

REPORT DOCUMENTATION PAGE

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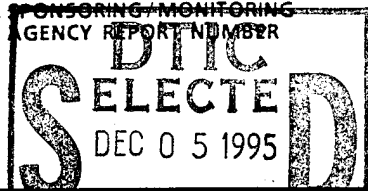
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6. AUTHOR(S) Paul T. Bartone, Thomas W. Britt, Amy B. Adler, & Evelyn H. Golembe
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13. ABSTRACT (Maximum 200 words)

At the request of the U.S. Army, Europe Chief Surgeon's Office, a prospective "benchmark" study was undertaken by the U.S. Army Medical Research Unit-Europe to determine, on average, how uniformed medical personnel in USAREUR are spreading their work time across two critical (and sometimes competing) functional priorities: (1) patient care, and (2) readiness training. The information that follows is the briefing package presented to the USAREUR Chief Surgeon on 23 July 1995. Data were collected from 161 medical personnel using a telephone survey. Medical personnel were asked questions on amount of time spent on readiness training requirements and deployments, average hours per week spent on patient care and how this time impacts on ability to provide patient care. The study distinguishes between two groups of medical personnel, namely "BMEs" or borrowed military medical personnel and "Non-BMEs" who are assigned to a military hospital or clinic. The briefing package also includes a sample Medical Readiness Telephone Survey.

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Military Readiness and Patient Care in USAREUR Medical Forces: Summary Report on Prospective MEPRS "Benchmarking" Study

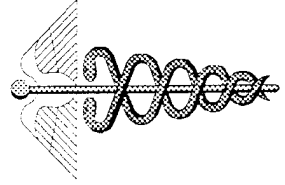
By

P. T. Bartone, T. W. Britt, A. B. Adler, & E. H. Golembe
U.S. Army Medical Research Research Unit-Europe
Unit 29218
APO AE 09102

For the USAREUR Chief Surgeon's Office,
Unit 29218, APO AE 09102

23 July 1995

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Acknowledgment

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Military Readiness and Patient Care in USAREUR Medical Forces:

Summary Report on Prospective MEPRS "Benchmarking" Study*

1. INTRODUCTION

Army medical personnel in Europe must strike an appropriate balance between two sometimes competing responsibilities. On the one hand, they must train and prepare to provide medical care to soldiers under field conditions, including combat. On the other hand, they are required to maintain their medical skills, and to assist with the Army's peacetime health care mission by working in Army community hospitals and clinics. These responsibilities come into conflict when the demands of one activity prevent an individual from properly attending to the other, or when the number of work hours necessary to maintain both becomes intolerably high. Excessive requirements in one area or the other can lead to reduced readiness, lowered access to medical care in the MEDDAC & clinics, low morale, increased health problems for the care provider, burnout, and premature attrition. In order to prevent or reduce such problems, it is important for leaders to be able to assess how health care providers are actually spending their time, and determine whether an optimal balance exists.

* The views of the authors do not necessarily reflect the position of the Department of the Army or the Department of Defense (PARA 4-3, AR 360-5).

The Medical Expense and Performance Reporting System (MEPRS) tabulates monthly data on personnel utilization in DOD medical fixed facilities. Due to a variety of reporting difficulties, the MEPRS database does not always provide accurate data on medical personnel utilization. Also, as it is tailored for fixed facilities, MEPRS does not capture medical personnel utilization in field, or TO&E medical units. This presents a serious problem for medical leaders in an environment like USAREUR, where many military medical care providers share their time between fixed facilities and TO&E medical units. In such an environment, the MEPRS system can only yield an incomplete answer to the question of overall medical personnel utilization.

Due to the inadequacies of the MEPRS system to address the critical question of medical personnel utilization, a prospective "benchmark" study was undertaken to determine, on average, how uniformed medical personnel in USAREUR are spreading their work time across two critical (and sometimes competing) functional priorities: (1) patient care, and (2) readiness training.

Military Readiness and Patient Care in USAREUR Medical Forces

Prospective "Benchmark" Study: June-July 1995

US Army Medical Research Unit-Europe
Heidelberg, Germany
Major Paul T. Bartone, Ph.D.
Commander

7 July, 1995

Revised: 23 July 1995

PURPOSE

- Follow up on "Quick Look" Study, using data from non-MEPRS sources
- Obtain current data on how Army medical care personnel are spending their work time
- Identify % of medical care provider time spent on readiness activities
- Special focus on medical care providers assigned to TO&E units

PROCEDURES

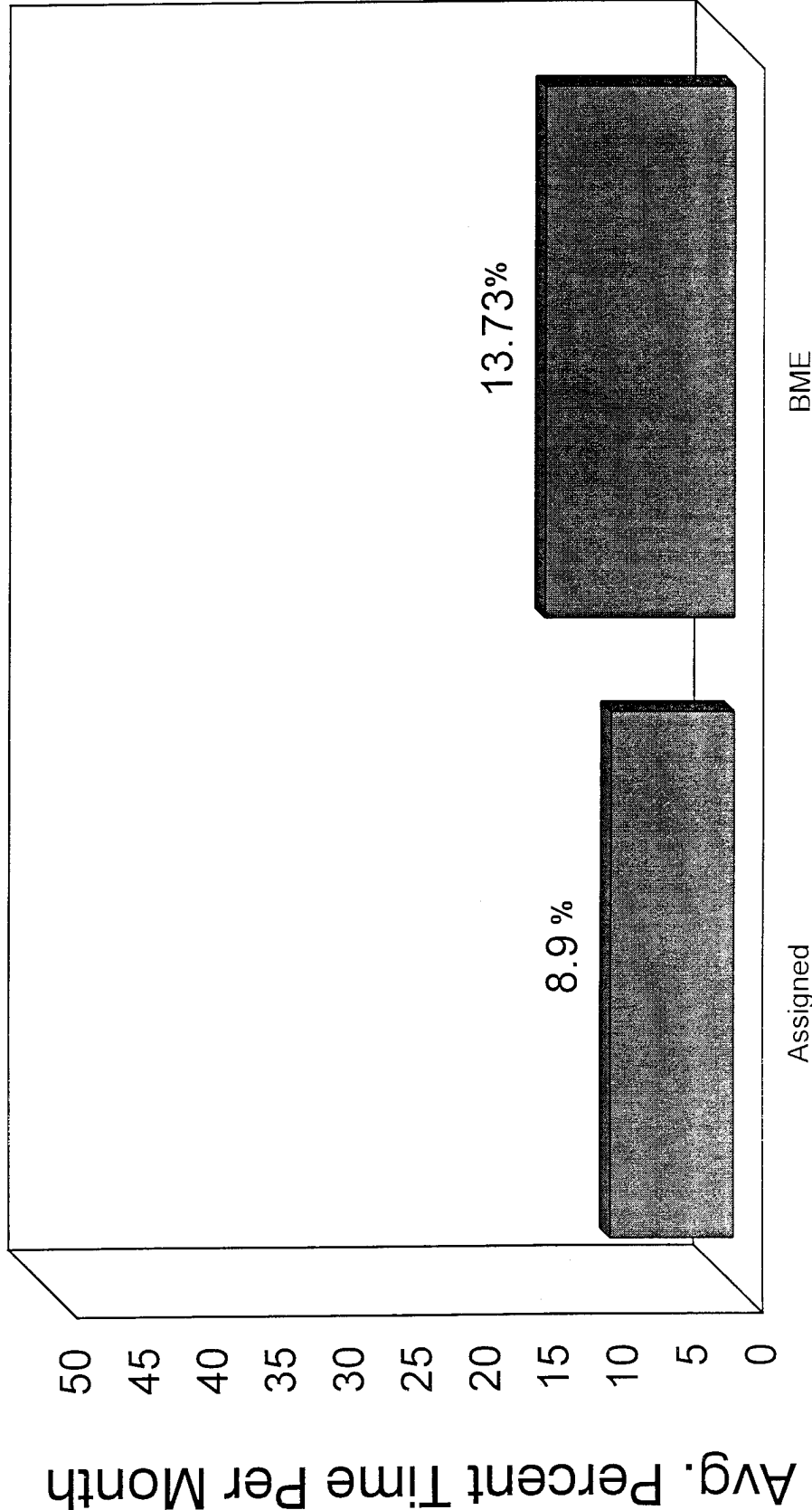
- Short, telephone survey
- Focus on key providers: Doctors, Dentists, Nurses
- Compare BME personnel with Assigned
- Attempt to get data from ALL HD MEDDAC/DENTAC BMEs (N=47)
- Random sample of Assigned (Non-BME)
- Reference point is "typical month" & "typical week"

RESULTS

- 41 (of 47) BMEs included in survey (87%)
- 120 (of 165) Assigned (73%)
- Overall response N=161
- Excellent cross-section of medical professionals
- BMEs significantly higher than Assigned on overall readiness time: 30% versus 12%

