

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

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

**Part II, Evaluation Criteria**

**Chapter 12, Psychiatry and Neurology**

**(Paragraphs 12.01 through 12.30)**

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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

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## CHAPTER 12. PSYCHIATRY AND NEUROLOGY

## SECTION I. GENERAL

## 12.01 INTRODUCTION

a. The criteria for evaluation furnished in this chapter are intended primarily as a guide to the professional observer for on-site appraisal of the adequacy and effectiveness of the program for care and treatment of psychiatric and neurologic patients at field stations. The wide variety of circumstances surrounding the care and treatment program in each station will require professional judgment to determine the extent to which these criteria are applicable to the individual situation, and what other factors are of major import. It is neither intended, therefore, that this material be used as a complete check-list, nor that the format of the chapter govern either the format of the report or the manner of presentation of observations.

b. The details and supportive documentation of the findings pertaining to quality will be included in the work papers related to the report. However, the extent to which these details will form part of the report and be discussed at the station will be determined by the person conducting the survey.

c. Evaluation of program effectiveness requires knowledge of statistical data pertinent to the activity. Some of the data are quite comprehensive, and it is realized that only a part will be available in the ~~Area Medical Office~~. The actual amount of additional data which a station should be requested to furnish in connection with a particular survey, and when it is needed, is left to the discretion of the responsible ~~Area Medical Office~~ staff member, since it will depend on such factors as type of hospital, affiliation status, how well the staff member knows the station and program, etc.

*Central  
chq. 13*

## SECTION II. PSYCHIATRY (INPATIENT)

*Central Office program  
of diagnosis*

## 12.02 MAJOR ELEMENTS FOR CONSIDERATION

The following elements are considered to be particularly pertinent to evaluation of an inpatient program for care and treatment of psychiatric patients:

- a. Patient statistics (inpatient).
- b. Quality of patient care
  - (1) Professional staff.
  - (2) Programs and operations.
- c. Administrative support.
- d. Supporting professional programs.
- e. Residency training program.

## 12.03 PATIENT STATISTICS

Areas of Inquiry:

- a. Number of wards and patient occupied buildings--classification and ADPL in each ward and building.
- b. Number of admissions of psychiatric patients per year.
- c. Number of admissions of medical, surgical and neurological patients per year in NP hospitals.
- d. Number of readmissions of psychiatric patients per year.

- e. Number of patients admitted from waiting list per month.
- f. Number of discharges per year--psychiatric.
- g. Turnover rate (percent monthly)--psychiatric.
- h. Average length of stay of discharged psychiatric patients.
- i. Number of deaths per year and percent autopsied.
- j. Number of patients leaving the hospital on trial visit status per year.
- k. Number of patients placed in foster homes per year.
- l. Number of patients placed in nursing homes per year.
- m. Number of psychiatric patients discharged MHB per year.
- n. Number of patients returned from trial visit status per year.
- o. Number of member-employees at the hospital.
- p. Number of psychiatric patients transferred (from VA-GM&S hospital to VA-NP hospital).
- q. Number of psychiatric patients issued passes per month.
- r. Number of patients on full privileges.
- s. Number of psychiatric patients given LOA per month.
- t. Number of psychiatric patients receiving chemotherapy.
- u. Number of patients receiving insulin comatherapy.
- v. Number of patients receiving insulin sub-comatherapy.
- w. Number of patients receiving electro-convulsive therapy.
- x. Number of patients receiving individual psychotherapy with psychiatrists. With psychologists under supervision.
- y. Number of patients receiving group psychotherapy--with psychiatrists. With psychologists under supervision.
- z. Number of patients in restraint per month.
- aa. Number of patients in seclusion per month.
- bb. Number of elopements per year.
- cc. Number of suicides in the hospital per year--out of the hospital.
- dd. Patient load per physician each service.

#### 12.04 QUALITY OF PATIENT CARE

##### a. Principal Professional Staff--

In NP hospital--include physician Manager, Director, Professional Services, Assistant Director, Professional Services, Chief Acute Intensive Service, and Chief, Continued Treatment Service (or unit head in NP hospitals not using AIT and CT Divisions).

In GM&S hospital--include Chief, Psychiatry and Neurology Service, or Chief of Psychiatry.

