	3	4	5	6	7	8	9	10	11	12
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	4	5	5	5	5	5	6	6	6	6
*Medical Technician	6	6	7	8	9	9	9	10	11	11
*Clerical/Administrative	3	3	3	3	3	4	4	4	4	5
TOTAL	13	14	15	16	17	18	19	20	21	22
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	6	7	7	7	7	7	7	7	8	8
*Medical Technician	12	12	13	14	14	15	16	17	17	17
*Clerical Administrative	5	5	5	5	6	6	6	6	6	7
TOTAL	23	24	25	26	27	28	29	30	31	32
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	9	9	9	9	9	9	9	9	10	10
*Medical Technician	17	18	19	20	21	22	23	24	24	25
*Clerical/Administrative	7	7	7	7	7	7	7	7	7	7
TOTAL	33	34	35	36	37	38	39	40	41	42

*NOTE: Medical Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Aerospace Medicine DoD 6506	EXTRAPOLATION LIMITS: 403.160 - 6770.269 See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Provider	10	10	10	10						
*Medical Technician	26	27	28	29						
*Clerical/Administrative	7	7	7	7						
TOTAL	43	44	45	46						

*NOTE: Medical Technician and Clerical/Administrative requirements may be substituted for one another according to Service/local needs.

DEPARTMENT OF DEFENSE
PUBLICATION SYSTEM

CHANGE TRANSMITTAL

OFFICE OF THE SECRETARY OF DEFENSE
Assistant Secretary of Defense (Health Affairs)

CHANGE NO. 2
DoD 6025.12-STD
October 30, 1991

JOINT HEALTHCARE MANPOWER STANDARDS (JHMS)

The Deputy Assistant Secretary of Defense (Health Affairs) has authorized the following page changes to DoD 6025.12-STD, "Joint Healthcare Manpower Standards (JHMS)," November 1989:

PAGE CHANGES

Remove: Pages ii&iii

Insert: Attached replacement pages and new pages A-6705-1 through A-6705-48 and A-6900-1 through A-6900-22

Changes appear on pages ii&iii and are indicated by marginal asterisks.

EFFECTIVE DATE

The above changes are effective immediately.

James L Elmer

JAMES L. ELMER
Director
Correspondence and Directives

Attachments
72 pages

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT

SD FORM 106-2, MAR 81

32-104

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#Second Amendment (Ch 2, 10/30/91)

* 6900 Medically Related Services in Department of Defense Dependents Schools *

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#Second Amendment (Ch 2, 10/30/91)

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD

Functional Area: Medical Resource Management Office (RMO)

1. Objective. To quantify the manpower required to accomplish the tasks described in the work center description for varying workload demands.

2. Authority.

DoD Directive 6025.12 (reference (d)).

3. Applicability. Applies to all Department of Defense peacetime fixed Medical Treatment Facilities (MTFs) except those belonging to the Army's 18th Medical Command in Korea. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison studies. This standard is based on Army and Air Force data only. It may be applied to Navy facilities to provide an indicator of manpower needed to perform tasks included in the work center description.

4. Work Center Descriptions (WCDs). See Attachment 1.

5. Standard Data:

a. Classification. Type III.

b. Man-Hour Data Source. Operational Audit (technical estimate, historical record, and directed requirement techniques).

c. Standard Man-Hour Equations:

(1) Bedded Facility Equations:

(a) Facilities with 1 - 149 Operating Beds.

$Y_1 = 275.8 + 2.093(X)$

(b) Facilities with 150 or more Operating Beds.

$Y_2 = X/(.3364 + .0001042(X))$

(2) Non-Bedded Facility Equation. Applies to all non-bedded MTFs.

$Y_3 = 172.3 + 1.788(X)$

d. Workload Factor:

(1) Title.

X = In-House and Contract Personnel Authorized at the MTF.

(2) Definition.

X: The average monthly number of in-house personnel (military and civilian) and contract manpower equivalents authorized at the MTF. Includes personnel authorized at Area Dental Laboratories and Veterinary Clinics.

(3) Source.

(a) Army. Military and civilian authorizations can be obtained from current approved Table of Distribution of Allowances (TDA), Modified Table of Organization and Equipment (MTOE), and Augmented TDA and contract personnel numbers can be found on the Manpower Availability Report (yearly contract man-hours can be converted to whole manpower by dividing by 2007).

(b) Air Force. Obtain from Unit Manpower Document (UMD).

6. Manpower Table. The manpower table at Attachment 2 represents an average of the requirements measured by the Army and Air Force. It is a guide for dividing total requirements into Officer and Enlisted manpower equivalents.

7. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the expected levels of work for this work center. Workload factors to be applied in this standard should be the average of the most recent twelve monthly counts of the factor.

Step 1. Apply the applicable man-hour equation to determine the total required man-hours.

Step 2. Apply any validated exception man-hours.

Step 3. Sum the required man-hours from Steps 1 and 2. The extrapolation limits for each equation are listed in the following table. Each equation is only valid within the limits shown. If application of an equation results in a man-hour value outside its extrapolation range, an alternate means must be used to determine manpower requirements.

Equation	Man-Hour Lower Limit	Man-Hour Upper Limit	Workload Upper Limit
1-149 Operating Beds	549.304	3665.778	N/A
150 or More Operating Beds	1387.226	6421.563	6524.427
Non-Bedded Facility	232.948	829.853	N/A

Divide the total required man-hours by the appropriate Man-hour Availability Factor (MAF) to determine required manpower. Round to whole manpower requirements.

Step 4. Refer to the total manpower column of the joint healthcare manpower table at Attachment 2 for required manpower breakout.

8. Statement of Conditions.

a. At smaller facilities, resource management functions are normally collocated. Larger facilities may have separate locations in the MTF for budget, manpower, Medical Expense and Performance Reporting System (MEPRS), etc.

b. Operating hours vary. Normal operating hours for Medical Resource Management are eight hours per day/five days per week.

c. This standard is based on Army and Air Force data only. It may be applied to Navy facilities to provide an indicator of manpower needed to perform tasks included in the work center description.

Attachments

1 Work Center Description
2 Joint Healthcare Manpower Table

WORK CENTER DESCRIPTION

Medical Resource Management Office

DIRECT:

1. BUDGET:

1.1. BUDGET FORMULATION:

1.1.1. PREPARES TENTATIVE GUIDANCE INPUT REQUEST/BUDGET SUBMISSION PACKAGE FOR WORK/COST CENTER MANAGERS BASED ON ANTICIPATED GUIDANCE FROM HIGHER HEADQUARTERS:

1.1.1.1. ANALYZES PROJECTED MISSION CHANGES FOR BUDGET YEAR.

1.1.1.2. PREPARES AND TYPES COVER LETTER.

1.1.1.3. PREPARES AND TYPES FORM FOR CATEGORY OF EXPENSE INPUT.

1.1.1.4. REPRODUCES PACKAGE.

1.1.2. DISTRIBUTES BUDGET SUBMISSION PACKAGE:

1.1.2.1. SCHEDULES COST CENTER MANAGER (CCM) MEETING OR SENDS NOTICE TO MANAGERS.

1.1.2.2. PREPARES FOR MEETING.

1.1.2.3. BRIEFS CCM ON PACKAGE AND SOLICITS MANAGERS VIA WRITTEN GUIDANCE REQUEST.

1.1.3. DISCUSSES BUDGET SUBMISSION PACKAGE WITH INDIVIDUAL MANAGER AS APPROPRIATE.

1.1.4. RECEIVES SPECIFIC BUDGET GUIDANCE FROM HIGHER HEADQUARTERS:

1.1.4.1. REVIEWS BUDGET GUIDANCE.

1.1.4.2. ATTENDS ACCOUNTING BRANCH OF FINANCE (ACB) BUDGET PLANNING MEETING.

1.1.4.3. DISCUSSES PACKAGE WITH BASE BUDGET OFFICE.

1.1.4.4. DETERMINES BUDGET YEAR CHANGE AND INFORMS MANAGERS OF CHANGE.

1.1.5. COORDINATES PROJECTED COSTS WITH BASE OPERATING SUPPORT ACTIVITY:

1.1.5.1. COLLECTS ESTIMATE AND COORDINATES REIMBURSEMENT REQUIREMENT WITH CIVIL ENGINEERING FOR UTILITY, WORK ORDER AND FACILITY PROJECT AS APPLICABLE.

1.1.5.2. COLLECTS COMMUNICATION DATA AND BUDGET YEAR ESTIMATE FOR PRICE INCREASE, OPEN WORK ORDER, NEW WORK ORDER AND COST OF NEW SERVICE.

1.1.5.3. COLLECTS CIVILIAN PAY REQUIREMENT FROM COMPTROLLER OFFICE.

1.1.5.4. COLLECTS TRANSPORTATION DATA FOR VEHICLE MAINTENANCE AND MAJOR REPAIR.

1.1.6. RECEIVES BUDGET YEAR ESTIMATES. Receives budget year estimates; makes suspense response check off list; sets up submission folder by program element code/subactivity group/functional category/subfunctional category (PEC/SAG/FC/SFC); and performs follow-up on late submission.

1.1.7. COMPUTES REQUIREMENTS BY CATEGORY OF EXPENSE AND PEC/SAG/FC/SFC. Analyzes input and contacts individual for clarification; makes necessary modification; and computes civilian pay, transportation charges, registration fees, etc.

1.1.8. COMPILES INPUT ON SPREADSHEET:

1.1.8.1. LISTS PRIOR FISCAL YEAR (FY) AND CURRENT FY DOLLAR AMOUNT BY CATEGORY OF EXPENSE.

1.1.8.2. COMBINES CATEGORY OF EXPENSE INPUT BY PEC/SAG/FC/SFC.

1.1.8.3. IDENTIFIES "MUST FUND"/ESSENTIAL FIXED COSTS REQUIREMENT BY CATEGORY OF EXPENSE.

1.1.8.4. DISTRIBUTES REMAINING FUNDED TARGET BY CATEGORY OF EXPENSE BY PEC/SAG/FC/SFC.

1.1.8.5. IDENTIFIES, JUSTIFIES AND PRIORITIZES UNFUNDED REQUIREMENT BY PEC/SAG/FC/SFC BY CATEGORY OF EXPENSE.

1.1.8.6. PRIORITIZES UNFUNDED REQUIREMENT FOR OVERALL OPERATION AND MAINTENANCE (O&M) MEDICAL PROGRAM.

1.1.8.7. JUSTIFIES VARIANCE BETWEEN PRIOR FY, CURRENT FY AND BUDGET YEAR.

1.1.8.8. DRAFTS SUMMARY OF FUNDING REQUIREMENT BY PEC/SAG/FC/SFC BY CATEGORY OF EXPENSE.

1.1.8.9. DRAFTS SUMMARY OF OVERALL FUNDING REQUIREMENT.

1.1.8.10. VERIFIES TOTAL FOR ACCURACY AND CORRECTS ERROR.

1.1.9. PREPARES PEC/SAG/FC/SFC MISSION STATEMENT. Updates PEC/SAG/FC/SFC mission statement; coordinates and drafts commander's statement; reviews draft of commander's statement; and prepares final statement.

1.1.10. FINALIZES BUDGET YEAR FINANCIAL PLAN:

1.1.10.1. TYPES AND CORRECTS DRAFT EXHIBIT.

1.1.10.2. COORDINATES DRAFT. Coordinates draft with commander and executive staff.

1.1.10.3. MAKES CORRECTIONS AND RETYPES EXHIBIT.

1.1.10.4. COORDINATES BUDGET WITH BASE BUDGET OFFICE.

1.1.10.5. MAKES CORRECTIONS AND RETYPES EXHIBIT.

1.1.10.6. PREPARES AND SUBMITS BUDGET FOR AUTOMATED SUBMISSION.

1.2. BUDGET EXECUTION:

1.2.1. PREPARES FOR OPERATION UNDER CONTINUING RESOLUTION AUTHORITY (CRA):

1.2.1.1. REMOVES "SUBJECT TO AVAILABILITY OF FUNDS" STATEMENT FROM ALL DOCUMENTS AT THE PROCUREMENT OFFICE PRIOR TO 1 OCTOBER.

1.2.1.2. PREPARES INTERIM BUDGET ESTIMATES FOR ALL COSTS REQUIRED DURING PERIOD OF CRA.

1.2.1.3. ADVISES HIGHER HEADQUARTERS OF CRA NEEDS BY CATEGORY OF EXPENSE BY PEC/SAG/FC/SFC.

1.2.1.4. RECEIVES CRA FUNDING FROM HIGHER HEADQUARTERS AND ESTABLISHES INTERIM FUNDING LEVELS BY CATEGORY OF EXPENSE BY PEC/SAG/FC/SFC AND FORWARDS TO RESPECTIVE ACCOUNTING AND FINANCE OFFICE.

1.2.1.5. PERFORMS FUND CONTROL PROCEDURES DURING INTERIM CRA PERIOD TO PRECLUDE STATUTORY FUNDING VIOLATION OF 31 U.S. CODE 1517.

1.2.1.6. WORKS WITH LOCAL PROCUREMENT OFFICE AND ACCOUNTING AND FINANCE OFFICE TO COORDINATE MANNER IN WHICH ANNUAL CONTRACTS AND CIVILIAN PAY WILL BE OBLIGATED.

1.2.1.7. ADVISES HIGHER HEADQUARTERS OF ANY ADDITIONAL TARGET REQUIRED DURING CRA PERIOD; ADJUSTS OPERATIONS BASED ON FUNDING LEVEL; AND PERFORMS NO NEW STARTS DURING CRA PERIOD.

1.2.2. RECEIVES AND PROCESSES INITIAL DISTRIBUTION OF FUNDS:

1.2.2.1. REVIEWS ACTUAL BUDGET AGAINST BUDGET SUBMISSION/FINANCIAL PLAN.

1.2.2.2. VALIDATES CURRENT ACCURACY OF ORIGINAL BUDGET SUBMISSION/FINANCIAL PLAN TO INCLUDE COORDINATING WITH WORK CENTER COST MANAGERS.

1.2.2.3. COMPARES FIVE YEAR DEFENSE PLAN (FYDP) ALLOCATION AGAINST PROJECTED WORKLOAD TO VALIDATE BUDGET ESTIMATE.

1.2.2.4. DETERMINES IMPACT OF GUIDANCE ON CURRENT OPERATIONS.

1.2.2.5. COMPARES ACTUAL BUDGET WITH PROJECTED REQUIREMENT TO DETERMINE OVERAGES OR SHORTAGES.

1.2.2.6. IDENTIFIES PRIORITY OR SPECIAL INTEREST ITEMS.

1.2.2.7. IDENTIFIES "FENCED" MONEY.

1.2.2.8. VALIDATES "MUST FUND"/ESSENTIAL FIXED COSTS REQUIREMENTS.

1.2.2.9. DETERMINES OPTIMUM DISTRIBUTION OF REMAINING FUNDS.

1.2.2.10. NEGOTIATES ANNUAL SUPPLY REQUIREMENTS WITH WORK/COST CENTER MANAGERS.

1.2.2.11. ESTABLISHES ACTUAL ANNUAL FINANCIAL PLAN BY CATEGORY OF EXPENSE AND RESPONSIBILITY CENTER/COST CENTER.

1.2.2.12. ESTABLISHES FIRST QUARTER FUNDING LEVELS BY PROGRAM ELEMENT AND COST CATEGORY.

1.2.2.13. ADJUSTS MAJOR COMMAND/CLAIMANT DISTRIBUTED TARGET.

1.2.2.14. PREPARES OPERATING BUDGET LEDGER/PROJECT FUND MANAGEMENT RECORD (OBL/PFMR) TARGET LOAD SHEET. Prepares annual and first quarter target load sheet for Base Budget Office; coordinates with command section; and copies and distributes load sheet to Base Budget Office.

1.2.2.15. VALIDATES OBL/PFMR TARGET AGAINST LOAD SHEET.

1.2.2.16. ESTABLISHES FIRST QUARTER TARGET BY PROGRAM ELEMENT AND TRANSMITS TO FINANCE AND ACCOUNTING.

1.2.2.17. CONDUCTS PROGRAM BUDGET ADVISORY SUBCOMMITTEE/PROGRAM BUDGET ADVISORY COMMITTEE MEETING TO MAKE RECOMMENDATIONS TO COMMANDER FOR ANNUAL OPERATING PROGRAM.

1.2.2.18. RECEIVES APPROVED ANNUAL OPERATING PROGRAM FROM COMMANDER.

1.2.3. MANAGES MISCELLANEOUS OBLIGATION DOCUMENT ESTIMATE. Determines money amount for miscellaneous obligation document; and prepares document; delivers document to accounting and finance; monitors actual expense versus estimate and adjusts as necessary.

1.2.4. MANAGES OBLIGATION AUTHORITY. Determines money amount for obligation authority document and prepares document; delivers document to accounting and finance; monitors actual expense versus estimate and adjusts as necessary.

1.2.5. MANAGES REIMBURSEMENT:

1.2.5.1. COMPARES REIMBURSEMENT AUTHORITY TO EARNING TO DETERMINE REASON FOR VARIANCE AND RECOMPUTES PROJECTED END OF YEAR (EOY) EARNING.

1.2.5.2. REQUESTS AND VALIDATES ADJUSTMENT TO OBL.

1.2.5.3. INPUTS MONTHLY ESTIMATED REIMBURSEMENT EARNINGS AND ADJUSTS BASED ON END OF MONTH ACTUAL.

1.2.6. VALIDATES ALL COSTS. Receives, reviews, and validates monthly billings from external sources; and reviews standard cost reports as received.

1.2.7. CERTIFIES AVAILABILITY OF FUNDS AND APPROPRIATENESS OF PURCHASE FOR FUNDS CONTROL PURPOSES: Receives request from work center; reviews for fund availability against program; determines if a funded or unfunded requirement; posts obligation authority document/commitment register; types fund cite; signs and files copy of form.

1.2.7.1. COORDINATES ON PURCHASE REQUEST, TEMPORARY DUTY/TEMPORARY ADDITIONAL DUTY (TDY/TAD) REQUEST, CIVILIAN OVERTIME REQUEST, TDY/TAD ORDERS, INDIVIDUAL EQUIPMENT REQUEST, CIVILIAN HIRE REQUEST, AND INCENTIVE AWARD APPROVALS.

1.2.7.2. REVIEWS REQUEST TO ENSURE COST SHOULD NOT BE PAID BY A BASE OPERATIONS ELEMENT. Coordinates disagreements with appropriate base operations activity and if necessary requests major command (MACOM) involvement if requirement is determined not to be medically unique or an appropriate cost of the MTF.

1.2.8. IDENTIFIES COST CENTER FOR CHANGE BY WORK/COST CENTER CODES: (ARMY - Army Regulation (AR) 37-100-XX, "The Army Management Structure." Air Force Regulation (AFR) 170-5, "Responsibility Center/Cost Center Codes.")

1.2.8.1. RECEIVES, REVIEWS AND COMPARES REGULATION FOR CHANGE. Researches regulation for change; coordinates with Base Budget Office/Finance and Accounting Office (F&AO)/Accounting Servicing Activity and Medical Logistics; provides clarification and posts change.

1.2.8.2. REVALIDATES CURRENT COST CENTER LISTING. Using regulation, revalidates and coordinates current list with the Base Budget Office/F&AO/ Accounting Service Activity and Medical Logistics.

1.2.8.3. DETERMINES WORK/COST CENTER LISTING BASED ON NEW START. Using regulation, determines work/cost center listing; coordinates with Base Budget Office/F&AO/Accounting Service Activity and Medical Logistics; and provides clarification.

1.2.9. REVISES QUARTERLY AUTHORITY:

1.2.9.1. ANALYZES, COMPARES AND DETERMINES REVISED REQUIREMENT.

1.2.9.2. VALIDATES ADJUSTMENT FOR QUARTERLY AUTHORITY AND REQUESTS ADDITIONAL QUARTERLY AUTHORITY FROM HIGHER HEADQUARTERS, IF REQUIRED.

1.2.9.3. RECEIVES, REVIEWS AND IF APPROPRIATE, MODIFIES QUARTERLY TARGET OBJECTIVES BASED ON JUSTIFIABLE REQUESTS FROM COST CENTER.

1.2.9.4. ISSUES QUARTERLY SUPPLY, WORKLOAD AND UNIT COST OBJECTIVES FOR SUPPLY.

1.2.9.5. PREPARES ADJUSTED OBL/PFMR QUARTERLY TARGET LOAD SHEETS.

1.2.9.6. VALIDATES OBL/PFMR QUARTERLY TARGETS AGAINST LOAD SHEETS.

1.2.10. REPROGRAMS FUNDS:

1.2.10.1. REVIEWS FINANCIAL PRODUCT/REPORT; ANALYZES OVERAGE OR SHORTAGE; REVIEWS OBLIGATION AND COMMITMENT; PROJECTS ADDITIONAL KNOWN REQUIREMENT; LISTS PROJECTED OVERAGE OR SHORTAGE; AND PRIORITIZES NEED.

1.2.10.2. PREPARES LOAD SHEET. Prepares load sheet for Base Budget Office; coordinates with command section; copies and distributes load sheet to Base Budget Office; and validates adjustment load sheet against financial document.

1.2.11. MANAGES UNFUNDED REQUIREMENT:

1.2.11.1. IDENTIFIES ITEM AND COST. Reviews all financial products/reports for overage or shortage; reviews Current Year Financial Plan for previously identified unfunded requirement; and reviews/adjusts obligation authority document/commitment registers against actual costs on financial reports.

1.2.11.2. DETERMINES MISSION CHANGE. Receives input from executive management and other source.

1.2.11.3. PRIORITIZES UNFUNDED REQUIREMENT. Coordinates and adjusts unfunded requirement with command section; and justifies unfunded requirement.

1.2.11.4. PREPARES DRAFT FOR UNFUNDED REQUIREMENT.

1.2.11.5. FINALIZES UNFUNDED REQUIREMENT. Identifies change of unfunded requirement; reworks justification; transfers to prescribed format; and forwards request through appropriate channels.

1.2.12. ATTENDS AND SUPPORTS FINANCIAL MEETING:

1.2.12.1. PREPARES FOR AND PARTICIPATES IN FINANCIAL WORKING GROUP. Reviews agenda; analyzes and reviews Financial Status of Obligation Rate and unfunded requirement; and addresses variance between obligation rate and target.

