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14. ABSTRACT

Fort Leonard Wood is expecting approximately 7,537 additional personnel as a result of the Base Realignment and Closure (BRAC) process. The increase is approximately 23% above the current population of 33,116 personnel. The Automated Staffing Assessment Model (ASAM) was used to forecast additional personnel requirements for General Leonard Wood Army Community Hospital (GLWACH) in response to the BRAC increase. A 23% increase was applied to the current Medical Expense and Performance Reporting System (MEPRS) workload levels within each hospital service and specialty. The results showed an increase in staffing requirements of eighty-three personnel (from 901 to 984), an increase of approximately 9.2%. Ten of the eighteen major functions within the hospital realized an increase. The largest percentage increase was realized in the Pathology Division (26%); the largest raw increase was realized in the Division of Primary Care and Community Medicine (28 personnel). Although the ASAM yielded useful information, additional data must be gathered before the validity of the ASAM as a forecasting tool can be assessed.

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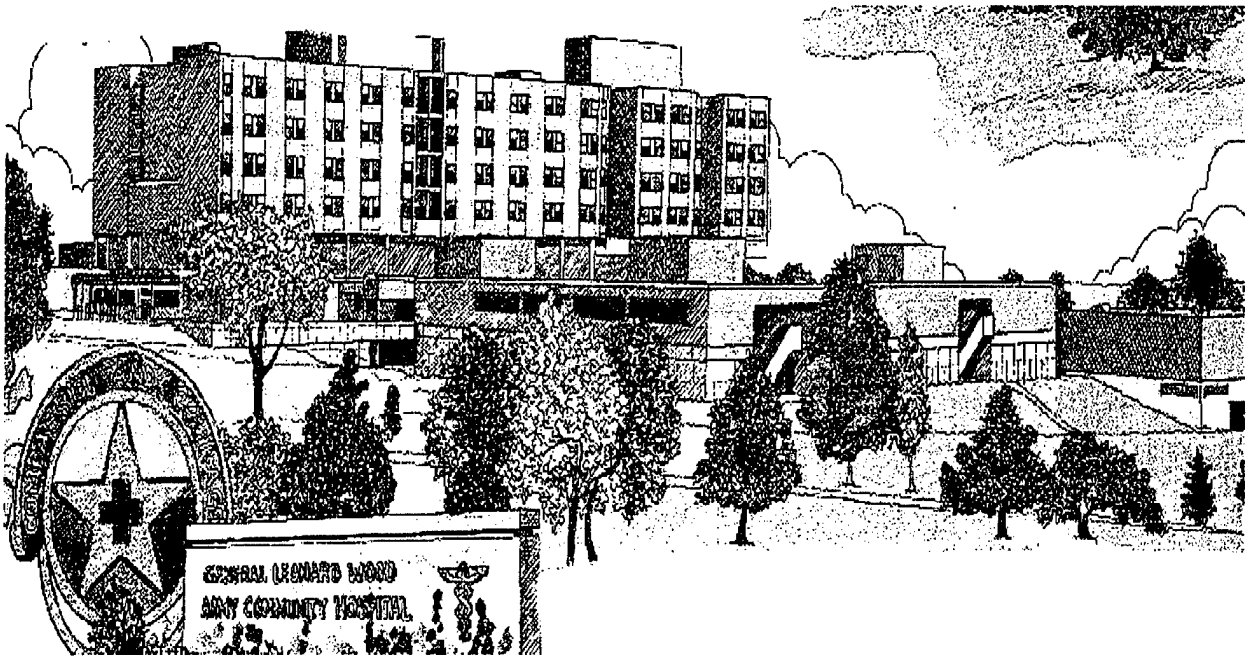

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Abstract

Fort Leonard Wood is expecting approximately 7,537 additional personnel as a result of the Base Realignment and Closure (BRAC) process. The increase is approximately 23% above the current population of 33,116 personnel. The Automated Staffing Assessment Model (ASAM) was used to forecast additional personnel requirements for General Leonard Wood Army Community Hospital (GLWACH) in response to the BRAC increase. A 23% increase was applied to the current Medical Expense and Performance Reporting System (MEPRS) workload levels within each hospital service and specialty.

The results showed an increase in staffing requirements of eighty-three personnel (from 901 to 984), an increase of approximately 9.2%. Ten of the eighteen major functions within the hospital realized an increase. The largest percentage increase was realized in the Pathology Division (26%); the largest raw increase was realized in the Division of Primary Care and Community Medicine (28 personnel).

Although the ASAM yielded useful information, additional data must be gathered before the validity of the ASAM as a forecasting tool can be assessed.

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INTRODUCTION

Conditions Which Prompted the Study

In accordance with Title 10, 138 United States Code (U.S.C.), the Secretary of Defense is required to provide a detailed manpower requirements report to Congress each fiscal year. Since 1953, Department of Defense Directives (DoDD) 1100.04 and1100.2 have required each Service to determine and program minimum essential manpower requirements based upon workload. In addition, DoDD 6010.13 requires each Service to use the Medical Expense and Performance Reporting System (MEPRS) in capturing uniform health care cost management data such as workload (MEDCOM, 1997).

In accordance with the guidance mentioned above, General Leonard Wood Army Community Hospital (GLWACH) is conducting a study to determine the optimal staffing levels of its clinical and support personnel in preparation for an increased beneficiary (patient) population. Fort Leonard Wood is scheduled to receive the U.S. Army Military Police School and the U.S. Army Chemical School from Fort McClellan, Alabama as a result of the Base Realignment and Closure (BRAC) process. The two schools will merge to create the Maneuver Support Center (MANSCEN) at Fort Leonard Wood no later than 1 October 1999 (BRAC Office, 1998).

The creation of the MANSCEN will bring with it large influxes of permanent party military, family member, civilian, and trainee / student personnel. Based upon estimates provided by the Fort Leonard Wood Directorate of Resource Management, the influxes will result in 7,537 additional personnel, as expressed in **Table I** below.

Table I

BRAC Increases Per Population Group

POPULATION GROUP	BRAC INCREASE
Permanent Party Military	1,263
Trainees / Students	2,881
Receptees	90
Reserves	63
Medical Hold / Transient	63
Subtotal Military Personnel	**4,360**
DA Civilians / DoD Permanent Party	364
Other Civilians	303
Civilian Trainees	100
Subtotal Civilian Personnel	**767**
Family Members (On-Post)	759
Family Members (Off-Post)	1,651
Subtotal Family Members	**2,410**
Total Personnel	7,537

(DRM, 1998)

GLWACH currently serves an estimated patient population of 33,116 personnel. Therefore, the total beneficiary population will increase to approximately 40,653 personnel by 1 October 1999 - an increase of approximately 23%.

Statement of the Problem

The challenge facing the Commander of GLWACH, is determining the number of additional hospital personnel required, by service and specialty, to treat an increased beneficiary population while maintaining the facility's mission, "**To provide quality health care services in a coordinated, comprehensive and compassionate manner, while producing highly trained health care professionals ready to deploy to any contingency**" (GLWACH, 1998).

Although forecasts for increased staffing requirements have been made, they have not been validated with a standardized assessment tool to justify increased Table of Distribution and Allowances (TDA) positions.

Literature Review

A review of the literature reveals three basic methods for determining staffing requirements. The first method is termed the "intuitive method", also referred to as professional judgement. This is a very traditional approach, allowing managers to tailor the numbers and mix of staff based upon skill, experience, and patient need. The main drawback is a lack of consistency across wards and clinics (Clay, 1987).

The second method is the "consultative method". Two widely-known tools used in nursing are the Telford Method (Telford, 1979) and the Brighton Method (Waite & Hirsch, 1986). These tools both involve an internal audit of patient throughput and dependency, yielding a workload value. As with the intuitive method, the Telford Method has been criticized for its subjective nature and inconsistencies across wards and clinics. The Brighton Method combines both objective and subjective data in an attempt to increase standardization (Arthur & James, 1994).

The final method is referred to as "top-down staffing norms". The method is relatively simple to employ because it is based upon minimum requirements established by professional organizations for given specialties. The results may take the form of nurse - bed ratios per shift per clinic. The result is increased standardization, however there is no accounting for many of the factors considered under the intuitive method, mainly staff skill, patient need, and local variation (Arthur & James, 1994).

Studies suggest that three factors are key in determining whether a facility or patient care unit has adequate staffing to ensure quality care. The first factor is the ratio of staff to patients.

The second factor is the staff skill mix, or the percentage of staff who are RNs. The third factor is patient acuity – a measurement of the seriousness of the conditions of a facility's / unit's patients and the associated intensity of nursing resources needed to care for them. Accounting for acuity in staffing is important because the same number of patients can require radically different amounts of care. Failure to account for acuity can often result in inadequate staffing levels. *EMPOWER!*, the California-based managed care patient advocate organization, continuously lobbies state government officials to ensure Health Maintenance Organizations (HMOs) maintain safe medical staffing levels (EMPOWER!, 1998). Also, the National Academy of Sciences Institute of Medicine's committee on the adequacy of nurse staffing in hospitals and nursing homes refused to endorse specific laws or regulations mandating nursing staff ratios because they do not take acuity into account (Institute of Medicine, 1996).

There are sound reasons for ensuring proper medical staffing. Inadequate staffing levels can be extremely hazardous to patient care and safety. A 1993 review of the literature on RNs' impact on patient outcomes revealed "substantial evidence linking RN levels and mix to mortality, length of stay, cost, and morbidity outcomes" (Prescott, 1993). This evidence was validated by a 1997 study which found a great potential for harm in mandating nurse staffing regulations (Buerhaus, 1997). A 1989 study found that higher levels of staff per patient and higher skill mix are associated with a reduced chance of mortality within the hospital (Hartz et al., 1989). A recent study by the American Nurses Association found that staffing ratios and skill mix are significantly related to increased incidence of pressure ulcers (bedsores), pneumonia, urinary tract infection incurred after admission to the hospital, as well as postoperative infections (Knauf et al., 1997).

Understaffing has also been blamed for many recent deficiencies at Columbia Sunrise - Columbia/HCA's largest hospital. Some of the more serious offenses were:

- Significantly increased nosocomial infection rates
- IV dressings not changed for a week or more
- Late feedings for stroke patients
- Delays in the delivery of medications
- Errors in the delivery of IV medications and fluids
- Infections and bedsores from failure to turn bedridden patients as required
- Inability to fill physicians' orders properly

The root cause of the above-mentioned problems was the removal of the acuity assessment forms from the patients' records and charts. Erroneously, managers staffed their units based upon the number of patients in beds, regardless of their respective acuity levels (Profiles of U.S. Hospitals, 1996).

What tools are available to ensure we have optimal staffing levels in our facilities? A review of the literature reveals two basic methods for determining staffing ratios. The first method is derived through benchmarking in which the ratio of providers to patients within health care organizations is averaged to achieve a base line. The second method is the static mathematical model in which spreadsheets are used to develop formulas comprising several variables that are crucial to the facility's staffing plan.

Benchmarking

Kongstvedt discusses benchmark staffing ratios in terms of closed health plans - group and staff model panel HMOs or large group practices with a high proportion of managed care business. Averages are provided to help organizations establish ratios, but he points out that numbers vary depending on the size of the health plan, the geographical location, and the proportion of Medicare enrollees. As a result, provider - patient ratios vary widely among HMOs. A large, mature closed panel plan, serving a predominately commercial population,

enrolls an average panel size of 1,250 patients per primary care manager (PCM). Larger plans tend to have larger panels in order to achieve economies of scale (Kongstvedt 1996). However, a study of California HMOs found a much more robust ratio of 555 patients per PCM (Hart, et al., 1997).

Another HMO method for determining panel size uses a combination of benchmark data and actuarial data. A ratio of 2,000 patients per provider is uniformly used for family practice physicians with two exam rooms. Likewise, the enrollment numbers of 1,400 and 1,200 are used for pediatricians and internists respectively. However, "equivalency factors" which account for individuals' age, gender, and chronic illness are assigned to each enrollee. Thus, one patient might count as 1.3 patients, therefore yielding a panel of fewer than the standard 2000 members (Institute of Medicine, 1996).

For over forty years, the United States Army defined manpower requirements using various forms of staffing tools. These tools included such processes as manpower surveys, staffing standards, staffing guides, and the U.S. Army Medical Command's (MEDCOM) 1993 Benchmarking System. The MEDCOM Benchmarking System used available man-hour and workload data from MEPRS to develop benchmark times (times to accomplish a unit of work for each Medical Treatment Facility [MTF] work center) through correlation and regression analyses (MEDCOM, 1997).

