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(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

**Chapter 24, Surgical Service
(Paragraphs 24.01 through 24.11)**

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M-6

DM&S PROGRAM EVALUATION



PART TWO
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CHAPTER 24. SURGICAL SERVICE

24.01 GENERAL

a. The wide range in the variability among stations and programs precludes the issuance of surgical program evaluation criteria which would be equally applicable to all locations and activities. Therefore, competent professional judgment is a primary requisite for valid determinations of effectiveness and efficiency in specific situations.

b. In addition to the areas of inquiry identified in the subsequent paragraphs, such program data as staffing, workload, mortality rates, complications, etc., and review of accepted recommendations of prior surveys and actions taken, will be of value in the evaluation process.

c. Reports should give particular emphasis to program highlights, reflecting commendatory findings, identification of deficiencies requiring corrective action, and description of other program information which the observer feels should be brought to the attention of higher authority. Other aspects of the program should be covered only as necessary for completeness.

24.02 MAJOR ELEMENTS FOR CONSIDERATION

The following elements are for consideration in evaluating the surgical program as a whole, and individual specialties where applicable:

- a. Staff.
- b. Physical facilities and equipment.
- c. Quality of patient care.
- d. Relationships with and support by other services.
- e. Administrative support.
- f. Residency training and other teaching programs.
- g. Quality and scope of research.
- h. Specialty sections.

24.03 CRITERIA FOR EVALUATION

The criteria for evaluation which are furnished below are intended to serve as a guide to a desirable degree of uniformity in the consideration of the surgical program by different competent observers. They can also serve the observer as a review aid, to assure completeness of survey. They are not intended as a checklist, nor are they, in total, applicable to all situations. The relative importance of each element, and the applicability of individual areas of inquiry to particular situations are matters for professional determination.

24.04 STAFF

- a. The Chief of Surgical Service or Specialty Section (Full- or Part-Time)

Areas of Inquiry:

- (1) Has the education, background, and technical skills needed to carry out program responsibilities.
- (2) Exercises sound judgment, and exhibits energy, leadership qualities and administrative ability in program direction.
- (3) Has teaching ability and research interest, and is professionally effective.

- (4) Has good relationships with staff physicians, other service chiefs, consultants and attendings, and the affiliated medical school.
- (5) Is interested in professional growth and progression, as evidenced by such activities as self-evaluation and improvement, interest in and introduction of new procedures, familiarity with and contributions to literature, voluntary participation in intra- and extra-VA meetings, etc.

b. The Surgical Staff

Areas of Inquiry:

- (1) Is adequate in number and specialty, and is used effectively in patient care and the performance of surgical procedures.
- (2) Participates or contributes effectively to teaching and research programs.

(In addition to the above, appropriate areas of inquiry identified in subparagraph a above, should also be applied to staff evaluation.)

c. Consultants and Attendings

Areas of Inquiry:

- (1) The background, teaching and professional status of consultants and attendings are appropriate to the needs of the patient care program.
- (2) The consultant and attending staff is adequate in number, with proper distribution by specialty.
- (3) The frequency of visits is consistent with need, and their contributions to medical care and teaching is of high quality.

24.05 **PHYSICAL FACILITIES AND EQUIPMENT**

a. Ward Areas

Areas of Inquiry:

- (1) Wards are appropriately located and arranged for effective supervision and treatment of patients.
- (2) Physical facilities and equipment on the wards are adequate, in good repair, and appropriate for the workload and service requirements.
- (3) Good standards of cleanliness and compliance with safety measures are in evidence.

b. Operating Suite

Areas of Inquiry:

- (1) Location of operating suite in relation to wards and doctors' offices is satisfactory.
- (2) The number of operating rooms and their purpose is appropriate for the workload.
- (3) Proper attention is given to safety measures and those designed to minimize microbial contamination.
- (4) Physical facilities and equipment are adequate and complete for routine work and emergencies. There is adequate temperature control, locker and toilet facilities, and, for the female staff, space in which to rest.

c. Recovery Ward

Areas of Inquiry:

- (1) Location of recovery ward in relation to the operating suite is appropriate.
- (2) Postoperative patients are properly supervised, with adequate equipment and staff.
- (3) There is effective provision for the handling of postoperative catastrophies such as hemorrhage, shock, cardiac standstill and asphyxia.
- (4) Where a recovery room is not available, adequate procedures exist for handling postoperative patients.

d. Intensive Care Unit and Special Care Areas (Isolation, Patient-Research, Etc.)