1.2.12.2. PREPARES BRIEFING FOR AND BRIEFS FINANCIAL MANAGEMENT BOARD (FMB) ATTENDEE.

1.2.12.3. ATTENDS FMB.

1.2.12.4. PREPARES FOR AND PARTICIPATES IN THE EXECUTIVE COMMITTEE MEETING. Gathers information; organizes material; prepares chart or slide; practices presentation; and travels to meeting place.

1.2.12.5. PREPARES FOR AND PARTICIPATES IN PROGRAM BUDGET ADVISORY SUBCOMMITTEE/PROGRAM BUDGET ADVISORY COMMITTEE (PBASC/PBAC) MEETING:

1.2.12.5.1. CONVENES OR ATTENDS WORKING PBASC. Prepares for meeting; attends meeting as supporting analyst and provides administrative support.

1.2.12.5.2. ATTENDS SENIOR PBAC. Prepares for meeting; attends meeting as supporting analyst and provides administrative support.

1.2.12.5.3. ATTENDS BRIEFING OF COMMANDER ON SENIOR PBAC RESULTS.

1.2.12.5.4. ATTENDS OTHER RESOURCE MEETINGS AS SUPPORTING ANALYST.

1.2.13. PREPARES STATUS OF FUNDS REPORT:

1.2.13.1. REVIEWS FINANCIAL DOCUMENT AND TRANSFERS OBLIGATION AND TARGET FUND ONTO REQUIRED FORMAT.

1.2.13.2. COMPUTES OBLIGATION RATE AND PROJECTS EOY REQUIREMENT.

1.2.13.3. COMPARES PROJECTION TO FUNDING AND IDENTIFIES UNFUNDED REQUIREMENT.

1.2.13.4. PREPARES NARRATIVE IN DRAFT.

1.2.13.5. FINALIZES REPORT. Coordinates, copies, and distributes report.

1.2.13.6. REPORTS TO HIGHER HEADQUARTERS FLASH TELEPHONIC REPORT COVERING MEDICAL CARE COMPOSITE UNIT WORKLOAD AND MEDICAL TREATMENT FACILITY/DENTAL STATUS OF FUNDS.

1.2.14. REVIEWS UNLIQUIDATED OBLIGATIONS:

1.2.14.1. PERFORMS MONTHLY REVIEW.

1.2.14.2. CERTIFIES NON STOCK FUND ORDERS AND PAYABLES LISTING EVERY FOUR MONTHS AND MEET WITH FINANCE AND ACCOUNTING REGARDING THE FORMAL REVIEW AND RESULTS OF REVIEW.

1.2.15. PERFORMS COST ANALYSIS:

1.2.15.1. IDENTIFIES NEED FOR ANALYSIS:

1.2.15.1.1. INITIATES APPLICABLE NEED FOR ANALYSIS. Reviews applicable document and identifies unusual variance.

1.2.15.1.2. RECEIVES AND REVIEWS EXTERNAL REQUEST. Reviews request; contacts requestor for clarification; and determines requirement.

1.2.15.2. PROVIDES COST DATA AS REQUESTED TO SUPPORT COMMERCIAL ACTIVITIES REVIEW AND INTERSERVICE SUPPORT AGREEMENT FUNCTIONS.

1.2.16. CONDUCTS SPECIAL COST STUDIES (ARMY)/PREPARES ANALYSIS REPORT (AIR FORCE). Gathers, compares, analyzes data; develops finding; makes recommendation; drafts analysis report; and finalizes and distributes output product.

1.2.17. CONDUCTS THE MID-YEAR REVIEW BY FOLLOWING GUIDANCE FROM HIGHER HEADQUARTERS. (Reaccomplishes most of 1.1 activities)

1.2.18. EXECUTES CLOSEOUT OF FISCAL YEAR FINANCIAL PROGRAM:

1.2.18.1. ESTABLISHES CLOSEOUT PROCEDURE. Reviews installation closeout procedures; attends briefing or meeting; establishes milestones and time phased tasks; briefs cost center managers; adjusts plan of action; meets with installation F&AO to plan processing of documents.

1.2.18.2. REVIEWS CONTRACT. Requests modification to contract and distributes request to accounting and finance through Post/Base Contracting; validates adjustment on Financial Document.

1.2.18.3. REVIEWS CIVILIAN PAY:

1.2.18.3.1. IDENTIFIES LUMP SUM PAYMENT AND COMPUTES REQUIREMENT. Identifies lump sum payment for retirement, overhire balance of accrued annual leave, unpaid approved incentive cash awards; computes requirement based on hourly salary; projects additional requirement or identifies excess funds; and computes overtime and holiday pay for miscellaneous obligation document or estimate.

1.2.18.3.2. REVIEWS AND VALIDATES OUTSTANDING TRAVEL ORDER WITH BASE ACCOUNTING AND FINANCE OFFICE (AFO)/PERSONNEL SUPPORT DETACHMENT/F&AO. Contacts personnel who have not filed voucher; requests appropriate agency to revoke travel order as necessary; verifies that action was taken by Base AFO/Personnel Support Detachment/F&AO.

1.2.18.4. REVIEWS ALTERNATIVE CARE OBLIGATION (INCLUDES SUPPLEMENTAL/COOPERATIVE CARE):

1.2.18.4.1. VERIFIES AMOUNT OF CHARGE. Contacts civilian health care agency to verify exact charge; enters exact amount on appropriate documents and coordinates balance on obligation authority document.

1.2.18.4.2. VALIDATES OBLIGATION AND COMPARES TO BALANCE ON FINANCIAL RECORDS.

1.2.18.4.3. REPROGRAMS OBLIGATION WITHIN CURRENT FUNDING OR SEEKS ADDITIONAL FUNDING FROM HIGHER HEADQUARTERS IF UNABLE TO REPROGRAM.

1.2.18.5. REVIEWS MEDICAL SUPPLY REQUIREMENT:

1.2.18.5.1. COMPUTES SUPPLY REQUEST BY WORK/COST CENTER. ARMY -Validates previously issued supply targets and monitors daily supply outputs. AIR FORCE - Compares requirement to existing PFMR supply total and adjusts supply request by cost center to zero-out PFMR; reprograms funds when available.

1.2.18.5.2. VALIDATES DUE-IN OR CANCELS SUPPLY REQUEST.

1.2.18.6. REVIEWS EQUIPMENT PURCHASE STATUS:

1.2.18.6.1. DETERMINES UNOBLIGATED BALANCE. ARMY - Ensures unobligated funds are reprogrammed against other requirements. AIR FORCE - Reviews equipment order and determines if unobligated balance exists; validates due-in and processes equipment order or moves money to another category of expense to zero out PFMR/funding document.

1.2.18.6.2. VALIDATES ADJUSTMENT.

1.2.18.7. CLOSES OUT OTHER CATEGORIES OF EXPENSE:

1.2.18.7.1. REVIEWS OTHER BASE OPERATING SUPPORT ACTIVITIES TO INCLUDE COMMUNICATION, UTILITY, TRANSPORTATION, OTHER AIR FORCE REAL PROPERTY (AIR FORCE) AND REMAINING CATEGORY OF EXPENSE.

1.2.18.7.2. ACQUIRES ESTIMATE OF ACTUAL EXPENSE.

1.2.18.7.3. REQUESTS ADJUSTMENT BY LETTER OR APPROPRIATE FORM AND FORWARDS TO APPROPRIATE AGENCY.

1.2.18.7.4. VALIDATES CHANGE.

1.2.19. PREPARES DAILY, WEEKLY, MONTHLY, QUARTERLY, ANNUAL REPORTS AND NON-RECURRING REPORTS.

1.2.20. MANAGES PRIOR YEAR FUNDS:

1.2.20.1. REVIEWS FINANCIAL REPORTS TO ASSESS STATUS OF PRIOR YEAR FUNDS.

1.2.20.2. TURNS IN EXCESS PRIOR YEAR FUNDS WHEN IDENTIFIED AS NOT NEEDED.

1.2.20.3. REQUESTS INCREASES IN PRIOR YEAR FUNDS FROM HIGHER HEADQUARTERS BECAUSE OF PRICE ADJUSTMENTS.

2. COST CENTER MANAGEMENT:

2.1. CONDUCTS COST CENTER MANAGEMENT TRAINING:

2.1.1. APPOINTS CCM: Writes, copies and distributes letter appointing CCM.

2.1.2. CONDUCTS INITIAL TRAINING. Prepares training material and makes presentation to new cost center manager.

2.1.3. SCHEDULES MEETING/RECURRING TRAINING. Sets up a time and meeting place; schedules speaker through telephone call, letter, and follow-up letter.

2.1.4. PREPARES FOR MEETING/RECURRING TRAINING AND DEVELOPS TRAINING MATERIAL. Reviews previous minutes for open item; researches new item; writes, types, copies and distributes agenda and prepares room; prepares training outline and training material.

2.1.5. CONDUCTS MEETING/TRAINING.

2.1.6. PREPARES MINUTES OF MEETING. Drafts, gets approval, types, copies and distributes minutes.

2.1.7. PROVIDES DAILY GUIDANCE ON A MULTITUDE OF ISSUES PRESENTED BY COST CENTER MANAGERS (PHONE CALLS, UNEXPECTED VISITS, ETC.)

2.2. PERFORMS COST CENTER MANAGEMENT ANALYSIS OF MEDICAL SUPPLY EXPENSE:

2.2.1. RECEIVES COST CENTER LISTING. Breaks down listing by CCM.

2.2.2. ANALYZES LISTING BY COST CENTER EACH MONTH. Analyzes obligation rate in relation to target; analyzes target rate in relation to budget request; compares projected workload to
actual; compares historical unit cost to present unit cost; and distributes analysis to CCM.

2.2.3. RESOLVES PROBLEM WITH CCM. Arranges appointment and meets with CCM; establishes medical supply requirement.

2.3. UPDATES COST CENTER MANAGER'S GUIDE. Reviews and makes change to former guide; prepares draft copy; types final copy; reviews for accuracy; forwards guide to base reproduction; and distributes guide.

3. STATISTICS GATHERING AND REPORTING:

3.1. PREPARES MED 302, "MEDICAL SUMMARY REPORT"/AF FORM 235 SERIES, "REPORT OF PATIENTS":

3.1.1. SETS UP LOG SHEET. Prepares a log sheet for each category of data requiring daily collection.

3.1.2. COLLECTS DATA:

3.1.2.1. CATEGORIZES INPATIENT WORKLOAD. Reviews each source document for accuracy; calculates and separates daily workload into required category and posts data to log sheet.

3.1.2.2. CATEGORIZES OUTPATIENT WORKLOAD. Reviews each source for accuracy; calculates and separates daily workload into required category and posts data to log sheet.

3.1.2.3. CATEGORIZES MISCELLANEOUS WORKLOAD. Reviews each source for accuracy.

3.1.3. COMPLETES LOG SHEET. Calculates total for each log sheet; maintains worksheets; maintains worksheet on admissions, dispositions, bed occupied days and length of stay.

3.1.4. COMPLETES MED 302 REPORT/AF FORM 235 SERIES: Enters total from log sheet onto MED 302 Report/AF Form 235 Series; obtains signature; copies and report.

3.1.4.1. COMPARES AUTOMATED AND MANUAL DATA. For sites on Automated Quality of Care Evaluation Support System (AQCESS), compares automated figures with data from daily logs and resolves differences.

3.1.4.2. CATEGORIZES OUTPATIENT WORKLOAD. Categorizes all outpatient data obtained from clinics.

3.1.4.3. CONSOLIDATES MED 302 REPORT. Consolidates MED 302 reports from separate health clinics and troop medical clinics.

3.1.4.4. DETERMINES POPULATION SERVED. Obtains population served within area of responsibility and prepares report.

3.1.4.5. COMPLETES SEXUALLY TRANSMITTED DISEASE REPORT. Obtains data and prepares sexually transmitted disease report.

3.1.5. FORWARDS MED 302 TO HIGHER HEADQUARTERS (ARMY)/KEYPUNCHES OR INPUTS AF FORM 235 SERIES INTO COMPUTER (AIR FORCE).

3.1.6. PERFORMS AUDIT OF OUTPATIENT RECORD AND WORKLOAD ACCOUNTING PROCEDURES: (ARMY - minimum on an annual basis or as determined by higher headquarters. AIR FORCE - monthly by clinic.)

3.1.6.1. OBTAINS RECORD. ARMY - Obtains representative number of outpatient records from each reportable clinic. AIR FORCE - Fills out AF Form 555, "Patient Visit Register," to collect the records for one day's visit in each clinic.

3.1.6.2. REVIEWS RECORD. Verifies entry for reportable visit and identifies errors.

3.1.6.3. ESTABLISHES TALLY SHEET. Establishes tally sheet; records error and returns record.

3.1.6.4. PROCESSES REPORT. Discusses result with clinic; prepares report; obtains signature; copies and distributes report.

3.2. PREPARES MEPRS REPORT:

3.2.1. CONDUCTS MEPRS EXPENSE AND WORKLOAD DATA GATHERING (ARMY)/PROCESSES MEDICAL EXPENSE PERFORMANCE MODULE (MEPM) (AIR FORCE):

3.2.1.1. PROCESSES AF FORM 3078, "WEEKLY PERSONNEL TIME AND SALARY DISTRIBUTION WORKSHEET." Prints and distributes label for AF Form 3078; suspenses form to work center; monitors receipt of incoming AF Form 3078 and sorts by Organizational Structure Code (OSC); verifies MEPRS code and page total of AF Form 3078.

3.2.1.1.1. CREATES AND DISTRIBUTES WEEKLY TIME SCHEDULES FOR ALL APPLICABLE COST CENTERS.

3.2.1.1.2. RECEIVES TIME SCHEDULES BACK FROM WORK CENTER; REVIEWS, INTERPRETS AND CHECKS DATA TO BE ENTERED FOR ACCURACY.

3.2.1.1.3. RESOLVES DISCREPANCIES GENERATED THROUGH RECONCILIATION BY COORDINATING WITH APPROPRIATE MEDICAL AND DENTAL PERSONNEL.

3.2.1.1.4. INPUTS TIME SCHEDULES INTO PERSONNEL UTILIZATION SYSTEM.

3.2.1.2. REALIGNS PERSONNEL BY OSC. Adds newly assigned personnel to appropriate OSC; transfers personnel from one OSC to another; or deletes personnel from OSC who have departed the MTF in permanent change of station (PCS) status. (ARMY - maintenance of the Master Personnel File for Assigned Staff is a function of Hospital Personnel Division).

3.2.1.3. PROCESSES END OF MONTH PERSONNEL UTILIZATION REPORT.

3.2.1.4. PRINTS MANAGEMENT REPORT. Observes printer while printing report and creates back-up of current data file.

3.2.1.5. OBTAINS AND REVIEW MEDICAL RESPONSIBILITY CENTER/COST CENTER (RC/CC) REPORT. Ensures the report is the most current and verifies accumulation of expense; coordinates inconsistencies with MTF Budget Officer; makes appropriate change; documents RC/CC Report; and inputs expense from RC/CC report by MEPRS code into MEPM program.

3.2.1.6. OBTAINS MONTHLY FINANCIAL REPORT REFORMATTED BY MEPRS CODES FROM FINANCE AND ACCOUNTING (FUNCTIONAL COST REPORT); AND POSTS APPROPRIATE FINANCIAL INFORMATION TO DIRECT EXPENSE SCHEDULE (DES) FORMS OR ENTERS DIRECTLY INTO MEPRS SYSTEM ON DES FORMATS.

3.2.1.7. PERFORMS MANUAL ACCOUNTING COST TRANSFERS FROM STANDARD FINANCIAL REPORTS RECEIVED FROM POST/BASE ACCOUNTING OFFICE/BASE OPERATIONS AGENCIES.

3.2.1.7.1. TRANSFERS COSTS OF OUTPATIENT AND RADIOLOGICAL SUPPLEMENTAL CARE TO APPROPRIATE REQUESTING MTF COST CENTER.

3.2.1.7.2. TRANSFERS COSTS OF INPATIENT CARE ON PATIENTS WHO ARE STILL ON THE ROLLS OF THE MTF TO THE APPROPRIATE INPATIENT COST CENTER (I.E. PATIENTS SENT TO CIVILIAN MTFS FOR ANGIOGRAMS, CAT SCANS, ETC., WHO ARE RETURNED TO MTF AS AN INPATIENT AFTER PROCEDURE IS COMPLETED).

3.2.1.7.3. TRANSFERS COSTS OF BIOMEDICAL EQUIPMENT REPAIR TO APPROPRIATE BENEFITING COST CENTER BASED ON INPUT RECEIVED FROM LOGISTICS.

3.2.1.7.4. POSTS BASE OPERATIONS COSTS NOT PAID FOR BY MTF OUT OF O&M FUNDS TO APPROPRIATE COST CENTERS.

3.2.1.7.5. REVIEWS ALL TDY ORDERS AND FUND CITES ISSUED FOR TRAVEL. Posts training or continuing education costs to the appropriate "F" account.

3.2.1.7.6. MANUALLY ADJUSTS ANY ERRONEOUSLY REPORTED CIVILIAN PAYROLL CHARGES, NOT CORRECTED BY END OF QUARTER, IN STANDARD INSTALLATION PAYROLL INPUTS.

3.2.1.7.7. DISTRIBUTES, RECEIVES, REVIEWS, VERIFIES AND INPUTS MONTHLY ALL CLINICIAN UTILIZATION WORK SHEETS TO ENSURE PROPER COST CENTER ALLOCATION OF THEIR SALARIES.

3.2.1.7.8. COORDINATES AND RECOMPUTES CLINICIAN LABOR EXPENSE WHEN INPATIENT WORKLOAD IS REPORTED WITH NO MATCHING SALARY COSTS AND VICE VERSA; RESOLVES WITH MEETING OF APPROPRIATE CLINICIANS.

3.2.1.7.9. COMPUTES AND ENTERS CLINICIAN SALARY DATA INTO APPROPRIATE COST CENTER ON ALL CONTRACT CLINICIANS.

3.2.1.7.10. RECEIVES AND ENTERS BIWEEKLY CIVILIAN PAYROLL COSTS INTO PERSONNEL UTILIZATION SYSTEM; REVIEWS FOR COMPLETENESS.

3.2.1.8. COMPUTES DEPRECIATION. Calculates inpatient, ambulatory, dental and special program depreciation.

3.2.1.9. PROCESSES QUARTERLY MERGE.

3.2.1.10. PRINTS PERSONNEL UTILIZATION REPORT.

3.2.1.11. PRINTS DES.

3.2.1.12. INITIALIZES NEW MONTH.

3.2.2. PROCESSES MEPRS (AUTOMATED):

3.2.2.1. REVIEWS AND PREPARES ACCOUNT SUBSET DEFINITION (ASD). Compares ASD to prior year's ASD for accuracy and completeness; adds and deletes MEPRS code.

3.2.2.2. COLLECTS REQUIRED WORKLOAD DATA. Collects and monitors incoming data to ensure data is received from each work center; and verifies data for accuracy.

3.2.2.3. PROCESSES MONTHLY STATISTICAL DATA. Inputs data into Automated Source Data Collection (ASDC) System to respective Stepdown Assignment Statistic (SAS).

3.2.2.4. PROCESSES QUARTERLY MERGE. Inputs data into ASDC System.

3.2.2.5. PROCESSES DES. Obtains DES from MEPM (AIR FORCE), or other medium (ARMY). Inputs DES and prints Expense Assignment System (EAS)/product from ASDC.

3.2.2.6. VERIFIES ASDC COMPUTER PRODUCT. Compares ASDC computer product against manual input for accuracy; corrects error and reprints product.

3.2.2.7. INITIALIZES NEXT QUARTER.

3.2.2.8. CREATES COPY OF REPORT. Creates EAS II Tape and backup tape.

3.2.2.9. AUTODINS LIST. Picks up EAS II printed product from ASDC. Takes created EAS II tape to Data Automation and transmits through MTF modem to central processing facility (ARMY)/autodins list (AIR FORCE).

3.2.3. PROCESSES MEPRS (MANUAL):

3.2.3.1. REVIEWS AND PREPARES ASD. Compares ASD to prior year's ASD for accuracy and completeness; adds and deletes MEPRS Codes.

3.2.3.2. COLLECTS REQUIRED WORKLOAD DATA. Collects and monitors incoming data to ensure data is received from each work center and verifies data for accuracy.

3.2.3.3. PROCESSES MONTHLY STATISTICAL DATA. Prepares statistical log worksheet and enters data on worksheet.

3.2.3.4. PROCESSES QUARTERLY MERGE:

3.2.3.4.1. SUMMARIZES WORKSHEET.

3.2.3.4.2. PREPARES SAS FORM.

3.2.3.4.3. PREPARES MEDICAL FACILITY IDENTIFICATION FORM.

3.2.3.4.4. PREPARES INPUT PROCESSOR CONTROL (CTL) FORM.

3.2.3.4.5. PREPARES DES FORM. Obtains data from MEPM and transfer to DES Form.

3.2.3.5. VERIFIES MEPRS REPORT. Keypunches MEPRS report; handcarries cardset to Data Automation; picks up error list; corrects error card; and resubmits to Data Automation.

3.2.3.6. PICKS UP AND AUTODINS CARDSET.

3.2.4. REVIEWS MEPRS REPORT:

3.2.4.1. IDENTIFIES AND JUSTIFIES UNIT COST DISCREPANCY OR OTHER DISCREPANCY. Receives processed MEPRS report from higher headquarters; identifies discrepancies and researches justification for discrepancy.

3.2.4.2. PREPARES LETTER OF DISCREPANCIES. Prepares draft letter of discrepancies and coordinates finding; types, copies, files and mails letter to higher headquarters.

3.2.4.3. PREPARES MEPRS NARRATIVE.

3.2.4.4. PREPARES MEPRS RECONCILIATION STATEMENTS.

3.2.5. COMPLETES AUDIT. Prepares and distributes schedule of audits to be performed; audits section; prepares draft letter of discrepancies; coordinates findings; types, copies, files and distributes letter to appropriate section.

3.2.6. UPDATES ASDC. Updates each ASDC maintenance table; performs password maintenance semi-annually; assigns new password to user and briefs user on password security.

3.3. PERFORMS COMPUTER SYSTEM OPERATIONS AND ADMINISTRATION:

3.3.1. SIGNS FOR CYCLE REPORTS FROM DATA PROCESSING SITE.

3.3.2. CHECKS BATCH CYCLE LOG TO ENSURE ALL REPORTS WERE PROCESSED PROPERLY.

3.3.3. BREAKS DOWN DAILY REPORTS TO BE PICKED UP OR DELIVERED TO STAFF MEMBER AS APPROPRIATE.

3.3.4. COORDINATES WITH HIGHER HEADQUARTERS AND LOCAL PROCESSING SITE OF ASDC ON PERSONNEL SYSTEM SOFTWARE RELEASE TAPES.

