

Manual M-11, Information Resources Management (Veterans Health Administration)

**Chapter 15, Information Resources Management (IRM) Training
(Paragraphs 15.01 through 15.05)**

This document includes:

Title page and p. ii for M-11, dated **January 17, 1995**

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Rescissions page for M-11, dated **January 17, 1995**

Contents page for Chapter 15, dated **January 17, 1995**

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Transmittal sheets located at the end of the document:

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**DEPARTMENT OF
VETERANS AFFAIRS**

INFORMATION RESOURCES MANAGEMENT

**M-11
January 17, 1995**

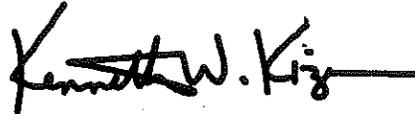
**Veterans Health Administration
Washington, DC 20420**

M-11

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

January 17, 1995

The Department of Veterans Affairs, Veterans Health Administration Manual M-11, "Medical Information Resources Management," is published for the information and compliance of all concerned.

A handwritten signature in black ink that reads "Kenneth W. Kizer". The signature is written in a cursive style with a horizontal line extending to the right from the end of the name.

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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CONTENTS

CHAPTERS

1. INFORMATION RESOURCES MANAGEMENT (IRM) POLICY AND ORGANIZATION
2. PLANNING, RESOURCE ACQUISITION, AND MANAGEMENT
3. REPORTS MANAGEMENT
4. DATA BASE ADMINISTRATION
5. OFFICE AUTOMATION (OA)
6. TELECOMMUNICATIONS
7. INFORMATION TECHNOLOGY MANAGEMENT PROGRAM (ITMP)
8. APPLICATION REQUIREMENTS GROUP (ARG)
9. SOFTWARE MANAGEMENT
10. PROGRAMMING STANDARDS AND CONVENTIONS (SAC)
11. DOCUMENTATION
12. VERIFICATION
13. DATA ARCHIVING AND PURGING
14. FIELD SUPPORT
15. INFORMATION RESOURCES MANAGEMENT (IRM) TRAINING
16. AUTOMATED INFORMATION SYSTEM (AIS) SECURITY
17. INFORMATION RESOURCES MANAGEMENT SERVICE (IRMS)

RESCISSIONS

The following material is rescinded:

Circulars/Directives

10-85-93
10-85-112
10-85-116
10-86-147
10-87-19
10-87-119
10-87-122
10-87-123

CONTENTS

CHAPTER 15. INFORMATION RESOURCES MANAGEMENT (IRM) TRAINING

PARAGRAPH	PAGE
15.01 Purpose	15-1
15.02 Policy	15-1
15.03 Definitions	15-1
15.04 Responsibilities	15-1
15.05 IRM Training Program	15-2

CHAPTER 15. INFORMATION RESOURCES MANAGEMENT (IRM) TRAINING

15.01 PURPOSE

The purpose of this chapter is to establish policy to ensure quality training opportunities in support of Veterans Health Administration (VHA) IRM activities.

15.02 POLICY

It is VHA policy to:

- a. Provide hardware and operating systems training for health care facility IRM staff and Information Systems Center (ISC) staff;
- b. Provide national package training for application coordinators who have the responsibility for training VHA personnel at health care facilities. **NOTE:** *ISC staff will also receive applications training;*
- c. Provide training support materials for new user training in computer literacy and applications for use by facility IRM staff and applications coordinators;
- d. Provide other IRM training in such areas as Automated Information System (AIS) security, top level management of IRM resources, and other areas, as needed; and
- e. Support a career IRM Training Program (see par. 15.05).

15.03 DEFINITIONS

- a. **National Package.** A national package is the Decentralized Hospital Computer Program (DHCP) software intended for national distribution and implementation. Each national package is considered a component of DHCP, and is assigned by the Director, Medical Information Resources Management Office (MIRMO), to an ISC for development and maintenance.
- b. **National Training Program.** Systemwide training needs generated by legislation or mandated changes, Department and VHA initiatives, new technology, and high priority concerns having systemwide impact.