Areas of Inquiry:

- (1) Clinical skills, diagnostic and therapeutic.
- (2) Training and experience in field of clinical medicine.
- (3) Appreciation of the importance of the "therapeutic milieu," including the relationship of hospital care to family and community problems.
- (4) Personal participation in teaching and in research activities.
- (5) Supervisory and administrative skills, including relationships with other services and with management.
- (6) Acceptance in the community and/or hospital (as well as in an affiliated school) as a competent specialist.
- (7) Patient-physician relationships.
- (8) Personal characteristics.
- (9) Maturity.
- (10) Leadership qualities.
- (11) Health.

b. Other Professional Staff

Areas of Inquiry:

- (1) Full-time staff (collectively); number of board certified psychiatrists.
- (2) Consultants, attendings, part-time staff (collectively).
- (3) Maturity and experience of staff.
- (4) Interest and productivity in research and teaching.
- (5) Adequacy of clinical records.
- (6) Discharge summaries (including promptness of completion).
- (7) Relationship with community, especially medical community.

c. Programs and Operations

Areas of Inquiry:

- (1) Patient self-government program.
- (2) Patient self-medication program.
- (3) Patient followup program.
- (4) Structured social and recreational programs.
- (5) Patient morale.
- (6) Professional staff conferences--for purposes of patient care; for purposes of instruction.

12.05 ADMINISTRATIVE SUPPORT

Areas of Inquiry:

- a. Management and budgetary support.
- b. Technical and clerical support.
- c. Physical facilities--location, condition, adequacy of space, housekeeping.
- d. Equipment--type, condition, amount, adequacy, use.
- e. Supplies--availability of proper types of supplies, in required amounts, when and where needed.

12.06 SUPPORTING PROFESSIONAL PROGRAMS

Areas of Inquiry: Adequacy of supportive activities of:

- a. Laboratory.
- b. Radiology.
- c. General medical.
- d. Surgical.
- e. NP nursing.
- f. Social work.
- g. Dietetics.
- h. PM&R.
- i. Dental.
- j. All other (orthopedics, urology, ENT, TB).

12.07 RESIDENCY TRAINING PROGRAM

Areas of Inquiry:

- a. Number and type of patient population in areas where residents are assigned.
- b. Number of regular residents. Number of career residents. Number of each training level.
- c. Number of patients per resident.
- d. Number of quality of consultants and attendings.
- e. Number of visiting staff visits per month and per resident.
- f. If visiting staff visits are primarily for teaching or primarily for service.
- g. The attitude of the Dean's Committee toward the program.
- h. If psychiatry is represented on the Dean's Committee. If so, by whom? Who the key figures are on the Dean's Committee.
- i. Who the principal people are in the Department of Psychiatry, particularly the chairman.

- j. If we have working leverage, i.e., if we have anything the school needs but does not have.
- k. If VA full-time staff is accepted on the medical school faculty.
- l. Who the key figure really is in the program.
- m. If there is a prepared curriculum. If the curriculum is followed.
- n. What the basic rotation is for the residents. If deviations are made very often. What the reasons are for deviations when made. If rotation is based on the needs of the hospital for service or on the training needs of the resident.
- o. When, where and how the resident gets basic sciences pertaining to children, females, acute patients, outpatients, individual psychotherapy, group psychotherapy, etc., milieu, and experience in ward management.
- p. How much individual supervision the resident gets. The number of hours per week per resident and by whom.
- q. If VA pays any tuition. If so, for what and how much?
- r. How much training goes on during other than formal business hours. What, where, and by whom?
- s. Who selects, assigns, and rotates the resident.
- t. If those persons concerned in resident selection and appointment are familiar and in sympathy with the purpose of the career resident program.
- u. What machinery there is to periodically evaluate the resident's progress.
- v. Talk with the individual residents. What is their morale, complaints, compliments, questions?
- w. The general atmosphere of the hospital.
- x. The attitude of management toward training and research.
- y. Orientation of residents to VA regulations, policies and procedures.
- z. How much actual responsibility the resident has for doing clinical procedures. How many he does a year.

### SECTION III A. PSYCHIATRY (OUTPATIENT)--MENTAL HYGIENE CLINICS

#### 12.08 MAJOR ELEMENTS FOR CONSIDERATION

- a. Patient statistics.
- b. Staff.
- c. Functional evaluation.
- d. Program.
- e. Physical facilities, equipment, supplies.

#### 12.09 PATIENT STATISTICS

##### Areas of Inquiry:

- a. Patient load--type, amount, frequency.