3.3.5. IMPLEMENTS UPDATED RELEASE INFORMATION WITH APPROPRIATE STAFF MEMBERS.

3.3.6. SORTS, ASSEMBLES AND DISTRIBUTES MONTHLY REPORTS.

3.3.7. APPROVES OR DISAPPROVES ALL REQUESTS FOR REPORTS, ROSTERS AND TABLE LISTINGS; PROCESSES REQUESTS.

3.3.8. OPERATES INTELLIGENT TERMINAL COMPUTER SYSTEM TO ACTIVATE ALL SYSTEMS PROCESSING:

3.3.8.1. REQUESTS DAILY ANCILLARY PRODUCT.

3.3.8.2. REQUESTS MONTHLY ANCILLARY PRODUCT.

3.3.8.3. REQUESTS END OF QUARTER ANCILLARY PRODUCT.

3.3.8.4. DELIVERS PRODUCT TO USER.

3.3.9. NOTIFIES ALL USERS OF ANY SYSTEM DOWN TIME WHICH IS SCHEDULED OR UNSCHEDULED.

3.3.10. PERFORMS SYSTEM BACK UP ON A MONTHLY BASIS OR WHENEVER SOFTWARE CHANGES ARE MADE.

3.3.11. PROVIDES INSTRUCTIONS, TRAINING, AND ASSISTANCE TO ALL WORK CENTERS ON A CONTINUING BASIS.

3.3.12. DEVELOPS OR REVISES LOCAL FORMS NECESSARY FOR DATA COLLECTION.

3.3.13. REQUESTS, DISTRIBUTES, RECEIVES, VERIFIES PERCENTAGES AND CODES, INPUTS SEMI-ANNUAL CLINICIAN SURVEY REPORTS.

3.3.14. OVERSEES AND IMPLEMENTS HIGHER HEADQUARTERS CHANGES TO THE PATIENT ACUITY SYSTEM AND CORRECTS PROBLEMS AS THEY OCCUR.

3.3.15. MAINTAINS DOCUMENTARY EVIDENCE IN SUPPORT OF REPORTED COSTS AND PERFORMANCE FACTORS; CROSS REFERENCES DATA AS RECEIVED TO MAINTAIN A COMPLETE AUDIT TRAIL.

3.3.16. MAINTAINS FILES AND TYPES CORRESPONDENCE.

3.3.17. PERFORMS ON-SITE VISITS TO WORK CENTERS.

3.3.18. RECEIVES AND DISTRIBUTES MANUALS AND SUBSEQUENT CHANGES TO USERS.

3.3.19. MAINTAINS DAILY LOG OF ALL PERSONNEL TRANSACTIONS ENTERED INTO THE SYSTEM.

3.3.20. MAINTAINS THE MASTER PERSONNEL FILE ON ALL NON-ASSIGNED PERSONNEL (VOLUNTEERS, RESERVISTS, BORROWED MILITARY MANPOWER, ETC.).

3.3.21. READS, INTERPRETS, AND IMPLEMENTS MEPRS DIRECTIVES FROM HIGHER HEADQUARTERS.

3.3.22. MAINTAINS CURRENT MEPRS CODES FOR ALL COST CENTERS IN THE MASTER FINANCIAL SUMMARY LIST AT FINANCE AND ACCOUNTING.

3.3.23. PERFORMS MEPRS, PART II, UNIFORM STAFFING METHODOLOGIES (USM):

3.3.23.1. REVIEWS AND CORRECTS MONTHLY MEPRS PART II FILE LISTING; ENTERS CORRECTIONS ON MEPRS PART II FILE; SCREENS, SENDS QUARTERLY TAPE TO HIGHER HEADQUARTERS.

3.3.23.2. LOADS AND MAINTAINS MANPOWER AUTHORIZATION DOCUMENT IN PERSONNEL UTILIZATION SYSTEM.

3.3.23.3. MAINTAINS DUTY POSITION CODE TABLE IN PERSONNEL UTILIZATION SYSTEM.

3.3.23.4. ASSIGNS CODES TO NEWLY ESTABLISHED JOB DESCRIPTIONS, MILITARY OCCUPATION SPECIALTIES AND UPDATES MANPOWER AUTHORIZATION DOCUMENT FILE WITH NEW CODES.

3.3.23.5. MAINTAINS DEPARTMENT CODE TABLES.

3.3.23.6. ESTABLISHES FOURTH LEVEL CODES FOR MEPRS PART II UNIQUE WORK CENTER DESCRIPTIONS.

3.4. PERFORMS COMPUTER SYSTEM SECURITY:

3.4.1. SERVES AS TERMINAL SECURITY OFFICER FOR ALL MEPRS HARDWARE. Appoints alternate terminal security officer at work sites; maintains roster of names, location and serial number of equipment, primary or alternate user, date appointed or date deleted; prepares and distributes orders on alternate terminal security officers.

3.4.2. REVIEWS AND ANALYZES ACCESS AND BREACH SECURITY REPORT TO DETERMINE IF ILLEGAL TAMPERING OR ENTRY HAS BEEN DONE WITHIN SYSTEM. Follows up and conducts investigation for all noted instances.

3.5. PREPARES PROVIDER PRODUCTIVITY REPORT:

3.5.1. ARRANGES DATA FOR REPORT. Obtains report of patient log sheet and arranges data for higher headquarters or MTF Report.

3.5.2. PREPARES HIGHER HEADQUARTERS OR MTF REPORT. Calculates data by provider; processes report through Command Section; and copies and distributes report.

3.6. PREPARES QUARTERLY MANAGEMENT SUMMARY. Requests and receives data; prepares data and comments in appropriate format; copies and distributes summary.

3.7. COMPLETES SURVEY (E.G., JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) SURVEYS, ETC.). Receives survey; assigns Office of Primary Responsibility (OPR); determines suspense; copies and distributes survey; processes reply from OPR by monitoring suspense; receives, summarizes, types, coordinates, copies and distributes completed survey.

3.8. PROVIDES SLIDE SUPPORT:

3.8.1. PREPARES SLIDE FOR RECURRING BRIEFING. Receives request for slides; builds slide; arranges slide in briefing sequence; and makes hard copy of slide.

3.8.2. PREPARES SLIDE FOR VIP BRIEFING. Receives request for slides; builds slide; arranges slide in briefing sequence; and previews briefing slide with speaker.

3.8.3. REQUESTS 35 MM SLIDE. Prepares form requesting 35mm slide for briefing and arranges slide tray.

3.9. PREPARES AND CONDUCTS BRIEFING. Prepares briefing by gathering information, organizing material, writing briefing, determining slide requirement, preparing briefing room; and presents briefing.

3.10. PERFORMS REVIEW AND ANALYSIS (R&A) PROGRAM ADMINISTRATION:

3.10.1. MANAGES THE HOSPITAL R&A PROGRAM:

3.10.1.1. MAINTAINS OR REVISES HOSPITAL GOALS AND OBJECTIVES.

3.10.1.2. DEVELOPS NEW MANAGEMENT INDICATOR TRACKING FORMAT.

3.10.1.3. STAFFS NEW MANAGEMENT INDICATOR.

3.10.1.4. DEVELOPS NEW FY R&A REPORTING INPUT FORM.

3.10.1.5. PREPARES ACTIVITY INPUT REQUIREMENT NOTIFICATION.

3.10.1.6. COMPILES SPECIFIC MANAGEMENT INDICATOR PERFORMANCE DATA.

3.10.1.7. VERIFIES AND ANALYZES ACTIVITY PROVIDED MANAGEMENT INDICATOR PERFORMANCE DATA.

3.10.1.8. PROVIDES SPECIFIC MANAGEMENT INDICATOR PERFORMANCE DATA REPORTING GUIDANCE.

3.10.1.9. MAINTAINS AND UPDATES CHARTS PERTAINING TO RESOURCE MANAGEMENT DIVISION PORTION OF PRESENTATION.

3.10.1.10. ASSEMBLES ALL CHARTS FROM ALL SOURCES; HAS PACKAGE REPRODUCED; DISTRIBUTES PACKAGE TO ATTENDEES; PROVIDES ADMINISTRATIVE SUPPORT FOR ACTUAL MEETING AND PUBLISHES DATE, TIME, LOCATION OF MEETING TO ATTENDEES.

3.10.2. UPDATES COMMANDER'S CHARTS USED AT THE INSTALLATION R&A.

3.10.3. REVIEWS UNITED STATES ARMY HEALTH SERVICES COMMAND (USAHSC) QUARTERLY COMMAND PERFORMANCE SUMMARY FOR TRENDS AND COMPARES RESULTS OF LOCAL MTF TO OTHER LIKE SIZE HEALTH SERVICES COMMAND MTFS.

3.11. PERFORMS PROGRAM DEVELOPMENT AND REVIEW OF WORKLOAD:

3.11.1. PROJECTS THE OVERALL ANNUAL WORKLOAD PROGRAM TO INCLUDE MONTH UNIQUE AND YEAR-TO-DATE OBJECTIVES FOR EACH MONTH OF THE YEAR.

3.11.2. REVIEWS PROJECTED WORKLOAD OF EACH INPATIENT, OUTPATIENT AND ANCILLARY AREA SUBMITTED OR APPROVED FOR THE ANNUAL SUPPLY OPERATING PROGRAM. Makes recommendations on validity.

3.11.3. PUBLISHES A MONTHLY DETAIL SUMMARY OF PROJECTED VERSUS ACTUAL WORKLOAD ACCOMPLISHMENT FOR ALL WORK CENTERS WITH PATIENT WORKLOAD.

3.11.4. RECOMMENDS PROGRAM CHANGES BASED ON DEVELOPING TRENDS.

3.11.5. PROVIDES THE OVERALL WORKLOAD RECOMMENDATION USED IN THE COMMAND OPERATING BUDGET SUBMISSION AND THE MID-YEAR REVIEW BUDGET SUBMISSION.

3.11.6. COORDINATES UNUSUAL WORKLOAD DEVIATION WITH MANPOWER AND EQUIPMENT DOCUMENTATION BRANCH FOR POTENTIAL MANPOWER IMPLICATIONS.

4. AGREEMENTS:

4.1. RECEIVES AND INITIATES MEMORANDUM OF UNDERSTANDING, INTERSERVICE OR INTRASERVICE AGREEMENTS:

4.1.1. REVIEWS AGREEMENTS AND COORDINATES ANY CHANGE, DELETION OR ADDITION TO SUBJECT MATTER OF AGREEMENTS.

4.1.2. FORWARDS AGREEMENTS TO COMMANDING OFFICER FOR REVIEW WITH RECOMMENDATIONS FOR APPROVAL OR DISAPPROVAL. Commanding officer provides tentative approval only on those agreements that must be forwarded to the Bureau of Medicine and Surgery (BUMED) via geographic command (GEOCOM)/higher headquarters for review and approval following guidelines of BUMED/higher headquarters directives.

4.1.3. ENSURES THAT AGREEMENTS RECEIVE APPROPRIATE SIGNATURE AFTER FINAL APPROVAL BY COMMANDING OFFICER/BUMED/HIGHER HEADQUARTERS AS APPLICABLE; PROVIDES COPIES OF AGREEMENTS TO ALL INTERESTED PARTIES; AND PLACES ORIGINAL IN COMMAND FILES.

4.1.4. REVIEWS AGREEMENTS PRIOR TO APPROVAL ANNIVERSARY; PROCEDURES ARE IMPLEMENTED TO CHANGE OR RENEGOTIATE AGREEMENT AS REQUIRED AND ANNUAL COST FACTOR UPDATE PERFORMED.

4.2. PROCESSES HOST TENANT OR INTERSERVICE SUPPORT AGREEMENT:

4.2.1. COORDINATES AGREEMENT. Receives agreement from Logistics (LGX); establishes file; and forwards to hospital OPR; reviews, copies and forwards input to Executive Management; receives and forwards coordinated copy to LGX and notifies hospital OPR.

4.2.2. RECEIVES AND REVIEWS AGREEMENT. Reviews agreement yearly for update and change.

4.3. MANAGES VA/DoD AGREEMENT:

4.3.1. ESTABLISHES REQUIREMENT FOR VA/DoD SHARING AGREEMENT:

4.3.1.1. REVIEWS ALTERNATIVE CARE EXPENDITURE TO DETERMINE NEED.

4.3.1.2. CONTACTS VA/DoD FACILITY TO ASSESS INTEREST.

4.3.1.3. REACHES INFORMAL AGREEMENT. Meets with VA/DoD personnel; negotiates service and reaches informal agreement.

4.3.1.4. PROCESSES VA/DoD AGREEMENT. Forwards agreement to Executive Committee and commander for review and approval; copies and files agreement; forwards original agreement to higher headquarters; receives response from higher headquarters and informs commander (ARMY)/Executive Committee (AIR FORCE).

4.3.1.5. COORDINATES WITH VA PERSONNEL TO START SERVICE.

4.3.2. PROCESSES VA/DoD REFERRAL:

4.3.2.1. REQUESTS CLINICAL DEPARTMENT TO INITIATE A DA FORM 4159, "REQUEST FOR MEDICAL CARE IN A FEDERAL MEDICAL TREATMENT FACILITY OUTSIDE DEPARTMENT OF DEFENSE."

4.3.2.2. ENSURES REQUEST IS APPROVED BY APPROPRIATE OFFICIAL.

4.3.2.3. MAKES FUND RESERVATION UPON RECEIPT OF DA 4159.

4.3.2.4. RECEIVES SF 1080, "VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS", FROM VA.

4.3.2.5. MATCHES SF 1080 WITH ORIGINAL DA 4159; FORWARDS TO INITIATING CLINIC FOR VERIFICATION AND SENDS BACK TO RMO.

4.3.2.6. TRANSMITS APPROPRIATE DOCUMENTS TO FINANCE AND ACCOUNTING TO PAY BILL.

4.3.2.7. TOTALS ALL DA 4159'S ON WHICH NO SF 1080 HAS BEEN RECEIVED BY THE END OF MONTH AND PUTS MISCELLANEOUS OBLIGATION DOCUMENT INTO THE FINANCIAL SYSTEM; MISCELLANEOUS OBLIGATION DOCUMENT REVERSED AT BEGINNING OF MONTH.

4.3.2.8. RECEIVES DD FORM 2161, "REFERRAL FOR CIVILIAN MEDICAL CARE," AND AF FORM 676, "AUTHORIZATION FOR ALTERNATIVE HEALTH SERVICES," AND VERIFIES BENEFICIARY ELIGIBILITY FOR CARE UNDER VA/DoD AGREEMENT.

4.3.2.9. VERIFIES, CERTIFIES AND TYPES AF FORM 676.

4.3.2.10. TRANSFERS AF FORM 676 TO AF FORM 616, "FUND CITE AUTHORIZATION," AND REVISES FUND BALANCE ON AF FORM 616.

4.3.2.11. ESTABLISHES AF FORM 1210, "CIVILIAN MEDICAL SERVICES ACCOUNT CONTROL." Prepares AF Form 1210; annotates log to track number and type of claim; and file AF Form 1210.

4.3.2.12. PULLS COPY AND DISTRIBUTES AF FORM 676 AND DD FORM 2161. Separates AF Form 676 and DD Form 2161; files suspense copy of AF Form 676 and distributes AF Form 676 and DD Form 2161.

4.3.2.13. RECEIVES SF 1080. Receives SF 1080; date stamps SF 1080; verifies patient visit data; and makes copy.

4.3.3. PROCESSES SF 1034, "PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL"/NAVCOMPT 2277, "VOUCHER FOR DISBURSEMENT AND OR COLLECTION":

4.3.3.1. PREPARES, APPROVES, SIGNS, AND FORWARDS SF 1034. Fills out, verifies service, and signs SF 1034; separates and files suspense copy of SF 1034/NAVCOMPT 2277; and forwards other copies to AFO/local bill paying activity.

4.3.3.2. RECEIVES PAID COPY OF SF 1034 FROM AFO AND POSTS AF FORM 1210/APPROPRIATE FUND CONTROL DOCUMENT. Pull suspense copy of SF Form 1034 and corresponding AF Form 1210/fund control document; annotates updated information on AF Form 1210/fund control document and refiles; replaces suspense copy of SF 1034 with paid copy and forwards suspense copy SF 1034 to Patient Affairs for Third Party Liability consideration; posts official obligation to manual or automated accounting system as appropriate.

4.3.4. MANAGES AF FORM 676:

4.3.4.1. REVIEWS SUSPENSE FILE OF AF FORM 676 FOR TIMELY PAYMENT TO AFO. Reviews and pulls AF Form 676 which have exceeded required processing suspense date.

4.3.4.2. VERIFIES THAT SERVICE WAS RECEIVED.

4.3.4.3. TYPES A LETTER OF INQUIRY TO THE VA REFERENCING THE AF FORM 676. Types, copies and mails letter and AF Form 676 to VA; attaches and files copy of letter with suspense copy of AF Form 676.

4.3.5. DEOBLIGATES AF FORM 676:

4.3.5.1. PREPARES LETTER. Pulls copy of AF Form 676 for services not rendered; prepares letter by authorization number itemizing AF Form 676 to be deobligated; distributes and files suspense copy.

4.3.5.2. PULLS, POSTS AND FILES CORRESPONDING AF FORM 1210.

4.3.5.3. RECEIVES AND RECONCILES VALIDATED CANCELLATION LETTER. Receives and reconciles letter from AFO; files original letter and disposes of suspense copy of letter.

4.3.6. RECONCILES AF FORM 616, FUND CITE AUTHORIZATION (FCA):

4.3.6.1. CLOSES OUT AF FORM 616. Closes out, copies reverse side of AF Form 616 and files.

4.3.6.2. COMPARES BOOK BALANCE WITH AFO AND RECONCILES DIFFERENCE. Handcarries AF Form 616 to AFO; compares book balance; reconciles differences and returns.

4.3.7. COLLECTS DATA FOR COMPARATIVE ANALYSIS. Retrieves data from referral log; transfers data to worksheets; types and submits worksheet to data manager.

4.3.8. ESTABLISHES MISCELLANEOUS OBLIGATION DOCUMENT. Prepares and forwards letter of request to establish miscellaneous obligation document on outstanding AF Form 616.

4.4. MANAGES CIVILIAN TRAINING AGREEMENTS/AFFILIATION AGREEMENTS AND MEMORANDUM OF UNDERSTANDING:

4.4.1. INITIATES REQUEST FOR CIVILIAN TRAINING AGREEMENT. Initiates request; coordinates with appropriate medical treatment facility section and civilian learning institution to establish need; and schedules meeting.

4.4.2. DOCUMENTS TRAINER COSTS FOR MTF ON INITIAL AGREEMENT AND UPDATES COSTS ANNUALLY.

4.4.3. CONDUCTS MEETING.

4.4.4. PROCESSES AGREEMENT. Prepares draft agreement. Coordinates agreement with Base Staff Judge Advocate/Staff Judge Advocate/Judge Advocate General (JAG). Finalizes agreement; prepares cover letter and forwards to higher headquarters and other agencies; obtains commander's signature after higher headquarters approves; copies forwarded to appropriate individuals and agencies.

4.4.5. REVIEWS CIVILIAN AGREEMENTS/AFFILIATION AGREEMENTS AND MEMORANDUM OF UNDERSTANDING. Reviews agreement and memorandum of understanding annually (ARMY)/triennially (AIR FORCE) as of anniversary date; pulls file copy and forwards to OPR.

4.4.6. MAINTAINS FILE COPY OF ORIGINAL OF AGREEMENTS AND A ROSTER LIST OF ALL AGREEMENTS.

4.5. MANAGES STATUS OF FORCES AGREEMENT. Reviews status of forces agreement; contacts appropriate personnel and agencies; advises Executive Committee on scope and detail of agreement; and maintains file.

5. ALTERNATIVE CARE:

5.1. MANAGES SUPPLEMENTAL/COOPERATIVE CARE:

5.1.1. PREPARES OBLIGATION AUTHORITY FOR SUPPLEMENTAL/COOPERATIVE CARE PROGRAM:

5.1.1.1. OBTAINS ALLOCATION OF FUNDS FROM RESOURCE MANAGER.

5.1.1.2. PROCESSES AF FORM 616/MISCELLANEOUS OBLIGATION DOCUMENT. Types, reviews and endorses AF Form 616/miscellaneous obligation document; distributes AF Form 616/miscellaneous obligation document to finance office; obtains completed AF Form 616/miscellaneous obligation document from finance office and sets up file. ARMY - maintains local Commitment Register in appropriate Army Office of Responsibility.

5.1.2. PROCESSES AUTHORIZATION:

5.1.2.1. RECEIVES DD FORM 2161 (ALL SERVICES) AND AF FORM 676 (AIR FORCE).

5.1.2.2. VERIFIES, CERTIFIES, AND TYPES AF FORM 676.

5.1.2.3. TRANSFERS AF FORM 676 TO AF FORM 616 AND REVISES FUND BALANCE ON AF FORM 616.

5.1.2.4. ESTABLISHES COMMITMENT REGISTER (ARMY)/AF FORM 1210 (AIR FORCE). Prepares Commitment Register/AF Form 1210; annotates log to track number and type of claim; and file AF Form 1210.

5.1.2.5. PULLS COPY AND DISTRIBUTES AF FORM 676 (AIR FORCE) AND DD FORM 2161. Separates AF Form 676 and DD Form 2161; files suspense copy of AF Form 676; and distributes AF Form 676 and DD Form 2161.

5.1.2.6. PREPARES DD FORM 2161 AS AN OBLIGATION DOCUMENT AND FORWARDS TO FISCAL DEPARTMENT. (ARMY - SOME MTFS).

5.1.3. PROCESSES BILL FOR PAYMENT:

5.1.3.1. ANNOTATES AND FILES COMMITMENT REGISTER/AF 1210. ARMY - receives and dates invoice; validates service was received; annotates commitment register on log for actual costs and adjusts funds balance. AIR FORCE - pulls suspense copy of AF Form 676 and AF Form 1210, enters data of charge, result and processing date on AF Form 1210 and refiles.

5.1.3.2. PREPARES, APPROVES, AND SIGNS SF 1034. Fills out, verifies service, and signs SF 1034; separates and files suspense copy of form.

5.1.3.3. TYPES TRANSMITTAL LETTER AND FORWARDS LETTER WITH INVOICE PACKAGE. Types letter; copies and attaches invoice to SF Form 1034 and authorization document; forwards invoice package and forms to AFO/F&AO.

