Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

Chapter 25, Medical Service (Paragraphs 25.01 through 25.16)

Text of Chapter 25 (09/28/62) edited to reflect revisions through Change 13 (10/24/66)

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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

Distribution:

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CO: Same as M-6, Part I. Field: HP: 5; CNR, CND: 6; AMO: 8 each.

RO w/Outpatient Clinics, VAOC, VAD, SD: 3 each.

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RESCISSIONS

The following material is rescinded:

- 1. COMPLETE RESCISSIONS
 - a. Manuals

2. The same since

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Change 9, dated December 14, 1962, to M-6, part II

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CHAPTER 25. MEDICAL SERVICE

SECTION I. GENERAL

25.01 INTRODUCTION

The criteria for evaluation furnished in this chapter are intended primarily to assist physician observers in conducting on-site appraisals of the adequacy and effectiveness of the Medical Service in field stations. The furnishing of this information is not intended to preempt the specialized training, knowledge, experience and professional judgment of the observer. Rather, these are prerequisites to valid determinations based on the use of the criteria for selection of those elements which are of particular significance in a specific situation, and in the identification of other factors which should be considered especially as they relate to the quality of patient care and treatment.

25.02 MAJOR ELEMENTS FOR CONSIDERATION

The following have been selected as the major elements for consideration in appraising the adequacy and effectiveness of the Medical Service.

- a. Patient statistics.
- b. Station policies.
- c. Physical facilities, equipment, supplies.
- d. Staff adequacy and utilization.
- e. Evaluation of staff.
- f. Adequacy of supporting professional programs.
- g. Quality of patient care.
- h. TB control.
- i. Residency training and other teaching programs.
- j. Quality and scope of research.

SECTION II. HOSPITALS

25.03 PATIENT STATISTICS

a. A large amount of patient statistical data is available which can afford to the physician conducting the survey an overall picture of patient activity on the service and at the station. Whenever practicable, these data will be obtained from statistical reports available in the Area Medical Office, prior to initiation of the visit. Otherwise, The station may be requested to have the data available upon of the person conducting the survey, or the data may be obtained during the course of the survey. The type of data which he desires is left to the discretion of the individual conducting the survey.

- b. Areas of Inquiry: The following types of statistical data related to specific services or to the station as a whole would be pertinent to the survey:
 - (1) Number of operating beds for which the service is responsible.
 - (2) Average occupancy rate (%).
 - (3) Number of wards for which the service is responsible.

- (4) Number of Medical Service admissions per year.
- (5) Number of discharges per year--by type (regular, irregular).
- (6) Monthly turnover rate.
- (7) Number of O&E, CBOC, and other short-term admissions and discharges included in subparagraphs (3), (4), and (5) above.
- (8) Average length of stay of treatment cases.
- (9) Irregular discharge rate (calculated by ATS formula for TB patients).
- (10) Deaths.
- (11) Autopsies -- number and rate (total, medical, TB).
- (12) Number of CBOC visits per month (total and by type of patient).
- (13) If available, other data would also be useful, such as:

 Number of admissions for "original treatment";

 Number of admissions for retreatment; and

 Characteristics of admitted patients which tend to increase irregular discharge or otherwise affect treatment results.

25.04 STATION POLICIES

- a. It is often necessary to know the effect of station policies on patient activity, in order to properly interpret patient statistical data, and to be able to relate them to the experience of other stations.
 - b. Areas of Inquiry: Station policy related to:
 - (1) AWOL, AMA discharge, disciplinary.
 - (2) Leave.
 - (3) Passes.
 - (4) Dining room privileges.
 - (5) Isolation precautions.
 - (6) Rest--exercise (TB patients).

25.05 PHYSICAL FACILITIES, EQUIPMENT, SUPPLIES

Areas of Inquiry:

- a. Physical Facilities
 - (1) Location and arrangement.
 - (2) Adequacy of space -- amount and condition.
 - (3) Housekeeping.
- b. Equipment and supplies -- amount, condition, utilization.

25.06 TB CONTROL

Areas of Inquiry:

a. X-rays: Inpatients, outpatients, employees, volunteers.

- b. Tuberculin -- testing (conversion rates and followup of tuberculin converter-employees).
 - c. New cases of TB.
 - d. Adequacy of files, records, etc.
 - e. Professional supervision.
- f. Coordination among TB Control Officer, personnel physician, radiologist, and Registrar.

