

**Manual M-6, DM&S Program Evaluation**

**(Veterans Administration, Department of Medicine and Surgery Manual)**

**Part II, Evaluation Criteria**

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VETERANS ADMINISTRATION  
DEPARTMENT OF MEDICINE AND SURGERY MANUAL

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PART II  
**M-6**

# DM&S PROGRAM EVALUATION



PART TWO  
EVALUATION CRITERIA

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WASHINGTON 25, D. C.

NOVEMBER 14, 1960

M-6, Part II

Department of Medicine and Surgery  
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WILLIAM S. MIDDLETON, M.D.  
Chief Medical Director

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**CHAPTER 16. REGISTRAR AND MEDICAL ADMINISTRATIVE PROGRAMS****16.01 GENERAL**

This chapter prescribes the principal criteria to be applied in evaluating the effectiveness, efficiency, and economy of the Registrar and Medical Administrative programs. These standards will be used by personnel representing the Department of Medicine and Surgery when visiting field stations to review and evaluate these programs. They should also be considered by management and program officials in carrying out local self-evaluation responsibilities.

**16.02 MAJOR ELEMENTS FOR CONSIDERATION**

All of the following elements will be considered in evaluating the effectiveness, efficiency and economy of the total program:

- a. Staff assistance to management.
- b. Program management.
- c. Service to and coordination with Professional Services.
- d. Patient administration.
- e. Medical records and reports.
- f. Administrative Services.
- g. Program evaluation.
- h. Physical facilities and equipment.

**16.03 CRITERIA FOR EVALUATION**

The areas of inquiry listed under each element in the following paragraphs are not intended for use as a checklist, nor are they all-inclusive. They are furnished to assist in the evaluation of Registrar and Medical Administrative field programs, and for reference by the evaluator as a control to assure that all appropriate program elements have been covered and given due consideration. By so doing, there will be greater assurance of the validity of total program evaluative conclusions. The effectiveness, depth, and validity of the evaluation will depend also upon the analytic skill and sophistication of the reviewer and the time available for the review.

**16.04 STAFF ASSISTANCE TO MANAGEMENT**

This element evaluates the role of the program chief as a staff official and assesses his contributions to the total operation of the station.

Areas of Inquiry:

- a. The program chief:
  - (1) Serves management as the technical authority and the source of assistance and guidance on program matters.
  - (2) Is a fully accepted and active member of the management staff.
  - (3) Keeps management fully informed on all program matters requiring managements attention and/or action.
  - (4) Actively participates with management in formulatimg long- and short-range station plans which have a direct relationship to his program areas.

- (5) Contributes significantly to overall station budget formulation; executes and controls budget responsibilities relating to his program.
- b. The program chief has been delegated necessary authority to permit him to operate a fully implemented program. Authority has been properly assumed and is fully executed.
- c. Policy statements have been issued covering all program areas.
- d. Meaningful patient statistics are accumulated. They are analyzed, significant trends or other patterns identified, and meaningful projections are furnished to management. This includes written interpretations and comparisons. The value of numerical data alone is questionable.

#### 16.05 PROGRAM MANAGEMENT

This element evaluates the administration of the Registrar and Medical Administrative programs. A review of the following areas will reveal how well the program is managed.

##### Areas of Inquiry:

- a. The program is organized and staffed to meet the needs of the station and is consistent with the overall service objectives. There is no waste of manpower due to over-staffing or improper use of staff, nor is their reduced effectiveness due to staffing inadequacies.
- b. The activities and functions of the program are effectively planned, directed and controlled by the program chief.
- c. Current organizational and functional charts are available.
- d. Lines of supervision and channels of communication are clearly established and followed by both supervisors and employees.
- e. Delegations of authority to subordinates are documented and have been accepted, and are properly executed.
- f. Program employee training is based on a systematic approach. Employees are adequately trained to achieve effective performance and full utilization of skills.
- g. There is a balanced, systematic and effective approach to the communication of ideas and information from and to employees and supervisors. Prompt and understandable instructions are given all employees on procedures, policies and changes which effect their work. Pertinent operational directives and procedural guides are available to and are used by all employees. Scheduled staff meetings are held.
- h. There is a formalized method for evaluating employee productivity and effectiveness. Employee performance evaluations are meaningful. Counseling interviews are used regularly and effectively.
- i. Quality and adequacy of service rendered to patients and professional staff is periodically evaluated.
- j. Mandatory directives and policies are followed. Recommendations from previous audits and surveys have been complied with or proper authority for deviation has been obtained.
- k. The personnel management program is effectively administered and controlled. Position descriptions are adequate and current. Time and leave policies are properly administered. Proper attention is given to employee development, morale, working conditions, discipline, grievances, employee recognition, etc.