The MEDCOM Benchmarking System was based on the "most efficient organization" concept. The most efficient organizations were those MTFs which yielded the most efficient staffing mix (plus or minus one standard deviation from the mean) within the given service or specialty. The average amount of provider time per visit was established as the benchmark for all MTFs. Some examples were the Family Practice Clinic with a benchmark time of 17.88 minutes per visit, or 415 visits per provider per month; and the Primary Care Clinic with a

benchmark time of 10.98 minutes per visit, or 709 visits per provider per month (Johnston, 1998).

To verify the accuracy of the benchmark data; MEDCOM conducted on-site manpower studies at each MTF from 1993 to 1996. The studies revealed that the benchmark values were good estimates, but were in need of refinement (Johnston, 1998). As a result of the many flaws noted in the Benchmarking System, the process was redesigned and renamed the Automated Staffing Assessment Model (ASAM) in February 1997. This static mathematical model was first tested at Brooke Army Medical Center in San Antonio, Texas before being applied to MTFs throughout the Army (MEDCOM, 1997).

Automated Staffing Assessment Model (ASAM)

ASAM is a static mathematical modeling tool used to define MTF manpower requirements in the capitated budget managed care environment. According to the Office of the Surgeon General (OTSG), ASAM is currently the only officially recognized Department of the Army (DA) staffing process used in medical TDA work centers. The goal of the ASAM is to provide MTF commanders with useful information that will aid the development of various staffing options within the facility's business plan (OTSG, 1998).

ASAM determines the minimum essential requirements in each medical specialty and service within the MTF using Medical Planning Factors (MPF) and historical workload data collected and validated from two sources: MEPRS and the specific MTF itself. MEPRS data is used in determining inpatient, outpatient, and ancillary services, while locally appraised MTF workload is used to determine support and special program requirements. MTF-specific data includes an initial on-site assessment to evaluate locally configured elements, site-specific missions, support and special program functions, and MTF reported workload and staffing data. Specific considerations would include such data as Professional Officer Filler System (PROFIS)

requirements and Basic Trainee support requirements. The model also assists in managing alternative sources of labor (e.g. contracts, direct hire, and borrowed military manpower) (OTSG, 1998).

Please refer to the Methods and Procedures section below for a detailed explanation of the various ASAM worksheets.

Purpose

The purpose of this project is to determine the number of additional hospital personnel required (if any), by service and specialty, to treat the projected increased beneficiary population. The results of the ASAM projection will be submitted to the MEDCOM Manpower Requirements Branch in order to justify increased positions for the FY00 TDA.

The variables to be used in forecasting additional requirements are specified below in the ASAM Worksheet Explanation of the Methods and Procedures section.

METHODS AND PROCEDURES

As stated in the conditions which prompted the study, the anticipated number of additional personnel assigned to Fort Leonard Wood is 7,537, an increase of approximately 23% above the current population level. Accordingly, the FY 98 MEPRS workload factors in each of the given activities, wards, or clinics will be increased by a uniform 23% for the purpose of forecasting.

Since the ASAM has never been utilized as a forecasting tool, it is important to discuss the concepts of validity and reliability. Cooper and Emory (1995) state the importance of validity and reliability in any measurement tool. They define validity as the extent to which a test or tool measures what it is intended to measure, and reliability as the accuracy and precision of the measurement procedure. Reliability is a necessary component of validity; therefore a tool must be both reliable and valid before it can meet validity constraints (p. 148-155). The extensive

three-year data collection effort by MEDCOM prior to fielding the ASAM, produced detailed, standardized formulas for determining proper staffing levels under various internal and external factors. For this reason, the ASAM is considered to be a reliable tool for determining MTF staffing levels. However, not until after the additional personnel have actually arrived on Fort Leonard Wood, and have used the hospital's services for a period of time may we begin to gather data on the validity of the ASAM as a forecasting tool.

ASAM Worksheet Explanation

The following explanation details the data / information represented on the ASAM worksheet. The GLWACH worksheets consist of twenty-two columns, which contain various data critical to the staffing level authorizations within the facility. Please refer to **Appendix A** for the completed worksheet for GLWACH. The specific column explanations are as follows:

Column (A): PARA

The TDA paragraph number of the function / position reflected in ASAM Column (C).

Column (B): MEPRS

The MEPRS account code for the function / paragraph number.

Column (C): FUNCTION

The affected MTF work center title.

Column (D): WKLD FACTOR

The abbreviated title for the MEPRS workload being assessed and / or Positional & Directed (P & D) Requirements. Positional & Directed Requirements are part of the "Open the Door" costs and are not earned based on workload. These positions are required because of the necessary foundational structure of the MTF, or are required by law. An example would be the MTF Commander, who is required regardless of the size or workload of the MTF.

Columns (E) & (F): REQ & AUTH

The baseline TDA Requirements and Authorizations. Positions used in the model after aligning the proper MEPRS code to TDA positions for the indicated function.

Column (G): WKLD

Represents the monthly average workload downloaded from the appropriate data source such as MEPRS or the Composite Health Care System (CHCS). This information is specific to the facility and may be based on data such as the number of clinic visits or prescriptions filled per month.

Column (H): MPF

The Medical Planning Factor(s). The MPF is the amount of time allotted to a provider to conduct a clinic visit. It is derived from the average amount of time for the visit plus the relative value of time for a patient visit, continuing education, ward rounds, as well as military and administrative functions. For example, an average face-to-face patient visit may take fifteen minutes, however the provider may only be able to conduct three visits per hour due to other administrative duties.

The factor is then applied to each clinic visit to determine the amount of providers needed. The MPFs are facility-specific based upon historical and actual time associated with reported manpower and workload.

Column (I): MPF PROV YIELD

The yield of providers earned, as determined by the formula:

Columns (G) x (H) / 145.0 hours (man-hour availability factor)

Column (J): ADD (BAQ / BBBA) & OTSG CONSLT

The additional requirements earned through MTF specific workload as generated within the unique work center. "BAQ" and "BBBA" are MEPRS codes representing Infectious Disease and Cardiovascular Thoracic Surgery respectively.

Column (K): PROV READI FTR ADD

The total number of provider personnel earned for readiness purposes, as determined by the

formula:

Total Monthly Hours of Readiness Training or Hours Deployed / 145.0 hours

Column (L): PROV REQ YIELD

The total provider requirements earned by effort, readiness, and MTF specific additive(s) as determined by the formula:

Columns (I) + (J) + (K)

Column (M): PROV SPT RATIO

The ratio of support personnel earned per provider. This ratio only applies to "B accounts" (MEPRS outpatient clinic data) and is unique to each function, thus allowing flexibility in the amount of nurses, paraprofessionals, and administrative personnel.

Column (N): MPF SPT YIELD

The number of support staff earned based on workload, as determined by the formula:

Columns (G) x (H) / 145.0 hours

OR

The number of support staff earned based on number of providers earned, as determined by the formula:

Columns (L) x (M)

The formula used is dependent upon MEDCOM guidance, which directs how each activity will determine its support staff requirements.

Column (O): SPT READI FTR ADD

The total number of support personnel earned for readiness.

Column (P): DECENT APPT CLK ADD

The total number of appointment clerks needed, as determined by the formula:

[{Column (G) * 3} / 60] / 145

Column (Q): SPT REQS YIELD

The total number of support personnel earned by workload and readiness, as determined by

the formula:

Columns (N) + (O)

Column (R): ASAM REQS YIELD

The total requirements earned including providers, support, and readiness personnel, as determined by the formula:

Columns (L) + (P)

Column (S): OUTSIDE MODEL LOCAL ADDITIVE

The numbers of requirements that exceed the model workload yield. This amount is assessed through a local MTF appraisal.

Column (T): NOTE CODE

The "alpha" or numeric code identifying the local condition affecting the specific work center. The code is then expressed as a footnote at the bottom of the worksheet printout.

Column (U): TOTAL MODEL REQ'S

The aggregate yield of provider, support, and readiness personnel, as determined by the formula:

Columns (Q) + (R) + (S)

The resulting number becomes the documented figure on the TDA.

Column (V): REQ'S DELTA

The delta between the documented baseline TDA requirements and the total model requirements earned, as determined by the formula:

Columns (U) – (E)

A minus (-) represents a loss in requirements, while a plus (+) represents a valid need. A need may be met by shifting requirements from other work centers where a loss has occurred.

Recommended FTR Breakout

Upon completion of the ASAM worksheet, the model generates a recommended "Full

Time Requirement" breakout by category (i.e. providers, nurses, paraprofessionals, and clinical support personnel) for all clinical activities within the hospital. It is important to note that the breakout is simply a recommended structure - it is not a mandatory staffing directive. Please refer to **Appendix B** for the recommended breakout for the GLWACH clinical activities. The specific column explanations are as follows:

Column (A): PARA

The TDA paragraph number of the function / position reflected in ASAM Column (C).

Column (B): MEPRS

The MEPRS account code for the function / paragraph number.

Column (C): FUNCTION

The affected MTF work center title.

Column (D): PROV (CAT 1)

The number of providers (Category 1 staff) required, as determined by the formula:

Column (L) from previous worksheet * CAT 1 %

Column (E): DIRECT CARE PROV (CAT 2)

The number of direct care providers (Category 2 staff) required, as determined by the formula:

Column (L) from previous worksheet * CAT 2%

Column (F): NURSE

The number of nurses (Category 3 staff) required, as determined by the formula:

Column (P) from previous worksheet * CAT 3%

Column (G): DIRECT CARE P/PROF

The number of direct care paraprofessionals (Category 4 staff) required, as determined by

the formula:

Column (P) from previous worksheet * CAT 4%

Column (H): CLINIC / ADMIN SUPPORT

The number of clinical support, admin support, and logistic personnel (Category 5 staff) required, as determined by the formula:

Column (P) from previous worksheet * CAT 5%

Column (I): TOTAL EARNED PROV

The total number of providers earned, as determined by the formula:

Columns (D) + (E)

Column (J): TOTAL EARNED SPT

The total number of support personnel earned, as determined by the formula:

Columns (F) + (G) + (H)

Column (K): TOTAL EARNED FTR'S

The total number of full-time requirements earned, as determined by the formula:

Columns (I) + (J)

Requirements Summary

The ASAM also generates a summary sheet which combines each department's / division's data into an aggregate total. This sheet allows the MTF Commander to understand the total impact of the personnel changes to the facility. Please refer to **Appendix C** for the GLWACH summary sheet. The specific column explanations are as follows:

Column (A): MODEL PART / PAGE

The specific part / page where the data from a function may be found.

Column (B): FUNCTION

The specific department, division, or activity within the facility.

Columns (C) & (D): REQ & AUTH

The baseline TDA Requirements and Authorizations; positions used in the model after aligning the proper MEPRS code to TDA positions for the indicated function.

Column (E): READINESS REQ'S ADDITIVE

The total number of provider personnel earned for readiness purposes.

Column (F): ASAM REQ'S YIELD

The total requirements earned including providers, support, and readiness personnel.

Column (G): OUTSIDE MODEL ADDITIVE

The numbers of requirements that exceed the model workload yield.

Column (H): TOTAL MODEL REQ'S

The aggregate yield of provider, support, and readiness personnel. The resulting number becomes the documented figure on the TDA.

Column (I): REQ'S DELTA

The delta between the documented baseline TDA requirements and the total model requirements earned. A minus (-) represents a loss in requirements, while a plus (+) represents a valid need.

RESULTS

Increasing the MEPRS workload factors within each hospital function by 23%, yielded staffing increases as expressed in **Table II** below:

Table II

ASAM Staffing Increases Per Hospital Function

FUNCTION	PRE-BRAC STAFFING	POST-BRAC STAFFING	INCREASE (RAW)	INCREASE (%)
Command & Special Staff Section	30	27	-3	-10.0
Surgery Division	73	83	10	13.7
Anesthesiology & Op Services	30	34	4	13.3
Primary Care & Community Med	191	219	28	14.7
Nursing Operations Division	96	109	13	13.5
PERTS	9	10	1	11.1
Behavior Medicine Division	39	46	7	17.9
Radiology Division	37	38	1	2.7
Pathology Division	43	54	11	25.6
Pharmacy Division	32	37	5	15.6
Logistics Division	117	117	0	-
Patient Administration Division	61	61	0	-
Human Resource Division	16	16	0	-
Nutrition Care Division	45	51	6	13.3
Resource Management Division	14	14	0	-
Automation Management Division	17	17	0	-
Managed Care Division	19	19	0	-
Preventive Medicine Division	32	32	0	-
Total Personnel	901	984		
Total Additional Personnel			83	9.2%

As shown, the net personnel increase for GLWACH is eighty-three, or approximately a

9.2% increase from the pre-BRAC staffing level of 901 personnel. Of the eighteen major functions within the hospital, ten experienced increased requirements. The largest percentage increase is the Pathology Division (25.6%); the largest raw increase is the Division of Primary Care and Community Medicine (28 personnel). Only the Command and Special Staff Section experienced decreased requirements due to the elimination of three positions.