- b. Number of referrals per month.
- c. Number of gains per month.
- d. Number of losses per month.
- e. Number on waiting list.

12.10 STAFF

Areas of Inquiry:

- a. Staffing--full-time, part-time, consultants, attendings, fee-basis, contract clinic.
- b. Staff morale; interprofessional and intraprofessional relationships.
- c. Relations with other personnel at station.
- d. Community activity-teaching, local societies.

12.11 FUNCTIONAL EVALUATION

Areas of Inquiry:

- a. Psychiatric Staff
  - (1) If principal psychotherapy is done by psychiatric staff.
  - (2) Other forms of psychiatric therapy in use.
  - (3) Psychiatrist's role in consultation and supervision.
  - (4) Psychiatrist's role in research.
- b. Clinical Psychology Staff
  - (1) Extent of diagnostic evaluation.
  - (2) Extent of training program.
  - (3) Psychologist's role in treatment and research.
- c. Psychiatric Social Work Staff
  - (1) Role in intake.
  - (2) Role in casework.
  - (3) Work with relatives.

12.12 PROGRAM

Areas of Inquiry:

- a. Group therapy program.
- b. Night clinics.
- c. Traveling clinics.
- d. Use made of consultants and attendings.

- e. Relations with other stations.
- f. Role in fee-basis and contract clinic referral and evaluation.

12.13 PHYSICAL FACILITIES, EQUIPMENT, SUPPLIES

Areas of Inquiry:

- a. Suitability of space--amount, location, layout, condition.
- b. Equipment--type, amount, condition.
- c. Supplies--adequacy.

SECTION III B. PSYCHIATRY (OUTPATIENT)--NP EXAMINATION SERVICE

12.14 MAJOR ELEMENTS FOR CONSIDERATION

- a. Workload statistics.
- b. Staff.
- c. Functional evaluation.
- d. Quality of patient care
  - (1) Professional staff.
  - (2) Program and operations.
- e. Program support.

12.15 WORKLOAD STATISTICS

Areas of Inquiry:

- a. Number of compensation examinations performed daily.
- b. Number of VA Form 10-P-10 examinations performed daily.
- c. Backlog of examinations.

12.16 STAFF

Areas of Inquiry:

- a. Staffing--full-time, part-time, consultants, attendings, fee-basis.
- b. Relationship with other staff at the station.

12.17 FUNCTIONAL EVALUATION

Areas of Inquiry:

- a. If staff has a treatment function.
- b. If other medical staff of the clinic use the psychiatric staff as consultants.
- c. If the psychiatric staff has other functions such as feasibility examinations, insurance examinations, civil service examinations, examinations of dependent children, VR&E boards, special boards.
- d. Extent of use of part-time and fee-basis examiners.
- e. Use made of consultants and attendings.

12.18 QUALITY OF PATIENT CARE

a. Principal Professional Staff (Chief)

Areas of Inquiry:

- (1) Clinical skills, diagnostic and therapeutic.
- (2) Training and experience in discipline.
- (3) Supervisory and administrative skills, including relationships with other services and management.
- (4) Personal participation in teaching and research activities.
- (5) Acceptance in the community as a competent specialist.
- (6) Patient-physician relationships.
- (7) Orientation to broad principles in discipline.
- (8) Personal characteristics.
- (9) Maturity.
- (10) Leadership qualities.
- (11) Health.

b. Other Full-Time Professional Staff (Collectively)

Areas of Inquiry:

- (1) Experience and maturity of staff.
- (2) Adequacy of medical records.
- (3) Interest and productivity in research and teaching.
- (4) Patient-physician relationship.
- (5) Relationship with community, especially medical community.

c. Programs and Operations

Areas of Inquiry:

- (1) Patient care--adequacy of examinations, therapeutic notes, progress reports, and initial, interval, and final summaries.
- (2) Professional staff conferences--for purposes of patient care; for purposes of instruction.

12.19 PROGRAM SUPPORT

Areas of Inquiry:

- a. Budgetary, management and clerical support.
- b. Support from other professional and technical programs.
- c. Physical facilities--location, adequacy of space, layout, condition.

- d. Equipment--type, condition, amount, adequacy.
- e. Supplies--adequacy.