Areas of Inquiry:

- (1) The locations of these units are appropriate for their purposes. They are effectively supervised to meet the needs of patients. All required equipment is provided and adequately serviced.

e. Office Space

Areas of Inquiry:

- (1) Adequate and suitably located office space is provided for the needs of physicians and other staff of the service.

f. Special Equipment

Areas of Inquiry

- (1) Needs for X-ray apparatus, extra-corporeal circulatory pump, cardiac pacemakers, defibrillator, cardioscope, etc., are adequately met.
- (2) The frequency of use of special equipment, its care and the competence of staff to handle special instruments meet the needs of the care and treatment program.

24.06 QUALITY OF PATIENT CARE

a. General

Areas of Inquiry:

- (1) The quality of patient care is consistent with program objectives. (Where appropriate, comparisons with other hospitals may be made.)
- (2) Adequate attention is given to length of stay, with appropriate analysis of mortality rates, operation and nonoperation, and of complications.
- (3) Effective ward procedures are in force for admission, day-to-day care, discharge and provision for care elsewhere.
- (4) Medical records are adequate, current and comply with policies and directives.
- (5) Patients referred for consultation are seen promptly by appropriate surgical staff member.
- (6) Personal relationships with patients are satisfactory and conducive to effective care and treatment.

- (7) Ward rounds are conducted effectively. Wounds are properly handled. Personal attention is given to patients' needs. There is satisfactory compliance with ambulation policies. Handling of complications and acute emergencies occurring on the wards is satisfactory.
- (8) The ward staffing pattern is adequate in relation to the number of patients and types of illness, to provide good quality of care by doctors, nurses, nursing assistants and technicians. Secretarial and clerical support is adequate.

b. Surgical Procedures

Areas of Inquiry:

- (1) Preoperative workup is adequate, with prompt evaluation of the need for surgery. PBC procedures are used effectively.
- (2) Effective procedures are in effect for the handling of patients before, during, and after surgery.
- (3) Scheduling arrangements are effective, with a minimum number of delays.
- (4) Effective methods are in use to check the patient immediately prior to anesthesia, to select the appropriate agent, and to apply approved safety measures for anesthesia care.
- (5) The technical competence of the surgeons is appropriate for the surgical workload.
- (6) The abilities and numbers of supporting operating room personnel are satisfactory.
- (7) Technical procedures are adequate, i.e., sterilization, scrubbing, cleaning of rooms.
- (8) There is adequate coverage for emergencies, holidays, etc.
- (9) Adequate procedures are followed in handling the postoperative patient with particular attention to safety.

c. Staff meetings

Areas of Inquiry:

- (1) Frequency and scope of meetings to consider deaths and complications is in keeping with high standards of medical care and agency requirements.
- (2) Medical records and reports on complications and deaths are thorough and objective.
- (3) Prompt action is taken and appropriate methods are adopted to prevent recurrence of avoidable complications.

d. New Techniques

Areas of Inquiry:

- (1) Effective efforts are made to introduce new techniques, and to provide information on surgical advances.
- (2) There is continuing effort to improve the quality of care with critical reviews of existing methods.

e. Staff Education

Areas of Inquiry:

- (1) The staff is encouraged and provided opportunities for professional growth through continued education and advancement of knowledge, by participation in various appropriate intra- and extra-VA professional activities.
- (2) Adequate interest is demonstrated by the staff to continue its education and advance its knowledge on an individual basis or as a group, by study, journal clubs, or by attending meetings, courses or intra-VA details.

f. Followup

Areas of Inquiry:

- (1) There is an adequate program for postdischarge followup, including effective use of CBOC procedures.
- (2) There are good relationships with outside physicians and veterans or community agencies in accomplishing appropriate followup procedures.
- (3) There is effective compliance with policies with respect to supervision of patient's activities at home.

