

## Greater Los Angeles - Labor Mapping Guidance

### I. Process and Timeliness

1. The expectations and timelines of MCA staff members and the using service points of contacts responsible for labor mapping are as follows:
  - a) Service points of contact will review and make revisions to labor mapping on monthly basis via the VISN Labor mapping Database. Revisions to labor mapping will be updated **no later than the last Wednesday of the month**. Failure to provide accurate mapping (by prescribed deadline) to MCA staff may result in erroneous mapping / costing /productivity.
  - b) If labor mapping needs to be updated please review the name, cost center, budget object code (which determines type of employee such as nurse, physician etc.), the various ALBCC's (departments indicating where the employee works) which will include percentage of time/hours for each. As part of this review the overall department should also be reviewed for accuracy.
2. The MCA Departments will no longer be sending e-mail notifications to the designated points of contacts at the service level. The station level points of contact will be held accountable and be responsible for reviewing their own labor mapping on a recurring basis.
3. Labor mapping database can be accessed by downloading the following MS access file to your desktop:



LabormapV22 Copy 10-1-15.accdb

- Directions on how to do Labor mapping are located at:  
<http://vaww.visn22.portal.va.gov/DSS/GLADSS/V22%20Labor%20Mapping%20User%20Manual%20-%20PILOT.doc>

In the event LM database is not operational, labor mapping will be available via the VISN 22 MCA SharePoint and revisions to labor mapping will be sent via e-mail to:

[Rhisa.Smoke@med.va.gov](mailto:Rhisa.Smoke@med.va.gov) or [Chris.Grosskortenhaus@med.va.gov](mailto:Chris.Grosskortenhaus@med.va.gov).

- The VISN 22 SharePoint is located in the following link:  
<http://vaww.visn22.portal.va.gov/MCA/default.aspx>
- The directions for accessing current labor mapping for services are located at:  
<http://vaww.visn22.portal.va.gov/DSS/GLADSS/Directions%20to%20review%20Labor%20Mapping%20in%20Reports%20Database.docx>

- Directions on how to reference the various ALBCC/Departments that are applicable for your service are located at:  
<http://vaww.visn22.portal.va.gov/DSS/GLADSS/Directions%20for%20Finding%200Various%20ALBCCs%20using%20Reports%20Database.docx>

## II. Rules and References:

The importance of MCA Labor mapping is addressed in [VHA Directive 2011-009](#) which is not only for Physicians and Dentists but also all our clinical and administrative staff. The labor must be certified yearly by Medical Center Directors and the Network Director that it is being accomplished and is accurate. This will further improve our managerial cost accounting system in order to utilize it for its intended purpose of making informed decisions based on reliable and accurate data.

GLA Labor Mapping Business Rules for Direct Patient Care, Administrative, Research and Education time allocations are listed below in items 3, 4, 5 & 6 and can also be accessed at:  
<http://vaww.visn22.portal.va.gov/DSS/GLADSS/GLA%20Labor%20Mapping%20Business%20Rules%20Final.pdf>.

1. MCA mapping should be based on the overall expectations of the work of each employee. The short term changes would need to be assessed for the materiality on costs which are cumulative and averaged for the entire fiscal year.
  - a. For expected extended leave situations spanning at least two (2) consecutive Pay Periods for clinical staff, the expectation is for MCA Site Team members to work with appropriate service to re-map the employee to the service level administration ALBCC (e.g. Primary Care providers mapped to Primary Care Administration).
  - b. The expectation / responsibility lies with services to remember to re-map these employees to direct patient care ALBCCs once they return to work duties.
  - c. MCA staff will provide quarterly reports regarding clinical staff mapped 100% to administrative areas for service review.
2. If an employee is detailed or has a major change in their duties that doesn't involve processing a SF-52 action service level points of contacts need to contact MCA and provide updates.

### **Definitions and Labor Mapping Business Rules:**

3. **Direct Patient Care time** is defined as the time to prepare, to provide for, and follow-up on the clinical care needs of patients and includes:
  - a. Time spent in reviewing patient data.

- b. Consulting about patient care with colleagues.
- c. Reviewing medical literature.
- d. Contacting the patient or caregivers to discuss their needs.
- e. The labor hours provided by a physician or dentist who is supervising house staff residents providing care in a clinical setting.