SECTION IV. NEUROLOGY (INPATIENT)

12.20 MAJOR ELEMENTS FOR CONSIDERATION

- a. Patient statistics.
- b. Patient characteristics.
- c. Physical facilities.
- d. Professional staff.
- e. Patient care.
- f. Relationship with other services.
- g. Professional procedures.
- h. Meetings and conferences.
- i. Equipment and supplies.
- j. Residency training program.

12.21 PATIENT STATISTICS

Areas of Inquiry:

- a. Number of neurological admissions per year.
- b. Number of discharges per year; number of MHB.
- c. Monthly turnover rate.
- d. Number of short-term cases (O&E, CBOC) included in above.
- e. Average length of stay of discharged cases.
- f. Number of deaths per year; autopsy rate.
- g. Number of CBOC visits per year.
- h. Number of patients transferred to domiciliary care.
- i. Number of patients discharged to homes in the community (nursing homes, foster homes).

12.22 PATIENT CHARACTERISTICS

Areas of Inquiry:

- a. Sources of referral (family doctor, other service or other VA hospital, etc.).
- b. Types of neurological problems.

12.23 PHYSICAL FACILITIES

Areas of Inquiry:

- a. Number of neurological beds.

b. Location of Neurological Unit in relation to neurosurgery; roentgenology; psychiatry.

c. Number of neurological wards and patient classification in each ward

- (1) Acute beds.
- (2) Long-term beds.
  - (a) Paraplegic care.
  - (b) Hemiplegic care.

#### 12.24 PROFESSIONAL STAFF

##### a. Principal Professional Staff (Chief)

###### Areas of Inquiry:

- (1) Background of training and experience.
- (2) Organization and administration of service.
- (3) Interests and capability as a teacher and a leader.
- (4) Routine activities--
  - (a) Ward rounds.
  - (b) Teaching rounds.
  - (c) School responsibilities.
  - (d) Conferences attended.
  - (e) Outpatient responsibilities.
  - (f) CBOC responsibilities.
  - (g) Preadmission examination or consultation responsibilities.
  - (h) Interward consultation responsibilities.
  - (i) Electroencephalographic laboratory responsibilities.
- (5) Patient-physician relationship.
- (6) Personal characteristics.
- (7) Maturity.
- (8) Health.

##### b. Other Professional Staff (Collectively)

###### Areas of Inquiry:

- (1) Same as in subparagraph a above.
- (2) Responsibility of residents at--
  - (a) First year level.
  - (b) Second year level.
  - (c) Third year level.

12.25 PATIENT CARE

Areas of Inquiry:

- a. Frequency of staff contact with patients
  - (1) Number of ward rounds.
  - (2) How often the individual physician sees his patients.
- b. Type of care given--especially as it applies to long-term patients (paraplegic, quadriplegic, hemiplegic, other chronically ill):
  - (1) The interest exhibited in the care of these patients.
  - (2) Adequacy of nursing service.
  - (3) Degree of emphasis on rehabilitation.
  - (4) Type and quality of bladder, bowel and skin care given paraplegic and quadriplegic patients.
- c. Clinical records: Records should be examined for
  - (1) Completeness, thoroughness and competence of history (adequacy, order, past history).
  - (2) Physical findings (detailed).
  - (3) Neurological examination (detailed, every item on SF 530 adequately described when indicated).
  - (4) Careful recording of all special procedures, opinions of consultants, laboratory work.
  - (5) Frequency and completeness of progress notes; indication when re-examination has been done; details of reexamination and changes from previous examinations.
  - (6) The thinking on a case when the course is altered by the findings of various ancillary studies.
- d. Opinions of residents on the service and appropriate members of the staff of other services as to the quality of patient care on the Neurology Service.

12.26 RELATIONSHIP WITH OTHER SERVICES

Areas of Inquiry:

- a. Organizational Status
  - (1) Service or section.
  - (2) If latter, is it under psychiatry, medicine or neurosurgery?
- b. Liaison and rapport with other programs.
- c. Support Given Other Programs
  - (1) Prompt consultation when requested.
  - (2) The volume of consultations.

- (3) Manner in which consultations are worked up.
- (4) Satisfaction of other programs with neurological consultation service.
- d. Support Received From Other Programs
  - (1) Consultation service received from other programs.
  - (2) Other supportive service: Laboratory, Radiology, Medical, Surgical, Psychiatry, Psychology, Nursing, PM&R, Dietetic, Social Work, Dental, Library facilities (in hospital, in medical school, in community), etc.