5.1.3.4. RECEIVES PAID COPY OF SF 1034 FROM FINANCE OFFICE AND POSTS COMMITMENT REGISTER/AF FORM 1210. Pulls suspense copy of invoice package and corresponding Commitment Register/AF Form 1210. Annotates updated information on AF Form 1210 and refiles.

5.1.4. ANSWERS INQUIRY ON PATIENT BILLING. Receives inquiry on patient billing and obtains information to research inquiry; performs research; and responds to inquiry by appropriate medium.

5.1.5. MANAGES COMMITMENT REGISTER/AF FORM 676 FOR SUPPLEMENTAL/COOPERATIVE CARE:

5.1.5.1. REVIEWS SUSPENSE FILE OF COMMITMENT REGISTER/AF FORM 676, FOR TIMELY PAYMENT TO FINANCE OFFICE. Reviews and pulls Commitment Register/AF Form 676 which have exceeded required processing suspense date.

5.1.5.2. VALIDATES THAT SERVICE WAS RECEIVED.

5.1.5.3. INITIATES INQUIRIES ON STATUS OF INVOICE. Initiates telephone inquiry or types; copies and mails letter and AF Form 676 to healthcare source; attaches and files copy of letter with suspense copy of AF Form 676, or documents results of telephone inquiry.

5.1.5.4. COMPLETES AF FORM 821, "RELEASE FROM CONTRACT OBLIGATION," AND FORWARDS TO HEALTHCARE SOURCE. Prepares AF Form 821 and attaches and files copy with suspense copy of AF Form 676.

5.1.6. DEOBLIGATES AF FORM 676/miscellaneous OD:

5.1.6.1. PREPARES LETTER. Pulls copy of AF Form 676 for services not rendered; prepares letter by authorization number itemizing AF Form 676 to be deobligated; distributes and files suspense copy.

5.1.6.2. ADJUSTS INITIAL MISCELLANEOUS OBLIGATION DOCUMENT AS REQUIRED.

5.1.6.3. PULLS, POSTS AND FILES CORRESPONDING AF FORM 1210.

5.1.6.4. RECEIVES AND RECONCILES VALIDATED CANCELLATION LETTER. Receives and reconciles letter from AFO; files original letter and disposes of suspense copy of letter.

5.1.7. RECONCILES COMMITMENT REGISTER/AF FORM 616:

5.1.7.1. CLOSES OUT COMMITMENT REGISTER/AF FORM 616. Closes out entry on Commitment register - ARMY. Closes out, copies reverse side of AF Form 616 and files - AIR FORCE.

5.1.7.2. COMPARES BOOK BALANCE WITH AFO AND RECONCILES DIFFERENCE. ARMY - Reviews non-stock funds orders and payables listing. AIR FORCE - Hand carries AF Form 616 to AFO; compares book balance; reconciles differences and returns.

5.1.8. COLLECTS DATA FOR COMPARATIVE ANALYSIS. Retrieves data from referral log; transfers data to worksheets or reports; compiles data statistics on referral; types and submits worksheet or report to appropriate manager.

5.1.9. ESTABLISHES MISCELLANEOUS OBLIGATION DOCUMENT. Prepares and forwards letter of request to establish miscellaneous obligation document on outstanding AF Form 616.

5.2. PROCESSES CENTRALLY MANAGED ALLOTMENT (CMA) CLAIM:

5.2.1. PROCESSES EMERGENCY BILL:

5.2.1.1. PROCESSES BILL RECEIVED FROM CIVILIAN SOURCE, VERIFIES CHARGES AND APPROPRIATENESS OF CARE.

5.2.1.2. SENDS BILLING INFORMATION TO PARENT SERVICE. Receives and stamps receipt date of bill; verifies patient status and sends billing information to parent service for non-Army or Air Force patient; informs source of care of where billing information has been sent.

5.2.1.3. SENDS BILLING INFORMATION TO APPROPRIATE MTF. ARMY - sends claim to MTF with the geographic responsibility for that claim and coordinates claim. AIR FORCE - claim will be processed by MTF where bill is presented and

coordinated with nearest MTF where care was rendered to ensure double payment does not occur.

5.2.1.4. SENDS PATIENT EMERGENCY TREATMENT STATEMENT AND VERIFIES ELIGIBILITY STATUS. Sends emergency treatment statement to patient to validate patient information and obtain medical release statement.

5.2.1.5. ESTABLISHES PATIENT INFORMATION CARD (ARMY)/AF FORM 1210 (AIR FORCE). Prepares Patient Information Card/AF Form 1210; annotates log to track number and type of claim and files Patient Information Card/AF Form 1210.

5.2.1.6. ANNOTATES AND FILES PATIENT INFORMATION CARD/AF FORM 1210. Receives emergency treatment statement from patient and verifies validity of claim. Pulls suspense copy of Patient Information Card/AF Form 1210; enters date of charge, result and processing date on Patient Information Card/AF Form 1210 and refiles.

5.2.1.7. PREPARES, APPROVES, AND SIGNS SF 1034. Fills out, verifies service, and signs SF 1034; separates and files suspense copy of SF 1034.

5.2.1.8. TYPES LIST OF CMA CLAIM AND FORWARDS WITH REMAINING COPIES OF SF 1034 TO FINANCE OFFICE.

5.2.1.9. RECEIVES PAID SF 1034 FROM AFO AND POSTS AF FORM 1210/LEDGER BOOK. Annotates AF Form 1210/ledger book with payment data and voucher number; pulls suspense copy of SF 1034 and replaces suspense copy with paid copy; sends suspense copy of SF 1034 to Patient Affairs for Third Party Liability review, if required.

5.2.2. REVIEWS SUSPENSE FILE OF SF 1034 FOR TIMELY PAYMENT BY FINANCE. Reviews and pulls SF 1034 which have exceeded required processing suspense date.

5.2.3. PROCESSES CMA CLAIM FOR GEOGRAPHICALLY SEPARATED UNIT:

5.2.3.1. PROCESSES REQUEST. Receives request from geographically separated unit and ensures request is reviewed by designated approving authority; receives request from approving authority and notifies requestor of decision made.

5.2.3.2. ESTABLISHES ARMY SUSPENSE FILE/AF FORM 1210. Prepares Army suspense file/AF Form 1210; annotates log to track number and type of claim; and file AF Form 1210.

5.2.3.3. ANNOTATES AND FILES 1210. Receives and dates invoice; validates service was received; pulls suspense copy of AF Form 676 and AF Form 1210; enters data of charge, result and processing date on AF Form 1210 and refiles.

5.2.3.4. PREPARES, APPROVES, AND SIGNS SF 1034. Fills out, verifies service, and signs SF 1034; separates and files suspense copy of SF 1034.

5.2.3.5. TYPES TRANSMITTAL LETTER AND FORWARDS LETTER WITH INVOICE PACKAGE. Types letter; copies and attaches invoice to SF Form 1034 and AF Form 676; forwards invoice package and forms to Finance Office.

5.2.3.6. RECEIVES PAID COPY OF SF 1034 FROM FINANCE OFFICE AND POSTS AF FORM 1210/LEDGER BOOK. Pull suspense copy of invoice package and corresponding AF Form 1210/ledger book; annotates updated information on AF Form 1210 and refiles (AIR FORCE); forwards copies of paid SF 1034 to Patient Affairs for Third Party Liability consideration.

5.2.3.7. PROCESSES U.S. ARMY RESERVE AND ROTC PERSONNEL CLAIMS. Completes DA Form 3904, "Public Voucher for Medical Examination."

5.2.4. PREPARES AND MAILS AF FORM 1303, "CMA REPORT."

5.2.5. ANSWERS INQUIRY ON PATIENT BILLING. Receives inquiry on patient billing; obtains information to research inquiry; performs research and responds to inquiry by appropriate medium.

5.3. PROCESSES CLAIM FOR CARE IN NON-DEFENSE FACILITY - AIR FORCE: (This category of patient is treated under supplemental care in Army facilities, see 5.1. for Army)

5.3.1. PREPARES OBLIGATION AUTHORITY FOR CARE IN NON-DEFENSE FACILITIES PROGRAM. Obtains allocation of funds from resource manager; processes AF Form 616 by typing, reviewing and endorsing AF Form 616; distributes AF Form 616 to AFO; obtains completed AF Form 616 from AFO; and sets up file.

5.3.2. RECEIVES NOTIFICATION OF CARE IN NON-DEFENSE FACILITY. Receives and reviews emergency room Medical Officer of the Day log and admissions and dispositions (A&D) sheet or receives notification from civilian institution of treatment rendered, and coordinates with Air Force MTF Patient Affairs Office to obtain prepared AF Form 676.

5.3.3. PROCESSES AUTHORIZATION:

5.3.3.1. RECEIVES DD FORM 2161 AND AF FORM 676 AND VERIFIES BENEFICIARY STATUS AND APPROVES DESIRED SERVICE FOR CARE.

5.3.3.2. VERIFIES, CERTIFIES, AND TYPES AF FORM 676.

5.3.3.3. TRANSFERS AF FORM 676 TO AF FORM 616 AND REVISES FUND BALANCE ON AF FORM 616.

5.3.3.4. ESTABLISHES AF FORM 1210. Prepares AF Form 1210; annotates log to track number and type of claim; and files AF Form 1210.

5.3.3.5. PULLS COPY AND DISTRIBUTES AF FORM 676 AND DD FORM 2161. Separates AF Form 676 and DD Form 2161; files suspense copy of AF Form 676 and distributes AF Form 676 and DD Form 2161.

5.3.4. PROCESSES BILL FOR PAYMENT:

5.3.4.1. ANNOTATES AND FILES 1210. Receives and dates invoice; validates service was received; pulls suspense copy of AF Form 676 and AF Form 1210; enters date of charge, result and processing date on AF Form 1210 and refiles.

5.3.4.2. PREPARES, APPROVES, AND SIGNS SF 1034. Fills out, verifies service, and signs SF 1034; separates and files suspense copy of SF 1034.

5.3.4.3. TYPES TRANSMITTAL LETTER AND FORWARDS LETTER WITH INVOICE PACKAGE. Types letter; copies and attaches invoice to SF Form 1034 and AF Form 676; forwards invoice package and forms to AFO.

5.3.4.4. RECEIVES PAID COPY OF SF 1034 FROM AFO AND POSTS AF FORM 1210. Pull suspense copy of invoice package and corresponding AF Form 1210; annotates updated information on AF Form 1210 and refiles; forwards copies of paid SF 1034 to Patient Affairs for Third Party Liability consideration.

5.3.5. ANSWERS INQUIRY ON PATIENT BILLING. Receives inquiry on patient billing and obtains information to research inquiry; performs research and responds to inquiry by appropriate medium.

5.3.6. MANAGES AF FORM 676 FOR CARE IN NON-DEFENSE FACILITY:

5.3.6.1. REVIEWS SUSPENSE FILE OF AF FORM 676 FOR TIMELY PAYMENT TO AFO. Reviews and pulls AF Form 676 which have exceeded required processing suspense date.

5.3.6.2. VALIDATES THAT SERVICE WAS RECEIVED.

5.3.6.3. TYPES LETTER OF INQUIRY ON STATUS OF INVOICE. Types, copies and mails letter and AF Form 676 to healthcare source; attaches and files copy of letter with suspense copy of AF Form 676.

5.3.6.4. COMPLETES AF FORM 821, "RELEASE FROM CONTRACT OBLIGATION," AND FORWARDS TO HEALTHCARE SOURCE. Prepares AF Form 821 and attaches and files copy with suspense copy of AF Form 676.

5.3.7. DEOBLIGATES AF FORM 676:

5.3.7.1. PREPARES LETTER. Pulls copy of AF Form 676 for services not rendered; prepares letter by authorization number itemizing AF Form 676 to be deobligated; distributes and files suspense copy.

5.3.7.2. PULLS, POSTS AND FILES CORRESPONDING AF FORM 1210.

5.3.7.3. RECEIVES AND RECONCILES VALIDATED CANCELLATION LETTER. Receives and reconciles letter from AFO; files original letter and disposes of suspense copy of letter.

5.3.8. RECONCILES AF FORM 616:

5.3.8.1. CLOSES OUT AF FORM 616. Closes out, copies reverse side of AF Form 616 and files.

5.3.8.2. COMPARES BOOK BALANCE WITH AFO AND RECONCILES DIFFERENCE. Handcarries AF Form 616 to AFO; compares book balance; reconciles differences and returns to work center.

5.3.9. COLLECTS DATA FOR COMPARATIVE ANALYSIS. Retrieves data from referral log; transfers data to worksheets; compiles data statistic on referral; types and submits worksheet to data manager.

5.3.10. ESTABLISHES MISCELLANEOUS OBLIGATION DOCUMENT. Prepares and forwards letter of request to establish miscellaneous obligation document on outstanding AF Form 616.

6. MANPOWER:

6.1. UTILIZATION:

6.1.1. REQUESTS TDY/PERMANENT MANNING ASSISTANCE:

6.1.1.1. COORDINATES WITH SECTION OR DEPARTMENT. Meets with section chief or department head and requests justification.

6.1.1.2. REVIEWS JUSTIFICATION AND PREPARES MANNING ASSISTANCE REQUEST. Coordinates with appropriate executive manager, commander, administrator, and base personnel office for enlisted personnel and certifies availability of funds.

6.1.1.3. NOTIFIES HIGHER HEADQUARTERS. Distributes and monitors manning assistance request.

6.1.2. PROVIDES TDY/PERMANENT MANNING ASSISTANCE:

6.1.2.1. BRIEFS APPROPRIATE EXECUTIVE MANAGER, ADMINISTRATOR, SECTION CHIEF, DEPARTMENT HEAD AND COMMANDER.

6.1.2.2. PROVIDES FUND CITE TO ADMINISTRATIVE PERSONNEL SERVICES OR NOTIFIES MAJOR COMMAND OF INABILITY TO SUPPORT.

6.1.3. MONITORS OR EXECUTES CHANGES TO THE UNIT PERSONNEL MANAGEMENT ROSTER (UPMR)/OFFICER DISTRIBUTION CONTROL REPORT (ODCR) AND ENLISTED DISTRIBUTION AND VERIFICATION REPORT (EDVR):

6.1.3.1. REVIEWS FOR ACCURACY. Compares to unit manpower document and military treatment facility staffing.

6.1.3.2. PREPARES UPDATE OR CHANGE TO THE UPMR/ODCR AND EDVR.

6.1.3.3. FORWARDS CHANGE TO CONSOLIDATED BASE PERSONNEL OFFICE/MILITARY PERSONNEL OFFICE.

6.1.3.4. DISTRIBUTES AND FILES ROSTER.

6.1.3.5. MONITORS CHANGE ON UNIT PERSONNEL MANAGEMENT ROSTER/UPMR/ODCR AND EDVR.

6.1.3.6. MANAGES CIVILIAN PERSONNEL MANAGEMENT PROGRAM:

6.1.3.6.1. PROCESSES AND COORDINATES SELECTION AND PROMOTION ACTION.

6.1.3.6.2. PROCESSES HIRING ACTION. Prepares and forwards SF 52 to civilian personnel.

6.1.3.6.3. PREPARES REQUEST FOR PERSONNEL ACTION. Prepares and forwards SF 52, "Request for Personnel Action," to civilian personnel.

6.1.3.6.4. CONTROLS TIME AND ATTENDANCE (T&A) CARDS. Receives, distributes T&A cards to supervisors; gathers and ensures completion of T&A cards; and submits T&A cards to civilian pay.

6.1.3.6.5. MAINTAINS CIVILIAN LOCATOR CARDS.

6.1.3.6.6. CONDUCTS SPECIAL HIRE PROGRAM. Advertises and consolidates MTF requirement; submits requirements to Civilian Personnel Office (CPO); and inprocesses and monitors special hire assignees.

6.1.3.6.7. MONITORS UPWARD MOBILITY.

6.1.3.6.8. RECEIVES AND PROCESSES REQUEST FOR TRAINING. Receives training forecast document from CPO; coordinates with supervisor; receives request from supervisor; consolidates requirement for annual training; and submits to CPO.

6.1.3.6.9. PROCESSES PERFORMANCE REPORTS. Establishes and monitors suspense on request for performance report; receives and ensures completeness and forwards performance report to CPO.

6.1.3.6.10. PROCESSES PERFORMANCE AWARDS. Solicits and establishes suspense on recommendation for awards; consolidates recommendation; conducts board for award consideration and makes selection; and forwards selectees to CPO.

6.1.3.6.11. PRESENTS RECOGNITION OF LONGEVITY AND RETIREMENT CERTIFICATES. Schedules and conducts ceremony.

6.1.3.6.12. ENSURES ANNUAL TRAINING REQUIREMENT FOR CIVILIANS IS ACCOMPLISHED.

6.1.3.6.13. BRIEFS COMMANDER ON CIVILIAN PERSONNEL ACTIVITIES.

6.1.4. ANALYZES SF 52, "CIVILIAN PERSONNEL ACTION REQUEST":

6.1.4.1. LOGS IN SF 52; REVIEWS SF 52; EVALUATES REQUEST.

6.1.4.2. CONDUCTS ANALYSIS AND MAKES POSITION MANAGEMENT RECOMMENDATION.

6.1.4.3. FORWARDS REQUEST TO CIVILIAN PERSONNEL OFFICE (CPO).

6.1.4.4. DOCUMENTS WORKING TDA.

6.1.5. ANALYZES MASS CHANGE FOR A REORGANIZATION, CHANGE IN ORGANIZATIONAL TITLE OR CHANGE IN OFFICIAL CLASSIFICATION TITLE DUE TO ISSUANCE OF A NEW OFFICE OF PERSONNEL MANAGEMENT (OPM) POSITION CLASSIFICATION OR JOB GRADING STANDARD.

6.1.6. ANALYZES MANPOWER IMPLICATIONS OF DRAFT POSITION MANAGEMENT & CLASSIFICATION POSITION MANAGEMENT SURVEY REPORT.

6.1.7. MONITORS SPECIAL DUTY. Evaluates individual borrowed military manpower request and troop diversion usage.

6.1.8. ADMINISTERS MILITARY GRADE CONTROL PROGRAM.

6.1.8.1. MONITORS MILITARY GRADE CONTROL. Implements action prescribed by higher headquarters.

6.1.8.2. MONITORS OR PREPARES EXCEPTION TO STANDARDS OF GRADE AUTHORIZATION. Develops request for standards of grade authorization exception; forwards to higher headquarters; and documents decision in next TAADS (The Army Authorization Documentation System) update.

6.1.9. Evaluates or processes military/civilian position conversion action. Evaluates request; types transmittal correspondence; assembles and copies request package; forwards to higher headquarters; files record copy; reviews higher headquarters decision correspondence; and takes appropriate action.

6.1.10. CONDUCTS TREND ANALYSIS STUDY:

6.1.10.1. MONITORS OVERTIME PROGRAM. Maintains policy and analyzes overtime usage.

6.1.10.2. ANALYZES HIRE LAG. Determines hire lag percentage, turnover rate by category skill; and provides management with findings.

6.1.10.3. CONDUCTS VACANCY ANALYSIS. Reviews record; requests SF 52 initiation or rationale for not submitting request; and recommends course of action to the Personnel Management Office to include reprogramming allocation.

6.1.10.4. MANAGES CIVILIAN EMPLOYMENT LEVEL (CEL) PROGRAM:

6.1.10.4.1. ANALYZES WORK YEAR TREND. Determines work year utilization of manpower by department or section; coordinates work year trend and DCSPER 310 report with Civilian Personnel Office; informs activity; recommends the use of an appointment such as temporary, full-time, intermittent or part-time to improve work-year utilization.

6.1.10.4.2. PREPARES AND UPDATES CEL PLAN.

6.1.10.5. MANAGES PART-TIME EMPLOYEE PROGRAM. Reviews higher headquarters guidance; updates policy and guidance; monitors and reports on progress.

6.1.11. PREPARES MANPOWER REPORT:

6.1.11.1. DEVELOPS MANPOWER UTILIZATION & REQUIREMENTS (CSFOR 78) MONTHLY REPORT (DA Form 2153, "Manpower Utilization and Requirement Monthly Report").

6.1.11.2. COMPUTES MANPOWER UTILIZATION & REQUIREMENTS QUARTERLY REPORT (CSFOR 78) AND SUPPLEMENT.

6.1.11.3. DEVELOPS CSGPA 1522, "CIVILIAN CAREER PROGRAM INTERN REPORT."

6.1.11.4. REVIEWS PERSONNEL STRENGTH REPORT. Reviews civilian and military personnel strength reports.

6.1.11.5. PREPARES MONTHLY MILITARY LABOR COST REPORT BY WORK CENTER. Forwards to Finance and Accounting Office for military pay cost distribution.

6.1.11.6. DEVELOPS HIGHER HEADQUARTERS SPECIAL REPORTS OR LOCAL COMMAND REPORTS. Collects, analyzes and compiles data, and prepares report format.

6.1.11.7. PREPARES MED 87 REPORT, "ASSIGNMENT AND UTILIZATION OF AMMED PERSONNEL."

6.1.11.8. PREPARES USAHSC SUPPLEMENT TO MED 304 REPORT, "PATIENT CARE EXPENSES REPORT."

6.1.11.9. PREPARES SGPA 1702, "CIVILIAN MANPOWER END STRENGTH REPORT."

6.2. REQUIREMENTS DETERMINATION:

6.2.1. ACCOMPLISHES MANPOWER STANDARD REAPPLICATION:

6.2.1.1. ACCOMPLISHES INTERNAL REAPPLICATION:

6.2.1.1.1. GATHERS WORKLOAD DATA. Solicits and receives input from work center (or local management engineering team - AIR FORCE) on additive, exception, projection, workload etc.

6.2.1.1.2. CALCULATES DATA ON WORK SHEET. Enters data on worksheet and calculates workload average and projection or adjustment.

6.2.1.1.3. APPLIES MANPOWER STANDARD.

6.2.1.1.4. CALCULATES ADDITIVE OR EXCLUSION AND COMPUTES EARNED MANPOWER.

6.2.1.1.5. PREPARES DRAFT REAPPLICATION PACKAGE. Prepares package, reviews with administrator and commander, and types summary; makes copy for section and appropriate executive manager.

6.2.1.1.6. FINALIZES REAPPLICATION. Reviews with appropriate executive manager and section chief; files document.

6.2.1.2. ACCOMPLISHES HIGHER HEADQUARTERS REAPPLICATION/ANNUAL REVIEW:

6.2.1.2.1. GATHERS WORKLOAD DATA. Solicits and receives input from work center (or local management engineering team - AIR FORCE) on additive, exception, projection, workload, local appraisal etc.