More specific examples of Direct Patient Care time may include:

- a. "Telephone encounters" or "group clinics" discussing patient care issues with consultants and/or other staff members.
- b. Reviewing medical records, charting patient treatments, and ordering and reviewing patient tests and consultations.
- c. Attending educational programs aimed at maintaining or improving clinical skills or participation in staff meetings that are focused on the delivery of patient care.
- d. In any of the above activities where the patient care is for research purposes, regardless of how VISTA encounter workload is recorded.

***GLA Guidance: Map Direct Patient Care Time first. Minimum Clinical Effort should be  $\geq 25\%$  of Total FTE and then map Administrative, Research and Education time. Assigned effort in Patient Care, Administration, Research and Education, is designated by the Service Chief, based on GLA Labor mapping guidance, with review and approval of the Chief of Staff.***

- 4. **Administrative time** includes time spent on managerial or administrative duties, generally at the level of the department, service, medical facility, VISN, or nationally, both within and outside VA. This time for professional staff is allocated as administrative time. Examples of Administrative time are:
  - a) In support of service-wide administrative activities, such as completing performance reviews, and medical center and VA Central Office reporting requirements.
  - b) Managing a program within a clinical department, service, or hospital.
  - c) Working on service or hospital-wide committees.
  - d) Serving on state and national committees, advisory boards, or professional societies.

<b>GLA Administrative - Mapping Allocations</b>		
<b>Administrative Activity</b>	<b>GLA Maximum Suggested FTEE Allocation</b>	<b>GLA Maximum Suggested Hours per week</b>
Chief of Staff	0.900	36.0
ACOS or Deputy COS	0.900	36.0
Service Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 25 direct report FTEE [including in-house fee providers]).	0.700	28.0

Service Chief of Small Service (i.e., Dental, Neurology; < 25 direct report FTEE [including in-house fee providers]).	0.400	16.0
Assistant Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 25 direct report FTEE [including in-house fee providers]).	0.500	20.0
Assistant Chief of Small Service (i.e., Dental, Neurology; < 25 direct report FTEE [including in-house fee providers]).	0.300	12.0
Section Chief of Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 5 direct report FTEE [including in-house fee providers]).	0.300	12.0
Section Chief of Small Section (i.e., Allergy / Immunology, Urology; < 5 direct report FTEE [including in-house fee providers]).	0.250	10.0
Program Lead within Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 5 direct report FTEE [including in-house fee providers]).	0.12 - 0.15	4.8-6.0
Program Lead within Small Section (i.e., Allergy / Immunology, Urology; < 5 direct report FTEE [including in-house fee providers]).	0.050	2.0
Chair, Hospital Committee e.g. Pharmacy & Therapeutics Committee, Medical Records Committee	0.060	2.4

5. **Research time** is defined as time spent performing formal, approved health care research, or in activities in direct support of approved research. Formal, approved research is research that is approved through the hospital's research review process. Support activities include time spent by the investigator in direct support of research activities. Research can be laboratory, clinical, or health services research. However, direct VHA patient care research time must be mapped as direct patient care time when workload is recorded in VistA as an encounter. Examples of Research time are:

- a. Working on research projects that have been approved by the local VA medical center Research and Development Committee which does not produce recorded patient care encounter workload in VistA.
- b. Working in an actual research laboratory or in a controlled setting that involves no direct patient care or treatment.
- c. Serving on hospital or affiliate research committees.
- d. Supervising a student's, resident's, or fellow's non-clinical research.
- e. Writing for publications or grants.
- f. Attending meetings explicitly related to research activities.
- g. Presenting papers at research meetings.
- h. Sitting on a national study section or grant approving board.