Percent Time Spent on USAREUR Readiness Training Requirements

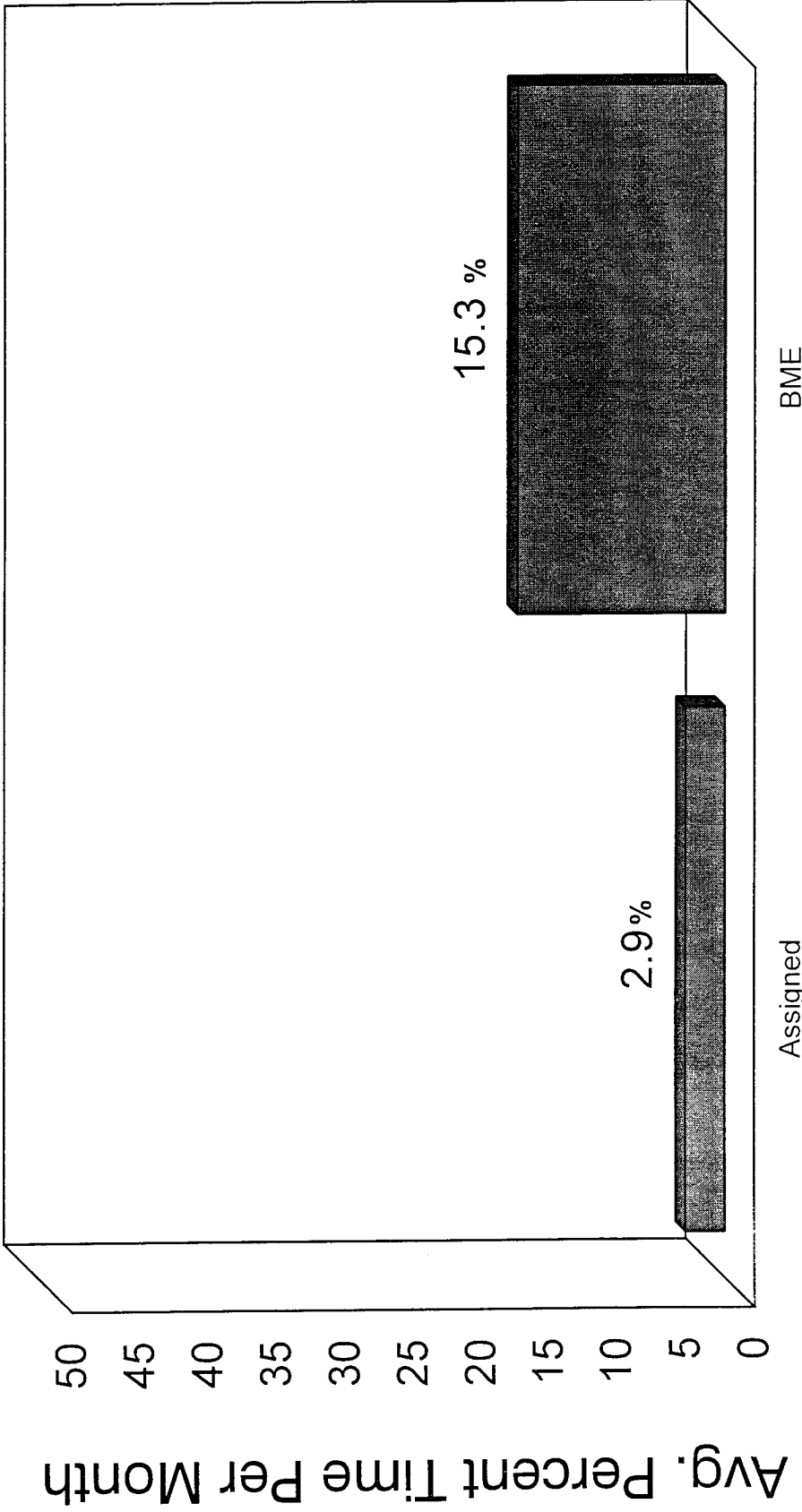
(e.g., PT, weapons qualification, NBC)



p<.01

Percent Time Spent Preparing for Deployments/Exercises

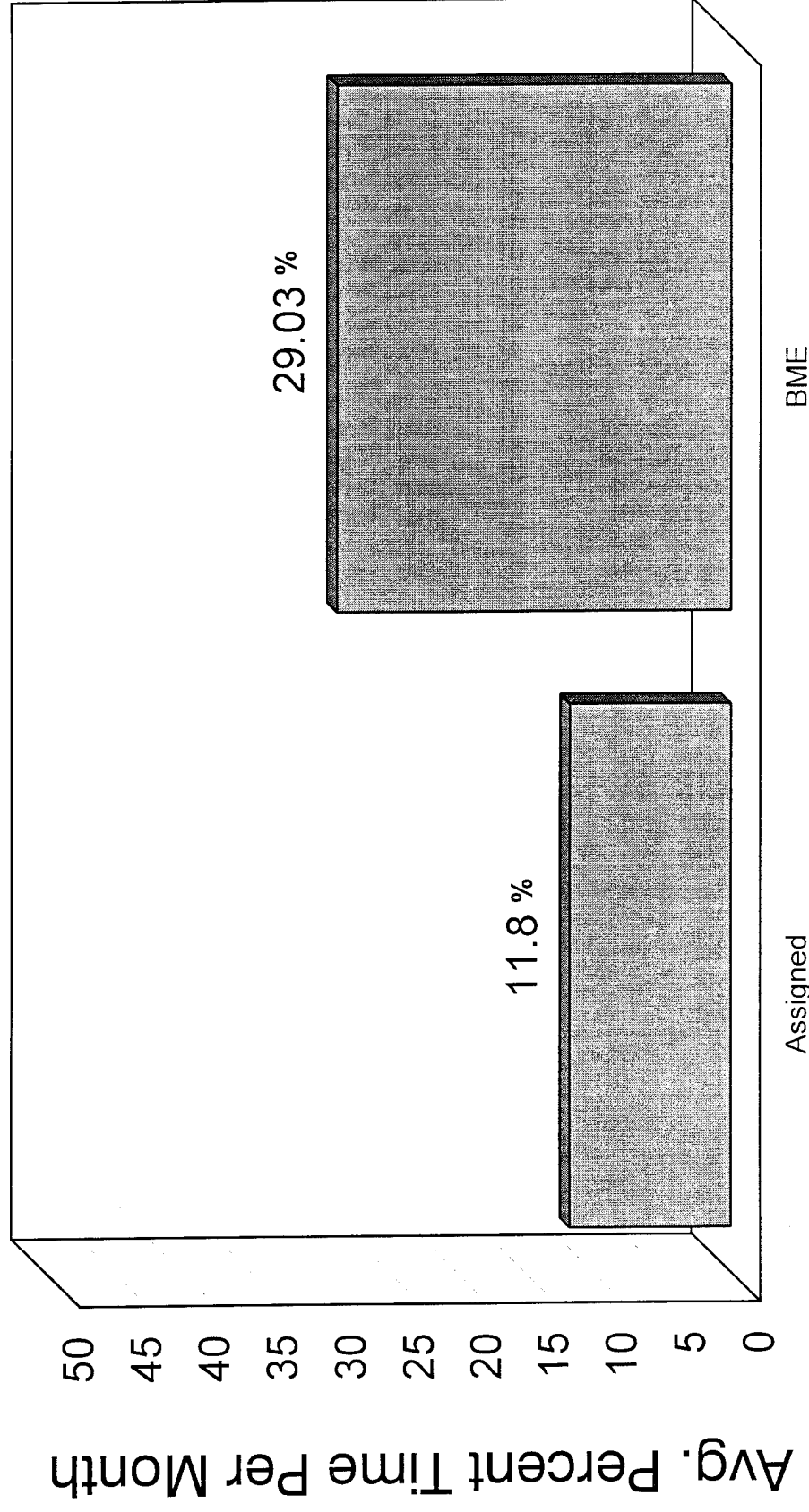
(includes preparing for training, packing gear, driving time)



BME STATUS

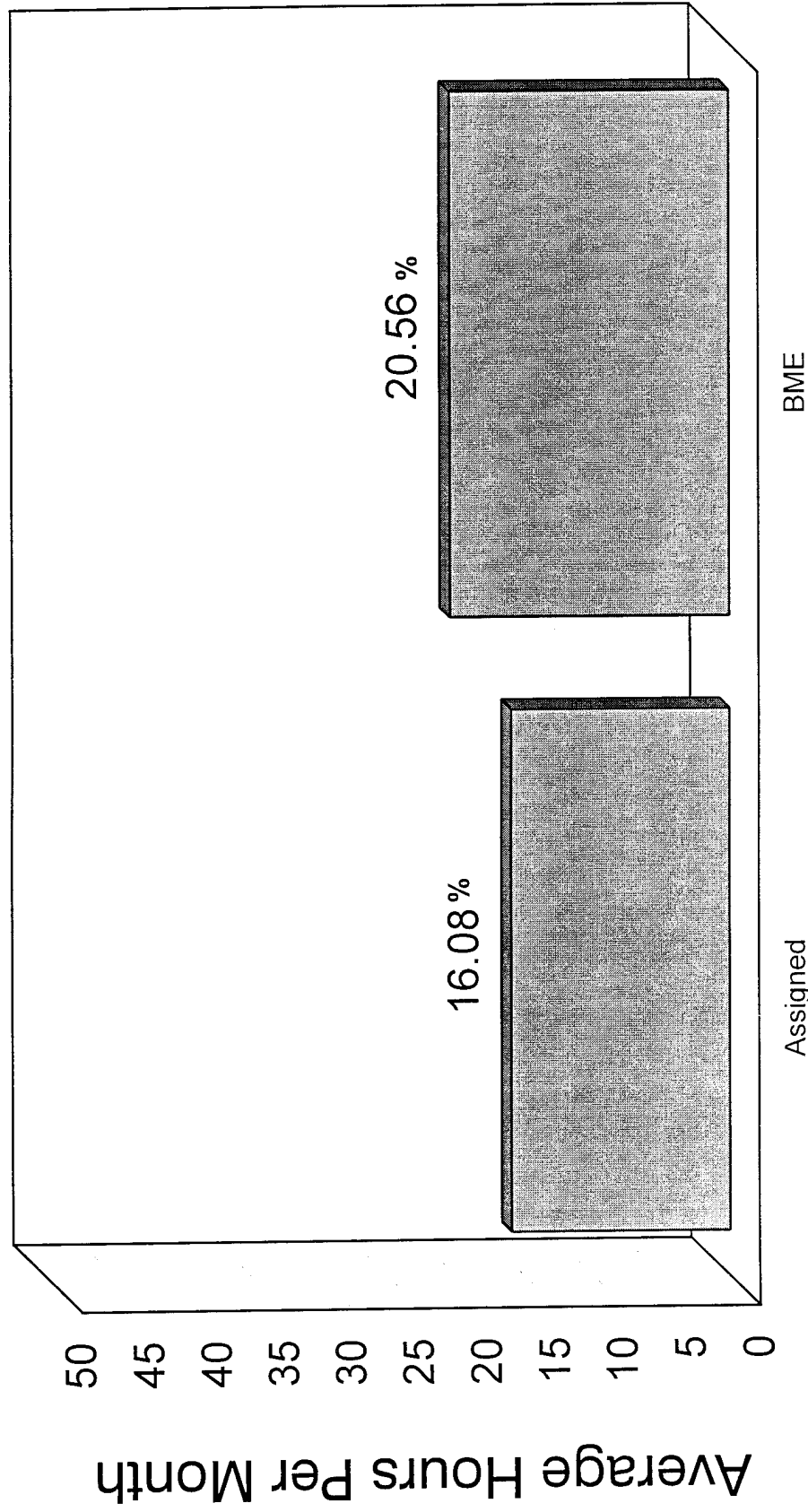
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Total Percent Time Spent on Training & Readiness Activities