DISCUSSION

It is important to note that the MEPRS workload factors are but one of many variables considered within the model, as evidenced by the fact that the 23% workload increase did not increase service or specialty requirements within the hospital by the same amount. For example, the constraints of the model may consider that an Internal Medicine Practitioner (from the Division of Primary Care and Community Medicine) can treat thirty patients per day. If our Internal Medicine Practitioners are currently treating only twenty patients per day, then the 23% workload increase will raise the number to only twenty-four patients per day, which is not enough to warrant additional requirements.

The assumption of this project is that the increased patient utilization of each activity will not differ significantly from the increased number of beneficiaries who are covered by the activity. However, there are several factors which could alter the forecasted workload increase for a particular clinic or service. Two examples are TRICARE enrollment and health care demand.

TRICARE Enrollment

A policy memorandum from Dr. Stephen Joseph, Acting Assistant Secretary of Defense for Health Affairs, outlined the "TRICARE Prime" doctrine in accordance with Title 10, 138 U.S.C. The doctrine states first priority of care goes to active-duty members, second priority

goes to other TRICARE Prime enrollees, and last priority goes to non-TRICARE Prime patients (Joseph, 1996). Some of the new Fort Leonard Wood personnel who are eligible to enroll in TRICARE Prime may not choose to do so. Therefore, they will only be treated at GLWACH on a space-available basis. Conversely, personnel who are currently not in TRICARE Prime may choose to enroll in the program, thereby increasing the GLWACH enrolled population.

Personnel who do enroll in "TRICARE Prime" may choose either a family practice option or a multi-specialty option. Those choosing the family practice option will have all their family's primary care needs met by a family practice PCM. Those choosing the multi-specialty option will have their family's primary care needs met by an internal medicine PCM, and their pediatric and OB/GYN needs will be met by the respective specialists. Currently, of the 19,600 enrolled beneficiaries, 10,450 (or 53.3%) are covered by Family Practice, while 9,150 (or 46.7%) are covered by multi-specialty services (DPCCM, 1999). It is possible that a disproportionately large percentage of the new personnel will desire either option. A large percentage of Family Practice enrollees could result in a significant workload increase in the Family Practice Clinic, with only a marginal workload increase in the Internal Medicine, OB/GYN, and Pediatric Clinics. A large percentage of multi-specialty enrollees could have the opposite effect.

Health Care Demand

It is very difficult to predict the future health care demands of a large population, especially a population that has not yet arrived. For this reason, the assumption must be made that the demand will not be significantly different than that of the current assigned population. However, factors such as fitness level, health status, work environment, stress level, illness acuity, and propensity to seek medical care are traits which are unique to each beneficiary, and could either raise or lower demand.

Health promotion and disease prevention efforts are crucial in reducing demand for health

care services. Initiatives in our Health Promotions Center and Clinic may increase the health status of the population, thereby decreasing demand for primary and specialty services. GLWACH will also institute a Telephone Nurse Triage (TNT) "help-line" to provide phone consults for patients requesting a same-day appointment with their PCM. Preliminary estimates show a possible avoidance of 9,000 emergency room visits and 8,187 clinic visits per year (DCCS, 1999).

CONCLUSION & RECOMMENDATIONS

The Automated Staffing Assessment Model yielded useful information to the leadership of General Leonard Wood Army Community Hospital. The main utility of this project is determining the appropriate staffing levels to ensure the GLWACH staff is prepared for the additional patient population and subsequent workload increase. The additional personnel requirements determined by the ASAM were submitted to MEDCOM in January of 1999 to obtain required positions on the FY00 TDA. If the positions are approved, I recommend the GLWACH Governing Board authorize the recruitment of additional personnel no later than May of 1999 - six months before the effective date of the TDA.

As stated previously, not until after the additional population arrives at Fort Leonard Wood may we truly assess the validity of the ASAM as a forecasting tool. At that time, we will adjust our staffing levels to meet the health care needs of our beneficiaries.

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APPENDIX A

PART: 2

COMMAND SECTION & SPECIAL STAFF

FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combined (H+L) (K+L) (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
101/LN01-11	EBA	HOSPITAL COMMANDER	POSITIONAL	11	9		8				0.000	8	0.000	1	8	-3
102C/LN01-02	EBB	CHAPLAIN	OBD	2	2	1515	2				0.000	2	0.000		2	0
105A/LN01-02	EBA	CLINICAL SERVICE OFFICE	POSITIONAL	2	2		2				0.230	2	0.000		2	0
102L/LN01-02	EBB	QUALITY IMPROVEMENT	POSITIONAL	3	2		1				0.000	2	0.000		2	-1
		WLF 1: AVG # OF RISK MGMT ASSESSMENTS	21				1									
		WLF 2: AVG # OF MED MALPRACTICE CLAIMS	1													
105C/LN01-02	EBB	CREDENTIALS OFFICE		2	2		1				0.000	2	0.000		2	0
		WLF 1: AVG # OF PROVIDERS CRED/PRIVILEGE	300			2	1	145	72.500	1.000						
105B/LN01-02	EBB	PATIENT REPRESENTATIVE OFFICER	POSITIONAL	2	1		2				0.000	2	0.000	3	2	0
105/LN01	EBD	AMBULATORY NURSING	POSITIONAL	1	1		1				0.000	2	0.000		2	1
102M/LN01-03	EBB	INTERNAL REVIEW AND AUDIT OFFICE	POSITIONAL	3	1		1				0.000	1	0.000		1	-2
104/LN01-04	EBA	EXECUTIVE ADMININISTRATIVE STAFF OFFICE	POSITIONAL	4	3		3				0.000	3	0.000		3	-1
105D/LN01-02	EBA	CLINICAL SUPPORT OFFICE	POSITIONAL	2	1		0				0.000	0	0.000		0	-2
106/LN01-02	EBB	INFECTION CONTROL/NURSING QUALITY INPR	POSITIONAL	2	2		1				0.000	1	0.000		1	-1
107/LN01-02	EBA	ADMINISTRATIVE HOSPITAL SERVICE	POSITIONAL	2	2		2				0.000	2	0.000		2	0
		TOTALS		36	28		26			1.000	0.230	27	0.000		27	-9

YRLY	FTR
40	0.023

CLINICAL SVC READINESS

TDA RMKS

NOTE CODE DEFINED:

1 NURSE METH ANAL EARNED RMD;NUR NCO EARNED IN AMBULATORY NURSING

2 USAHC, ST LOUIS, NOW PART OF USA MEDDAC, FT LEONARD WOOD'S TDA WILL TRANSFER ALL REQS/AUTHS EXCEPT OCC HLTH & ADAPCP TO AIR FORCE EFFECTIVE OCT '97 (FY98)

3 HEALTH ADVISOR POSITION MOVED FROM MANAGED CARE

PART: 3

SURGERY DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	MPF PROV YIELD Combine (G*H)/145 (H)	MPF PROV YIELD Combine (G*H)/145 (I)	ADD (BAQ/ BBBA) & OTSG CONSLT (J)	PROV READI FTR ADD (K)	PROV REQ'S YLD PATTERN (I+K) (L)	PROV/ SPT RATIO (M)	MPF SPT YIELD (I*M) (G*H)/145 (N)	SPT READI FTR ADD (O)	DECENT APPT CLK ADD (G*3)/60 /145 (P)	SPT EQ'S YL PATTERN Combine (N+O) (Q)	ASAM REQ'S YIELD Combined (L+P) (R)	OUTSIDE MODEL LOCAL ADD (S)	NOTE CODE (T)	TOTAL MODEL REQ'S (Q+R) (U)	REQ'S DELTA (V)
301/LN01-01	EBD	CHIEF, DEPARTMENT OF SURGERY	PATTERN	3	3						3					0	3	0.000		3	0
304/LN01-02	BBA	GENERAL SURGERY CLINIC	CLINIC VISIT	9	6	426	0.725	2.140		0.000	2	1.600	3.424	0.000		3	5	0.000		5	-4
304/LN01-03	EKA	TUMOR RECORDS SECTION		1	1	1	0	0		0.000				0.000		1	1	0.000		1	0
		WLF 1: AVG # OF OUTPATIENT VISITS				0	0	0	0.025	0.000											
306/LN01-02	BBD	OPTHALMOLOGY	CLINIC VISIT	5	4	530	0.550	1.000		0.000	1	2.000	2.000	0.000		2	3	0.000		3	-2
307/LN01-06	BHC	OPTOMETRY	CLINIC VISIT	9	9	1668	0.400	5.153		0.000	5	1.750	9.018	0.000		9	14	0.000		14	5
308/LN01-00	BEA	ORTHOPAEDIC CLINIC	CLINIC VISIT	6	6	786	0.617	3.345		0.559	4	1.300	4.348	0.000		4	8	0.000		8	-1
308A/LN01-03	BEB	CAST CLINIC	CLINIC VISIT	4	4	542	1.000	2.359		0.000			2.359	0.000		2	2	0.000		2	-2
308/LN01	BEE	ORTHOTIC APPLIANCE LAB	CLINIC VISIT	1	0	0	1.000	0.000		0.000			0.000	0.000		0	0	0.000		0	-1
308F/LN01-03	BEF	PODIATRY CLINIC	CLINIC VISIT	5	5	1143	0.500	3.941		0.000	4	1.000	3.941	0.000		4	8	0.000		8	3
309/LN01-01	BLB	OCCUPATIONAL THERAPY CLINIC		5	5				0.000	0.000				0.000		4	2	0.000		6	1
		WLF 1: CLINIC VISITS				702	0.566	3.673				1.000	3.673								
		WLF 2: NMSE VISITS				239															
310/LN01-011	BLA	PHYSICAL THERAPY CLINIC	CLINIC VISIT	13	13	2253	0.283	5.557		0.000			5.557	0.000	0.777	6	12			12	-1
		WLF 1: NMSE VISITS				594							0.000								
311/LN01-04	BBF	OTOLARYNGOLOGY CLINIC	CLINIC VISIT	5	4	385	0.588	1.000		0.000	1	1.800	1.800	0.000		2	3	0.000		3	-2
311A/LN01-03	BHD	AUDIOLOGY CLINIC	CLINIC VISIT	3	3	235	0.417			0.000		1.000	1.676	0.000		2	2	0.000		2	-1
311A/LN01-03	BHDN	HEARING CONSERVATION	CLINIC VISIT	0	0	482	0.208			0.000			0.691	0.000		1	1	0.000		1	1
313/LN01-04	BBI	UROLOGY CLINIC	CLINIC VISIT	4	3	268	0.500	0.924		0.000	1	2.000	1.848	0.000		2	3	0.000		3	-1
514/LN01	BCC	CHIEF, OB/GYN SERVICE	PATTERN	1	1						1					0	1	0.000		1	0
514/LN02-10	BCB	GYNECOLOGY CLINIC	CLINIC VISIT	12	12	721	0.450	2.238		0.000	4	1.300	2.909			7	11	0.000		11	-1
514	BCC	OBSTETRICS CLINIC	CLINIC VISIT			435	0.450	1.350				1.300	1.755								
TOTALS				89	81	11311		30.320	0.025	0.559	26		44.999	0.000	0.777	49	79	0.000		83	-6

DEPT OF SURGERY READINESS ORTHOPAEDIC - PROVIDER	YRLY	FTR
	974	0.560

PART: 4

ANESTHESIOLOGY & OPERATIVE SVCS
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD O.R.S. (G)	REQS/RM O.R.S. (H)	MPF REQ'S YIELD (G*H) (I)	READI FTR ADD O.R.S. (J)	ASAM REQ'S (AD+AG+AB) (+AE) (I+J) (K)	OUTSIDE MODEL LOCAL ADD (L)	NOTE CODE (M)	TOTAL MODEL REQ'S (K+L) (N)	REQ'S DELTA (O)
302/LN01	DFA	ANESTHESIOLOGY	# O.R.'S	1	1	1.850	6.034	11	0.000	11	0.000		1	0
302A/LN02-03	DFA	ANESTHESIA NURSING SERVICE	# O.R.'S	6	5				0.046	5	0.000		5	-1
465B/LN01-03	DE_	CSS (DEA) / CMS (DEB)	# O.R.'S	3	3	1.861	2.452	4.564	0.000	5	0.000		5	2
465/LN01-12	DFB	OPERATING ROOM NURSING SERVI	# O.R.'S	21	21	1.861	12.227	22.755	0.000	23	0.000		23	2
TOTALS				**31**	**30**			**38.482**	**0.046**	**34**	**0.000**		**34**	**3**

TDA RMKS

NOTE CODE DEFINED:

Anesthesia/O.R. Worksheet MTF: FT LEONARD WOOD MEDDAC

PLEASE ENTER DATA IN BLOCKS TO LEFT OF INFORMATION REQUEST AND IN READINESS TABLE BELOW

A [20] - NUMBER OF OPERATING ROOMS ROUTINELY STAFFED.