<b>GLA Research - Mapping Allocations</b>		
<b>Research Activity</b>	<b>GLA Maximum Suggested FTEE Allocation</b>	<b>GLA Maximum Suggested Hours per week</b>
Principal Investigator (PI) Merit review	0.380	15.2
Chair on VA Cooperative Studies Program (CSP)	0.400	16.0
Site PI on Merit/VA CSP	0.200	8.0
PI NIH ROI*	0.380	15.2
VA Career Development Award (CDA)	0.750	30.0
Major Foundation Awards >100K/year	0.200 - 0.300	8.0– 12.0
PI of VA Center of Excellence	0.300 - 0.500	12.0-20.0
PI, Sponsored Industry grants(Pharmaceutical/biotech research grants/contracts)>\$20,000 up to a maximum of three - 0.05 FTE each up to max of 0.15	0.150	6.0
Mentor, career development award (CDA) recipient working at the VA	0.0625	2.5
New Investigator/Bridge Support Status for established investigator- up to 2 years with COS approval and based on review/progress**	0.500	20.0
Chair, Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC)	0.300	12.0
Chair, Institutional Bio-safety Committee (IBC) / Subcommittee on Research Safety (SRS) or Research and Development Committee	0.100	4.0
Vice Chair, IRB	0.200	8.0
Member, IRB, IACUC	0.075	3.0
Member, IRB, Expedited Reviews	0.150	6.0
Member, IBC/SRS, R&D Committee	0.038	1.5
*NIH grants are managed through the affiliate or the nonprofit corporation. VA time allocation varies dependent on the particular research project.		
** New Investigator /Bridge Support for Established Investigator Status ranges from 12-24 months and is dependent upon negotiation with the Service Chief and COS. Also review Criteria for Research Mitigation for Startup and Bridge Support below		

### **Criteria for Research Mitigation for Start-Up and Bridge Support**

Start-Up Support (up to 4/8<sup>th</sup> research time mitigation) for up to 2 years (must be renewed after 1 year based on progress).

- a. Physician should have a 3/8<sup>th</sup> to 8/8<sup>th</sup> VA staff physician position and devote at least 2/8<sup>th</sup> clinical time, unless an approved exception by COS.
- b. Evidence of significant dedicated research training, which should be separate from training required for clinical certification. In most cases, this should be a minimum of 2 years. Those performing health services should usually have received an advanced degree, masters or PhD, in a related field, or equivalent dedicated training. Those doing basic research should have at least 2 years dedicated laboratory training, or PhD, in a related field.
- c. Demonstrated published research productivity, appropriate for academic level.
- d. Research plan should include applications for grants in the first year, appropriate for academic level, and should usually include a VA grant, whenever appropriate.
- e. Renewal beyond 1 year should be based on meeting specific criteria, including grant submission and evidence of research progress.
- f. A third year will be granted in exceptional circumstances and only if the physician has received a competitive score on a VA grant application(s).

### **Established Investigator Bridge Support**

- a. Bridge Support (up to 4/8<sup>th</sup> research time mitigation) for up to 2 years (must be renewed after 1 year based on progress).
- b. An established investigator must have a track record of competitive peer-review funding, including VA merit review and/or NIH RO1 support, or equivalent support. Those performing predominantly health services research may have different forms of research support, but should be judged to be of a similar level of selectivity and magnitude.
- c. The investigator given bridge mitigation should have a 3/8<sup>th</sup> to 8/8<sup>th</sup> VA position, with at least 2/8<sup>th</sup> clinical effort, unless an approved exception by COS.
- d. Research plan should include submitting grant applications, including VA, whenever appropriate.
- e. Renewal beyond 1 year should be based on grant submission and evidence of research progress.
- f. A third year will be granted in exceptional circumstances and only if the physician has received a competitive score on a VA grant application(s).

6. **Education time** is defined as time spent providing formal training (didactic education-classroom teaching setting). This includes preparation as well as actual classroom or lecture time for educators or presenters. It may include duties performed as Associate Chief of Staff for Education or other facility educator performing this role approved by the Chief of Staff.

*Time spent receiving training is considered a cost of direct patient care.*

- a. Examples of Education time spent are:
  - i. In a classroom teaching residents and fellows.
  - ii. In managing a resident, fellow, or other type of student teaching program.
  - iii. Working on medical school committees.
  - iv. Giving conferences in the community or nationally.

- b. Note that providing administrative oversight to a formal academic program should be considered education time.