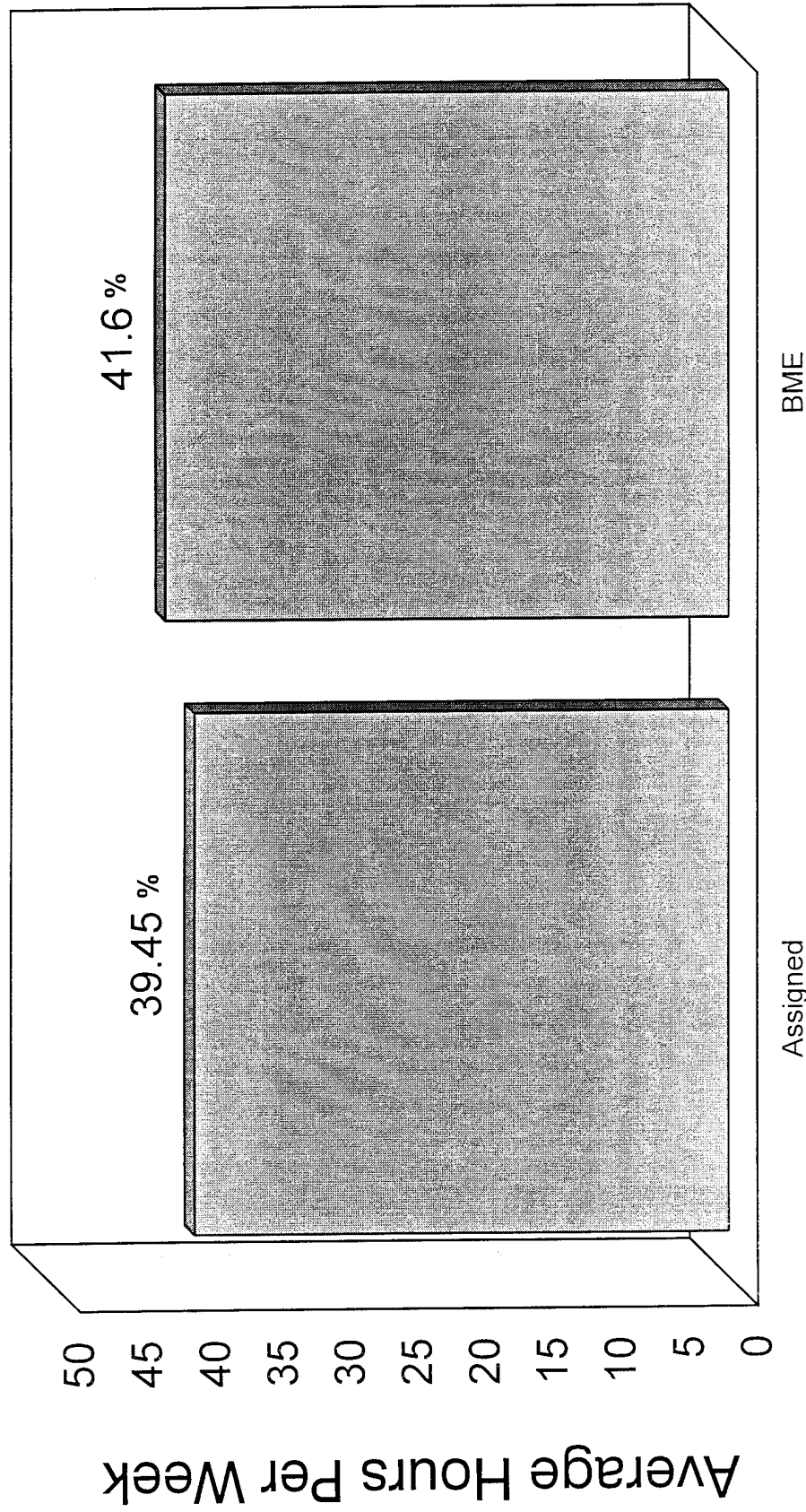
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Average Hours per Month Spent on Overall Readiness Training



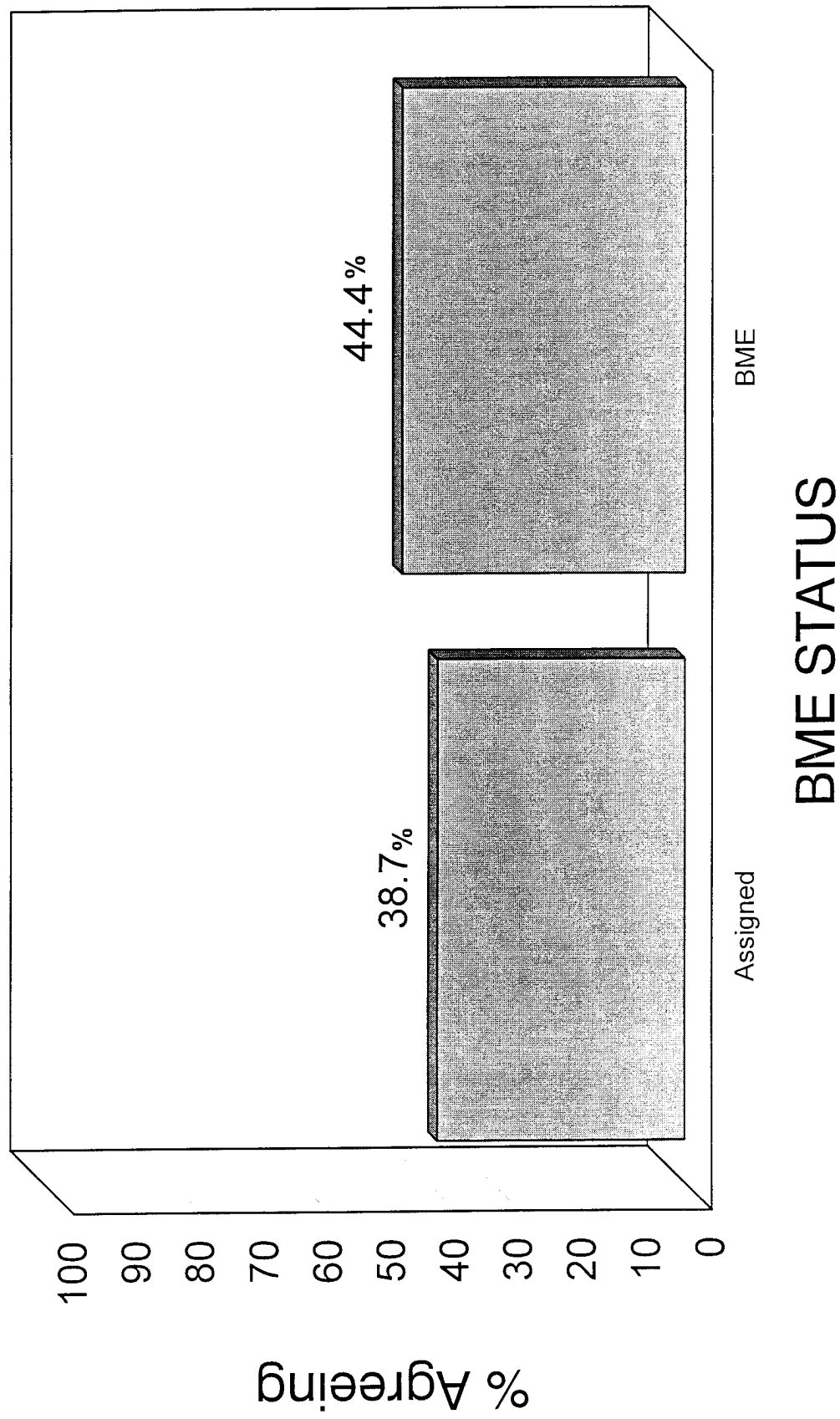
n.s.