1. Current manual data accumulation methods are reviewed for improvements. Study is made of possible extended use of mechanized systems.

m. Full use is made of mechanized data processing for issuing authorizations, obligating funds, and making payments for fee-basis services.

#### 16.06 SERVICE TO AND COORDINATION WITH PROFESSIONAL SERVICES

The program is responsible for relieving the professional services of clerical and administrative work. This requires close coordination and good working relationships with the professional services, a knowledge of the clerical and administrative work generated within the professional services, and furnishing the professional services with sufficient manpower to perform the work promptly, efficiently, and economically.

##### Areas of Inquiry:

a. All personnel performing clerical support functions for professional services are assigned to the Registrar or Medical Administrative program.

b. Employees distributed to location assignments are fully utilized and properly supervised.

c. There is full-time clerical coverage of each ward nursing unit during the day shift administrative workweek.

d. Adequate substitute coverage is provided to each location assignment.

e. Adequate after duty hour coverage is available to relieve professional personnel of administrative and clerical duties related to patient administration.

f. Assignment of personnel is closely coordinated with chiefs of services and departments to provide for maximum utilization of clerical personnel during high and low demand periods.

g. Close liaison is maintained between the program chief and the Chief of Staff or Clinic Director with respect to admitting practices and workloads as a function of station policy.

h. Ward Administration. When on duty, clerical personnel perform the ward nonnursing clerical duties that include but are not limited to:

- (1) Prepare requests for patient examinations, consultations, therapy, and transfer.
- (2) Prepare requests for ward unit supplies, beneficiary supplies, maintenance and repair, drugs, and central service supplies.
- (3) Maintain ward bed control records.
- (4) Make appointments for patients with other divisions and services.
- (5) Receive and sort patient mail.
- (6) Maintain unit bulletin board so that it is current and in order.
- (7) Receive and attach records and reports to patients' clinical records.
- (8) Add new sheets to clinical records.
- (9) Transcribe doctors' orders to medication cards for nurses' initials.
- (10) Transcribe continuing medication and treatment orders to continuing medication and treatment record for nurses' initials.

- (11) Chart T.P.R. and weight on patients' clinical records.
- (12) Make clerical charting entries for admission, transfer, and disposition.
- ~~(13) Prepare and maintain time and leave records.~~
- (14) Receive and direct visitors and patients, answer routine inquiries, and make appropriate referral of questions concerning patients' condition, progress, treatment, etc.
- (15) Screen and direct unit telephone calls and relay messages.
- (16) Maintain pertinent manuals, station bulletins, memorandums, etc. for ready reference of nursing unit personnel.
- (17) Maintain patient clothing records.

*(Chg. 12)*

16.07 PATIENT ADMINISTRATION

This element evaluates the technical operations of the program as they are reflected in the application of procedures, directives and policies. It is not within the scope of this guide to furnish a step-by-step evaluation of each procedure. This can only be done by the individual conducting the survey. The guide lists general functions which should be objectively evaluated. The evaluation should answer the question: How well do the procedures accomplish their objectives?

Areas of Inquiry:

a. Processing of Applicants

- (1) Interviews. The dignity of the individual is respected. There is adequate provision for privacy of interviews. Need for referrals or delays is fully explained to applicant. Careful explanations are given on all entries made on the application. Entries are fully understood. Oath is given with proper respect.
- (2) Flow of Applicants. Referrals are kept to a minimum. Controls and followup are maintained to prevent overlooked or lost patients. Adequate escort or other guides are furnished to move applicants to other locations.
- (3) Emergency Cases. There is prompt attention and referral to professional staff. Ambulance drivers are released without undue delay.
- (4) Studies are made at least ~~semiannually~~ <sup>quarterly</sup> in conjunction with the Chief of Staff, of the time it takes to process applicants through the professional and administrative admission process leading to approval or rejection for hospitalization.