25.07 STAFF ADEQUACY AND UTILIZATION

- a. Areas of Inquiry:
 - (1) Full-time staff.
 - (2) Part-time staff.
 - (3) Consultants and attendings.
 - (4) Extent of participation of other than full-time staff in direct patient care and residency training. Degree of joint affiliation with medical school.
- b. The medical staff will be of sufficient size and competence to permit:
 - (1) Prompt admission of patients requiring hospital care and prompt discharge of patients no longer in need of hospitalization;
 - (2) History taking, examination of the patient, ordering necessary laboratory work, and prescribing treatment without undue delay;
 - (3) Maintenance of adequate medical records;
 - (4) The physician to know each patient well;
 - (5) Each patient to be seen by the physician at least daily;
 - (6) Obtaining consultation promptly on problem cases in the service and furnishing consultation on cases in other services;
 - (7) A system of review of each patient's progress;
 - (8) Meeting the medical requirements for each patient, including adequate planning for discharge;
 - (9) Prompt submission of discharge summaries and other necessary reports;
 - (10) A followup (or CBOC) program;
 - (11) Adequate coverage for emergencies when physicians are on leave;
 - (12) OD duty being served without excessive hardship;
 - (13) Participation in research and educational activities to a reasonable degree.

25.08 EVALUATION OF STAFF

It should be noted that the areas of inquiry for evaluation of staff include program as well as individual characteristics.

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a. <u>Professional Staff</u>. Principal professional staff person (staff person responsible for supervision of station program for care and treatment of (medical, TB) patients); other full-time staff (collectively; part-time staff and consultants and attendings (collectively)).

a. Areas of Inquiry:

- (1) Clinical skills, diagnostic and therapeutic.
- (2) Training and experience.
- (3) Appreciation of the importance of the "therapeutic milieu," including the relationship of hospital care to family and community problems.
- (4) Supervisory and administrative skill, and relationship with management.
- (5) Intraservice and interservice relationships.
- (6) Acceptance in the community and/or hospital (and where appropriate by the affiliated school) as a competent specialist.
- (7) Relationship with community, especially medical community.
- (8) Patient-physician relationship.
- (9) Personal characteristics -- leadership qualities, health.
- b. Maturity and Experience of Staff.
- c. Interest, Participation and Productivity in Research and Teaching.
- d. Professional Practices

Areas of Inquiry:

- (1) Adequacy of clinical records.
- (2) Reporting to health authorities, when required.
- (3) Discharge summaries (including promptness of completion).
- (4) Administration of isolation procedures.
- (5) Therapy conference--for purpose of patient care; for purposes of instruction.
- (6) Morale of patients.
- e. Administrative Support

Areas of Inquiry:

- Adequacy of management and budgetary support.
- (2) Adequacy of technical and clerical support to assure effective use of professional skills and training.

25.09 ADEQUACY OF SUPPORTING PROFESSIONAL PROGRAMS

Areas of Inquiry:

- a. Laboratory.
- b. Radiology.

- c. Pulmonary function.
- d. Surgery.
- e. Nursing.
- f. Social work.
- g. Dietetics.
- h. Physical medicine and rehabilitation.
- i. Dental.
- j. All other (NP, vocational counseling, clinical psychology, etc.).

25.10 QUALITY OF PATIENT CARE

Areas of Inquiry:

- Adequacy of history and physical examination.
- b. Selection of appropriate laboratory and other diagnostic procedures.
- c. Discriminating use of consultations.
- d. From subparagraphs a, b, and cabove, formulation of a logical plan of therapy.
- e. Application of approved methods of therapy.
- f. Integration of all therapeutic procedures.
- g. Discriminating use of supporting services.
- h. Adequate record of all significant events, including progress notes and summaries.
 - i. Utilization of clinical material for evaluation and research purposes.
 - j. Adequate planning for posthospital care.

25.11 RESIDENCY TRAINING AND OTHER TEACHING PROGRAMS

Areas of Inquiry:

- a. Number and Type. Number and type of teaching programs conducted for residents, interns, medical students, graduate students, fellows and others. Who runs them and how are they organized, with number of persons in each, times assigned to various services, method of instruction and qualifications of instructors.
- b. <u>Balanced Program</u>. Estimation of amount of learning as contrasted with service. Use of didactic lectures in the VA hospital or elsewhere. Degree to which various aspects of medical knowledge are covered. Use of grand rounds, teaching rounds, clinical pathological conferences, etc.
- c. <u>Instruction Methods</u>. Method of teaching, degree to which residents assist technically competent physicians. Amount of assistance by capable instructors to residents. Degree of supervision of residents. Degree to which residents assist each other or are unsupervised. Contributions of resident staff to patient care. Existence of controls to prevent undue use of laboratory, radiology and other ancillary services. Is there supervision of residents at night, on weekends and holidays? There is adequate orientation of residents to VA policies and procedures.

- d. <u>Integrated</u>, <u>Collaborative and Affiliated Programs</u>. How are they organized and run? Estimation as to desirability of them. Quality of residents obtained, reaction of residents to their training. Quality of instruction. Method of selection of residents.
- e. <u>Independent Programs and Preceptorships</u>. How are they set up? Evaluate quality of training, selection of candidates, use of additional training elsewhere.