12.27 PROFESSIONAL PROCEDURES

Areas of Inquiry: Adequacy and responsibility (if neurology does for its patients or depends upon other programs to do) for the following professional procedures:

- a. Audiometrics.
- b. Calorics--  
  
Must describe in chart the type of irrigant used, warm water, cold water, the amount of fluid used, status of ear canal and ear drum prior to the test, the response to the procedure.
- c. Visual acuity and visual field testing on--
  - (1) Bjerrum Screen.
  - (2) Stereocampimeter.
  - (3) Perimeter. } Properly recorded on appropriate forms.
- d. Pneumoencephalograms.
- e. Lumbar puncture and manometrics.
- f. Myelograms--  
  
How many per month.
- g. Electroencephalograms--  
  
How many electroencephalograms are carried out per month on--
  - (1) Neurological patients.
  - (2) Psychiatric patients.
  - (3) Other patients.
- h. Activation procedures by--
  - Photic stimulation
  - Metrozal activation
  - Sleep activation } A part of general routine when indicated.
- i. Cystometrograms on spinal cord injured cases.

12.28 MEETINGS AND CONFERENCES

Areas of Inquiry:

- a. Types of conferences held by the service.
- b. The completeness of attendance.
- c. The aims and purposes of the conferences.

12.29 EQUIPMENT AND SUPPLIES

Areas of Inquiry:

- a. Adequacy of equipment--type, amount, condition, location, use.
- b. Availability of proper types of supplies, in required amounts, when and where needed.

12.30 RESIDENCY TRAINING PROGRAM

Areas of Inquiry:

- a. Volume and characteristics of patient material.
- b. Number of regular residents. Number of career residents. Number at each training level.
- c. Number of residents actually working on wards.
- d. Number of patients per resident.
- e. Resident responsibility at various levels.
- f. If resident is a "traffic cop" for sending patients for many procedures. If he actually does them himself. To what extent he personally does:
  - (1) Electroencephalograms.
  - (2) Lumbar punctures.
  - (3) Lumbar puncture with manometrics.
  - (4) Audiograms.
  - (5) Calorics.
  - (6) Visual fields.
  - (7) Pneumoencephalograms.
  - (8) Myelograms.
  - (9) Angiograms.
  - (10) Ophthalmodynamometry.
- g. Number of visiting staff visits per month and per resident.
- h. If visiting staff visits are primarily for teaching or primarily for service.
- i. The attitude of the Dean's Committee toward the program.

- j. If Neurology is represented on the Dean's Committee. If so, by whom? Who the key figures are on the Dean's Committee.
- k. Who the principal people are in the Department of Neurology, particularly the chairman.
  - l. If the VA hospital has anything the school needs but does not have.
  - m. If VA full-time staff is accepted on the medical school faculty.
  - n. Who the key figure really is in the program.
  - o. If there is a prepared curriculum. If the curriculum is actually followed.
  - p. What the basic rotation is for the residents. If deviations are made very often. What the reasons are for deviations when made. If rotation is based on the needs of the hospital for service or on the training needs of the resident.
  - q. How much individual supervision the resident gets.
  - r. When, where and how the resident gets basic sciences pertaining to children, females, outpatients, neurosurgery, psychiatry.
  - s. In the basic science service, if the resident has adequate neuropathology, neuroanatomy, neurophysiology and neurochemistry.
  - t. If VA pays any tuition. If so, for what and how much?
  - u. How much training goes on during other than formal business hours. What, where and by whom?
  - v. Who selects, assigns, and rotates the resident.
  - w. If those persons concerned in resident selection and appointment are familiar and in sympathy with the purpose and principles of the career resident program.
  - x. What machinery there is to periodically evaluate the resident's progress.
  - y. Talk with the individual resident. What is their morale, complaints, compliments, questions?
  - z. The attitude of the resident toward the patient; toward the VA.
  - aa. The general atmosphere of the hospital.
  - bb. The attitude of management toward training and research.

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.

*chg 17 ✓* Page vi, "CONTENTS--Continued": Under "15.03" delete "15.04 Statistical Data  
- - - 15-1".

*chg 15 ✓* Page ix, "CONTENTS. . .Continued": Under "22.06" add "22.07 Staff Support- - -  
22-2".

✓ 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".

October 24, 1966

M-6, Part II  
Change 13

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

Distribution: RPC: 1057  
FD

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.

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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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