Average Hours per Week Spent on Patient Care

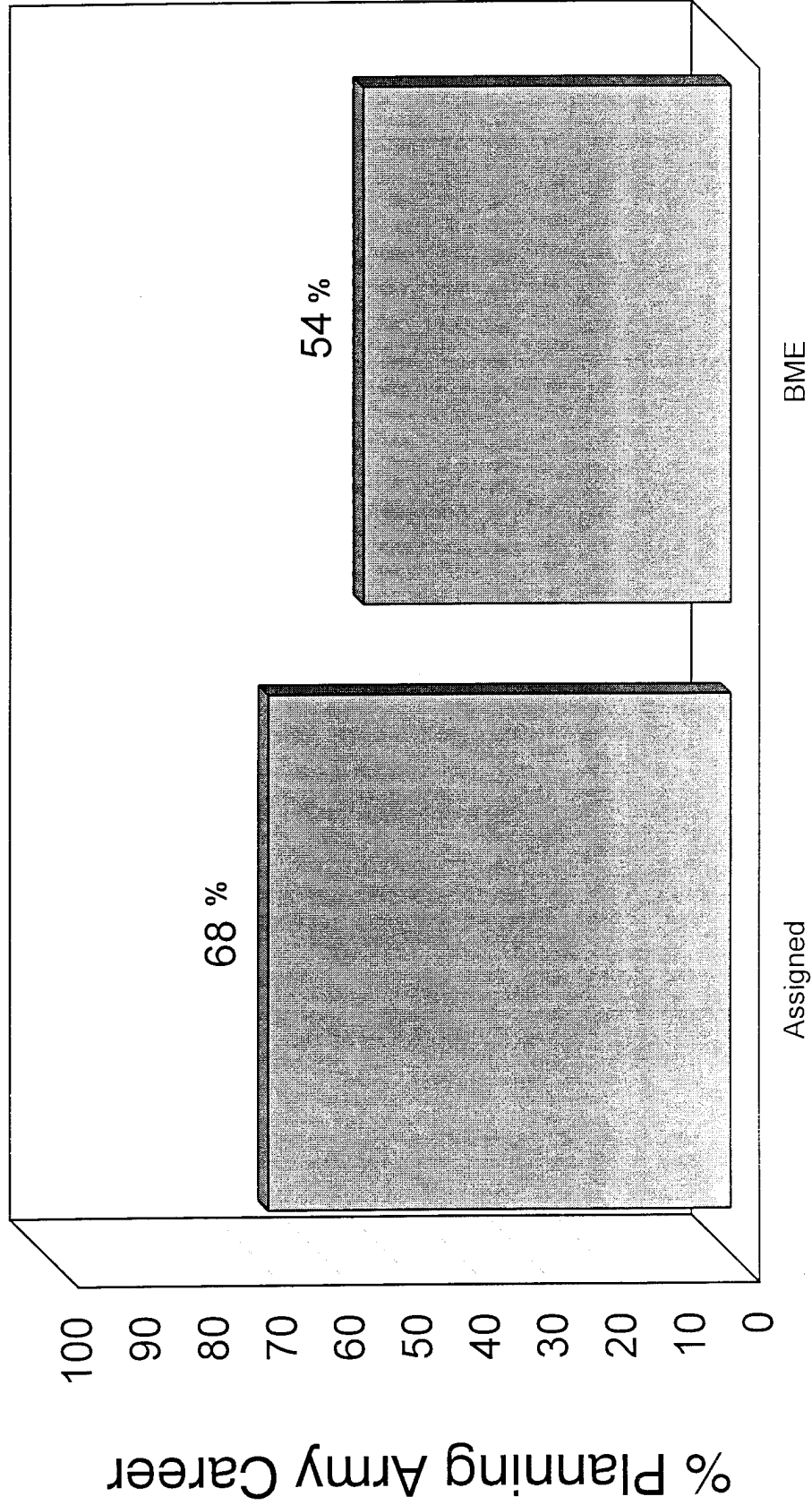


n.s.

% Agree: Time Spent on Readiness Impacts Ability to Provide Patient Care

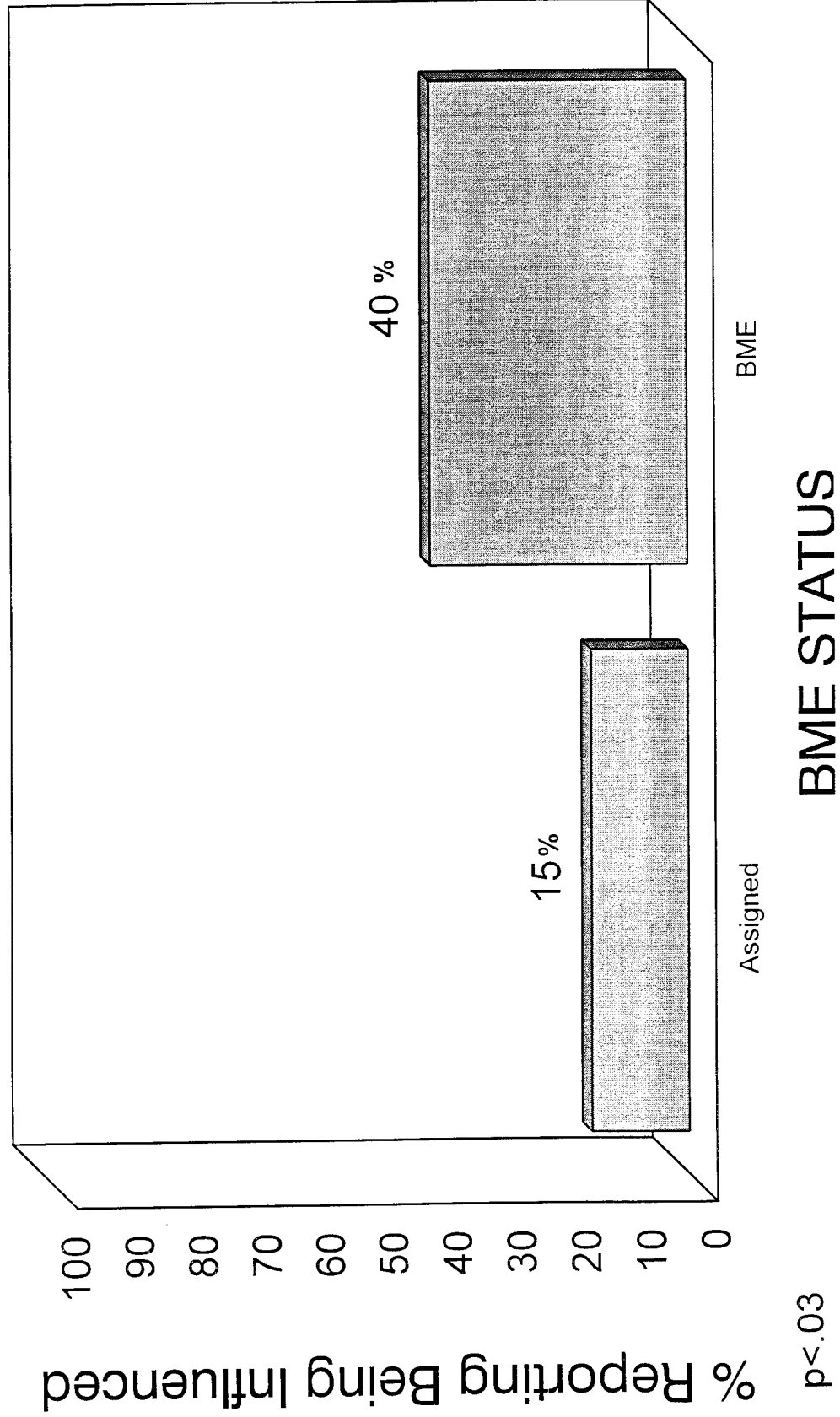


% Planning to Make Army a Career

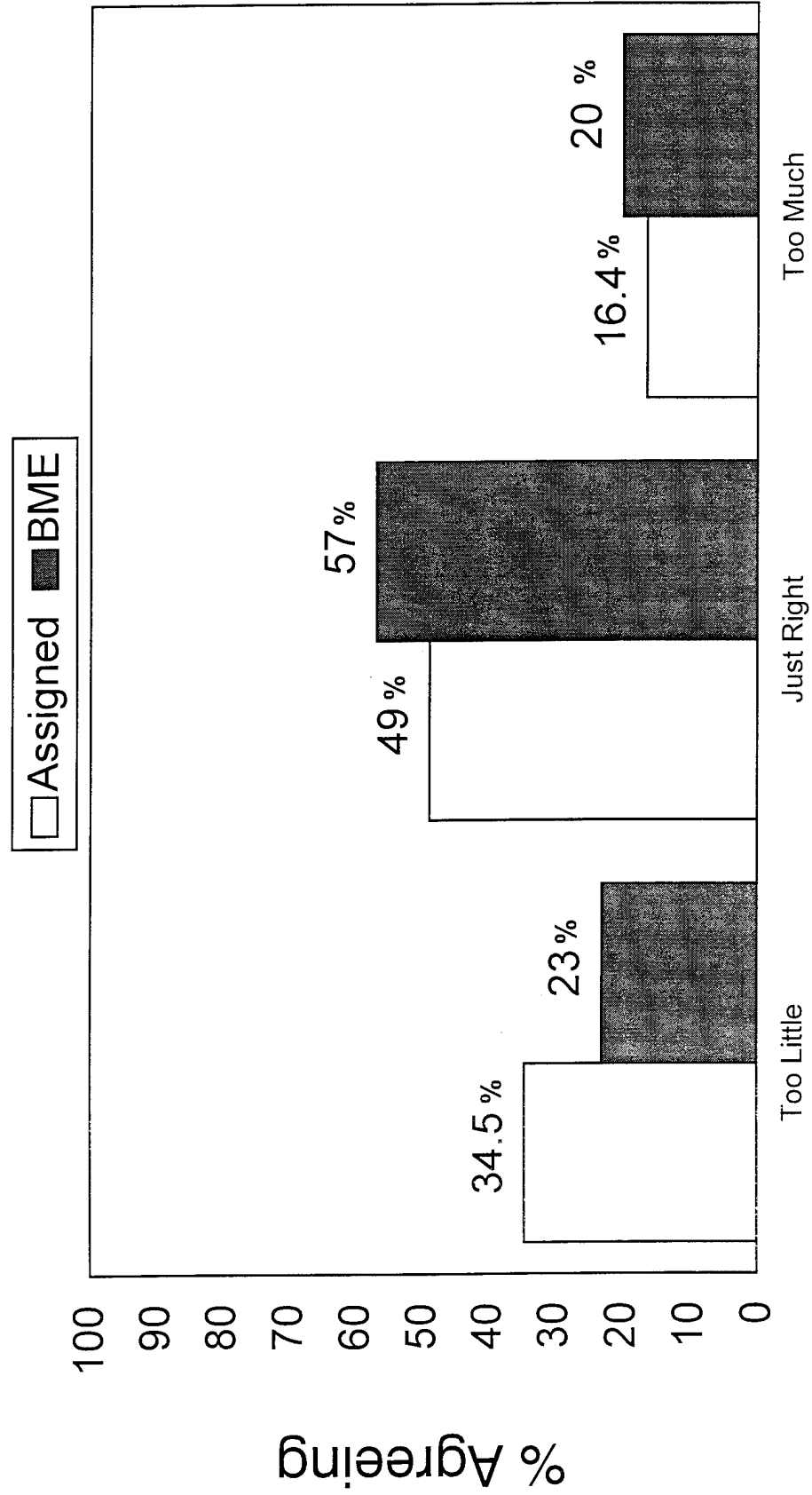


n.s.