*Chg. 18*

Processing of Applications

- (1) Forms are complete and conform to current directives.
- (2) Legal and medical eligibility are properly certified.
- (3) Priority categories are observed.
- (4) VA Regulation 6035(A) is not used for administrative reasons, or to circumvent priorities.
- (5) Authorizations from waiting list adhere strictly to priority.
- (6) Race or color is not placed on application.

*Chg. 18  
DURING REGULAR  
AND DURING HOUR*

*each phase 05/14/62*

- (7) All procedures relating to the fraud program are carefully observed. Station policy and procedures are established and understood by employees processing applications.

c. Admission Procedures

- (1) Patients are referred to wards promptly, following assignment by admitting physician.
- (2) Patients' records are completed and forwarded to ward with patient.
- (3) Adequate security is offered patients for protection of funds and effects.
- (4) Bed control information is available to the admitting physician. There are no delays in obtaining vacant bed data for immediate assignment of patient to proper ward.
- (5) Reports of examinations, consultations, laboratory results, etc., ordered by the admitting physician are made available to the ward physician when patient reports to ward.

d. Patient Control Activities

- (1) Seriously ill procedures are applied sympathetically and with complete respect for religious requirements.
- (2) Detail functions meet highest standards of courtesy, consideration and genuine helpfulness. There is no evidence of unethical conduct relating to burial contracts.
- (3) Pass and leave procedures and limitations conform to directives.
- (4) Patients' funds are controlled and administered properly.
- (5) Discharge and clearance procedures do not delay prompt disposition of patient or add to length of hospital stay.
- (6) PBC, CBOC and TV procedures conform to current directives.
- (7) Prosthetic and sensory aid functions adhere to current directives relating to eligibility and entitlement. There is prompt procurement and issue. Patient is given full choice in selection of appliance and source of supply when entitled to such choice.
- (8) The reimbursable insurance program is properly implemented.
- (9) Correspondence adheres to 4S guidelines.

e. Patients' Clothing and Effects

- (1) Required clothing and effects records are maintained.
- (2) Periodic inventories attest to the accuracy of the records.
- (3) Adequate precautions are taken to safeguard clothing and valuables.

f. Outpatient Examinations and Treatment

- (1) Average processing time for completed C&P examinations is satisfactory.
- (2) Adequate controls for followup have been established for VA Forms 21-2507 referred to other clinics or hospitals.

chg. 14

- (3) Copies of C&P examinations are filed in the treatment folder.
- (4) ~~Medications prescribed by staff and fee physicians are recorded in the outpatient treatment folders.~~
- (5) Mailing list prescriptions are periodically reviewed professionally to determine accuracy and need.
- (6) The TB Follow-Up program is current.
- (7) Claims for unauthorized medical services are processed promptly.
- (8) Prompt action is taken on receipt of telephone, wire, or letter requests for outpatient treatment.
- (9) Procedures have been established to assure uninterrupted treatment following hospitalization, when required.
- (10) A system has been established to provide for the periodic reevaluation of treatment and prescription needs of patients under fee-basis care.
- (11) Transfers of patients from contract hospitals to VA hospitals are made promptly.

g. Fiscal and Vouchering

- (1) Fee-basis and contract hospital invoices are processed promptly.
- (2) Bills for collection for presentation to nonveterans, other Federal agencies, etc., are promptly submitted to the Fiscal Division.
- (3) Timely action is taken to cancel outstanding authorizations or liquidate partial obligations.
- (4) Complete and accurate records are maintained for obligations and cancellations.
- (5) An adequate sampling audit is made of fee-basis prescriptions submitted by State associations.

h. Scheduling

- (1) Centralized scheduling has been established for patients reporting to the outpatient clinic. The present system includes measures to ensure scheduling of a veteran for more than one purpose on the same date to avoid recall within a short period of time.
- (2) The schedule assures maximum utilization of the professional staff, including part-time personnel.
- (3) Scheduling of rating examinations is being accomplished according to priority.
- (4) Except for medical emergencies, patients on a waiting list are given priority for hospital admission.
- (5) Appointment times are realistic and consider mode of travel and distance.
- (6) Records are obtained by the receptionist or admission clerk before the patient reports.