6.2.1.2.2. CALCULATES DATA ON WORK SHEET. Enters data on worksheet and calculates workload average and projection or adjustment.

6.2.1.2.3. APPLIES MANPOWER STANDARD.

6.2.1.2.4. CALCULATES ADDITIVE OR EXCLUSION AND COMPUTES EARNED MANPOWER.

6.2.1.2.5. PREPARES DRAFT REAPPLICATION/REQUIREMENTS PACKAGE. Writes justification for adjustment or projection; reviews with administrator and commander of other appropriate personnel; prepares package and types summary; makes copy for section and appropriate executive manager.

6.2.1.2.6. SUBMITS TO HIGHER HEADQUARTERS (ARMY AND NAVY)/ COORDINATES WITH LOCAL MET (AIR FORCE).

6.2.1.2.7. RECEIVES AND ANALYZES REAPPLICATION. Receives and analyzes reapplication approved by higher headquarters; reviews with commander and administrator and other appropriate personnel.

6.2.1.2.8. FINALIZES REAPPLICATION/ANNUAL REVIEW. Notifies and briefs appropriate executive manager; files document.

6.2.2. ESTABLISHES NEW ADDITIVE, EXCLUSION OR DEVIATION FROM MANPOWER REQUIREMENTS:

6.2.2.1. REQUESTS JUSTIFICATION FROM SECTION CHIEF OR DEPARTMENT HEAD.

6.2.2.2. VERIFIES REQUIREMENT. Determines need for and submits additional justification as required.

6.2.2.3. CONDUCTS BRIEFING. Briefs appropriate executive manager, administrator, commander, and executive staff on request and status of study.

6.2.2.4. PREPARES LETTER. Prepares and forwards letter to Management Engineering Team or higher headquarters; files letter.

6.2.2.5. FILES REPORT.

6.2.3. PARTICIPATES IN HIGHER HEADQUARTERS MANPOWER SURVEY (OUTSIDE CONTINENTAL UNITED STATES (OCONUS)):

6.2.3.1. PREPARES FOR SURVEY. Conducts pre-survey administration including a determination of the survey scope and level of input from activity managers or supervisors.

6.2.3.2. CONDUCTS TRAINING SESSION. Conducts training session for activity on how to complete DA Form 140-4, "Manpower Survey Report-Schedule X-Manpower and Workload Data."

6.2.3.3. PREPARES PRE-SURVEY PACKAGE. Prepares guidance to activity in collecting necessary data and preparing a draft Schedule X and other related workload information; obtains and analyzes detailed post population; notifies appropriate office of higher headquarters survey; copies current Schedule X and related form for activity; distributes package.

6.2.3.4. REVIEWS SCHEDULE X. Reviews activity input for accuracy, logic and compliance with directives.

6.2.3.5. COMPLETES PACKAGE. Compiles full survey package; completes Schedule A and T; writes commanders remarks and obtains commander's signature; conducts administrative and technical analysis of package; types enclosure including general remarks and installation-wide comments; makes copy; types transmittal correspondence; forwards package to higher headquarters; and files copy.

6.2.3.6. SERVES AS UNIT LIAISON. Arranges logistical support; arranges and attends in-briefing; assists in development of and coordinates on-site schedule addressing special problem areas; and arranges and attends exit interview.

6.2.3.7. ASSISTS UNIT RECLAMA DEVELOPMENT. Conducts informal resolution; assists in preparation of survey findings reclamas; completes reclama package and forwards package to higher headquarters.

6.2.3.8. IMPLEMENTS SURVEY FINDING. Implements survey result to include final decision on reclama; coordinates and develops briefing for commander, command group, and affected activity manager.

6.2.3.9. ADJUSTS THE WORKING MANPOWER AUTHORIZATION DOCUMENT TO REFLECT SURVEY RESULTS.

6.2.3.10. MONITORS COMPLIANCE. Monitors activity compliance with survey finding; and prepares follow-up correspondence to higher headquarters as required.

6.2.4. DEVELOPS INTERIM SCHEDULE X:

6.2.4.1. CONDUCTS PRELIMINARY ANALYSIS:

6.2.4.1.1. REVIEWS DOCUMENT. Reviews request for change in requirements due to change in mission, workload, construction, etc.; reviews interim Schedule X; compares workload data with staffing guide, survey document, and current Schedule X.

6.2.4.1.2. CONDUCTS INTERVIEW. Schedules on-site visit; analyzes result; and advises activity manager of results.

6.2.4.2. FINALIZES HIGHER HEADQUARTERS SUBMISSION. Prepares transmittal correspondence to forward interim Schedule X package to higher headquarters; types transmittal and assembles package; coordinates interim Schedule X package with affected activity; makes copy; forwards package to higher headquarters and files copy; coordinates with higher headquarters to include providing additional justification or workload data.

6.2.4.3. REVIEWS AND EVALUATES HIGHER HEADQUARTERS DECISION CORRESPONDENCE. Informs activity manager and command group of results; and determines if activity should resubmit request.

6.2.4.4. IMPLEMENTS INTERIM SCHEDULE X. Posts approved entry to working manpower authorization document; and provides guidance to activity management on position action required.

6.2.5. SUPPORTS COMMERCIAL ACTIVITIES STUDY:

6.2.5.1. PARTICIPATES IN COMMERCIAL ACTIVITIES STUDY. Reviews function's TDA; identifies position status; verifies Most Efficient Organization (MEO) including a review of the overhead support and residual force (including Contracting Officer Representative and Inspectors) and methodology used to determine residual organization; develops audit trail for requirement base; reviews performance work statement, and contract administration plan for manpower impact; finalizes document and forwards to Commercial Activities Office.

6.2.5.2. IMPLEMENTS STUDY RESULT:

6.2.5.2.1. PREPARES MANPOWER DOCUMENT. Documents in-house staffing in accordance with management study MEO/overhead support if awarded in-house;

documents organization and working manpower authorization documents; documents residual force if awarded to contractor; and documents working manpower authorization documents.

6.2.5.2.2. VERIFIES STAFFING REQUIREMENT ONE YEAR AFTER CONTRACT PERFORMANCE.

6.2.6. SUPPORTS EFFICIENCY REVIEW STUDY (NON-CONTRACTIBLE):

6.2.6.1. PARTICIPATES IN STUDY. Compiles requested manpower information and documentation; notifies affected activity; reviews draft performance work statement; and prepares and submits any recommended changes.

6.2.6.2. REVIEWS EFFICIENCY REVIEW RESULTS. Analyzes MEO manpower information in Efficiency Review Report; and develops manpower-based reclama.

6.2.6.3. IMPLEMENTS STUDY RESULT. Documents requirement base and workload determining tool applied; forwards documentation to higher headquarters if organizational structure or change to requirements are effected; files copy; and documents working manpower authorization document.

6.3. ALLOCATION OF RESOURCES:

6.3.1. PREPARES AND MONITORS MANPOWER CHANGE REQUEST:

6.3.1.1. DRAFTS CHANGE REQUEST. Briefs section chief or department head and requests justification; briefs appropriate executive manager, administrator and commander; prepares change request.

6.3.1.2. COORDINATES CHANGE. Coordinates with affected section or department head and base agencies.

6.3.1.3. FORWARDS REQUEST TO MANAGEMENT ENGINEERING TEAM OR HIGHER HEADQUARTERS AND MONITORS SUSPENSE (AIR FORCE).

6.3.1.4. NOTIFIES MAJOR COMMAND AND APPROPRIATE PERSONNEL.

6.3.2. RECEIVES AND REVIEWS CHANGE TO PREVIOUS DOCUMENT. Reviews change; posts change to unit manpower document; and notifies affected work center; contacts MET and higher headquarters if error exists.

6.3.3. DISTRIBUTES COPY TO APPLICABLE SECTION.

6.3.4. ANALYZES HIGHER HEADQUARTERS ALLOCATION CHANGE. Reviews voucher; determines change by category/Army Management Structure Code (AMSCO)/fiscal year; develops working charts for management usage; briefs commander on changes and their effects on the MTF.

6.3.5. DEVELOPS REDISTRIBUTION PLAN. Drafts redistribution plan; recommends solution; develops alternative solution; briefs Program Budget Advisory Committee (PBAC); analyzes feedback; revises plan and alternative; briefs commander on results; prepares minutes of PBAC to include redistribution charts; obtains commander's signature on PBAC minutes; and completes approved redistribution plan.

6.3.6. DISTRIBUTES PLAN. Analyzes feedback to assure change complies with manpower program constraints to include command grade ceiling, officer grade structure and total authorizations not exceeding requirements; verifies the correct AMSCO and organizational entity; applies internal control checklist on manpower allocation to ensure action follows prescribed checklist instruction; recommends change to activity input; revises, finalizes and distributes plan; and adjusts working manpower authorization document.

6.4. TAADS MANAGEMENT:

6.4.1. DOCUMENTS TDA OR MTOE:

6.4.1.1. DOCUMENTS SECTION I CHANGE. Reviews copy of approved TAADS Document for accuracy of general information; requests activity updates; reviews input for proposed change; determines and annotates change as necessary; and types final copy.

6.4.1.2. DOCUMENTS SECTION II PERSONNEL ALLOWANCE CHANGE. Reviews working TAADS document or local manning document; retrieves document; compares copy of current approved document to determine potential change; analyzes consolidated Table of Organization and Equipment (TOE) update for changes; updates AMSCO and Army Functional Dictionary (AFD) codes; verifies accuracy of the classification data and annotates change; verifies military or civilian personnel data is in accordance with appropriate regulation to include grade and skill identifier; prepares code sheet or key punch data; verifies data output for accuracy; forwards document for computer print-out; verifies accuracy of output; prepares DA Form 2028, "Recommended Changes to Publications and Blank Forms," with justification and audit trail for each change.

6.4.1.3. PREPARES SECTION III EQUIPMENT CHANGE. Reviews working document, and current approved document; analyzes consolidated TOE update; requests Logistics Division update Section III information; annotates change, prepares code sheet for keypunch or key punches data; verifies keypunch data is accurate; forwards diskette or keypunch cards for computer print-out; and prepares DA Form 2028 with justification and audit trail for each change.

6.4.1.4. FINALIZES SUBMISSION. Prepares and types transmittal correspondence; compiles package including correspondence, DA Form 2028 or equivalent document, and other required material; makes copy; obtains signature; and files copy.

6.4.1.5. FORWARDS TO HIGHER HEADQUARTERS. Transmits to higher headquarters through TAADS, or by mail.

6.4.1.6. DISTRIBUTES DOCUMENT. Compares Headquarters Department of the Army (HQDA) approved document with MTF submission for accuracy; completes printing request; distributes copy to command group, activity management, Personnel Office, and other offices as required.

6.4.2. PREPARES MOBILIZATION TDA (MOBTDA):

6.4.2.1. ANALYZES MOBILIZATION REQUIREMENT. Compares current MOBTDA against Army Program for Individual Training (ARPRINT), Mobilization Troop Basis Stationing Plan (MTBSP), higher headquarters guidance, current TDA, and Mobilization Plan (MOBPLAN) to determine necessary change or update; coordinates with Plans and Operations Division; meets with section or branch manager to solicit input or review of supporting documentation for new requirement; determines adequacy of submission; advises manager of manpower evaluation; coordinates action with Plans & Operations Division; coordinates with manpower counterpart from mobilizing units; and completes MOBTDA for satellite unit.

6.4.2.2. DETERMINES MANNING RESOURCE. Ensures personnel data agrees with appropriate regulations; compares proposed MOBTDA position with Reserve unit TDA/MTOE to determine available manning resource; reviews AG listing of retirees available for mobilization; reviews Individual Mobilization Augmentation (IMA) list to determine available manning; determines MOBTDA civilian position manning resource; performs line-by-line comparison of current peacetime TDA, and proposed MOBTDA; identifies position not carried

over from peacetime TDA (fall-out position) and newly created position (expansion position); codes appropriately; determines if expansion position can be filled by fall-out position; prepares civilian fall-out position list by number, series, grade and action to be taken or recommended; prepares listing for personnel; forwards to Personnel Division for preparation of SF 52 and job description as necessary; and verifies SF 52.

6.4.2.3. ADDRESSES EQUIPMENT SECTION. Provides MOBTDA to Logistics for comparison to peacetime TDA to ensure equipment is expanded concurrently with personnel.

6.4.2.4. DOCUMENTS MOBTDA:

6.4.2.4.1. PREPARES SECTION I. Reviews Section I of current MOBTDA to determine if information is accurate; determines and annotates change; and prepares final copy of MOBTDA.

6.4.2.4.2. DOCUMENTS CHANGE TO SECTION II. Reviews current MOBTDA for accuracy to assure that MOBTDA balances with higher headquarters projected workload; annotates change; prepares coding sheet for keypunch or keypunches data; verifies data; forwards diskette or cards for computer print out; and verifies data on computer print out.

6.4.2.4.3. DOCUMENTS CHANGE TO Section III. Compares current MOBTDA to Logistics input; annotates change; prepares coding sheet for keypunch or keypunches data; verifies data; requests computer printout; and verifies printout.

6.4.2.4.4. FINALIZES MOBTDA. Prepares and types transmittal correspondence; compiles package including DA Form 2028, justification, and other required material; makes copy; files copy; and forwards to higher headquarters.

6.4.2.4.5. DISTRIBUTES MOBTDA. Compares approved MOBTDA with MTF submission; requests printout of approved MOBTDA; prepares reproduction request; makes distribution; and files copy.

6.4.3. QUERIES TAADS MANAGEMENT CYCLE. Requests TAADS Cycle as required for use in manpower management by section or branch chief. Travels to and from installation TAADS Office to deliver request and pick up printout.

6.5. ORGANIZATION, FUNCTION, AND MISSION ANALYSIS:

6.5.1. CONDUCTS LOCAL MANPOWER SURVEY. Reviews activity request to determine need for survey; schedules survey; meets with activity management to establish survey parameters; conducts survey; and prepares report.

6.5.2. SUPPORTS MANPOWER STAFFING STANDARD DEVELOPMENT. Provides preliminary phase assistance; completes request for information; coordinates Manpower Staffing Standard System (MS-3) preliminary phase visit; reviews Study Development Plan; reviews Measurement Plan; coordinates on-site MS-3 measurement; provides functional proponent coordination; provides liaison; analyzes Application Plan; and conducts test application.

6.5.3. EVALUATES SUPPORT SERVICE AGREEMENT FOR IMPACT ON MANPOWER.

6.5.4. CONDUCTS MANPOWER MANAGEMENT TRAINING. Updates training material; sets up agenda; prepares handouts; schedules roster of attendees; arranges classroom; and conducts classroom training.

7. MEDICAL SERVICE ACCOUNT (MSA) - ARMY:

7.1. COLLECTS BILL (MANUAL):

7.1.1. PROCESSES NORMAL BILLING:

7.1.1.1. PREPARES DA FORM 3154, "MSA PATIENT LEDGER CARD." Prepares form using patient information and files alphabetically.

7.1.1.2. CALCULATES AND POSTS CHARGE TO DA FORM 3153, "MSA INVOICE AND RECEIPT." Requests payment; provides receipt for payment; enters transaction on DA Form 3154 and completes DA Form 3155, "MSA Cash Record"; prepares DD Form 139, "Pay Adjustment Authorization," when appropriate.

7.1.1.3. DETERMINES BASIC ALLOWANCE FOR SUBSISTENCE FOR ENLISTED INPATIENTS. Calculates allowance and forwards to military pay for processing using a SF 1080; makes entry in accounts receivable.

7.1.1.4. REQUESTS PAYMENT FROM SPONSOR:

7.1.1.4.1. PREPARES INVOICE. Prepares and provides original bill to sponsor and attaches copy of bill to DA Form 3153.

7.1.1.4.2. PREPARES AND MAILS LETTER. If payment is not received in appropriate number of days, prepares and mails registered letter to sponsor.

7.1.1.4.3. PREPARES DA FORM 1854. If payment is not received in 30 days, attaches uncollectible and accounts DA Form 3154; forwards on DA Form 1854 to F&AO.

7.1.1.4.4. DROPS BILL FROM ACCOUNTS RECEIVABLE. Posts amount of transferred, delinquent or uncollectible accounts to F&AO to DA Form 3929, "MSA Accounts Receivable Register and Control Ledger"; decreases accounts receivable; posts to DA Form 3154.

7.1.1.4.5. MAINTAINS INSURANCE CLAIMS. Claims submitted to insurance carriers can be deferred up to 6 months.

7.1.1.4.6. PREPARES DEPOSIT. Prepares DD Form 1131, "Cash Collection Voucher," showing accounting classifications from AR 37-100-XX.

7.1.2. MANAGES CIVILIAN INPATIENT EMERGENCY COLLECTION:

7.1.2.1. PREPARES DA FORM 3154, MSA PATIENT LEDGER CARD. Prepares form using patient information and files alphabetically.

7.1.2.2. CALCULATES AND POSTS CHARGE TO DA FORM 3153, "MSA INVOICE AND RECEIPT." Requests payment; provides receipt for payment; enters transaction on DA Form 3154 and completes DA Form 3155, "MSA Cash Record"; prepares DD Form 139 when appropriate.

7.1.2.3. REQUESTS PAYMENT FROM SPONSOR:

7.1.2.3.1. PREPARES INVOICE. Prepares and provides original bill to sponsor and attaches copy of bill to DA Form 3153.

7.1.2.3.2. PREPARES AND MAILS LETTER. If payment is not received in appropriate number of days (30, 60, 90, 120); prepares and mails registered letter to sponsor.

7.1.2.3.3. PREPARES DA FORM 1854. If payment is not received in 30 days, attaches uncollectible and accounts DA Form 3154; and forwards on DA Form 1854 to F&AO.

7.1.2.3.4. DROPS BILL FROM ACCOUNTS RECEIVABLE. Posts amount of transferred, delinquent or uncollectible accounts to F&AO onto DA Form 3929, "MSA Accounts

Receivable Register and Control Ledger"; decreases accounts receivable; posts to DA Form 3154.

7.1.2.3.5. PREPARES DEPOSIT. Prepares DD Form 1131, "Cash Collection Voucher," showing accounting classifications from AR 37-100-XX.

7.1.3. MANAGES COLLECTION FROM FOREIGN MILITARY/DEPENDENTS AND OTHER NON-DEPARTMENT OF DEFENSE (DOD) AGENCY. Prepares DD Form 7, "Report of Treatment Furnished Pay Patients - Hospitalization Furnished," and attaches the supporting documents; logs and forwards to the appropriate agency; files DD Form 7 and makes entry in DA Form 3929.

7.1.4. MANAGES DENTAL COLLECTION:

7.1.4.1. DETERMINES STATUS. Determines if visit is chargeable and prepares DA Form 3153 and DA Form 3154 (Manual); forwards on DD Form 1131; posts to DA Form 3155.

7.1.4.2. REQUESTS PAYMENT FROM SPONSOR:

7.1.4.2.1. PREPARES AND MAILS BILL TO SPONSOR. Prepares and mails original invoice to sponsor; prepares DD Form 139 when appropriate.

7.1.4.2.2. PREPARES AND MAILS REGISTERED LETTER TO SPONSOR. If payment is not received in appropriate number of days (30, 60, 90, 120); prepares for transfer to F&AO.

7.1.4.2.3. DROPS BILL FROM ACCOUNTS RECEIVABLE. Transfers account to F&AO after 30 days from original discharge date and drops from accounts receivable.

7.1.5. CONDUCTS PAY PATIENT AUDIT.

7.1.6. PROCESSES INSURANCE CLAIM. Processes insurance claim for civilian pay patient for outpatient care.

7.2. COLLECTS BILL (AUTOMATED):

7.2.1. DETERMINES STATUS. Determines if visit is chargeable and validates data and requests a DA Form 3153.

7.2.2. REQUESTS PAYMENT FROM SPONSOR:

7.2.2.1. PREPARES AND MAILS INVOICE TO SPONSOR. Prepares and mails original bill to sponsor, automated version of 3154; requests DA Form 139 when necessary.

7.2.2.2. PREPARES AND MAILS REGISTERED LETTER TO SPONSOR. If payment is not received in appropriate number of days (30, 60, 90, 120); prepares to transfer to F&AO.

7.2.2.3. DROPS BILL FROM ACCOUNTS RECEIVABLE. Transfers account to F&AO after 30 days from original discharge date and drops from accounts receivable using DA Form 1854.

7.3. COMPLETES DA FORM 1131 AND BALANCES TRANSACTION (AUTOMATED). Posts and balances monetary transaction to DA Form 1131.

7.4. PROCESSES ACCOUNTS RECEIVABLE REPORT (MANUAL):

7.4.1. PREPARES DA FORM 3155 REPORT. Obtains total of sales, collections, deposits and other activities.

7.4.2. PREPARES END OF MONTH ACCOUNTING PROCEDURES. Completes end of month reports as applicable to manual or automated system to include DA Form 3929, DA Form 3155 and DA Form 3156, "Statement of MSA Accountable Patient Days and Reimbursements Earned."

7.4.3. PREPARES DD FORM 7 OR DD FORM 7A, "REPORT OF TREATMENT FURNISHED PAY PATIENTS - OUTPATIENT TREATMENT FURNISHED," AND SF 1080, "VOUCHER FOR TRANSFERS BETWEEN APPROPRIATION AND/OR FUNDS." Prepares DD Form 7 or 7A and SF Form 1080; coordinates for signature; logs and forwards form and files copy of DD Form 7/7A and SF 1080.

7.5. MANAGES COORDINATION OF BENEFITS PROGRAM:

7.5.1. PROCESSES DD FORM 2502, "UNIFORM BILLING FOR INPATIENT HOSPITAL COSTS" (UB-82 HCFA-1450):

7.5.1.1. INITIATES DD FORM 2502. Initiates and files copy of DD Form 2502.

7.5.1.2. PREPARES AND SENDS FOLLOW-UP LETTER. Prepares and sends follow-up letter.

7.5.1.3. MAINTAINS SUSPENSE FILE. Tracks all DD Form 2502s and their status.

7.5.1.4. DEPOSITS FUND. Posts payment to DA Form 1131; files DD Form 2502; deposits fund collected with F&AO.

7.5.2. PREPARES COORDINATION OF BENEFITS REPORT:

7.5.2.1. PREPARES MONTHLY COORDINATION OF BENEFITS REPORT. Prepares, copies, files report and forwards copy to Chief of PAD.