Difficulty of Balancing Readiness vs. Patient Care: Impact on Career Decision



Attitudes toward Readiness Training



View of Readiness Training Amount

n.s.

21 July 95									
			BME						
		212th and other (e.g. 30th MED)							
		Population	Target	Actual	Population	Target	Actual	Population	Target
Physicians		11	11	9	64	30	42		
Dentists/Vets		9	9	9	61	30	39		
Nurses		27	27	23	40	40	39		
Totals		47	47	41	165	100	120		

TABLE 1: Sample(s) and sampling strategy

BME = Borrowed Military, External

Non-BME = Assigned to the HD MEDDAC/DENTAC

Population: Total number of military personnel of a given category (e.g., BME Physicians)

Target: Number of a given category targetted for telephone survey

Actual: Number of respondents in a given category who answered telephone survey

Medical Readiness Telephone Survey

Hello, may I speak to _____.

Phone Number: 371-2998/2626

Hello (sir or ma'am), I am from the US Army Medical Research Unit and we have been asked by the Office of the Chief Surgeon to conduct a brief, 2-minute phone survey to determine how health care professionals are spending their time. Your responses are completely confidential. Your name will not be associated with your responses in any way.

Name: _____

Phone: _____

Duty Station: _____

MOS: _____

Length of time at present location: _____

Thinking about a typical month at your present assignment, what percentage of time do you spend on readiness training to fulfill USAREUR requirements (e.g. , PT, going to the range, going to the NBC chamber, etc.):

Thinking about a typical month at your present assignment, what percentage of time do you spend on readiness training centered around preparing for deployments or other training events (e.g. , getting ready for the training, driving time, packing your duffle bag, etc.):

During a typical week, how many hours do you spend overall on readiness training?:

During a typical week, how many hours do you spend on patient care (e.g. seeing patients, updating records, etc.):

Has the time you spend on readiness training influenced your ability to provide patient care?

Yes or No

Which of the following best describes your view of readiness training.

I spend too much time on readiness training

I spend just the right amount of time on readiness training

I spend too little time on readiness training

Are you planning on making the army a career? YES or NO. Has the difficulty of balancing readiness training with patient care influenced your decision to stay in the army? YES or NO

Ask what is good and bad, and suggestions for improvement in the MEPRS reporting system (this is the system where they fill out their time sheets at the end of the month). Try to write their comments on the back.

Thank you for your time. (Put additional comments on back).

Military Readiness and Patient Care in USAREUR Medical Forces: Summary Report on Prospective MEPRS "Benchmarking" Study