24.07 RELATIONSHIPS WITH, AND SUPPORT BY OTHER SERVICES

Areas of Inquiry:

- a. Interprofessional relationships of staff, residents, attendings and consultants are conducive to good medical care.
- b. Relationship with and service provided by nursing staff is conducive to effective patient care.
- c. There is an effective team effort and good quality care is provided surgical patients by medicine, psychiatry, neurology, X-ray, laboratory, dietetics, and others.
- d. Consultations are prompt, thorough, and effective.
- e. Prompt and satisfactory service is provided by Surgery to the other departments. Other departments regard surgical care to be of high quality.
- f. Adequate measures are taken to resolve differences with other services.

24.08 ADMINISTRATIVE SUPPORT

a. Relationships With Management

Areas of Inquiry:

- (1) Effective liaison is maintained by the program chief with the Chief of Staff or Clinic Director and with employees assigned to Surgical Service.
- (2) There is adequate communication to get things done. The frequency of contacts is not excessive.
- (3) There is adequate budget support for program needs. Budget planning is adequate and is clearly presented to management and professional staff. Adequate nonprofessional supporting services are available.
- (4) Administrative procedures are effectively handled.

- (5) The number of meetings are appropriate for the surgical program and are useful.

b. Relationship With the Surgical Member of the Deans Committee or Medical Advisory Committee

Areas of Inquiry:

- (1) There are effective relationships with the Surgical Member of the Deans Committee or the Medical Advisory Committee. There is effective support of the service by the medical school.
- (2) Recruitment and assignment of full-time and part-time staff, consultants and attendings, is in accordance with approved policies and practices.

24.09 RESIDENCY TRAINING AND OTHER TEACHING PROGRAMS

a. Number and Type

Areas of Inquiry:

- (1) Number and type of teaching programs conducted for residents, interns, medical students, graduate students, fellows, etc.
- (2) Responsibility for conduct and organization.
- (3) Number of persons in each program.
- (4) Amount of time allotted to various services.
- (5) Methods of instruction.
- (6) Qualifications of instructors.

b. Balanced Program

Areas of Inquiry:

- (1) Amount of time given to learning in contrast to service.
- (2) Use of didactic lectures, in the VA or elsewhere.
- (3) Extent to which various aspects of surgical knowledge are covered.
- (4) Use of grand rounds, teaching rounds, clinical pathological conferences, etc.

c. Instruction Methods

Areas of Inquiry:

- (1) Contributions of residents to patient care.
- (2) Adequacy of orientation of residents to VA policies and procedures.
- (3) Adequacy of controls to prevent undue requests for laboratory, X-ray and other ancillary services.
- (4) Adequacy of supervision of residents at night, and on weekends and holidays.
- (5) Instruction in operating room techniques and introduction to procedures; method of teaching and degree to which residents assist technically competent surgeons; amount of assistance to residents by capable instructors.

- (6) Extent to which residents are supervised in performing surgical techniques; degree to which residents assist each other or are unsupervised.

d. Integrated, Collaborative and Affiliated Programs

Areas of Inquiry:

- (1) How they are organized and conducted.
- (2) Estimation of desirability.
- (3) Method of selection of residents; quality of residents obtained; reaction of residents to their training.
- (4) Quality of instruction of the wards and in the operating rooms.

e. Independent Programs and Preceptorships

Areas of Inquiry:

- (1) How they are organized and conducted.
- (2) Selection of candidates.
- (3) Quality of training.
- (4) Use of additional training elsewhere.

24.10 **QUALITY AND SCOPE OF RESEARCH**

a. Types of Research

Areas of Inquiry:

- (1) Types of research performed by the surgical staff at the hospital.
- (2) Types of research conducted by the surgical staff outside the hospital, e.g., medical school laboratory.

b. Research Opportunities

Areas of Inquiry:

- (1) Efforts to promote clinical or basic research programs at the station.
- (2) Adequacy of opportunities for research by qualified personnel if they so desire.
- (3) Availability of space for research by doctors who have research interest and who might be recruited.
- (4) Equitability of opportunities for research among all hospital departments.

c. Quality of Research

Areas of Inquiry:

- (1) Estimation of quality of research programs -- soundness, scope, execution.
- (2) Competency of investigators.
- (3) Adequacy of technical assistance, apparatus, animal laboratories, space, budgetary support.