B. [183 5] - MONTHLY AVERAGE NUMBER OF SURGICAL CASES PERFORMED IN OPERATING ROOM.

C. [0 28] - PERCENT SURGICAL CASES PERFORMED AFTER DUTY HOURS.

D. [N] - DO YOU HAVE A SURGICAL RESIDENCY PROGRAM (Y / N)?

E. [31] - MONTHLY AVERAGE NUMBER OF TOTAL DELIVERIES (L&D REPORT PCN: DXXXX-NAC-3GP02) .

F. [N] -IS YOUR OPERATING ROOM A 24 HOUR OPERATION (Y / N)?

G. [0] - NUMBER OF DAYS PER WEEK THAT AN ANESTHESIA RESOURCE IS ROUTINELY ASSIGNED TO SUPPORT A PAIN CLINIC.

H. [0] - NUMBER OF DAYS PER WEEK THAT AN ANESTHESIA RESOURCE IS ROUTINELY ASSIGNED TO SUPPORT A PROCEDURES ROOM.

I. [Y] -DO YOU HAVE AN ANESTHESIA RESOURCE ASSIGNED IN THE L&D UNIT 24 HOURS PER DAY (Y / N)?

J. [0] - MONTHLY AVERAGE NUMBER OF EPIDURAL OR OTHER TYPES OF ANESTHESIA PROCEDURES PROVIDED TO THE L&D UNIT UTILIZING ANESTHESIA RESOURCES.

K. [0] - MONTHLY AVERAGE NUMBER OF PROCEDURES THAT A REGISTERED NURSE ASSISTS IN THE L&D UNIT.

L. [0] - NUMBER OF DAYS PER WEEK AN O.R. TECHNICIAN IS SUPPLIED TO A CLINICAL PROCEDURES ROOM (SUCH AS GU OR A SCOPE ROOM).

M. [25] - MONTHLY AVERAGE NUMBER OF PROCEDURES AN O.R. TECHNICIAN ASSISTS WITH IN THE L&D UNIT.

N. ENTER YEARLY READINESS HOURS:

	Anes	CRNA	RN	PARA	CMS
HOURS	11	53	0	302A	0
FTR	0 000	0 046	0 000	0 000	0 000

SUMMARY

1 CURRENT O.R. SUITE DATA:

- 2 0 O R SUITES STAFFED
- 188 0 TOTAL MONTHLY AVG CASES
- 0 28 % OF AFTER HOUR CASES (BASELINE % = 13)
- 52 6 AFTER HOUR MONTHLY AVG CASES
- 135 4 M-F DAY MONTHLY AVG CASES

2 CURRENT O.R. SUITE (M-F DAY CASE DATA):

- 2 0 O R SUITES STAFFED
- 2 5 HOURS PER CASE -HOURS PER DAY (8) DIVIDED BY DAILY CASES PER ROOM
- 3 2 DAILY CASES PER ROOM -MONTHLY CASES PER ROOM DIVIDED BY STANDARD WORK DAYS PER MONTH (20 91)
- 67 7 MONTHLY CASES PER ROOM -TOTAL DAY CASES DIVIDED BY # OPERATING ROOMS STAFFED
- 135 4 M-F DAY MONTHLY AVG CASES

3 PROJECTED GOALS:

- 2 0 O R SUITES STAFFED
- 2 3 HOURS PER CASE (NO SURGICAL RESIDENCY = 2.3; SURGICAL RESIDENCY = 2.6)
- 3 5 DAILY CASES PER ROOM -HOURS PER DAY (8) DIVIDED BY HOURS PER CASE
- 72 7 MONTHLY CASES PER ROOM -DAILY CASES PER ROOM MULTIPLIED BY STANDARD WORK DAYS PER MONTH (20 91)
- 145 5 TOTAL MONTHLY (M-F DAY CASES) -MONTHLY CASES PER ROOM MULTIPLIED BY O R SUITES STAFFED

4 DISPARITIES:

- -0 07 BETWEEN CURRENT AND PROJECTED CASES -CURRENT MONTHLY DAY CASES DIVIDED BY PROJECTED MONTHLY DAY CASES
- 10 1 ACTUAL CASE DIFFERENCE -PROJECTED MONTHLY DAY CASES MINUS CURRENT MONTHLY DAY CASES
- 1 661 OR SUITES FOR CURRENT OUTPUT -CURRENT MONTHLY DAY CASES MULTIPLIED BY PROJECTED HOURS PER CASE DIVIDED BY STANDARD WORK DAYS PER MONTH (20 91) DIVIDED BY HOURS PER DAY (8)

DE_ CENTRAL STERILE SUPPLY/CENTRAL MATERIAL SERVICE

BASIC STAFFING PROFILE:

1.900 PLANNING FACTOR PER ROOM

BREAKOUT

- 0 300 SECTION ADMIN/SUPERVISION
- 0 300 CALL/DUTY (EVENINGS,NIGHTS & WEEKENDS)
- 1 200 BASIC FUNCTION (CLEAN, CONTAMINATED, STERILE, SUPPLY-CASE CART)

STAFF EARNED:

1.661 CURRENT OPERATING ROOM OUTPUT

- 3 564 WORKLOAD REQS
- 1 000 STAFFING PATTERN
- 4 564 CSS/CMS REQS
- 0 000 READINESS
- 4.564 TOTAL REQS

NOTE: WORKLOAD REQS FORMULA: (# O.R.s x PLANNING FACTOR) +# OF DELIVERIES IN L&D/145

STAFF EARNED

ROOMS	TOTAL
1 661	4 564

MINIMAL STAFFING FOR:

NORMAL	24 HR	
1.000	1.000	SUPERVISION
2.500	3.500	CLEAN, STERILE, CONTAMINATED, SUPPLY-CASE CART
1.500	2.000	CALL/DUTY (EVENINGS,NIGHTS & WEEKENDS)
5.000	**6.500**	**TOTAL REQS**

DFA ANESTHESIA

ANESTHESIA STAFFING PROFILE:

2.500 PLANNING FACTOR PER ROOM (PFPR)

PFPR BREAKOUT

- 1.600 CLINICAL O.R. STAFF
- 0.200 PRE&POST PERIOPERATIVE REQUIREMENTS
- 0.200 SECTION ADMIN/SUPERVISION
- 0.400 CALL/DUTY (EVENINGS,NIGHTS & WEEKENDS)
- 0.100 ACUITY

STAFF EARNED:

1.861 CURRENT OPERATING ROOM OUTPUT
136.4 CURRENT DAY CASE PRODUCTIVITY

- 4.653 WORKLOAD REQS
- 1.000 CLERK (constant)
- 0.460 ANESTHESIA TECHNICIANS
- 0.050 PAIN CLINIC = Doc
- 0.000 PROCEDURES ROOM
- **5.000** L&D (24 HR COVERAGE)
- 0.000 L&D (AS NEEDED)
- 11.163 ANESTHESIA REQS
- 0.046 READINESS
- **11.209 TOTAL REQS**

NOTE: WORKLOAD REQS FORMULA: # O.R.s x PLANNING FACTOR

STAFF EARNED

ROOMS	ANES/CRNA	PARA	CLK	TOTAL
1.861	9.749	0.460	1.000	11.209

NOTE: **Anesthesiologist / CRNA recommended ratio of 1:4**

	Anesthesiologist		CRNA
Enter Ratio here>>>>>	1	to	4

DFB OPERATING ROOM

RN - STAFFING PROFILE:

2.700 RN PLANNING FACTOR PER ROOM (PFPR)

PFPR BREAKOUT

- 1.700 CLINICAL O.R. STAFF
- 0.250 PRE&POST PERIOPERATIVE REQUIREMENTS
- 0.250 SECTION ADMIN/SUPERVISION
- 0.400 CALL/DUTY (EVENINGS,NIGHTS & WEEKENDS)
- 0.100 ACUITY

RN STAFF EARNED:

1.861 CURRENT OPERATING ROOM OUTPUT
136.4 CURRENT DAY CASE PRODUCTIVITY

- 5.025 WORKLOAD REQ
- 0.000 RN IN L&D AS NEEDED
- 5.025 O.R. RN REQS
- 0.000 READINESS
- **5.026 TOTAL RN REQS**

NOTE: WORKLOAD REQS FORMULA: # O.R.s x PLANNING FACTOR

PARA - STAFFING PROFILE:

6.155 PARA PLANNING FACTOR PER ROOM (PFPR)

PFPR BREAKOUT

- 1.850 SCRUB TECHNICIANS
- 0.250 SECTION NCOIC ADMIN/SUPERVISION
- 0.250 TRANSPORT PERSONNEL
- 0.250 SUPPLY & EQUIPMENT
- 0.200 ENDOSCOPY/LAZER/EQUIPMENT
- 0.200 CASE CART
- 0.100 ACUITY

PARA STAFFED EARNED:

1.861 CURRENT OPERATING ROOM OUTPUT
136.4 CURRENT DAY CASE PRODUCTIVITY

- 11.455 WORKLOAD REQS
- 1.000 CLERK (constant)
- 4.750 EVENINGS/NIGHTS/WEEKENDS (constant)
- 0.000 FTR OF TECH IN PROCEDURES ROOM
- 0.525 L&D TECH AS NEEDED (PROC x 0.021)
- 17.730 O.R. PARA REQS
- 0.000 READINESS
- **17.730 TOTAL PARA REQS**

NOTE: WORKLOAD REQS FORMULA: # O.R.s x PLANNING FACTOR

STAFF EARNED

ROOMS	RN	PARA	TOTAL
1.861	5.025	17.730	22.755

PART: 5

PRIMARY CARE & COMMUNITY MEDICINE

FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	MPF (H)	MPF PROV YIELD (H*I)/M Combined (G*H)/146 (I)	ADD (BAQ/ BBBA) & OTSG CONSLT (J)	PROV READI FTR ADD (K)	PROV REQ'S YLD PATTERN (I+K) (I+J+K) (L)	PROV/ SPT RATIO (M)	MPF SPT YIELD (I*M) (G*H)/146 (N)	SPT READI FTR ADD (O)	DECENT APPT CLK ADD (G*3)/60 /146 (P)	SPT REQ'S YL PATTERN Combined (N+O) (Q)	ASAM REQ'S YIELD Combined (L+Q) (R)	OUTSIDE MODEL LOCAL ADD (S)	NOTE CODE (T)	TOTAL MODEL REQ'S (R+S) (U)	REQ'S DELTA (V)
201/LN01-03	EBD	CHIEF, PCCM	PATTERN	4	4						1					3	4	0.000		4	0
202/LN01-05	BAB	ALLERGY AND IMMUNOLOGY CLINIC	CLINIC VISIT	4	1	251	0.250	1.000		0.000	1	2.250	2.250	0.000		2	3	0.000		3	-1
202A/LN01-04	FBI	IMMUNIZATION CLINIC	#PATIENTS	5	6	1672	0.210						1.960	0.000		2	2	0.000		2	-3
204/LN01-02	BAP	DERMATOLOGY SERVICE	CLINIC VISIT	3	3	343	0.400	1.000		0.000	1	1.400	1.400	0.000		1	2	0.000		2	-1
205/LN01-03	BDA	GENERAL PEDIATRIC SERVICE	CLINIC VISIT	13	12	986	0.483	2.958		0.054	3	1.200	3.550	0.000		4	6	0.000		6	-7
205A/LN01-01	BDAB	EFMP	CLINIC VISIT	1	1	21	0.483	1.000		0.000	1	1.200	1.200	0.000		1	2	0.000		2	-1
	BDCA	WELL BABY CLINIC	CLINIC VISIT	0	0	124	0.483	1.000		0.000	1	1.200	1.200	0.000		1	2	0.000		2	2
209A/LN01-12A	BAA	INTERNAL MEDICINE SERVICE	CLINIC VISIT	21	13	2092	0.467	6.738		0.290	7	1.500	10.107	0.000		10	17	0.000	1	17	-4
209/LN01	BAC	CARDIOLOGY	CLINIC VISIT	1	0	80	0.500	0.276		0.000											
211A/LN01-04	DHA	RESPIRATORY THERAPY SECTION	WGTD PROC	7	6	1112	0.813						6.235	0.000		6	6	0.000	2	8	1
LN05/07																					
211A/LN05/06	DDA	EKG	# PROCEDU	2	2	627	0.500						2.852	0.000		3	3	0.000		3	1
212/LN01-14	BGA	FAMILY PRACTICE SERVICE	CLINIC VISIT	29	24	4091	0.433	14.008		0.225	14	2.000	30.017	0.000		30	45	0.000		45	16
		PHASE II PA PROGRAM						1.000		0.000	1			0.000				0.000		0	0
214/LN01	BIA	EMERGENCY ROOM	CLINIC VISIT	36	36	5832	0.500	11.490		0.257	12	3.000	34.469	0.000		34	46	0.000	3	48	10
14A/LN01-19/C05																					
214B/LN01-05	FEA	AMBULANCE SERVICE	POSITIONAL	23	15	200										21	21	0.000	4	21	-2
215/LN01	BHAM	CONSOLIDATED TMC	POSITIONAL	1	1								1.000				1	0.000		1	0
	BHAM	PRIMARY CARE	CLINIC VISIT	25	25	5640	0.250	9.794		0.703	10	2.000	19.448	0.000		19	29	0.000		29	4
	EKAM	MEDICAL RECORDS	POSITIONAL	3	3								3.000				3	0.000	5	3	0
215/LN09/24	BHB	MEDICAL EXAM	VISIT	2	2	370	0.500						1.276	0.000		1	1	1.000	6	2	0
215/LN26	EBA	POR CLERK	POSITIONAL	1	1		1						1.000			1	1	0.000		1	0
215A/LN01-06	FBIB	IMMUNIZATIONS TM	#PATIENTS	12	12	15706	0.100						10.833	0.000		11	11	0.000		11	-1
215B/LN01-02	FCG	MEDICAL PROCESSING	POSITIONAL	2	0		0						2.000			2	2	0.000		2	0
215C	BHAB	HOSPITAL ACUTE MINOR ILLINESS(AM	CLINIC VISIT	4	4	669	0.333	1.536		0.000	2	3.000	4.609	0.000		5	7	0.000		7	3
TOTALS				**203**	**186**	**38020**		**61.730**	**0.000**	**1.644**	**84**		**#####**	**0.000**	**0.000**	**157**	**214**	**5.000**		**219**	**17**