## 16.08 MEDICAL RECORDS AND REPORTS

This element evaluates the management of medical records and medical reports as a stationwide function. A successful program can be achieved only when station management exercises leadership and direction; obtains and maintains the cooperation of the medical staff and gives full support to the administrative personnel operating in this area. An adequate evaluation of this element must assess the contributions of all three to a successful or deficient operation and not be concerned solely with the adequacy of performance of the Registrar, Medical Administration Officer or medical record librarian in this area.

Areas of Inquiry:a. Clinical Records

- (1) Preparation. A clinical record is prepared for each admission. The unit numbering system and all prescribed forms are used. Use of the abbreviated clinical record is properly controlled. Signatures and initials are entered as prescribed.
- (2) Control. There is adequate security of records. Disclosure of medical information is restricted to releases permitted under VA regulations. Records are not accessible to patients. Patients are not permitted to carry clinical records. Medical records of station personnel and other designated persons are maintained in locked files.
- (3) Processing of Records. A fully integrated, expeditious processing flow has been established.
- (4) Completion of Records. Records are completed within prescribed time standards. Effective action is taken to eliminate delinquent reports.
- (5) Filing and Storage. Records are filed in prescribed order and sequence. There is an effective system of record retrieval from the storage area. The storage area provides security and protection of records from damage or destruction.
- (6) Indexing
  - (a) Posting to diagnostic and operative indexes is current.
  - (b) Tentative diagnoses are not entered in the index.
  - (c) There is periodic review of indexes of special therapies or procedures to avoid unnecessary workload.
  - (d) The medical record librarian is utilized as a resource person to correlate indexes required by the professional services with the indexes of the Registrar Division to avoid unnecessary duplication.
- (7) Medical Records Research
  - (a) The division assists in research in any or all of the following: making lists of cases available, abstracting records, tabulating data, preparing tables, charts or graphs, stimulating research by drawing attention to unusual findings in records or indexes, instructing medical staff personnel in study methods, maintaining prospective indexes of studies.
  - (b) A record is maintained of research projects to show investigator, subject, records included, time element included in study.
  - (c) The Registrar Division promptly fulfills research requests.

- (d) In the opinion of the professional staff, medical records are readily available for research purposes.
  - (e) There is an established policy for controlling the number of clinical records pulled per investigator per research project. (25 records per day, 50 per day, all records in the study pulled at once.)
- (8) Quantitative Analysis. The quantitative analysis of the records of discharged patients is performed daily. Records are assembled in proper sequence. All required reports are present. All necessary signatures are affixed to the chart before permanent filing. All reports and necessary releases in the chart belong to the actual medical record. All component parts of the record are properly identified for a specific patient. All treatment received by the patient is reflected by the progress notes. Terminology used in stating final diagnoses, treatment, operations or other therapies conforms to the fifth edition of the Standard Nomenclature of Diseases and Operations, or the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.
- (9) Qualitative Analysis. The quality of the medical records will be reflected in the minutes of the Medical Records Committee. This committee meets as often as prescribed by station policy. Do minutes reflect evaluation of medical records? Are minutes submitted to proper authorities? Registrar and medical record personnel aid in qualitative analysis of records by being certain that all records are internally consistent before sending them to committee review. All conditions are stated in the final summary and on other records where required. Progress notes reflect the response, if any, the patient had to the treatment program. The terms "normal" and "negative" have been employed meaningfully.
- (10) Coding, Classification, or coding, of disease and operations is according to the International Classification of Diseases adapted for Hospitals, P.H.S. Publication 719. Only straight indexing of disease and operations will be employed. Records on which the final diagnosis and operative terms do not conform to standard nomenclature are returned to staff members prior to coding by I.C.D.A. Supplementary terms describing diagnostic conditions are coded. All final autopsy diagnoses are coded and entered in the indexes.

b. Reports and Statistics

- (1) Necessary registers for reports and followup procedures (tuberculosis, cancer, etc.), are maintained.
- (2) Autopsy protocols, CBOC records and all other medical reports are processed through the division for review and indexing.
- (3) (a) Medical statistical reports are developed and are used effectively by station management and the medical staff. The reports are reviewed periodically to eliminate data no longer of value, to add data where need is indicated, and to avoid continuation of data that are contained in reports which other elements are required to prepare.
- (b) Patient statistics for which the Registrar or Medical Administration Office is the primary source, and which are used by other station elements (e.g., Fiscal, Dietetics) are furnished to these elements by the Registrar or Medical Administration Office, to assure consistency of similar data used by the other elements and included in the reports they issue from the station.