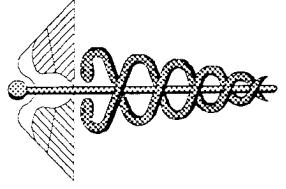
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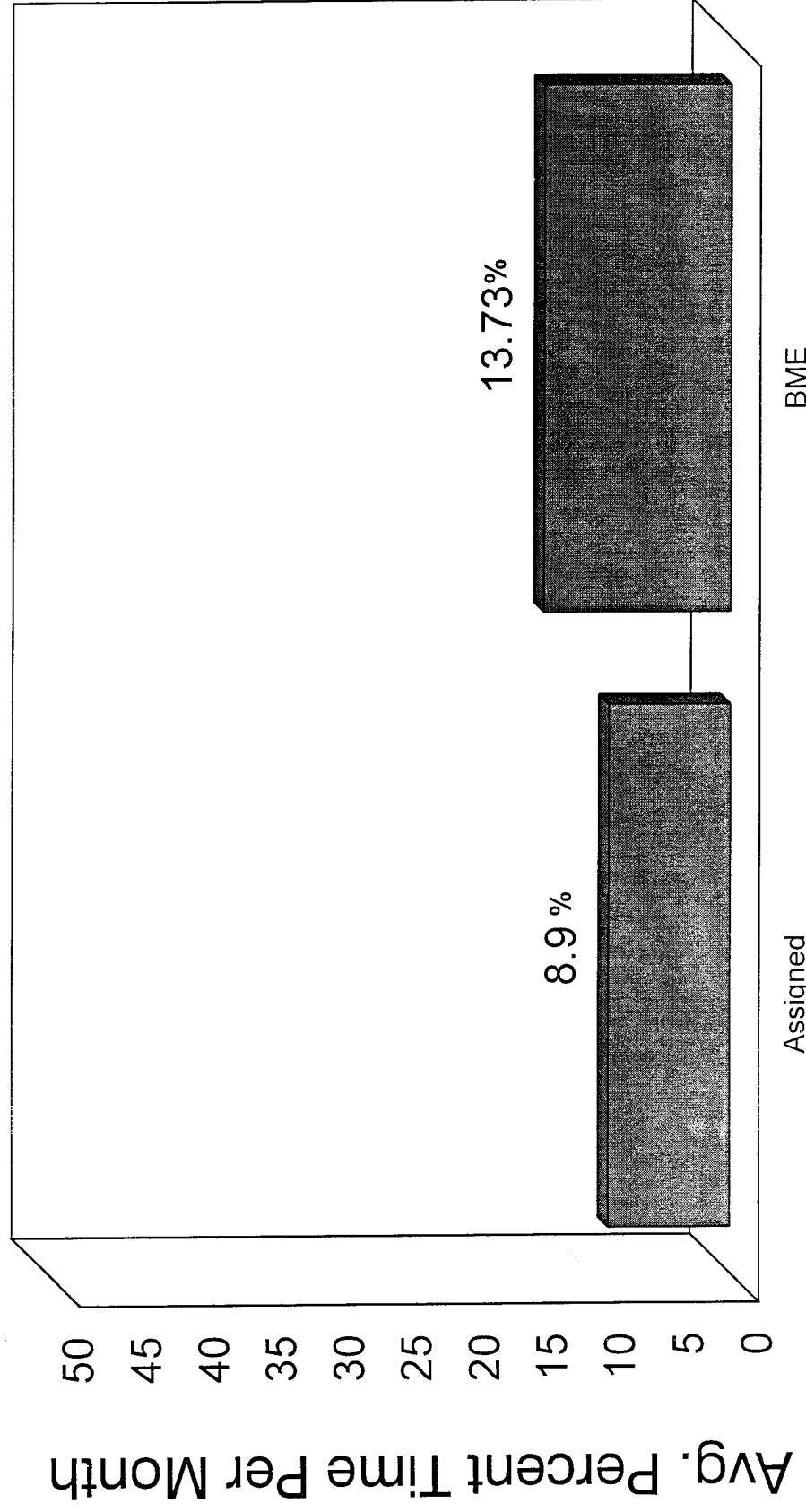
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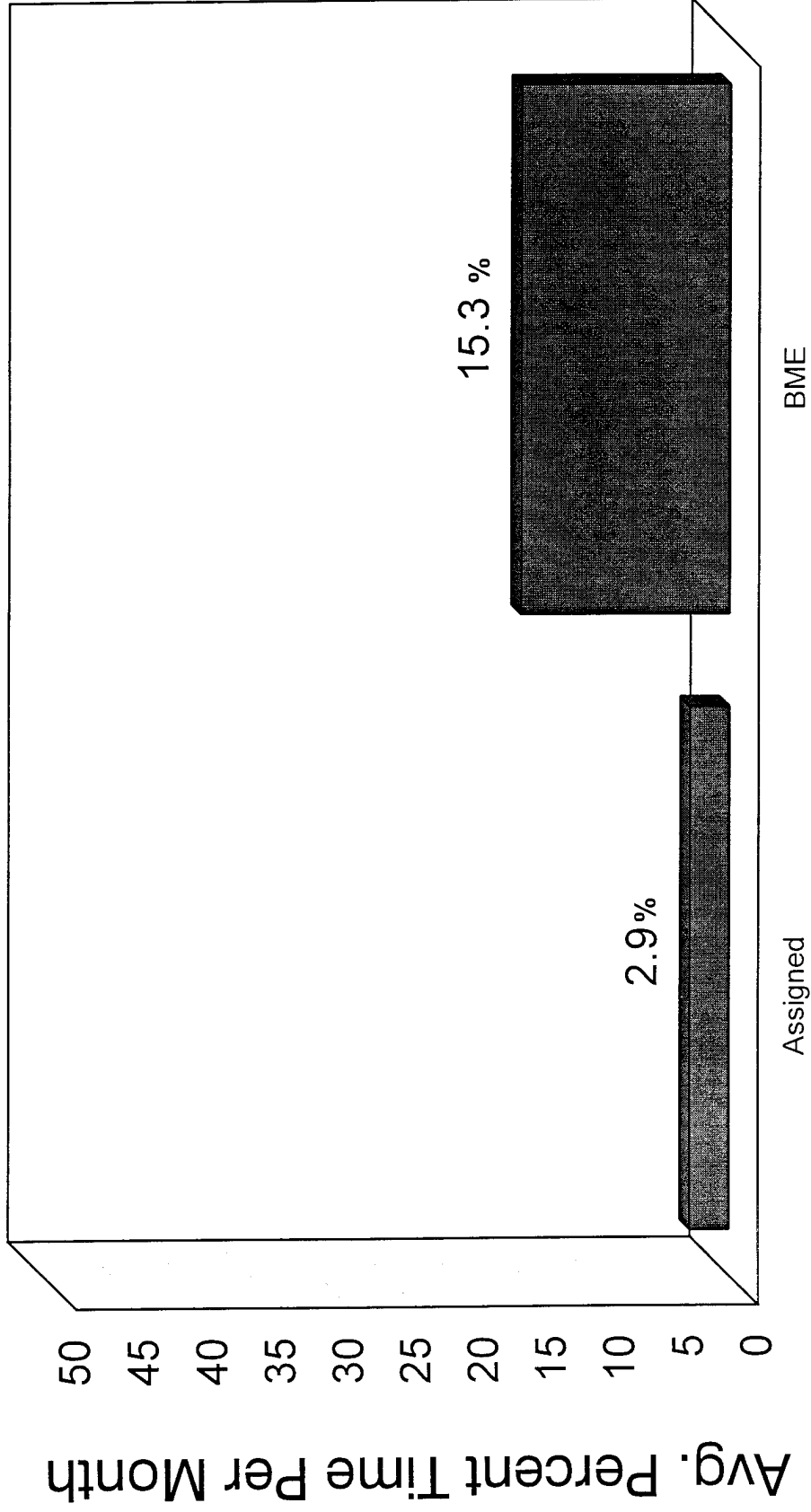
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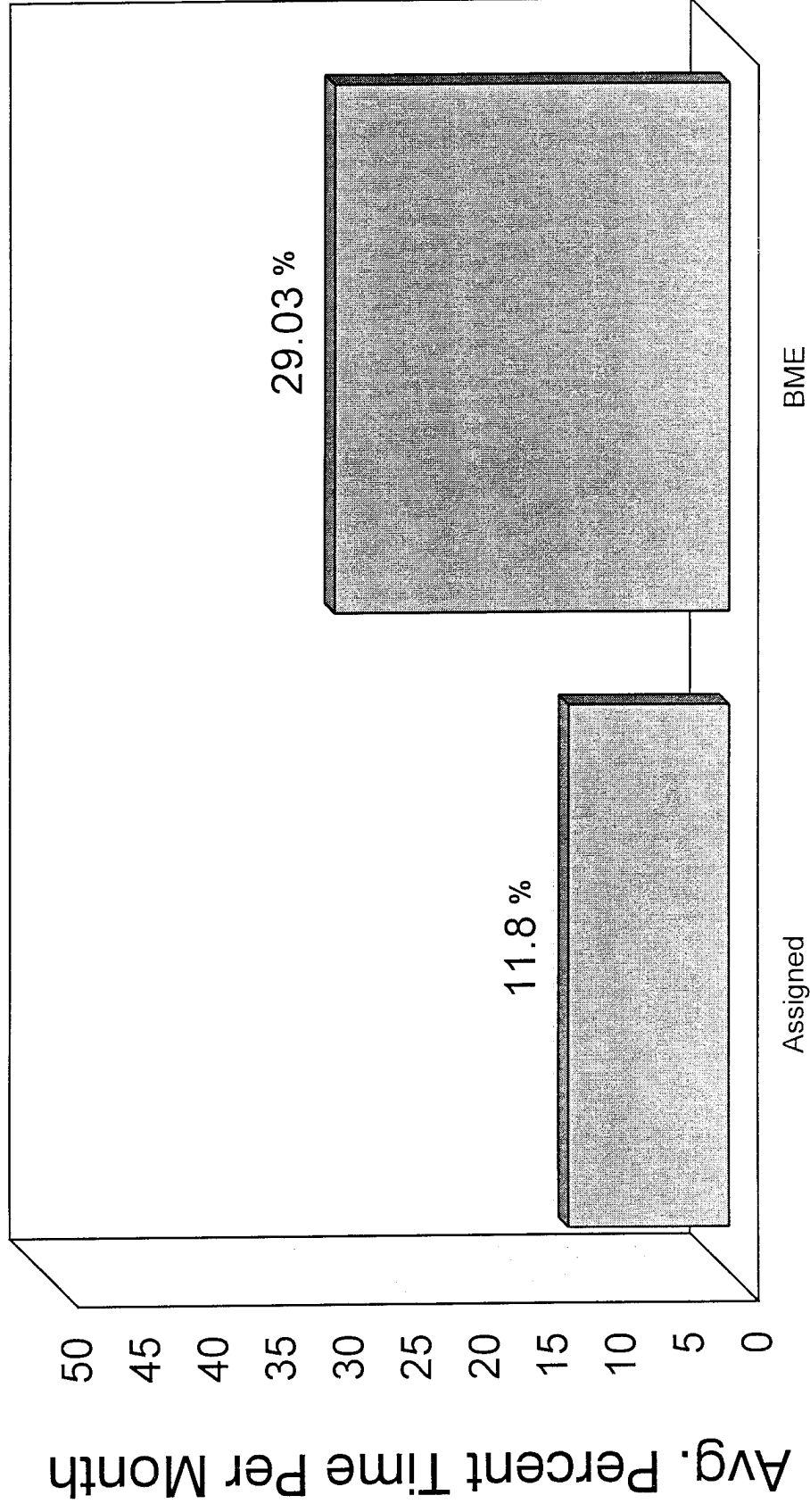
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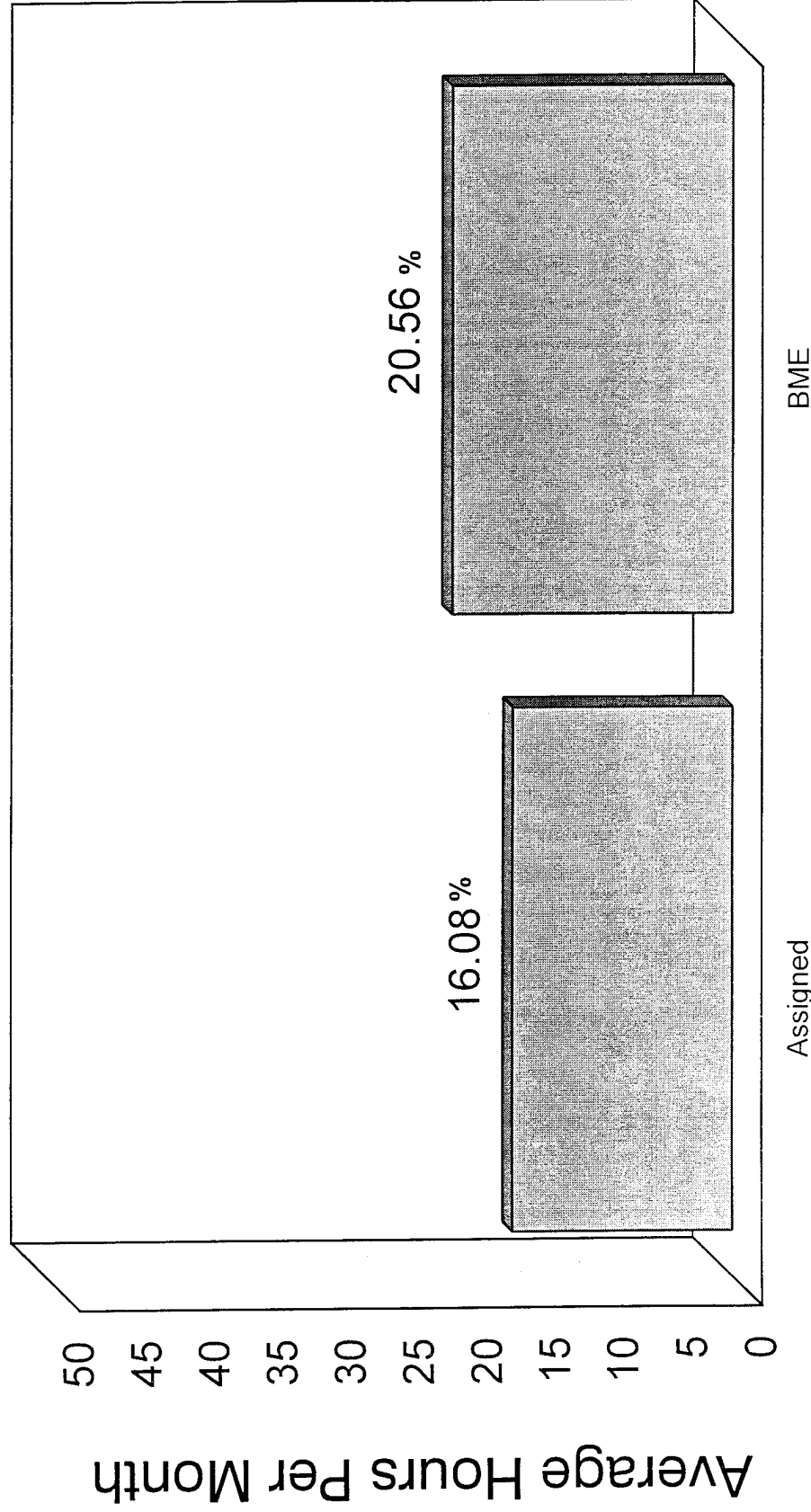
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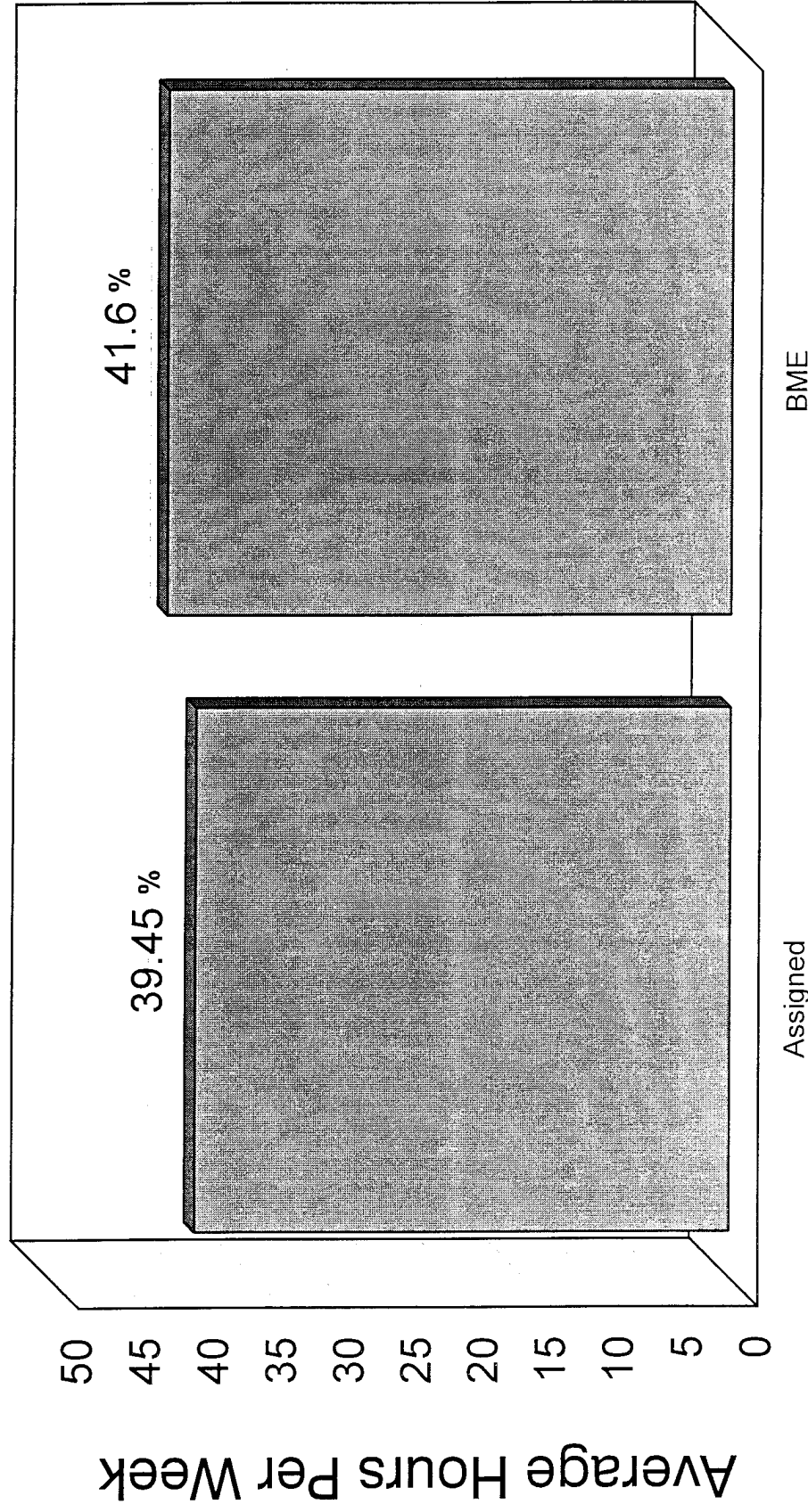
Average Hours per Month Spent on Overall Readiness Training



