

MINUTES OF THE APRIL 28, 2005 E-VOTE OF THE MJCSG PRINCIPALS

LOCATION: E-vote on Recalculation of personnel distribution for MEDCR 0002

Decisions:

- Implement manpower redistribution under MEDCR 0002R for the National Capital Region as detailed in the attached. **(Approved: 6 in favor, 0 opposed)**

Meeting Overview:

- Staff paper informed the Medical JCSG principals on the changes that are being developed in the MEDCR0016R recommendation due to AF data changes.
- E-voting Members reviewed the attached paper on the redistribution of manpower in MEDCR0002. This redistribution was Staff attempt to provide an alternative approach to the projected manning at the new Ft Belvoir. This effort was undertaken in an effort to tie the manpower at new Ft Belvoir more closely to Army manning approaches in similarly sized hospitals. The Medical JCSG members responded via email in favor of allowing the change. **(Response: 6-0 in favor of applying the updated staff analysis presented for MEDCR 002R)**



GEORGE P. TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Chair

Attachments:

1. Staff paper

MED016R Wilford Hall to BAMC

Summary below with recommendation to approve new manpower numbers and methodology as described.

	3 Feb MJCSG Brief	Current Recommendation
Lackland to BAMC	1941	1940
Eliminations	772	717

Details:

Recommendation is to maintain an ambulatory surgery center at Wilford Hall and move inpatient and tertiary care functions to BAMC. Due to the new numbers provided by the Air Force in the latest data call, we had to rework manpower numbers. We think the AF under-estimated the manpower required to run the Amb Surgery Center (they maintained the manpower for occ health, flight medicine, etc. We gave AF/DP the numbers identified from the Joint Workgroup but they provided more people for realignment than what the Workgroup had estimated. If we start with the numbers provided by AF/DP (1303/1793/796) and subtract the numbers identified by the Army (through the Joint Workgroup) for the workload required (785/823/332) and subtract the original numbers certified by the AF to run the Amb Surg Center (418/829/299) and eliminate the difference (100/141/165) plus 311 more identified by the AF (311) the total eliminated is detailed below:

AF Certified DP Numbers Realign to BAMC	1303	1793	796	3892
Army Certified Numbers Realign to BAMC	785	823	332	1940
AF Certified Numbers to run an AMB Surg Center	418	829	299	1546
Difference	100	141	165	406
AF Certified DP Numbers for Elimination	0	0	311	311
Total for elimination	100	141	476	717

On 3 Feb 05 the brief to the MJCSG included the realignment of 1,609 military and 332 civilians to BAMC along with 772 civilian eliminations.

MED002 R Walter Reed to Bethesda and Ft Belvoir

Overall manpower changes from 3 Feb brief and recommendations for Principals:

	3 Feb MJCSG Brief	Current Recommendation
Walter Reed to Bethesda	1146	959
Walter Reed to Belvoir	1489	2069
Eliminations	849	840

- Realigns manpower based upon workload numbers at New Belvoir and Bethesda.
- Places more manpower at Bethesda than identified in certified Navy certified response
- Realigns more manpower to Belvoir to support workload

Details:

Walter Reed to Bethesda:

Navy's February 2005 certified documents realigned 48/97/102 (a total of 247) from Walter Reed to Bethesda. In December 2004, the Navy provided a detailed worksheet that outlined by department realignments for the workload moving to Bethesda which included moving 467 from Walter Reed to Bethesda.