- (4) Hospital summaries (interim, TV, and final) are processed within the established time standard.
- (5) Accurate records are maintained of the average time required to furnish regional offices with a completed report. Appropriate action has been taken to eliminate excessive delays.
- (6) Local policies and procedures have been established which accomplish timely submission of reports when required for:
  - Benefits under paragraphs 29 and 30, Schedule for Rating Disabilities;
  - Admission of patients and members;
  - Changes in diagnosis or competency status;
  - Disability insurance benefits;
  - State and Government agencies (military, Social Security Administration, etc.)
- (7) Recurring and one-time reports required by Area Medical Offices and Central Office are prepared and submitted accurately and on time.

c. Outpatient Treatment Records. Review of procedures and records indicates that satisfactory practices are followed with respect to:

- (1) Initiation.
- (2) Filing sequence and maintenance.
- (3) Content.
- (4) Charge out and control.
- (5) Identification.
- (6) History and physical examinations.
- (7) Treatment and progress records.
- (8) Supplementary medical records.
- (9) Fee-basis reports of examination and treatment.
- (10) Hospital summaries.
- (11) Review and evaluation of outpatient treatment folders.
- (12) Member treatment folders.

#### 16.09 ADMINISTRATIVE SERVICES

This program element covers services that the Registrar or Medical Administrative program provides throughout the station; however, the extent of some of the services is limited in the regional offices and hospital-regional office centers.

##### Area of Inquiry:

##### a. Beneficiary and Employee Travel

- (1) Responsibility for processing all medical employee and patient travel has been delegated to the program.

- (2) Accurate accounting is maintained of the obligation of funds, cancellation of encumbered funds, and cash reimbursements.
- (3) TR, M&LR, and tokens or tickets are properly safeguarded.
- (4) Personnel are familiar with directives and regulations governing employee, patient, and attendant travel.
- (5) Where available, station ambulance is being utilized effectively.

b. Messenger Service

- (1) Where available, station post office facilities are utilized by patients and employees.
- (2) Beneficiary mail is distributed promptly and provision is made for delivery on weekends and holidays.
- (3) Where available, the pneumatic tube system is maintained properly and is utilized effectively.
- (4) There is a central mail unit for receiving, opening, routing, and dispatching all mail.
- (5) Accurate records are maintained for postage stamps. Periodic audits are conducted and the stamps are properly safeguarded.
- (6) Internal procedures and controls have been established for records on loan from other stations.
- (7) The number of mail runs is adequate for all divisions and services.

c. Telecommunications

- (1) The type of equipment, teletype and telephone switchboard, is adequate.
- (2) The hours of switchboard coverage meet the needs of the station. Where full-time evening or night operators are not feasible, telephone key equipment is operated by division personnel.
- (3) The number of restricted and unrestricted stations is periodically reviewed.
- (4) The local telephone company conducts periodic surveys. All equipment is necessary and is being utilized effectively.
- (5) Official telephones in housekeeping and nonhousekeeping quarters are justified.
- (6) Recording devices are installed in appropriate locations and utilized properly.
- (7) Outgoing and incoming teletype messages are dispatched promptly.

d. Reception

- (1) Receptionists are suitably located, courteous and well informed.
- (2) Patients and visitors are promptly interviewed and referred.
- (3) Switchboard operator duties and reception duties have been combined where possible.

- (4) The employee directory is current.
- (5) Written procedures have been established regarding lost and found articles.

e. Forms Management

- (1) The program chief has been appointed Publications Control Officer. (In regional offices and hospital-regional office centers, the division chief is responsible for these duties with respect to DM&S forms and form letters.)
- (2) A station memorandum has been published covering all phases of forms management.
- (3) All local forms and form letters have been approved by Central Office and are identified by a number and date.
- (4) Complete history files are maintained for each approved local form or form letter.
- (5) Existing forms are reviewed periodically to determine need.
- (6) The usage of local forms and form letters conforms to the need indicated on VA Form 559.
- (7) Standardized VA forms and form letters are used properly.

