Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

Chapter 7, Radiology Service (Paragraphs 7.01 through 7.12)

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DM&S PROGRAM EVALUATION



PART TWO

EVALUATION CRITERIA

Department of Medicine and Surgery Veterans Administration Washington 25, D.C.

November 14, 1960

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is published for the compliance of all concerned.

WILLIAM S. MIDDLETON, M.D. Chief Medical Director

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CHAPTER 7. RADIOLOGY SERVICE

7.01 GENERAL

The Radiology Service in VA hospitals and outpatient clinics serves in a supportive and consultative capacity to the clinical services. To meet these needs satisfactorily, requires the availability of adequate and competent professional and technical staff and administrative support; the equipment and supplies needed for proper functioning; and the space for patients and to house staff and equipment, suitable as to size, layout, and location.

7.02 MAJOR ELEMENTS FOR CONSIDERATION

The following major elements for consideration are furnished for use in appraising the adequacy and effectiveness of the Radiology Service:

- a. Personnel--professional, technical, clerical.
- b. Physical plant.
- c. Equipment.
- d. Records and reports.
- e. Conferences.
- f. Manner of performance.
- g. Radiation hazards.

7.03 CRITERIA FOR EVALUATION

The criteria for evaluation which are identified in the following paragraphs are furnished to assist the experienced observer in appraising the adequacy and effectiveness of VA field station radiology programs. Their usefulness toward arriving at valid determinations depends upon the specialized knowledge and professional judgment of the observer.

7.04 PROFESSIONAL STAFF

Areas of Inquiry:

- a. <u>Staffing</u>. It is the policy of the VA to have a full-time radiologist wherever the demand for service justifies the equivalence of such a requirement, and such a person meeting VA standards is available. The number and type of radiologists required depends on many factors—size of hospital; residency training program; type of patients; location of hospital; and type of radiology service required.
 - (1) In a large hospital with an active residency training program, the demand for radiology service would generally require the equivalent of several radiologists, the actual number depending on the patient load, residents, etc. The equivalent of one radiologist would generally suffice for a small nonaffiliated hospital.
 - (2) Patient turnover creates a demand for radiological service, so that an active GM&S hospital requires more staff than an NP or TB hospital. (Most smaller and medium sized outpatient clinics would fall into the category of smaller TB and NP hospitals, requiring the equivalent of less than one full-time physician.)
 - (3) In large metropolitan areas, consultants and attendings are usually available to augment the full-time Radiology staff. Isolated stations would usually have to depend on the full-time staff for adequate coverage.

- (4) Hospitals with large numbers of tumor cases, usually located in large metropolitan areas, would require the services of a radiotherapist. In larger hospitals this would be a full-time position. In smaller hospitals, the radiologist would divide his time between therapy and diagnosis.
- b. <u>Timeliness</u>. Clinical services should not have to keep patients in the hospital beyond the time necessary to accomplish the purpose of hospitalization, due to delay by the radiologist in scheduling desired examinations. This applies particularly to such examinations as GI series, colon studies, pyelograms, and bronchograms.
- c. Consultation. The radiologist should be readily available for consultation with the other services. Reports per se are not always sufficient. Personal consultation is frequently necessary.
- d. Reports. Generally, films should be interpreted the day they are processed. There should be no delay in furnishing reports to the ward physicians. The radiologist should contact the ward physician personally when his interpretation of the film indicates the need for rapid medical action.
- e. Special Procedures. The radiologist should have sufficient time to perform such special examinations, without undue delay, as angiography, myelography, retroperitoneal air injections, arteriography, laminography, bronchography, double contrast enemas, etc.
- f. Conferences and Teaching. There should be regularly scheduled X-ray film reading sessions. These conferences are a necessary part of staff instruction both for the radiologist and the clinical staff. The radiologist should have time to followup on his cases, and to review surgical and pathological findings.
- g. Coverage. When the radiologist is on leave there should be provision for adequate coverage by a part-time radiologist, consultant or attending.