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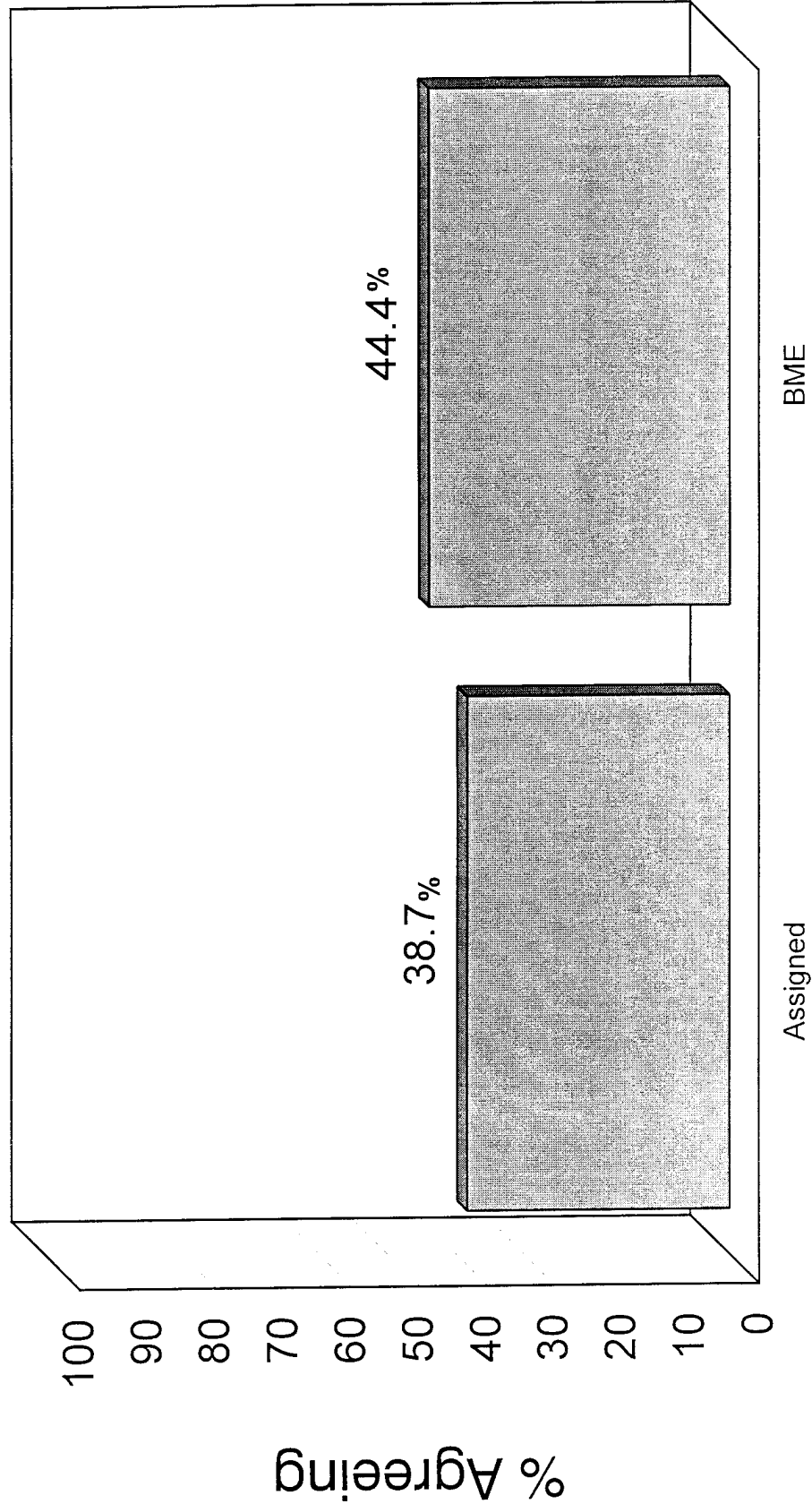
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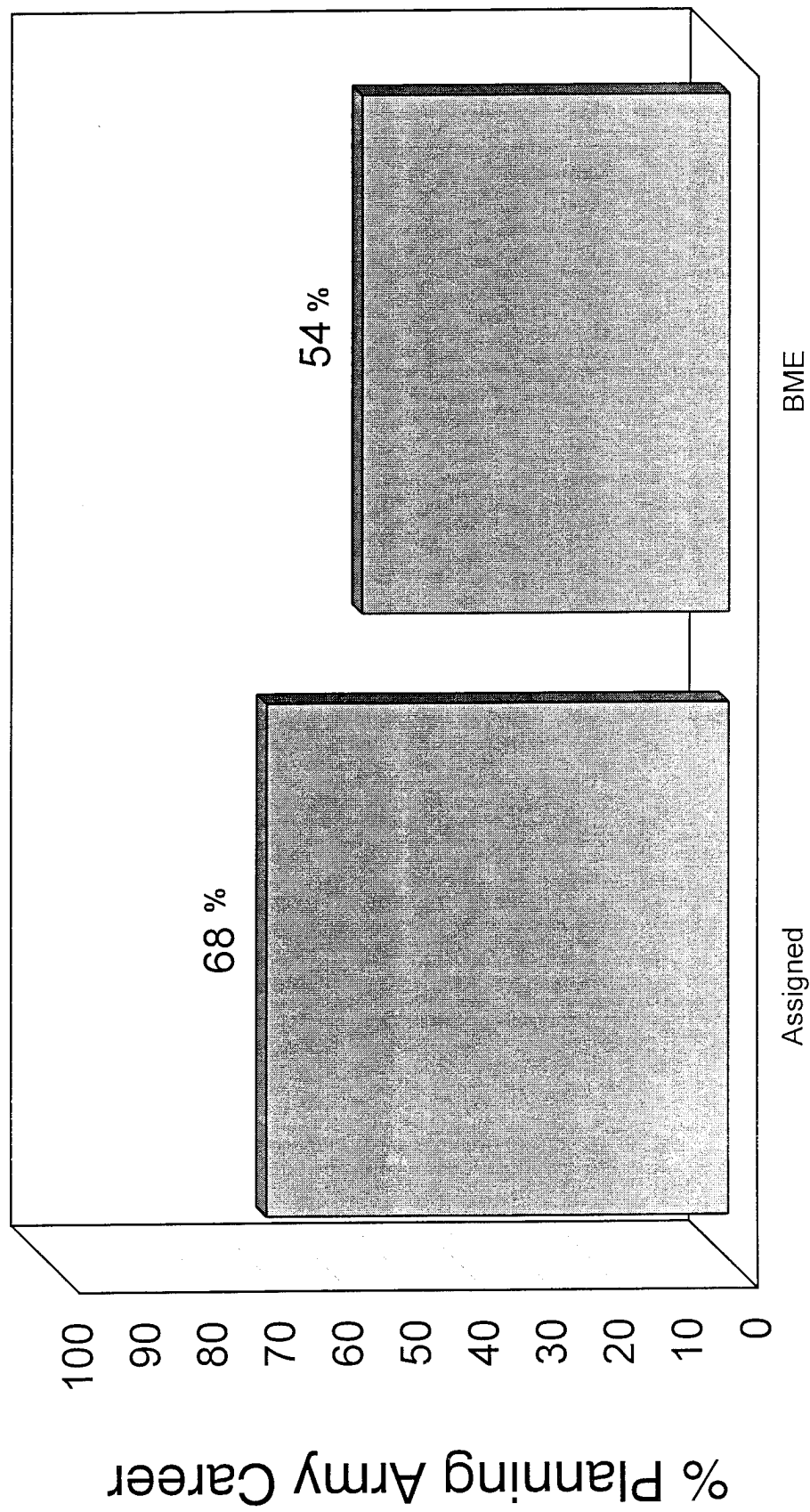
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ns