f. Records Management

- (1) The program chief has been appointed Records Management Officer. (In regional offices and hospital-regional office centers, the division chief is responsible for these duties concerning DM&S records.)
- (2) A station memorandum has been published covering all phases of the creation, maintenance, and disposition of records. The designation of records liaison officers is included in the memorandum.
- (3) Individual and group training has been given to records liaison personnel.
- (4) Adequate plans have been developed for the protection and emergency evacuation of records.
- (5) Current directives and procedures have been properly implemented.
- (6) Records storage areas are adequate and properly utilized.
- (7) Adequate controls have been established to ensure that all eligible records are being disposed of or transferred to records centers upon expiration of retention periods.
- (8) Inventory reports and requests for filing equipment are prepared accurately.
- (9) Filing equipment is utilized effectively.
- (10) Standardized records series have been installed.

g. Publications

- (1) All local publications are approved by the Publications Control Officer.
- (2) The distribution of regulations and manuals is adequate for the needs of the station.

- (3) Only one complete or master file of directives is maintained at the station.
- (4) A sufficient number of copies of directives is furnished to the divisions or services to serve their specific needs.
- (5) Changes to directives are filed promptly.
- (6) The distribution list is reviewed periodically to determine if the divisions and services receive adequate or excess copies of directives.

#### 16.10 PROGRAM EVALUATION

This element appraises the methods used to evaluate effectiveness in meeting program objectives and the operational needs of management, and to determine whether there is efficient and economical use of manpower and other resources.

##### Areas of Inquiry:

a. Plan. The program chief has a scheduled, systematic plan for reviewing and evaluating the effectiveness, efficiency and economy of his program. The scheduled review is continuous throughout the year. The plan includes review of organization, procedures, staffing, contact with management, professional staff, employees, representatives of service organizations and beneficiaries.

b. Analysis. The data gathered is analyzed and the pertinent findings and conclusions are documented. A summary report with recommendations is furnished to management. Recommendations which cannot be acted upon locally are referred to proper authority.

c. Utilization. The information gathered is used as a basis of making improvements and is also used in making short- and long-range plans.

d. Followup. Deficiencies identified as the result of the evaluation are pinpointed and specific followup action is taken to ensure correction.

#### 16.11 PHYSICAL FACILITIES AND EQUIPMENT

This element evaluates the impact physical facilities and equipment have on the beneficiary, the professional staff and the program employees. These items will be evaluated as they exist at the time of the survey. The fact that the station cannot correct a deficiency in these areas does not reduce its impact upon operations. Thus an admission office layout which does not provide facilities for privacy for admission interviews is unsatisfactory regardless of the fact that the station could or could not find it possible to provide such facilities.

##### Areas of Inquiry:

###### a. Effect on Beneficiaries

(1) Admission Office and Reception Rooms. Type of furnishings and decor are conducive to comfort. Facilities for seating, lighting, ventilation, drinking fountains, restrooms, paging, privacy, etc., are adequate. Directional signs and other guides are sufficient in number and clearly understandable. General appearance and cleanliness of areas is satisfactory.

(2) Ambulance Cases. Ambulance entrance is adequately marked from public highway. Directional signs are visible after daylight. Litters are unloaded under proper shelter. Attendant or call system is available at all times at ambulance entrance. Ramps and elevator service for litter and wheelchair cases are adequate.

- (3) Clothing Room. The space assigned for the storage and issue of clothing is adequate and conveniently located. The condition of the shower rooms is good. Facilities are available for decontamination.
- (4) Isolation Areas. Adequate facilities are available for accommodation and examination of isolation cases.

b. Effect on Professional Personnel

- (1) Examining rooms are convenient to admitting office.
- (2) Clerical support personnel are located adjacent to ward physicians' and ward nurses' offices.
- (3) Dictating equipment is available and in good condition.

c. Effect on Program Employees

- (1) The layout of all working areas is conducive to an efficient flow of work and ease in processing applicants and patients.
- (2) Frequently used records and files are located adjacent to work areas.
- (3) The administrative offices accommodate the employees without crowding. The rooms are well lighted and adequately ventilated.
- (4) Admission clerks are located adjacent to waiting rooms.
- (5) Management has been advised of any inadequate working areas that may exist.

d. Equipment

- (1) Equipment is adequate as to type, amount, condition, and is utilized effectively.
- (2) Remote control dictating equipment or individual units are being fully utilized. The number of stations is adequate and all stations are being used.
- (3) Adequate equipment is available for the storage of patients' clothing and valuables, stamps, indigent articles, transportation requests, etc.
- (4) The paging system is adequate for the medical staff and other key personnel.
- (5) Mechanical record writing equipment is utilized effectively and its use has been extended to other divisions and services.
- (6) Laborsaving devices such as copy machines, are being utilized effectively.
- (7) Practical plans have been made for replacement of obsolete and worn-out equipment.