7.5.2.2. PREPARES QUARTERLY COORDINATION OF BENEFITS REPORT. Documents the number of DD Form 2502s processed; totals amount billed, collected, denied, and outstanding from monthly reports; prepares cover letter and forwards to higher headquarters.

7.6. PROCESSES DINING FACILITY COLLECTION. Receives fund and appropriate form from dining facility; verifies the fund and numbered form; issues receipt and processes collection with the daily activity.

7.7. COLLECTS, INVENTORIES AND ISSUES RECEIPT FOR PATIENT VALUABLES. Collects patient's valuables and stores in a safe location; maintains patient trust fund.

7.8. DEPOSITS FUND. Maintains DA Form 4128, "Patient Trust Fund Journal"; and makes daily entries and bank deposits as required.

7.9. CONDUCTS AND MONITORS INSPECTION:

7.9.1. CONDUCTS NO NOTICE INSPECTION AND REPORTS DISCREPANCY IN ACCORDANCE WITH ARMY REGULATIONS.

7.9.2. MONITORS NO NOTICE INSPECTION. Assists F&AO with no notice inspection; maintains copy of the result.

7.9.3. RECEIVES INTERNAL DISINTERESTED PARTY INSPECTION. Coordinates inspection time; prepares for the inspection and remains available during the inspection for assistance.

7.10. MANAGES CONTROLLED FORMS. Numbers and safeguards form where applicable; issues and receipts DA Form 3801, "Guest Log for Meals," DA Form 335, "Signature Headcount Sheet," when it applies, and DA Form 3158,

"Statement of MSA Dining Hall Cash Receipts and Meals Served."

7.11. PROCESSES REFUND. Prepares SF 1049, "Public Voucher for Refund"; logs transaction on DA Form 3153/DA Form 3154 (manual) and forwards to F&AO.

7.12. COLLECTS FOR COPY SERVICE. Completes DA Form 3153 and DA Form 3154 (manual) and posts to DA Form 3155; prepares DD Form 1131 and adds to current day's deposits; files validated copy.

7.13. COLLECTS FOR DENTAL PROSTHESIS. Researches price of dental device and informs patient of charge; prepares DA Form 3153 and DA Form 3154 (manual) for collection and processes payment for deposit with daily activities.

7.14. PROCESSES OTHER CHARGES:

7.14.1. COLLECTS PAYMENT. Hospital elements providing items for which reimbursement is required under AR 40-3, "Medical, Dental, and Veterinary Care", will receive payment and issue receipt to include spectacles (overseas only).

7.14.2. PROCESSES PAYMENT. Prepares account on DA Form 3153 and DA Form 3154 (manual) and processes with current days deposit.

7.15. PROCESSES IMPREST FUND REQUEST (THE FOLLOWING IS FOUND IN LOGISTICS). Issues funds by receiving DD Form 1348-1A, "Single Line Item Requisition System Document"; logs in ledger and issues money on a DD Form 1305, "Censorship Valuables Log"; files DD Form 1305 until purchase is validated; replenishes imprest fund; and processes through F&AO.

7.16. ACCOUNTS FOR SUBSISTENCE (THE FOLLOWING TASKS ARE FOUND IN NUTRITIONAL CARE):

7.16.1. CALCULATES HOSPITAL BASIC DAILY FOOD ALLOWANCE. Calculates monetary allowance for rations and recalculates hospital daily food allowance.

7.16.2. POSTS DA FORM 1836, "DAILY RECORD OF HOSPITAL FOOD SERVICE OPERATION." Obtains A&D Sheet; reconciles by inpatient category of beneficiary and posts category of inpatient to DA Form 1836.

7.16.3. PROCESSES PRICE CHANGE:

7.16.3.1. EXTENDS PRICE. Receives and reviews computerized listing.

7.16.3.2. VERIFIES PRICE. Verifies monthly expenditure totals with commissary and Troop Subsistence Issue Officer.

7.16.3.3. POSTS PRICE CHANGE. Post price change to DA Form 1835, "Stock Record Card."

7.16.4. POST DA FORM 2930, "KITCHEN REQUISITION," AND INVOICES TO DA FORM 1835.

7.16.5. COMPUTES EARNED RATIONS FROM A&D SHEET AND POSTS TO DA FORM 1836.

7.16.6. PREPARES DOCUMENTATION AND BRIEFS DISINTERESTED OFFICER.

7.16.7. MAKES ADJUSTMENT FROM INVENTORY on DD FORM 160, "INVENTORY OF CLASS QUARTERMASTER SUPPLIES," TO DA FORM 1835.

7.16.8. COMPLETES USAHSC FORM 114, "NUTRITION CARE ACTIVITIES REPORT." Prepares form; obtains signature; forwards original to higher headquarters and files copy.

7.16.9. POSTS FORMS DAILY.

7.16.9.1. POSTS DA FORM 1834, "MEAT PROCESSING RECORD."

7.16.9.2. POSTS DA FORM 3158 TO DA FORM 1833, "RATION RECORD."

7.16.9.3. POSTS DA FORM 1833-1, "MEALS SERVED RECORD," FROM INFORMATION LISTED ON DA FORM 1833-2, "RATIONS SOURCE DATA WORK SHEET."

7.16.9.4. POSTS DA FORM 1833 FROM A&D SHEETS.

7.16.9.5. POSTS DA FORM 1836 FROM DA FORM 1833 AND EXPENDITURE LEDGER.

7.16.9.6. POSTS DA FORM 1833-2 FROM DA FORM 3158.

7.16.10. MONITORS SUBSISTENCE ITEMS DESIGNATED AS SENSITIVE THROUGH ESTABLISHED PERPETUAL INVENTORY PROCEDURES.

7.16.11. DOCUMENTS NUMBER OF PATIENTS WHO ARE ON PASS AND OTHERS LISTED AS ON NPO ("NOTHING BY MOUTH"). Information obtained from Clinical Dietetics A&D sheet.

7.16.12. POSTS WEEKLY MEAT INVENTORY TO STOCK RECORD CARD.

7.16.13. ASSIGNS DOCUMENT NUMBERS TO OUTGOING REQUESTS FOR SUBSISTENCE ON A LEDGER AND LOGS IN ALL ITEMS RECEIVED BY DOCUMENT NUMBER ON LEDGER.

7.16.14. MONITORS ALL STOCK SUBSISTENCE THAT MAY BE CONSIDERED "SLOW MOVING" AND INFORMS CHIEF DIETICIAN.

7.17. PERFORMS ALTERNATE OR RELIEF CASHIER DUTY:

7.17.1. RECEIVES FUND. Verifies change fund; Prepares, signs and files DA Form 3158; posts DA Form 3155.

7.17 2. RETURNS FUND. Returns and verifies fund and verifies receipt; prepares, signs and files DA Form 3158.

8. MEDICAL SERVICE ACCOUNT - AIR FORCE:

8.1. COLLECTS BILL (MANUAL):

8.1.1. PROCESSES NORMAL BILLING:

8.1.1.1. PREPARES AF FORM 1127, "HOSPITAL INVOICE/RECEIPT/ACCOUNT RECEIVABLE RECORD". Prepares form using patient's hospital card and ward census and files alphabetically.

8.1.1.2. CALCULATES AND POSTS CHARGE TO AF FORM 1127. Requests payment; provides receipt for payment; enters transaction on AF Form 1127 and AF Form 1086, "Cash and Sales Journal."

8.1.1.3. DETERMINES BASIC ALLOWANCE FOR SUBSISTENCE FOR PATIENT HOLDING MEAL CARD. Calculates allowance and forwards to military pay for processing.

8.1.1.4. REQUESTS PAYMENT FROM SPONSOR:

8.1.1.4.1. PREPARES AND MAILS BILL. Prepares and mails original bill to sponsor and attaches copy of bill to AF Form 1127.

8.1.1.4.2. PREPARES DD FORM 139. If payment is not received in 30 days, prepares DD Form 139 and sends to AFO; initiates follow-up on DD FORM 139

after 60 days of the date of the original DD Form 139.

8.1.1.4.3. DROPS BILL FROM ACCOUNTS RECEIVABLE. Transfers account to AFO after 90 days from original DD Form 139 and drops from accounts receivable.

8.1.1.4.4. DEVELOPS CASE FILE. Develops case file for each account transferred to AFO.

8.1.2. MANAGES CIVILIAN INPATIENT EMERGENCY COLLECTION:

8.1.2.1. PREPARES AF FORM 1127. Prepares form using patient's hospital card and ward census and alphabetically files card.

8.1.2.2. CALCULATES AND POST CHARGES TO THE AF FORM 1127. Requests payment; provides receipt for payment; enters transaction on AF Form 1127 and AF Form 1086.

8.1.2.3. REQUESTS PAYMENT FROM SPONSOR:

8.1.2.3.1. DROPS BILL FROM ACCOUNTS RECEIVABLE. Transfers account to AFO after 30 days from original discharge date and drops from accounts receivable.

8.1.2.3.2. DEVELOPS CASE FILE. Develops case file for each account transferred to AFO.

8.1.3. MANAGES COLLECTION FROM FOREIGN MILITARY OR DEPENDENTS AND OTHER NON-DOD AGENCY. Prepares DD Form 7; report of Treatment Furnished Pay Patients, and attaches the supporting documents; logs and forwards to the appropriate agency and files DD form.

8.1.4. MANAGES CIVILIAN AND DENTAL COLLECTION (MANUAL):

8.1.4.1. DETERMINES STATUS. Determines if visit is chargeable and prepares AF Form 1127; annotates appropriate form with voucher number and AF Form 1086.

8.1.4.2. REQUESTS PAYMENT FROM SPONSOR:

8.1.4.2.1. PREPARES AND MAILS BILL TO SPONSOR. Prepares and mails original bill to sponsor and attaches copy of bill to AF Form 1127.

8.1.4.2.2. DROPS BILL FROM ACCOUNTS RECEIVABLE. Transfers account to AFO after 30 days from original discharge date and drops from accounts receivable.

8.1.4.2.3. DEVELOPS CASE FILE. Develops case file for each account transferred to AFO.

8.1.5. CONDUCTS PAY PATIENT AUDIT.

8.1.6. PROCESSES INSURANCE CLAIM. Processes insurance claim for civilian pay patient for outpatient care.

8.2. COLLECTS BILL (AUTOMATED):

8.2.1. PROCESSES AUTOMATED BILLING:

8.2.1.1. DETERMINES STATUS. Determines if visit is chargeable and prepares AF Form 1127; annotates appropriate form with voucher number and enters on AF Form 1086.

8.2.1.2. REQUESTS PAYMENT FROM SPONSOR:

8.2.1.2.1. PREPARES AND MAILS BILL TO SPONSOR. Prepares and mails original bill to sponsor and attaches copy of bill to AF Form 1127.

8.2.1.2.2. DROPS BILL FROM ACCOUNTS RECEIVABLE. Transfers account to AFO after 30 days from original discharge date and drops from accounts receivable.

8.2.1.2.3. DEVELOPS CASE FILE. Develops case file for each account transferred to AFO.

8.2.2. COMPLETES AF FORM 1086:

8.2.2.1. BALANCES TRANSACTION. Posts and balances monetary transaction to AF Form 1086, in accordance with AFR 168-4, "Administration of Medical Activities."

8.2.2.2. CLOSES OUT TRANSACTION. Closes out monetary transaction on AF Form 1086, in accordance with AFR 168-4.

8.3. PROCESSES ACCOUNTS RECEIVABLE REPORT:

8.3.1. PREPARES REPORT. Obtains total of sales, collections, deposits and other activities; identifies individual accounts receivable; totals by appropriation and ensures total is the same as AF Form 1086.

8.3.2. PREPARES AF FORM 178, "MONTHLY MEDICAL SERVICE ACTIVITY REPORT." Completes AF Form 178; forwards copy to major air command (MAJCOM), AFO, ACB and files copy.

8.3.3. PREPARES DD FORM 7 OR DD FORM 7A AND SF 1080. Prepares DD Form 7 or 7a and SF Form 1080; coordinates for signature; logs and forwards form; and files copy of DD Form 7/7A and SF 1080.

8.4. MANAGES COORDINATION OF BENEFITS PROGRAM:

8.4.1. PROCESSES DD FORM 2502 (UB-82 HCFA-1450):

8.4.1.1. INITIATES DD FORM 2502. Initiates and files copy of DD Form 2502.

8.4.1.2. PREPARES AND SENDS FOLLOW-UP LETTER. Prepares and sends follow-up letter 60 days, and if necessary, 120 days after initial billing.

8.4.1.3. DEPOSITS FUND. Posts payment to AF Form 1086; files DD Form 2502; deposits fund collected with AFO.

8.4.2. PREPARES COORDINATION OF BENEFITS REPORT:

8.4.2.1. PREPARES MONTHLY COORDINATION OF BENEFITS REPORT. Prepares, copies, files report and forwards copy to AFO.

8.4.2.2. PREPARES QUARTERLY COORDINATION OF BENEFITS REPORT. Documents the number of DD Form 2502 processed; totals amount billed, collected, denied, and outstanding from the AF Form 1086; prepares cover letter and forwards to MAJCOM.

8.5. PROCESSES DINING ROOM COLLECTION. Receives fund and appropriate form from dining room; verifies the fund and numbered form; issues receipt and processes collection with the daily activity.

8.6. COLLECTS, INVENTORIES AND ISSUES RECEIPT FOR PATIENT VALUABLES. Collects patient's valuables and stores in a safe location.

8.7. DEPOSITS FUND. Prepares DD FORM 1131, Cash Collection Voucher, for funds collected; logs form; takes funds to AFO; enters transaction on AF Form 1086 and files DD Form 1131.

8.8. CONDUCTS AND MONITORS INSPECTION:

8.8.1. CONDUCTS NO NOTICE INSPECTION. Counts cash and documents on AF Form 1305, "Receipt for Transfer of Cash and Vouchers"; and reports discrepancy in accordance with Air Force directives.

8.8.2. MONITORS NO NOTICE INSPECTION. Assists AFO with no notice inspection. Maintains copy of the result.

8.8.3. RECEIVES INTERNAL DISINTERESTED PARTY INSPECTION. Coordinates inspection time; prepares for the inspection and remains available during the inspection for assistance.

8.9. MANAGES CONTROLLED FORM. Numbers and safeguards form; issues and receipts AF Form 1339, "Dining Hall Signature Record," and AF Form 1087, "Cash Meal Log," to dining room.

8.10. PROCESSES REFUND. Prepares SF 1049, Public Voucher for Refund, for overpayment; logs transaction on AF Form 1086; forwards form to AFO; files suspense copy; and receives and files validated copy from AFO.

8.11. PROCESSES DISHONORED CHECK COLLECTION:

8.11.1. RECEIVES DD FORM 1131 AND CHECK AND NOTIFIES CHECK WRITER. Receives DD Form 1131 and check from AFO; notifies check writer by phone and informs of the 48 hour payment rule; writes and mails letter to inform check writer of the two week payment rule.

8.11.2. MONITORS SUSPENSES. Assesses administrative charge and processes DD Form 139, Pay Adjustment Authorization, for payroll deduction or transfers to AFO for nonmilitary.

8.12. COLLECTS FOR COPY SERVICE. Receives and verifies the SF 544, "Clinical Record - Statement of Patients Treatment," with payment from Patient Affairs; prepares DD Form 1131 and adds to current day's deposits; files validated copy.

8.13. COLLECTS FOR DENTAL PROSTHESIS. Researches the price of dental device to inform patient of charge; prepares AF Form 1127 for collection and processes payment for deposit with daily activities.

8.14. PROCESSES IMPREST FUND REQUEST:

8.14.1. ISSUES FUNDS. Receives DD Form 1348-1A, "Issue Release/Receipt Document from Medical Logistics"; logs in ledger and issues money on an AF Form 1305, "Receipt for Transfer of Cash and Vouchers"; files the DD Form 1305 until purchase is validated.

8.14.2. REPLENISHES IMPREST FUND. Prepares SF 1129, "Reimbursement Voucher," and processes through AFO.

8.15. ACCOUNTS FOR SUBSISTENCE:

8.15.1. RECEIVES AF FORM 200, "BASIC DAILY ALLOWANCE COMPUTATION," AND CALCULATES HOSPITAL BASIC DAILY FOOD ALLOWANCE. Receives AF Form 200 and calculates hospital basic daily food allowance; calculates monetary allowance for rations and recalculates hospital daily food allowance.

8.15.2. OBTAINS A&D SHEET, RECONCILES BY INPATIENT CATEGORY OF BENEFICIARY.

8.15.3. PROCESSES PRICE CHANGE:

8.15. EXTENDS PRICE. Receives AF Form 287, "Subsistence Request," and AF Form 543, "Food Issue Record"; extends price on AF Form 287 from U.S. General Services Administration (GSA), A Federal Supply Service catalog.

8.15.3.2. VERIFIES PRICE. Verifies price on AF Form 287 with the commissary.

8.15.3.3. POSTS PRICE CHANGE. Posts price change to GSA catalog.

8.15.4. POSTS AF FORM 542, "SUBSISTENCE STOCK RECORD," FROM AF FORM 287 AND AF FORM 543.

8.15.5. POSTS PURCHASE AND ISSUE TO INVENTORY ON AF FORM 546, "FOOD COST RECORD"; AND RECOMPUTES AF FORM 546.

8.15.6. CALCULATES AF FORM 544, "CONVENTIONAL AND OPERATIONAL RATION EARNINGS RECORD." Receives AF Form 544; computes earned rations from A&D Sheet; calculates AF Form 544 and sends copy to Medical Food Service.

8.15.7. MANAGES FOOD SERVICES INVENTORY. Prepares documentation and briefs inspector on Medical Food Service inventory.

8.15.8. MAKES ADJUSTMENT FROM INVENTORY TO AF FORM 542 AND AF FORM 546.

8.15.9. COMPLETES AF FORM 541, "NUTRITIONAL MEDICINE SERVICE SUBSISTENCE COST REPORT." Prepares AF Form 541; obtains signature on form; forwards original AF Form 541 to higher headquarters and files copy.

8.16. PERFORMS ALTERNATE OR RELIEF CASHIER DUTY:

8.16.1. RECEIVES FUND. Verifies change fund; prepares, signs and files AF Form 1305, Receipt For Transfer of Cash and Vouchers.

8.16.2. RETURNS FUND. Returns and verifies fund and verifies receipt; prepares, signs and files AF Form 1305.

9. METHODS IMPROVEMENT:

9.1. MONITORS INTERNAL INSPECTION AND INTERNAL CONTROL PROGRAMS:

9.1.1. MANAGES CHECKLIST:

9.1.1.1. PROCESSES CHECKLIST. Receives new checklist; copies and separates list by section; types instruction letter and distributes checklist package and files master checklist.

9.1.1.2. TRAINS NEW PERSONNEL. Conducts training on use of checklist for new personnel.

9.1.2. MONITORS INTERNAL-INSPECTION PROGRAM:

9.1.2.1. APPOINTS INSPECTOR. Assigns inspector to different section and sends letter informing them.

9.1.2.2. BRIEFS INSPECTOR. Meets with inspector and informs inspector of responsibilities.

9.1.2.3. PROCESSES INSPECTION RESULTS. Receives and reviews results from inspectors; prepares cover letter; copies and distributes results.

9.1.2.4. PROCESSES REPLY. Monitors suspense; receives and reviews reply from the different sections; coordinates reply with executive management; and files reply.

9.1.2.5. UPDATES OPEN ITEM. Asks for and receives updates on open item at least quarterly and files update.

9.1.3. MONITORS INTERNAL CONTROL PROGRAM.

9.1. APPOINTS MANAGERS. Performs appointment in writing of Internal Control Managers for commander; maintains current roster of all hospital Internal Control Managers and passes to Personnel Division for monitoring of Officer Evaluation Report (OER) or civilian performance appraisals input on managers.

9.1.3.2. INITIATES REQUEST FOR AND COORDINATES RECEIPT OF INPUTS FROM INTERNAL CONTROL MANAGERS AND COMPLETES SEMIANNUAL REPORTS FOR COMMANDER'S SIGNATURE.

9.1.4. MONITORS MAJOR INSPECTION (ARMY INSPECTOR GENERAL, ARMY AUDIT AGENCY, HEALTH SERVICES MANAGEMENT INSPECTION (HSMI), JCAHO, ETC):

9.1.4.1. PROCESSES INSPECTION RESULTS. Receives results from inspectors; prepares cover letter; copies and distributes results.

9.1.4.2. PROCESSES REPLY. Monitors suspense; receives and reviews reply from the different sections; coordinates reply with executive management; and files reply.

9.1.4.3. UPDATES OPEN ITEM. Asks for and receives updates on open item at least quarterly and files update.

9.1.4.4. DISCUSSES UPDATE. Briefs Executive Management on update of open items.

9.1.5. MANAGES CROSSFEED ITEM/IDEA INTERCHANGE:

9.1.5.1. PROCESSES CROSSFEED DOCUMENT. Receives, reviews, and separates document by subject.

9.1.5.2. APPOINTS OPR. Determines OPR and suspense; prepares letter; copies and distributes document.

9.1.5.3. MONITORS SUSPENSE AND FILES RESPONSE.

9.1.6. MAINTAINS INSPECTION BINDER. Reviews inspection binder for each section and ensures binders are current.

9.2. MONITORS SUGGESTION PROGRAM:

9.2.1. PROCESSES SUGGESTION. Gives suggestion form to suggestor; receives completed suggestion form and forwards to Post/Base Suggestion Office.

9.2.2. COORDINATES EVALUATION OF SUGGESTION:

9.2.2.1. PROCESSES SUGGESTION FROM POST/BASE SUGGESTION OFFICE. Receives suggestion and determines OPR and suspense; logs suggestion and makes suspense copy; sends suggestion and evaluation form to OPR; receives reply; updates log; validates or computes suggested cost savings and obtains signature; copies and forwards approved or disapproved completed suggestion evaluation to

Post/Base Suggestion Office.

9.2.2.2. PROCESSES REFERRED SUGGESTION AND POST/BASE LEVEL EVALUATION TO MAJOR COMMAND. Copies and sends suggestion to post/base monitor; updates suspense date; receives approved or disapproved major command level evaluation; makes copies and distributes package.

9.2.2.3. PROCESSES SUGGESTION FORWARDED TO HIGHER HEADQUARTERS. Receives notice that suggestion was forwarded to higher headquarters and updates suspense date; receives approved or disapproved higher headquarters level evaluation; makes copies and distributes package.