15.04 RESPONSIBILITIES

- a. Responsibility for defining appropriate training for VHA IRM staff rests with the Director, MIRMO.
- b. Operational oversight and review of VHA IRM training is the responsibility of the Directorate for Training.
 - (1) The Directorate is responsible for maintaining a central point for the coordination of all VHA IRM training activities.
 - (2) The Directorate serves as the liaison with the Office of Academic Affairs (OAA) and the Health Care Management Continuing Education Center.
- c. The IRM Training Management Committee (TMC) is responsible for the coordination of national training priorities associated with VHA IRM training needs funded with National Training Program (NTP) funds (refer to Ch. 1).

d. With the concurrence of MIRMO, the Associate Under Secretary for Academic Affairs appoints an OAA NTP representative who serves as a liaison between OAA and MIRMO to accomplish OAA support of NTP needs.

e. Regional and local IRM training needs are the combined responsibilities of ISCs, Regional Medical Education Centers (RMECs), and health care facility IRM staff.

f. NTP funded training activities will meet OAA approved education standards for development, implementation, and evaluation.

g. National systems training will be reviewed and approved by the Directorate for Training to ensure it meets IRM training needs and contractual requirements, if applicable. The Directorate for Training will coordinate with a RMEC educator to ensure that the training meets approved education standards.

h. DHCP national software package training will be developed by a RMEC educator in cooperation with the Development ISC and the appropriate representative user group.

i. IRM training in such areas as AIS security (see Ch. 16), management of IRM resources, and other areas will be developed by a RMEC educator in cooperation with designated individuals or groups and the Directorate for Training.

15.05 IRM TRAINING PROGRAM

a. **Program Characteristics.** The IRM Training Program is the primary means of recruiting trainees for a national training program to develop skills required to carry out IRM activities at Department of Veterans Affairs (VA) health care facilities.

(1) This career system represents a planned process for identifying manpower needs and meeting these needs through a coordinated program of induction, training, and placement in an IRM position.

(2) After completion of training, the trainees may be placed in positions at health care facilities, ISCs, or MIRMO.

b. **Program Management.** Overall program oversight and administration for the IRM Training Program is provided by MIRMO.

c. **Length of Training.** The formal training program is designed to extend up to 12 months, but trainees may complete the program sooner, depending on individual progress as well as on unique qualifications brought to the job by each trainee.

d. **Training Program.** The training program is conducted as an in-residence program. It includes pre-assessment of skill and knowledge development and evaluation. Specific training is given in the operation and maintenance of DHCP hardware and software, system security, programming in the Massachusetts General Hospital Utility Multi Programming System (MUMPS) computer language, and management skills with an emphasis toward service administration.

e. **Selection of Training Sites.** Each year health care facilities are encouraged to compete for selection as training sites. An announcement inviting application and an application questionnaire requesting information on the site and the capabilities of the IRM Service Chief and staff are sent to each health care facility utilizing DHCP hardware and software.

(1) The completed applications are evaluated by the Associate Directors for Field Support at the ISC of jurisdiction.

(2) Sites recommended are referred to the Associate Under Secretary for Operations for final approval.

f. **Selection of Trainees.** The centralized positions in the IRM Training Program are recruited annually through the Centralized Staffing System.

g. **Placement of Graduated Trainees.** The Directorate for Training coordinates placement of graduated trainees into competitive positions at health care facilities, ISCs, or MIRMO.

h. **Evaluation.** A plan for ongoing evaluation of trainees and training sites, to include evaluation during the training program and follow-up evaluation after the trainee has been placed in a permanent position, will be conducted for each cycle of the program.