	YRLY	FTR		YRLY	FTR		YRLY	FTR
DPCC&CM READINESS								
INTERNAL MEDICINE - PROVIDER	504	0.290	PEDS	112	0.064	ER	448	0.257
FAMILY PRACTICE - PROVIDER	392	0.225	CTMC	1232	0.708	TOTAL	2688	1.545

TDA RMKS

NOTE CODE DEFINED:

1. CONTRACT CARDIOLOGIST
2. MINIMUM REQMT 24 HR/7 DY WEEK
3. CONTRACT ER
4. MINIMUM REQMT 2 VEHICLES
5. PAD RQMT
6. MINIMUM STAFFING

PART: 6

NURSING OPERATIONS DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	# PTS/ DAY (G/30.44) (H)	TOTAL MONTH NCH (I)	NCH PER PT (I/G) MPF (J)	TOTAL NCH (G*K) ((G*J)*280) ((J*145)*H) +280) (K)	NCH REQ YLD [redacted] (K/145) (G*J)/145 (L)	READI FTR ADD (M)	ASAM REQ'S YIELD MINIMUM (L+L+M) (L+M) (N)	OUTSIDE MODEL LOCAL ADD (O)	NOTE CODE (P)	TOTAL MODEL REQ'S (N+O) (Q)	REQ'S DELTA (R)
451/LN01-03	EBD	C, NURSING OPERATIONS DIVISION	PATTERN	3	3						[redacted]	0.000	3	0.000		3	0
460/LN01-02	EBD	CLINICAL NURSING SERVICE	PATTERN	2	0						[redacted]	0.000	0	0.000		0	-2
460A/LN01-09	DJA	COMBINED ICU WARD	OBD	11	11	65	2.1		4.600	######	11.823	0.000	12	0.000		12	1
460C/LN01-12	ACX	MTRNL & CHILD WARD	OBD	26	23	208	6.8		1.425	######	11.737	0.000	18	5.000	1	23	-3
		LABOR AND DELIVERY UNIT	# PATIENTS			208	6.8	99	0.476	761.58	5.252						
	DGE	L&D OBSERVATION UNIT	# PATIENTS			154	5.1		0.773		0.821						
460D/LN01-12	AAX	MEDICAL-SURGICAL WD	OBD	35	35	863	28.4		1.398	######	41.634	0.000	43	1.000		44	9
	DGE	MED-SURG OBSERVATION UNIT	# PATIENTS			1	0.0		1.750		0.012						
460F/LN01-11	AFX	PSYCHIATRY WARD	OBD	17	16	380	12.5		1.301	######	18.241	0.000	18	0.000		18	1
465D/LN01-08	DFC	RECOVERY ROOM	# PATIENTS	8	8	1	0.0		3.500		1.000	0.000	1	6.000		7	-1
465C/LN01-2	DGE	SURGICAL PRE ADMIT SECTION	# PATIENTS	2	2	139	4.6		2.000		1.917	0.000	2	0.000		2	0
TOTALS				**104**	**98**						**95.438**	**0.000**	**97**	**12.000**		**109**	**5**

NURSING READINESS

YRLY	FTR
1350	0.776

TDA RMKS

NOTE CODE DEFINED:

1 **CONSOLIDATED POSTPARTUM/NURSERY**

PART: 7

PLANS, EDUCATION, READINESS, TRNG, SECURITY

FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WKLD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WKLD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combine {K+L} {H+K+L} (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S {M+N} (P)	REQ'S DELTA (Q)
760/LN01-06	EBC	CHIEF, PERTS	POSITIONAL	2	2		1	145			0.000	1	0.000		1	-1
760/LN02-05	EBF	PERTS	POSITIONAL	7	6						0.000	8	0.000		8	1
LN06A-08		WLF 1: # CME FILES				170	4	580	4.029	4.724						
		WLF 2: ACTIVE DUTY POPULATION				462	3	435	1.157	3.686						
760A/LN01-02	EBF	MEDICAL LIBRARY	POSITIONAL	2	1						0.000	1	0.000		1	-1
		WLF 1: # OF USERS				1	1	145	######	1.000						
		TOTALS		**11**	**9**		**9**			**9.410**	**0.000**	**10**	**0.000**		**10**	**-1**

PERTS READINESS

YRLY	FTR
	0.000

TDA RMKS

NOTE CODE DEFINED:

PART: 8

BEHAVIOR MEDICINE DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	9298 REQ (E)	9298 AUTH (F)	WLKD (G)	MPF (H)	MPF PROV YIELD Combined {G*H}/145 (I)	ADD (BAQ/ BBBA) & OTSG CONSLT (J)	PROV READI FTR ADD (K)	PROV REQ'S YLD PATTERN {I+K} (L)	PROV/ SPT RATIO (M)	MPF SPT YIELD {I*M} {G*H}/145 (N)	SPT READI FTR ADD (O)	DECENT APPT CLK ADD {Q*3}/60 /145 (P)	SPT REQ'S YL PATTERN Combined (N+O) (Q)	ASAM REQ'S YIELD Combined {L+Q} (R)	OUTSIDE MODEL LOCAL ADD (S)	NOTE CODE (T)	TOTAL MODEL REQ'S {R+S} (U)	REQ'S DELTA (V)
357/LN01-05	EBD	CHIEF, BEHAVIOR MEDICINE DIVISION	PATTERN	1	1					0.933	1					1	2	1.000		2	-1
357/LN01-06	DDB	EEG	# PROCEDU	1	0	10	4.089						0.282	0.000		0	0	0.000		0	-1
	DDC	EMG	# PROCEDU	0	0	28	1.202						0.232	0.000		0	0	0.000		0	0
358/LN01-01	BAK	NEUROLOGY SERVICE	CLINIC VISI	1	0	135	0.800	1.000		0.000	1	0.000	0.000	0.000		0	1	0.000		1	0
354/LN01-03	BFA	PSYCHIATRY SERVICE	CLINIC VISI	10	10	1006	1.000	6.938		0.000	7	1.100	7.632	0.000	0.347	8	15	0.000		15	5
356/LN01-02	BFB	CLINICAL PSYCHOLOGY SERVICE	CLINIC VISI	2	2	177	1.000	1.221		0.000	1	1.100	1.100	0.000		1	2	0.000		2	0
356/LN01-06	BFD	C,COMMUNITY MENTAL HEALTH SER	CLINIC VISI	3	3	250	1.756	3.028		0.000	3	1.875	5.677	0.000		6	9	0.000		9	1
357/LN01-7	BFE	SOCIAL WORK SERVICES		8	8									0.000		3	7	0.000		11	3
	BFEA	WLF 1: CLINIC VISITS				460	0.750	2.379				1.000	2.979								
		WLF 2: AVG # OF MO COLLATERALS				161	0.250						0.278								
	BFEB	FAMILY ADVOCACY PROGRAM		0	0									0.000		2	2	1.000	1		
	BFEA	WLF 1: CLINIC VISITS				175	1.500						1.810								
		WLF 2: AVG # OF MO COLLATERALS				80	0.250						0.138								
358/LN01-04	BFF	SUBSTANCE ABUSE CLINIC	# CASES	4	3	112	15&35		0.000				3.771	0.000		4	4	2.000	2	6	2
TOTALS		**CLINIC VISITS**		**37**	**34**	572		**14.666**	**0.000**	**0.933**	**13.000**		**23.299**	**0.000**	**0.347**	**25**	**42**	**4.000**		**46**	**9**
		COLLATERALS				**241**															

READINESS	YRLY	FTR
C, BMD READINESS	40	0.023
C, CMHS READINESS	40	0.023

TDA RMKS	NOTE CODE DEFINED:
1	CONTRACT RQMT
2	INCLUDES 1 SPT REQ & 1 REQ FOR ADAPCP - ST LOUIS

PART: 9

RADIOLOGY DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*146) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combine (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
	DCA	DIAGNOSTIC RADIOLOGY	WGTD PR	33	32	10424	35	5075	0.487	35	0.000	35	0.000		35	2
601/LN01-03		CHIEF, DEPARTMENT OF RADIOLOGY		4	4											
215/LN13		DIAGNOSTIC RADIOLOGY CMTC		2	2											
603A/LN01-03		CT SCAN SECTION		4	4											
603B/LN01		ULTRA SOUND		1	1											
603C/LN01-16		DIAGNOSTIC RADIOLOGY SECTION		22	21											
605/LN01-04	DIA	NUCLEAR MEDICINE SERVICE	WGTD PR	4	3	938	1	145	0.405	3	0.000	3	0.000		3	-1
		TOTALS		37	35		36			38	0.000	38	0.000		38	1

YRLY	FTR
0	0.000

RADIOLOGY READINESS

TDA RMKS

NOTE CODE DEFINED:

PART: 10

PATHOLOGY DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combined (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
	DBA	CLINICAL PATHOLOGY	WGTD PRO	31	30	31360	30	4350	0.171	36.897	0.000	37	0.000		37	6
621/LN01-05		CHIEF, PATHOLOGY DIVISION		5	5											
624A/LN01-08		CLINICAL PATHOLOGY SERVICE		10	9											
624B/LN01-04		CHEMISTRY SECTION		5	5											
624C/LN01-04		HEMATOLOGY SECTION		4	4											
624E/LN01-04		MICROBIOLOGY SECTION		4	4											
215/LN12		PATHOLOGY CMTC		2	2											
626/LN01		CHIEF, PATHOLOGY DIVISION		1	1											
	DBB	ANATOMICAL PATHOLOGY	WGTD PRO	6	6	6293	6	870	0.180	7.812	0.000	8	0.000		8	2
623/LN01-04		C, ANATOMICAL PATHOLOGY SECTION		4	4											
623A/LN01-02		CYTOLOGY SECTION		2	2											
624H/LN01-03	DBC	BLOOD BANK SECTION	WGTD PRO	4	4	1624	4	580	0.439	4.920	0.000	5	0.000		5	1
624J/LN01-03	FAF	BLOOD DONOR SECTION(DNA)	WGTD PRO	3	3	5882	3	435	0.091	3.687	0.000	4	0.000		4	1
		TOTALS		44	43		43			53.316	0.000	54	0.000		54	10

	YRLY	FTR
PATHOLOGY READINESS	0	0.000

TDA RMKS

NOTE CODE DEFINED:

PART: 11

PHARMACY DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combined (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
	DAA	PHARMACY	WGTD PROC	37	35	50752			0.083	29	0.046	29	5.000	1	34	-3
		PHARMACY CHIEF		3	3											
215/LN14/18		PHARMACY CMTC		2	2		2	290				2	0.000		2	0
642/LN01-03		AMB CARE PHARMACY SECTION		4	4											
643A/LN01-04		STER PROD SECTON		4	4											
643B/LN01-03		UNIT DOSE SECTION		4	3											
645/LN01-08		OUTPATIENT PHARMACY		12	11											
645B/LN01-02A		REFILL PHARMACY SECTION		4	4											
646/LN01-02		PHARMACY SPT SECTION-PRIME VENDOR		2	2											
646/LN03		LOGISTICS (PRIME VENDOR)	# OF LINE ITEM	2	2	123	1	145	1.179	1		1	0.000		1	-1
		TOTALS		37	35		3			30.051	0.046	32.000	5.000		37	-4