**Education Time Activities:** A clinician with defined and approved didactic teaching responsibilities conforming to the definition above may receive up to 0.1 FTEE of education time (pro-rated for part-time). Additional time may be allocated for defined programmatic oversight responsibilities (see table below for Education Time Allocations). Education time should be used for activities related to education such as but not limited to those listed below:

- a. Teaching didactic sessions (didactic lectures, small group sessions, journal clubs, individual activity) for students, residents or fellows.
- b. Development of educational products (curricula, computer-based learning, course revision, teaching materials such as handouts, faculty development sessions).
- c. Presentations at grand rounds or other seminars, medical school or graduate school lectures
- d. Participation in interviews for prospective students, residents, fellows or faculty.
- e. Completion of trainee evaluations.
- f. Education administration (course director, evaluation, committee membership, committee chair).
- g. Service on university affiliate committees relevant to the VA mission (e.g. promotions, education) when required as part of VA duties.
- h. Scholarly activities (abstracts, workshops, regional or national presentations, publications). Note that this time may be more appropriately mapped to research depending on the nature of the activity.

**Education Time Assignment:**

- a. Education time will be assigned prospectively at the time of hire and reviewed annually.
- b. Additional increments of education time are awarded for specific leadership positions relevant to the VA's mission as per the attached table. Note that some programs, such as internal medicine, have specific accreditation requirements for education time for program directors, associate program directors and core clinical faculty through the Accreditation Council for Graduate Medical Education. Therefore, requirements outlined in the table may be adjusted to meet these standards. Education time should only be granted in the absence of monetary compensation for that duty. For example, a VA physician who serves as a residency program director and receives monetary compensation from the affiliate for that task is expected to perform those duties on non-VA time and therefore would not require additional VA education time.

<b>GLA Education - Mapping Allocations</b>		
<b>Education Activity</b>	<b>GLA Maximum Suggested FTEE Allocation</b>	<b>GLA Maximum Suggested Hours per week</b>
Associate Chief of Staff for Education (includes others who serve in the functional role of the Designated Education Officer)		
# in facilities with 100 or > GME positions	0.750	30.0
Program Director for VA-based Physician/Associated Health Program or Affiliate-sponsored Program		
# in program > 10	0.500	20.0
# in program = 5 - 10	0.350	14.0
# in program = 1 - 4	0.200	8.0
Associate Program Director for VA or Affiliate-based Physician/Associated Health Program		
# in program > 10	0.300	12.0
# in program = 5 - 10	0.200	8.0
# in program = 1 - 4	0.150	6.0
Core Clinical Faculty	0.150	6.0
VA Site Director		
# in program > 20	0.400	16.0
# in program ≤ 20	0.300	12.0
Medical School Clerkship Director (or analogous Associated Health Position)	0.250	10.0
Didactic Teaching	0.100	4.0
Supervision of clinical research for ≥ 3 trainees (residents/fellows) in VA-based Programs	0.125	5.0

## 7. Fee Basis Appointments and information needed by MCA

MCA needs Fee Basis appointments broken down by an hourly rate for input into the system. However the agreement arranged through Human Resources calculates pay by the number of visits or procedures not an hourly rate. As a result, MCA needs input from the service to help calculate an hourly rate to enter into the MCA database. Below is an example of calculating a per procedure rate into an hourly rate.

### **Formula Example #2 by Procedure:**

By Procedure: approx. 250 perfusionist procedures/year (according to contract)  
Amount of Contract: \$250 per procedure X estimated 250 procedures = \$62,500  
Methodology: Clinicians suggest procedure can take 1-4 hrs. Avg. = 2.5 hrs.  
2.5 hrs. X 250 procedures = 625 hrs



625 hrs./2,088 hrs. = .2993 FTE  
\$62,500 /625 = \$100  
Factor: \$100  
Check: \$62,500/100 = 625 hrs./2,088 hrs. = .2993 FTE

**References:**

- VHA Directive 2011-009:  
[http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2384](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2384)
- OPES Labor Mapping Guidance:  
<http://opes.vssc.med.va.gov/Prime%20Your%20Practice%20Library/02.%20Attachment%202%20-%20Labor%20Mapping%20Guidance.xlsx>
- Network 22 MCA Interim Labor Mapping Guidance:  
<http://vaww.visn22.portal.va.gov/DSS/MCA%20LABOR%20MAPPING%20SOP/Network%2022%20DSS%20Labor%20Mapping%20Guidance%20w%20Cert.docx>
- VISN 22 Guidelines for Effort Allocation for Clinician Educators:  
<http://vaww.visn22.portal.va.gov/DSS/Directives%20and%20Guidelines/VISN%2022%20Guidelines%20for%20Effort%20Allocation%20for%20Clinician%20Educators%20FINAL.pdf>