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

By

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

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

23 July 1995
Acknowledgment

This draft report is the result of the combined efforts of the following U.S. Army Medical Research Unit-Europe staff:

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Evelyn H. Golembe  
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Deanna M. Peace  
Kevin S. Uyeno
Military Readiness and Patient Care in USAREUR Medical Forces:

Summary Report on Prospective MEPRS “Benchmarking” Study *

1. INTRODUCTION

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

* The views of the authors do not necessarily reflect the position of the Department of the Army or the Department of Defense (PARA 4-3, AR 360-5).
The Medical Expense and Performance Reporting System (MEPRS) tabulates monthly data on personnel utilization in DOD medical fixed facilities. Due to a variety of reporting difficulties, the MEPRS database does not always provide accurate data on medical personnel utilization. Also, as it is tailored for fixed facilities, MEPRS does not capture medical personnel utilization in field, or TO&E medical units. This presents a serious problem for medical leaders in an environment like USAREUR, where many military medical care providers share their time between fixed facilities and TO&E medical units. In such an environment, the MEPRS system can only yield an incomplete answer to the question of overall medical personnel utilization.

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

Prospective "Benchmark" Study: June-July 1995

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

7 July, 1995
Revised: 23 July 1995
PURPOSE

• Follow up on "Quick Look" Study, using data from non-MEPRS sources

• Obtain current data on how Army medical care personnel are spending their work time

• Identify % of medical care provider time spent on readiness activities

• Special focus on medical care providers assigned to TO&E units
PROCEDURES

• Short, telephone survey

• Focus on key providers: Doctors, Dentists, Nurses

• Compare BME personnel with Assigned

• Attempt to get data from ALL HD MEDDAC/DENTAC BMEs (N=47)

• Random sample of Assigned (Non-BME)

• Reference point is "typical month" & "typical week"
RESULTS

• 41 (of 47) BMEs included in survey (87%)

• 120 (of 165) Assigned (73%)

• Overall response N=161

• Excellent cross-section of medical professionals

• BMEs significantly higher than Assigned on overall readiness time: 30% versus 12%
Percent Time Spent on USAREUR Readiness Training Requirements

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

Avg. Percent Time Per Month

<table>
<thead>
<tr>
<th>BME STATUS</th>
<th>Assigned</th>
<th>BME</th>
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<td></td>
<td>8.9 %</td>
<td>13.73%</td>
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p<.01
Percent Time Spent Preparing for Deployments/Exercises

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

Avg. Percent Time Per Month

- Assigned: 2.9%
- BME: 15.3%

BME STATUS

p<.001
Total Percent Time Spent on Training & Readiness Activities

BME STATUS

Avg. Percent Time Per Month

- Assigned: 11.8%
- BME: 29.03%

p<.01
Average Hours per Month Spent on Overall Readiness Training

BME STATUS

Assigned: 16.08%
BME: 20.56%
n.s.
Average Hours per Week Spent on Patient Care

39.45% Assigned

41.6% BME

BME STATUS

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

BME STATUS

- Assigned: 38.7%
- BME: 44.4%

ns
% Planning to Make Army a Career

BME STATUS

Assigned: 68%
BME: 54%
Difficulty of Balancing Readiness vs. Patient Care: Impact on Career Decision

% Reporting Being Influenced

- Assigned: 15%
- BME: 40%

p<.03

BME STATUS
Attitudes toward Readiness Training

View of Readiness Training Amount

- Too Little: 34.5% Assigned, 23% BME
- Just Right: 49% Assigned, 57% BME
- Too Much: 16.4% Assigned, 20% BME

n.s.
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<th>Target</th>
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<td>165</td>
<td>100</td>
<td>120</td>
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**TABLE 1: Sample(s) and sampling strategy**

BME = Borrowed Military, External

Non-BME = Assigned to the HD MEDDAC/DENTAC

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

Target: Number of a given category targetted for telephone survey

Actual: Number of respondents in a given category who answered telephone survey
Medical Readiness Telephone Survey

Hello, may I speak to __________. Phone Number: 371-2998/2626

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

Name: __________________________

Phone: __________________________

Duty Station: ______________________

MOS: ____________________________

Length of time at present location: __________________________

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

______________________________

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

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

______________________________

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

______________________________

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

Yes or No

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

I spend too much time on readiness training
I spend just the right amount of time on readiness training
I spend too little time on readiness training

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

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

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