YRLY	FTR
80	0.046

PHARMACY READINESS

TDA RMKS

NOTE CODE DEFINED:

1 ADD RQMTS: (1) PEC (1) HLTH PROM (3) INTERVENTION

PART: 12

LOGISTICS DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*146) (I)	MPF (J)	WLF ERND (G*J)/146 (K)	READI FTR ADD (L)	ASAM REQ Combine (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N+O) (P)	REQ'S DELTA (Q)
[illegible]	EEA	CHIEF, LOGISTICS DIVISION	POSITIONA	4	4		4	580			0.000	4	0.000		4	0
[illegible]	EGA	MEDICAL MAINTENANCE BRANCH	POSITIONA	15	15		14	2030			0.000	15	0.000		15	0
		WLF 1: EQUIPMENT MAINTENANCE HOURS				1278	1	145	0.113	1.000						
[illegible]	EEA	FACILITY MGMT BR	POSITIONA	4	4		4	580			0.000	4	0.000		4	0
708A/LN01-01	EEA	MATERIAL BRANCH	POSITIONA	3	3		2	290			0.000	3	0.000		3	1
		WLF 1: # OF TRANSACTIONS PROCESSED				4140	1	145	0.035	1.000						
708A/LN01-04	EEA	CST SVC & PHY INV	POSITIONA	4	4		1	145			0.000	2	0.000		2	-2
		WLF 1: # OF TRANSACTIONS PROCESSED				9157	1	145	0.016	1.000						
708A/LN01-05	EEA	ACQ & MAT MGT SEC	POSITIONA	7	6		1	145			0.000	6	0.000		6	-1
		WLF 1: # OF TRANSACTIONS PROCESSED				9157	5	725	0.079	5.000						
708E/LN01-03	EEA	RCV DISTR & STORAGE SEC		8	8						0.000	8	0.000		8	0
		WLF 1: # OF TRANSACTIONS PROCESSED				9157	8	1160	0.127	8.000						
708G/LN01	EEA	MAT DIST SSEC		3	3						0.000	3	0.000		3	0
		WLF 1: # OF TRANSACTIONS PROCESSED				9157	3	435	0.048	3.000						
708H/LN01-06	EEA	PROP EQ TCOMM & IM BR		11	11						0.000	11	0.000		11	0
		WLF 1: # OF TRANSACTIONS PROCESSED				9157	11	1595	0.174	11.000						
708A/LN01	EBC	TCOM & IM SEC	POSITIONA	1	1		1	145			0.000	1	1.000	1	2	1
		POSITIONAL REQUIREMENTS														
708A/LN01-02	EBC	REC MGT SEC	POSITIONA	3	3		2	290			0.000	2	0.000		2	-1
		POSITIONAL REQUIREMENTS														
708A/LN01-02	EBC	MAIL & DISTR SSEC	POSITIONA	4	3		2	290			0.000	2	0.000		2	-2
		POSITIONAL REQUIREMENTS														
708A/LN01-02	EEA	ENVIRON SVC BR		2	2						0.000	2	0.000		2	0
		POSITIONAL REQUIREMENTS				123	2	290	2.358	2.000						
08B/LN01-08	EFA	HOUSEKEEPING - CONTRACT		42	2						0.000	44	0.000		44	2
		WLF 1: SQUARE FOOTAGE CLEANED				39701	42	6090	0.153	42.000						
708C/LN01-03	EHA	LINEN MANAGEMENT - IN HOUSE		5	3						0.000	3	0.000		3	-2
		WLF 1: # POUNDS OF LINEN				32887	3	435	######	3.000						
708F/LN01 04	FAC	OPTICAL FAB SEC		8	6						0.023	6	0.000		6	-2
		WLF 1: # SPECITICALS FABRICATED/REPAIRED				8909	6	870	######	6.000						
		TOTALS		123	76		114			83.000	0.023	116	1.000		117	-6

LOGISTICS READINESS	YRLY	FTR
OPTICAL LAB FAB	40	0.023

TDA RMKS

NOTE CODE DEFINED:

1 TELE-MEDICINE REQUIREMENT

PART: 13

PATIENT ADMINISTRATION DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WLKD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WLKD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*1445) (I)	MPF (J)	WLF ERND (G*J)/1445 (K)	READI FTR ADD (L)	ASAM REQ Combine (K+L) (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
724A/[illegible]	EJA	CHIEF, PATIENT ADMIN DIVISION	POSITIONA	3	3		1	435			0.000	3	0.000		3	0
724A/[illegible]		MEDICAL RECORDS ADMINISTRATOR		1	1		1	145				1	0.000		1	0
724B/[illegible]	EJA	INPATIENT MEDICAL RECORDS		7	7							7	0.000		7	0
		WLF 1: # RECORDS MAINTAINED				11	5	725	65.909	5.000						
		WLF 2: ADS SHEETS (CODING/SCANNING)				11	2	290	26.364	2.000						
724C/[illegible]	EJA	MEDICAL TRANSCRIPTION	POSITIONA	7	7						0.000	7	0.000		7	0
		WLF 1: AVG # OF TRANSCRIPTION REPORTS				11	4	580	######	4.000						
		WLF 2: AVG # OF LINES TYPED				11	3	435	######	3.000						
724D/[illegible]	EBB	MEDICAL RECORDS QA SECTION	POSITIONA	1	1		1	145		1.000	0.000	1	0.000		1	0
		WLF 1: AVG # OF REPORTS														
724E/[illegible]	EKA	OUTPATIENT MEDICAL RECORDS SECTION		15	15		1	145		1.000	0.000	15	0.000		15	0
		WLF 1: AVG # OF OUTPATIENT VISITS				11	4	580	52.727	4.000						
		WLF 2: AVG # OF INDIVIDUALS ASSIGNED TO ORG				11	5	725	65.909	5.000						
		WLF 3: TOTAL # OF CROSSOVER POPULATION				11	5	725	65.909	5.000						
724G/[illegible]	EJA	DRG SECTION		1	1						0.000	1	0.000		1	0
		WLF 1: AVG # OF IN&OUTPATIENTS BILLED				11	1	145	13.182	1.000						
724H/[illegible]	EJA	PATIENT ACCOUNTS		1	1						0.000	1	0.000		1	0
		WLF 1: AVG # OF IN&OUTPATIENTS BILLED				11	1	145	13.182	1.000						
724J/[illegible]	EJA	ADMISSIONS & DISPOSITIONS		11	11							11	0.000		11	0
		WLF 1: AVG # OF ADMISSIONS		11	11	11	4	580	52.727	4.000						
		WLF 2: AVG # OF DISPOSITIONS				11	4	580	52.727	4.000						
		WLF 3: AVG # OF AIR EVACUATIONS		0	0	11	3	435	39.545	3.000						
724K/[illegible]	EBC	HOSPITAL TREASURER		1	1							1	0.000		1	0
		WLF 1: AVG # OF OCCUPIED BED DAYS				11	1	145	0.550	0.042						
724L/[illegible]	EBC	MEDICAL SERVICE ACCOUNT SUBSECTION	POSITIONA	2	2		1	145		1.000		2	0.000		2	0
		WLF 1: AVG # OF REPORTS				11	1	145	13.182	1.000						
724E/[illegible]	EBH	THIRD PARTY COLLECTION		7	9							7	0.000		7	0
		WLF 1: TOTAL # OF CLAIMS BILLED (INPT/OUTPT)				11		435	39.545	3.000						
		WLF 2: SJA COLLECTION WORKLOAD				11	4	580	52.727	4.000						
725/LN01-02	EJA	PATIENT AFFAIRS		2	2							2	0.000		2	0
		WLF 1: AVG # OF HOSPITAL DISPOSITIONS				11	1	145	13.182	1.000						
		WLF 2: AVG # OF MONTHLY COLLECTIONS				11	1	145	13.182	1.000						
725/LN01-02	ELA	MEDICAL BOARDS		2	2							2	0.000		2	0
		WLF 1: AVG # OF HOSPITAL DISPOSITIONS				11	1	145	13.182	1.000						
		WLF 2: AVG # OF MONTHLY COLLECTIONS				11	1	145	13.182	1.000						
		TOTALS		61	54		61			56.042	0.000	61	0.000		61	0

PAD READINESS

YRLY	FTR
0	0.000

TDA RMKS

NOTE CODE DEFINED:

PART: 14

HUMAN RESOURCE DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WKLD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WKLD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combine (H+L) (K+L) (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
731/LN01-4	EBC	CHIEF, HUMAN RESOURCE DIVISION	POSITIONA	4	4		4	580			0.000	4	0.000		4	0
731A/LN01-04	EBC	HOSPITAL COMPANY		4	4						0.000	4	0.000		4	0
		WLF 1: # OF MILITARY PERSONNEL SUPPORTED				10	4	580	58.000	4.000						
731H/LN01-02	FED	MEDICAL HOLD DETACHMENT		2	2						0.000	2	0.000		2	0
		WLF 1: # OF MILITARY PERSONNEL SUPPORTED				10	2	290	29.000	2.000						
731L/LN01-04	EBC	PERSONNEL ADMINISTRATION CENTER		7	6						0.023	6	0.000		6	-1
		WLF 1: # OF MILITARY PERSONNEL SUPPORTED				10	6	870	87.000	6.000						
		TOTALS		17	16		16			12.000	0.023	16	0.000		16	-1

	YRLY	FTR
HRD READINESS		
HOSPITAL CO READINESS	40	0.023

TDA RMKS

NOTE CODE DEFINED:

PART: 15

NUTRITION CARE DIVISION

FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WKLD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WKLD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combine (H+L) (K+L) (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
501/LN01-04	EIB	CHIEF, NUTRITION CARE	POSITIONAL	4	4		3	435			0.023	3	0.000		3	-1
503B/LN01	EIA	PATIENT FOOD OPERATIONS	TOT PT MEAL	8	8	1762	9	1305	0.500	6.076	0.000	15	0.000		15	7
		WLF 1: # PATIENT MEAL DAYS SERVED				143										
		WLF 2: # APV AND OTHER MEALS SERVED				0										
		WLF 3: INPATIENT CLINICAL NUTRITION MGMT				1619				8.628						
502B/LN01	BAL	OUTPATIENT NUTRITION CLINIC	CLINIC VISIT	1	0	124	1	145	0.700	0.599	0.000	1	0.000		1	0
503/LN01-06	EIB	COMBINED FOOD OPERATIONS	TOTALMEAL	25	23	218	23	3335	15.298	23.000	0.000	23	0.000		23	-2
503A/LN01-03		WLF 1: # TOTAL MEAL DAYS SERVED				218										
503C/LN01		WLF 2: # APV AND OTHER MEALS SERVED				0										
	EIC	INPATIENT CLINICAL NUTRITION		3	3							8.628			9	6
		(FOR CALCULATION PURPOSES ONLY)														
		A: BASIC NUTRITION PROCEDURE														
		a. DIETITIAN				86			0.250	0.148						
		b. TECHNICIAN				262			0.200	0.361						
		B: INTERMEDIATE NUTRITION PROCEDURE														
		a. DIETITIAN				148			0.650	0.663						
		b. TECHNICIAN				2204			0.450	6.840						
		C: COMPLEX NUTRITION PROCEDURE														
		a. DIETITIAN				57			1.300	0.511						
		b. TECHNICIAN				0			0.750	0.000						
		D: EXTENSIVE NUTRITION PROCEDURE														
		a. DIETITIAN				6			2.500	0.103						
		TOTALS		41	38					46.930	0.023	51	0.000		51	10

NUTRITION CARE READINESS C, NUTRITION CARE	YRLY	FTR
	40	0.023

TDA RMKS

NOTE CODE DEFINED:

PART: 16

RESOURCE MANAGEMENT DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WKLD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WKLD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combined {H+L} (K+L) {H+K+L} (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
750/LN01-02	EBC	CHIEF, RESOURCE MANAGEMENT DIV	POSITIONAL	2	2		2	290			0.000	2	0.000	1	2	0
752/LN01-03	EBC	MANPOWER	POSITIONAL	4	4		1	145			0.000	2	0.000		2	-2
		WLF 1: TOTAL # OF CROSSOVER POPULATION				824	1	145	0.217	1.233						
754/LN01-04	EBC	MEPR/UCAPERS	POSITIONAL	4	4		2	290			0.000	4	0.000		4	0
		WLF 1: TOTAL # OF ALL PERSONNEL TYPES				824	2	290	0.435	2.472						
755/LN01-04	EBC	BUDGET	POSITIONAL	4	4		2	290			0.000	5	0.000		5	1
		WLF 1: TOTAL # OF ALL PERSONNEL TYPES				824	2	290	0.217	1.233						
		WLF 2: CIV PAY - # OF TIME CARDS				440	1	145	0.463	1.405						
101/LN05	EBA	NURSE METHOD ANALYST	POSITIONAL	0	0		1	145			0.000	1	0.000		1	1
		TOTALS		14	14		14			6.343	0.000	14	0.000		14	0

TDA RMKS

NOTE CODE DEFINED:

1 EFF 1 OCT RMD & MANAGED CARE DIV COMBINE

NOTE: Worksheet utilized for RMD and IMD. Enter data below.