9.2.3. PROMOTES SUGGESTION PROGRAM. Briefs hospital personnel about the program and posts signs.

9.3. COORDINATES SPECIAL STUDY PROGRAM:

9.3.1. IDENTIFIES ORGANIZATIONAL TOPIC. Advises, assists with priority list and recommends OPR to Executive Management.

9.3.2. MAINTAINS SPECIAL STUDY LOG AND MONITORS PROGRESS.

9.3.3. EVALUATES COMPLETED STUDY. Determines applicability to other management program and discusses completed studies with Executive Management.

9.3.4. PREPARES SUMMARY OF SPECIAL STUDIES.

9.4. PERFORMS MANAGEMENT AND SPECIAL STUDIES PROGRAM:

9.4.1. PERFORMS SPACE UTILIZATION STUDIES FOR THE MTF.

9.4.2. CONDUCTS SPECIAL STUDIES REGARDING ECONOMIES, EFFICIENCIES AND MANAGEMENT IMPROVEMENT PROGRAMS; PROVIDES MANAGEMENT CONSULTANT SERVICES TO MANAGERS ON REQUEST:

9.4.2.1. MAINTAINS MTF STUDY PLAN. Requests study plan input; reviews study request; prepares proposed MTF study plan; coordinates prepared MTF study plan; obtains authorizing officer's signature; and updates study plan as required.

9.4.2.2. CONDUCTS AND DOCUMENTS FEASIBILITY ANALYSIS.

9.4.2.3. PREPARES AND CONDUCTS INDIVIDUAL STUDY PLAN OF ACTION.

9.4.2.4. ORGANIZES STUDY TEAM IF APPROPRIATE.

9.4.2.5. PROVIDES STUDY ENTRANCE BRIEFING.

9.4.2.6. ACCOMPLISHES FACT FINDING.

9.4.2.7. DOCUMENTS AND ANALYZES FACT FINDING.

9.4.2.8. PREPARES RECOMMENDATION.

9.4.2.9. PREPARES STUDY REPORT OR BRIEFING.

9.4.2.10. PRESENTS STUDY REPORT OR BRIEFING.

9.4.2.11. COORDINATES AND MONITORS STUDY RECOMMENDATION IMPLEMENTATION.

9.4.2.12. CONDUCTS POST IMPLEMENTATION REVIEW.

9.4.2.13. PROVIDES MANPOWER SAVINGS INPUT TO FORCE DEVELOPMENT.

9.5. MONITORS MODEL INSTALLATION PROGRAM (MIP):

9.5.1. RECEIVES MIP PACKAGE. Picks up MIP package from post/base MIP Office; determines OPR; makes suspense copy and give original to OPR.

9.5.2. PROCESSES COMPLETED MIP. Receives, reviews and copies response; prepares cover letter and obtains commander's signature and coordinates; makes file copy and handcarries original to post/base MIP Office.

9.6. MIP ADMINISTRATION. Processes higher headquarters required MIP; evaluates installation MIP for local adoption; publicizes program; provides briefing on the MIP; conducts training program; conducts reviews; and effects decision.

9.7. CONDUCTS THE COMMERCIAL ACTIVITIES PROGRAM. Prepares the annual inventory; develops and coordinates CA milestones; completes CA proposed action summaries; conducts CA management studies; coordinates and completes performance work statement; prepares and computes in-house costs; arranges for audits; completes cost comparison forms after bid opening; provides notification to higher headquarters maintains CA files; and ensures implementation of CA decisions.

9.8. CONDUCTS THE PRODUCTIVITY CAPITAL INVESTMENT PROGRAM (PCIP)/FAST PAY BACK PROGRAM:

9.8.1. PROMOTES THE PROGRAM USING VARIOUS MARKETING AND PUBLIC AFFAIRS INITIATIVES.

9.8.2. REVIEWS, COORDINATES AND INITIALS ON ALL CAPITAL EXPENSE EQUIPMENT ($5000) AND MEDICAL CAPITAL ACQUISITION AND SUPPORT EQUIPMENT (MEDCASE) ($5000) REQUEST FORMS FOR POTENTIAL INVESTMENT CANDIDATES.

9.8.3. COORDINATES WITH ACTIVITY TO PREPARE ANALYSIS OF ANY PROJECT CANDIDATES.

9.8.4. DEVELOPS AND SUBMITS VALID PROPOSALS TO HIGHER HEADQUARTERS FOR REVIEW, APPROVAL AND FUNDING.

9.8.5. BRIEFS MANAGER ON APPROVED PROJECT AND ORDERING OF EQUIPMENT.

9.8.6. PERFORMS TRACKING OF ALL APPROVED REQUESTS UNTIL EQUIPMENT IS PURCHASED.

9.8.7. PROCESSES FUNDING OBLIGATION REQUIREMENT EXTENSION REQUEST TO HIGHER HEADQUARTERS.

9.8.8. PROVIDES OBLIGATION NOTIFICATION TO HIGHER HEADQUARTERS.

9.8.9. PROCESSES ADDITIONAL DOLLARS FUNDING REQUEST (COST INCREASE) FOR APPROVED PROJECTS TO HIGHER HEADQUARTERS.

9.8.10. PROCESSES RECEIVING REPORT DEOBLIGATION NOTIFICATION TO HIGHER HEADQUARTERS.

9.8.11. PROVIDES PCIP/FAST PAY BACK PROJECT NON-OPERATIONS EQUIPMENT REPORT TO HIGHER HEADQUARTERS.

9.8.12. CONDUCTS POST INVESTMENT ANALYSIS REPORT AND FORWARDS TO HIGHER HEADQUARTERS.

9.8.13. PROVIDES LOCAL REPORT ON STATUS OF PROGRAM.

9.8.14. SERVES AS MEMBER OF INSTALLATION/BASE CAPITAL INVESTMENT PROGRAM COMMITTEE.

9.9. PERFORMS JOINT INTERSERVICE RETAIL STUDY GROUP ACTIVITIES.

10. INSTITUTIONAL PLANNING PROGRAM:

10.1. PREPARES DOCUMENT. Prepares document for Executive Committee approval establishing Medical Treatment Facility Planning Document.

10.2. PREPARES COMMANDER'S STATEMENT AND INSTRUCTION LETTER. Prepares commander's statement and instruction letter for appropriate executive manager or major function.

10.3. RESEARCHES FOR INPUT. Reviews Financial Plan, Manpower Reapplication, Prior Year Program for open items, etc., for input.

10.4. CLASSIFIES INPUT INTO PROPER CATEGORY.

10.5. TYPES, COPIES AND DISTRIBUTES PROGRAM.

10.6. PREPARES AND DISTRIBUTES REVIEW LETTER.

10.7. UPDATES PROGRAM. Copies and distributes updated program; prepares and distributes letter for final update; receives input and updates program.

10.8. PREPARES END OF YEAR SUMMARY OF ACCOMPLISHMENT.

10.9. TYPES, COPIES AND DISTRIBUTES FINAL PROGRAM.

11. RMO PUBLICATIONS: (RMO PUBLICATIONS THAT ALSO AFFECT OTHER SECTIONS OF THE HOSPITAL.)

11.1. DETERMINES, RESEARCHES AND DRAFTS PUBLICATION.

11.2. REVIEWS AND MAKES CORRECTION.

11.3. HANDCARRIES TO ADMINISTRATIVE SERVICES FOR COORDINATION AND REVIEW.

11.4. PREPARES FOR REPRODUCTION.

11.5. REVIEWS REGULATION.

INDIRECT:

I1. SUPERVISION: Hires civilian employee; indoctrinates personnel; rates personnel; prepares selective re-enlistment program (SRP)/non-commissioned officer (NCO) status consideration; nominates personnel for award; submits management improvement recommendation; schedules personnel; develops standard publication or other directive; directs work center activity; counsels personnel; reviews incoming distribution; reviews outgoing distribution; reviews report and statistical data; develops budget estimate; validates hazard abatement log; prepares hazard report; inspects facility; assists in mishap or incident investigation; receives and assists visiting official.

I2. ADMINISTRATION: Types letter, form, message, report, enlisted evaluation, officer evaluation, civilian evaluation, indorsement to military and civilian evaluation, award and decoration, plan, schedule, roster, and statistical data; processes incoming and outgoing distribution; establishes new file; updates file; files correspondence; maintains suspense file; reviews file for disposal; disposes of documentation; maintains log or register; maintains security file; controls, inventories, safeguards, and destroys classified material; orders administrative publication; maintains index and publication; determines requirement for publication; operates copying machine; maintains stock of blank forms; maintains bulletin board; maintains time and attendance card; takes dictation; takes minutes; transcribes material; maintains appointment log; acknowledges visitor; processes automated data processing (ADP) card; maintains computer system.

I3. MEETING: Prepares for meeting; conducts or attends meeting.

I4. TRAINING: Evaluates individual training requirement; develops training plan; controls career development package; counsels trainee; maintains training record; develops training material; conducts training; receives training; reads publication.

I5. SUPPLY: Processes equipment request; conducts inventory; maintains custodian document; obtains expendable supplies.

I6. EQUIPMENT MAINTENANCE: Maintains office equipment, machinery, test equipment, consolidated tool kit, individual tool kit, and assigned vehicle.

I7. CLEAN-UP: Prepares work area; puts work away; cleans work area.

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Medical Resource Management Office/6705	EXTRAPOLATION LIMITS: See Application Instructions									
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Medical Administrative Officer	1	1	1	1	2	2	2	2	2	3
Medical Admin Clerk/Assistant	1	2	3	4	4	5	6	7	8	8
TOTAL	2	3	4	5	6	7	8	9	10	11
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Medical Administrative Officer	3	3	3	4	4	4	4	4	5	5
Medical Admin Clerk/Assistant	9	10	11	11	12	13	14	15	15	16
TOTAL	12	13	14	15	16	17	18	19	20	21
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Medical Administrative Officer	5	5	6	6	6	6	6	7	7	7
Medical Admin Clerk/Assistant	17	18	18	19	20	21	22	22	23	24
TOTAL	22	23	24	25	26	27	28	29	30	31
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Medical Administrative Officer	7	8	8	8	8	8	9	9	9	9
Medical Admin Clerk/Assistant	25	25	26	27	28	29	29	30	31	32
TOTAL	32	33	34	35	36	37	38	39	40	41
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Medical Administrative Officer	10	10	10							
Medical Admin Clerk/Assistant	32	33	34							
TOTAL	42	43	44							

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. Medically Related Services (MRS) in Department of Defense Dependents Schools (DoDDS)

1. Objective. To quantify the manpower required to accomplish the tasks described in the MRS work center description for varying levels of workload.

2. Authority.

DoD Directive 6025.12 (reference (d)).

3. Applicability. Applies to all locations with Level I, II, or III MRS teams. Does not apply to locations where this work center is undergoing or has undergone A-76 contract cost comparison.

4. Work Center Description (WCD). See Attachment 1.

5. Standard Data:

a. Classification. Type III.

b. Man-Hour Data Source. Surveys, technical estimate, and historical data.

c. Standard Man-Hour Equation. See joint healthcare manpower tables at Attachment 2.

d. Workload Factor.

(1) Title. An Active Individualized Education Program (IEP) Case.

(2) Definition. The average monthly number of active case files for children in DoDDS Special Education Program receiving medically related services (therapy, medical consultations with the patient or parent/guardian, follow-up) that are specified per an Individualized Education Program (IEP).

(3) Source:

(a) ARMY:

1 7th MEDCOM MRS teams. EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) CONSOLIDATED MONTHLY STATUS REPORT SUMMARY, table "ACTIVE CASE FILES BY PATIENT AGE", sum of lines "SCHOOL AGE - IEP" and "PRESCHOOL - IEP". Available from 7th MEDCOM EFMP.

2 Other Army MRS teams. Local count.

(b) NAVY. Local count.

(c) AIR FORCE. Local count.

6. Manpower Tables. There is a separate manpower table for each level of service. See Attachment 2.

7. Application Instructions. These instructions explain how to determine manpower requirements with this manpower standard.

Step 1: Obtain a twelve-month average for the number of Active IEP Cases.

Step 2: Refer to Service directive for MRS to determine level classification.

Step 3: Refer to appropriate joint healthcare manpower table for required manpower.

8. Statement of Conditions.

a. This standard determines manning requirements for Medically Related Services IAW DoD Instructions 1342.12 and 1010.13. Services provided to non-IEP beneficiaries cannot be credited under this standard.

b. There are three levels of MRS teams:

(1) Level I teams are comprehensive diagnostic and treatment facilities capable of providing full service to all MRS children. These teams have access to and direct consultation with medical subspecialties at the local MTF. Level I teams are collocated with DoDDS specialty centers (i.e. hearing impaired, visually impaired, severe emotionally disturbed) and developmental preschools.

(2) Level II teams are full diagnostic and treatment facilities capable of providing screening, evaluation, treatment and referral services. These facilities may be collocated with a DoDDS Developmental Preschool.

(3) Level III teams are facilities capable of providing occupational therapy, physical therapy, and social work MRS treatment and referral services. Team evaluation at these sites can be conducted only with the assistance of additional specialty providers from Level I or II teams.

(4) The Surgeon General's office of each military Service designates the level of each team under its control.

c. Provisions for local travel are included in this standard. For other than local travel, an additive will need to be developed by the applicable Service.

d. Presence of a DoDDS preschool; presence of a DoDDS program for severely, orthopaedically, disabled students; on-site total school population; isolated nature of the site; and the sum of all possible itinerant miles are conditions which could affect the designation level of the MRS team.

e. Substitution may occur among certain specialties when the educational mission reflects the need for a different clinician mix. The type of medically related services needed must be considered when substitution is considered.

(1) The Pediatrician, Child Psychiatrist, and Administrative Support may not be substituted for each other or any of the specialties listed on the manpower tables.

(2) Substitution may take place within the following specialties: Physical Therapist, Occupational Therapist, Clinical Child Psychologist, Social Worker, Speech Pathologist, Audiologist, Community Health Nurse, and Program Coordinator. These specialties may be substituted for one another.

f. Department of Defense Instruction, Number 1010.13, ASD(HA)/ASD(FM&P) dated 28 Aug 86, states that all specialties must have appropriate training and experience in pediatrics and the pediatrician(s) should have experience and/or training in developmental pediatrics.

g. When a minimum or small case load is present, the professional may be required to complete other duties as assigned.

Attachments

1 Work Center Description
2 Joint Healthcare Manpower Tables

WORK CENTER DESCRIPTION

**Medically Related Services (MRS)
in Department of Defense Dependents Schools (DoDDS)**

DIRECT:

1. DEVELOPMENTAL PEDIATRICS:

1.1. PERFORMS SCREENING:

1.1.1. PERFORMS INTAKE SCREENING. Reviews child's medical record; observes child in problem-relevant environment(s) or clinic; consults with referral source; meets with parents to discuss child; consults with teacher of child; interviews child; reaches preliminary conclusion; provides feedback to parents, teacher, and referral source; discusses disposition of child with additional team members; and documents medical record.

1.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

1.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; and pulls child's file for team prior to appointment .

1.3. PERFORMS EVALUATION:

1.3.1. CONDUCTS EXAMINATION. Conducts general pediatric history and physical examination as inpatient or outpatient; and documents exam in medical record.

1.3.2. CONDUCTS NEURODEVELOPMENTAL ASSESSMENT. Assesses fine motor development, gross motor development, problem solving skills, speech and language development, behavior and social emotional skills, and use of adaptive equipment/braces or communication device; scores and interprets assessment; and documents assessment in medical record.

1.3.3. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

1.3.4. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

1.3.5. PREPARES DISCIPLINE-SPECIFIC REPORT.

1.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

1.4.1. DETERMINES DIAGNOSES AND DISPOSITION OF CHILD. Attends team staffing of case and formulates final team diagnoses and recommendations utilizing testing and review of medical literature.

1.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

1.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

1.4.4. ATTENDS CASE STUDY COMMITTEE (CSC) MEETING. Attends meeting and documents results in child's records.

1.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with other healthcare professionals; determines treatment, contraindication and follow-up

plans; recommends referrals and laboratory tests; consults with other agencies; and documents plan of care.

1.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP). Completes or refers for Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

1.7. PROVIDES TREATMENT. Provides treatment as an inpatient or outpatient to institute regime for medical/behavior control (i.e. seizures, encopresis, tantrums); coordinates medical follow-up; monitors progress in school; counsels family on developmental/ behavioral issues; integrates information gained by referrals and laboratory tests; educates child and family about diagnosis, treatment options, and prognosis; provides medication and educates family regarding effects and side-effects; and documents medical record.

1.8. ASSESSES PROGRESS. Continues consultation with teacher and parents; solicits and evaluates interim treatment report from involved clinician; conducts subsequent classroom observation; monitors medication based on parent, teacher, and child reports; provides anticipatory guidance; and documents records.

1.9. PERFORMS QUALITY ASSURANCE.

1.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

1.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

1.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

1.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

1.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

2. PHYSICAL THERAPY (PT):

2.1. PERFORMS SCREENING:

2.1.1. PERFORMS SYSTEMATIC OBSERVATION FOR PURPOSE OF DETERMINING NEED FOR, AND ELEMENTS REQUIRED IN, FURTHER EVALUATION. Reviews medical history and educational records; observes child in problem-relevant environment(s) or clinic; consults with referral source; meets with parent to discuss child; consults with teacher of child; interviews child; gathers data from other sources; determines need for further assessment; provides feedback to parents, teacher, and referral source; discusses disposition of child with additional team members; and documents appropriate medical, clinical, and educational records.

2.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

2.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; pulls child's file for team prior to appointment; and establishes school-based therapy schedule, rearranging when appropriate.

2.3. PERFORMS EVALUATION:

2.3.1. CONDUCTS ASSESSMENT. Reviews medical and educational records; observes child in problem-relevant environment; assesses motor development, musculoskeletal status, cardiopulmonary status, functional status, neurological status, mobility skills, need for adaptive equipment and architectural modifications, and neuromotor needs; administers and scores standardized tests, defines observed dysfunctions, and interprets results; and documents assessment in medical, clinical and educational records.

2.3.2. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

2.3.3. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

2.3.4. PREPARES DISCIPLINE-SPECIFIC MEDICAL AND EDUCATIONAL REPORT.

2.3.5. CONDUCTS FORMAL REEVALUATION AND DOCUMENTS MEDICAL, CLINICAL, AND EDUCATIONAL RECORDS.

2.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

2.4.1. DETERMINES DIAGNOSIS AND DISPOSITION OF CHILD. Attends team staffing of case and formulates final team diagnoses and recommendations utilizing testing and review of medical literature.

2.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

2.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

2.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's records.

2.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with other healthcare and educational professionals; recommends goals, frequency and duration of treatment; outlines contraindication for intervention; identifies safety hazards and environmental factors which negatively impact on intervention effectiveness; addresses educational impact of dysfunction and develops PT MRS draft IEP goals; recommends service delivery model (direct, monitor and/or consultative) and mode of service (individual or group); develops home program; prioritizes case load; and documents appropriate medical, clinical, and educational records.

2.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

2.7. PROVIDES INTERVENTION. Provides direct, monitoring, and/or consultative physical therapy services; conducts therapy to improve and/or maintain range of motion, neuromuscular control and gross motor skill development; administers movement therapy; instructs in functional mobility and gait training; performs cardiopulmonary habilitation and behavioral management; orders, fabricates and fits adaptive equipment, orthoses and ambulatory aids; modifies environment for seating and ambulation; reassesses educational/ therapeutic goals; instructs parents and teachers in home and classroom-based

intervention programs; provides information on family support groups and community facilities; teaches advocacy strategies to parents; and documents intervention in appropriate medical, clinical and educational records.

2.8. ASSESSES PROGRESS. Continues coordination with, and reviews and interprets data received from parents, school personnel, and MRS providers; solicits and reviews treatment reports from other clinicians; participates in case manager reviews; conducts subsequent classroom observations; conducts home monitoring visits; and documents appropriate clinic, medical and educational records.

2.9. PERFORMS QUALITY ASSURANCE.

2.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

2.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

2.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

2.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

2.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

3. OCCUPATIONAL THERAPY (OT):

3.1. PERFORMS SCREENING:

3.1.1. PERFORMS SYSTEMATIC OBSERVATION FOR PURPOSE OF DETERMINING NEED FOR, AND ELEMENTS REQUIRED IN, FURTHER EVALUATION. Reviews medical history, mental health, and educational records; observes child in problem-relevant environment(s) or clinic; consults with referral source; interviews parents to discuss child; consults with teacher of child; interviews child; gathers data from other activities; determines need for further assessment; provides feedback to parents, teacher, and referral source; discusses disposition of child with additional team members; and documents appropriate medical, clinical, and educational records.

3.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

3.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; pulls child's file for team prior to appointment; and establishes school-based therapy schedule, rearranging when appropriate.

3.3. PERFORMS EVALUATION:

3.3.1. CONDUCTS ASSESSMENT. Reviews medical history, educational records, and assessment of other professionals; observes child in classroom and clinical environment; assesses occupational performance: daily living skills, school/work activities, play/leisure skills, vocational readiness skills;

assesses performance components: neuromuscular, sensorimotor, psychosocial, and cognitive (not to include psychometric testing); administers and scores standardized tests; defines observed dysfunction, and interprets results; and documents assessment in appropriate medical, clinical, and educational records.

3.3.2. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

3.3.3. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

3.3.4. PREPARES DISCIPLINE-SPECIFIC MEDICAL AND EDUCATIONAL REPORT.

3.3.5. CONDUCTS FORMAL REEVALUATION AND DOCUMENTS MEDICAL, CLINICAL AND EDUCATIONAL RECORDS.

3.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

3.4.1. DETERMINES DIAGNOSIS AND DISPOSITION OF CHILD. Attends team staffing of case and formulates final team diagnoses and recommendations utilizing testing and review of medical literature.

3.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

3.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

3.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's record.

3.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with other healthcare and educational professionals; recommends goals, frequency and duration of intervention; outlines contraindication for intervention; identifies safety hazards and environmental factors which negatively impact on intervention effectiveness; addresses educational impact of dysfunction and develops OT MRS draft IEP goals; recommends service delivery model (direct, monitoring and/or consultative) and mode of service (individual or group); develops home program; prioritizes case load; and documents appropriate medical, clinical, and educational records.

3.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

3.7. PROVIDES INTERVENTION. Provides direct, monitoring, and/or consultative services to improve neuromuscular, sensory integrative, psychosocial, fine motor and perceptual development; provides self care skills training (feeding, dressing, and hygiene), activities of daily living and prevocational skills related to school and work tasks; recommends modifications to educational environment; measures for, orders, fabricates or modifies adaptive equipment and orthoses; reassesses educational/ therapeutic goals; instructs parents and teachers in home and classroom based intervention programs; provides information on family support groups and community facilities; teaches advocacy strategies to parents; and documents appropriate medical, clinical, and educational records.

