
Resource Requirements Methodology (RRM) Update Information Technology (IT)

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What is the IHS RRM?

- The Indian Health Service (IHS) Resources Requirements Methodology (RRM) is a system designed to project the staffing needs for a specific facility or primary service area.
- To use the RRM, essential workload information is gathered and entered into the worksheets where it serves as the driving variable for each discipline.
- The goal of RRM is to help insure that IHS provides appropriate, reasonable and consistent staffing information to Congress and Tribes

Current IHS IT RRM Criteria

- The current IT RRM is categorized in Administration as Data Processing/IMS
- The current staffing module estimates the requirements for computer programmer/analyst staff to maintain the clinical data systems, ambulatory patient care systems, CHS system, Inpatient system, accounting interface, and the Patient Registration system
- Created in 1986, updated in 2002

Workgroup Findings

- Current RRM formula for IT is: Fixed computer programmer/analyst staff of 1.0 FTE for each facility, plus 0.60 FTEs computer programmer/analyst staff for every 10,000 (PCPV + inpatient days) above 4,400
- This formula does not take into consideration all factors affecting IT, related to new information technology concepts such as EHR, digital modalities, and other computer based equipment used in health care today

Workgroup findings...

- A study was conducted by Navajo Area to determine current RRM staffing ratios; converted to 1.0 FTE per total staff

Facility	Staff*	IT RRM
Chinle	450	6 (1/75)
Crownpoint	290	3 (1/96)
Fort Defiance	400	10 (1/40)
Gallup	1000	10 (1/100)
Kayenta	200	4 (1/50)
Shiprock	750	11 (1/68)
Tuba City	600	11 (1/54)

**Data received at time of survey, staff totals may not be current.*

Proposal by IT RRM Workgroup

- The IT RRM must be updated to meet the requirements of the current and future technology advances in the IHS to ensure expanded capabilities, reliable connectivity, accurate patient data, and secured access.
- The IHS will continue to update and expand the network infrastructure, therefore the increase of information technology staff are critical to maintain these systems

Proposal by IT RRM Workgroup

- The existing formula is based on patient workload, however does not capture the need for staff to maintain and update hardware and software systems, nor does it provide for increased help desk support due to new hardware and software applications
- The IT RRM Workgroup proposes to change to a basic formula of 1.0 FTE for each 45 total staff, plus a .5 FTE for telemedicine activity

New Formula vs. Current Formula

- The new formula provides the following staffing ratios; 1.0 FTE for each 45 staff + .5 FTE for telemedicine

Location	Staff	IT RRM	Projected New RRM Formula (1/45)	Telemed*
Chinle	450	6 (1/75)	10	.5
Crownpoint	290	3 (1/96)	6	.5
Fort Defiance	400	10 (1/40)	9	.5
Gallup	1000	10 (1/100)	22	.5
Kayenta	200	4 (1/50)	4	.5
Shiprock	750	11 (1/68)	17	.5
Tuba City	600	11 (1/54)	13	.5

**Justification for increased telemedicine staff may be required based on level of activity.*

Various IT Responsibilities

- Policy and Planning
- Security
- Systems Analysis
- Applications Software
- Operating Systems
- Network Systems
- Internet
- Systems Administration
- Customer Support

New Technology Advancements

- Application Coordinators by Discipline
 - To assist the site managers in managing significant applications, such as the packages for lab, pharmacy, radiology, business office, human resources, UFMS, etc.
 - The new IT RRM will not include these FTE requirements; each program disciplines' RRM formulas must be reviewed and updated to include this activity and need
 - The RRM Technical Advisory Committee (TAC) will work with each discipline to update

New Technology Advancements

- Electronic Health Records (EHR) – Clinical Applications Coordinator (CAC)
 - The CAC is a new function specific to support overall coordination, training, and implementation of the EHR
 - The IT RRM will not include this FTE in the proposed formula
 - The Administration RRM is currently in review to be updated, this may be appropriate to include a CAC, within the Clinical Director's program

Summary

- The first step to increase IT staffing at all levels of health care facilities; RRM2005 update
- Request the support and concurrence from the ISAC on the proposed formula staffing ratio of 1.0 IT FTE/45 staff + .5 FTE for Telemedicine
- A formal presentation will be given to the RRM TAC for approval

IT RRM Workgroup & Consulting Participants

- Navajo Area – Jenny Notah, Wes Old Coyote
- California Area – Janet Bergemen
- Phoenix Area – Lee Stern, Pam Conley
 - Elko Service Unit – Trish Price
 - Phoenix Service Unit – Tom Carter
 - Schurz Service Unit – Elvin Willie
- Tucson Area – Dale Armstrong
- HQE – Keith Longie, Frank Martin, Lucie Vogel, Rachael Tracy
 - EHR PROGRAM – Howard Hays, Theresa Cullen