January 17, 1995

1. Transmitted is a new chapter to the Department of Veterans Affairs, Veterans Health Administration (VHA) Manual, M-11, "Information Resources Management," Chapter 15, "Information Resources Management (IRM) Training."

2. Chapter 15 establishes policy and responsibilities for training to support VHA IRM activities, both at the local and national level

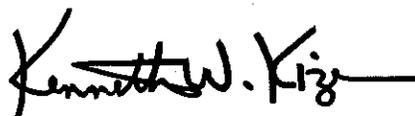
3. **Filing Instructions**

Remove pages

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15-i
15-1 through 15-3

4. **RESCISSIONS:** VHA Circulars/Directives 10-85-93, 10-85-112, 10-85-116, 10-86-147, 10-87-19, 10-87-119, 10-87-122, and 10-87-123.



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Under Secretary for Health

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1. Transmitted is a new manual to the Department of Veterans Affairs, Veterans Health Administration Manuals, M-11, "Information Resources Management," Chapters 1 through 17. **NOTE:** *Due to the length of this part, each Chapter will be transmitted separately.*

2. The principal changes include:

a. **Chapter 1:** Defines the over arching Information Resource Management (IRM) policy and the responsibilities of various offices, committees, and directorates for carrying out policy.

b. **Chapter 2:** Describes and provides procedures for the IRM planning and acquisition process.

c. **Chapter 3:** Sets forth Veterans Health Administration (VHA) policy relating to data administration and reports management, including reports control procedures.

d. **Chapter 4:** Establishes policy for the management of VHA's database, and procedures for design integrity and overall conformance to programming goals and standards.

e. **Chapter 5:** Establishes policy and guidance for the procurement of office automation equipment and software as part of VHA's health care information systems.

f. **Chapter 6:** Defines the responsibility for managing and administering VHA telecommunications resources.

g. **Chapter 7:** Provides guidance concerning the role of technology assessment as it relates to the management and operation of medical information systems.

h. **Chapter 8:** Defines the role and responsibility of Applications Requirements Groups in the development, design, and maintenance of VHA Decentralized Hospital Computer Program software.

i. **Chapter 9:** Sets forth the VHA policy regarding software management standards and requirements for the development, maintenance, and support of all software packages designated for national distribution.

j. **Chapter 10:** Describes and provides procedures for the IRM planning and acquisition process.

k. **Chapter 11:** Defines application documentation, documentation standards, and management of documentation of all VHA software.

l. **Chapter 12:** Establishes policy and procedures related to ensuring the quality of VHA developed software.

m. **Chapter 13:** Provides policy and guidance governing the archiving and purging of data from the VHA computer systems to ensure the ability to store current data in the system.

n. **Chapter 14:** Establishes policy for the provision of support to VHA facilities for the acquisition, implementation, and maintenance of automated hospital information systems to increase the effectiveness and quality of patient care.

o. **Chapter 15:** Establishes policy and responsibilities for training to support VHA IRM activities, both at the local and national level.

p. **Chapter 16:** Provides policy and procedures to ensure the protection of data, hardware, software, and storage media.

q. **Chapter 17:** Establishes operational guidelines for and defines the responsibilities of IRM Service, which unifies automated data processing, telecommunications, office automation, information collection, information management, and systems development.

3. Filing Instructions

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- Cover through iv
- 1-i through 1-19
- 2-i through 2-8
- 3-i through 3-6
- 4-i through 4-5
- 5-i through 5-3
- 6-i through 6-4
- 7-i through 7-6
- 8-i through 8-7
- 9-i through 9-21
- 10-i through 10B-1
- 11-i through 11A-5
- 12-i through 12-4
- 13-i through 13-2
- 14-i through 14-4
- 15-i through 15-3
- 16-i through 16A-3
- 17-i through 17-4

4. RESCISSIONS: VHA Circulars/Directives 10-85-93, 10-85-112, 10-85-116, 10-86-147, 10-87-19, 10-87-119, 10-87-122, and 10-87-123.

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