25.12 QUALITY AND SCOPE OF RESEARCH

Areas of Inquiry:

- a. <u>Types of Research</u>. Types of research programs conducted by all members of the Medical Service at the hospital. Identify other research performed elsewhere by the full-time staff. (Such as in a medical school laboratory.)
- b. Research Opportunities. What is done to promote clinical or basic research programs at the station? Is there an adequate opportunity for qualified personnel to perform research if they so desire? Is there space available for doctors who might be recruited who have a research interest?
- c. Quality. Estimation of quality of research. Is it sound in scope, well thought out, and carefully executed? Are the investigators competent? Are the technical help, apparatus, animal laboratories and space adequate? How well does the research committee function? Is there medical school or advisory committee representation on the Research Committee?
- d. Impact of Research on Patient Care. Is there time enough for performance of research in addition to patient care obligations? Are help and advice available from other hospital or university sources? Is the research area located properly inconjunction with patient care?

SECTION III. OUTPATIENT CLINICS

25.13 PATIENT STATISTICS

Areas of Inquiry:

- a. Examinations and treatments by staff.
- b. Examinations and treatments by fee-basis physicians.
- c. TB case register statistics.

25.14 STATION POLICIES

Areas of Inquiry:

- a. Interval of examinations of patients.
- b. Reevaluation (at clinic) of patients under care of fee-basis physicians.
- c. Periodic physical examination.
- d. Coordination of followup and compensation and pension examinations.
- e. Educational opportunities for physicians.
- f. Adequacy of medical reports for adjudication purposes.

25.15 EVALUATION OF STAFF

Areas of Inquiry: The same as for hospitals, appropriately modified.

25.16 ALL OTHER CRITERIA

Areas of Inquiry: The same as for hospitals, appropriately modified.

October 24, 1966

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

NOTE: In addition to minor editorial changes, updating Contents and station nomenclature; eliminating references to Area Medical Offices, where appropriate, and substituting Special Assistants for Field Operations, specific changes include:

- a. Paragraph 15.24d(2). Revised to delete inpatient and CBOC program plans under Speech Pathology.
- b. Paragraph 15.25b(2). Revised to include type of funding support under Research.
- c. Paragraphs 22.01 through 22.06. Revised to define responsibility for review of the fiscal program in DM&S and to furnish revised criteria for use in evaluating that program.

Pages 1-1 and 1-2: Remove these pages and substitute pages 1-1 and 1-2 attached. (Par. 1.01a changed as directed by change 10; pars. 1.01f and 1.04c changed.)

Page 2-1, paragraph 2.01, lines 8 and 9: After "station; (2)" delete "Area Medical Office staff; and (3)

Page 5-1, paragraph 5.01, lines 3 through 5: After "Pharmacy Service." delete "Referral to the provisions . . . context of patient care.

Page 8-4, paragraph 8.09c, line 1: After "reports to" delete "Area Medical Office and".

Page 12-1, paragraph 12.01c

Line 3: After "available in" delete "the Area Medical" and insert "Central".

Lines 5 and 6: After "responsible" delete "Area Medical Office staff member" and insert "Central Office program director".

Pages 15-1 and 15-2, paragraph 15.04: Delete this paragraph.

Pages 15-7 and 15-8: Remove these pages and substitute pages 15-7 and 15-8 attached. ("NOTE" under par. 15.20k changed; pars. 15.24d(2) and 15.25b(2) changed.)

Pages 17-1 and 17-2: Remove these pages and substitute pages 17-1 and 17-2 attached. (Pars. 17.01b, 17.02b, 17.03a, 17.04 c through e, and 17.05c changed; par. 17.05d deleted.)

Page 20-5, paragraph 20.08c, line 7: After "control" change comma to a period and delete "and success reported to the Area Medical Director."

Pages 22-1 and 22-2: Remove these pages and substitute pages 22-1 and 22-2 attached. (Pars. 22.01, 22.04, and 22.06 changed; pars. 22.02d, 22.04a(4) 22.07 added.)

Page 25-1, paragraph 25.03a, lines 3 and 4: After "the station." delete "Whenever practicable, these . . . initiation of the visit. Otherwise," and capitalize "the".

Page 26-5, paragraph 26.07e, line 3: After "visiting stations--" delete "Area Office staff" and insert "staff of the Special Assistants for Field Operations".

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

Distribution: RPC: 1057 FD

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

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.

 $\operatorname{NOTE}\colon$ The purpose of this change is to furnish criteria for evaluation of field station Medical and Surgical programs.

Ohy "

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.)

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

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VETERANS ADMINISTRATION REFERENCE SLIP

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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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