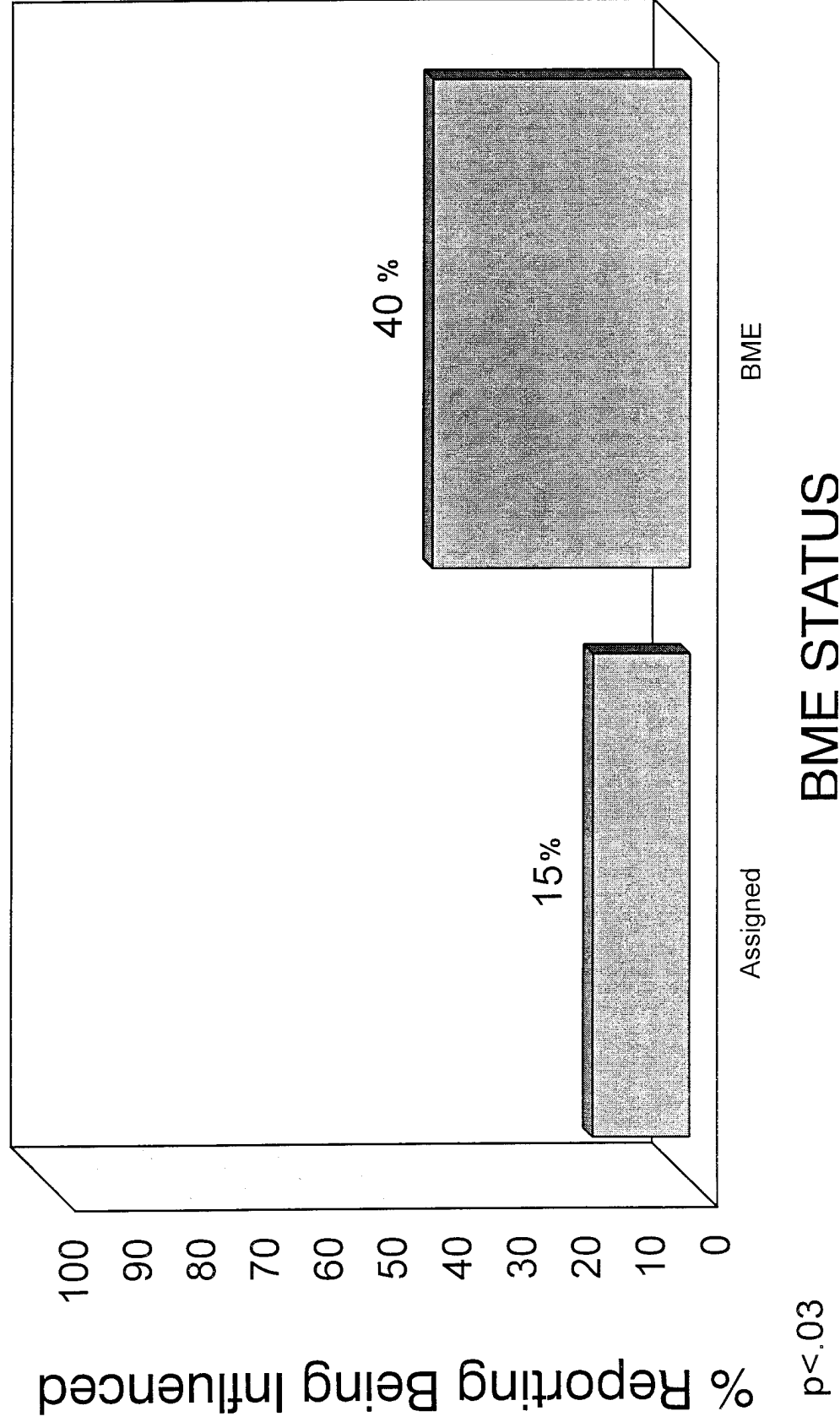
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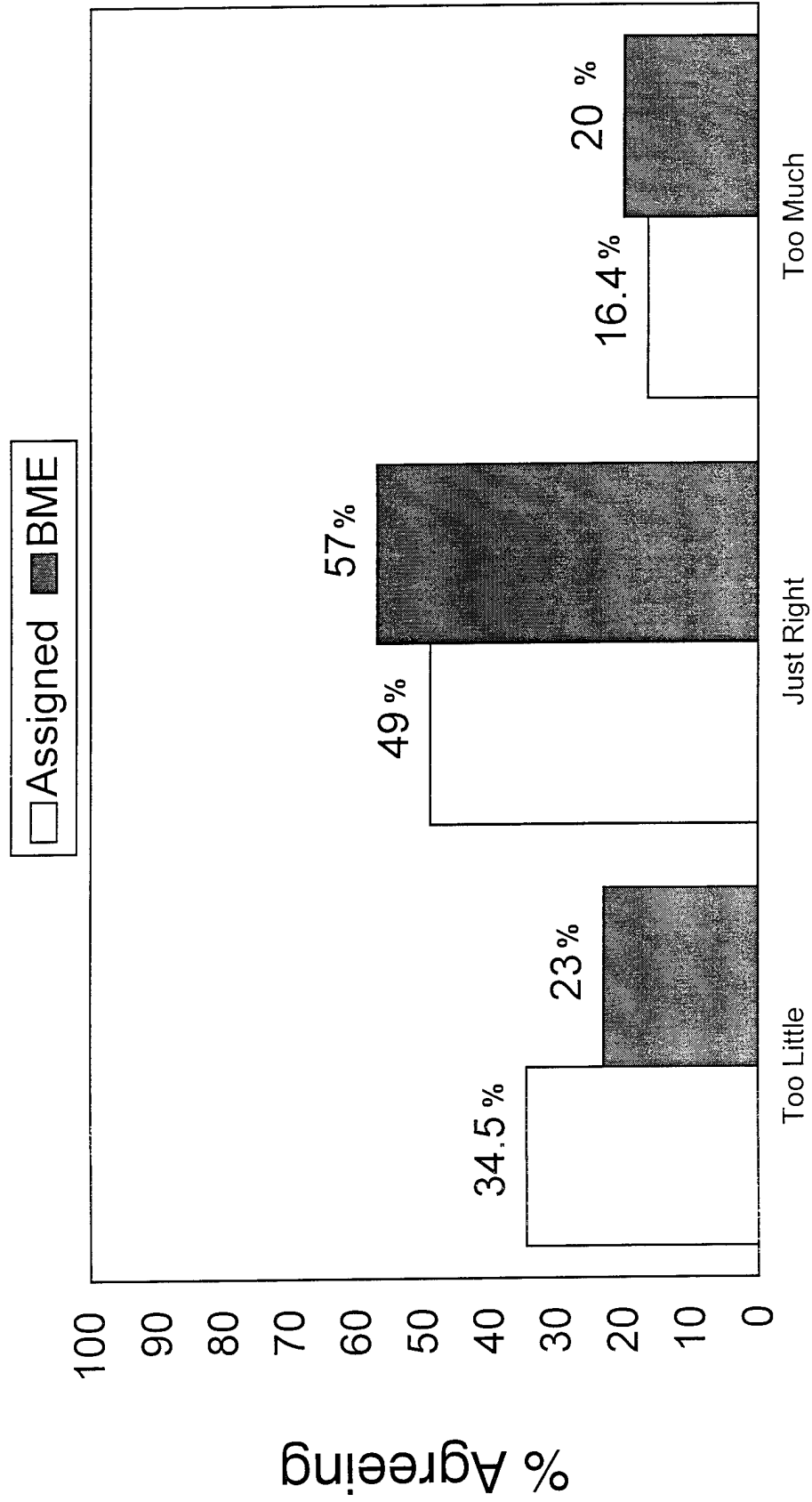
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