3.8. ASSESSES PROGRESS. Continues coordination with, and reviews and interprets data received from parents, school personnel, and MRS providers; solicits and reviews treatment reports from other clinicians; participates in case manager reviews; conducts subsequent classroom observations; conducts home monitoring visits; and documents appropriate medical, clinical and

educational records.

3.9. PERFORMS QUALITY ASSURANCE.

3.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

3.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

3.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

3.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

3.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

4. CLINICAL CHILD PSYCHOLOGY:

4.1. PERFORMS SCREENING:

4.1.1. PERFORMS INTAKE SCREENING. Reviews child's medical, mental health, educational and other records; consults with referral source, parents and/or teacher to discuss child; reaches preliminary conclusions; determines needs for further assessment; provides feedback to parents, teacher and referral source; discusses disposition of child with additional team members; and documents medical record.

4.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

4.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; pulls child's file for team prior to appointment; and rearranges schedule when appropriate.

4.3. PERFORMS EVALUATION:

4.3.1. CONDUCTS ASSESSMENT:

4.3.1.1. PERFORMS CLINICAL ASSESSMENT OF CHILD. Performs clinical assessment of child utilizing home, school, clinical, or play evaluation; conducts clinical interview of parents and child; and documents assessment in records.

4.3.1.2. ADMINISTERS, SCORES, INTERPRETS AND PREPARES REPORT OF TEST(S):

4.3.1.2.1. ADMINISTERS, SCORES, INTERPRETS AND PREPARES REPORTS OF PSYCHOLOGICAL, INTELLECTUAL, ACHIEVEMENT, ADAPTIVE AND PSYCHOEDUCATIONAL TESTS. Selects and sets up appropriate equipment; informs parent of test procedures and how the parent may or may not assist; prepares child for test; administers test; scores and interprets test results; documents assessment in medical record; and prepares test report.

4.3.1.2.2. ADMINISTERS, SCORES, INTERPRETS, AND PREPARES REPORT OF NEUROPSYCHOLOGICAL TEST BATTERY. Selects and sets up appropriate equipment; informs parent of test procedures and how the parent may or may not assist; prepares child for test; administers test; scores and interprets test results; documents assessment in medical record, and prepares test report.

4.3.2. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

4.3.3. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of psychological literature; and provides feedback to referral source.

4.3.4. PREPARES DISCIPLINE-SPECIFIC REPORT.

4.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

4.4.1. DETERMINES DIAGNOSIS AND DISPOSITION OF CHILD. Attends team staffing of case and formulates final team diagnoses and recommendations utilizing testing and review of psychological literature.

4.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

4.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

4.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's records.

4.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with parents, other healthcare and educational professionals; recommends service delivery model and mode of services; determines service level (technical vs professional); develops psychological goals and objectives; develops psychological MRS draft IEP goals; researches and determines therapeutic procedures and techniques; recommends frequency, duration, and site of care; recommends school program; determines maximally facilitative home environment and implementation plan; finalizes intervention/referral plan; arranges for and prepares correspondence in support of psychiatric hospitalization; develops methods for determining efficacy of treatment; prioritizes caseload; and documents plan of care.

4.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

4.7. PROVIDES TREATMENT. Provides individual therapy, family therapy, parent training, behavioral treatment, group therapy, case-specific behavioral management training for teachers, school personnel and MRS providers; and documents progress in medical and clinical records.

4.8. ASSESSES PROGRESS. Continues consultation with, and reviews and interprets data received from parent, school personnel, and MRS providers; solicits and reviews treatment reports from other clinicians; participates in case manager review; conducts subsequent classroom observation; and documents appropriate clinic and medical records.

4.9. PERFORMS QUALITY ASSURANCE.

4.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

4.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

4.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

4.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

4.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

5. CHILD PSYCHIATRY:

5.1. PERFORMS SCREENING:

5.1.1. PERFORMS INTAKE SCREENING. Reviews child's medical, mental health, educational and other records; consults with referral source; meets with parents and/or teacher to discuss child; consults with teacher of child; interviews child; reaches preliminary conclusions; determines needs for further assessment; provides feedback to parents, teacher and referral source; discusses disposition of child with additional team members; and documents medical record.

5.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

5.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; and pulls child's file for team prior to appointment.

5.3. PERFORMS EVALUATION:

5.3.1. CONDUCTS EXAMINATION. Conducts general pediatric history and physical examination as inpatient or outpatient; and documents exam in medical record.

5.3.2. CONDUCTS ASSESSMENT. Performs clinical assessment of child utilizing home, school, clinical, or play evaluation; conducts clinical interview of parents and child; takes family and social history; visits school; collects data from all involved social agencies; and documents assessment in records.

5.3.3. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

5.3.4. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

5.3.5. PREPARES DISCIPLINE-SPECIFIC REPORT.

5.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

5.4.1. DETERMINES DIAGNOSIS AND DISPOSITION OF CHILD. Attends team staffing of case and formulates final team diagnoses and recommendations utilizing testing and review of medical literature.

5.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

5.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

5.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's records.

5.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with other healthcare professionals; recommends delivery model and mode of services; develops psychiatric MRS draft IEP goals and methods of evaluating efficacy of treatment; recommends frequency, duration and site of treatment; develops medical and, psychiatric goals, objectives and treatment contraindication; recommends referrals and laboratory tests; determines therapeutic procedures and techniques; arranges for and prepares correspondence in support of psychiatric hospital admission; recommends school treatment program; prioritizes caseload; determines maximal facilitative home environment and implementation plan; and documents plan of care.

5.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

5.7. PROVIDES TREATMENT. Provides individual therapy, family therapy, group therapy, behavioral treatment, and/or family education/enrichment classes; prescribes medication and educates patient/family regarding its use; and documents treatment.

5.8. ASSESSES PROGRESS. Continues consultation with teacher and parents; solicits and evaluates interim treatment report from involved clinician; conducts subsequent classroom observation; monitors patient's response to medication based on parent, teacher and child reports; ascertains blood levels; and documents records.

5.9. PERFORMS QUALITY ASSURANCE.

5.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

5.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

5.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

5.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

5.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

6. SOCIAL WORK:

6.1. PERFORMS SCREENING:

6.1.1. PERFORMS INTAKE SCREENING. Reviews child's medical, mental health, educational, family advocacy, and other records; observes child in problem-relevant environment(s) or clinic; consults with referral source; meets with parents to discuss child; consults with teacher of child; interviews child; reaches preliminary conclusion; provides feedback to parents and referral source; discusses disposition of child with additional team members; and documents medical record.

6.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

6.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; pulls child's file for team prior to appointment; and establishes school-based therapy schedule, rearranging when appropriate.

6.3. PERFORMS EVALUATION:

6.3.1. CONDUCTS ASSESSMENT. Conducts family interview; administers, scores, and interprets family evaluation and adaptive behavior scales to individuals and family members; reviews all family medical, mental health, educational and other records; performs assessment; takes family and social history; conducts diagnostic interview with the child; visits home; collects data from all involved social agencies; evaluates quality of relationships among the MRS child, family, school, and involved community agencies; and documents assessment in medical record.

6.3.2. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

6.3.3. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

6.3.4. PREPARES DISCIPLINE-SPECIFIC REPORT.

6.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD.

6.4.1. DETERMINES DIAGNOSIS AND DISPOSITION OF CHILD. Attends team staffing of case, formulates final team diagnoses and recommendations utilizing testing and review of medical literature.

6.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

6.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

6.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's records.

6.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with parents, and social, healthcare, and educational professionals; recommends service delivery model and mode of services (direct vs consultative); determines service level (technical vs professional); develops social work intervention and draft IEP goals and methods of ongoing evaluation; recommends frequency, duration, and site of care; researches and determines therapeutic procedures and techniques; prioritizes caseload; determines maximally facilitative home environment and implementation plan; finalizes intervention/referral plan; and documents plan of care.

6.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

6.7. PROVIDES TREATMENT. Provides individual therapy, family therapy, group therapy, behavioral treatment, family education/enrichment/support, advocacy intervention with school and/or community agency; and documents health and MRS files.

6.8. ASSESSES PROGRESS. Conducts home monitoring visit; continues consultation with teacher; solicits and evaluates interim treatment report from involved clinicians; and conducts subsequent classroom observation.

6.9. PERFORMS QUALITY ASSURANCE.

6.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

6.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

6.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

6.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

6.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

7. CHILD SPEECH AND LANGUAGE PATHOLOGY:

7.1. PERFORMS SCREENING:

7.1.1. PERFORMS INTAKE SCREENING. Obtains demographic information, developmental milestones, medical history, previous evaluation reports, and educational history from various sources; consults with referral source; meets with parents to discuss child; consults with teacher of child; compiles medical information on child and makes up file; reviews intake and clinic file of child with MRS team members to determine need for further information; and documents medical record.

7.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

7.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm; documents appointment in team book/medical record; coordinates audiological evaluation with audiologist prior to appointment; pulls child's file for team prior to appointment.

7.3. PERFORMS EVALUATION:

7.3.1. CONDUCTS ASSESSMENT. Conducts family interview for parental concerns, reason for referral, and problems; performs speech assessment for articulation, speech and oral motor skills, and voice; performs language assessment for pre-verbal skills, vocabulary recognition, comprehension of complex commands and complex syntax, expressive vocabulary, expressive syntax, and pragmatic linguistic skills (conversational appropriateness, ability to use and respond to language at age appropriate level of abstraction); administers auditory discrimination and perception battery test; scores and interprets assessment; and documents assessment in medical record.

7.3.2. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

7.3.3. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

7.3.4. PREPARES DISCIPLINE-SPECIFIC REPORT.

7.3.5. CONDUCTS FOLLOW-UP EVALUATION AND DOCUMENTS MEDICAL RECORD.

7.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

7.4.1. DETERMINES DIAGNOSIS AND DISPOSITION OF CHILD. Attends team staffing of case and formulates final team diagnoses and recommendations utilizing testing and review of medical literature.

7.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

7.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

7.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's records.

7.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with parents and other healthcare professionals and consults with school professionals; recommends adaptations and service delivery model; recommends frequency and site of care; determines media, procedures, and techniques; develops home program; prioritizes caseload; and documents plan of care.

7.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

7.7. PROVIDES TREATMENT. Formulates specific therapy tasks and goals; consults with medical personnel, special educators, other school personnel, and other team members; provides individual therapy to child and demonstrates therapy with parents; provides group therapy; provides therapy jointly with OT/PT in order to determine optimal seating positioning for breath support, visual attention, and motor responses; documents progress on ongoing basis; and provides feedback and guidance to parents.

7.8. ASSESSES PROGRESS. Continues coordination with, and reviews and interprets data received from parents, school personnel, and MRS providers; solicits and reviews treatment reports from other clinicians; participates in case manager reviews; conducts subsequent classroom observations; conducts home monitoring visits; and documents appropriate clinic, medical and educational records.

7.9. PERFORMS QUALITY ASSURANCE.

7.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

7.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIP AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

7.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

7.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

7.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

8. AUDIOLOGY:

8.1. PERFORMS SCREENING:

8.1.1. PERFORMS INTAKE SCREENING. Receives referral and determines services and resources required for referral; meets with parent to obtain history and discuss concerns; develops preliminary assessment of child; and documents records.

8.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

8.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; pulls child's file for team prior to appointment; and establishes date at which to evaluate or treat child.

8.3. PERFORMS EVALUATION:

8.3.1. CONDUCTS ASSESSMENT. Selects and sets up appropriate equipment; informs parent of test procedures and how the parent may or may not assist; prepares child for test; performs general and specialized test; scores and interprets test result; and documents assessment in medical record.

8.3.2. PERFORMS INITIAL HEARING AID ASSESSMENT. Evaluates family for possible heredity factor; consults referral source to explain results of family evaluation; conducts hearing aid evaluation; and documents evaluation.

8.3.3. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

8.3.4. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

8.3.5. PREPARES DISCIPLINE-SPECIFIC REPORT.

8.3.6. CONDUCTS FOLLOW-UP EVALUATION AND DOCUMENTS MEDICAL RECORD.

8.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

8.4.1. DETERMINES DIAGNOSIS AND DISPOSITION. Attends team staffing of case, meets with school or child find personnel to determine the educational needs of child in classroom or home environment; and formulates final team diagnosis and recommendation utilizing tests and medical research.

8.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

8.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

8.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's records.

8.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Coordinates with other healthcare and educational professionals; recommends home and school

adaptations; determines type of treatment and location to include monitoring, amplification, follow-up, and calibration of equipment; and documents plan of care.

8.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

8.7. PROVIDES TREATMENT. Coordinates all purchases of hearing aids, earmolds, FM Auditory trainers, repairs or coordinates repair of equipment and hearing aids; makes earmold impressions, orders earmolds and fits new earmolds; provides consultation to DoDDS regarding equipment; and documents treatment.

8.8. ASSESSES PROGRESS. Provides reevaluation of hearing status and hearing aid; continues coordination with, and reviews and interprets data received from parents, school personnel, and MRS providers; solicits and reviews treatment reports from other clinicians; participates in case manager reviews; conducts subsequent classroom observations; conducts home monitoring visits; and documents appropriate medical, clinical and educational records.

8.9. PERFORMS QUALITY ASSURANCE.

8.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

8.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

8.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

8.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

8.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

9. COMMUNITY HEALTH NURSE:

9.1. PERFORMS SCREENING:

9.1.1. PERFORMS INTAKE SCREENING. Reviews child's medical record; observes child in problem-relevant environment(s) or clinic; consults with referral source; confers with teacher, parent, health care provider or other significant individual/agency; interviews child and/or parent; identifies nursing diagnosis; reaches preliminary conclusion; provides feedback to parents, referral source, health care provider or other significant individual/agency; and documents medical record.

9.1.2. PERFORMS CHILD FIND SCREENING. Conducts a sequence of activities (standardized or non-standardized) with child and parent in order to determine child's level of performance in developmental tasks; makes appropriate referrals; and documents results in appropriate medical, clinical, and educational records.

9.2. SCHEDULES CHILD. Sets date with team; calls parent to confirm appointment; documents appointment in team book/medical record; and pulls

child's file for team prior to appointment.

9.3. PERFORMS EVALUATION:

9.3.1. CONDUCTS ASSESSMENT. Receives request from MRS team to evaluate child; reviews child's records; discusses referral with referral source and other agency personnel; conducts family interview; performs assessment; administers appropriate developmental test; scores and interprets assessment; visits child's home and other agencies involved with the child/family; and documents assessment in medical record.

9.3.2. DISCUSSES ASSESSMENT RESULTS WITH PARENT.

9.3.3. FORMULATES DISCIPLINE-SPECIFIC DIAGNOSES AND RECOMMENDATIONS FOR CHILD. Formulates diagnoses and recommendations utilizing testing and review of medical literature; and provides feedback to referral source.

9.3.4. PREPARES DISCIPLINE-SPECIFIC REPORT.

9.4. FINALIZES DIAGNOSES AND DISPOSITION OF CHILD:

9.4.1. DETERMINES DIAGNOSIS AND DISPOSITION OF CHILD. Attends team staffing of case and formulates final team diagnoses and recommendations utilizing testing and review of medical literature.

9.4.2. DISCUSSES RESULTS OF TEAM STAFFING WITH PARENTS.

9.4.3. PREPARES INTERDISCIPLINARY SUMMARY REPORT.

9.4.4. ATTENDS CSC MEETING. Attends meeting and documents results in child's records.

9.5. DEVELOPS DISCIPLINE-SPECIFIC PLAN OF CARE. Confers with other support agency and coordinates additional diagnostic requirements or special community resources; coordinates with parents, other healthcare, and educational professionals; determines type of services; counsels child and parent on specific health issues; recommends frequency, duration and site of care; develops nursing and medically related goals and objectives; determines mode, procedures, and techniques for treatment; develops home program; prioritizes caseload; determines safety requirements; makes appropriate referrals; and documents plan of care.

9.6. IDENTIFIES FAMILY FOR ENROLLMENT INTO EFMP. Completes or refers for completion of Medical Summary Questionnaire to enroll family into Service EFMP; and coordinates with military personnel office to facilitate new assignment.

9.7. PROVIDES TREATMENT. Provides general comprehensive nursing care and coordinates medical follow-up; provides health education, promotion and maintenance to child, family and significant others regarding diagnosis and outcomes in school, home, hospital and clinic; teaches advocacy strategy to parents, teaches advocacy intervention with school and/or other community agency; and documents nursing process.

9.8. ASSESSES PROGRESS. Consults with parent, educator, and other medical personnel; monitors recommendation by family or school; conducts home monitoring visit; solicits and evaluates interim treatment report from individual clinician; reassesses patient as necessary; and prepares documentation.

9.9. PERFORMS QUALITY ASSURANCE.

9.10. REVIEWS, TRANSFERS, DOCUMENTS AND CLOSES CASE FILE.

9.11. PROVIDES PROGRAM LIAISON/FACILITATES RELATIONSHIPS AMONG MEDICAL FACILITY, SCHOOL, AND OTHER AGENCY PERSONNEL.

9.12. PERFORMS TRAVEL. Travels to schools, home or other areas in support of MRS, and returns to work center.

9.13. PROVIDES TRAINING. Plans, coordinates, and conducts workshops and lectures for school personnel, other community groups, and hospital personnel not assigned to the work center; and provides staff assistance visits and consultation to other MRS provider teams.

9.14. KEEPS CURRENT WITH DEVELOPMENTS IN PERTINENT SUBJECT MATTER FOR CERTIFICATION/LICENSURE AND/OR CREDENTIALING. Reads current professional publications or journals; and participates in continuing education training and conferences.

INDIRECT:

I1. SUPERVISION. Administers personnel; hires civilian employee; indoctrinates personnel; prepares military and civilian evaluation; indorses military and civilian evaluation; nominates personnel for award; submits management improvement recommendation; supervises personnel; develops standard publication or other directive; directs work center activity. Prepare routine correspondence; counsels personnel; reviews incoming and outgoing distribution; reviews report and statistical data; develops budget estimate; inspects facility; and receives and assists visiting official.

I2. ADMINISTRATION. Types communication, letter or form, message, report, enlisted and officer evaluation, civilian appraisal, award/decoration, plan, schedule, or roster, and statistical data; processes unclassified distribution; maintains unclassified correspondence, suspense file, classified material, unclassified publication; operates copying machine; maintains stock of blank forms, bulletin board, and time and attendance card; provides stenographic service; maintains appointment record; and acknowledges visitor.

I3. MEETING. Prepares for meeting and conducts or attends meeting.

I4. TRAINING. Administers training, maintains training record, develops training material, conducts training, receives training, and reads publication.

I5. SUPPLY. Processes equipment request, conducts inventory, and maintains custodian document.

I6. EQUIPMENT MAINTENANCE. Maintains office equipment, shop equipment, and test equipment.

I7. CLEAN-UP. Prepares work area, puts work away, and cleans work area.

JOINT HEALTHCARE MANPOWER STANDARD						
WORK CENTER TITLE/CODE: Medically Related Services in DoDDS/ 6900 Table A - LEVEL I MRS TEAM						
	ACTIVE IEP CASE BREAKPOINT RANGES					
Minimum Cases ->	1	160	168	193	244	253
Maximum Cases ->	159	167	192	243	252	270
SPECIALTY TITLE	MANPOWER REQUIREMENTS					
Pediatrician	1	1	1	1	2	2
Physical Therapist	1	1	1	2	2	2
Occupational Therapist	1	2	2	2	2	2
Clinical Child Psychologist	1	1	1	1	1	2
Child Psychiatrist	1	1	1	1	1	1
Social Worker	1	1	1	1	1	1
Speech Pathologist	1	1	1	1	1	1
Audiologist	1	1	1	1	1	1
Community Health Nurse	1	1	1	1	1	1
Program Coordinator	1	1	1	1	1	1
Administration	2	2	3	3	3	3
TOTAL	12	13	14	15	16	17

	ACTIVE IEP CASE BREAKPOINT RANGES					
Minimum Cases ->	271	298	409	420	436	504
Maximum Cases ->	297	408	419	435	503	509
SPECIALTY TITLE	MANPOWER REQUIREMENTS					
Pediatrician	2	2	2	2	2	2
Physical Therapist	2	2	2	3	3	3
Occupational Therapist	2	3	3	3	4	4
Clinical Child Psychologist	2	2	2	2	2	3
Child Psychiatrist	1	1	1	1	1	1
Social Worker	2	2	2	2	2	2
Speech Pathologist	1	1	1	1	1	1
Audiologist	1	1	1	1	1	1
Community Health Nurse	1	1	1	1	1	1
Program Coordinator	1	1	1	1	1	1
Administration	3	3	4	4	4	4
TOTAL	18	19	20	21	22	23

JOINT HEALTHCARE MANPOWER STANDARD						
WORK CENTER TITLE/CODE: Medically Related Services in DoDDS/ 6900 Table B - LEVEL II MRS TEAM						
	ACTIVE IEP CASE BREAKPOINT RANGES					
Minimum Cases ->	1	160	168	193	244	253
Maximum Cases ->	159	167	192	243	252	297
SPECIALTY TITLE	MANPOWER REQUIREMENTS					
Pediatrician	1	1	1	1	2	2
Physical Therapist	1	1	1	2	2	2
Occupational Therapist	1	2	2	2	2	2
Clinical Child Psychologist	1	1	1	1	1	2
Social Worker	1	1	1	1	1	1
Speech Pathologist	1	1	1	1	1	1
Audiologist	1	1	1	1	1	1
Community Health Nurse	1	1	1	1	1	1
Program Coordinator		1	1	1	1	1
Administration	1	1	2	2	2	2
TOTAL	9	11	12	13	14	15

	ACTIVE IEP CASE BREAKPOINT RANGES					
Minimum Cases ->	298	409	420	436		
Maximum Cases ->	408	419	435	503		
SPECIALTY TITLE	MANPOWER REQUIREMENTS					
Pediatrician	2	2	2	2		
Physical Therapist	2	2	3	3		
Occupational Therapist	3	3	3	4		
Clinical Child Psychologist	2	2	2	2		
Social Worker	1	1	1	1		
Speech Pathologist	1	1	1	1		
Audiologist	1	1	1	1		
Community Health Nurse	1	1	1	1		
Program Coordinator	1	1	1	1		
Administration	2	3	3	3		
TOTAL	16	17	18	19		