MTF Assigned Personnel Worksheet:	
Military Assigned (Stf, Resid, Stu, AF&Navy):	384
Civilians Assigned (Time Sheets):	440
Contract:	
Red Cross Volunteers:	
Civilian Students:	
BMM/Reserves:	
Summer Students (times .25):	
TOTAL FTEs:	824

PART: 17

AUTOMATION MANAGEMENT DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WKLD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WKLD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combined {K+L} {H+K+L} (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
771/LN01-02	EBC	SYSTEMS SUPPORT	POSITIONA	2	2		2	290			0.000	2	1.000	1	3	1
774/LN01-04	EBC	COMPUTER OPNS BR		5	5						0.000	5	0.000		5	0
		WLF 1: TOTAL # OF ALL PERSONNEL TYPES				824	5	725	1.087	6.177						
775/LN01-06	EBC	CUSTOMER SUPPORT		6	6						0.000	6	0.000		6	0
		WLF 1: TOTAL # 0F ALL PERSONNEL TYPES				824	6	870	0.435	2.472						
	EBC	CHCS									0.000	1	2.000	2	3	3
		WLF 1: TOTAL # 0F ALL PERSONNEL TYPES				824	1	145	0.225	1.279						
		TOTALS		13	13		14			9.928	0.000	14	3.000		17	4

YRLY	FTR
0	0.000

NOTE: Worksheet utilized for RMD and IMD. Enter data in RMD.

MTF Assigned Personnel Worksheet:	824
Military Assigned (Stf, Resid, Stu, AF&Navy):	384
Civilians Assigned (Time Sheets):	440
Contract:	0
Red Cross Volunteers:	0
Civilian Students:	0
BMM/Reserves:	0
Summer Students (times .25):	0
TOTAL FTEs:	824

TDA RMKS	NOTE CODE DEFINED:
1	(1) CONTRACT NETWORK SPECIALIST
2	(2) CONTRACT CHCS/1 ASSIGNED CHCS FACL

PART: 18

MANAGED CARE DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WKLD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WKLD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combined (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
440/LN01	ELA	CHIEF, MANAGED CARE DIVISION	POSITIONA	1	1		1	145			0.000	1	0.000	1	1	0
441/LN01-06	ELA	INT CUSTOMER SUPPORT OFFICE		5	4		2	290			0.000	2	0.000	2	2	-3
442/LN01-02	ELA	CASE MANAGEMENT OFFICE	POSITIONA	2	2		4	580	4	4	0.000	4	0.000		4	2
		AVG # OF NEW CASES				171										
443/LN01	ELA	CONTRACTING OFFICE		1	1		2	290			0.000	2	0.000		2	1
445/LN01-03	ELA	MEDICAL CLAIMS SECTION		10	0		10	1450			0.000	10	0.000	3	10	0
		TOTALS		**19**	**8**		**19**			**4.000**	**0.000**	**19**	**0.000**		**19**	**0**

YRLY	FTR
0	0.000

MANAGED CARE READINESS - NA

TDA RMKS

NOTE CODE DEFINED:

1 EFFECTIVE 1 OCT FY 98 MGT CARE AND RM WILL MERGE.
2 HEALTH ADVISOR MOVED TO CSD
3 TENTATIVE CONTRACT

PART: 19

PREVENTIVE MEDICINE DIVISION
FT LEONARD WOOD MEDDAC

PARA (A)	MEPR (B)	FUNCTION (C)	WKLD FACTOR (D)	0298 REQ (E)	0298 AUTH (F)	WRKLD (G)	# PERSON REQUIRE (H)	TOTAL HOURS REQUIRE (H*145) (I)	MPF (J)	WLF ERND (G*J)/145 (K)	READI FTR ADD (L)	ASAM REQ Combine (H+L) (K+L) (H+K+L) (M)	OUTSIDE MODEL LOCAL ADD (N)	NOTE CODE (O)	TOTAL MODEL REQ'S (M+N) (P)	REQ'S DELTA (Q)
911/LN01-3	FBB	CHIEF, PREVENTIVE MEDICINE SERVICE	POSITIONAL	3	3		3	435			0.000	3	0.000		3	0
911B/LN01-02	FBD	RAD PROT OFC	POSITIONAL	2	2		2	290			0.000	2	0.000		2	0
912/LN01-04	BHF	COMMUNITY HEALTH NURSING	PT VISITIS	6	6	192	6	870	4.531	6.000	0.000	6	0.000		6	0
912A/LN01-04	FBB	HEALTH PROMOTION CENTER	PT VISITIS	6	6	1	6	870	######	6.000	0.000	6	0.000		6	0
913/01-07	FBE	ENVIRONMENTAL HEALTH SECTION	POSITIONAL	10	7		7	1015			0.000	7	0.000	1	7	-3
		WLF 1: # OF INSPECTIONS				421			0.110	0.319						
		WLF 2: # OF EH EDUCATION ACTIONS														
		WLF 3: AVG # OF ANALYSIS														
914/LN01	FBF	EPIDEMIOLOGY & DESEASE	POSITIONAL	1	1		1	145			0.000	1	0.000		1	0
		WLF 1: AVG # OF CLIN PROC AND EDUC CLASSES				1			0.551	0.004						
915/LN01-05	BHG	OCCUPATIONAL MEDICAL SECTION	POSITIONAL	7	4		4	580			0.000	4	0.000		4	-3
		WLF 1: AVG # OF PATIENT VISITS				421			0.250	0.726						
916/LN01-03	FBC	INDUSTRIAL HYGIENE SECTION		4	3		3	435			0.000	3	0.000		3	-1
		WLF 1: AVG # OF SAMPLE\SERVICE				1			0.551	0.004						
		TOTALS		39	32		32			13.053	0.000	32	0.000		32	-7

PREVENTIVE MEDICINE READINESS

YRLY	FTR
0	0.000

TDA RMKS

NOTE CODE DEFINED:

1 HEARING CONSERVATION CONDUCTED IN SURGERY DIVISION.

APPENDIX B

PART: 3

SURGERY DIVISION
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (A)	MEPR (B)	FUNCTION (C)	% (CAT 1)	PROV {L*%} (D)	% (CAT 2)	DIRECT CARE PROV {L*%} (E)	% (CAT 3)	NURSE {P*%} (F)	% (CAT 4)	DIRECT CARE P/PROF {P*%} (G)	% (CAT 5)	CLINIC/ ADMIN SUPPORT {P*%} (H)	TOTAL EARNED PROV {D+E} (I)	TOTAL EARNED SPT {F+G+H} (J)	TOTAL EARNED FTR'S {I+J} (K)
301/LN01-03	EBD	CHIEF, DEPARTMENT OF SURGERY	1.00	3.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	0.000	3	0	3
304/LN01-08	BBA	GENERAL SURGERY CLINIC	0.75	1.500	0.25	0.500	0.00	0.000	0.67	2.010	0.33	0.990	2	3	5
306/LN01-05	BBD	OPTHALMOLOGY	0.00	0.000	1.00	1.000	0.00	0.000	0.64	1.280	0.36	0.720	1	2	3
307/LN01-08	BHC	OPTOMETRY	0.00	0.000	1.00	5.000	0.00	0.000	0.64	5.760	0.36	3.240	5	9	14
308/LN01-09	BEA	ORTHOPAEDIC CLINIC	0.73	2.920	0.27	1.080	0.00	0.000	0.61	2.440	0.39	1.560	4	4	8
308A/LN01-03	BEB	CAST CLINIC					0.00	0.000	0.93	1.860	0.07	0.140	0	2	2
3084/LN01	BEE	ORTHOTIC APPLIANCE LAB					0.00	0.000	0.79	0.000	0.21	0.000	0	0	0
308F/LN01-05	BEF	PODIATRY CLINIC					0.00	0.000	0.64	2.560	0.36	1.440	0	4	4
309/LN01-03	BLB	OCCUPATIONAL THERAPY CLINIC					0.00	0.000	0.00	0.000	1.00	4.000	0	4	4
310/LN01-011	BLA	PHYSICAL THERAPY CLINIC					0.00	0.000	0.00	0.000	1.00	6.000	0	6	6
311/LN01-04	BBF	OTOLARYNGOLOGY CLINIC	0.93	0.930	0.07	0.070	0.00	0.000	0.83	1.660	0.17	0.340	1	2	3
311A/LN01-03	BHD	AUDIOLOGY CLINIC	0.00	0.000	1.00	0.000	0.00	0.000	0.40	0.800	0.60	1.200	0	2	2
	BHDN	HEARING CONSERVATION	0.00	0.000	1.00	0.000	0.00	0.000	0.40	0.400	0.60	0.600	0	1	1
313/LN01-04	BBI	UROLOGY CLINIC	0.93	0.930	0.07	0.070	0.00	0.000	0.83	1.660	0.17	0.340	1	2	3
514/LN01	BCC	CHIEF, OB/GYN SERVICE	1.00	1.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	0.000	1	0	1
514/LN02-10	BCB	GYNECOLOGY CLINIC	0.70	2.800	0.30	1.200	0.09	0.630	0.61	4.270	0.30	2.100	4	7	11
514	BCC	OBSTETRICS CLINIC													
		TOTALS		**13.080**		**8.920**		**0.630**		**24.700**		**22.670**	**22**	**48**	**70**

NOTES:

PART: 4

ANESTHESIOLOGY & OPERATIVE SVCS
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (AA)	MEPR (AB)	FUNCTION (AC)	% (CAT 1)	PROV O.R.S. {K*%} (AD)	% (CAT 2)	DCP O.R.S. {K*%} (AE)	% (CAT 3)	NURSE {K*%} (AF)	% (CAT 4)	DCPP O.R.S. {K*%} (AG)	% (CAT 4)	CLINIC/ ADMIN SUPPORT O.R.S. {K*%} (AH)	TOTAL EARNED FTR'S (AI)
302/LN01	DFA	ANESTHESIOLOGY		1.950						0.460		1.000	3
302A/LN02-03	DFA	ANESTHESIA NURSING SERVICE				8							8
465B/LN01-03	DE_	CSS (DEA) / CMS (DEB)	0.00	0.000	0.00	0.000	0.10	0.500	0.75	3.750	0.15	0.750	5
465/LN01-12	DFB	OPERATING ROOM NURSING SERV	0.00	0.000	0.00	0.000	0.43	9.890	0.55	12.650	0.02	0.460	23
		TOTALS		1.950		7.799		10.390		16.860		2.210	39

4 PROVIDER REQS MAY BE CHANGED TO SUPPORT REQS (1 FOR 1), BUT NOT VICE VERSA.

PART: 5

PRIMARY CARE & COMMUNITY MEDICINE
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (A)	MEPR (B)	FUNCTION (C)	% (CAT 1)	PROV (L*%) (D)	% (CAT 2)	DIRECT CARE PROV (L*%) (E)	% (CAT 3)	NURSE (P*%) (F)	% (CAT 4)	DIRECT CARE P/PROF (P*%) (G)	% (CAT 5)	CLINIC/ ADMIN SUPPORT (P*%) (H)	TOTAL EARNED PROV (D+E) (I)	TOTAL EARNED SPT (F+G+H) (J)	TOTAL EARNED FTR'S (I+J) (K)
201/LN01-03	EBD	CHIEF, PCCM	1.00	1.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	3.000	1	3	4
202/LN01-04	BAB	ALLERGY AND IMMUNOLOGY CLINIC	1.00	1.000	0.00	0.000	0.00	0.000	0.90	1.800	0.10	0.200	1	2	3
202A/LN01-04	FBI	IMMUNIZATION CLINIC	0.00	0.000	1.00	0.000	0.00	0.000	0.69	1.380	0.31	0.620	0	2	2
204/LN01-03	BAP	DERMATOLOGY SERVICE	1.00	1.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	1.000	1	1	2
205/LN01-09	BDA	GENERAL PEDIATRIC SERVICE	1.00	3.000	0.00	0.000	0.11	0.440	0.40	1.600	0.49	1.960	3	4	7
205A/LN01-03	BDAB	EFMP	1.00	1.000	0.00	0.000	0.11	0.110	0.40	0.400	0.49	0.490	1	1	2
	BDCA	WELL BABY CLINIC	1.00	1.000	0.00	0.000	0.11	0.110	0.40	0.400	0.49	0.490	1	1	2
209A/LN01-12	BAA	INTERNAL MEDICINE SERVICE	0.73	5.110	0.27	1.890	0.19	1.900	0.48	4.800	0.33	3.300	7	10	17
211A/LN01-04	DHA	RESPIRATORY THERAPY SECTION					0.00	0.000	1.00	6.000	0.00	0.000	0	6	6
211A/LN05/08	DDA	EKG					0.02	0.060	0.94	2.820	0.04	0.120	0	3	3
212/LN01-14	BGA	FAMILY PRACTICE SERVICE	0.00	0.000	1.00	14.000	0.00	0.000	0.80	24.000	0.20	6.000	14	30	44
		PHASE II PA PROGRAM	0.00	0.000	1.00	1.000	0.00	0.000	0.80	0.000	0.20	0.000	1	0	1
214/LN01	BIA	EMERGENCY ROOM	0.91	10.920	0.09	1.080	0.00	0.000	0.60	20.400	0.40	13.600	12	34	46
214B/LN01-06	FEA	AMBULANCE SERVICE	0.91	0.000	0.09	0.000	0.00	0.000	0.60	12.600	0.40	8.400	0	21	21
215/LN01	BHAM	CONSOLIDATED TMC	0.00	0.000	1.00	1.000	0.00	0.000	0.00	0.000	1.00	0.000	1	0	1
215/LN09/24	BHB	MEDICAL EXAM	1.00	1.276	0.00	0.000	0.00	0.000	0.00	0.000	1.00	1.000	1	1	2
215A/LN01-06	FBIB	IMMUNIZATIONS TM	0.00	0.000	1.00	0.000	0.00	0.000	0.69	7.590	0.31	3.410	0	11	11
215C	BHAB	HOSPITAL ACUTE MINOR ILLINESS(A	0.00	0.000	1.00	2.000	0.00	0.000	0.66	3.300	0.34	1.700	2	5	7
		TOTALS		25.306		20.970		2.620		87.090		45.290	46	135	181

