

# Regional Health Unit Staffing Methodology

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## 1.0 Purpose

This attachment describes a methodology for assessing and setting the appropriate staffing of Regional Health Units with Regional Medical Officers (RMOs) and Regional Health Coordinators (RHCs).

The methodology provides a framework for estimating the number of full-time equivalent (FTE) RMO and RHC staff needed at a Regional Health Unit. The methodology frequently identifies the need for partial FTEs; consequently a Regional Health Unit may have slightly more or less staff than the estimated need. As OHS uses the methodology to assess the degree to which Regional Health Units are sufficiently staffed, OHS should consider any unique or unusual contextual information about the regional hubs or the Posts supported by each Regional Health Unit, which may have a material impact on final staffing decisions.

## 2.0 Step 1 – Assessing Regional Medical Officer Staffing Needs

The estimated need for RMO staff is calculated using all the following factors:

- (a) A Regional Health Unit must have at least two RMOs.
- (b) A Regional Health Unit should have at least one RMO for every 700 Volunteers at the Posts supported by the Regional Health Unit.
- (c) The number and duration of hospitalizations at Posts supported by the Regional Health Units is a significant factor in the number of RMOs needed at a Regional Health Unit. The number of hospitalizations is not included as a unique staffing factor, because it is highly correlated with the number of Volunteers at the Posts served by the Regional Health Unit. However, OHS should monitor the number and duration of hospitalizations and their impact on the RMOs' time.

## 3.0 Step 2 – Assessing Regional Health Coordinator Staffing Needs

The estimated need for RHCs is calculated using all the following factors:

- (a) A Regional Health Unit must have at least one RHC.
- (b) A Regional Health Unit should have a minimum of one RHC for every 300 days of medical evacuations at the Regional Health Unit location. In assessing the number of days of medical evacuations to a Regional Health Unit, the type and complexity of the medevacs, and the duration of the medevacs, OHS should average 3-4 years of the most data to address random fluctuations over time.

- (c) In assessing the need for RHCs based on the days of medical evacuations, OHS should try to consider the relative proportion of the medevacs that are dental versus medical, because medical evacuations for medical reasons are significantly more complex and resource intensive than medical evacuations for dental reasons.

#### 4.0 Calculation Tables for Assessing Regional Health Unit Staffing

Table 1a – Regional Health Unit Staffing Data						
A	B	C	D	E	F	G
Number of Supported Posts	Number of PCMOs Overseen at Supported Posts	Number of PCVs at Supported Posts	4-year Average # of Hospitalizations at Supported Posts	4-Year Average # of Days in Hospital at Posts	4-Year Average # of Medevacs to Regional Health Unit Location (Medical/Dental)	4-Year Average # of Days on Medevac at Health Unit Location

Table 1b – Regional Health Unit Staffing Calculations					
H	I	L	M	N	O
Estimated RMO FTEs Needed for RMO/700 PCVs <i>[Divide Column C by 700]</i>	Estimated RHC FTEs Needed for RHC/300 Days of Medevac <i>[Divide Column G by 300]</i>	Current Number of RMOs Employed at Regional Health Unit	Current Number of RHCs Employed at Regional Health Unit	Deviations between Estimated FTEs of RMOs Needed and Current FTEs <i>[Column L minus Column H]*</i>	Deviations between Estimated FTEs of RHCs Needed and Current FTEs <i>[Column M minus Column I]*</i>

\* Positive values in columns N and O indicate that current staffing is greater than the estimated need, whereas negative values indicates that current staffing is less than the estimated need.