October 28, 1971

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

*NOTE: The purpose of this change is to provide for separate quarterly studies of processing time for applicants for hospitalization during regular hours and during irregular hours, and to provide that each phase of the administrative and professional process be analyzed.*

Page 16-4, paragraph 16.07a(4)

Line 1

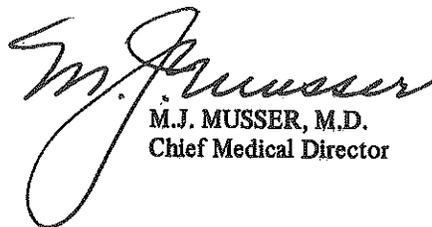
Delete "Studies" and insert "Separate studies".

Delete "semiannually" and insert "quarterly".

Line 2

After "takes" insert "during regular and during irregular hours."

After "through" insert "each phase of".



M.J. MUSSER, M.D.  
Chief Medical Director

Distribution: RPC: 1057  
FD

November 14, 1966

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE 1: The purpose of this change is to discontinue the practice of entering medications prescribed by fee-basis physicians. Normally such information is maintained in the fee-basis physicians' records and is available to us if desired. It is expected, however, that staff physicians will personally enter medications they prescribe on SF 509, Doctor's Progress Notes, in the outpatient treatment folder.

NOTE 2: Attention is called to cost reduction program instructions which require that all savings resulting from directed changes be reported as category B savings on VA Form 10-1192b.

Page 16-6, paragraph 16.07f: Delete subparagraph (4).

  
H. M. ENGLE, M.D.  
Chief Medical Director

Distribution: RPC: 1057  
FD

Department of Medicine and Surgery  
Veterans Administration  
Washington, D.C. 20420

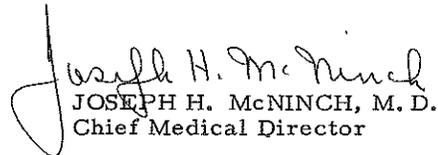
M-6, Part II  
Change 12

November 8, 1965

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to remove the requirement that an administrative employee perform the ward nonnursing clerical duty of preparing and maintaining time and leave records. Current policy allows responsible officials to assign this duty wherever appropriate for effective and efficient timekeeping.

Page 16-4, paragraph 16.06h: Delete subparagraph (13).

  
JOSEPH H. McNINCH, M. D.  
Chief Medical Director

Distribution: DVB Publications Code 1057  
FD All others: Same as M-6, part II

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

M-6, Part II  
Change 5

May 7, 1962

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to furnish revised criteria for evaluation of the Registrar program and criteria for evaluation of the Medical Administrative program.

*Chg. 17*  
Pages vii and viii: Remove these pages and substitute pages vii and viii attached. (Contents brought up to date.)

*2*  
Pages 16-1 through 16-7: Remove these pages and substitute pages 16-1 through 16-13 attached. (Ch. 16 revised.)



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

Distribution:

Same as DM&S Manual M-6, Part II

Veterans Administration  
Washington 25, D.C.

10E  
M-6, Part II  
Change 1

March 15, 1961

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to publish chapters 11 through 18, furnishing evaluation criteria for additional DM&S programs.

*chg b* Page v: Remove this page and substitute pages v through viii attached. (Contents brought up to date.)

Pages 11-1 through 18-4: Insert new pages attached. (Chs. 11 through 18 added.)

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

**Distribution:**

Same as DM&S Manual M-6, Part II.

VETERANS ADMINISTRATION  
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REMARKS

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.

FROM  <b>JOHN MULHEARN, Chief, Quality Assurance Division, Health Care Review Service (174)</b>	DATE <b>11-7-77</b> TEL. EXT. <b>275-0301</b>
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