NOTES:

1. PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.
2. **CAT 1 & 2 MUST = 100% OF PROV REQS YIELD (COL J)**
3. **CAT 3, 4, & 5 MUST = 100% OF SPT REQS YIELD (COL N)**

PART: 6

NURSING OPERATIONS DIVISION
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (A)	MEPR (B)	FUNCTION (C)	% (CAT 3)	NURSE {N*%} (D)	% (CAT 4)	DIR CARE P/PROF {N*%} (E)	% (CAT 5)	CLN/ADM SUPPORT {(L+M)*%} (F)	TOTAL EARNED FTR'S {D+E+F} (G)
451/LN01-03	EBD	C, NURSING OPERATIONS DIVISION	0.65	1.950	0.32	0.960	0.03	0.090	3
460/LN01-02	EBD	CLINICAL NURSING SERVICE	0.65	0.000	0.32	0.000	0.03	0.000	0
460A/LN01-09	DJA	COMBINED ICU WARD	0.65	7.800	0.32	3.840	0.03	0.360	12
460C/LN01-12	ACX	MTRNL & CHILD WARD	0.65	11.700	0.32	5.760	0.03	0.540	18
460D/LN01-12	AAX	MEDICAL-SURGICAL WD	0.40	17.200	0.57	24.510	0.03	1.290	43
4660F/LN01-11	AFX	PSYCHIATRY WARD	0.65	11.700	0.32	5.760	0.03	0.540	18
465D/LN01-08	DFC	RECOVERY ROOM	0.50	0.500	0.47	0.470	0.03	0.030	1
465C/LN01-2	DGE	SURGICAL PRE ADMIT SECTION	0.30	0.600	0.30	0.600	0.40	0.800	2
		TOTALS		51.450		41.900		3.650	97

NOTES:

1 PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.

PART: 8

BEHAVIOR MEDICINE DIVISION
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (A)	MEPR (B)	FUNCTION (C)	% (CAT 1)	PROV {L*%} (D)	% (CAT 2)	DIR CARE PROV {L*%} (E)	% (CAT 3)	NURSE {P*%} (F)	% (CAT 4)	DIRECT CARE P/PROF {P*%} (G)	% (CAT 5)	CLINIC/ ADMIN SUPPORT {P*%} (H)	TOTAL EARNED PROV {D+E} (I)	TOTAL EARNED SPT {F+G+H} (J)	TOTAL EARNED FTR'S {I+J} (K)
351/LN01-03	EBD	CHIEF, BEHAVIOR MEDICINE DIVISIO	1.00	1.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	1.000	1	1	2
352/C01	DDB	EEG					0.00	0.000	0.96	0.000	0.04	0.000	0	0	0
	DDC	EMG					0.00	0.000	0.96	0.000	0.04	0.000	0	0	0
353/C01	BAK	NEUROLOGY SERVICE	0.75	0.750	0.25	0.250	0.00	0.000	0.67	0.000	0.33	0.000	1	0	1
354/LN01-08	BFB	PSYCHOLOGY CLINIC	0.00	0.000	1.00	7.000	0.05	0.400	0.76	6.080	0.19	1.520	7	8	15
355/LN01-02	BFF	SUBSTANCE ABUSE CLINIC	0.00	0.000	1.00	1.000	0.00	0.000	0.81	0.810	0.19	0.190	1	1	2
356/LN01-06	BFB	PSYCHOLOGY CLINIC	0.00	0.000	1.00	3.000	0.05	0.300	0.76	4.560	0.19	1.140	3	6	9
357/LN01-7	BFE	SOCIAL WORK SERVICES	0.00	0.000	0.65	1.950	0.00	0.000	0.25	0.750	0.10	0.300	2	1	3
	BFEB	FAMILY ADVOCACY PROGRAM	0.00	0.000	0.65	1.300	0.00	0.000	0.25	0.500	0.10	0.200	1	1	2
358/LN01-04	BFF	SUBSTANCE ABUSE CLINIC	0.28	0.000	0.72	0.000	0.05	0.200	0.63	2.520	0.32	1.280	4		
		TOTALS		1.750		14.500		0.900		15.220		5.630	20	18	34

NOTES:

1 PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.

2 CAT 1 & 2 MUST = 100% OF PROV REQS YIELD (COL J)
3 CAT 3, 4, & 5 MUST = 100% OF SPT REQS YIELD (COL N)
4 PROVIDER REQS MAY BE CHANGED TO SUPPORT REQS (1 FOR 1), BUT NOT VICE VERSA.

PART: 9

RADIOLOGY DIVISION
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (A)	MEPR (B)	FUNCTION (C)	% (CAT 1)	PROV {M*%} (D)	% (CAT 2)	DIRECT CARE PROV {M*%} (E)	% (CAT 3)	NURSE {M*%} (F)	% (CAT 4)	DIRECT CARE P/PROF {M*%} (G)	% (CAT 5)	CLINIC/ ADMIN SUPPORT {M*%} (H)	TOTAL EARNED FTR'S {D+..+H} (I)
	DCA	DIAGNOSTIC RADIOLOGY	0.20	7.000	0.00	0.000	0.02	0.700	0.63	22.050	0.15	5.250	35
605/LN01-0	DIA	NUCLEAR MEDICINE SERVICE	0.20	0.600	0.00	0.000	0.02	0.060	0.63	1.890	0.15	0.450	3
		TOTALS		7.000		0.020		1.330		22.200		40.250	38

NOTES:

1 PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.

2 CAT 1 - 5 MUST = 100% REQS YIELD (COL M)

3 PROVIDER REQS MAY BE CHANGED TO SUPPORT REQS (1 FOR 1), BUT NOT VICE VERSA.

PART: 10

PATHOLOGY DIVISION
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (A)	MEPR (B)	FUNCTION (C)	% (CAT 1)	PROV (M*%) (D)	% (CAT 2)	DIRECT CARE PROV (M*%) (E)	% (CAT 3)	NURSE (M*%) (F)	% (CAT 4)	DIRECT CARE P/PROF (M*%) (G)	% (CAT 5)	CLINIC/ ADMIN SUPPORT (M*%) (H)	TOTAL EARNED FTR'S (I)
	DBA	CLINICAL PATHOLOGY	0.10	3.700	0.00	0.000	0.00	0.000	0.85	31.450	0.05	1.850	37
	DBB	ANATOMICAL PATHOLOGY	0.15	1.200	0.00	0.000	0.00	0.000	0.65	5.200	0.20	1.600	8
624H/LN01-03	DBC	BLOOD BANK SECTION	0.00	0.000	0.00	0.000	0.00	0.000	0.85	4.250	0.15	0.750	5
624J/LN01-03	FAF	BLOOD DONOR SECTION(DNA)	0.00	0.000	0.00	0.000	0.00	0.000	0.85	3.400	0.15	0.600	4
		TOTALS		4.900		0.000		0.000		44.300		4.800	54

NOTES:

1 PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.

2 **CAT 1 - 5 MUST = 100% REQS YIELD (COL M)**

3 **PROVIDER REQS MAY BE CHANGED TO SUPPORT REQS (1 FOR 1), BUT NOT VICE VERSA.**

PART: 11

PHARMACY DIVISION
FT LEONARD WOOD MEDDAC

RECOMMENDED FTR BREAKOUT BY CATEGORY

PARA (A)	MEPR (B)	FUNCTION (C)	% (CAT 1)	PROV {M*%} (D)	% (CAT 2)	DIRECT CARE PROV {M*%} (E)	% (CAT 3)	NURSE {M*%} (F)	% (CAT 4)	DIRECT CARE P/PROF {M*%} (G)	% (CAT 5)	CLINIC/ ADMIN SUPPORT {M*%} (H)	TOTAL EARNED FTR'S (I)
	DAA	PHARMACY	0.00	0.000	0.40	11.600	0.00	0.000	0.55	15.950	0.05	1.450	29
215/LN14/18		PHARMACY CMTC	0.00	0.000	0.40	0.800	0.00	0.000	0.55	1.100	0.05	0.100	2
646/LN03		LOGISTICS (PRIME VENDOR)	0.00	0.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	1.000	1
		TOTALS		0.000		12.400		0.000		17.050		2.550	32

NOTES:

1 PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.

2 **CAT 1 - 5 MUST = 100% REQS YIELD (COL M)**

APPENDIX C

PART: 1

REQUIREMENTS SUMMARY
FT LEONARD WOOD MEDDAC

WORKLOAD REPORTING PERIOD:
FY97(JUL-SEP)-FY98(OCT-JUN)

MODEL PART/PAGE (A)	FUNCTION (B)	0298 REQ (C)	0298 AUTH (D)	READINESS REQ'S ADDITIVE (E)	ASAM REQ'S YIELD (F)	OUTSIDE MODEL ADDITIVE (G)	TOTAL MODEL REQ'S (H)	REQ'S DELTA (I)
2	COMMAND SECTION & SPECIAL STAFF	36	28	0.230	27	0	27	-9
3	SURGERY DIVISION	89	81	0.559	79	0	83	-6
4	ANESTHESIOLOGY & OPERATIVE SVCS	31	30	0.046	34	0	34	3
5	PRIMARY CARE & COMMUNITY MEDICINE	203	186	1.544	214	5	219	16
6	NURSING OPERATIONS DIVISION	104	98	0.000	97	12	109	5
7	PLANS, EDUCATION, READINESS, TRNG, SECURITY	11	9	0.000	10	0	10	-1
8	BEHAVIOR MEDICINE DIVISION	37	34	0.000	42	4	46	9
9	RADIOLOGY DIVISION	37	35	0.000	38	0	38	1
10	PATHOLOGY DIVISION	44	43	0.000	54	0	54	10
11	PHARMACY DIVISION	37	35	0.046	32	5	37	0
12	LOGISTICS DIVISION	123	76	0.023	116	1	117	-6
13	PATIENT ADMINISTRATION DIVISION	61	54	0.000	61	0	61	0
14	HUMAN RESOURCE DIVISION	17	16	0.023	16	0	16	-1
15	NUTRITION CARE DIVISION	41	38	0.023	51	0	51	10
16	RESOURCE MANAGEMENT DIVISION	14	14	0.000	14	0	14	0
17	AUTOMATION MANAGEMENT DIVISION	13	13	0.000	14	3	17	4
18	MANAGED CARE DIVISION	19	8	0.000	19	0	19	0
19	PREVENTIVE MEDICINE DIVISION	39	32	0.000	32	0	32	-7
	TOTALS	**956**	**830**	**2.494**	**950**	**30**	**984**	**28**
	SHADOW FORCE (NON-ADD) TOTALS	**45**	**0**					
	UIC MCW1MLAA TOTALS	**911**	**830**					

	0298 TDA	ASAM
OVERALL REDUCTION - PERCENTAGE		-2.9%
NON-MEDICAL - ACTUAL	374	288
NON-MEDICAL - PERCENTAGE	39.1%	29.3%

(NON-MEDICAL = PARTS 2,7,12-19)