MJCSG Staff calculations increased the December 2004 amount moving by 30% to cover potential under-estimation of the unique capabilities and new departments (amputee center) at Walter Reed. We also included an officer/enlisted split of 50%/50% for outpatient support staff at Bethesda since the Navy data didn't include these details. We added 189 realignments per the Army certified document to cover the realignment of Phase II Medical Training to Bethesda. MJCSG Staff ultimately realigned 241/483/73 to Bethesda along with 163 students (does not include those identified in TECH 32 and MED029) for a total of 959 personnel realigning to Bethesda from Walter Reed:

Navy workload sheet	Off	Enl	Civ	Total
Inpatient - non-ICU	0	80	50	130
inpatient ICU	0	35	5	40
outpatient providers	74	0	0	74
Outpatient support (split 50%)	111	112	0	223
Total	185	227	55	467
With 30% add	241	295	72	607
Phase 2 Med tng	0	188	1	189
Students				163
Total to Bethesda	241	483	73	959

Walter Reed to Belvoir (hospital staff only, no BOS staffing)

We used the current workload at Belvoir plus the estimated workload moving from Walter Reed to Belvoir to project RVUs and RWPs production requirements at the new Belvoir. The workload estimates were the same approved to the MJCSG at the 3 Feb 2005 decision meeting. MJCSG staff developed a benchmark by averaging the workload and manpower for three like-sized Army hospitals (Tripler, BAMC, and Fort Lewis) from our certified data. These were selected as they have the most similar populations and health care missions to new Belvoir from those available in the Army data. MJCSG Staff accomplished this benchmarking exercise to ensure that the manpower being realigned to new Belvoir was adequate for the proposed production schedule. Finally, this was done because, due to lack of time, no detailed by department analysis of the new Belvoir manpower needs was done as had been done for Bethesda.

The projected workload at the new Belvoir is approximately 16% above the averaged workload from the benchmark MTFs. To cover this difference in workload, we staffed Belvoir to a level 16% above the average staffing at the benchmark hospitals.

Benchmark Calculation:

<i>Benchmarks</i>	RVU	RWP
Tripler AMC	790,054	12,436
Brooke AMC	861,979	14,337
Ft Lewis AMC	1,256,249	11,698
Total	2,908,282	38,471
Average	969,427	12,824
<i>Workload</i>		
Ft Belvoir Current	349,786	1,919
WRAMC Workload to Belvoir	871,494	12,449
New Belvoir	1,221,280	14,368
Difference from Benchmark Average	21%	11%
16% Inc to benchmark Average	1,124,536	14,875

Increased the average of the AMCs by 16% (average of 21% and 11%) as Benchmark to estimate staffing at new Belvoir.

Manpower calculation:

	Officer	Enlisted	Civ	Total
Tripler	592	597	943	2,132
Ft Sam Houston	726	788	1027	2,541
Ft Lewis	600	650	1250	2,500
Total	1,918	2,035	3,220	7,173
Average	639	678	1,073	2,391
New Belvoir Staffing: Increase avg by 16%	742	787	1,245	2,774
Ft Belvoir Current Staffing	131	222	352	705
WRAMC Current Staffing	933	975	1,545	3,453
Army Total Manning	1,064	1,197	1,897	4,158
Difference between Army total and new Belvoir staffing...Excess manning for Bethesda	322	410	652	1,384
Realign from WR to Belvoir	611	565	893	2,069

On 3 Feb 05 the MJCSG was briefed using a total manning number for Walter Reed of 3,494. The realignment/ eliminations were based upon the following:

- Total authorizations at Walter Reed less a 20% efficiency factor
- 21% of the workload moving to Bethesda and 79% to Belvoir
- Elimination of 859 manpower positions

Later in February 2005, Army updated the WRAMC manning numbers to 5,004 authorizations. Applying the same methodology, (20% efficiency and then a 21%/79% split):

MJCSG eliminated 1,001

MJCSG realigned 1,161 to Bethesda and 2,809 to Belvoir

As the scenario was revised to closure of the installation and integration completed, Army TABS provided the manning document for Walter Reed with the total authorizations for the hospital as 933 officers, 975 enlisted, 1,545 civilians for a total of 3,453. Although this staffing number is very close data briefed to the MJCSGs on 3 Feb 2005, our assessment of the workload at Belvoir, based on the benchmark MTFs suggests a different split between Bethesda and Belvoir from the original 21%/79%. Excess manning not realigned to new Belvoir was used to staff Bethesda or eliminated.