- (4) Existence of a research committee; effectiveness of the committee.
- (5) Medical school or advisory committee representation on hospital research committee.

d. Impact of Research on Patient Care

Areas of Inquiry:

- (1) Availability of time for research in the light of patient care obligations.
- (2) Availability of assistance and advice from other hospital or university resources.
- (3) Proper location of research area in relation to patient care areas.

24.11 SPECIALTY SECTIONS (Where Present)

a. Anesthesiology

Areas of Inquiry:

- (1) Adequacy of staffing, including requirements to handle difficult cases and for off-hours coverage.
- (2) Qualifications of staff.
- (3) Where nurse anesthetists are used--adequacy of supervision; competency in transfusion procedures; reporting ability; understanding of safety techniques; resuscitation techniques.
- (4) Availability of special techniques, e.g., hypothermia, when needed.
- (5) Extent of service rendered to medicine and psychiatry.
- (6) Adequacy of provisions where contract is used.

b. Thoracic Surgery

Areas of Inquiry:

- (1) Adequacy of resources (staff, equipment) to handle properly, or preferable to refer elsewhere.
- (2) Justification for performance of open-heart surgery.
- (3) Suitability for residency training program.
- (4) Adequacy for handling tuberculous patients.
- (5) Adequacy of support from chemotherapy and radiotherapy programs for handling lung cancers.
- (6) Presence of an effective cardiopulmonary laboratory.

c. Plastic Surgery

Areas of Inquiry:

- (1) Ability to handle as part of general surgery. If not, adequacy of consultant and attending coverage.
- (2) Performance of major head and neck surgery. Capability of staff to handle, or other coverage, or other provisions.

d. Urology

Areas of Inquiry:

- (1) Adequacy of procedures; handling of prostatic surgery, particularly transurethral resections; use of transfusion therapy; adequacy of X-ray apparatus.
- (2) Proper sterility and anesthesia coverage in cystoscopy room.
- (3) Amount of supervision and assistance required from general surgery.
- (4) Suitability for residency training program.

e. Orthopedics

Areas of Inquiry:

- (1) Attitude of staff (including consultants and attendings) toward operating vs. conservative management of cases.
- (2) Adequacy of service from the viewpoint of referring physicians and service organizations.
- (3) Supervision required from general surgery.
- (4) Leadership provided in preventing accidents to chronically ill patients or domiciliary members.
- (5) Relationships with Physical Medicine and Rehabilitation Service and Prosthetic and Sensory Aid elements.
- (6) Method of followup.

f. Neurosurgery

Areas of Inquiry:

- (1) Justification for handling or should patients be referred out.
- (2) Adequacy of consultant and attending coverage.
- (3) Availability of radioisotopes and radiotherapy.
- (4) Adequacy of neurologist support.
- (5) Handling of acute cerebral emergencies.
- (6) Qualifications of those performing operations on disks, peripheral nerve surgery, sympathectomies, etc.
- (7) Performance of intervertebral disk surgery in compliance with provisions of M-2, part XIV, chapter 4.

g. Ophthalmology

Areas of Inquiry:

- (1) Adequacy of handling of cases; types of cases treated and types referred out.
- (2) Availability of optometrist and his qualifications.

- (3) If cases are referred in, adequacy of handling from the viewpoint of the referring stations.
- (4) Length of waiting list and types of cases.
- (5) If there is a residency training program, adequacy of supervision.

h. Otolaryngology

Areas of Inquiry:

- (1) Organization of the program.
- (2) Availability of consultants and attendings.
- (3) Limitations in regard to head and neck surgery and endoscopy.
- (4) Adequacy of supervision of endoscopic procedures; safety from the anesthesia viewpoint.
- (5) Overlap with general or thoracic surgery.
- (6) Relationship with audiology.
- (7) Supervision of residents; any conflict with other residency programs.

i. Gynecology

Areas of Inquiry:

- (1) Adequacy of consultant and attending coverage.
- (2) Adequacy of ward care.
- (3) Method and adequacy of followup.

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

M-6, Part II
Change 7

September 28, 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 criteria for evaluation of field station Medical and Surgical programs.

Chg 8 → Page ix: Remove this page and substitute page ix attached. (Contents brought up to date.)

✓ Pages 24-1 through 25-7: Insert new pages attached. (Chs. 24 and 25 added.)

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

Distribution:

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

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