7.05 TECHNICAL STAFF

Areas of Inquiry

a. Staffing

- An adequate number of technicians should be available to perform all necessary radiography functions in the Radiology clinic.
- (2) Staffing is adequate for radiography functions required to be performed in other locations, i.e., bedside and operating room.
- b. Qualifications. It is desirable that the technicians be registered. Those who are not should be encouraged to take the examination required for registration in their specialty.
- c. Instruction and Training. The technicians receive periodic training and instruction from the radiologist to keep up with advances in technical procedures.
- d. Technical Meetings. Technicians are encouraged to attend and participate in technical meetings.

7.06 CLERICAL STAFF

Areas of Inquiry:

Adequate clerical staff is assigned, and other clerical support provided as required, to carry out the clerical and administrative functions of the department.

7.07 PHYSICAL PLANT

Areas of Inquiry:

- a. The Radiology department is conveniently located in relation to the clinical and admitting services.
- b. The radiographic rooms are large enough to permit easy handling of stretchers and wheelchairs.
- c. The radiologist has a convenient conference room available where he can conduct film reading sessions and instructions of professional and technical personnel.
 - d. Patient waiting space is adequate and convenient to the Radiology department.
 - e. There is adequate space within the department for the filing of exposed films.

7.08 EQUIPMENT AND SUPPLIES

Areas of Inquiry:

- a. The types, quantity and condition of equipment are adequate for the needs of the department. (See DM&S Supp., VA Manual MP-2, pt. I, pars. 401.12 through 401.20 for Radiology equipment use standards.)
- b. There is a planned program for replacement of obsolete equipment and for procurement of additional equipment which may be needed to perform newer technological procedures required by the clinical services.
- c. There is adequate provision for supplies needed for proper functioning of the Radiology department.
 - d. Effective and economical use is made of available supplies and equipment.

7.09 RECORDS AND REPORTS

Areas of Inquiry:

a. Films

- (1) Quality of processed films.
- (2) Availability of teaching file.
- (3) Pathological file cross-index.
- (4) Adequacy of filing space.
- (5) Compliance with numbering and filing regulations.
- b. X-Ray Reports. Adequacy and completeness from a professional point of view.

7.10 CONFERENCES

Areas of Inquiry:

a. Staff Conferences

- Intradepartmental conferences are held with sufficient frequency to meet the needs of the department.
- (2) The radiologist attends all appropriate interdepartmental and general staff conferences.

b. Extra-VA Conferences. The radiologist and technicians are encouraged to attend appropriate extra-VA conferences.

7.11 MANNER OF PERFORMANCE

Areas of Inquiry:

a. Diagnosis

- (1) Workload-volume and type of routine and special examinations.
- (2) Technique.
- (3) There is no backlog in performing examinations.
- (4) There is no delay in processing examinations.
- (5) There is no delay in reporting examinations, and in the transcription and distribution of examination reports.

b. Therapy

- (1) Workload.
- (2) Supervision.
- (3) Tumor boards.
- (4) Safety measures.

7.12 RADIATION HAZARDS

Areas of Inquiry:

- a. All measures are taken to protect patients from radiation hazards.
- b. Personnel are monitored to assure that all necessary precautions are taken to avoid radiation hazards.
- c. Equipment is monitored to assure proper functioning with respect to radiation hazards.

VETERANS ADMINISTRATION REFERENCE SLIP

TO (Name or title-Mail routing symbol) INITIALS-DATE Miss. A. B. Hahn (101B2) 2. 3. 4. REASON FOR REFERENCE AS REQUESTED COMMENTS INFORMATION PER CONVERSATION CONCURRENCE NECESSARY ACTION SIGNATURE

I am returning the attached material with the request that we inform facilities requesting copies of VA Manual M6, Part 2, that the manual will not be reprinted and that Health Care Review Service is working on the developing of a consolidated policy statement to replace M6, Part 2, and similar requirements relating to review of facility activities.

Also, facilities requesting copies of M6, Part 2, as a response to Internal Audit recommendations, should inform Internal Audit staff of the developmental activity of Health Care Review Service in regard to review policy.

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